

## AUTOPSY REPORT

**CORONER'S CASE NUMBER: 1509010950**

**NAME: CHARLES GLINIEWICZ**  
**SEX: MALE**  
**AGE: 52**  
**RACE: WHITE**

**DATE OF DEATH: 09/01/15**  
**DATE EXAMINED: 09/01/15**  
**EXAMINED BY: M. MONTEZ, M.D.**

**CAUSE OF DEATH:**

**PENETRATING GUNSHOT WOUND OF  
CHEST.**

Postmortem examination of the body, **CHARLES GLINIEWICZ**, a 52 year old male, White, is authorized by the coroner and is performed at 7:05 p.m., on September 1, 2015, at the Lake County Coroner's Facility in Waukegan, Illinois.

Present are Deputy Coroners Tammy Williams and Robert James. Also present are Detectives Terry Richards, Steve Kueber, and Bob Ogden, Lake County Major Crime Task Force. Also present is Dr. Thomas Rudd, Lake County Coroner.

The body is received in a zipped unsealed orange body bag. Upon opening the bag, the body is wrapped in a blood stained white sheet. The sheet and body bag are retained. The hands are covered by brown paper bags secured at the wrists with white tape. The right bag is labeled "Right, 9-1-15, 1325" and the left is labeled "Left, TW, 9/1/15, 1324." The bags are removed and retained. The fingernails are short and intact. Fingernail clippings are obtained. There is black/brown dirt on the left index finger.

The body is clad in a standard police issued uniform consisting of a dark blue bullet proof vest labeled "Fox Lake Police, Lt Gliniewicz"; a dark blue buttoned shirt labeled "Fox Lake Police, size small"; a black undershirt labeled "UnderArmour, size medium"; blue cargo "tactical" pants labeled "27 1/2" x 31", size small"; green camouflage boxers labeled "Hanes, medium"; black boots labeled "Bates, size 10, medium"; and white socks labeled "Hanes". There is a black police equipment belt secured around the waist. There is a yellow metal necklace with a yellow metal crucifix around the neck. There is a tan/green camouflage elastic band around the right wrist. There is a fully functioning black watch around the left wrist. There is a yellow metal ring around the left ring finger.

Upon inspection of the clothing, the following are noted: the bullet proof vest is fully and tightly secured in the usual fashion, except the left chest Velcro fastener, and is appropriately positioned on the body; there is a black cell phone with case attached to the outside of the front of the right side of the vest; the blue shirt is fully buttoned and is appropriately positioned on the body and has two front chest pockets, both buttoned closed; the blue pants are buttoned and fully zipped in the usual fashion and are appropriately positioned on the body; the blue pants show dirt staining on both of the knees; the police equipment belt is fully secured around the waist in the usual fashion and supports an empty gun holster over the right side of the belt, multiple keys over the right side of the belt, a fully secured radio over the left side of the belt, two (2) magazine holders each containing a loaded bullet magazine, a handcuff holder containing two (2) sets of handcuffs, an empty asp baton holder, and an empty pepper spray holder. The vest, clothing, and belt are removed from the body and retained.

Upon further examination of the front of the vest, a bullet perforation is noted through the cell phone that is attached to the right side of the front of the vest. There is a bullet perforation through the right side of the vest underneath the cell phone. Upon dissection of the vest, a medium caliber, jacketed, deformed bullet is recovered and retained from the inner layers of the vest. Also, two (2) fragments of the cell phone are recovered and retained from the inner layers of the vest adjacent to the bullet. The major directions of this wound pathway are: front to back and very slightly upward.

Upon further examination of the back of the vest, a bullet perforation is noted on the inside of the left back region of the vest corresponding to the approximate location of the gunshot exit wound described below under **INJURIES**.

Upon further examination of the outer blue buttoned police shirt, a bullet perforation is noted over the left upper chest region and is centered in a dark red blood stain. When first viewed, this perforation is approximately 2" below the upper collar of the vest. This perforation corresponds to the approximate location of the gunshot entrance wound described below under **INJURIES**. Also, a bullet perforation is noted over the left mid back region and is centered in a dark red blood stain. This perforation corresponds to the approximate location of the gunshot exit wound described below under **INJURIES**.

Upon further examination of the black under shirt, a bullet perforation is noted over the left upper chest region and is centered in a dark red blood stain. This perforation corresponds to the approximate location of the gunshot entrance wound described below under **INJURIES**. Also, a bullet perforation is noted over the left mid back region and is centered in a dark red blood stain. This perforation corresponds to the approximate location of the gunshot exit wound described below under **INJURIES**.

#### **EXTERNAL EXAMINATION:**

The body is of a well-developed, well-nourished, White male, weighing approximately 160 pounds, and measuring approximately 71 inches in length, and appearing the recorded age of 52 years.

The head is symmetric and the light brown scalp hair is 1/8" to 1/4". The eyes have blue irides and the conjunctivae and sclerae are without petechiae, jaundice, or hemorrhage. The pupils are round and equal. The ears are normally formed. The nasal cartilage and bones are unremarkable upon palpation. The nares are patent and show bloody discharge. The nasal septum is intact. The oral cavity has intact teeth. The tongue is unremarkable. The face is symmetric. The neck is

unremarkable. The anterior aspect of the torso is well-developed. The abdomen is not distended. The posterior aspect of the torso is well developed. The genitalia are of a normally developed circumcised male with descended testes. There are no palpable masses within the scrotum. The anus is patent. The extremities are well-developed. The fingernails show slight clubbing. The toenails are short and intact.

There are multiple tattoos over the body. There is a scar over the right antecubital fossa. There are ischemic changes of the skin over the lower legs.

**POSTMORTEM CHANGES:**

Rigor mortis is full and symmetrical; livor mortis is non-fixed, dorsal, and extremely faint; the body is cool to touch.

**THERAPEUTIC PROCEDURES:**

There are multiple EKG patches on the body.

**INJURIES, EXTERNAL AND INTERNAL:**

There is a single penetrating gunshot wound of the chest. Also, blunt force injuries are present. All descriptions of wounds are stated with reference to the standard anatomic planes.

***Gunshot Wound:***

**Penetrating gunshot wound of chest:**

There is a gunshot entrance wound of the left upper chest, near the clavicle, which is centered 12 1/2" below the top of the head and 2" left of midline. It is a 3/4" diameter oval perforation with a 1/4" circumferential rim of ragged red abrasion. There is no fouling or stippling of the adjacent skin. Powder residue is not present in the wound track.

After perforating the skin of the left upper chest, the bullet perforates, in sequence, the intercostal space below the left anterior first rib, the second rib, the main pulmonary artery, the hilum of the left lung, and the posterior left tenth rib, before lodging.

A shored exit wound is created by the bullet; however, the bullet does not exit the body. A medium caliber, jacketed, deformed bullet is recovered in the soft tissues just inside the exit wound. This shored exit wound is a 1/2" diameter oval perforation and is located over the left mid back centered 19 1/2" below the top of the head and 3 1/2" left of midline.

The directions of this wound pathway are: front to back, right to left, and downward. The approximate angle of the downward wound pathway is 40 degrees.

The wound pathway is associated with marked hemorrhage in the left chest near the entrance wound. There is traumatic atelectasis of the left lung. There is 1200 ml of partially clotted blood in the left chest cavity. There is a pulped wound pathway through the hilum of the left lung. Both lungs show aspiration of blood, left greater than right.

***Blunt Force Injuries:***

There is a 1/4" faint abrasion over the top of the head. There is a 2" faint abrasion over the left side of the forehead near the hairline. There is a 1" faint pink contusion over the right cheek. There is a 1" pink contusion over the bridge of the nose. There are two (2) pink contusions above the left side of the upper lip, 1/4" and 3/4", respectively. There is a 1 1/2" x 1" faint contusion over the back of the scalp in the right superior occipital region. There is a 1 1/2" linear abrasion over the right posterior parietal region of the scalp. There is a 3" x 3" faint pink contusion over the posterior head in the mid occipital region.

There is a 4" x 4" purple contusion over the right lower chest/upper abdomen centered 23 1/2" below the top of the head and 3" right of midline. (Note: this contusion is created by the bullet that perforates the cell phone and the right side of the bullet proof vest).

**These injuries, having been described, will not be repeated.**

**INTERNAL EXAMINATION:**

**HEAD:** The scalp is otherwise unremarkable. There is no subgaleal hemorrhage. The skull is without fracture. There is no epidural, subdural, or subarachnoid hemorrhage. The brain weighs 1675 grams and has normal distributions of cranial nerves and cerebral vessels. There is no significant atherosclerosis. The white and grey matter are normally distributed. The deep nuclei and ventricles are unremarkable. The brainstem and cerebellum are unremarkable. The base of the skull is without fracture.

**NECK:** The cervical vertebrae, hyoid bone, tracheal and laryngeal cartilages, strap muscles, carotid vessels, and other paratracheal soft tissues are unremarkable. The larynx, trachea, epiglottis and aryepiglottic folds are unremarkable. The upper airway is not obstructed but contains bloody mucus. The tongue is unremarkable.

**BODY CAVITIES:** The organs are in their normal situs without adhesions. The subcutaneous adipose tissue is unremarkable. The parietal and peritoneal surfaces are otherwise unremarkable. The diaphragm is unremarkable.

**CARDIOVASCULAR SYSTEM:** The pericardium is without exudate or adhesion. The heart weighs 350 grams. The epicardial surface and fat are unremarkable. The heart has a normal distribution of coronary arteries with no significant atherosclerosis. The myocardium is without gross infarcts or fibrosis. The ventricular walls are not hypertrophied. The endocardium, papillary muscles, chordae tendineae, and four cardiac valves are unremarkable. There are no septal defects. The cardiac chambers are not dilated. The venae cavae and pulmonary arteries are without thrombus or embolus. The aortic arch and great vessels are unremarkable. The descending aorta shows no atherosclerosis. The renal and iliac vessels are unremarkable.

**RESPIRATORY SYSTEM:** The right lung weighs 840 grams and the left lung weighs 655 grams. The pleural surfaces show very small apical blebs but no bullae. The lungs are without consolidation or neoplasm. The tracheobronchial tree contains bloody mucus but no mucus plugs. The vasculature is unremarkable. There are no thromboemboli.

**LIVER, GALLBLADDER, PANCREAS:** The liver weighs 1780 grams and has an intact brown capsule and brown parenchyma without focal lesions. The portal vessels are unremarkable. The gallbladder contains 20 ml of bile. The pancreas is without focal lesions.

**HEMIC AND LYMPHATIC SYSTEMS:** The spleen weighs 110 grams and has an intact purple capsule and dark red parenchyma without focal lesions. Lymph nodes are not enlarged.

**GENITOURINARY SYSTEM:** The right kidney weighs 180 grams and the left kidney weighs 205 grams. The subcapsular surfaces are smooth and unremarkable. The architecture and vasculature are unremarkable. The ureters maintain uniform caliber into an unremarkable bladder containing 100 ml of clear yellow urine. The prostate gland and testes are unremarkable.

**ENDOCRINE SYSTEM:** The pituitary, thyroid, and adrenal glands are without focal lesions.

**DIGESTIVE SYSTEM:** The esophagus and gastroesophageal junction are unremarkable. The stomach contains approximately 20 ml of tan liquid without food, tablets, or pills. The gastric mucosa and wall are unremarkable. The intestines and appendix are unremarkable.

**MUSCULOSKELETAL SYSTEM:** The vertebrae, clavicles, sternum, ribs, and pelvis are otherwise unremarkable. The musculature is unremarkable.

**TOXICOLOGY:** Samples of cavity blood, vitreous, bile, and urine are taken at autopsy; a separate toxicology report will be issued. Three blood standard cards are prepared at autopsy.

**HISTOLOGY:** Tissue is retained in formalin for stock. One stock jar is retained.

**EVIDENCE:** The clothing, the sheet, the bags from the hands, the body bag, the personal items, the police equipment, and the bullets are retained.

**FORENSIC BIOLOGY:** Fingernail clippings and pulled scalp hair are taken at autopsy.

**ANATOMIC DIAGNOSES:**

- A. Penetrating gunshot wound of chest:
  - a. The entrance wound is located over the left upper chest (beneath and not involving the left front of the bullet proof vest).
  - b. Perforations of ribs, left lung, and main pulmonary artery.
  - c. A medium caliber, jacketed, deformed bullet is recovered and retained.
  - d. The directions of this wound pathway are: front to back, right to left, and downward. The approximate angle of the downward wound pathway is 40 degrees.
  - e. A shored exit wound is created by the bullet; however, the bullet does not exit the body.
  
- B. Penetrating gunshot wound of cell phone and bullet proof vest:
  - a. Perforation of a cell phone attached to the right side of the vest.
  - b. Perforation of the right side of the vest underneath the cell phone.
  - c. A medium caliber, jacketed, deformed bullet is recovered and retained from the inner layers of the vest.
  - d. The major directions of this wound pathway are: front to back and very slightly upward.
  - e. Contusion of the right side of the lower chest/upper abdomen deep to the bullet lodgment site in the vest.
  
- C. Blunt force injuries:
  - a. Contusions and abrasions of head.
  
- D. Pulmonary emphysema, early.



**CHARLES GLINIEWICZ**  
**CORONER'S CASE NUMBER: 1509010950**

**PAGE 8**

**OPINION:**

This 52 year old male, White, **CHARLES GLINIEWICZ**, died of Penetrating Gunshot Wound of Chest.

  
**Manuel R. Montez, M.D.**

  
**Date**

Report of Coroner's Physician to the  
Coroner of LAKE County, Illinois

I, Manuel Montez have examined  
M. D., have made a necropsy on the

body identified to me by the coroner of this county as being:

Name Charles Joseph Gliniewicz Date of Death 9/01/2015

Place of Death (city, village, or twp.) Fox Lake, Illinois

Place of Examination (city, village, or twp.) Waukegan, Illinois

In my opinion, the cause of death was as follows:

[Enter only one cause per line for (a), (b), and (c).]

APPROXIMATE INTERVAL  
BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) <u>Penetrating Gunshot wound of chest</u>	
CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.	
(b) _____	
(c) _____	

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED THE TERMINAL CONDITIONS GIVEN ABOVE.

My conclusions are based on the following observations and findings.

- ① Penetrating GSW of chest
  - Perfs ribs Lung P.A.
  - MC > J R/L
  - F → B ↓ R → L
- ② GSW to chest
  - MC > J D Bullet R/L
  - F → B
- ③ BFI.S.

Date 9/01/2015 Signed Manuel Montez M. D.  
Coroner's Physician

- INSTRUCTIONS:
1. Prepare this form in triplicate. Use typewriter for all entries except signature.
  2. Sign original and first copy in pen and ink.
  3. Mail original and first copy to the coroner. Retain last copy.





Williams Jones

9-1-15  
705 AM

Richard's  
Kueber  
Osgood Lemert

Coroner's Office  
Thomas A. Rudd, M.S., M.D.  
Coroner

### MALE BODY CHART

NAME: Charles Joseph Gliniewicz DATE OF DEATH: 9/01/2015 AGE: 52  
 RACE: white HEIGHT: 71 WEIGHT: 160 HAIR: LT B EYES: Blue  
 JEWELRY WORN: 1/8-1/4  
 CLOTHING WORN: \_\_\_\_\_

TOXICOLOGY DRAWN BY: Manuel Montez M.D. CHARTED BY: Manuel Montez M.D.

zipped  
orange bag  
wrapped in cloth  
shirts blood  
stained.

BAGS  
R 1325  
9-1-15  
right  
L TW  
9/1/15  
1324  
left

Classic  
band  
containing  
TAN/gun

Boxers  
green camo fly  
size medium  
Hanes

BK boots  
R/L Bates  
10 medium

white socks  
Hanes

blue pants Tactical  
parts  
- dried dirt  
stains on knees  
- zipped & buttoned  
27 1/2 x 31 sm.

WSDM @ Tattoos  
R Front vest  
pink & purple  
MC J D  
R/L Suller  
2 pieces of coll  
pink M/L  
in vest  
NOT THAN & TANN  
Part inside  
L back of  
vest

316 antich  
Fracturing

Ym ring.

Blue vest  
Fox like Police  
LT Gliniewicz

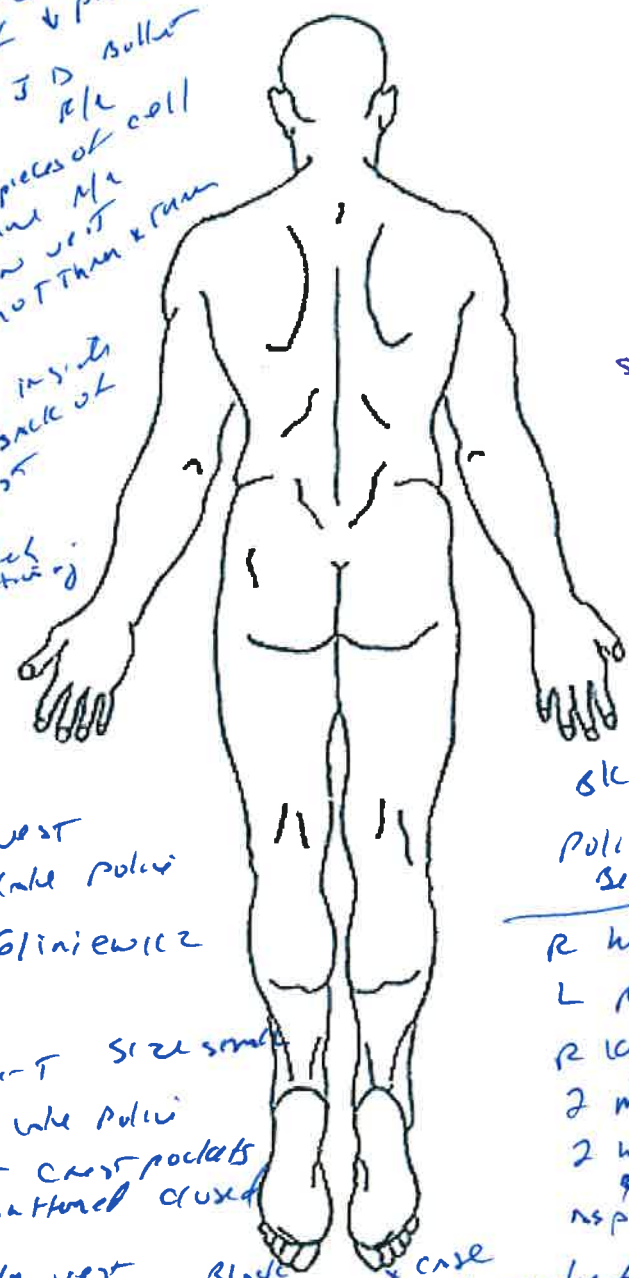
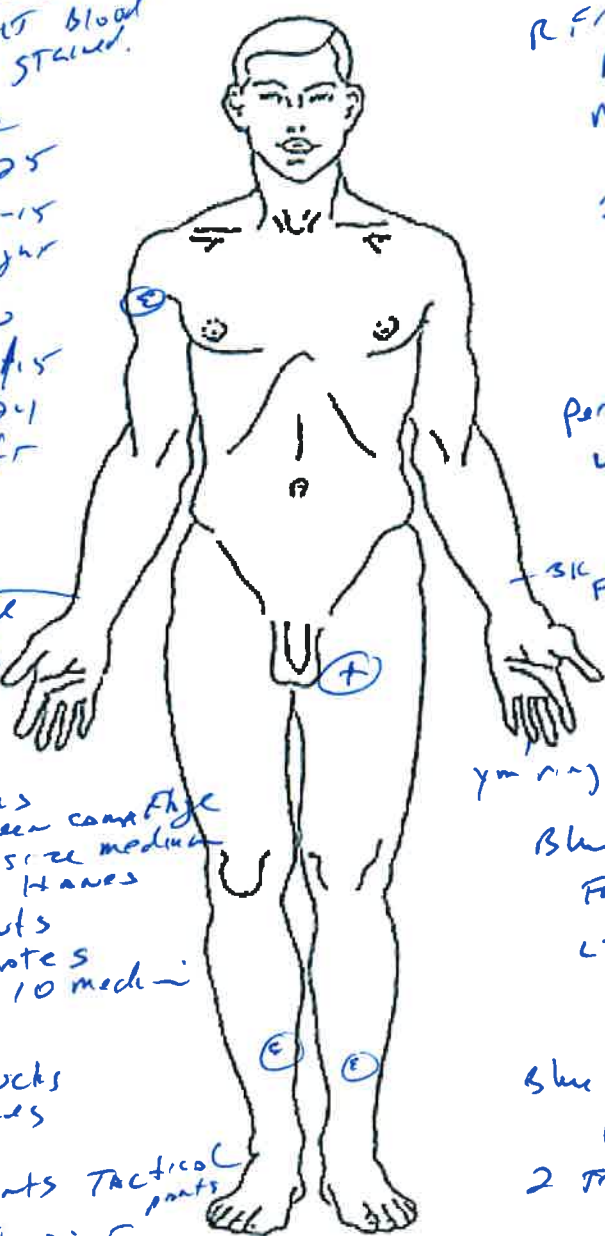
Blue shirt size small  
Fox like Police  
2 front chest pockets  
buttoned closed

outside vest Blade  
R Front case  
cell phone w/ perforation  
FAB SI-7

E  
GK  
M  
I  
N  
SI  
S' clothing

Stk secured

Police  
SIT  
R holster  
L Radio  
R keys  
2 magazines  
2 handcuffs  
asp hidden  
empty  
paper  
strap  
holster



NAME: Charles Gliniewicz

DATE: 9/15 7:05 pm

HEAD: FT φ suspected L<sub>ca</sub> BRAIN: 1675

NECK: \_\_\_\_\_ HEART: \_\_\_\_\_

BODY CAVITIES: \_\_\_\_\_ Weight: 350 PCAD

CARDIOVASCULAR: \_\_\_\_\_ Thickness of walls of R and L Atria: \_\_\_\_\_

RESP: \_\_\_\_\_ Thickness of wall of Left Ventricle: \_\_\_\_\_

LIVER: 1780 healthy Thickness of wall of Right Ventricle: \_\_\_\_\_

GALL BLADDER: 20 L 1200 Circumference of Mitral Valve: \_\_\_\_\_

PANCREAS: \_\_\_\_\_ Circumference of Aortic Valve: \_\_\_\_\_

SPLEEN: 110 Circumference of Pulmonic Valve: \_\_\_\_\_

KIDNEYS: 180 205 Circumference of Tricuspid Valve: \_\_\_\_\_

ENDOCRINE: \_\_\_\_\_ LUNGS: 890 655

DIGESTIVE: \_\_\_\_\_

GASTRIC: 20 Tan L<sub>ca</sub> φFTD

APPENDIX: (+)

GENITROURINARY: OK

uric 100  
cl-jell<sub>ca</sub>

TOXICOLOGY:



Notes: nail clippings  
pulled scalp hair

DNA X3

Bullet X1

GASTRIC

Bags

Body Bag

SLAT

clothing

personal effects

Police equipment

PATHOLOGIST: \_\_\_\_\_

[Signature]



**NMS Labs**

**CONFIDENTIAL**

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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** 09/11/2015 06:59

**Patient Name** GLINIEWICZ, CHARLES JOSEPH  
**Patient ID** 224-15  
**Chain** 11915357  
**Age** 52 Y **DOB** Not Given  
**Gender** Male  
**Workorder** 15263024

**To: 10191**  
Lake County Coroner's Office  
Attn: Kathie Galvani  
26 N. Martin Luther King Ave.  
Waukegan, IL 60085

Page 1 of 3

**Positive Findings:**

<u>Compound</u>	<u>Result</u>	<u>Units</u>	<u>Matrix Source</u>
Caffeine	Positive	mcg/mL	001 - Blood
Cotinine	Positive	ng/mL	001 - Blood
Nicotine	Positive	ng/mL	001 - Blood

See Detailed Findings section for additional information

**Testing Requested:**

<u>Analysis Code</u>	<u>Description</u>
8052B	Postmortem Toxicology - Expanded, Blood (Forensic)

**Specimens Received:**

<u>ID</u>	<u>Tube/Container</u>	<u>Volume/ Mass</u>	<u>Collection Date/Time</u>	<u>Matrix Source</u>	<u>Miscellaneous Information</u>
001	Gray Top Tube	7.5 mL	09/01/2015 21:00	Blood	
002	Gray Top Tube	7 mL	09/01/2015 21:00	Blood	

All sample volumes/weights are approximations.

Specimens received on 09/03/2015.



Detailed Findings:

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Caffeine	Positive	mcg/mL	1.0	001 - Blood	LC/TOF-MS
Cotinine	Positive	ng/mL	1000	001 - Blood	LC/TOF-MS
Nicotine	Positive	ng/mL	100	001 - Blood	LC/TOF-MS

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. Caffeine (No-Doz) - 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.

2. Cotinine (Nicotine Metabolite) - Blood:

Cotinine is a metabolite of nicotine and may be encountered in the fluids and tissues of an individual as a result of tobacco exposure.

Anabasine is a natural product occurring in tobacco, but not in pharmaceutical nicotine and a separate test for anabasine in urine can be used to distinguish tobacco from pharmaceutical nicotine use.

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

3. Nicotine - Blood:

Nicotine is a potent alkaloid found in tobacco leaves at about 2 - 8% by weight. It is also reportedly found in various fruits, vegetables and tubers, e.g., tomatoes and potatoes, but at a smaller per weight fraction. As a natural constituent of tobacco, nicotine is found in all commonly used smoking or chewing tobacco products. It is also in smoking cessation products. Nicotine has been used as a pesticide, although not as widely since the advent of more effective agents.

Nicotine is extensively metabolized; the primary reported metabolite is the oxidative product cotinine. Many factors influence the levels found in an individual, including: frequency of use; amount of nicotine exposed to; route of administration; etc.

Toxic effects of nicotine overdose include nausea, vomiting, dizziness, sweating, miosis, EEG and ECG changes, tachycardia, hypertension, respiratory failure, seizures and death. Death from nicotine exposure usually results from either a block of neuromuscular transmission in respiratory muscles or from seizures.

Anabasine is a natural product occurring in tobacco, but not in pharmaceutical nicotine. A separate test for anabasine in urine can be used to distinguish tobacco from pharmaceutical nicotine use.

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

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 15263024 was electronically signed on 09/11/2015 05:46 by:

Dawn N. Sherwood,  
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 8052B - Postmortem Toxicology - Expanded, Blood (Forensic)

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

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Barbiturates	0.040 mcg/mL	Salicylates	120 mcg/mL
Cannabinoids	10 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

-Analysis by High Performance Liquid Chromatography/ Time ofFlight-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, Hypnotics, Hypoglycemics, Muscle Relaxants, Non-Steroidal Anti-Inflammatory Agents, Opiates and Opioids.





**NMS Labs**

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e-mail: nms@nmslabs.com

Robert A. Middleberg, PhD, F-ABFT, DABCC-TC, Laboratory Director

**Toxicology Report**

Report Issued 10/02/2015 15:04

**Patient Name** GLINIEWICZ, CHARLES J.  
**Patient ID** 224-15  
**Chain** 11915364  
**Age** 52 Y **DOB** Not Given  
**Gender** Male  
**Workorder** 15291321

**To: 10191**  
Lake County Coroner's Office  
Attn: Kathie Galvani  
26 N. Martin Luther King Ave.  
Waukegan, IL 60085

Page 1 of 3

**Positive Findings:**

<u>Compound</u>	<u>Result</u>	<u>Units</u>	<u>Matrix Source</u>
Testosterone	41	ng/mL	001 - Urine
Epitestosterone	35	ng/mL	001 - Urine
Testosterone / Epitestosterone Ratio	1.1		001 - Urine
Creatinine	1062	mg/L	001 - Urine

See Detailed Findings section for additional information

**Testing Requested:**

<u>Analysis Code</u>	<u>Description</u>
9306U	Anabolic Steroids Screen, Urine

**Specimens Received:**

<u>ID</u>	<u>Tube/Container</u>	<u>Volume/ Mass</u>	<u>Collection Date/Time</u>	<u>Matrix Source</u>	<u>Miscellaneous Information</u>
001	White Plastic Container	12 mL	09/01/2015 21:00	Urine	

All sample volumes/weights are approximations.

Specimens received on 09/29/2015.



Detailed Findings:

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Testosterone	41	ng/mL	2.0	001 - Urine	LC-MS/MS
Epitestosterone	35	ng/mL	2.0	001 - Urine	LC-MS/MS
Testosterone / Epitestosterone Ratio	1.1			001 - Urine	LC-MS/MS
Creatinine	1062	mg/L	100	001 - Urine	Colorimetry

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:

- Creatinine - Urine:  
U.S. Population (10th - 90th percentiles, median)  
All participants: 335 - 2370 mg/L, median 1180 (n=22,245)  
Males: 495 - 2540 mg/L, median 1370 (n=10,610)  
Females: 273 - 2170 mg/L, median 994 (n=11,635)
- Epitestosterone (4-androsten-17alpha-ol-3-one) - Urine:  
Epitestosterone is an endogenous anabolic androgenic steroid that is prohibited by the 2010 World Anti-Doping Code when administered exogenously. WADA recommends additional testing of any total epitestosterone concentration greater than 200 ng/mL.
- Testosterone (17beta-hydroxyandrost-4-en-3-one) - Urine:  
Testosterone is an endogenous anabolic androgenic steroid that is prohibited by the 2010 World Anti-Doping Code when administered exogenously. WADA recommends additional testing of any total testosterone concentration greater than 200 ng/mL.
- Testosterone / Epitestosterone Ratio - Urine:  
A T/E ratio less than 4.0 is considered normal, while a ratio greater than or equal to 4.0 is considered an abnormal finding suggestive of testosterone use/abuse. This cut-off for the T/E ratio is recommended by the World Anti-Doping Agency.

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.

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 9306U - Anabolic Steroids Screen, Urine

-Analysis by Colorimetry (C) for:

Compound	Rpt. Limit	Compound	Rpt. Limit
Creatinine	100 mg/L		

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

Compound	Rpt. Limit	Compound	Rpt. Limit
Bolasterone	10 ng/mL	Clenbuterol	10 ng/mL
Boldenone	10 ng/mL	Clostebol	10 ng/mL



CONFIDENTIAL

Workorder 15291321  
Chain 11915364  
Patient ID 224-15

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**Analysis Summary and Reporting Limits:**

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Clostebol Metabolite	10 ng/mL	Norethindrone	10 ng/mL
Drostanolone Metabolite	10 ng/mL	Oxandrolone	10 ng/mL
Epitestosterone	2.0 ng/mL	Oxymetholone Metabolite	10 ng/mL
Fluoxymesterone	10 ng/mL	Probenecid	10 ng/mL
Methandrostenolone	10 ng/mL	Stanozolol	10 ng/mL
Methandrostenolone Metabolite	10 ng/mL	Stanozolol Metabolite	10 ng/mL
Methenolone	10 ng/mL	Testosterone	2.0 ng/mL
Methyltestosterone	10 ng/mL	Testosterone / Epitestosterone Ratio	N/A
Nandrolone	10 ng/mL	Tetrahydrogestrinone	10 ng/mL
Nandrolone Metabolite	10 ng/mL	Trenbolone Metabolite	10 ng/mL
Norandrostenedione	10 ng/mL	Turinabol	10 ng/mL
Norethandrolone	10 ng/mL		
Norethandrolone Metabolite	10 ng/mL		

## Coroner's Case Narrative

Decedent: Charles Joseph Gliniewicz

Case Number 15090109501

Call Received: 9/1/15 9:50

Enroute: 9/1/15 10:35

On Location: 11:14

Left Location: 14:15

At Morgue: \_\_\_\_\_

Call Termination: 23:00

This is a summary and not verbatim concerning the death of Lt. Charles Joseph Gliniewicz.

Death Report: On Tuesday, September 1, 2015 at approximately 0955 hrs. I (Deputy Coroner Tammy Williams) was notified by Chief Deputy Coroner Portillo (CDC Portillo) that he was in route to the Fox Lake Police Dpt. to obtain information on the status of a Fox Lake Police Officer who was involved in an incident earlier this morning. No further information was provided to me at this time. At approximately 1027 hrs, CDC Portillo contacted me and advised me the death of a Fox Lake Police Officer was verified and for me to meet him at the Fox Lake Police Department for further instructions.

I arrived at the Fox Lake Police Department at approximately 1114 hrs. Upon arrival I met with CDC Portillo and was advised that due to the time sensitive circumstances scene photos would be taken by members of the MCTF and CDC Portillo would be taking notes. At approximately 1120 hrs, CDC Portillo instructed me to follow him to the staging area with arrival time of approximately 1127 hrs.

Scene: At 12:36 PM CDC Portillo instructed me to follow the Major Crime Task Force vehicle to the crime scene. CDC Portillo rode passenger with me in Coroner Vehicle 492. Upon arrival CDC Portillo and I were escorted by Lt. Terry Richards and other members of the MCTF on foot off the roadway down a hill to a path along the swamp to the location of identified Fox Lake Police Lieutenant Charles GLINIEWICZ. Along the trail I observed multiple orange evidence cones placed by members of the MCTF.

I observed an adult white male lying on his back with arms to the side dressed in a Fox Lake Police Department full uniform with the name Lt. GLINIEWICZ on the outer bullet proof vest and duty belt was in place. I observed a radio in the radio holder and the mic was unclipped from the uniform. I was advised at this time, Lt. GLINIEWICZ was initially located anterior side down and was moved onto his back prior to my arrival. I observed both right and left pant legs were pushed up and EKG leads being present on both ankles. I was advised Fox Lake Medics confirmed death at 0825 hrs.

I observed blood on the face in a downward direction coming from the nasal and oral cavity which is consistent with the original position of anterior side down. I also observed to the right side of Lt. GLINIEWICZ head (current position) a grass / brush area with what appeared to be a blood stains. At this time, I observed Lt. GLINIEWICZ uniform pant legs had the appearance of being wet with dirt at the bottom with areas of dirt on the boots. I also observed the presence of dirt on the front of the right and left pant legs with larger area of dirt stains in the area of the knees.

On scene at approximately 1313 hrs this day, I started the collection of an Instant Shooter Identification Kit (ISid-2) version 2 Binary Gunshot Residue Test Kit (GSR) on Lt. GLINIEWICZ. I followed the instructions provided inside the GSR kit. At approximately 1320 hrs on scene the Presumptive GSR was positive with the presence of blue specs. Upon completion, I turned over the completed GSR Kit to CDC Portillo on scene.

After the completion of the GSR and prior to securing evidence bags on both right and left hands I examined both hands. At this time I observed a black discoloration with the appearance of dirt/mud on the left index finger and thumb. At this time I did not observe any obvious signs of trauma or defensive wounds. At 1324 hrs this day, I placed a paper bag over the left hand, secured with tape and properly labeled. At 1325 hrs I placed a paper bag over the right hand, secured with tape and properly labeled.

## Coroner's Case Narrative

Decedent: Charles Joseph Gliniewicz

Case Number 15090109501

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Cursory Examination on Scene: After securing the hands, I performed a cursory examination on scene with little manipulation of the body. I observed a large amount of coagulated blood from the nasal and oral cavities. I palpated the back of the head noting no evidence of open wounds and without the presence of blood on my gloves. I changed out my gloves and examined the nasal and oral cavity with my fingers and felt no obvious circular defects, bone fractures or skull deformation. I also observed no obvious black powder particles within or surrounding the oral cavity. On the temple area of the right side of the head, I observed a marking with the appearance of an abrasion or contusion. I was advised at this time a firearm was located and still in place without being touched. I observed a firearm in a wooded area a couple of feet from Lt. GLINIEWICZ head (current position).

I observed a cell phone clipped on the right side of the bullet proof vest with a visible open circular defect. I changed out my gloves and examined underneath this clipped cell phone (without removing) and observed an obvious open circular defect into the outer shell of the bullet proof vest which was in line with the circular defect of the phone. I palpated the open circular defect in the bullet proof vest and felt a sharp object at which point I stopped. Without removing the vest, I was unable to determine if the open circular defect penetrated through the vest into the body. I changed out my gloves and examined under the bullet proof vest entering from the top area of the neck. Using my right hand, I palpated the right and left side of the chest without removing the bullet proof vest and felt a large amount of coagulated blood on the left side. When I removed my hand from inside the bullet proof vest, I observed blood on my glove. I changed out my gloves and with the assistance of CDC Portillo the body was rolled to examine the backside of Lt. GLINIEWICZ. I noted the back of the bullet proof vest to be open enough to visualize a circular defect on the inside of the bullet proof vest. At this time I did not observe any obvious circular defects to the outer shell of the bullet proof vest.

I changed out my gloves and with assistance from CDC Portillo Lt. GLINIEWICZ was prepared for removal by placing the body into a clean unused white sheet which was placed inside a new unused orange body bag. The body bag was then secured to a flexible stretcher for removal out of the scene. With assistance of multiple members of Law Enforcement Officer's, Lt. GLINIEWICZ was removed from the scene and secured and locked inside Coroner's transport vehicle no. 492 at approximately 1400 hrs.

Transport: Due to illness I was unable to transport Lt. GLINIEWICZ. Refer to CDC Portillo Supplemental Report for transport and arrival times.

CDC Portillo later advised me the post mortem examination is scheduled on this date, September 1st, 2015 at 1900 hrs with Coroner's Pathologist Manuel Montez M.D.

At 1629 hrs I called into the Coroner's Office and spoke with CDC Portillo and advised that I was being released from Condell Medical Center and I would be assisting with the autopsy.

At 1800 hrs I cleaned and prepared the drying cabinet. Deputy Coroner R. James (DC James) advised that he opened the body bag at the direction of CDC Portillo to obtain x-rays prior to the post mortem examination. DC James made a copy of these x-rays onto a disc for the MCTF.

Postmortem Examination 9/1/2015 @ 1900hrs: The following were present at the time of this examination: Coroner Dr. Rudd, CDC Portillo, Lt. Terry Richards (MCTF), Officer S. Kueber (MCTF) and one other member

## Coroner's Case Narrative

Decedent: Charles Joseph Gliniewicz

Case Number 15090109501

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of the MCTF.

I documented this examination via digital photo with DC James assisting. All items and clothing removed from Lt. GLINIEWICZ during this examination was documented via digital photograph. Clothing that required drying time was secured and locked in the drying cabinet at the request of the MCTF. Refer to MCTF report for evidence collected and packaged at the time of this examination.

Toxicology samples were obtained and submitted to the LCCO Toxicology Laboratory to be sent to an independent laboratory NMS for analysis. (Refer to Toxicology Report 224-15 in file). Two standard blood cards for DNA were obtained, packaged and filed as evidence. One standard blood card for DNA was obtained and packaged for release to the MCTF. Buccal Swabs were obtained and packaged for release to the MCTF. Stock tissue was collected, sealed and secured in evidence room 01120A (Refer to the LCCO BEAST Chain of Custody Report).

Upon completion of this examination I was authorized to secure Lt. GLINIEWICZ in the morgue pending disposition arrangements.

On 9/2/2015 at approximately 1030 hrs, with the assistance of DC Pendley and DC Carroll fingerprints were obtained using Live Scan and fingerprint / palm ink cards. During the time of fingerprinting we observed what appeared to be new markings red in color on the left arm. I obtained overall documentation of the body via digital photo. (These photos are labeled as 9/2/2015.)

On 9/2/2015 at approximately 1042 hrs I spoke with CDC Portillo via phone advising of the red markings and was advised we would review the photos with Coroner Dr. Rudd. I was also advised Lt. GLINIEWICZ is scheduled to be released to Strang Funeral Home, Antioch today and the funeral home would be contacting me with an estimated time.

I then made contact with Officer Kueber advising of the same and was advised that he was on his way to collect the evidence from the drying cabinet and requested a copy of the photos from the autopsy and from today.

On 9/2/2015 at approximately 11:00 AM Officer Kueber (MCTF) and another member of the MCTF packaged and collected items they secured in the drying cabinet at the time of the post mortem examination. The body bag with sheet was not completely dry and was secured in the drying cabinet and removed on 9/8/2015 by members of the MCTF. I received a copy of the scene photos on a CD. (Secured in case file)

I turned over to Officer Kueber (MCTF) the following items that were collected and entered into the LCCO BEAST System. (Refer to LCCO BEAST chain of custody receipt in file)

- 1 DNA Card
- Buccal Swabs
- Fingerprints (LEADS, Ink and Palm)
- CD of X-rays
- CD of LCCO Photos

9/2/2015 I advised Coroner's Pathologist M. Montez that I took a new set of overall photos this day of possible new markings.

## Coroner's Case Narrative

Decedent: Charles Joseph Gliniewicz

Case Number 15090109501

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9/2/2015 Lt.GLINIEWICZ was released to the family chosen funeral home at 1338 hrs for disposition. I rode passenger with CDC Portillo in the escort procession of other Law Enforcement Agencies to the Strang Funeral Home, Antioch. I introduced myself to Melodie Gliniewicz (wife) and her two sons. I have not had any contact with the family since this day.

On 9/8/2015 at approximately 1145 hrs I was requested to review scene photos, autopsy and 9/2/2015 overall photos with Coroner Dr. Rudd, CDC Portillo and Coroner's Pathologist Dr. N. Jones.

11/3/2015 2:26 PM Williams Therefore, based on the investigative findings, Charles J. Gliniewicz's death on September 1st, 2015 at 8:25 AM was due to a Penetrating Gunshot Wound of Chest with the Manner of Death being a Suicide.

**Thomas A. Rudd, M.S., M.D.**  
**Coroner of Lake County, Illinois**

STATE OF ILLINOIS )

) SS

COUNTY OF LAKE )

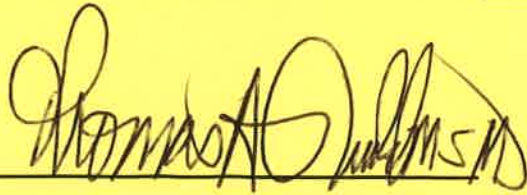
After examining the case facts and evidence presented, I, Thomas A. Rudd, M.S., M.D., Coroner in and for Lake County, Illinois, hereby find that Charles Joseph Gliniewicz who came to his death on the 1st day of September, 2015 at 08:25 AM at Wooded Area off of Honing Road, Fox Lake, Illinois in the County of Lake, died as a result of Penetrating Gunshot Wound of Chest

which occurred at a wooded area off of Honing Road, Fox Lake, Lake County, Illinois on Tuesday, September 1st, 2015 sometime prior to 8:25 AM.

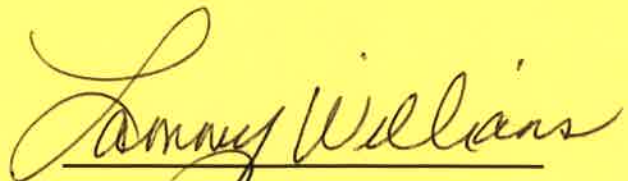
From the evidence presented, we believe that the manner of his death to be

Suicide.

Dated this 3rd day of November, 2015



THOMAS A. RUDD, M.S., M.D.  
CORONER



Tammy Williams  
SR. DEPUTY CORONER