DEPARTMENT OF DEFENSE
ARMED FORCES INSTITUTE OF PATHOLOGY
WASHINGTON, DC 20306–6000

REPLY TO
ATTENTION OF

October 30, 2009

Office of the Armed Forces
Medical Examiner

Department of Defense
HQ, Combined/Joint Task Force (CJTF)-82
Attn: SFC (b)(6)
Bagram Airfield, Afghanistan
APO AE 09354

Dear SFC Lambertus:

As requested, enclosed is a copy of the Autopsy Report Protocol in the case of PFC Kevin C. Thomson SSN (b)(6), SPC Christopher T. Griffin, SSN (b)(6), SGT Joshua J. Kirk, SSN (b)(6), SPC Stephan L. Mace, SSN (b)(6) and SGT Joshua Hardt, SSN (b)(6).

I realize that there is a possibility that some of the terminology used therein may be unfamiliar to you. If you have questions regarding any portion of the report provided, please do not hesitate to call me at (b)(6) or fax at (b)(6) (b)(6). You may also contact me via e-mail at the following address: (b)(6)

As these are copies of the reports, there is no need to return them to our office. However, if the next of kin desires a copy of this report please have them contact the Office of the Armed Forces Medical Examiner directly to request a copy of the autopsy report in writing, which will be released only from our office. If you need any further assistance, please do not hesitate to contact me.

Sincerely,

(b)(6)

(b)(6)

Captain, Medical Corps
United States Navy
Armed Forces Medical Examiner

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ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
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Rockville, MD 20850
1-301-319-0000
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FINAL AUTOPSY REPORT

Name: GRIFFIN, Christopher Todd
SSN: (b)(6)
Date of Birth: 10 APR 1985 (24 years)
Date of Death: 03 OCT 2009
Date of Autopsy: 06 OCT 2009, 1400 hours
Date of Report: 15 OCT 2009

Autopsy No.: ME09-0690
AFIP No.: 3143493
Rank: E4/SPC, US Army
Place of Death: Afghanistan
Place of Autopsy: Dover Port Mortuary
Dover AFB, Dover, DE

Circumstances of Death:
SPC Christopher T. Griffin came under heavy enemy fire from multiple directions in Kamdesh, Afghanistan. SPC Griffin was serving in Afghanistan in support of Operation Enduring Freedom (OEF).

Authorization for Autopsy: Office of the Armed Forces Medical Examiner, IAW 10 USC 1471

Identification:
SPC Christopher Todd Griffin, US Army, is positively identified by fingerprints and dental comparison on 06 OCT 2009.

CAUSE OF DEATH:
Multiple Gunshot Wounds

MANNER OF DEATH:
Homicide

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POSTMORTEM EXAMINATION

The postmortem examination, ME09-0690, of SPC Christopher T. Griffin is performed at the Dover Port Mortuary, Dover AFB, DE on 06 OCT 2009, starting at approximately 1400 hours. Photographs are obtained by Mr. (b)(6) and HM2 (b)(6), OAFME Photographers. Assisting in the autopsy are SSgt (b)(6), AFIP, and SSgt (b)(6) and SSgt (b)(6), OAFME.

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished Caucasian male clad in a US Army physical training uniform. A green bag that contains personal effects is submitted separately (in the transfer container, over the body bag), with blue ink writing "BTB Martin". A black watch is noted on the left wrist, removed at intake by mortuary personnel. A paper tag with "UNK" is attached to the right wrist. Clothing and personal effects are photographed and inventoried for documentation; see "Clothing and Personal Effects".

The body weighs 150 pounds, is 68" in length and appears compatible with the reported age of 24 years. The body is cold. Rigor is noted equally in the extremities. Lividity is prominent on the back. A mild greenish discoloration is noted on the lower abdomen consistent with early postmortem decomposition. Multiple gunshot wounds are noted on the head, neck torso and extremities; see "Evidence of Injury" below.

The head is normocephalic. The head hair is brown and short. The eyelids are unremarkable. No contact lenses are present. The irides are grayish. The corneae, conjunctivae and sclerae are unremarkable. The external auditory canals, nose and oral cavity are free of foreign material. The nasal skeleton is palpably intact. The oral cavity reveals an unremarkable tongue and natural teeth. The head and neck are unremarkable with no non-traumatic abnormalities or excessive mobility.

The chest and abdomen reveal no non-traumatic abnormalities and are unremarkable. The external genitalia are those of a normal adult circumcised male and are unremarkable. The extremities reveal no non-traumatic abnormalities and are unremarkable. No tattoos, major surgical scars or other identifying marks are seen.

EVIDENCE OF INJURY

Multiple Gunshot Wounds (GSW) to the head, neck, torso and extremities, labeled 1 thru XX. The wounds are numbered for description and orientation and do not necessarily imply sequence of fire or clinical significance. All injuries are described according to the standard anatomic position.

Perforating Gunshot Wound of the Head (GSW #1):
A perforating gunshot wound (GSW) of the head is noted with an entrance wound on the left side of the face and an exit wound on the left external ear and left temporal scalp. The atypical entrance wound is 8" from the top of the head, 2" left of the anterior midline and ½" lateral to the left angle of the mouth. It measures 1 ¼" x ½" in its largest dimensions and is surrounded with an eccentric abrasion margin. No soot or stippling is noted on the surrounding skin. The center of the exit wound on the left external ear and left temporal scalp is 4" from the top of the head and 5" left of the anterior midline. The wound is irregular in shape, measuring 2 ½ x 1 ½" in its largest dimension with brain matter protruding through the wound. The wound trajectory is from left-to-right, front-to-back and upward. The projectile passes through the muscles of the left cheek, left temporal bone and the left parietal lobe. No projectile or metallic fragments are recovered during autopsy. Other injuries associated with this GSW are multiple bilateral skull fractures to the calvarium and base to include a hinge fracture, lacerations of the brain, diffuse subarachnoid hemorrhage, most pronounced on the occipital lobes, laceration of the external ear, and subgaleal hemorrhage.

Penetrating Gunshot Wound of the Head (GSW #2):
A perforating gunshot wound (GSW) of the head is noted with an entrance wound on the left side of the face just below the mandible/jaw line and a partial exit on the right temporal bone. The center of the atypical entrance wound is 10" from the top of the head and 3" left of the anterior midline. It measures 1 1/2" x 1 ½" in its largest dimensions and is surrounded with an eccentric abrasion margin. No soot or stippling is noted on the surrounding skin. No exit wound is present. The projectile exited the right temporal bone but did not perforate the right temporalis muscle. Two gray-colored metal fragments (one conical-shaped and the other irregular-shaped) are recovered from the right temporalis muscle, 3" from the top of the head, 2 ½" right to the anterior midline and 1 ½ superior to the right external auditory canal. Three similar gray-colored metal fragments are recovered from the right parietal lobe. The wound trajectory is from left-to-right, front-to-back and upward. The projectile passes through the neck, right base of skull, right cerebrum and the right temporal bone. Other injuries associated with this GSW are fractures of the left side of the hyoid bone epiglottis, multiple bilateral skull fractures to the calvarium and base to include a hinge fracture, lacerations of the brain, diffuse subarachnoid hemorrhage and subgaleal hemorrhage.

Perforating Gunshot Wound of the Torso (GSW #3):
A perforating gunshot wound (GSW) of the torso is noted with an entrance wound on the lateral surface of the proximal left thigh and an exit wound on the lateral surface of the right upper torso (chest). The entrance wound is 30" from the top of the head and 9" left of the posterior midline. It measures ¼" in diameter and is surrounded with a symmetric abrasion margin. No soot or stippling is noted on the surrounding skin. The exit wound is 19" from the top of the head and 9" right of the posterior midline, on the posterior axillary line. The wound measures ½ x ¼" in its largest dimensions and is surrounded with an eccentric contusion, ¼" in maximum width. The wound trajectory is from left-to-right and upward. The projectile passes through the muscles of the left buttock,

muscles of the back, and the posterior surface of the right lobe of the liver. No projectile or metallic fragments are recovered during autopsy. Other injuries associated with this GSW are lacerations of the muscles of the back and fracture of the right lower ribs, ribs # 10-12, posteriorly and hemoperitoneum.

Perforating Gunshot Wound of the Lower Right Back (GSW #4):
A perforating gunshot wound (GSW) of the back is noted with an entrance wound on the right buttock and an exit wound on lower back, just left of the posterior midline. The entrance wound is 35" from the top of the head, 1 1/2" right of the posterior midline. It measures ¼" in diameter and is surrounded with a symmetric abrasion margin 1/16" in width. No soot or stippling is noted on the surrounding skin. The exit wound is 29" from the top of the head and 1 1/2" left of the posterior midline. The wound measures 1 3/4 x 1" in its largest dimension with an associated area of contusion at the 4 oclock area measuring 1 x 1". The wound trajectory is from right-to-left and upward. The projectile passes through the muscles of the right buttock and muscles of the lower back. No projectile or metallic fragments are recovered during autopsy. No other significant injuries are associated with this GSW.

Perforating Gunshot Wound of the Right Back (GSW #5):
A perforating gunshot wound (GSW) of the back is noted with an entrance wound on the right buttock (lateral to the entrance wound for GSW # 4) and an exit wound on mid right back. The entrance wound is 33" from the top of the head, 7" right of the posterior midline. It measures ¼" in diameter and is surrounded with a symmetric abrasion margin 1/16" in width. No soot or stippling is noted on the surrounding skin. The exit wound is 22" from the top of the head and 4" right of the posterior midline. The wound measures 1/2 x 3/8" in its largest dimension with an associated area of contusion measuring 1 1/2 x 1". The wound trajectory is from right-to-left and upward. The projectile passes through the muscles of the right buttock and muscles of the right back. No projectile or metallic fragments are recovered during autopsy. No other significant injuries are associated with this GSW.

Perforating Gunshot Wound of the Left Buttock (GSW #6):
A perforating gunshot wound (GSW) of the left buttock is noted. The entrance wound is at the junction of the buttock and proximal thigh 36" from the top of the head and 3 ½" left of the posterior midline. It measures ¼" in diameter and is surrounded with an eccentric abrasion measuring 1 1/2" in its maximum width at the 5 o'clock position. No soot or stippling is noted on the surrounding skin. The center of the exit wound is 33" from the top of the head and 4 1/2" left of the posterior midline. The wound is irregular in shape, measuring 2 x 1 1/2" in its largest dimension. The wound trajectory is from right-to-left and upward. The projectile passes through the muscles of the left buttock. No projectile or metallic fragments are recovered during autopsy. No significant injuries are associated with this GSW.

Perforating Gunshot Wound of the Left Forearm (GSW #7):
A perforating gunshot wound (GSW) of the left forearm is noted with an entrance wound on the distal posterior surface of forearm and an exit wound on the anterior surface. The entrance wound is on the posterior midline of the extremity and 21" from the top of the left shoulder. It measures ¼" in diameter and is surrounded with a symmetric abrasion margin 1/16" in width. No soot or stippling is noted on the surrounding skin. The exit wound is on the anterior midline of the extremity and is 19" from the top of the shoulder and measures 2 x 1" in its largest dimensions. The wound trajectory is back-to-front and upward. The projectile passes through the muscles of the forearm fracturing both radius and ulna. No projectile or metallic fragments are recovered during autopsy. Other injuries associated with this GSW are lacerations of the muscles, blood vessels and nerves of the forearm.

Perforating Gunshot Wound of the Right Thigh (GSW #8):
A perforating gunshot wound (GSW) of the right thigh is noted with an entrance wound on the posterior surface and an exit wound on the anterior surface of the thigh. The entrance wound is 44" from the top of the head and 2" left of the posterior midline of the extremity, and 4" proximal to the knee. It measures ¼" in diameter and is surrounded with a symmetric abrasion margin 1/16" in width. No soot or stippling is noted on the surrounding skin. The center of the exit wound on the anterior surface of the thigh is 43" from the top of the head, 4" from the knee and on the anterior midline of the extremity. The wound is irregular in shape, measuring 2 x 1 1/4" in its largest dimension. The wound trajectory is from left-to-right, back-to-front and upward. The projectile passes through the muscles of the thigh fracturing the distal femur. No projectile or metallic fragments are recovered during autopsy. Other injuries associated with this GSW are lacerations of muscles and blood vessels of the distal thigh.

Other Injuries:
Other Ballistic Wounds:

A. Left Neck:
A superficially penetrating wound 9" from the top of the head and 5" left of the anterior midline and measures ¼" in diameter and is surrounded with 1/16" symmetric abrasion margin. No soot or evidence of close range firearm discharge is noted on the surrounding skin. No significant neck injury is noted.

B. Left Distal Arm:
A superficially penetrating wound 13" from the top of the left shoulder and 3" left of the anterior midline of the extremity and measures 1/2" in diameter and is surrounded with 1/16" symmetric abrasion margin. No soot or evidence of close range firearm discharge is noted on the surrounding skin. No significant associated injury is noted.

C. Graze Wound of the back:
A superficial graze wound of the back 17" from the top of the head and 2 ½" right of the posterior midline measures 1 ½ x ¼" and is surrounded with a contusion

measuring 3 x 2". The trajectory is consistent with a right-to-left and upward direction. No soot or evidence of close range firearm discharge is noted on the surrounding skin. No significant associated injury is noted.

Contusions-Abrasions:
Multiple contusions and abrasions are noted on the back of the right arm, right back, both knees and right leg and are of no clinical significance.

INTERNAL EXAMINATION

See evidence of internal injuries of the chest and extremities. No non-firearm injuries or abnormalities are noted.

BODY CAVITIES:
See "Evidence of Injury". The body is opened by the usual thoraco-abdominal incision and the chest plate is removed. No adhesions are noted. The chest and abdominal cavities reveal no non-traumatic abnormalities. The body organs are present in its normal anatomical position. The subcutaneous fat layer of the abdominal wall is unremarkable.

HEAD: (CENTRAL NERVOUS SYSTEM)
See "Evidence of Injury"
The 1360 gram brain reveals no non-traumatic abnormalities and is otherwise unremarkable. Serial sections through the cerebral hemispheres, cerebellum and brain stem, reveal no non-traumatic abnormalities or focal lesions.

NECK:
See "Evidence of Injury".
Examination of the anterior and posterior soft tissues of the neck, including strap muscles, thyroid gland and large vessels, reveal no non-traumatic abnormalities.

CARDIOVASCULAR SYSTEM:
The pericardial sac is intact. The pericardial surfaces are smooth, glistening and unremarkable; the pericardial sac is free of adhesions. The 260 gram heart is unremarkable. The coronary arteries arise normally, follow the usual distribution and are widely patent, with no evidence of atherosclerosis. The valves exhibit the usual size-position relationship and are unremarkable. The myocardium is dark red-brown, firm and unremarkable. The aorta and its major branches arise normally, follow the usual course, and are mostly free of significant atherosclerosis. The venae cavae and their major tributaries return to the heart in the usual distribution and are free of thrombi.

RESPIRATORY SYSTEM:
The upper airway is clear of debris, but reveals presence of blood. The mucosal surfaces are smooth, yellow-tan and unremarkable. The pleural surfaces are smooth, glistening and unremarkable bilaterally. The pulmonary parenchyma reveals evidence of aspiration of blood in both lungs, but otherwise unremarkable.

The pulmonary arteries are normally developed, patent and without thrombus or embolus. The right and left lungs weigh 460 and 340 grams, respectively.

LIVER & BILIARY SYSTEM:
See "Evidence of Injury"
The liver weighs 1340 grams. The uninjured hepatic capsule is smooth, glistening and unremarkable covering dark red-brown parenchyma. The uninjured liver parenchyma is grossly unremarkable. The gallbladder is intact and contains dark bile. The extrabiliary system is grossly unremarkable.

ALIMENTARY TRACT:
The oral cavity reveals no abnormalities. The esophagus is lined by gray-white, smooth mucosa. The gastric mucosa is arranged in the usual rugal folds and the lumen contains 200 cc of tan partially digested food submitted for toxicology. The small and large bowels are unremarkable. The pancreas has a normal appearance and the ducts are clear. The appendix is not examined.

GENITOURINARY SYSTEM:
The kidneys are unremarkable. The renal capsules are smooth and thin, semi-transparent and strip with ease from the underlying smooth, red-brown cortical surfaces. The cortices are sharply delineated from the medullary pyramids, which are red-purple to tan and unremarkable. The calyces, pelves and ureters are unremarkable. The urinary bladder mucosa is gray-tan and unremarkable and contains clear yellow urine. The right and left kidneys weigh 120 grams each. The prostate gland and testes are unremarkable.

RETICULOENDOTHELIAL SYSTEM:
The 180 gram spleen is unremarkable with a smooth capsule covering red-purple, mildly soft parenchyma. The lymphoid follicles are unremarkable. The lymph nodes encountered during autopsy are not enlarged and are unremarkable.

ENDOCRINE SYSTEM:
The pituitary gland is examined in situ and reveals no non-traumatic abnormalities. The thyroid and adrenal glands are grossly unremarkable.

MUSCULOSKELETAL SYSTEM:
See "Evidence of Injuries".
No non-traumatic bone or joint abnormalities are noted.

EVIDENCE COLLECTION

Evidence collected is photographed for documentation and retained by OAFME

IDENTIFYING MARKS

A scar is noted on the dorsum of the left hand. No tattoos, major surgical scars or other identifying marks are noted.

NATURAL DISEASES

None noted.

MEDICAL INTERVENTION

None noted.

POSTMORTEM CHANGES

See "External Examination".
Evidence of early postmortem decomposition is noted in examining the internal organs as well.

TOXICOLOGY

- Volatiles (Urine and Vitreous fluid): No ethanol was detected.

- Screened drugs of abuse and medications (Urine): None were found.

ADDITIONAL PROCEDURES

- Documentary photographs are taken by an OAFME photographers Mr. (b)(6) and HM2 (b)(6) .
- Full body radiographs and CT-scan are obtained.
- Specimens retained for toxicological and/or DNA identification are*: Vitreous fluid, bile, urine, stomach contents, and tissue samples from liver, lung, kidney, spleen, brain, psoas and heart muscles, and adipose tissue.
- Representative sections of organs are retained in formalin without preparation of histological slides.
- Personal effects are documented, photographed and released to the appropriate mortuary operations representative.

* **Note:** No peripheral or central blood is available.

FINAL AUTOPSY DIAGNOSIS

I. Multiple Gunshot Wounds to Head, Torso and Extremities:

A. Perforating Gunshot Wound of the Head (GSW #1):
- Entrance Wound: Left side of the face.
- Exit Wound: Left side of the head (temple).
- Trajectory: Left-to-right, front-to-back, and upward.
- Projectile: None.
- Projectile Path: Left cheek, left ear, left temporal bone and brain.
- Injuries: Skull fractures; lacerations of both parietal lobes, and diffuse subarachnoid hemorrhage.
- Evidence: None recovered.

B. Penetrating Gunshot Wound of the Head (GSW #2):
- Entrance Wound: Left side of the face, mandible/jaw line.
- Exit Wound: Partial exit through right temporal bone.
- Trajectory: Left-to-right, front-to-back, and upward.
- Projectile: None.
- Projectile Path: Neck, base of skull, brain and right temporal bone.
- Injuries: Skull fractures; fracture of the hyoid bone, lacerations of larynx, lacerations of the brain and diffuse subarachnoid hemorrhage.
- Evidence: Multiple metallic fragments are recovered from the right parietal lobe and right temporalis muscle.

C. Perforating Gunshot Wound of the Torso (GSW #3):
- Entrance Wound: Lateral surface of proximal left thigh.
- Exit Wound: Right upper torso.
- Trajectory: Left-to-right and upward.
- Projectile: None.
- Projectile Path: Left buttock, muscles of the right back and liver.
- Injuries: Lacerations of the liver with associated hemoperitoneum, fractures of right ribs 10-12 and muscle laceration.
- Evidence: None.

D. Perforating Gunshot Wound of the Lower Right Back (GSW #4):
- Entrance Wound: Right buttock.
- Exit Wound: Left lower back.
- Trajectory: Right-to-left and upward.
- Projectile: None.
- Projectile Path: Right buttock and back.
- Injuries: Muscle lacerations.
- Evidence: None recovered.

E. Perforating Gunshot Wound of the Right Back (GSW #5):
- Entrance Wound: Right buttock.
- Exit Wound: Right back.
- Trajectory: Right-to-left and upward.
- Projectile: None.
- Projectile Path: Right buttock and back.
- Injuries: Muscle lacerations.
- Evidence: None recovered.

F. Perforating Gunshot Wound of the Left Buttock (GSW #6):
- Entrance Wound: Left buttock.
- Exit Wound: Left Buttock.
- Trajectory: Right-to-left and upward.
- Projectile: None.
- Projectile Path: Left buttock.
- Injuries: Muscle lacerations.
- Evidence: None recovered.

G. Perforating Gunshot Wound of the Left Forearm (GSW #7):
- Entrance Wound: Distal posterior left forearm.
- Exit Wound: Distal anterior left forearm.
- Trajectory: Back-to-front and upward.
- Projectile: None.
- Projectile Path: Left forearm.
- Injuries: Fractured radius and ulna and muscle lacerations.
- Evidence: None recovered.

H. Perforating Gunshot Wound of the Right Thigh (GSW #8):
- Entrance Wound: Posterior surface distal right thigh.
- Exit Wound: Anterior surface distal right thigh.
- Trajectory: Left-to-right, back-to-front and upward.
- Projectile: None.
- Projectile Path: Right thigh.
- Injuries: Fractured distal femur and muscle lacerations.
- Evidence: None recovered.

II. Other Injuries:

A. Other Ballistic Injuries:
- Left Neck: No significant injury.
- Left Distal Arm: No significant Injury.
- Graze Wound of the Back: No significant injury.Path: Right thigh.

B. Contusions & Abrasions:
- Back, right arm, both knees and right leg.

III. Toxicological Results:

- Negative for ethanol, screened medications and illicit drugs of abuse.

OPINION

SPC Christopher T. Griffin, US Army and a 24 year-old Caucasian man, died from multiple gunshot wounds to the head, neck, torso and extremities. The two gunshot wounds to the head (GSW #1 and #2) caused extensive skull fractures and lacerations of the brain. One gunshot wound to the back (GSW # 3) caused fractures of right ribs # 10-12 and lacerations of the liver. The gunshot wounds to the extremities caused fractures of the left radius and ulna (GSW # 7) and the right femur (GSW #8). The other gunshot and ballistic wounds caused no fatal injuries. All gunshot wounds reveal no evidence of close range fire and reveal different trajectories. Five metallic fragments are recovered from the right side of the brain and right temporalis muscle; all associated with GSW #2, are photographed and retained by OAFME. Toxicological studies are negative for ethanol, screened medications and illicit drugs of abuse. Manner of death is "Homicide".

(b)(6)

(b)(6) MD
COL, USAF, MC, FS
Deputy Medical Examiner

QC
(b)(6)
6 21 Oct 2009

DEPARTMENT OF DEFENSE
ARMED FORCES INSTITUTE OF PATHOLOGY
WASHINGTON, DC 20306-6000

REPLY TO
ATTENTION OF

AFIP-FME-FT

PATIENT IDENTIFICATION

AFIP Accessions Number	Sequence
3143493	00

Name
GRIFFIN, CHRISTOPHER TODD

SSN: (b)(6) 5032 **Autopsy:** ME09-0690
Toxicology Accession #: 095102
Date Report Generated: October 13, 2009

TO:

OFFICE OF THE ARMED FORCES MEDICAL EXAMINER
ARMED FORCES INSTITUTE OF PATHOLOGY
WASHINGTON, DC 20306-6000

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

AFIP DIAGNOSIS **REPORT OF TOXICOLOGICAL EXAMINATION**

Condition of Specimens: GOOD
Date of Incident: 10/4/2009 **Date Received:** 10/8/2009

VOLATILES: The **URINE AND VITREOUS FLUID** were examined for the presence of ethanol at a cutoff of 20 mg/dL. No ethanol was detected.

DRUGS: The **URINE** was screened for amphetamine, antidepressants, antihistamines, barbiturates, benzodiazepines, cannabinoids, chloroquine, cocaine, dextromethorphan, lidocaine, narcotic analgesics, opiates, phencyclidine, phenothiazines, sympathomimetic amines and verapamil by gas chromatography, color test or immunoassay. The following drugs were detected:

None were found.

(b)(6)

(b)(6) ~~PhD, DABFT~~
Director, Forensic Toxicology Laboratory
Office of the Armed Forces Medical Examiner

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