

**OFFICE OF THE MEDICAL EXAMINER
WEST TENNESSEE REGIONAL FORENSIC CENTER**

REPORT OF INVESTIGATION BY COUNTY MEDICAL EXAMINER

Shelby County Medical Examiner: Karen E. Chancellor M.D.

Judicial District Number: 30

District Attorney: Honorable Amy Weirich

State Number: **17-79-1013**

Case Number: **MEC2017-0585**

Name of Decedent Hollie Adcock		Age 22 Years	Race White	Date of Birth 05/02/1994	Sex Female
Address					
Date of Death 04/09/2017 6:38 AM		Type of Death Suspected Suicide		Investigating Agency/Complaint #: Memphis Police Department, Complaint #: 1704004042ME	
Place of Death Regional One Hospital, Memphis, TN					
Narrative Summary <p>Reportedly, this 22 year old white female, identified by family members as Hollie Adcock, was pronounced deceased from an apparent gunshot wound at Regional One Hospital. On 04/08/17, the decedent was reported to have been at her boyfriend's house in Memphis, when she shot herself. 911 emergencies were notified with Memphis Fire and Police Departments responding. The decedent was transported to Regional One, arriving at approximately 0336 hours. After exhausting all resuscitative efforts, death was pronounced at approximately 0638 hours by Dr. Evans. I was notified of this case by R. Taylor, RN, who provided the above information. Jurisdiction was accepted by the Shelby County Medical Examiner's Office. The decedent was transported to the West Tennessee Regional Forensic Center for further examination.</p> <p>Miranda Slaughter, Investigator 04/09/17</p>					
Jurisdiction Accepted Yes		Autopsy Ordered Yes		Toxicology Ordered Yes	
Physician Responsible for Death Certificate Erica R Curry, M.D.					
Cremation Approved Yes		Funeral Home Curry Funeral Home			
Cause of Death Gunshot wound to the head.					
Contributory Cause of Death					
Manner of Death Could Not Be Determined					

RECEIVED
STATE OF TENNESSEE

MAR 08 2018

OFFICE OF THE STATE
CHIEF MEDICAL EXAMINER

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West Tennessee Regional Forensic Center
Office of the Medical Examiner
637 Poplar Avenue
Memphis, Tennessee 38105-4510
Telephone (901) 222-4600 Fax (901) 222-4645

REPORT OF AUTOPSY EXAMINATION

CASE NUMBER: 2017-0585 **DECEDENT:** Hollie Adcock

AGE: 22 years **RACE:** White **SEX:** Female

Authorized by: Karen E. Chancellor, M.D. **Received from:** Shelby County

Date of Autopsy Examination: 4/10/2017 **Time:** 0900 hours

Body Identified by: Visual

Person present at autopsy: Kevin Truitt

PATHOLOGICAL DIAGNOSES

- I. Contact perforating gunshot wound of the head.
 - A. Entrance wound on the right temporal scalp.
 - B. Injury to the brain and skull.
 - C. Exit wound on the left temporal scalp.
 - D. Trajectory: Right to left, and slightly downward and slightly front to back.
 - E. No bullet is recovered from the body.
-

CAUSE OF DEATH: Gunshot wound of the head.

The facts stated herein are correct to the best of my knowledge and belief.

****Electronically signed by Erica R. Curry, M.D. on Tuesday, February 13, 2018****

Kevin B. Jenkins, M.D., Forensic Pathology Fellow Date

SUPERVISING PATHOLOGIST:

Erica R. Curry, M.D., Forensic Pathologist Date

EVIDENCE OF INJURY:

I. Contact perforating gunshot wound of the head:

II. Located on the right temporal scalp, 2-1/2 inches from the top of the head and 2-1/2 inches right of the anterior midline is a 3/8 inch stellate gunshot entrance wound. Lacerations are at the 1 o'clock, 3 o'clock, 6 o'clock, and 9 o'clock positions measuring 1/4 inch, 1/8 inch, 1/2 inch, and 1/2 inch, respectively. A 1/16 inch wide ring of soot concentrically surrounds the wound and a large amount of soot is within the wound and on the underlying bone. No gunpowder stippling or muzzle imprint surrounds the wound. There are bilateral purple-blue periorbital contusions. The right sclera has hemorrhage at the medial aspect. Bilateral purple-blue postauricular contusions are present measuring 2 x 1 inch on the left and 1 x 1/2 inch on the right. The bullet perforated the right temporal scalp and perforated the right temporal bone with internal beveling at the junction of the coronal and squamosal sutures. The bullet perforated the right and left temporal and parietal lobes of the brain and caused pulpification of the basal ganglia and cortical contusions on the inferior aspects of the right and left temporal lobes. Intraparenchymal hemorrhage extends along the wound tract and Duret hemorrhages are in the pons. There is diffuse scalp hemorrhage and subarachnoid hemorrhage. The brain is edematous with tonsillar herniation. Radiating fractures are present in the left and right parietal, temporal, frontal and occipital bones of the calvarium. Extensive comminuted fractures are in the right and left frontal, right temporal and sphenoid and sella turcica bones of the skull base. There is hemorrhage of the strap muscles of the right anterior neck radiating from the basilar skull. The bullet then perforated the left temporal bone along the squamosal suture creating external beveling. The bullet exited the left temporal scalp, 3 inches from the top of the head and 2-1/2 inches left of the anterior midline through a 1/4 inch lacerated exit wound with 1/4 inch lacerations at the 11 o'clock and 5 o'clock positions. No bullet is recovered. With the body in standard anatomic position, the trajectory is right to left, slightly downward, and slightly front to back.

EXTERNAL EXAMINATION

Rigor: Present in the jaw, neck, and extremities.
Livor: Purple, posterior and fixed.
Algor: Refrigerated.
Weight: 98 pounds.
Length: 65 inches.
Eyes: Hazel.
Hair: Blond.
Scars: A 1/4 inch scar is on the umbilicus, a 1/4 inch scar is on the right lower quadrant of the abdomen, and a 9 inch vertical scar is on the medial aspect of the left calf.
Tattoos: Tattoos are on the right side of the chest and on the medial aspect of the left ankle.
Clothing: The decedent is received undressed.
Personal Effects: None.
Therapy: An endotracheal tube and an orogastric tube are extending from the mouth. The head is wrapped with gauze. Electrocardiographic leads are on the anterior torso. There are intravenous lines in the right clavicular region, right and left antecubital fossa, and in the posterior aspect of the left hand. There is a red-pink abrasion and purple-blue ecchymosis in the right antecubital fossa in the distribution of tape that was securing the intravenous line. Multiple puncture marks are in the left and right inguinal regions and are surrounded by focal purple-blue ecchymosis. A urinary bladder catheter is extending from the urethra.
General: The decedent is received in an unsealed body bag. The bag is opened to show the body of a well-developed white female with generalized edema. A sexual assault kit is collected as evidence. The corneas are slightly cloudy. The left sclerae is tan-white and free of hemorrhage and petechiae. The conjunctivae are pale and free of hemorrhage and petechiae. The ears are pierced. The external auditory canals and nares are free of debris and lesions. The mucosal surface of the lower lip has a 1/4 inch red-purple contusion underlying the endotracheal tube. The dentition is natural and in good condition. The chest is normally formed, symmetrical, and without palpable masses. The nipples and breasts have no palpable masses. The abdomen is flat and has a 1/2 inch red contusion on the left side. The external genitalia are those of a normal adult female and are uninjured. The back is straight and symmetric. The anus is unremarkable. The upper extremities are normally formed and

symmetrical with no clubbing or edema. Paper bags are on the hands and they have no injuries. The fingernails are intact with no fresh chips or tears. There is no visible gunpowder residue or soot on the hands. A gunshot residue kit (GSR) kit is collected. The fingernails are clipped as evidence. The lower extremities are normally formed and symmetrical with no edema. A 3/4 inch red-brown contusion is on the right knee and a 1/2 inch red-brown abrasion is on the lateral aspect of the right ankle. The toenails are painted pink precluding further evaluation.

X-rays: X-rays of the head and neck show scattered minute radiopaque foreign objects in the head.

INTERNAL EXAMINATION

GENERAL: The body cavities have no collections of fluid or adhesions.

PLEURA: Unremarkable.

PERITONEUM: Unremarkable.

PERICARDIUM: Unremarkable.

NECK ORGANS: The tongue has no ulcers or contusions. The nasopharyngeal airways contain no foreign materials. The larynx and vocal cords are intact and unremarkable. The hyoid bone is intact. The thyroid parenchyma is uniform, firm, and red-brown with no focal lesions. The thymus is 12 grams and unremarkable.

HEART: 219 grams. The epicardial surface is glistening and smooth. The vena cavae and pulmonary arteries are without thrombus or embolus. The coronary arteries arise normally and follow the usual courses with no evidence of atherosclerotic stenosis. The chambers and valves exhibit the usual positional relationships and structure. The valves have no evidence of vegetation or thickening. The tricuspid, pulmonic, mitral, and aortic valve circumferences are 11 centimeters, 6 centimeters, 9 centimeters, and 6 centimeters, respectively. A 0.3 centimeter purple-blue endocardial contusion is in the right atrium and the endocardium is otherwise thin and glistening. The atrial and ventricular septa are intact. The papillary muscles and chordae

are unremarkable. The myocardium is red-brown and has a 3 x 3 x 0.2 centimeter gray-blue focus in the posterior wall of the right ventricle. The right, left, and septal ventricular walls are 0.3 centimeters, 1.3 centimeters, and 1.4 centimeters thick, respectively.

AORTA: No atherosclerosis.

LUNGS: Right 594 grams, Left 389 grams. The pleural surfaces are glistening and smooth. The parenchyma is red-purple with moderate edema and no focal lesions. The upper airway and bronchi are unobstructed and clear of debris and foreign material. The pulmonary vasculature is free of thrombi.

LIVER: 989 grams. The liver has a smooth capsule that covers unremarkable tan-purple parenchyma with no focal lesions.

GALLBLADDER: Unremarkable. No calculi are present.

SPLEEN: 115 grams. The spleen has a smooth, intact capsule covering red-purple, firm parenchyma with no focal lesions.

PANCREAS: The pancreas is unremarkable with pink-tan parenchyma and lobular architecture.

ADRENALS: Unremarkable.

GI TRACT: The esophagus has gray-white smooth mucosa with normal wall thickness. The stomach contains 50 milliliters of red-brown blood. The stomach has normal rugal folds and unremarkable muscular wall. The pylorus is unremarkable. The small intestine and colon are unremarkable. There is remote absence of the appendix.

KIDNEYS: Right 96 grams, Left 110 grams. The renal capsules are smooth, thin, semi-transparent, and cover smooth, red-brown cortical surfaces. Serial sections of the kidneys have cortices of normal thickness, slightly congested, and with well delineated corticomedullary junctions. The calyces, pelves, and ureters are free of calculi and are not dilated.

**URINARY
BLADDER:** Unremarkable. Contains no urine.

GENITALIA: The uterus, fallopian tubes, ovaries, cervix and internal vagina are unremarkable.

BRAIN AND MENINGES: 1411 grams. Serial sections of the brain have no masses or pre-existing pathology.

DISPOSITION OF EVIDENCE

FTA card	WTRFC
Heart blood x1, hospital blood x1, vitreous, liver	NMS TOXICOLOGY LAB
FTA card, GSR kit, pulled head hair, nail clippings and clipper, paper bags from hands, sexual assault kit consisting of oral swabs and smears, vaginal swabs and smears, and rectal swabs and smears, pulled head hair and known blood sample	EVIDENCE

MICROSCOPIC DESCRIPTION

Slide A	Kidney: No significant histopathologic change. Lung: No significant histopathologic change.
Slide B	Heart: Focal nuclei with irregular contours and prominent intercalated discs. Liver: No significant histopathologic change.
Slide C	Right ventricle: Some of the endocardial myocytes show loss of nuclei and separation of myofibrils disrupting the normal myocyte structure.
Slide D	Brain: No significant histopathologic change.

SUMMARY AND INTERPRETATION

The decedent was a 22 year old white female who was reportedly discovered unresponsive and a 38 caliber revolver was reportedly at the scene lying next to her body.

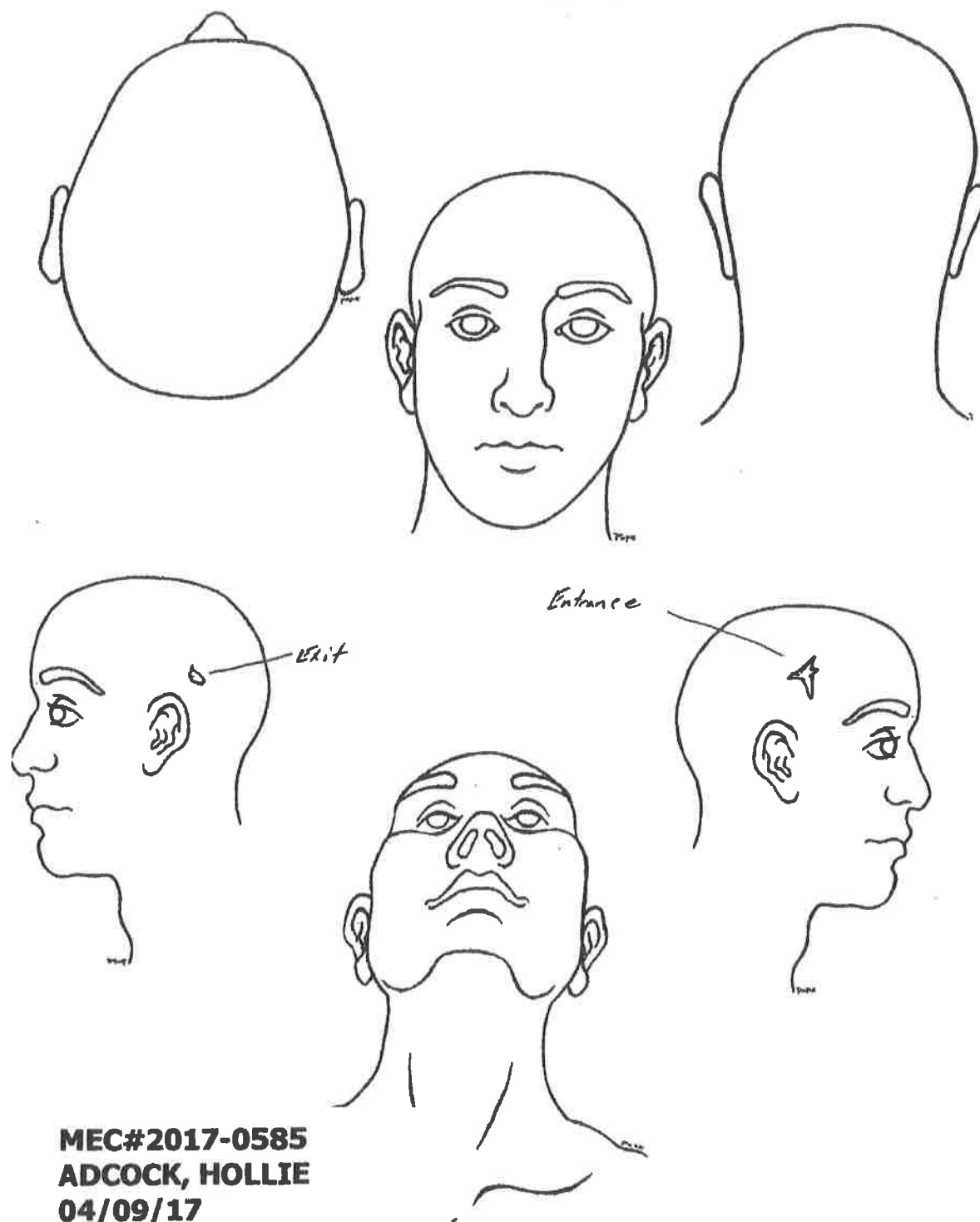
Autopsy showed a contact gunshot wound to the head with injuries to the brain and skull. No bullet was recovered from the body.

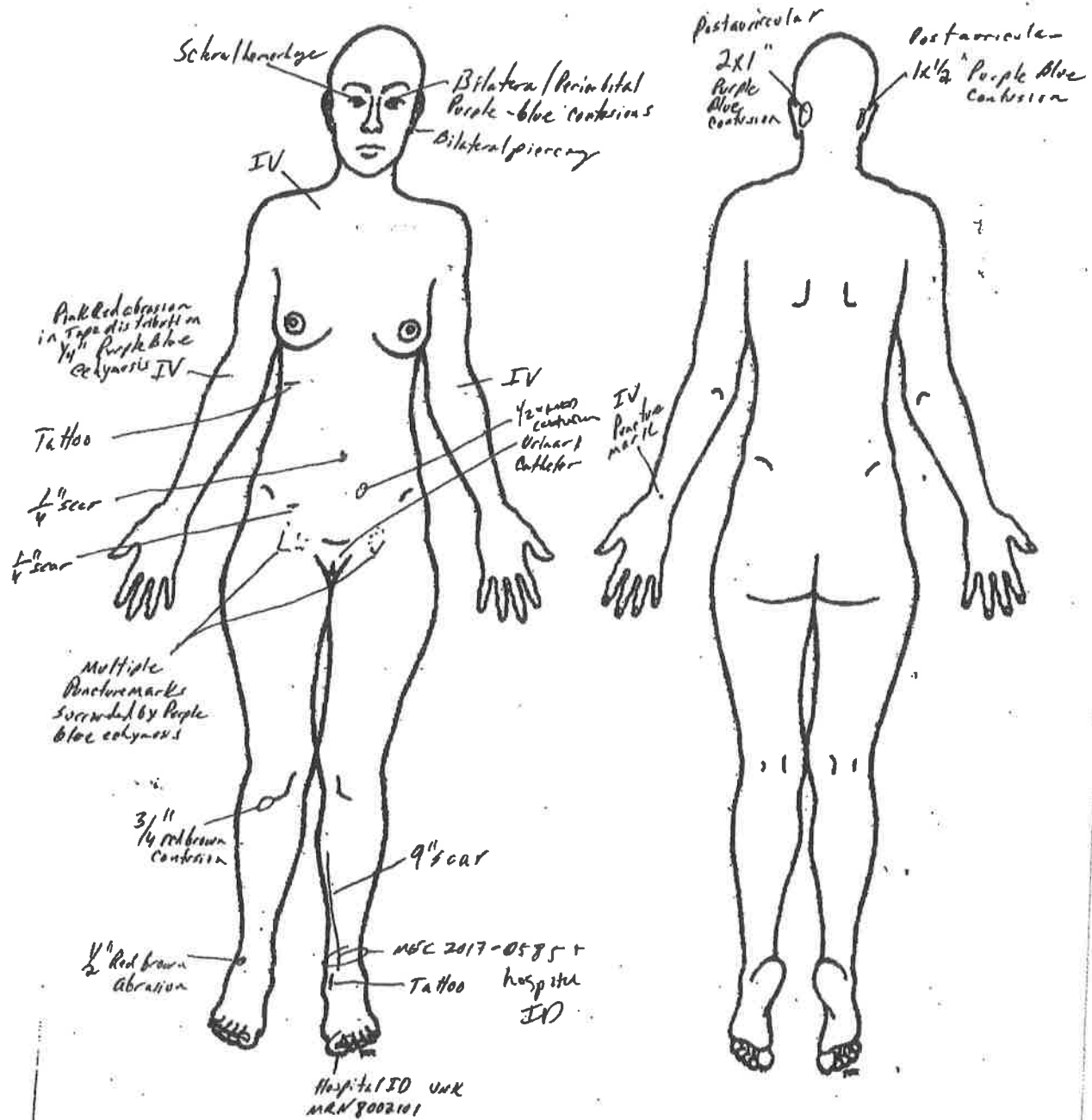
Toxicological studies performed on hospital admission blood detected a level of ethanol below legal limits (66 mg/dL) and a slightly sub-therapeutic concentration of amphetamine (14 ng/mL) for which she was prescribed.

Death was caused by gunshot wound of the head. Based on reports of the death scene investigation, circumstances surrounding the death as currently known, and the autopsy findings, the manner of death is could not be determined.

KBJ/ERC

Autopsy No.:





Name of Decedent

MEC#2017-0585
ADCOCK, HOLLIE
04/09/17

Examined by



NMS Labs

CONFIDENTIAL

3701 Welsh Road, PO Box 433A, Willow Grove, PA 19090-0437
Phone: (215) 657-4900 Fax: (215) 657-2972
e-mail: nms@nmslabs.com
Robert A. Middleberg, PhD, F-ABFT, DABCC-TC, Laboratory Director

Toxicology Report

Report Issued 04/26/2017 14:01

To: 10505
University of Tennessee Forensic Center
Attn: Karen Chancellor
637 Poplar Avenue
Memphis, TN 38105

Patient Name ADCOCK, HOLLIE
Patient ID MEC#2017-0585
Chain 12013876
Age 22 Y DOB Not Given
Gender Female
Workorder 17114983
Page 1 of 3

Positive Findings:

Compound	Result	Units	Matrix Source
Ethanol	66	mg/dL	001 - Hospital Serum or Plasma
Amphetamine	14	ng/mL	001 - Hospital Serum or Plasma

See Detailed Findings section for additional information

Testing Requested:

Analysis Code	Description
8051SP	Postmortem, Basic, Serum/Plasma (Forensic)

Specimens Received:

ID	Tube/Container	Volume/ Mass	Collection Date/Time	Matrix Source	Miscellaneous Information
001	Clear Vial	2.25 mL	Not Given	Hospital Serum or Plasma	DATE AND TIME ON SAMPLE: 040917 0348
002	Gray Top Tube	8 mL	04/10/2017	Heart Blood	
003	Red Top Tube	2.75 mL	04/10/2017	Vitreous Fluid	
004	White Plastic Container	65.17 g	04/10/2017	Liver Tissue	

All sample volumes/weights are approximations.
Specimens received on 04/13/2017.

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MAY 05 2017
BY: [Signature]



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Workorder 17114 3
Chain 12013876
Patient ID MEC#2017-0585

Page 2 of 3

Detailed Findings:

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Ethanol	66	mg/dL	10	001 - Hospital Serum or Plasma	Headspace GC
Amphetamine	14	ng/mL	5.0	001 - Hospital Serum or Plasma	LC-MS/MS
Ethanol	Confirmed	mg/dL	10	001 - Hospital Serum or Plasma	Headspace GC

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. Amphetamine - Hospital Serum or Plasma:

Amphetamine 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.

2. Ethanol (Ethyl Alcohol) - Hospital Serum or Plasma:

Ethyl alcohol (ethanol, drinking alcohol) is a central nervous system depressant and can cause effects such as impaired judgment, reduced alertness and impaired muscular coordination. Ethanol can also be a product of decomposition or degradation of biological samples.

Sample Comments:

001 Physician/Pathologist Name: K. JENKINS

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 17114983 was electronically
signed on 04/26/2017 13:24 by:

Paul Miller,
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.

Acocde 50010SP - Amphetamines Confirmation, Serum/Plasma (Forensic) - Hospital Serum or Plasma

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

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
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	10 ng/mL
MDEA	10 ng/mL	Phenylpropanolamine	5.0 ng/mL
MDMA	5.0 ng/mL	Pseudoephedrine	5.0 ng/mL

Acocde 52167SP - Buprenorphine and Metabolite - Free (Unconjugated) Confirmation, Serum/Plasma (Forensic) - Hospital

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

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Buprenorphine - Free	0.50 ng/mL	Norbuprenorphine - Free	0.50 ng/mL

Acocde 52250SP - Alcohols and Acetone Confirmation, Serum/Plasma (Forensic) - Hospital Serum or Plasma

-Analysis by Headspace Gas Chromatography (GC) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Acetone	5.0 mg/dL	Isopropanol	5.0 mg/dL
Ethanol	10 mg/dL	Methanol	5.0 mg/dL

Acocde 8051SP - Postmortem, Basic, Serum/Plasma (Forensic) - Hospital Serum or Plasma

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

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Amphetamines	20 ng/mL	Methadone / Metabolite	25 ng/mL
Barbiturates	0.040 mcg/mL	Methamphetamine / MDMA	20 ng/mL
Benzodiazepines	100 ng/mL	Opiates	20 ng/mL
Buprenorphine / Metabolite	0.50 ng/mL	Oxycodone / Oxymorphone	10 ng/mL
Cannabinoids	10 ng/mL	Phencyclidine	10 ng/mL
Cocaine / Metabolites	20 ng/mL		

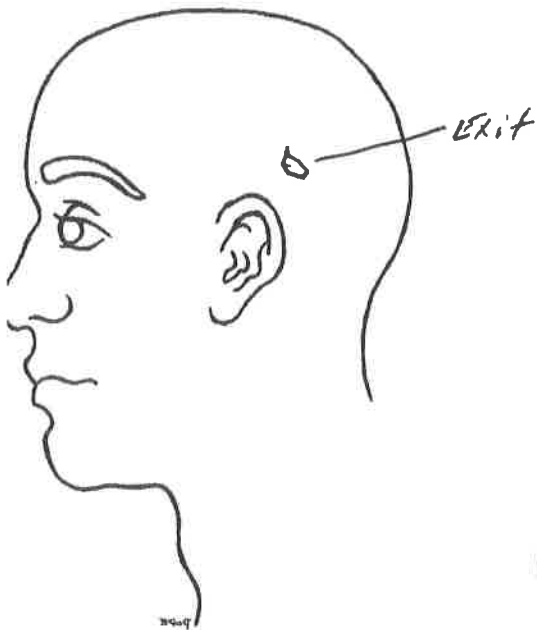
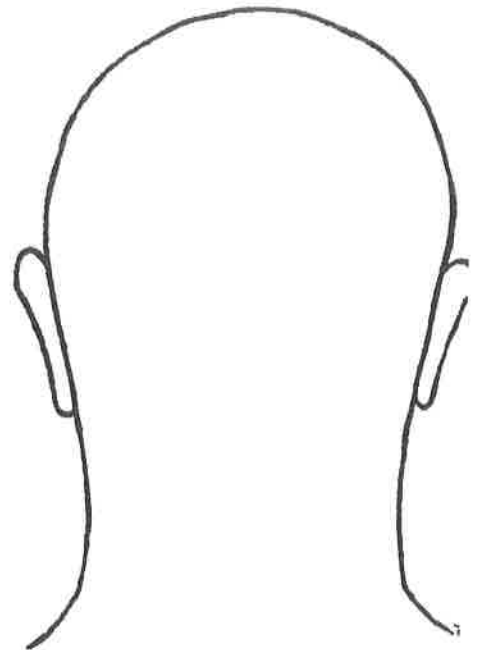
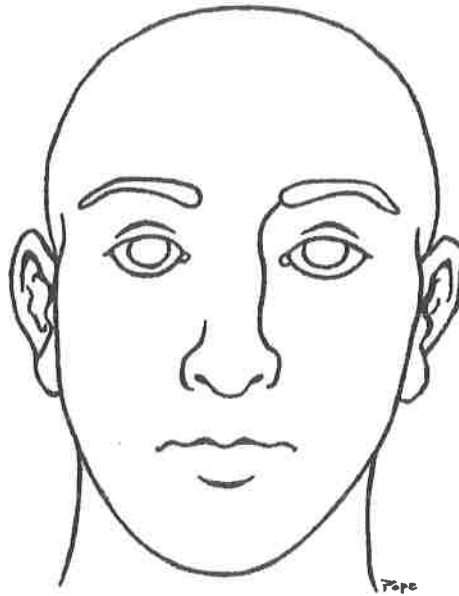
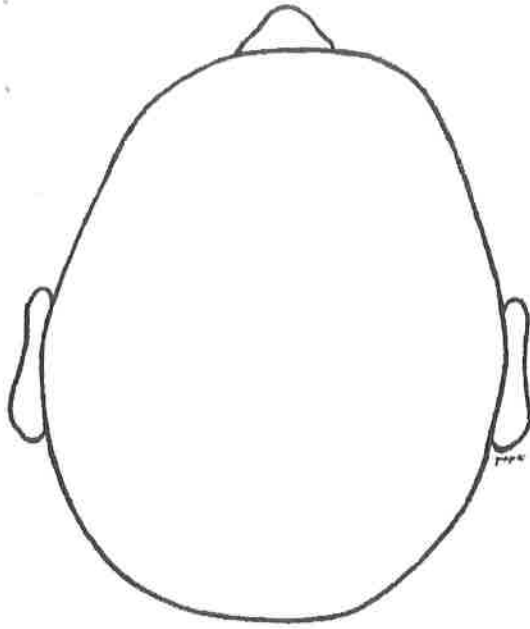
-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Fentanyl / Acetyl Fentanyl	0.50 ng/mL		

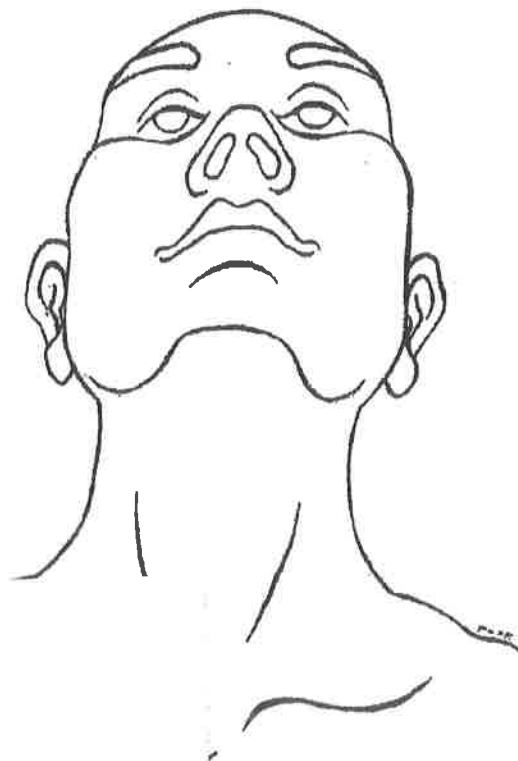
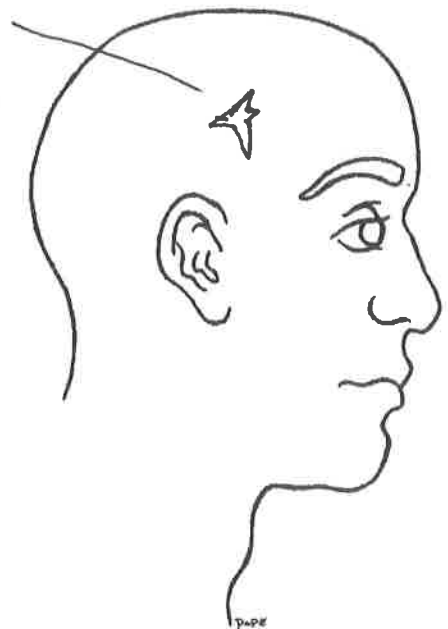
-Analysis by Headspace Gas Chromatography (GC) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Acetone	5.0 mg/dL	Isopropanol	5.0 mg/dL
Ethanol	10 mg/dL	Methanol	5.0 mg/dL

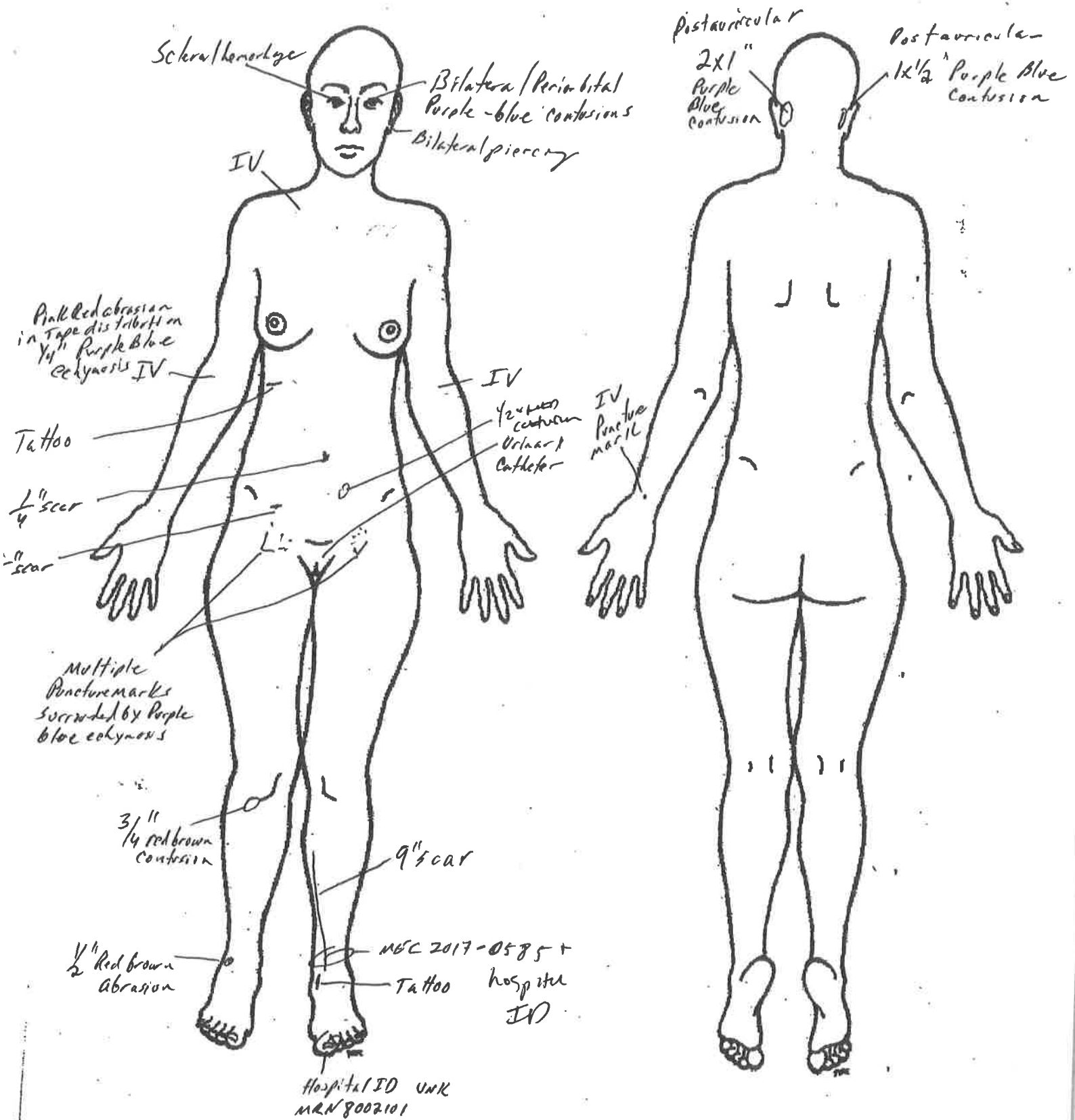
Autopsy No.:



Entrance



MEC#2017-0585
ADCOCK, HOLLIE
04/09/17



Name of Decedent _____

MEC#2017-0585
ADCOCK, HOLLIE
04/09/17

Examined by _____

4/11/17 MS
0949

WEST TENNESSEE REGIONAL FORENSIC CENTER
OFFICE OF THE MEDICAL EXAMINER
MEMPHIS, TENNESSEE

Case No. 2017-0585

Autopsy No. _____

REPORT OF INVESTIGATION BY COUNTY MEDICAL EXAMINER

DECEDENT NAME Trauma 418 / Hollie Marie Adcock 5/2/94 RACE: W SEX: F AGE: _____

HOME ADDRESS 833 Thisk Down Drive #2
Number and Street City State Zip

TYPE OF DEATH: (Check one only)
Violent ☐ Casualty ☐ Suicide ☐ Suddenly when in apparent health ☐ Found Dead ☐
In Prison ☐ Suspicious, unusual or unnatural ☐ Cremation ☐
Comment MRN: 8002101 @ Reg. One Shock Trauma 2

If Motor Vehicle Accident Check One: Driver ☐ Passenger ☐ Pedestrian ☐ Unknown ☐
Notification by Taylor, RN Investigating Agency MPD 1704004042 ME

DESCRIPTION OF BODY: Clothed ☐ Unclothed ☐ Partly Clothed ☐ Circumcised Yes ☐ No ☐
Eyes _____ Hair _____ Mustache _____ Beard _____
Weight _____ Pounds Length _____ Inches Body Temp. _____ Date and Time _____
Rigor: Yes ☐ No ☐ Lysed ☐ Livor Color _____ Fixed ☐ Non-Fixed ☐

Marks and Wounds MPD Felony Response 626-3995

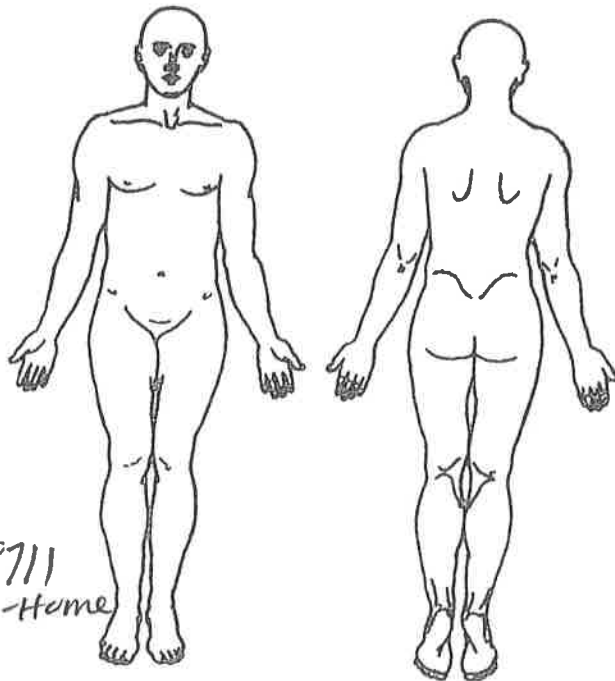
GSN to head
IN MPD #7
arrive - 0336
Pro - 0638 hrs. Dr. Evans

CS took clothes

Rape kit
GSR?

Vita @ Lab

Sur: Parents - Mom Pamme 731-445-8711
Dad - David - 731-285-3223 Home
H:



PROBABLE CAUSE OF DEATH

MANNER OF DEATH

DISPOSITION OF CASE

(Check one only)

☐ Accident ☐ Natural
☐ Suicide ☐ Unknown
☐ Homicide ☐ Pending

1. Not a medical examiner case ☐

2. Autopsy ☐ Yes ☐ No

Pathologist _____

I hereby declare that after receiving notice of the death described herein I took charge of the body and made inquiries regarding the cause of death in accordance with Section 38-7-101-38-7-116 Tennessee Code Annotated; and that the information contained herein regarding such death is true and correct to the best of my knowledge and belief.

SHELBY

Date _____ County of Appointment _____

Signature of County Medical Examiner _____