NMS LABS

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CONFIDENTIAL

Toxicology Report

Report Issued 08/10/2022 11:07

To: **147923**
Dr. Frank Peretti (LDH OSP), Little Rock
8710 Faulkner Lake Road

North Little Rock, AR 72117

Patient Name	ARCHIBALD, SAMUEL
Patient ID	22-581
Chain	30287722
DOB	
Sex	Male
Workorder	22255198

Positive Findings:

Analyte	Result	Units	Matrix Source
Caffeine	Presump Pos	mcg/mL	001 - Heart Blood
Naloxone	Presump Pos	ng/mL	001 - Heart Blood
Methadone	350	ng/mL	001 - Heart Blood
Amphetamine	15	ng/mL	001 - Heart Blood
Methamphetamine	65	ng/mL	001 - Heart Blood
Fentanyl	1.7	ng/mL	001 - Heart Blood
Norfentanyl	0.42	ng/mL	001 - Heart Blood

See Detailed Findings section for additional information

Testing Requested:

Test	Test Name
8042B	Postmortem, Expanded w/Vitreous Alcohol Confirmation, Blood (Forensic)

Specimens Received:

ID	Tube/Container	Volume/ Mass	Collection Date/Time	Matrix Source	Labeled As
001	Gray Stopper Glass Tube	8.75 mL	07/18/2022	Heart Blood	30287722 A
002	Gray Stopper Glass Tube	8.25 mL	07/18/2022	Heart Blood	30287722 A
003	Red Stopper Glass Tube	3 mL	07/18/2022	Vitreous Fluid	30287722 B
004	White Cap Plastic Container	30 mL	07/18/2022	Urine	30287722 C

All sample volumes/weights are approximations.

Specimens received on 07/19/2022.

Detailed Findings:

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Caffeine	Presump Pos	mcg/mL	0.20	001 - Heart Blood	LC/TOF-MS
This test is an unconfirmed screen. Confirmation by a more definitive technique such as GC/MS is recommended.					
Naloxone	Presump Pos	ng/mL	1.0	001 - Heart Blood	LC/TOF-MS
This test is an unconfirmed screen. Confirmation by a more definitive technique such as GC/MS is recommended.					
Methadone	350	ng/mL	20	001 - Heart Blood	LC-MS/MS
Amphetamine	15	ng/mL	5.0	001 - Heart Blood	LC-MS/MS
Methamphetamine	65	ng/mL	5.0	001 - Heart Blood	LC-MS/MS
Fentanyl	1.7	ng/mL	0.20	001 - Heart Blood	LC-MS/MS
Norfentanyl	0.42	ng/mL	0.40	001 - Heart Blood	LC-MS/MS
Substance(s) known to interfere with the identity and/or quantity of the reported result: Benzyl Fentanyl					

Other than the above findings, examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded one (1) year from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed.

Workorder 22255198 was electronically signed on 08/10/2022 10:26 by:

Amanda L. DOrazio, M.S.
Certifying Scientist

Analysis Summary and Reporting Limits:

All of the following tests were performed for this case. For each test, the compounds listed were included in the scope. The Reporting Limit listed for each compound represents the lowest concentration of the compound that will be reported as being positive. If the compound is listed as None Detected, it is not present above the Reporting Limit. Please refer to the Positive Findings section of the report for those compounds that were identified as being present.

Test 50015B - Methadone and Metabolite Confirmation, Blood - Heart Blood

-Analysis by High Performance Liquid Chromatography/ Tandem Mass Spectrometry (LC-MS/MS) for:

Analyte	Rpt. Limit	Analyte	Rpt. Limit
EDDP	20 ng/mL	Methadone	20 ng/mL

Test 52483B - Amphetamines Confirmation, Blood - Heart Blood

-Analysis by High Performance Liquid Chromatography/ Tandem Mass Spectrometry (LC-MS/MS) for:

Analyte	Rpt. Limit	Analyte	Rpt. Limit
Amphetamine	5.0 ng/mL	MDMA	5.0 ng/mL
Ephedrine	5.0 ng/mL	Methamphetamine	5.0 ng/mL
MDA	5.0 ng/mL	Norpseudoephedrine	5.0 ng/mL
MDEA	5.0 ng/mL	Phentermine	5.0 ng/mL

Analysis Summary and Reporting Limits:

Analyte	Rpt. Limit	Analyte	Rpt. Limit
Phenylpropanolamine	20 ng/mL	Pseudoephedrine	5.0 ng/mL

Test 52484B - Fentanyl and Acetyl Fentanyl Confirmation, Blood - Heart Blood

-Analysis by High Performance Liquid Chromatography/ Tandem Mass Spectrometry (LC-MS/MS) for:

Analyte	Rpt. Limit	Analyte	Rpt. Limit
Acetyl Fentanyl	0.20 ng/mL	Norfentanyl	0.40 ng/mL
Fentanyl	0.20 ng/mL		

Test 8042B - Postmortem, Expanded w/Vitreous Alcohol Confirmation, Blood (Forensic) - Heart Blood

-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for:

Analyte	Rpt. Limit	Analyte	Rpt. Limit
Barbiturates	0.040 mcg/mL	Gabapentin	5.0 mcg/mL
Cannabinoids	10 ng/mL	Salicylates	120 mcg/mL

-Analysis by Headspace Gas Chromatography (GC) for:

Analyte	Rpt. Limit	Analyte	Rpt. Limit
Acetone	5.0 mg/dL	Isopropanol	5.0 mg/dL
Ethanol	10 mg/dL	Methanol	5.0 mg/dL

-Analysis by High Performance Liquid Chromatography/Time of Flight-Mass Spectrometry (LC/TOF-MS) for: The following is a general list of analyte classes included in this screen. The detection of any specific analyte is concentration-dependent. Note, not all known analytes in each specified analyte class are included. Some specific analytes outside of these classes are also included. For a detailed list of all analytes and reporting limits included in this screen, please contact NMS Labs. Amphetamines, Anticonvulsants, Antidepressants, Antihistamines, Antipsychotic Agents, Benzodiazepines, CNS Stimulants, Cocaine and Metabolites, Hallucinogens, Hypnosedatives, Hypoglycemics, Muscle Relaxants, Non-Steroidal Anti-Inflammatory Agents, Opiates and Opioids.

Louisiana Department of Public Safety and Corrections

Standardized Death Report Format

Unit Name: Richland Parish Detention Cente

DATE OF REPORT: July 18, 2022

TO: James M. Le Blanc
Secretary

FROM: Kindra Vaughn LPN
Unit Head or Designee

Title Medical Directer

RE:

Offender's Name Samuel Archibald

Offender's DOC #

Housing Unit Cell 18

Age:

Manner of Death: (Please check one of the following boxes)

Expected (Unexpected)

Autopsy: Pending.

Medical Diagnosis: Essentially Healthy

NARRATIVE: On July 16, 2022 @ Approximately 0317 C/O Turlington Found ffender Samuel Archibald unresponsive. He called medical M/O C. Morse responded at pprox 0318. upon arrival m/o morse found Archibald's lips to be blue and him t Breathing. CPR was Initiated. Narcan was given with No Response. AED machine use. Called for Ambulance. Reviving measures were continued until Nela arrived d EMt took over. Coroner Notified. Coroner arrived and pronounced time of death 1307 Hours. Autopsy will be obtained Then body will be sent to Brown-Holley neral home. EOR K.Vaughn LPN Medical Director

Form C-05-001-X-1
26 April 2018

Medical Summary Report for a Deceased Offender

(Must be submitted within 72 hours of death excluding weekends and holidays)

DATE: July 18, 2022

TO: DPS&C Medical/Mental Health Director

FROM: Kindra Vaughn LPN/Medical Director
Medical Director or Treating Physician

FACILITY: Richland Parish Detention Center

Name/DOC#: Samuel Archibald

Age/DOB: 24 Date of Death: July 16, 2022

Place of Death: Richland Parish Detention Center
(Facility) (Other)

(Attach ER, D/C summary, Hospital notes, etc.)

Medical Conditions: Essentially Healthy

MAR: No Meds

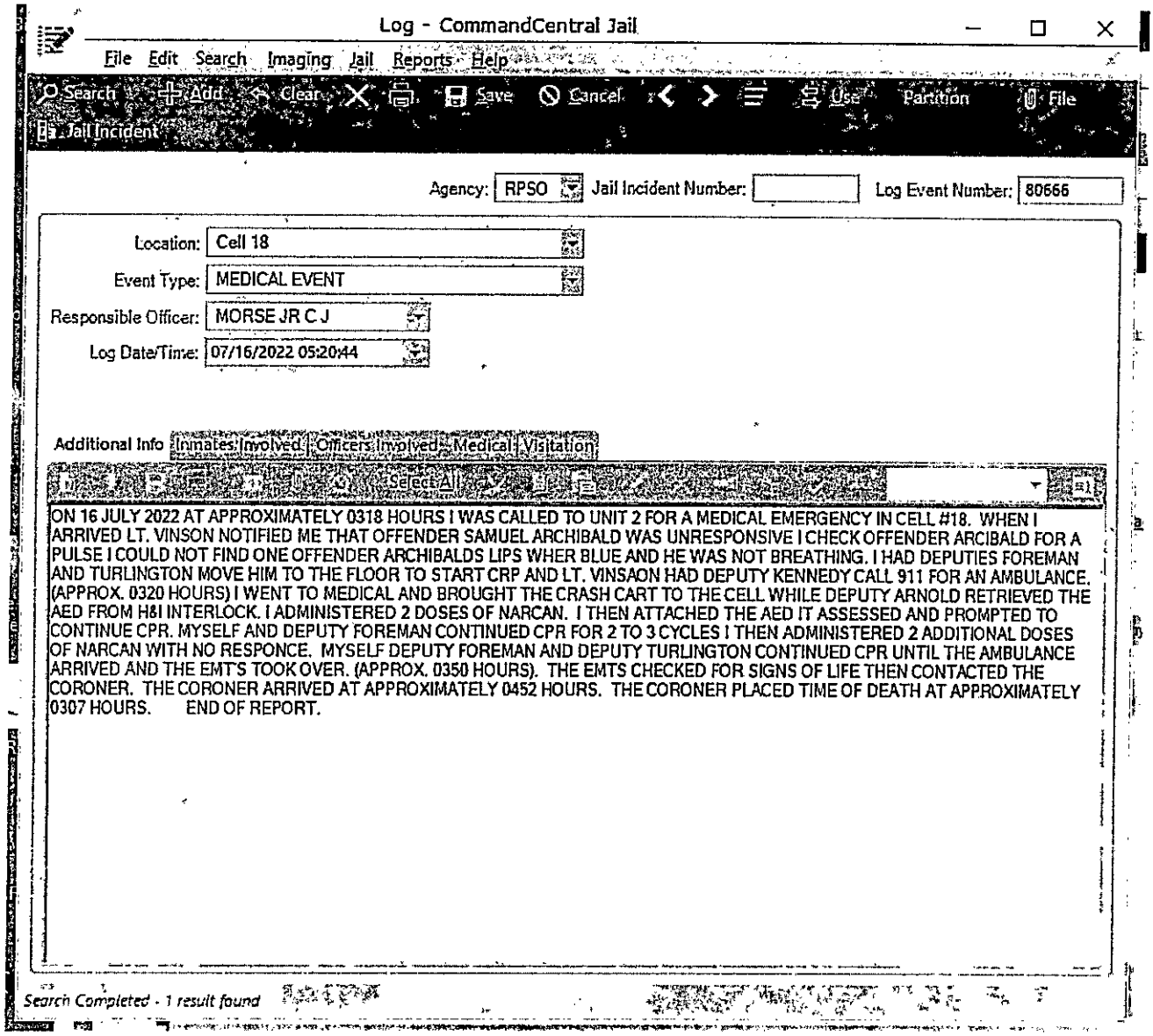
Medical Summary: July 16, 2022 at Approximately 0318 M/O C. Morse was called to unit II, Cell 18 For offender Samuel Archibald being unresponsive. upon M/O C. Morse arrival to cell 18 S. Archibald's lips were blue in color and he was not breathing M/O Morse began CPR and Requested an ambulance. M/O Morse Connected AED Pads and AED machine advised to continue CPR. He administered Narcan with NO response from Samuel Archibald. CPR was continued until Nela arrived and took over. Nela assessed Samuel and Contacted the Coroner. Coroner arrived and pronounced offender Samuel Archibald deceased @ Approx 0307 Hours. Autopsy was Requested. Body was sent for autopsy then transported to Brown-Holley Funeral Home. EOR K. Vaughn LPN Medical Director

Autopsy: ☐ No ☑ Yes

Manner of Death:
☐ Expected
☑ Unexpected
☐ Suicide
☐ Accident
☐ Homicide

Physician Signature	Date	Time
Kindra Vaughn LPN	July 18, 2022	1705
HDQ Medical Director's Signature	Date	Time

Comments:


Log - CommandCentral Jail
File Edit Search Imaging Jail Reports Help
Search Add Clear Save Cancel Use Partition File
Jail Incident
Agency: RPSO Jail Incident Number: Log Event Number: 80666
Location: Cell 18
Event Type: MEDICAL EVENT
Responsible Officer: MORSE JR C J
Log Date/Time: 07/16/2022 05:20:44
Additional Info Inmates Involved Officers Involved Medical Visitation
Select All
ON 16 JULY 2022 AT APPROXIMATELY 0318 HOURS I WAS CALLED TO UNIT 2 FOR A MEDICAL EMERGENCY IN CELL #18. WHEN I ARRIVED LT. VINSON NOTIFIED ME THAT OFFENDER SAMUEL ARCHIBALD WAS UNRESPONSIVE I CHECK OFFENDER ARCIBALD FOR A PULSE I COULD NOT FIND ONE OFFENDER ARCHIBALDS LIPS WHER BLUE AND HE WAS NOT BREATHING. I HAD DEPUTIES FOREMAN AND TURLINGTON MOVE HIM TO THE FLOOR TO START CRP AND LT. VINSAON HAD DEPUTY KENNEDY CALL 911 FOR AN AMBULANCE. (APPROX. 0320 HOURS) I WENT TO MEDICAL AND BROUGHT THE CRASH CART TO THE CELL WHILE DEPUTY ARNOLD RETRIEVED THE AED FROM H&I INTERLOCK. I ADMINISTERED 2 DOSES OF NARCAN. I THEN ATTACHED THE AED IT ASSESSED AND PROMPTED TO CONTINUE CPR. MYSELF AND DEPUTY FOREMAN CONTINUED CPR FOR 2 TO 3 CYCLES I THEN ADMINISTERED 2 ADDITIONAL DOSES OF NARCAN WITH NO RESPONCE. MYSELF DEPUTY FOREMAN AND DEPUTY TURLINGTON CONTINUED CPR UNTIL THE AMBULANCE ARRIVED AND THE EMT'S TOOK OVER. (APPROX. 0350 HOURS). THE EMTS CHECKED FOR SIGNS OF LIFE THEN CONTACTED THE CORONER. THE CORONER ARRIVED AT APPROXIMATELY 0452 HOURS. THE CORONER PLACED TIME OF DEATH AT APPROXIMATELY 0307 HOURS. END OF REPORT.
Search Completed - 1 result found

AUTOPSY REPORT

Case No: 2022-0581 **Date of Examination:** July 18, 2022

Name: ARCHIBALD, Samuel

Age: 24 years **Race:** White **Sex:** Male

Investigating Agency: Richland Parish Coroner's Office

FINDINGS

I. Diffuse visceral congestion.

II. Aging contusions, lower extremities.

CAUSE OF DEATH: Acute Combined Fentanyl, Methamphetamine and Methadone Intoxication.

OPINION:

This 24-year-old, white male, Samuel Archibald, died of acute combined fentanyl, methamphetamine and methadone intoxication. Investigation of the circumstances of death revealed that the decedent was an inmate at the Richland Detention Center when he was found deceased in his bunk. There was no evidence of foul play reported at the scene.

Autopsy demonstrated no evidence of life-threatening injuries. Aging contusions were present on the lower extremities. Internal examination showed diffuse visceral congestion.

Toxicology detected fentanyl, methamphetamine and methadone in the blood along with their metabolites.

Frank J. Pereth, M.D.
Forensic Pathologist

EXTERNAL EXAMINATION

The body was that of a well-developed, well-nourished, white male clad in an orange prison uniform and white boxers. The body weighed 172 pounds, measured 67 inches in length and appeared compatible with the stated age of 24 years. The body was cold. Rigor mortis was present and fixed to an equal degree in all extremities. Lividity was present and fixed on the posterior surface of the body except in areas exposed to pressure. The scalp hair was brown. The deceased wore a mustache and goatee. The irides were brown. The corneae were cloudy. The sclerae and conjunctivae were congested. There were no petechial hemorrhages. The external nares and oral cavity contained bloody frothy secretions. The teeth were natural and in good condition. Examination of the neck revealed no evidence of injury. The chest was unremarkable. No evidence of injury of the ribs or the sternum was evident externally. The abdomen was flat with no scars or injuries. The external genitalia were that of a normal adult male. The lower extremities showed a few old irregular scars. The ankles and feet were clean. No tattoos, needle tracks or wrist scars were noted. A blue plastic bracelet was present on the left wrist and was left on the body. A coroner's identification tag encircled the right wrist. Written in green ink on the posterior torso was "ZTX".

EVIDENCE OF MEDICAL ATTENTION:

EKG electrodes and defibrillator pads were present on the front of the chest and lower extremities.

EVIDENCE OF INJURY:

Multiple scattered contusions in various stages of healing and coloration of faint purple to light brown measuring up to 1 inch were present on the lower extremities.

INTERNAL EXAMINATION

The subcutaneous fat layer measured up to 1 inch. No adhesions or abnormal collections of fluid were present in the body cavities. Petechiae were not present. All body organs were present in normal anatomic position and diffusely congested. There was no internal evidence of blunt force or penetrating injury to the thoraco-abdominal region.

CARDIOVASCULAR SYSTEM:

The pericardial surfaces were smooth, glistening and unremarkable. The pericardial sac contained a few milliliters of fluid and there were no adhesions. The heart was normal in size, shape and configuration. The coronary arteries arose normally, followed the usual distribution and were widely patent, without evidence of significant atherosclerosis or thrombosis. The chambers and valves exhibited the usual size-position relationship and were unremarkable. The myocardium was dark red-brown, firm and unremarkable. The atrial and ventricular septa were intact. The aorta and its major branches arose normally, followed the usual course and were widely patent, free of significant atherosclerosis and other abnormality. The vena cava and its major tributaries returned to the heart in the usual distribution and were free of thrombi. The heart weighed 400 grams.

RESPIRATORY SYSTEM:

The pleural surfaces were smooth and glistening. The pulmonary arteries were normally developed, patent and without thrombus or embolus. The upper and lower airways contained bloody froth. The pulmonary parenchyma was grayish-purple and diffusely congested. The right lung weighed 700 grams; the left 600 grams.

NECK:

Examination of the soft tissues of the neck, including strap muscles, thyroid gland and large vessels, revealed no abnormalities or hemorrhage. The hyoid bone and larynx were intact. The epiglottis and vocal cords were unremarkable.

ALIMENTARY TRACT:

The tongue, esophagus, stomach, small and large bowel, rectum and anus showed no lesions or abnormalities. The stomach was contracted and empty. The appendix was present.

LIVER AND BILIARY SYSTEM:

The hepatic parenchyma was maroon with no focal lesions. The gallbladder contained a few milliliters of bile. The liver weighed 1510 grams.

GENITOURINARY SYSTEM:

The cortical surfaces were red-brown, smooth and congested. The calyces, pelves and ureters were unremarkable. The urinary bladder contained 150 mL of urine. Prostate and testes were unremarkable. The right kidney weighed 100 grams; the left 110 grams.

RETICULOENDOTHELIAL SYSTEM:

The spleen had a smooth, intact capsule covering red-purple, parenchyma. The regional lymph nodes were not enlarged and appeared normal. The spleen weighed 200 grams.

ENDOCRINE AND EXOCRINE SYSTEMS:

The pituitary, thyroid, adrenal glands, and pancreas were free of obvious disease.

MUSCULOSKELETAL SYSTEM:

Muscles were red-brown and within normal development. No bone or joint abnormalities were noted. The cervical, thoracic, and lumbar spine showed no obvious old fractures or other abnormalities.

CENTRAL NERVOUS SYSTEM:

The scalp showed no edema or hemorrhage. The calvarium and base of the skull showed no fractures. The dura and falx cerebri were intact. There was no epidural, subdural or subarachnoid hemorrhage present. The leptomeninges were clear. The cerebral hemispheres were symmetric. The cranial nerves were intact. The circle of Willis and related blood vessels were normal in caliber and distribution. Sections through the cerebral hemispheres, brain stem and cerebellum revealed no focal lesions. The brain weighed 1300 grams.