Record of Death

Provided by LA Department of Public Safety and Corrections (DPSC)
on 01/09/2025

Name: Chad Anderson

DOC #: 366984

Race / Ethnicity: Black or African American / Unknown

Gender: Male

Age: 42

Date of Birth: 5/14/1978

First Admission Date to DOC: 6/01/2006

Sentence: Life

Facility / Housing Unit: LSP

Date of Death: 12/16/2020

Time of Death: 6:06:00 PM

Manner of Death (LCLE): Accident

Manner of Death (DOC): Overdose

Expected / Unexpected: Unexpected

Admission Date to Last Facility: 6/15/2011

Name of Last Facility: DWCC

Incarceration Transparency Project Notes (not included in DPSC Record):

- Not originally reported to IT Project in public record response covering 2020-2021, but included in public record response received January 2025.
- DOB from coroner report.

Name of Last Facility = facility prior to facility at time of death

- *State Facility Codes:*
  - *ALC: Allen Correctional Center*
  - *EHCC: Elayn Hunt Correctional Center*
  - *LCIW: Louisiana Correctional Institute for Women*
  - *LSP: Louisiana State Penitentiary*
  - *DCI: Dixon Correctional Institute*
  - *DWCC: David Wade Correctional Center*
  - *RCC: B.B. Rayburn Correctional Center*
  - *RLCC: Raymond Laborde Correctional Center*

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REPORT OF THE PATHOLOGIST

Office of the Coroner, East Baton Rouge Parish
4030 T.B. Herndon Ave.
Baton Rouge, Louisiana, 70807
Phone 225-389-3047
Fax 225-389-3447

The autopsy summarized in this report was performed on the decedent listed below in accordance with the duties outlined in Revised Statute 13:5713 of Louisiana State Law.

Name of Decedent: Chad Anderson
Address: LSP Angola, LA
Date of Birth/Age: 05-14-1978 / 42 years
Place of Death: LSP Angola, LA

Date/Time of Death: 12-16-2020 / 1805 hours
Date/Time of Autopsy: 12-22-2020 / 0930 hours
Body Identified By: WFel Parish Coroner's Office
Security Tag Number: Not present

Performed By: Leslie Michel, M.D.
Pathologist

Date Completed: February 1, 2021

Assisted By: Pathology Technician Brittany Stewart

CAUSE OF DEATH: Mixed Drug (Methamphetamine and Fentanyl) Toxicity

LISTING OF FINDINGS:

I. Mixed drug (methamphetamine and fentanyl) toxicity
   A. Toxicology results (see separate report)
      1. Blood 4-ANPP: positive
      2. Blood caffeine: positive
      3. Blood naloxone: positive
      4. Blood carbamazepine level: 1.3 mcg/mL
      5. Blood amphetamine level: 70 ng/mL
      6. Blood methamphetamine level: 220 ng/mL
      7. Blood fentanyl level: 4.6 ng/mL
      8. Blood norfentanyl level: 0.31 ng/mL

II. Hypertensive and atherosclerotic cardiovascular disease
   A. Cardiomegaly (575 grams) and left ventricular hypertrophy
   B. Nephrosclerosis
   C. Clinical history of hypertension

III. Obesity, class II (body mass index of 39 kg/m^2) with increased intra-abdominal fat

IV. Other findings:
   A. Clinical history of asthma and gastroesophageal reflux disease

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B. COVID-19 SARS-CoV-2 (12-16-2020) result: Not detected
C. No evidence of trauma

NMS LABS

NMS Labs
200 Welsh Road, Horsham, PA 19044-2208
Phone: (215) 657-4900 Fax: (215) 657-2972
e-mail: nms@nmslabs.com
Robert A. Middleberg, PhD, F-ABFT, DABCC-TC, Laboratory Director

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Toxicology Report

Report Issued 01/07/2021 15:09

To: **10517**
East Baton Rouge Parish Coroner's Office
Attn: Shane Evans
4030 T.B. Herndon Avenue
Baton Rouge, LA 70807

Patient Name	ANDERSON, CHAD
Patient ID	190-RAP20
Chain	20399448
Age	42 Y
DOB	05/14/1978
Gender	Male
Workorder	20399448

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Positive Findings:

Compound	Result	Units	Matrix Source
4-ANPP	Positive	ng/mL	001 - Iliac Blood
Caffeine	Positive	mcg/mL	001 - Iliac Blood
Naloxone	Positive	ng/mL	001 - Iliac Blood
Carbamazepine	1.3	mcg/mL	001 - Iliac Blood
Amphetamine	70	ng/mL	001 - Iliac Blood
Methamphetamine	220	ng/mL	001 - Iliac Blood
Fentanyl	4.6	ng/mL	001 - Iliac Blood
Norfentanyl	0.31	ng/mL	001 - Iliac Blood
Amphetamines	Presump Pos	ng/mL	005 - Urine
Fentanyl / Metabolite	Presump Pos	ng/mL	005 - Urine

See Detailed Findings section for additional information

Testing Requested:

Analysis Code	Description
8042B	Postmortem, Expanded w/Vitreous Alcohol Confirmation, Blood (Forensic)
8050U	Postmortem, Urine Screen Add-On (6-MAM Quantification only) (Forensic)

Specimens Received:

ID	Tube/Container	Volume/ Mass	Collection Date/Time	Matrix Source	Labeled As
001	Gray Top Tube	8 mL	12/22/2020 10:10	Iliac Blood	190-RAP20
002	Gray Top Tube	7 mL	12/22/2020 10:10	Iliac Blood	190-RAP20
003	Red Top Tube	8 mL	12/22/2020 10:10	Iliac Blood	190-RAP20
004	Red Top Tube	3.75 mL	12/22/2020 10:10	Vitreous Fluid	190-RAP20
005	White Plastic Container	40 mL	12/22/2020 10:10	Urine	190-RAP20

All sample volumes/weights are approximations.
Specimens received on 12/24/2020.

Exhibit A

Test Fel. Coroner's Otc.
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Detailed Findings:

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
4-ANPP	Positive	ng/mL	0.10	001 - Iliac Blood	LC/TOF-MS
Caffeine	Positive	mcg/mL	0.20	001 - Iliac Blood	LC/TOF-MS
Naloxone	Positive	ng/mL	1.0	001 - Iliac Blood	LC/TOF-MS
Carbamazepine	1.3	mcg/mL	0.20	001 - Iliac Blood	LC/TOF-MS
Amphetamine	70	ng/mL	5.0	001 - Iliac Blood	LC-MS/MS
Methamphetamine	220	ng/mL	5.0	001 - Iliac Blood	LC-MS/MS
Fentanyl	4.6	ng/mL	0.10	001 - Iliac Blood	LC-MS/MS
Norfentanyl	0.31	ng/mL	0.20	001 - Iliac Blood	LC-MS/MS
Amphetamines	Presump Pos	ng/mL	500	005 - Urine	EIA
This test is an unconfirmed screen. Confirmation by a more definitive technique such as GC/MS is recommended.					
Fentanyl / Metabolite	Presump Pos	ng/mL	2.0	005 - Urine	EIA
This test is an unconfirmed screen. Confirmation by a more definitive technique such as GC/MS is recommended.					

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.

Reference Comments:

1. 4-ANPP (Despropionyl fentanyl) - Iliac Blood:

   4-ANPP (despropionylfentanyl) is a precursor chemical used in the production of fentanyl/fentanyl related compounds and is also a fentanyl metabolite and may be a metabolite of other fentanyl-related compounds. It is considered to be pharmacologically weak.
   The reported qualitative result for this substance was based upon a single analysis only. If confirmation testing is required please contact the laboratory.

2. Amphetamine - Iliac Blood:

   Amphetamine (Adderall, Dexedrine) is a Schedule II phenethylamine CNS-stimulant. It is used therapeutically in the treatment of narcolepsy and obesity and also in the treatment of hyperactivity in children. Amphetamine has a high potential for abuse. When used in therapy, initial doses should be small and increased gradually. In the treatment of narcolepsy, amphetamine is administered in daily divided doses of 5 to 60 mg. For obesity and children with attention deficits, usual dosage is 5 or 10 mg daily.

   Following a single oral dose of 10 mg amphetamine sulfate, a reported peak blood concentration of 40 ng/mL was reached at 2 hr. Following a single 30 mg dose to adults, an average peak plasma level of 100 ng/mL was reported at 2.5 hr. A steady-state blood level of 2000 - 3000 ng/mL was reported in an addict who consumed approximately 1000 mg daily.

   Overdose with amphetamine can produce restlessness, hyperthermia, convulsions, hallucinations, respiratory and/or cardiac failure. Reported blood concentrations in amphetamine-related fatalities ranged from 500 - 41000 ng/mL (mean, 9000 ng/mL). Amphetamine is also a metabolite of methamphetamine, benzphetamine and selegiline.

3. Amphetamines - Urine:

   Amphetamines are a class of central nervous system stimulant drugs, with some therapeutic uses, and a high potential for abuse.

   This result derives from a presumptive test, which may be subject to cross-reactivity with non-amphetamine related compounds. A second test is necessary to confirm the presence of amphetamine related compounds.

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Reference Comments:

4. Caffeine (No-Doz®) - Iliac Blood:

   Caffeine is a xanthine-derived central nervous system stimulant. It also produces diuresis and cardiac and respiratory stimulation. It can be readily found in such items as coffee, tea, soft drinks and chocolate. As a reference, a typical cup of coffee or tea contains between 40 to 100 mg caffeine.

   The reported qualitative result for this substance was based upon a single analysis only. If confirmation testing is required please contact the laboratory.

5. Carbamazepine (Tegretol®) - Iliac Blood:

   Carbamazepine is a tricyclic anticonvulsant agent. It is also prescribed for the treatment of pain associated with trigeminal neuralgia. It is extensively metabolized to the active Carbamazepine-10,11-Epoxide as well as other metabolites. Dosage should be adjusted to meet individual requirements. Total dosage should generally not exceed 1.2 g daily.

   Following a chronic oral dose of 5-20 mg/Kg (mean, 12 mg/Kg), reported plasma concentrations averaged 5.4 mcg/mL (range, 1.4 to 12 mcg/mL) for carbamazepine and 1.1 mcg/mL (range, 0.2 - 2.0 mcg/mL) for the epoxide.

   Signs and symptoms associated with acute carbamazepine overdose include dizziness, stupor, disorientation, hypo- or hypertension and coma. In a series of non-fatal overdoses, peak plasma concentrations of the parent compound ranged from 12 - 77 mcg/mL whereas the levels of the epoxide ranged from 4 - 34 mcg/mL. In an individual who died after ingesting 50 g of carbamazepine, a plasma level of 120 mcg/mL was reported; cardiorespiratory arrest occurred about 14 hr after hospital admission at which point the carbamazepine plasma concentration was 90 mcg/mL. In a series of 7 cases of fatal carbamazepine overdose the blood concentrations ranged from 35 - 70 mcg/mL.

   The reported blood to plasma ratio for carbamazepine is 0.6.

6. Fentanyl (Duragesic®; Sublimaze®) - Iliac Blood:

   Fentanyl is a DEA Schedule II synthetic morphine substitute anesthetic/analgesic. It is reported to be 80 to 200 times as potent as morphine and has a rapid onset of action as well as addictive properties.

   It is reported that patients lost consciousness at mean plasma levels of fentanyl of 34 ng/mL when infused with 75 mcg/Kg over a 15 min period; peak plasma levels averaged 50 ng/mL.

   After application of a fentanyl transdermal preparation (patch), serum fentanyl concentrations are reported to be in the following ranges within 24 hours:
   25 mcg/hour patch: 0.3 - 1.2 ng/mL
   50 mcg/hour patch: 0.6 - 1.8 ng/mL
   75 mcg/hour patch: 1.1 - 2.6 ng/mL
   100 mcg/hour patch: 1.9 - 3.8 ng/mL

   Following removal of the patch, serum fentanyl concentrations are reported to decrease with a mean elimination half-life of 17 hours (range, 13 to 22 hours).

   The mean peak plasma serum fentanyl concentration in adults given an 800 mcg oral transmucosal fentanyl preparation over 15 minutes is reported at 2.1 ng/mL (range, 1.4 - 3.0 ng/mL) at approximately 0.4 hours.

   Signs associated with fentanyl toxicity include severe respiratory depression, seizures, hypotension, coma and death. In fatalities from fentanyl, blood concentrations are variable and have been reported as low as 3 ng/mL.

   Substance(s) known to interfere with the identity and/or quantity of the reported result: 4-methylphenethyl acetyl fentanyl

7. Fentanyl / Metabolite - Urine:

   Fentanyl is a DEA Schedule II synthetic morphine substitute anesthetic/analgesic. It is reported to be 80 to 200 times as potent as morphine and has a rapid onset of action as well as addictive properties.

   This result derives from a presumptive test, which may be subject to cross-reactivity with non-fentanyl related compounds. A second test is necessary to confirm the presence of fentanyl related compounds.

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Reference Comments:

8. Methamphetamine - Iliac Blood:

   d-Methamphetamine is a DEA schedule II stimulant drug capable of causing hallucinations, aggressive behavior and irrational reactions. Chemically, there are two forms (isomers) of methamphetamine: l- and d-methamphetamine. The l-isomer is used in non-prescription inhalers as a decongestant and has weak CNS-stimulatory activity. The d-isomer has been used therapeutically as an anorexigenic agent in the treatment of obesity and has potent CNS-, cardiac- and circulatory-stimulatory activity. Amphetamine and norephedrine (phenylpropanolamine) are metabolites of methamphetamine. d-Methamphetamine is an abused substance because of its stimulatory effects and is also addictive.

   A peak blood concentration of methamphetamine of 20 ng/mL was reported at 2.5 hr after an oral dosage of 12.5 mg. Blood levels of 200 - 600 ng/mL have been reported in methamphetamine abusers who exhibited violent and irrational behavior. High doses of methamphetamine can also elicit restlessness, confusion, hallucinations, circulatory collapse and convulsions.

   *In this case, the level of methamphetamine determined has not been differentiated according to its isomeric forms. Differentiation of the isomers of methamphetamine is available upon request.

9. Naloxone (Narcan®) - Iliac Blood:

   Naloxone is a narcotic antagonist used to counter the central nervous system depression effects of opioids, including respiratory depression. It is also used for the diagnosis of suspected acute opioid overdosage. Naloxone is available as a 0.4 mg/mL solution of the hydrochloride for parenteral injection.

   Naloxone is also available in combination with buprenorphine (Suboxone®) for the treatment of opioid dependence. This combination is available in tablets of 2 mg buprenorphine with 0.5 mg naloxone or 8 mg buprenorphine with 2 mg of naloxone for sublingual administration.

   The reported qualitative result for this substance was based upon a single analysis only. If confirmation testing is required please contact the laboratory.

10. Norfentanyl (Fentanyl Metabolite) - Iliac Blood:

    Norfentanyl is the primary inactive metabolite of the synthetic narcotic analgesic fentanyl.
    Substance(s) known to interfere with the identity and/or quantity of the reported result: Benzyl Fentanyl

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 20399448 was electronically signed on 01/07/2021 14:13 by:

Erik Flail, B.A.
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.

Acode 52015B - Carbamazepine and Metabolite Confirmation, Blood - Iliac Blood

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

Compound	Rpt. Limit	Compound	Rpt. Limit
Carbamazepine	0.20 mcg/mL	Carbamazepine-10,11-Epoxide	0.20 mcg/mL

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Analysis Summary and Reporting Limits:

Acode 52483B - Amphetamines Confirmation, Blood - Iliac Blood

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

Compound	Rpt. Limit	Compound	Rpt. Limit
Amphetamine	5.0 ng/mL	Methamphetamine	5.0 ng/mL
Ephedrine	5.0 ng/mL	Norpseudoephedrine	5.0 ng/mL
MDA	5.0 ng/mL	Phentermine	5.0 ng/mL
MDEA	5.0 ng/mL	Phenylpropanolamine	20 ng/mL
MDMA	5.0 ng/mL	Pseudoephedrine	5.0 ng/mL

Acode 52484B - Fentanyl and Acetyl Fentanyl Confirmation, Blood - Iliac Blood

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

Compound	Rpt. Limit	Compound	Rpt. Limit
Acetyl Fentanyl	0.10 ng/mL	Norfentanyl	0.20 ng/mL
Fentanyl	0.10 ng/mL		

Acode 8042B - Postmortem, Expanded w/Vitreous Alcohol Confirmation, Blood (Forensic) - Iliac Blood

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

Compound	Rpt. Limit	Compound	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:

Compound	Rpt. Limit	Compound	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 compound classes included in this screen. The detection of any specific analyte is concentration-dependent. Note, not all known analytes in each specified compound class are included. Some specific analytes outside these classes are also included. For a detailed list of all analytes and reporting limits, 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.

Acode 8050U - Postmortem, Urine Screen Add-On (6-MAM Quantification only) (Forensic)

-Analysis by Enzyme Immunoassay (EIA) for:

Compound	Rpt. Limit	Compound	Rpt. Limit
Amphetamines	500 ng/mL	Fentanyl / Metabolite	2.0 ng/mL
Barbiturates	0.30 mcg/mL	Methadone / Metabolite	300 ng/mL
Benzodiazepines	50 ng/mL	Opiates	300 ng/mL
Cannabinoids	50 ng/mL	Oxycodone / Oxymorphone	100 ng/mL
Cocaine / Metabolites	150 ng/mL	Phencyclidine	25 ng/mL