

NORTH CAROLINA DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
 DIVISION OF POSTMORTEM MEDICOLEGAL EXAMINATION
 OFFICE OF THE CHIEF MEDICAL EXAMINER



11999-04447

Chapel Hill, North Carolina 27599-7580

REPORT OF INVESTIGATION BY MEDICAL EXAMINER

DECEDENT: CHRISTOPHER CONRAD GAILEY
First Middle Last
 RESIDENCE: Rt 11, Box 2011 LEXINGTON NC DAVIESS
Number and Street City, State Suffix
 AGE: 26 SEX: Male Female Unknown
 RACE: Black Native American Oriental White Unknown
 HISPANIC ORIGIN: Yes No Unknown

OCME USE ONLY
99-5131
 Case number
 Date received
 Res NR

INFORMATION ABOUT OCCURRENCE

	DATE	TIME	ADDRESS OR FACILITY	COUNTY
ONSET OF INJURY OR ILLNESS	<u>? 7/10/99</u>		<u>WORDS AT BORDER OF</u> <input type="checkbox"/> Injury occurred on the job <u>MONTGOMERY CO.</u>	<u>RANDOLPH</u>
DEATH	"			
VIEW OF BODY	<u>7/11/99</u>	<u>2015</u>	<input checked="" type="checkbox"/> Scene of death <input type="checkbox"/> Hospital <input type="checkbox"/> Funeral home <input type="checkbox"/> Other	
M.E. NOTIFIED	"	<u>1930</u>	LAW ENFORCEMENT AGENCY: <u>Sheriff</u>	
LAST KNOWN TO BE ALIVE			OFFICER: <u>Richard Hurley</u> TELEPHONE: <u>318 6699</u>	

AUTOPSY: None M.E. Authorized Non-M.E. Autopsy facility: OCME
 BLOOD SAMPLE: Mailed Obtained by pathologist Reason not obtained: Autopsy

PROBABLE CAUSE OF DEATH: Pending
 1. GSW to chest
 DUE TO
 2. _____
 DUE TO
 3. _____
 DUE TO
 4. _____
 DUE TO

OCME USE ONLY

1. Shotgun wounds of chest and right leg
 DUE TO

2. _____
 DUE TO

3. _____
 DUE TO

4. _____
 DUE TO

SDC
 None
 AL
 Dictated
 COG

STATUS
 NP

CONTRIBUTING CONDITIONS
 Natural Accident Homicide Suicide Undetermined
 Pathologist: [Signature] Date: 8/26/99

CONTRIBUTING CONDITIONS
 MANNER OF DEATH:
 Natural Accident Homicide Suicide Pending

I hereby certify 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 Article 16 of Chapter 130A of the N.C. General Statutes and the information contained herein regarding such death is true and correct to the best of my knowledge and belief.

Marion D. Griffin 7/12/99 Randolph 17602
ME Number

MEDICAL HISTORY

CONDITION(S): Alcoholism Diabetes IV drug abuse Ischemic heart disease
 Smoking Seizure disorder Cancer Hypertension
 Depression Other

TREATMENT: Physician: _____ City: _____
Hospitalized: Yes _____ No Unknown
Name of Facility _____

MEANS OF DEATH

VEHICLE: Type of vehicle associated with this decedent:
 Passenger car Pickup truck Truck--more than 2 axles Motorcycle
 Bicycle Farm vehicle ATV Moped Other
Position: Driver Passenger Pedestrian Unknown
Devices: Seat restraints Air bag Helmet Child restraint None Unknown
Number of vehicles involved: _____

GUN: ? Rifle--Caliber _____ Handgun--Caliber 45 Shotgun--Gauge _____
 Other _____ Unknown

INSTRUMENT: Blunt Sharp Description: _____

TOXIC AGENT(S) SUSPECTED: Alcohol Others _____

DROWNING: Pond Lake or river Ocean Pool Bathtub Other
Activity: _____ Life preserver Non-swimmer

FIRE: Suspected cause: _____ Smoke detector present

FALL: From _____ to _____ Approximate distance _____ feet

DESCRIPTION OF PREMISES

INJURY OR ILLNESS Inside Residential _____ Other _____
 Outside Specify WOODS

DEATH Inside Residential _____ Other _____
 Outside Specify WOODS

Please be as specific as possible, as indicated in these examples. Residential: house, apartment, trailer, hotel, nursing home, etc.
Other: retail establishment, school, hospital, jail, bar, etc. Outside: parking lot, wooded area, farm pasture, farm pond, city park, etc.

DESCRIPTION OF BODY

CONDITION: Intact Early decomposition Advanced decomposition Skeletonized
 Embalmed Charred Prolonged immersion

RIGOR: None 1+ 2+ 3+ LIVOR: None Anterior Posterior Lateral

HEIGHT: 60 inches Estimate WEIGHT: 135 pounds Estimate

BODY TEMPERATURE: Warm Cool Cold HAIR: Color Black Beard Mustache

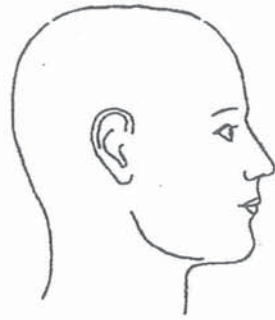
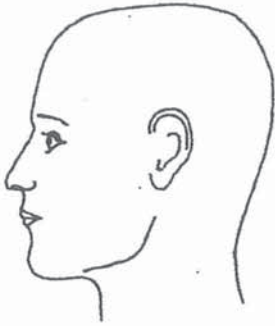
EYES: Color ? Abnormalities _____

TEETH: Upper Natural Dentures Abnormalities _____
Lower Natural Dentures Abnormalities _____

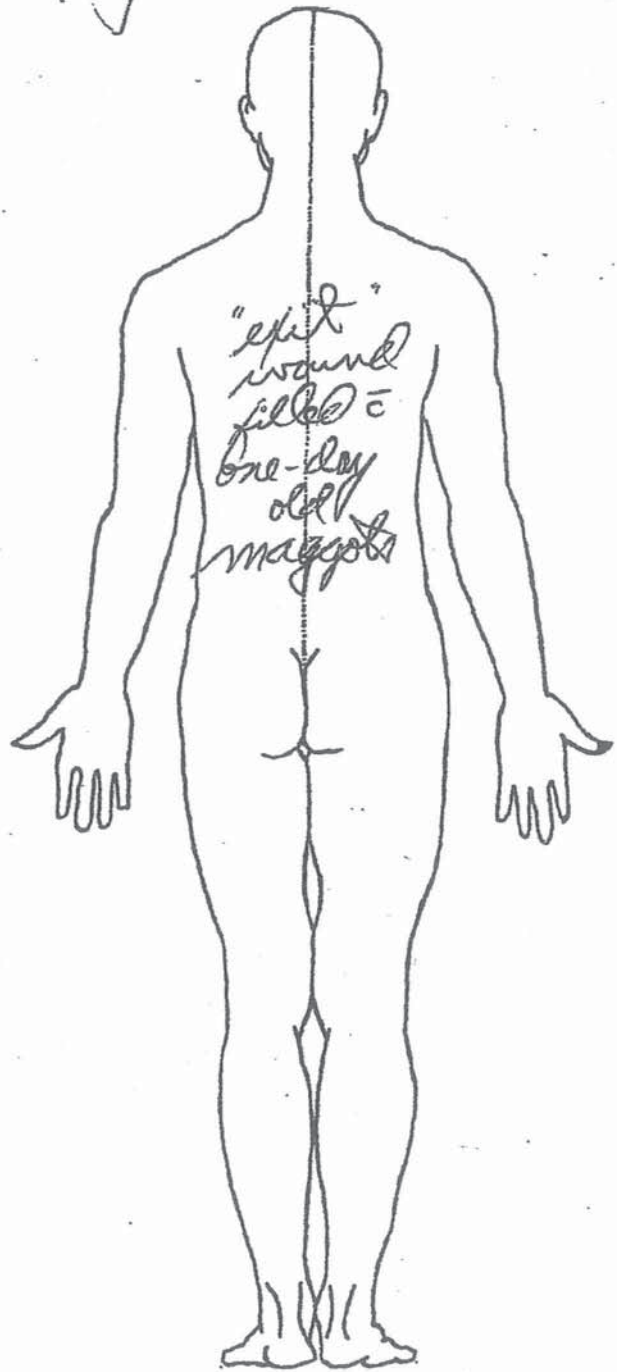
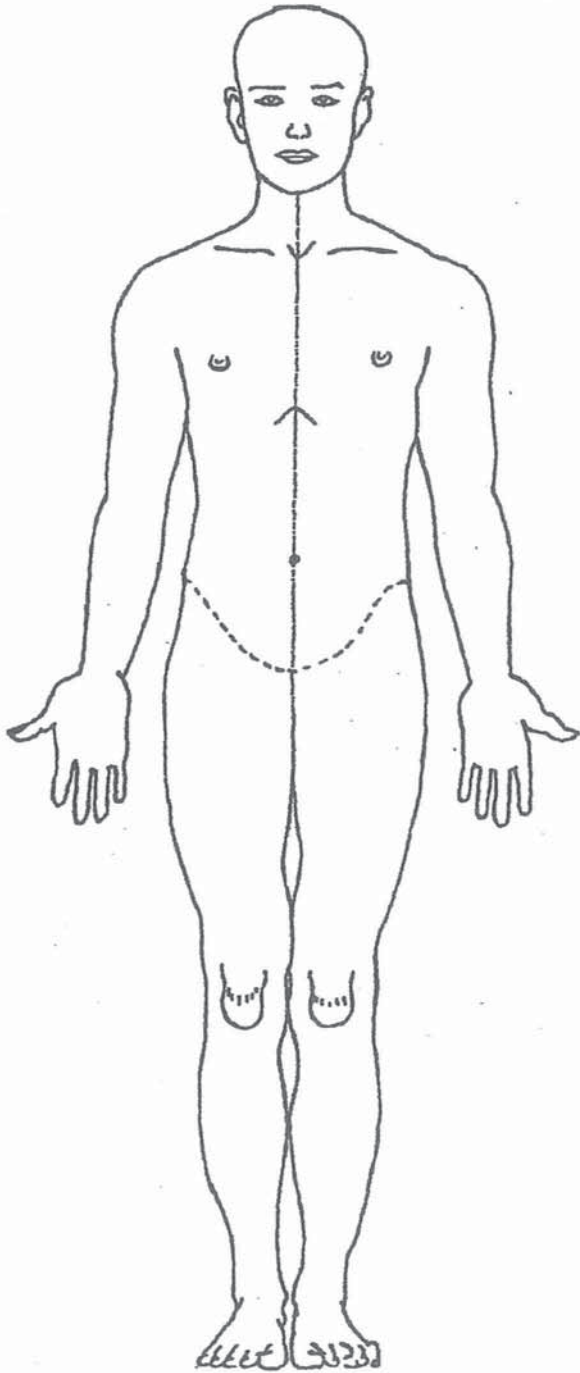
CLOTHING: Bare chested - Wearing combat "fatigues" Not clothed

VALUABLES: (A large wallet/bills was secured by Sheriff's people) No valuables
a gold necklace about neck

BODY DIAGRAMS



autopsy



Indicate nature and location of wounds and other lesions (scars, tattoos, medical therapy, etc.) on these diagrams.

NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH

About 4:30 or 5:00 pm on Sunday, July 11, 1999, a man on an ATV was deep in the woods near an occupied cabin that he owned when he came upon this man's body. He was in fatigues but was bare-chested. A hunting knife with blood on the hilt was lying next to the body and a .45 cal. handgun in his lap. His legs were drawn up. He had what appeared to be knife wounds on his chest and also what appeared to be a GSW = exit in the posterior chest. Maggots appeared ^{everywhere}. The weather had been quite cool with rain most of the day. Lying on his back, the maggots there were larger and more active. Maggots also filled eyes, ears, and mouth. Possible suicide. Sheriff's men were to get hand wipes.

Autopsy ordered. Sheriff to talk with any family that can be found. The body was over a mile from nearest hard surfaced road. Not sure how he got there. ID in wallet (driver's license).

PURPOSE: To document the findings of a medical examiner investigation. When completed, this form constitutes a report to the Chief Medical Examiner as required by G.S. 130A-385(a).
PREPARATION: The investigating medical examiner completes all appropriate information, and signs the certification statement on the front of the form.
DISTRIBUTION: Mail original copy to the Office of the Chief Medical Examiner, Chapel Hill, NC 27599-7580.
DISPOSITION: This form is maintained by the Chief Medical Examiner in accordance with the current records disposition schedule published by the N.C. Division of Archives and History.
COPIES: Additional copies may be ordered from the Office of the Chief Medical Examiner, Chapel Hill, NC 27599-7580.

COPY 2
CHIEF MEDICAL
EXAMINER COPY

NORTH CAROLINA DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF EPIDEMIOLOGY - VITAL RECORDS SECTION
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

JUL 26 1999

Registration District No. 09600 Local No. _____

D1999 - 05210

DECEDENT'S NAME (First, Middle, Last) 1. Christopher Chnrad Gailey		SEX 2. Male	DATE OF DEATH (Month, Day, Year) 3. July 10 1999
SOCIAL SECURITY NUMBER 4. 238-53-1304	AGE-Last Birthday (Years) 5a. 26	UNDER 1 YEAR Months Days 5b.	UNDER 1 DAY Hours Minutes 5c.
DATE OF BIRTH (Month, Day, Year) 6. Nov. 6, 1972		BIRTHPLACE (County and State or Foreign Country) 7. Davidson Co. NC	
9a. PLACE OF DEATH (Check only one: see instructions on other side)			
<input type="checkbox"/> Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input checked="" type="checkbox"/> Other (Specify)			
FACILITY NAME (If not residential, give street or number) 8. WOODS OFF NEW HOPE ROAD AT MONTGOMERY CO. LINE		CITY, TOWN, OR LOCATION OF DEATH 9c. NEAR NEW HOPE COMMUNITY	COUNTY OF DEATH 9e. Randolph
MARRITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)) 10. Never Married		DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) 12a. Upholster	KIND OF BUSINESS/INDUSTRY 12b. Office Furniture
RESIDENCE - STATE 13a. NC		CITY, TOWN, OR LOCATION 13c. Thomasville Lexington	STREET AND NUMBER 13d. 152 Wright Rd.
INSIDE CITY LIMITS (Yes or No) 13e. No	ZIP CODE 13f. 27292	Was Decedent of Hispanic Origin? (Specify Yes or No - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Specify) 14.	RACE - American Indian, Black White, etc. (Specify) 15. White
FATHER'S NAME (First, Middle, Last) 17. Conrad Conrad Gailey		MOTHER'S NAME (First, Middle, Maiden Surname) 18. Susan Cranford	
INFORMANT'S NAME (Type/Print) 19a. Floyd Conrad Gailey		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19b. 12372 E. Hwy Old 64 Lexington, NC 27292	
PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line.			
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Approximate Interval Between Onset and Death MIN-1/2	
a. SHOTGUN WOUNDS OF BACK (CHEST) AND LEG			
b. DUE TO (OR AS A CONSEQUENCE OF):			
c. DUE TO (OR AS A CONSEQUENCE OF):			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.			
MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Pending <input type="checkbox"/> Not Determined		DATE OF INJURY (Month, Day, Year) 22a. 7/10/99	TIME OF INJURY 22b. 7:00 P.M.
PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) 22a. WOODS		INJURY AT WORK? (Yes or No) 22c. No	DESCRIBE HOW INJURY OCCURRED 22d. SHOT IN BACK
LOCATION (Street and Number or Rural Route Number, City or Town, State) 22e. NEAR NEW HOPE ROAD AT MONTGOMERY CO. LINE		TIME OF DEATH 22g. 7:00 P.M.	
NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 20) (Type and Print) 23a. Marion W. Griffin, M.D., 218D. Post St., Asheboro, NC 27203		DATE SIGNED (Month, Day, Year) 23b. 7/16/99	
METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) 25b. Baptist Chh Cem	LOCATION - City or Town, State, Zip Code 25c. Lexington, NC 27292
NAME AND ADDRESS OF FUNERAL HOME 26a. 18 Randolph St. Thomasville, NC 27360		SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 26b. Ronald T. Young	LICENSE NUMBER 26c. 2605
REGISTRAR'S SIGNATURE 27. A. M. ...	DATE FILED (Month, Day, Year) 28. 7-21-99	SIGNATURE OF EMBALMER 28d. Not Embalmed	LICENSE NUMBER 28e.



A1999-02729

North Carolina Department of Health and Human Services
Postmortem Medicolegal Examination
Office of the Chief Medical Examiner
Chapel Hill, NC 27599-7580
Telephone (919) 966-2253

REPORT OF AUTOPSY EXAMINATION

AUTOPSY NUMBER: B99-1350

CASE NUMBER: 99-5131

DECEDENT: Christopher Conrad Gailey

AGE: 26

RACE: White

SEX: Male

Authorized by: Dr. Marion Griffin

Received from: Randolph County

Date of Autopsy Examination: 07-12-99

Time: 10:00am

Body identified by: Tape with decedent's name on body bag

Persons present at autopsy: Dr. John Butts, Ms. Kesha Harris, Lt. Thomas McIver of the Randolph County Sheriff's Department

PATHOLOGICAL DIAGNOSES

Shotgun wound of right chest

Fractures of right 2nd through 6th ribs and right clavicle

Perforation of lung, right upper lobe


Hemothorax, right

Shotgun wound right leg

Perforation of right femoral artery

CAUSE OF DEATH: Shotgun wounds of chest and right leg

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


Marco A. Ross, M.D., Pathologist 8/23/99
Date


John D. Butts, M.D., Attending Pathologist 8/23/99
Date

AUTOPSY NUMBER: B99-1350

**DECEDENT: Christopher Conrad
Gailey**

CASE NUMBER: 99-5131

EXTERNAL DESCRIPTION

Body condition: generally intact with focal early decomposition.

Length: 72 inches

Weight: 170 pounds

Body Heat: cool

Rigor: 0

Livor: not present

Hair: dark brown and long

Eyes: clouded and with early decomposition. Unable to determine color of irides.

Teeth: natural

Facial hair: sparse beard and mustache

Received in a body bag is the body of a young white male wearing camouflage pants, white socks and black boots. Within one of the pockets of the pants is a translucent red plastic circle. The pockets otherwise are out-turned and appear to have been previously emptied. The scalp and facies show some early decomposition within the eyes and around the nose and mouth. Numerous maggots are present on the head and anterior chest. The skin is generally intact, however there are defects in the region of the right upper chest and the right leg as described below under "Evidence of Injury". There is some marbling of the right lower extremities and the right hip. There is skin slippage present on the right lower extremity. The chest and back are otherwise symmetrical. The abdomen is soft and without masses. The external genitalia are normal. Both testes are descended. The decedent is wearing a yellow metal necklace with a playboy symbol and lightning bolt. There is a left yellow metal earring. A yellow metal ring is present on the right ring finger and contains three clear stones. There is a green-black band present around the left index and middle fingers. Also received in the body bag is a pair of eyeglasses.

EVIDENCE OF INJURY

There are two gunshot wounds present. The description which follows reflects the order of description and does not indicate the order in which the injuries were received.



AUTOPSY NUMBER: B99-1350

**DECEDENT: Christopher Conrad
Gailey**

CASE NUMBER: 99-5131

GUNSHOT WOUND #1:

There is a shotgun entrance wound present on the right posterior shoulder which measures 1 1/2" x 1.1". It is located 11" from the top of the head and 3 3/4" to the right of midline. There is no soot or powder detected around or in the wound.

The wound extends anteriorly through the right posterior chest wall causing extensive fragmentation of the posterior chest wall musculature and fracturing the 2nd through 6th ribs posteriorly. The right upper lobe of the lung, which is extensively fragmented, contains multiple bone fragments. Four fragments of wadding are identified within the right pleural cavity. There are approximately 20 cc's of blood within the right pleural cavity. The wound extends into the right subclavian area where there is extensive fragmentation and destruction of the tissues and an associated fracture of the clavicle. The right subclavian vessels cannot be identified due to the extent of tissue fragmentation. Three buckshot pellets are identified. One is located posterior to the clavicle. One is located within the fracture site of the clavicle. A third is located anterior to the clavicular fracture.

There are five exit wounds over the right anterior shoulder/right subclavian area. These are oval in shape and range in size from 1/4" to 3/4" in an area measuring 3 1/2" x 3 3/4". The top of this area is located 12 1/2" from the top of the head and the medial edge of this area is located 1 1/2" to the right of the midline.

GUNSHOT WOUND #2:

There is a shotgun entrance wound located on the right medial leg at the level of the knee. This wound is elliptical and measures 4 1/2" x 3". Along the 5-8 o'clock edge of the wound there are at least 23 1/8" pellet holes identified.

The wound extends approximately 9" in a superior and slightly lateral direction into the right thigh musculature. The medial right thigh musculature is extensively fragmented. Four fragments of wadding and numerous birdshot pellets are identified within the depths of the wound. The femoral artery is identified and is extensively fragmented.

None of the birdshot pellets appear to exit.

ADDITIONAL PROCEDURES

Radiographs: Chest x-ray reveals 3 buckshot pellets present in the right shoulder with associated rib fractures and a right clavicular fracture. Skull x-rays reveal no fractures or projectiles. A pelvis x-ray reveals no fractures but scattered birdshot pellets are identified. X-rays of the right leg demonstrate no fractures but birdshot pellets are peppered throughout the soft tissues of the right thigh and are most extensive in the



AUTOPSY NUMBER: B99-1350

**DECEDENT: Christopher Conrad
Gailey**

CASE NUMBER: 99-5131

medial aspect.

Microbiology: none

Chemistry: none

Evidence collected: Blood from the right chest, wadding from the right shoulder, buckshot from the right shoulder, wadding from the right thigh, birdshot from the right thigh, one pair of pants, one pair of glasses, one yellow metal chain necklace.

Personal Effects Disposition: Returned with the body except pants, glasses and necklace are returned to the Randolph County Sheriff's Department along with the evidence.

INTERNAL EXAMINATION

Body cavities: The right chest wall is injured as described above. Otherwise, the serous surfaces are unremarkable with no other abnormal fluid collections.

Cardiovascular system: Heart: 315 gms. The coronary vessels are of normal anatomic distribution and are widely patent. There is focal atherosclerosis without luminal stenosis involving some short segments of the left anterior descending and right coronary arteries. The cardiac chambers are of normal size. The myocardium is a dull reddish-brown with some signs of early decomposition. No infarcts or fibrosis are noted. The cardiac valves are thin and pliable.

Neck: The larynx and upper trachea are patent. The mucosal surfaces have some early decomposition with a dull reddish tinge. The hyoid bone is intact. The thyroid and cricoid cartilages are intact without fractures. The thyroid gland is normal size with no nodules or masses. It has a normal red-brown parenchyma.

Respiratory tract: Lungs: right 500 gms, left 540 gms. The right upper lobe is extensively fragmented as described above. Otherwise, the remaining pleural surfaces are smooth and glistening. The remaining parenchyma is moist and red-brown. The mainstem bronchi are patent. The pulmonary vasculature is patent with no pulmonary emboli.

Gastrointestinal tract: The esophagus is of normal caliber. The stomach contains approximately 30 ml of thick, dark brown fluid. The serosal surface, muscular wall and mucosa of the stomach, small bowel and large intestine are unremarkable. The appendix is present.

Liver: 1140 gms. The capsule is smooth. The parenchyma is firm with a brown cut surface. The portal vasculature is patent. The biliary tract is patent and not dilated. The



AUTOPSY NUMBER: B99-1350

**DECEDENT: Christopher Conrad
Gailey**

CASE NUMBER: 99-5131

gallbladder is of normal size and contains approximately 10 ml of bile. No stones are present.

Pancreas: The pancreas is of normal size with the usual tan color and lobular architecture.

Spleen: 110 gms. The capsule is smooth and grayish-blue. The parenchyma has a soft consistency with a normal red-purple cut surface.

Adrenal glands: Unremarkable.

Urinary tract: Kidneys: right 135 gms, left 140 gms. The capsules strip with ease revealing smooth cortical surfaces. The cortex and medulla are of normal thickness. The collecting system is of the usual caliber with a smooth epithelium. The bladder is of usual size with a intact mucosa. The muscular wall is of normal thickness.

Reproductive tract: The testes are descended. The prostate gland is of normal size with the usual gray-white parenchyma.

Musculoskeletal system: Unremarkable except for injuries to right shoulder and right leg as described above.

Immunologic system: Unremarkable.

Head: Scalp: Unremarkable.

Skull: Unremarkable with no fractures or evidence of injury.

Brain: 1540 gms. There is no evidence of epidural or subdural hemorrhage. The leptomeninges are thin and delicate. The gyral pattern is of normal configuration. The vessels at the base of the brain are patent without atherosclerosis. No aneurysms are noted. External examination of the cerebellum and brainstem is unremarkable. Multiple coronal sections reveal a normal gray and white matter configuration. The ventricular system is symmetrical and not dilated. The mammillary bodies and hippocampi appear normal. The cerebellum and brainstem show no abnormalities.

MICROSCOPIC EXAMINATION

Heart: A section shows variable autolysis but no significant histopathologic features.

Lungs: Sections of both lungs show no obvious histopathologic features but interpretation is limited due to extensive autolysis.

Liver: A section shows variable degrees of autolysis. The architecture is generally intact with mild focal steatosis.



AUTOPSY NUMBER: B99-1350

**DECEDENT: Christopher Conrad
Gailey**

CASE NUMBER: 99-5131

Kidneys: A section of each kidney shows no obvious histopathologic features, however findings are limited due to extensive autolysis.

Brain: A section of neocortex shows no significant histopathologic features.

SUMMARY AND INTERPRETATION

Christopher Conrad Gailey was a 26 year old white male whose body was found by an ATV rider at about 4:30-5:00pm on Sunday July 11th in the woods near an unoccupied cabin. He was lying on his back wearing combat fatigue pants and boots but no shirt. A hunting knife with blood on the hilt was lying next to the body and a .45 caliber handgun was found in his lap.

Significant findings at autopsy include a shotgun wound of the right chest and a shotgun wound of the right leg. The shotgun wound to the right chest consists of an entrance wound in the back with penetration of the right posterior chest wall, fractures of the 2nd - 6th ribs, fragmentation and perforation of the right upper lobe and soft tissues in the region of the right subclavian artery, and a fracture of the right clavicle. Wadding and 3 buckshot pellets are present in the path of the wound with exit wounds present on the right anterior shoulder/subclavian region. The shotgun wound of the right leg consists of an entrance wound of the right medial leg with fragmentation of the right thigh muscles and the right femoral artery. Numerous birdshot pellets are present in the soft tissues without exiting. Toxicology results reveal a blood ethanol of 20 mg/dL.

In my opinion, the cause of death in this case is due to shotgun wounds of the right chest and right leg.



State of North Carolina

Office of the Chief Medical Examiner

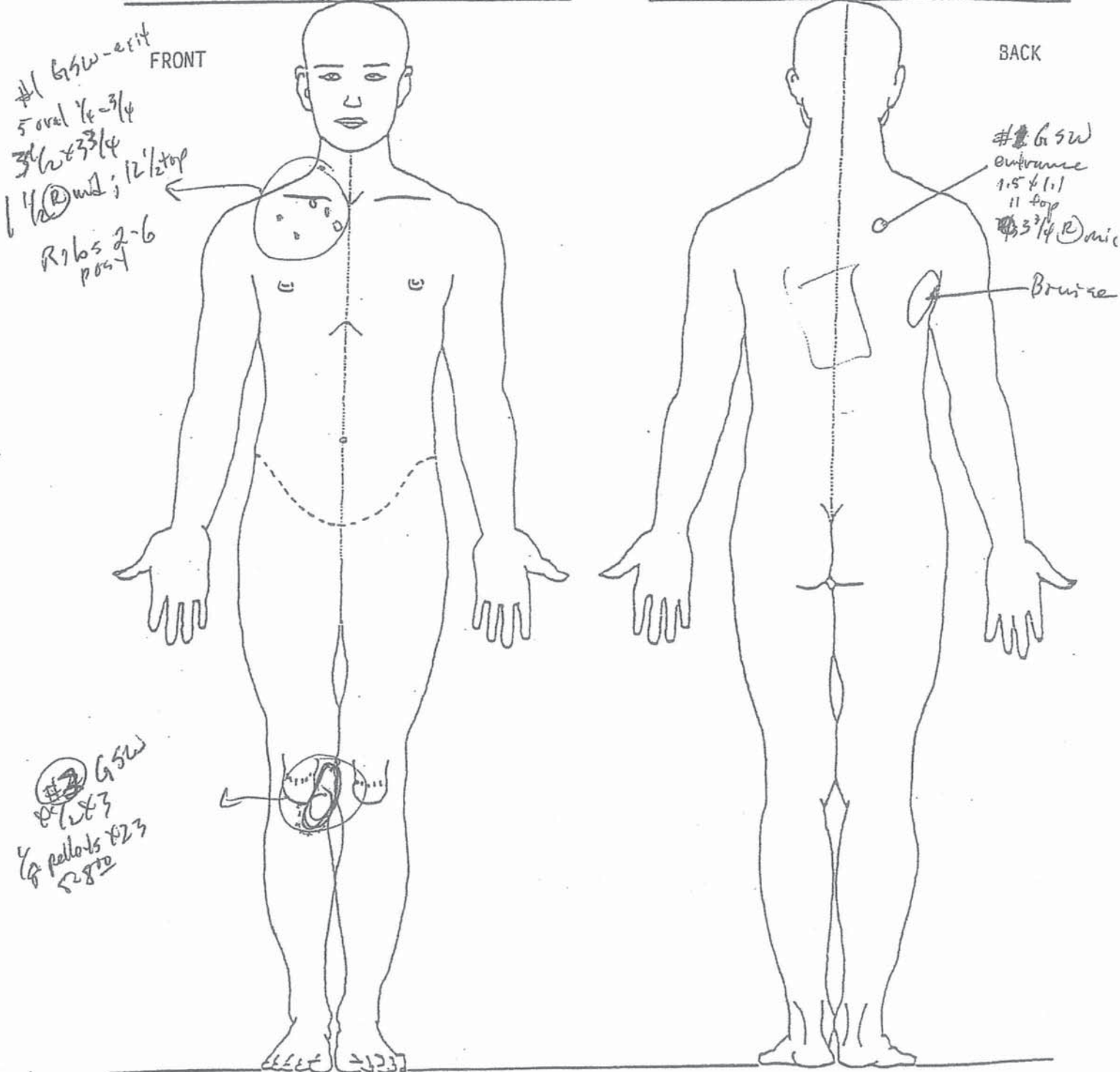
Chapel Hill, North Carolina 27599-7580

Name of Decedent: Christopher Crabb

Autopsy # B99-1350

Examined By: M Ross Date: 7/12/99

BODY DIAGRAM: ADULT (Front/Back)



DHHS 1917 (4/97)
Medical Examiner

This form may be photocopied.

T O X I C O L O G Y R E P O R T

Office of the Chief Medical Examiner
Chapel Hill, NC 27599-7580

Toxicology Folder: T199904027
Case Folder: F199905131
Date of Report: 21-jul-1999
Page: 1

DECEDENT: Christopher Conrad Gailey
Case Folder
F1999-05131

Status of Report: Approved
Report Electronically Approved By: Jeri Miller, PhD

* * *

=====

SPECIMENS received from Marco A. Ross on 12-jul-1999

S990007252:	18.0 ml Blood	CONDITION: Decomposed
SOURCE:	Right Pleural Cavity	OBTAINED: 12-jul-1999
Ethanol	-----	20 mg/dL
		07/21/1999

S990007253:	Liver	CONDITION: Decomposed
SOURCE:		OBTAINED: 12-jul-1999

072199 16:16

* * * E N D O F R E P O R T * * *

5131



JUL 13 1999

State of North Carolina
Department of Health and Human Services
Office of the Chief Medical Examiner
Chapel Hill, North Carolina 27599-7580
Telephone (919) 966-2253 FAX (919) 962-6263

RELEASE OF BODY & PERSONAL EFFECTS

ME Case Number	B99-1358	County of Death	Randolph
Decedent Name	Christopher Bailey	Medical Examiner	Dr. Griffin
Autopsy Date	7-12-99	Pathologist	Dr. Butts/Ross

I certify that I received the body of the above named decedent and their personal effects, as listed below:

1 yellow metal ring w/ 3 white rocks (right hand)

1 yellow metal earring (hoop)

clothing

1 yellow metal necklace w/ playboy charm

Received from	Kerla Harris		
Received by	[Signature]		
Transportation Firm	W/Vor		
City		Date	
Received by			
Funeral Firm	Seachrest FH		
City	Thomasville	Date	7-12-99

Office of the Chief Medical Examiner
Chapel Hill, NC 27599-7580
CASE ENCOUNTER FORM

Case ME _____

Disposition Medical Examiner case--autopsy at _____
 Medical Examiner case--no autopsy--inspection at _____
 Not a Medical Examiner case Document request
 Information for the file Exhumation

Contact Date 7-11 Time _____

Source of information: Name Marion Griffin County RANDOLPH
Agency ME Telephone _____

Decedent Name Christopher Criley Age 26 Race W Sex M

Death Date 7/10(?) Time _____
Cause GSW / stabs to chest Manner ? Suicide vs homicide

Law Enforcement Agency SD Officer _____

Special Requests _____

Narrative _____

Mont/Randolph line, near Hope Rd. area
body found by ATV rider
lying on back, pants, no shirt
ferrated knife, .45 between legs
GSR residues have been done
No past history known
Money (? hundreds) in pockets

Transporter _____

Arrival Date _____ Time _____

Funeral home _____

Signed KU

Office of the Chief Medical Examiner
Chapel Hill, NC 27599-7580

Guideline for Autopsy Dictation

Dictate all components in the order listed on this form.

Autopsy Number: B99-1350 Decedent: Christopher Gailey
Age: 26 Race: [Black, Hispanic, Native American, Oriental, White, Unknown] Sex: [Female, Male, Unknown]
Authorized by: Marion Griffin County: Randolph Autopsy Date: 2/12/99 Time: 1000
Body identified by: Tap (ID tape w/ name) on body bag
Persons present at autopsy: K. Harries
J. Dwyer

PATHOLOGICAL DIAGNOSES Dictate now or defer.

CAUSE OF DEATH Dictate now or defer.

NAME OF PATHOLOGIST If resident or medical student, dictate name and title along with name of senior pathologist.

EXTERNAL DESCRIPTION Include each of the following specific items followed by a text description.

Body condition: [Intact, Early Decomposition, Advanced Decomposition, Skeletonized, Embalmed, Charred, Prolonged Immersion]

Length: 72 inches Weight: 170 pounds Body heat: [Warm, Cool, Cold]

Rigor: 0

Livor:

Hair: Dark brown - long

Eyes: clouded deep

Teeth: Normal

Facial hair: sparse beard } under side

EXTERNAL TEXT DESCRIPTION Include clothing, general condition, identifying features, personal effects. Do not include injuries.

R - 3rd bag of ID outside; Camouflage pants pockets previously emptied to red plastic circle
white sides, black boots
yellow metal chain
w/ plastic symbol & light yellow
yellow metal earring
yellow metal ring } 2 clear stones
black rubber band } index / middle fingers
Face } upper chest
Marking } lower ext } hip
Skin } shiny } lower ext

EVIDENCE OF INJURY Here dictate all injury in paragraph form. Do not dictate additional headings.

ADDITIONAL PROCEDURES For laboratory studies, specify if specimen was obtained. Results can be added later. Blood @ Chest Calif, liver - hold

Radiographs: Dictate results or specify 'None.' Skull AP + lat
Chest AP pelvis AP (R) leg

Microbiology:

Chemistry:

Evidence collected: Blood @ dent, vaddy | skull @ shoulder | thigh, pants

Personal Effects Disposition: Body | Police

INTERNAL EXAMINATION

Body cavities:

Cardiovascular system: Heart: 3/5

Neck:

Respiratory tract: Lungs: (R) 500
540

Gastrointestinal tract: (+) app

Liver: 1140

Pancreas:

Spleen: 110

Adrenals:

Urinary tract: Kidneys: (R) 135
Bladder: 140

Reproductive tract:

Musculoskeletal system:

Immunologic system:

Head: Scalp:
Skull:
Brain: 1540

MICROSCOPIC EXAMINATION To be deferred.

SUMMARY AND INTERPRETATION Dictate now or defer.

pc JB Will Atkinson, attorney

Subject: pc JB Will Atkinson, attorney

Date: Thu, 1 Feb 2001 13:13:48 -0500 (EST)

From: Patricia Barnes <pbarnes@caudate.ocme.unc.edu>

To: jbutts@caudate.ocme.unc.edu

Please call Mr. Atkinson 910-572-3638

He wants to make an appointment to discuss case # 5131

FRIDAY 2/9 10 AM

JR Ros-

ME # B99-1350



531

State of North Carolina
Department of Health and Human Services
Office of the Chief Medical Examiner
Chapel Hill, North Carolina 27599-7580
Telephone (919) 966-2253 FAX (919) 962-6263

EVIDENCE DISPOSITION

I certify that I received from the Office of the Chief Medical Examiner per
Marco Ross / [Signature] 2/12/99
the following items from the case of Christopher Gailey A# B99-1350.

- 1. Yellow Metal Chain
- 2. Pair of

Received By

Name: _____ / _____

Organization/Agency: _____

City/Town: _____

Date: _____ Time: _____

DEHNR Form 2092 (Rev. 12/97)
Medical Examiner

Top Copy - OCME Case Folder
Bottom Copy - Receiving Agency



Randolph Co. Sheriff's Office • 139 N. Cox St. • Asheboro, NC 27203-5523
727 McDowell Road

State of North Carolina
Department of Health and Human Services
Chief Medical Examiner
North Carolina 27599-7580

Telephone (919) 966-2253 FAX (919) 962-6263

EVIDENCE DISPOSITION

I certify that I received from the Office of the Chief Medical Examiner per
Marco A. Ross, Marco A. Ross 2/12/99

the following items from the case of Christopher Bailey A# B99-1350.

- ① 1 yellow metal chain necklace
- ② 1 pair of glasses
- ③ Wadding from (R) shoulder (4 pieces)
- ④ Buckshot from (R) shoulder (3 pieces)
- ⑤ Wadding from (R) thigh (4 pieces)
- ⑥ Birdshot from (R) thigh (27 pieces)
- ⑦ Blood from (R) chest cavity (1 card, 1 tube)
- ⑧ 1 pair of pants

Received By

Name: THOMAS L. McIVER *Thomas L. McIver*

Organization/Agency: RANDOLPH COUNTY SHERIFF'S OFFICE

City/Town: ASHEBORO, NC 27203

Date: 7-12-99 Time: 1:40pm

NORTH CAROLINA DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
 DIVISION OF POSTMORTEM MEDICOLEGAL EXAMINATION
 OFFICE OF THE CHIEF MEDICAL EXAMINER



11999-04447

Chapel Hill, North Carolina 27599-7580

REPORT OF INVESTIGATION BY MEDICAL EXAMINER

DECEDENT: CHRISTOPHER CONRAD GAILEY
First Middle Last Suffix
 RESIDENCE: Rt 11, Box 2011 LEXINGTON NC DAVISE
Number and Street City, State County
 AGE: 26 SEX: Male Female Unknown
 RACE: Black Native American Oriental White Unknown
 HISPANIC ORIGIN: Yes No Unknown

OCME USE ONLY
99-5131
 Case number
 Date received
 Res NR

INFORMATION ABOUT OCCURRENCE

	DATE	TIME	ADDRESS OR FACILITY	COUNTY
ONSET OF INJURY OR ILLNESS	<u>? 7/10/99</u>		<u>WOODS AT BORDER OF</u> <input type="checkbox"/> Injury occurred on the job <u>MONTGOMERY CO.</u>	<u>RANDOLPH</u>
DEATH	"			
VIEW OF BODY	<u>7/11/99</u>	<u>2015</u>	<input checked="" type="checkbox"/> Scene of death <input type="checkbox"/> Hospital <input type="checkbox"/> Funeral home <input type="checkbox"/> Other _____ <input type="checkbox"/> Not viewed	
M.E. NOTIFIED	"	<u>19:30</u>	LAW ENFORCEMENT AGENCY: <u>Sheriff</u>	
LAST KNOWN TO BE ALIVE			OFFICER: <u>Richard Hurley</u> TELEPHONE: <u>318 6699</u>	

AUTOPSY: None M.E. Authorized Non-M.E. Autopsy facility: OCME
 BLOOD SAMPLE: Mailed Obtained by pathologist Reason not obtained: Autopsy

PROBABLE CAUSE OF DEATH: Pending
 1. GSW to chest
 DUE TO
 2. _____
 DUE TO
 3. _____
 DUE TO
 4. _____

OCME USE ONLY

1. Shotgun wounds of chest and right leg
 DUE TO

2. _____
 DUE TO

3. _____
 DUE TO

4. _____
 DUE TO

SDC
 None
 AL
 Dictated
 COG

STATUS
 NP

CONTRIBUTING CONDITIONS
 Natural Accident Homicide Suicide Undetermined
 Pathologist: [Signature] Date: 8/26/99

CONTRIBUTING CONDITIONS
 MANNER OF DEATH:
 Natural Accident Homicide Suicide Pending

I hereby certify 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 Article 16 of Chapter 130A of the N.C. General Statutes and the information contained herein regarding such death is true and correct to the best of my knowledge and belief.

DEHNR 1114 (Revised 12/89) Medical Examiner (Review 12/90)
[Signature] 7/12/99 Randolph 1176002
 Signature of Medical Examiner Date County of Appointment M.E. Number

MEDICAL HISTORY

CONDITION(S): Alcoholism Diabetes IV drug abuse Ischemic heart disease
 Smoking Seizure disorder Cancer Hypertension
 Depression Other

TREATMENT: Physician: _____ City: _____
Hospitalized: Yes _____ No Unknown
Name of Facility _____

MEANS OF DEATH

VEHICLE: Type of vehicle associated with this decedent:
 Passenger car Pickup truck Truck--more than 2 axles Motorcycle
 Bicycle Farm vehicle ATV Moped Other
Position: Driver Passenger Pedestrian Unknown
Devices: Seat restraints Air bag Helmet Child restraint None Unknown
Number of vehicles involved: _____
 GUN: ? Rifle--Caliber _____ Handgun--Caliber 45 Shotgun--Gauge _____
 Other _____ Unknown

INSTRUMENT: Blunt Sharp Description: _____

TOXIC AGENT(S) SUSPECTED: Alcohol Others _____

DROWNING: Pond Lake or river Ocean Pool Bathtub Other
Activity: _____ Life preserver Non-swimmer

FIRE: Suspected cause: _____ Smoke detector present

FALL: From _____ to _____ Approximate distance _____ feet

DESCRIPTION OF PREMISES

INJURY OR ILLNESS Inside Residential _____ Other _____
 Outside Specify WOODS

DEATH Inside Residential _____ Other _____
 Outside Specify WOODS

Please be as specific as possible, as indicated in these examples. Residential: house, apartment, trailer, hotel, nursing home, etc.
Other: retail establishment, school, hospital, jail, bar, etc. Outside: parking lot, wooded area, farm pasture, farm pond, city park, etc.

DESCRIPTION OF BODY

CONDITION: Intact Early decomposition Advanced decomposition Skeletonized
 Embalmed Charred Prolonged immersion

RIGOR: None 1+ 2+ 3+ LIVOR: None Anterior Posterior Lateral

HEIGHT: 60 inches Estimate WEIGHT: 135 pounds Estimate

BODY TEMPERATURE: Warm Cool Cold HAIR: Color Black Beard Mustache

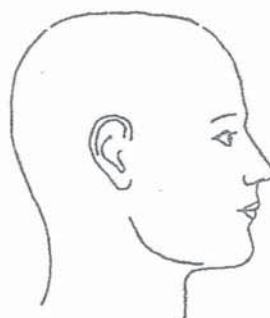
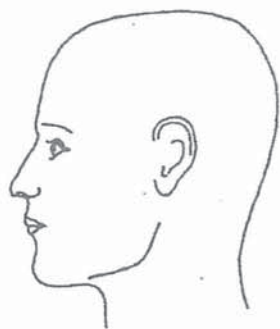
EYES: Color ? Abnormalities _____

TEETH: Upper Natural Dentures Abnormalities _____
Lower Natural Dentures Abnormalities _____

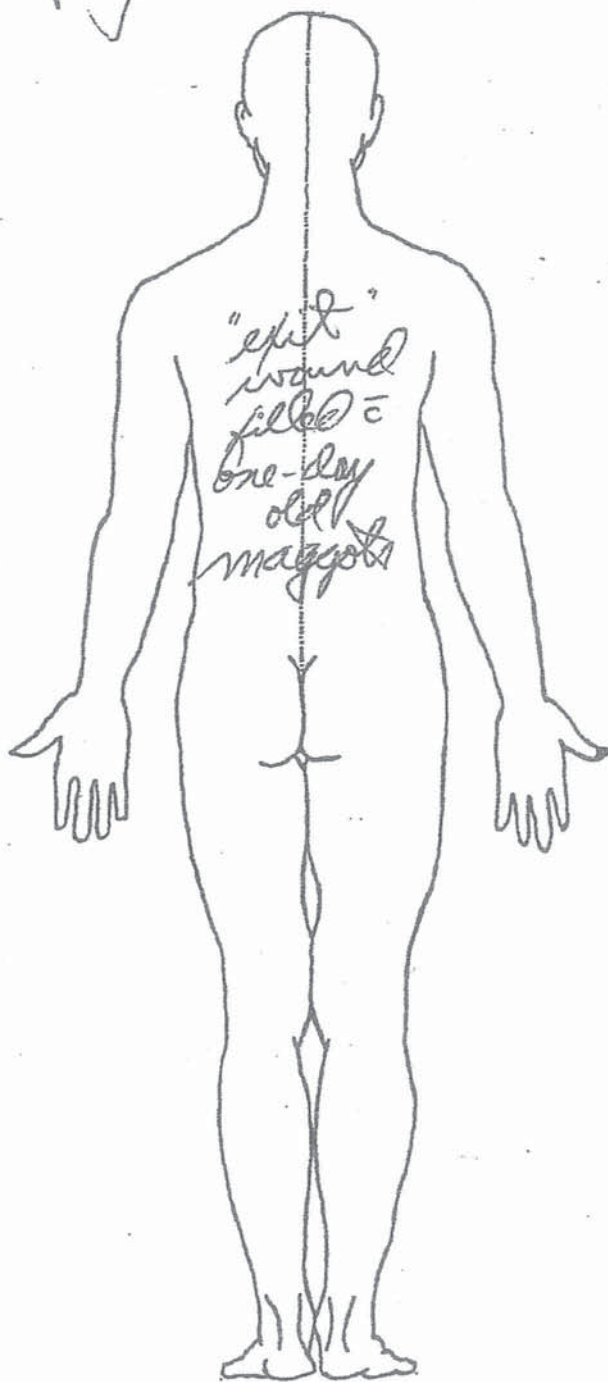
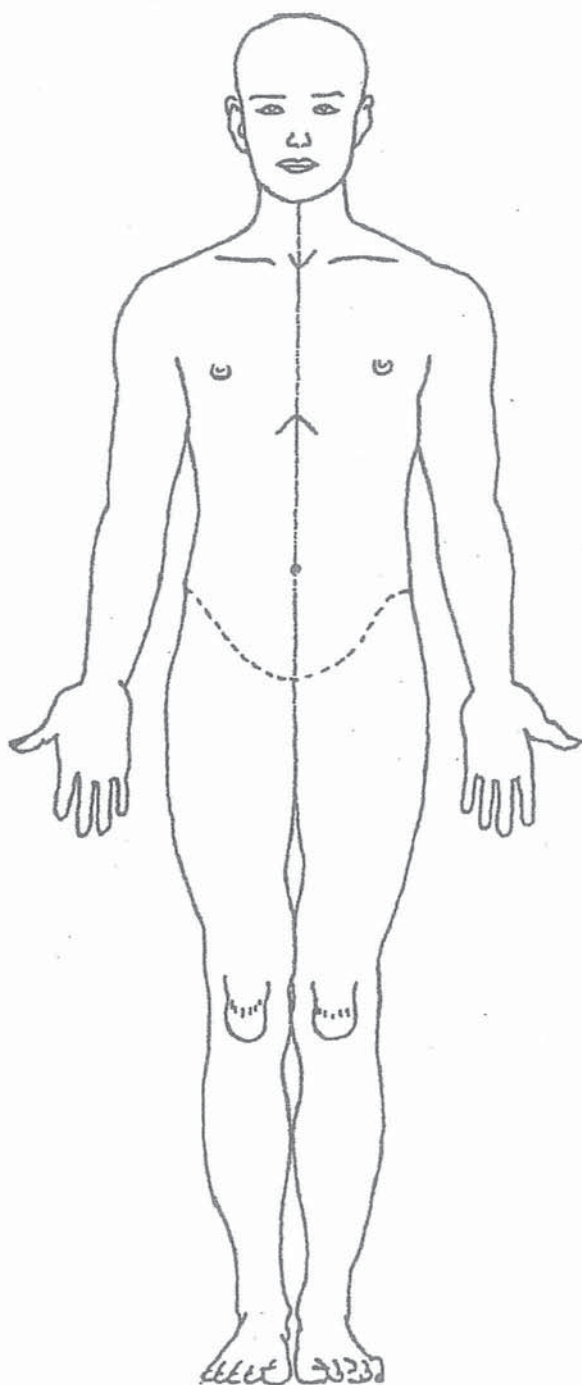
CLOTHING: Bare chested - Wearing combat fatigues Not clothed

VALUABLES: (A large wallet/bills was secured by Sheriff's) No valuables

BODY DIAGRAMS



Autopsy



Indicate nature and location of wounds and other lesions (scars, tattoos, medical therapy, etc.) on these diagrams.

NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH

About 4:30 or 5:00 pm on Sunday, July 11, 1999, a man on an ATV was deep in the woods near an occupied cabin that he owned when he came upon this man's body. He was in fatigues but was bare-chested. A hunting knife with blood on the hilt was lying next to the body and a .45 cal. handgun in his lap. His legs were drawn up. He had what appeared to be knife wounds on his chest and also what appeared to be a GDW = exit in the posterior chest. Maggots appeared ~~radically~~. The weather had been quite cool with rain most of the day. Lying on his back, the maggots there were larger and more active. Maggots also filled eyes, ears, and mouth. Possible suicide. Sheriff's men were to get hand wipes.

Autopsy ordered. Sheriff to talk with any family that can be found. The body was over a mile from nearest hard-surfaced road. Not sure how he got there. ID in wallet (driver's license).

PURPOSE: To document the findings of a medical examiner investigation. When completed, this form constitutes a report to the Chief Medical Examiner as required by G.S. 130A-385(a).

PREPARATION: The investigating medical examiner completes all appropriate information, and signs the certification statement on the front of the form.

DISTRIBUTION: Mail original copy to the Office of the Chief Medical Examiner, Chapel Hill, NC 27599-7580.

DISPOSITION: This form is maintained by the Chief Medical Examiner in accordance with the current records disposition schedule published by the N.C. Division of Archives and History.

COPIES: Additional copies may be ordered from the Office of the Chief Medical Examiner, Chapel Hill, NC 27599-7580.

COPY 2
CHIEF MEDICAL
EXAMINER COPY

NORTH CAROLINA DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF EPIDEMIOLOGY - VITAL RECORDS SECTION
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

JUL 26 1999

Registration District No. 097600 Local No. _____



D1999-05210

DECEDENT'S NAME (First, Middle, Last) 1. Christopher Conrad Gailey		SEX 2. Male	DATE OF DEATH (Month, Day, Year) 3. July 10 1999
SOCIAL SECURITY NUMBER 4. 238-53-1304	AGE-Last Birthday (Years) 5a. 26	UNDER 1 YEAR 5b. _____ UNDER 1 DAY 5c. _____	DATE OF BIRTH (Month, Day, Year) 6. Nov. 6, 1972
WAS DECEDENT EVER IN U.S. ARMED FORCES (Yes or No) 8. NO		9a. PLACE OF DEATH (Check only one; see instructions on other side) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input checked="" type="checkbox"/> Other (Specify)	
FACILITY NAME (If not residential, give street or number) 9b. WOODS OFF NEW HOPE ROAD AT MONTGOMERY CO. LINE		CITY, TOWN, OR LOCATION OF DEATH 9c. NEAR NEW HOPE COMMUNITY	COUNTY OF DEATH 9d. Randolph
MARRITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)) 10. Never Married		SURVIVING SPOUSE (If wife, give maiden name) 11. _____	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) 12a. Upholster
RESIDENCE - STATE 13a. NC		COUNTY 13b. Davidson	CITY, TOWN, OR LOCATION 13c. Thomasville Lexington
INSIDE CITY LIMITS (Yes or No) 13a. No	ZIP CODE 13c. 27292	Was Decedent of Hispanic Origin? (Specify Yes or No - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Specify) 14. _____	RACE - American Indian, Black White, etc. (Specify) 15. White
FATHER'S NAME (First, Middle, Last) 17. Conrad Conrad Gailey		MOTHER'S NAME (First, Middle, Maiden Surname) 18. Susan Cranford	
INFORMANT'S NAME (Type/Print) 19. Floyd Conrad Gailey		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19b. 12372 E. Hwy Old 64 Lexington, NC 27292	
PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
a. SHOTGUN WOUNDS OF BACK (CHEST) AND LEG		MIN 1/2	
b. DUE TO (OR AS A CONSEQUENCE OF):		_____	
c. DUE TO (OR AS A CONSEQUENCE OF):		_____	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.		WAS AN AUTOPSY PERFORMED (Yes/No) 21a. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Autopsy Findings Available Prior to Completion of Death Certificate? 21b. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
MANNER OF DEATH 21c. <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending <input type="checkbox"/> Not Determined	DATE OF INJURY (Month, Day, Year) 22a. 7/10/99	TIME OF INJURY 22b. 7 M.	INJURY AT WORK? (Yes or No) 22c. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) 22a. WOODS	LOCATION (Street and Number or Rural Route Number, City or Town, State) 22b. NEAR NEW HOPE ROAD AT MONTGOMERY CO. LINE		TIME OF DEATH 22c. 7 M.
NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 20) (Type and Print) 24a. Marion W. Griffin, M.D., 218D First St., Asheboro, NC 27203		DATE SIGNED (Month, Day, Year) 24b. 7/16/99	
METHOD OF DISPOSITION 23a. <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)	PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) 25b. Baptist Chl Cemet	LOCATION - City or Town, State, Zip Code 25c. Lexington, NC 27292	
NAME AND ADDRESS OF FUNERAL HOME 26a. Family Funeral Care 18 Randolph St. Thomasville, NC 27360		SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 26b. Ronald H. Young	LICENSE NUMBER 26c. 2605
REGISTRAR'S SIGNATURE 27. [Signature]	DATE FILED (Month, Day, Year) 28. 7-21-99	SIGNATURE OF EMBALMER 26d. Not Embalmed	LICENSE NUMBER 26e. _____

Unti & Smith, PLLC
Attorneys at Law

P.O. Box 99815
Raleigh, North Carolina 27624
Telephone: (919) 828-3966
Facsimile: (919) 828-3927

May 30, 2018

Mr. Scott David Allen
#0005091
c/o Central Prison
4285 Mail Service Center
Raleigh, NC 27699-4285

Update

Dear Scott:

Please find enclosed the following SBI Laboratory Reports and supporting documentation that we discussed last week:

- SBI Laboratory Report dated August 30, 1999 on latent print examination of knife found at crime scene (no identification was made); and
- SBI Laboratory Report on serology analysis of knife found at crime scene (report confirms presence of blood, but was not tested for presence of *human* blood; no typing or DNA analysis was performed; the blood on the knife was not compared to blood of Chris Gailey or anyone else).

I have searched through the SBI's file, the Montgomery County DA's file, the Montgomery County Sheriff's file, trial counsel's files and several other collections for evidence of any further processing of the knife found at the crime scene. If the blood on the knife underwent any additional analysis, it did not result in a report or record of any kind. I suspect the fact that there were no knife wounds on Gailey's body and the fact that there were no identifiable latent prints on the knife, suggested to authorities that the knife had nothing to do with the crime under investigation and had no probative value.

Sincerely,

UNTI & SMITH, PLLC



Michael L. Unti

cc: Margaret C. Lumsden, Esq.

State Bureau of Investigation

Department of Justice

Raleigh

Laboratory Report

TO:	Cpl. C. J. Wright Randolph County Sheriff's Office 727 McDowell Road Asheboro, NC 27203	DATE:	July 30, 1999
		SBI LAB NO. :	R199920928
		SBI FILE NO. :	
		AGENCY FILE NO. :	990013420
		EXAMINED BY:	Suzi Barker
		SUBMITTED BY:	C. Ratchliffe
TYPE OF CASE:	Homicide	DATE OF OFFENSE:	July 11, 1999
LOCATION:	Randolph County	DATE SUBMITTED:	July 15, 1999
SUBJECT(S):	Christopher Conrad Gailey (victim)		

ITEMS SUBMITTED:

Item # 2: Knife found near gym bag near victim.
 Item # 8: Blood standards from Christopher Conrad Gailey.
 Item 8-1: One liquid blood sample from Gailey.
 Item 8-2: M.E. stain from Gailey.

TYPE EXAMINATION REQUESTED:

Blood analysis

RESULTS OF EXAMINATION:

A bloodstain was prepared from Item 8-1. The liquid blood sample (Item 8-1) and M.E. stain (Item 8-2) were not analyzed.
 Examination of the knife (Item 2) revealed the presence of blood.

DISPOSITION OF EVIDENCE:

The bloodstain prepared from Item 8-1 is being retained by the laboratory and may be destroyed after five years from the date of report.

Item # 2 was transferred to S/A D. J. Faggart, Jr. of the Latent Evidence Section on July 30, 1999 for further analysis.

The evidence is enclosed in the attached package and is being returned via first class mail.


I, Michael F. Easley, Attorney General of the State of North Carolina, hereby certify that the form identified as: North Carolina State Bureau of Investigation, Department of Justice, Laboratory Report is a form approved by me for the purpose stated in G.S. 90-95(g) and approved by me in compliance with the said statute.

COPIES TO: THIS REPORT IS TO BE USED ONLY IN CONNECTION WITH AN OFFICIAL CRIMINAL INVESTIGATION.

Mr. Garland N. Yates, DA

This report represents a true and accurate result of my analysis on the item(s) described


James J. Coman, Director


Suzi Barker

Confidential This is an official file of the North Carolina State Bureau of Investigation. To make public or reveal the contents thereof to any unauthorized person is a violation of the General Statutes of North Carolina

North Carolina State Bureau of Investigation
Crime Laboratory Division
LATENT EVIDENCE SECTION

Lab File #: R199920928
Page Number: 2
D. J. Faggart, Jr.

DJF

ITEM ANALYSIS

ITEM NUMBER(S): 2,3,4,5,6

DATE OPENED: 8-26-99

DESCRIPTION/CONDITION OF EVIDENCE CONTAINER:

Check if no container

One (1) sealed brown paper bag containing Item 2. Inside this paper bag, Item 2 was inside one (1) sealed manila envelope.

Items 3 and 5 were both inside one (1) sealed brown paper bag.

One (1) sealed brown paper bag containing Item 4.

One (1) sealed manila envelope containing Item 6.

DESCRIPTION/CONDITION OF EVIDENCE:

Item 2: One (1) lock-blade knife.

Item 3: One (1) "AMT" .45 caliber handgun (serial number DA0663).

Item 4: One (1) "AMT" magazine containing five (5) live rounds of .45 caliber ammunition.

Item 5: One (1) fired .45 caliber shell casing.

Item 6: Eleven (11) live rounds of .45 caliber ammunition.

PROCEDURE(S) UTILIZED	SEQUENTIAL #	DATE	RESULTS
VISUAL EXAM	1	8-26-99	(2-6) No ridge detail visible, (2,3) Red-colored substance visible
LASER: (Wavelength)514	2	8-26-99	(2-6) No inherent luminescence detected
CYVAC	3	8-26-99	(2) Ridge detail (not identifiable) visible, (3-6) No ridge detail visible
POWDER: (Type)Bi-chromatic	4	8-27-99	(2) No additional ridge detail visible, (3-6) No ridge detail visible
DYE STAIN: (Type)R6G	5	8-27-99	(2-6) N/A
LASER: (Wavelength)514	6	8-27-99	(2) Some additional ridge detail (not identifiable) visible, (3-6) Ridge detail (not identifiable) visible

TLL
SBI-5 (8/99)
SLP THM
PART A
DJF

North Carolina State Bureau of Investigation

REQUEST FOR EXAMINATION OF PHYSICAL EVIDENCE

Requesting Officer: Col C J Weight County of Offense: Randolph SBI Lab # R199920928
 Requesting Agency: Randolph Co Sheriff's Office ORI # 0760000 SBI File # _____
 Agency P. O. Box _____ Type of Case: DNA (homicide) CAA (SBI Case Agent Assigned): _____
 Agency Street Address: 727 M^cDowell Rd DIC (SBI District In Charge): _____
 City: Asheboro zip: 27203 Agency File #: 990013420 Date of Offense: 7/11/99
 Investigating Officer Name and Best Contact Number - Name: Lt. T. L. McIVER Phone Number: (336) 318-6699

VICTIM(S)	Race/Sex	DOB	SUSPECT(S)	Race/Sex	DOB	SID #
<u>Gailey, Christopher Lewis</u>	<u>w/m</u>	<u>11/6/72</u>	<u>UNKNOWN</u>			

Has any evidence in this case been submitted to the laboratory previously? No If yes, to which section(s)? _____

Item #	Type Container/Description of Evidence	Examine For	Exact Location Found <small>(Use names for body fluid/DNA evidence)</small>
<u>- 1</u>	<u>GSR kit - victim</u>	<u>GSR</u>	<u>victim's hands</u>
<u>- 2</u>	<u>knife</u>	<u>Latent prints, DNA</u>	<u>gym bag near victim</u>
<u>- 3</u>	<u>AMT Backup .45 cal semi-automatic</u>	<u>Latent prints</u>	<u>UNDER victim</u>
<u>- 4</u>	<u>AMT magazine, LIVE ROUNDS</u>	<u>Latent prints</u>	<u>in item #3</u>
<u>- 5</u>	<u>.45 cal cartridge (expended)</u>	<u>Latent prints</u>	<u>in item #3</u>
<u>- 6</u>	<u>Live .45 cal rounds (11 count)</u>	<u>Latent prints</u>	<u>ground near victim</u>
<u>- 7</u>	<u>2 gym bag & tin container</u>	<u>controlled subs.</u>	<u>ground near victim</u>
<u>- 8</u>	<u>Vial known victim's blood</u>	<u>match to item 2</u>	<u>gym bag near victim</u>

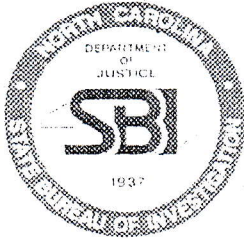
Additional Analysis Requested / Instructions: * please process item 2 for DNA analysis & match to item #8.

EVIDENCE WILL BE RETURNED TO THE REQUESTING OFFICER

SBI LABORATORY CHAIN OF CUSTODY USE ONLY

The signatures of North Carolina State Bureau of Investigation employees appearing below indicate that the material described above under TYPE CONTAINER - DESCRIPTION OF EVIDENCE was delivered to the person (or approved carrier) indicated on or about the date stated, and was delivered in essentially the same condition as received.

ITEM(S)	Received By: (Print)	(Initial)	Received From: (Print)	(Initial)	DATE
<u>1, 2, 3, 4, 5</u>			<u>CHARLES RATCLIFFE</u>	<u>CR</u>	<u>7/15/99</u>
<u>1-5, 6, 7, 8</u>	<u>Jeborah Burwell</u>		<u>CHARLES RATCLIFFE</u>	<u>CR</u>	<u>7/15/99</u>
<u>1-8 box</u>	<u>UPS</u>		<u>Jeborah Burwell</u>	<u>JB</u>	<u>9/2/99</u>



PAGE NUMBER	2
SBI LAB FILE NUMBER	R1999-20928
ANALYST	SLB
DATE	7/30/99

SBI MOLECULAR GENETICS SECTION - LAB NOTES

ITEM NO. <u>5</u>	CONTAINING: <u>knife</u>
PACKAGING:	
<input checked="" type="checkbox"/> SEALED BROWN PAPER BAG <u>2 unsachet envelope</u>	
<input type="checkbox"/> SEALED ENVELOPE	
<input type="checkbox"/> OTHER	

RESULTS OF TESTING:

NOT EXAMINED

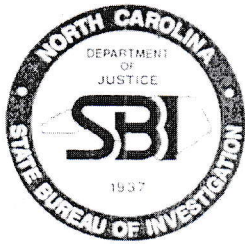
- Sample Submitted For RFLP Testing
 - Sample Submitted For STR Testing
 - Sample Not Submitted For DNA Testing
- Reason No DNA @ this time per officer

ATTACH PHOTOS, DRAWING, AND SKETCHES HERE

<p>IDENTIFICATION OF BLOOD:</p> <p><u>+</u> Phenolphthalin</p> <p>Pos Control <u>+</u> Neg Control _____</p> <p><u>+</u> Takayama</p> <p>Pos Control <u>+</u> Neg Control _____</p> <p>Enter Results as + (Pos), - (Neg), or Inc</p>
<p>IDENTIFICATION OF SPECIES:</p> <p>_____ - Human Control</p> <p>_____ - Anti-Human</p> <p>_____ - Rabbit Serum</p> <p>_____ - Substrate Control</p> <p>Enter Results as + (Pos), - (Neg), or Inc</p>
<p>IDENTIFICATION OF SALIVA:</p> <p>_____ - Test Sample</p> <p>_____ - Known Control</p> <p>_____ - Reagent Blank</p> <p>_____ - Substrate Control</p> <p>_____ - Absorbance Reading</p>
<p>IDENTIFICATION OF SEMEN:</p> <p>_____ - Test Sample</p> <p>_____ - Known Control</p> <p>_____ - Substrate Control</p> <p>_____ - Reagent Blank</p> <p>Enter results on scale from + to ++++</p> <p>Est. Quantity of sperm _____</p> <p>_____ - P-30 Testing (see other forms)</p>

Handwritten notes:

- Scrubbed (SLB) not created in LPS*
- placed in bag w/ knife*
- 10 placed on label of small piece stuck to knife*
- 200 available*



PAGE NUMBER	5
SBI LAB FILE NUMBER	R199920928
ANALYST	SLB
DATE	7/30/99

MOLECULAR GENETICS SECTION BODY FLUID IDENTIFICATION UNIT
REVIEW SHEET AND CHECKLIST

1. Cover Sheet Present	/
2. Notes Present and Accurate	/
3. Phone Log Present (if applicable)	/
4. DNA Evaluation Forms Present (if applicable)	NA
5. Computer Update Sheet is Present and Correct	NA
6. All pages numbered and initialed	/
7. SBI-5 Evidence Submission Form Present and Correct	/
8. Report matches dates, numbers, and names on the SBI-5	/
9. Proper tests were run	/
10. Proper controls were run	/
11. Appropriate conclusions were obtained	/
12. Evidence retention log present	/
13. Lab notes are page numbered and initialed	/
REVIEW OF RESULTS / CONCLUSIONS:	
1. Report is Accurate and Complete	/
2. Proper Report Format is Used	/

COMMENTS:

I HAVE REVIEWED THIS REPORT AND CONCUR WITH THESE RESULTS.


Signature of Reviewer

8-9-99
Date of Review

TLL
SBI-5 (8/98)
SLB THM
PART A
DJF

North Carolina State Bureau of Investigation

REQUEST FOR EXAMINATION OF PHYSICAL EVIDENCE

Requesting Officer: Col C J Weight County of Offense: Randolph SBI Lab # R199920928
 Requesting Agency: Randolph Co Sheriff's Office ORI #: 076 0000 SBI File # _____
 Agency P. O. Box : _____ Type of Case: DON (homicide) CAA (SBI Case Agent Assigned): _____
 Agency Street Address: 727 m^c Dowell Rd DIC (SBI District In Charge): _____
 City: Asheboro Zip: 27203 Agency File #: 990013420 Date of Offense: 7/11/99
 Investigating Officer Name and Best Contact Number - Name: Lt. T. L. m^c Iyer Phone Number: (336) 318-6699

VICTIM(S)	Race/Sex	DOB	SUSPECT(S)	Race/Sex	DOB	SID #
<u>Gailey, Christopher Leonard</u>	<u>w/m</u>	<u>11/6/72</u>	<u>UNKNOWN</u>			

Has any evidence in this case been submitted to the laboratory previously? No If yes, to which section(s) _____

Item #	Type Container/Description of Evidence	Examine For	Exact Location Found <small>(Use names for body fluid/DNA Evidence)</small>
<u>- 1</u>	<u>GSR kit - victim</u>	<u>GSR</u>	<u>victim's hands</u>
<u>- 2</u>	<u>knife</u>	<u>Latent prints, DNA</u>	<u>gym bag near victim</u>
<u>* - 3</u>	<u>AMT Backup .45 cal semi-auto pistol</u>	<u>Latent prints</u>	<u>UNDER victim</u>
<u>- 4</u>	<u>AMT magazine, LIVE ROUNDS</u>	<u>Latent prints</u>	<u>in item #3</u>
<u>* - 5</u>	<u>.45 cal cartridge (expended)</u>	<u>Latent prints</u>	<u>in item #3</u>
<u>- 6</u>	<u>Live .45 cal. rounds (11 count)</u>	<u>Latent prints</u>	<u>ground near victim</u>
<u>- 7</u>	<u>2 Gym bag & tra container</u>	<u>controlled subs.</u>	<u>ground near victim</u>
<u>- 8</u>	<u>VIAL KNOWN victim's blood</u>	<u>match to item 2</u>	<u>gym bag near victim</u>

Additional Analysis Requested / Instructions: * please process item 2 for DNA analysis & match to item #8.

EVIDENCE WILL BE RETURNED TO THE REQUESTING OFFICER

SBI LABORATORY CHAIN OF CUSTODY USE ONLY

The signatures of North Carolina State Bureau of Investigation employees appearing below indicate that the material described above under TYPE CONTAINER / DESCRIPTION OF EVIDENCE was delivered to the person (or approved carrier) indicated, on or about the date stated, and was delivered in essentially the same condition as received.

ITEM(S)	Received By: (Print)	(Initial)	Received From: (Print)	(Initial)	DATE
<u>1, 2, 3, 4, 5</u>			<u>CHARLES RATCLIFFE</u>	<u>CR</u>	<u>7/15/99</u>
<u>#1-5, 6, 7, 8</u>	<u>Jeborah Burwell</u>	<u>JB</u>	<u>CHARLES RATCLIFFE</u>	<u>CR</u>	<u>7/15/99</u>
<u>ISE</u>	<u>Jem</u>		<u>Jeborah Burwell</u>	<u>JB</u>	<u>8/26/99</u>



PAGE NUMBER	3
SBI LAB FILE NUMBER	R199920928
ANALYST	SJB
DATE	7/30/99

SBI MOLECULAR GENETICS SECTION - LAB NOTES

ITEM NO. 8

PACKAGING:

- SEALED BROWN PAPER BAG
- SEALED ENVELOPE
- OTHER _____
- Ziplock plastic bag sealed E

8-1 1 ptt id'd as collected from Christopher Gailey
 8-2 sealed env. id'd as E blood stain (M.E.) from Christopher Gailey

CONTAINING: Christopher Gailey

Item # 8 A ziplock bag (sealed unsealed) containing a plastic bubble pack bag containing a ptt containing a liquid blood sample. # 8-2

(823)

Stain made from 8-1 YES NO dr 7/12/99
 Stain submitted for DNA testing YES NO st 7/26/99
 Stain retained in the freezer YES NO

NOT EXAMINED