



REGIONAL FORENSIC CENTER

KNOX COUNTY

2761 Sullins Street, Knoxville, TN 37919 • Phone: 865-215-8000 • Fax: 865-215-8001

AUTOPSY FINAL REPORT

Patient: **KUHBANDER, CHANDLER A.**

Med. Rec.#:

Reference#:

DOB/Gender: 07/18/1999 (Age 24) WM

Physician(s)

Accession: **240630-390**

Client: Cocke County

DOD: 06/30/2024 13:13

Autopsy Date: 07/01/2024 09:00

Reported: 08/14/2024

Authorized by: Sarah Knuettel, D.O.

Relationship to Patient: Cocke County Medical Examiner

Restrictions: None

Persons Attending Autopsy: Special Agent Dylan Reid, Tennessee Bureau of Investigation

Technician(s) Parker Wilson

Narrative

The decedent is a 24-year-old white male who was found deceased in a vehicle with another individual, Ms. Raegan Anderson (See MEC 240630-387). According to investigator, the decedent was kidnapped by Ms. Anderson in Georgia on June 24, 2024. Ms. Anderson reportedly shot the decedent and then shot herself. They were both found deceased in a vehicle in a wooded area on June 30, 2024. A suicide note written by Ms. Anderson was found in the car.

Significant gross findings at autopsy include two penetrating gunshot wounds on the left side of the upper back near the neck. Bullets are recovered from the right lower chest and right side of the abdomen. There are associated injuries of the spine, esophagus, trachea, aorta, lungs, liver, and heart. An additional finding is putrefactive decomposition. Positive identification is confirmed via dental comparison.

Toxicology on postmortem blood is significant for 0.115% ethanol, some of which is likely due to decomposition.

As such, the cause of death is gunshot wounds of the torso. The manner of death is homicide.

Dr. Amy Hawes
Assistant Medical Examiner

Final Anatomic Diagnoses

- I. Penetrating gunshot wounds of the torso:
 - A. Two entrance wounds on top of left upper back and neck; gunpowder stippling not identified; presence of soot difficult to evaluate due to decomposition
 - B. Bullets recovered from right side of abdomen and right lower chest
 - C. Overall wounds paths: Left to right, downward, and slightly back to front
 - D. Associated injuries of spine, esophagus, trachea, aorta, lungs, heart, and liver
 - II. Putrefactive decomposition
 - III. Positive identification confirmed via dental comparison
-

EXTERNAL EXAMINATION

The body is that of a 70 inch, 175 pound white male. The body is normally developed, well nourished, and age indeterminate due to decomposition. The short, brown scalp hair is of normal amount, distribution, and texture. The face has a mustache. The eye globes are bloated. The irides appear brown. The corneas are cloudy. The ears, nose and mouth are free of abnormalities. The natural teeth appear to be in fair repair. The neck is free of palpable masses. The torso is symmetrical. The abdomen is slightly protuberant. The back has a normal contour and the anus is without lesions. The external genitalia are bloated and of normal male conformation. The extremities are symmetric and the joints are not deformed. The fingers and toes are normal.

Rigor mortis is passed. The body has diffuse bloat, green discoloration, and skin slip. There is marbling on the torso and extremities. The body is cold to touch.

The body is identified by a plastic band on the left ankle bearing "Cocke County Unidentified Male; 240630-390".

MEDICAL INTERVENTION: None.

IDENTIFYING MARKS AND SCARS: None.

INJURY:

PENETRATING GUNSHOT WOUNDS OF THE TORSO: On the top of the left upper back near the neck, 4 inches left of posterior midline and 8 inches and 8-1/2 inches below the top of the head, are two entrance wounds. Each entrance wound is approximately 1/4 inch each. Both entrance wounds are surrounded by dark tan-brown discoloration of the skin. Soot and gunpowder stippling are not identified.

In the anatomic position, the overall wound patch is left to right, downward, and slightly back to front.

The bullets have intersecting wound paths. The bullets perforated the skin and skeletal muscle of the upper back, fractured the left side of the first and second ribs at the costovertebral angle, perforated the esophagus, trachea, aorta, left upper lung lobe, right upper lung lobe, right lower lung lobe, heart, liver, and fractured right ribs four through five. Bullets are recovered from the right side of the abdomen and right lower chest.

The left side of the chest contains 600 milliliters of blood. The right side of the chest contains 300 milliliters of blood.

The above injuries, once having been described, will not be referred to below.

INTERNAL EXAMINATION

The viscera are present in their normal anatomic sites. The serosal surfaces are smooth. The body cavities are free of abnormal masses and excess fluid. The organs are soft and dark due to decomposition.

The 180 gram heart is of conical configuration. The coronary arteries have a normal anatomic distribution. The coronary circulation is right side dominant. The ostia of the coronary arteries are in the normal positions and are free of obstruction. The coronary arteries are free of atherosclerosis and thrombosis. The epicardium is smooth. The great vessels enter and leave the heart in a normal manner. The cardiac chambers are not constricted or dilated. The septa are intact and free of congenital anomalies. The brown myocardium is free of acute and healed infarction. The left and right cardiac ventricles are 0.8 centimeter and 0.2 centimeter thick, respectively. The heart valves are thin, pliable, delicate, and free of deformity. The valve dimensions are within normal limits. The aorta and its principal branches are free of significant atherosclerosis.

The 340 gram right lung and 230 gram left lung have normal lobar configurations. The major bronchi are not constricted or dilated and are free of obstruction. The visceral pleura are smooth and free of lesions. The pulmonary arteries are free of thromboemboli. The dark red parenchyma is free of neoplasm, granulomata, and subpleural emphysematous bullae.

The 760 gram liver has a smooth and glistening capsule. The dark brown parenchyma has a normal lobular pattern. The gallbladder serosa and mucosa are normal. The gallbladder is empty.

The firm pancreas is normally lobulated. The tan-pink parenchyma is free of intrinsic lesions, hemorrhage, and fat necrosis.

The adrenal glands and thyroid gland are normal. The parathyroid glands are inconspicuous.

The esophagus is free of lesions. The stomach has a normal configuration, and the serosa is smooth and glistening. The tan mucosa has normal rugal folds and is free of ulceration and lesions. The stomach is empty. The duodenum is bile stained and free of ulceration. The remainder of the small bowel and colon are free of palpable masses. The appendix is normal.

The 100 gram right kidney and 100 gram left kidney have smooth subcapsular surfaces. The renal arteries are patent. The renal cortices are of normal thickness, and the corticomedullary junctions are distinct. The medullae are normal. The pelvicaliceal systems and ureters are not dilated. The urinary bladder is normal. The smooth tan mucosa is intact and free of lesions. The bladder is empty. The prostate gland is not enlarged. The tan parenchyma is free of nodularity and lesions. The tan testicular parenchyma is free of injury.

The 60 gram spleen has a smooth, translucent capsule without areas of thickening. The soft splenic pulp has a normal lymphoid distribution. The lymph nodes throughout the body are not enlarged.

The bone marrow is dark red and trabeculated without lesions.

The exposed axial and appendicular skeleton is free of abnormalities.

The larynx and trachea have a normal caliber and are free of obstruction. The smooth tan mucosa is free of lesions. The hyoid bone and thyroid cartilage are intact and without lesions. The paravertebral musculature and cervical spine are normal.

The scalp is free of contusions and subgaleal hemorrhage. The calvarium and base of the skull are free of fractures. The convexities of the cerebral hemispheres are symmetrical. The subarachnoid space is free of blood. The 1230 gram brain is nearly liquefied.

TOXICOLOGY: Blood is submitted (see separate report).

HISTOLOGY: No tissue cassettes are submitted.

ADDITIONAL STUDIES: Small representative sections of major organs are retained in formalin for possible further studies. DNA blood cards are prepared and retained. Fingernail clippings are collected. A full body radiograph shows two bullets as described above.

TAS



NMS Labs

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

Toxicology Report

Report Issued 07/12/2024 07:04

To: **10511**
Knox County Medical Examiner's Office
2761 Sullins Street

Knoxville, TN 37919

Patient Name Cocke Co. Unidentified Male
Patient ID 240630-390
Chain 240630-390
DOB 07/18/1999
Sex Male
Workorder 24266031

Page 1 of 3

Positive Findings:

<u>Analyte</u>	<u>Result</u>	<u>Units</u>	<u>Matrix Source</u>
Ethanol	115	mg/dL	001 - Blood
Blood Alcohol Concentration (BAC)	0.115	g/100 mL	001 - Blood

See Detailed Findings section for additional information

Agency Case Number: 240630-390

Testing Requested:

<u>Test</u>	<u>Test Name</u>
8051B	Postmortem, Basic, 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>Labeled As</u>
001	Gray Stopper Plastic Tube	8 mL	07/01/2024 09:45	Blood	240630-390
002	Lavender (Purple) Stopper Plastic Tube	5 mL	07/01/2024 09:45	Blood	240630-390
001	CAVITY BLOOD-PERICARDIAL SAC				
002	CAVITY BLOOD-PERICARDIAL SAC				

All sample volumes/weights are approximations.
Specimens received on 07/02/2024.



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Workorder 24266031
Chain 240630-390
Patient ID 240630-390

Page 2 of 3

Detailed Findings:

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Ethanol	115	mg/dL	10	001 - Blood	Headspace GC
Blood Alcohol Concentration (BAC)	0.115	g/100 mL	0.010	001 - Blood	Headspace GC
Ethanol	Confirmed	mg/dL	10	001 - Blood	Headspace GC

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

Reference Comments:

1. Ethanol (Ethyl Alcohol) - Blood:

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

Sample Comments:

001 Physician/Pathologist Name: Amy Hawes

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 24266031 was electronically signed on 07/12/2024 06:25 by:

Justin O. Brower, Ph.D., F-ABFT
Forensic Toxicologist

Analysis Summary and Reporting Limits:

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

Test 50002B - Amphetamines Confirmation, Blood - Blood

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

Analyte	Rpt. Limit	Analyte	Rpt. Limit
Amphetamine	5.0 ng/mL	MDMA	5.0 ng/mL
MDA	5.0 ng/mL	Methamphetamine	5.0 ng/mL

Test 52250B - Alcohols and Acetone Confirmation, Blood - Blood

-Analysis by Headspace Gas Chromatography (GC) for:

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



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Workorder 24266031
Chain 240630-390
Patient ID 240630-390

Page 3 of 3

Analysis Summary and Reporting Limits:

Test 8051B - Postmortem, Basic, Blood (Forensic) - Blood

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

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

-Analysis by Headspace Gas Chromatography (GC) for:

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



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2761 SULLINS STREET, KNOXVILLE, TN 37919

FAX: 865-215-8001

EMAIL: INV.KNOXRFC@KNOXCOUNTY.ORG

Demographic Information

Case number:	240630-390	Address 1:	100 Phillips Lane
Death County:	Cocke	Address 2:	
Last name:	Kuhbander	City:	Fleming
First name:	Chandler	State:	Georgia
Middle name:	Anthony	County:	Liberty
Race:	White	Zip:	31309
Sex:	Male		
Age:	24 years 11 months 12 days		
Date of birth:	07/18/1999		

Background Information

Investigator notified:	2024-06-30 13:14	Date LKA:	06/24/2024
Notified by:	Cocke County Sheriff's Office	Time LKA:	Unknown
Facility:	East TN RFC (Knoxville)	Found dead:	06/30/2024 13:00
Authorized by:	Sarah Knuettel	911 call received:	2024-06-30 13:00
ETA at Facility/FH:		Date of death:	06/30/2024 On
Scene investigated ME:	No	Time of death:	13:13
Scene investigated by LE:	Yes	Pronounced:	06/30/2024 13:13
Officer:	SA Dylan Reid	Scene arrival:	
Agency:	Tennessee Bureau of Investigation	Scene departure:	
Incident #:			

Next of Kin

Name:	Kuhbander, Jane	Relationship:	Mother
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Cause and Manner of Death

Reason for reporting: Unknown, Decomposed Remains,
Concerns for Homicide

Disposition: Sent to Autopsy Facility

I hereby declare that after receiving notice of death described herein, I conducted an investigation regarding the cause of death in accordance with Section 38-7-109 Tennessee Code Annotated and that the information contained herein regarding such death is true and correct to the best of my knowledge and belief.

Authorization:	ME/C ordered	DC signed by:	Office of ME/C
RFC MDI:	Lisa Ann Taylor	DC signer:	Amy Hawes

In accordance with Tennessee Code Annotated 38-7-106, the accompanying body of Kuhbander, Chandler is the subject of an investigation by the medical examiner.

Authorizing Signature of Medical Examiner or Delegated Investigator:

Narrative Summary of Circumstances Surrounding Death

Chandler Kuhbander is a 24 year old male who went missing on June 24th from Georgia with her ex girlfriend Raegan Anderson. It was reported that Raegan was unstable and had forced Chandler to go with her. They believed her to be in the Sevier county area. They were believed to be in a black Ford Focus. On June 30th this car was found parked in the woods on personal property in Cocke County. There are 2 deceased individuals in the car. Raegan and Chandler were both firefighters with Liberty County Fire department, and both of their ID's are found in the vehicle. One deceased appears to be more decomposed than the other on initial assessment. The male individual believed to be Chandler was found in the passenger seat and appears to be more decomposed than the female deceased believed to be Raegan sitting on top of him.

In the vehicle is a suicide note written by Raegan that reads: I'm sorry to whoever found us. I am sorry to everyone I hurt. June 25, 2024 Please contact my Grandmother Irene Chandler 912-876-5917. And tell her how sorry I am. I love you Nanna. I want her to inherit everything.

TBI on scene investigating as well as Bob Schaff with Cocke County Sherriff Department

The investigative information provided in the above report, completed by Dr. Sarah Kneuttel, Cocke County Medical Examiner, is subject to change as new information becomes available.