



State of North Carolina
General Court of Justice
Twenty-Sixth Prosecutorial District
MECKLENBURG COUNTY

SPENCER B. MERRIWEATHER III
DISTRICT ATTORNEY

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August 1, 2024

Chief Johnny Jennings
Charlotte-Mecklenburg Police Department
601 East Trade Street
Charlotte, NC 28202

Re: Terry Hughes Jr. Death Investigation; Complaint No. 2024 0429 1333 00

Dear Chief Jennings:

Pursuant to N.C.G.S. 7A-61, my office has reviewed the investigation surrounding the April 29, 2024 shooting death of Terry Hughes Jr. The case was investigated under case number 2024 0429 1333 00. The documentation considered for the purposes of this review was provided by CMPD in July 2024. The purpose of this review was to examine whether the actions of the 23 officers who returned fire at Terry Hughes Jr. were unlawful in the incident leading to his death.

These events occurred on the afternoon of April 29, 2024. Members of the United States Marshals Service Carolinas Regional Fugitive Task Force (CRFTF) were attempting to serve arrest warrants on Terry Hughes Jr. when he fired on members of the task force and the numerous CMPD officers who came to their aid after the shooting began. The decedent murdered Deputy United States Marshal (DUSM) Thomas Weeks Jr., United States Marshals Service; William Alden Elliott, North Carolina Department of Adult Corrections; Samuel Poloche, North Carolina Department of Adult Corrections, and Officer Joshua Eyer, Charlotte-Mecklenburg Police Department, and injured four other officers before being shot and killed.

On April 29, 2024, the CRFTF was comprised of 18 members and led by a Senior Inspector with the United States Marshals Service (USMS). The task force was comprised of members of the USMS, as well as officers from the North Carolina Department of Adult Corrections, the Statesville Police Department, the Gastonia Police Department, the Gaston County Police Department, the Monroe Police Department, the Union County Sheriff's Office, the Lincoln County Sheriff's Office, the Bureau of Alcohol, Tobacco, Firearms, and Explosives, and the Charlotte-Mecklenburg Police Department.

In the wake of the shootings, the subsequent CMPD investigation determined that the decedent was standing in the threshold of the side door of his residence at 5525 Galway Drive in Charlotte, as members of the task force approached in their vehicles. Upon seeing law

enforcement, the decedent retreated inside the residence. Members of the task force surrounded the home and used a loudspeaker to announce their presence and to command the decedent to exit the residence. Shortly after that, the decedent began firing at task force members from an upstairs rear window of the home using a Radical Arms RF-15 rifle. The decedent then moved to fire from an upstairs side window and subsequently alternated between firing from the rear and side windows. DUSM Thomas Weeks Jr. was struck as he took cover with Task Force Officer (TFO) Samuel Poloche behind a tree in the backyard. TFO William Alden Elliott and another task force officer were struck at the fence line on the west side of the home.

Although the task force operated on a separate radio channel that was not monitored by CMPD, at 1:33 p.m., the lone CMPD officer on the task force who was positioned in the front of the home relayed to CMPD dispatch that shots had been fired and officers were down. By 1:35 p.m., the first of hundreds of CMPD officers, including Officer Joshua Eyer, began arriving on scene to assist and extract the fallen officers. Officer Eyer and numerous other CMPD officers approached the rear of the decedent's residence through the backyard of an abutting home, searching for a safe route to get to the three downed officers. At 1:46 p.m., Officer Eyer and others made their way to the tree in the backyard of the residence where DUSM Thomas Weeks Jr., had been struck. Officer Eyer and TFO Samuel Poloche were struck by additional shots fired by the decedent as they took cover behind this tree. Three additional CMPD officers were also shot as they took cover in various locations behind the house.

At approximately 1:50 p.m., the decedent, still armed with the assault rifle, jumped from a second story front window into the front yard of the residence. Officers in front of the residence issued commands to drop the gun, then opened fire, killing the decedent. At 1:50:28 p.m., officers in front of the residence communicated over CMPD radio that the decedent was down. Although officers in the rear of the residence received this information, officers on the side of the residence did not. Officers positioned in the backyard then began to evacuate TFO Poloche and Officer Eyer. Meanwhile, officers positioned at the side of the residence who had not received the information that the decedent was down, attempted to reach the injured TFO on the fence line to render aid. At 1:50:42 p.m., during the attempt to reach the injured TFO, an officer believed he saw movement at the upstairs side window where the decedent had previously been firing. The officer fired a single shot at the window. This shot caused officers who had received the earlier communication that the decedent was down to believe that there was an additional shooter in the residence. Over the course of the next ten minutes, officers in the rear of the residence discharged cover fire at the rear window of the home as they evacuated TFO Poloche, Officer Eyer, and DUSM Weeks Jr. Officers on the side of the residence discharged cover fire as they evacuated the injured task force officer. At 1:59 p.m., CMPD officers used an armored utility vehicle to drive to the side fence line and evacuate TFO Elliott.

TFO William Alden Elliott was transported to Novant Health Presbyterian Medical Center where he was pronounced deceased at 2:20 p.m. TFO Samuel Poloche, DUSM Thomas Weeks Jr., and Officer Joshua Eyer were all transported to Atrium Health Carolinas Medical Center. TFO Samuel Poloche was pronounced deceased at 2:25 p.m. DUSM Thomas Weeks underwent surgery and was pronounced deceased at 3:10 p.m. Officer Joshua Eyer underwent surgery and was pronounced deceased at 8:25 p.m.

Meanwhile, at 2:39 p.m., the decedent's girlfriend called 911 and informed dispatch that she was hiding in the closet of the residence with her 17-year-old daughter. The two were

ultimately removed from the home. The decedent, who was pronounced deceased on scene, was in possession of the Radical Arms RF-15 Rifle. Twenty-nine spent rounds from this rifle were found in the residence, primarily near the upstairs rear and side windows from where the decedent had been seen shooting. Two additional loaded thirty-round rifle magazines were in the decedent's pocket. The decedent also had a Sig Sauer .40 caliber pistol on his hip which was not fired during this incident. There is no evidence the decedent's girlfriend, her 17-year-old daughter (both of whom were interviewed), or any individual other than the decedent ever fired from the residence.

Over the course of these events, 23 officers returned fire on the decedent.¹ Thirteen of those officers carried rifles and fired a total of 227 rounds. The remaining ten fired 113 rounds from their 9mm service weapons. DUSM Weeks Jr., TFO Elliott, TFO Poloche, and Officer Joshua Eyer did not fire their weapons prior to being shot by the decedent.

An autopsy conducted on the decedent determined the cause of death was multiple gunshot wounds of the torso.

As you know, this letter specifically does not address issues relating to tactics, or whether officers followed correct police procedures or directives of CMPD or other agencies.

I personally responded to the scene of this incident and monitored the investigation along with the Deputy District Attorney and a senior Assistant District Attorney (ADA). I reviewed the investigative file as provided by CMPD. Finally, consistent with the District Attorney's Office Officer-Involved Shooting Protocol, this case was presented to the District Attorney's Officer-Involved Shooting Review Team, which is comprised of the office's most experienced prosecutors.

A. The role of the District Attorney under North Carolina law

The District Attorney (DA) for the 26th Prosecutorial District is a state official and, as such, does not answer to city or county governments within the prosecutorial district. The District Attorney is the chief law enforcement official of the 26th Judicial District, the boundaries of which are the same as the County of Mecklenburg. The District Attorney has no administrative authority or control over the personnel of CMPD or other police agencies within the jurisdiction. That authority and control resides with each city or county government.

Pursuant to North Carolina statute, one of the District Attorney's obligations is to advise law enforcement agencies within the prosecutorial district. The DA does not arrest people or charge people with crimes. When the police charge a person with a crime, the DA decides whether or not to prosecute the charged crime. Generally, the DA does not review police decisions not to charge an individual with a crime. However, in officer-involved shooting cases, the DA reviews the complete investigative file of the investigating agency. The DA then decides whether he agrees or disagrees with the charging decision made by the investigating agency. If

¹ Officers who returned fire are enumerated in Appendix A.

the DA concludes that uncharged conduct should be prosecuted, the case will be submitted to a Grand Jury.

If no criminal charges are filed, that does not mean the District Attorney's Office believes the matter was in all respects handled appropriately from an administrative or tactical viewpoint. It is simply a determination that there is not a reasonable likelihood of proving criminal charges beyond a reasonable doubt unanimously to a jury. This is the limit of the DA's statutory authority in these matters. The fact that a shooting may be controversial does not mean that criminal prosecution is warranted. Even if the District Attorney believes a shooting was avoidable or an officer did not follow expected procedures or norms, this does not necessarily amount to a violation of criminal law. In these circumstances, remedies (if any are appropriate) may be pursued by administrative or civil means. The District Attorney has no administrative or civil authority in these matters. Those remedies are primarily in the purview of city and county governments, police departments, and private civil attorneys.

B. Legal standards

The law recognizes an inherent right to use deadly force to protect oneself or others from death or great bodily harm. This core legal principle is referred to as the right to "self-defense." A police officer does not lose the right to self-defense by virtue of becoming a police officer. Officers are entitled to the same protections of the law as every other individual. An imminent threat to the life of a police officer or others entitles the officer to respond in such a way as to stop that threat.

Under North Carolina law, the burden of proof is on the State to prove beyond a reasonable doubt that a defendant did not act in defense of himself or others. N.C.G.S. §14-51.3 provides that a person is justified in the use of deadly force and does not have a duty to retreat in any place he or she has the lawful right to be if he or she reasonably believes that such force is necessary to prevent imminent death or great bodily harm to himself or herself or another.

C. Use of deadly force by a law enforcement officer

The same legal standards apply to law enforcement officers and private citizens alike. However, officers fulfilling their sworn duty to enforce the laws of this State are often placed in situations in which they are required to confront rather than avoid potentially dangerous people and situations.

The United States Supreme Court stated, "[t]he 'reasonableness' of a particular use of force must be judged from the perspective of a reasonable officer on the scene, rather than with the 20/20 vision of hindsight." Graham v. Connor, 490 U.S. 386, 396 (1989). The Court further explained that "[t]he calculus of reasonableness must embody allowance for the fact that police officers are often forced to make split-second judgments – in circumstances that are tense, uncertain, and rapidly evolving – about the amount of force that is necessary in a particular situation." Id. at 396–97. Moreover, the analysis "requires careful attention to the facts and circumstances of each particular case," including "whether the suspect poses an immediate threat

to the safety of the officers or others," as well as "the severity of the crime at issue" and whether the suspect "is actively resisting arrest or attempting to evade arrest by flight." Id. at 396.

The Fourth Circuit Court of Appeals has consistently held that "an officer does not have to wait until a gun is pointed at the officer before the officer is entitled to take action." Anderson v. Russell, 247 F.3d 125, 131 (2001). A situation in which an officer is confronting an armed person with uncertain motives is, by definition, dangerous, and such a circumstance will almost always be tense, uncertain, and rapidly evolving. In these circumstances, we are not deciding whether the officer's belief in the need to use deadly force was correct but only whether his belief in the necessity of such force was reasonable.

In conducting a legal analysis, this office must take its guidance from the law, and a decision must not be based upon public sentiment or outcry. The obligation of a District Attorney is clear; he must simply apply the law to the known facts.

What the law demands is an evaluation of the reasonableness of the officer's decision at the moment he fired the shot. The Supreme Court of the United States has provided guidance on what is objectively reasonable and how such an analysis should be conducted. That guidance indicates that it is inappropriate to employ "the 20/20 vision of hindsight," and an analysis must make "allowance for the fact that police officers are often forced to make split-second judgments." *See Graham v. Connor*, 490 U.S. at 396. The Court suggests that when reviewing use of force cases, caution should be used to avoid analysis "more reflective of the 'peace of a judge's chambers' than of a dangerous and threatening situation on the street." Elliot v. Leavitt, 99 F.3d. 640, 643 (4th Cir. 1996).

D. Interviews²

Most involved task force officers agreed to be interviewed by CMPD investigators. Three task force officers declined to be interviewed but submitted written statements.³ Two other task force officers declined to be interviewed or offer a written statement.⁴ Numerous first responding CMPD officers were interviewed including the 12 CMPD officers who discharged their weapons on April 29, 2024. The accounts from the many officers who did cooperate with this inquiry were sufficient for investigators to achieve clarity on the facts and circumstances of the case.

All those who were present when the decedent began firing were consistent in their account that the decedent fired on task force members first with officers returning fire in self-defense and in defense of their fellow officers.

Some of those present believed there to have been an additional shooter who fired on officers from the residence after the decedent was killed in front of the residence. This belief is

² The sheer volume of interviews conducted during this investigation, which far exceeds the number of interviews conducted in any previous officer involved shooting investigation, renders a traditional summary of each individual interview impractical. As such the interviews and the conclusions generated by them are summarized in aggregate.

³ USMS Senior Inspector Eric Tillman, USMS Senior Inspector Austin Acheson, and ATF Agent Arthur Philson.

⁴ USMS Senior Inspector Derek Miller and Deputy USM Joshua Shuffler.

not surprising given the confusion present on scene; however, it is contradicted by the evidence, including: (1) the radio traffic announcing the decedent was down; (2) the body-worn camera recording which captured the additional shot fired by an officer at the side window shortly after the decedent was announced as down; (3) the body-worn camera recordings which captured the resulting confusion among officers who did not know an officer had fired a shot after the decedent was announced as down; and (4) the physical evidence.

The decedent's girlfriend and her 17-year-old daughter were also interviewed. Nothing from their interviews led investigators to conclude there was a second shooter in the residence.

With respect to the physical evidence, 29 spent rounds from were found in the residence, primarily near the upstairs rear and side windows from where the decedent had been observed shooting. These rounds were all fired from the Radical Arms RF-15 rifle in the decedent's possession when he was shot and killed in front of the residence. There were no other firearms and no spent rounds from any other weapon found in the residence. The evidence simply does not support the possibility of a second shooter in the residence.

E. Video evidence

Body-worn camera (BWC) video

Except for the lone CMPD officer participating on the task force, members of the CRFTF were not equipped with body-worn cameras. As stated above, the lone CMPD officer was positioned behind a vehicle parked on the street in front of the residence when the decedent began firing from a rear window of the home. From his position, the CMPD officer relayed information to CMPD radio channels and worked to coordinate the CMPD response. His camera did not capture the events occurring at the rear and side of the home. Additionally, while this camera was recording at the time the decedent exited from the front second story window and was shot by other officers, the camera view was blocked by the vehicle the officer was using for cover. Therefore, this body-worn camera video is of limited use.

BWC video from officers with Officer Eyer and TFO Poloche as they went to the aid of TFO Weeks, who was injured behind a tree in the backyard, corroborate that Officer Eyer and TFO Poloche were struck when the decedent fired another volley of shots at officers behind the tree.

As discussed previously, BWC also conclusively establishes that it was an officer, not a second shooter in the residence, who fired the additional round after the decedent had been announced as down in the front yard. Officers in other locations mistook this as gunfire from an additional shooter.

F. Physical evidence

Twenty-nine LC 5.56x45mm NATO caliber discharged cartridge cases were located in the area of the upstairs rear and side windows where the decedent had been seen shooting. These

items were tested and determined to have been fired from the Radical Arms RF-15 rifle found in the decedent's possession. No other firearms or discharged rounds were recovered in the residence.

G. Autopsy report

The Mecklenburg County Medical Examiner's Office performed an autopsy on Terry Hughes Jr., on May 1, 2024. The autopsy confirmed he died as a result of multiple gunshot wounds of the torso. Toxicology analysis showed only the presence of THC and its metabolites and Tadalafil, an erectile dysfunction medication.

H. Conclusion

Members of the CRFTF were attempting to serve arrest warrants on Terry Hughes Jr. when he opened fire on members of the task force, killing DUSM Thomas Weeks Jr., TFO William Alden Elliott and injuring another task force officer. As CMPD officers and other members of the task force came to the aid of the downed officers, the decedent continued to fire on law enforcement, killing CMPD Officer Joshua Eyer, TFO Samuel Poloche, and seriously injuring three more CMPD officers.

Every item of evidence in this matter confirms that the decedent fired on law enforcement, killing four officers and injuring four more. The decedent fired 29 rounds at law enforcement from an elevated position of cover using a Radical Arms RF-15 rifle. Given the decedent's actions, there is no question that the 23 officers who returned fire during this lengthy encounter did so in defense of themselves and of their fellow officers.

This incident signifies the single deadliest assault on law enforcement in our community's history. If law enforcement officers *had not* responded to an imminently deadly threat with lethal force, as difficult as it is to imagine, the outcome could have been even more catastrophic. Accordingly, this review finds that the use of deadly force by law enforcement officers, resulting in the death of Terry Hughes Jr., was justified under the law.

If you have any questions, please contact me directly.

Sincerely,



Spencer B. Merriweather III
District Attorney

APPENDIX A

Law Enforcement Officers Returning Fire

Senior Inspector Eric Tillman, USMS (*declined interview, gave written statement*)
Senior Inspector Austin Acheson, USMS (*declined interview, gave written statement*)
Senior Inspector Derek Miller, USMS (*declined interview or statement*)
Deputy United States Marshal Joshua Shuffler (*declined interview or statement*)
TFO Casey Hoover, Statesville Police Department
TFO Sam Barksdale, Gastonia Police Department
TFO Collin Johnson, Gaston County Police Department
TFO Sam Laws, Department of Adult Corrections
TFO Frank Irizarry, Monroe Police Department
TFO Frank Runyon, Lincoln County Sheriff's Office
TFO Arthur Philson, Bureau of Alcohol, Tobacco, Firearms, and Explosives
(*declined interview, gave written statement*)
Officer Gresham Wilhelm, Charlotte-Mecklenburg Police Department
Officer Justin Campbell, Charlotte-Mecklenburg Police Department
Officer John McGinty, Charlotte-Mecklenburg Police Department
Officer Kevin Lovell, Charlotte-Mecklenburg Police Department
Sgt. Henry Rozell, Charlotte-Mecklenburg Police Department
Officer Jose Gomez, Charlotte-Mecklenburg Police Department
Officer Jesse Scudder-Cotherman, Charlotte-Mecklenburg Police Department
Officer Ronald Colichio, Charlotte-Mecklenburg Police Department
Officer David Guerra, Charlotte-Mecklenburg Police Department
Officer Manuel Abrina, Charlotte-Mecklenburg Police Department
Officer Yongmin Kim, Charlotte-Mecklenburg Police Department
Officer Tyler Spiegler, Charlotte-Mecklenburg Police Department

Exhibit 1

Mecklenburg County Medical Examiners' Office

3440 Reno Avenue, Charlotte, NC 28216
Telephone 7043362005
Fax 7043368353



REPORT OF AUTOPSY EXAMINATION

DECEDENT

Document Identifier: B24-0661

Name: Terry Hughes

Age: 39

Race: Black

Sex: Male

AUTHORIZATION

Authorized By Benjamin Ross Daggett, MD. Received from Mecklenburg County

IDENTIFICATION

Body Identified by Tags/Papers

ENVIRONMENT

Date of Exam: 5/1/24 Time of Exam: 0915

Persons Present: Jacob May

CERTIFICATION

Cause of Death: Multiple gunshot wounds of the torso.

Forensic Pathologist: Benjamin R. Daggett, MD

Date of Final Report: 7/5/2024

SUMMARY AND INTERPRETATION

The decedent is a 39-year-old male who was shot during an altercation with police. Autopsy examination reveals numerous gunshot wounds to the upper extremities, left leg, and back of the torso with associated injuries of the pelvis, soft tissue of the extremities, bilateral lungs, heart, liver, colon, and small bowel.

Please see separate report for toxicology details.

It is my opinion, based on the circumstances surrounding death and the findings at autopsy, that Mr. Terry Hughes died as a result of multiple gunshot wounds of the torso.

DIAGNOSES

1. Perforating gunshot wound of the right arm.
--Injury of the soft tissue of the right arm.
2. Perforating gunshot wound of the left arm.
--Injury of the soft tissue of the left arm.
3. Perforating gunshot wound of the right shoulder.
--Injury of the soft tissue of the right shoulder.
4. Perforating gunshot wound of the left side of the back.
--Injury of the soft tissue of the left upper back.
5. Perforating gunshot wound of the left lower back.
--Injury of the sacrum and colon.
6. Perforating gunshot wound of the left buttock.
--Injuries of the soft tissue of the left buttock and left low back.
7. Perforating gunshot wound right buttock.
--Injury of the soft tissue of the right buttock and right pelvis and hip joint.
8. Perforating gunshot wound of the right lateral buttock.
--Injury of the right hip and soft tissue of the right lower abdomen.
9. Perforating gunshot wounds of the left buttock and right buttock with indistinguishable paths.
--Perforating injuries of the small bowel x three, stomach, liver, bilateral lungs, and heart.
10. Perforating gunshot wound of the left thigh.
--Injury of the soft tissue of the left thigh, scrotum, and right thigh.

EXTERNAL DESCRIPTION

Length: 68.5 inches

Weight: 253 pounds

Body Condition: Intact

Rigor: 2+

Lividity: Posterior

Hair: Black

Eyes: Brown

Teeth: Natural upper and lower

Body Development: Normal

Body Nourishment: Normal

Clothing: A t-shirt, an undershirt, a pair of pants, a pair of underwear, a pair of socks, and a pair of shoes.

Accompanies the body: None

Identifying Marks: All tattoos and scars are as recorded on the body diagrams

Medical Intervention: As documented on the body diagrams.

Other: N/A

INJURIES

The body bears injury due to multiple gunshot wounds. For orientation purposes, the top of the head is designated as 12:00. The wounds are described in the order in which they were examined.

GUNSHOT WOUND OF THE RIGHT ARM

Entrance: On the lateral right arm is a 0.2 x 0.2 inch entrance-type gunshot wound (gunshot wound A). The wound is surrounded by an abrasion collar measuring up to 0.1 inches which is most predominant from the 4:00-7:00 direction. The wound is centered 8.0 inches below the top of the shoulder on the lateral aspect of the arm. No muzzle imprint, soot, or stippling is present around the wound.

Path: The bullet passes through the soft tissue of the right arm.

Exit: On the posterior aspect of the right arm is a 2.5 x 1.3 inch exit-type gunshot wound (gunshot wound L). The wound is present 8.0 inches below the vertex of the shoulder.

Bullet: None

Course: With the body in standard anatomic position, the course of the bullet is backward.

GUNSHOT WOUND OF THE LEFT ARM

Entrance: On the posterior aspect of the left arm is a 0.6 x 0.5 inch entrance-type gunshot wound (gunshot wound B). An abrasion collar surrounds the wound, measuring up to 0.5 inches, which is most pronounced from the 1:00-5:00 direction. The wound is centered 7.9 inches below the vertex of the shoulder. No muzzle imprint, soot, or stippling is present around the wound.

Path: The bullet passed through the soft tissue of the left arm.

Exit: On the posterior aspect of the left arm is a 2.1 x 1.2 inch exit-type gunshot wound (gunshot wound K). The wound is centered 8.0 inches below the top of the shoulder on the posterior/medial aspect of the left arm.

Bullet: None

Course: With the body in standard anatomic position, the course of the bullet is downward with slight deviation rightward.

GUNSHOT WOUND OF THE LEFT THIGH

Entrance: On the anterior aspect of the left thigh is a 0.3 x 0.3 inch entrance-type gunshot wound (gunshot wound G). An abrasion collar surrounds the wound, measuring up to 0.1 inches, and is most pronounced from the 4:00-7:00 directions. The wound is centered 15.7 inches below the top of the hip. No muzzle imprint, soot, or stippling is present around the wound.

Path: The bullet passed through the soft tissue of the left thigh.

Exit: On the medial aspect of the left thigh is a 0.3 x 0.2 inch exit-type gunshot wound (gunshot wound F). The wound is centered 8.2 inches below the top of the hip.

Re-entrance: On the left side of the scrotum is a 0.4 x 0.2 inch atypical entrance wound (gunshot wound E). No abrasion collar is identifiable. The wound is centered 7.3 inches below the top of the hip.

Path: The bullet passed through the skin of the scrotum.

Combined Re-exit and Re-entry Wound: On the left side of the scrotum and penis is a 1.0 x 0.3 inch exit and re-entry wound (gunshot wound D). It is centered 6.8 inches below the top of the hip.

Path: The bullet passed through the soft tissue of the scrotum and right inguinal canal before entering the soft tissue of the right thigh.

Bullet: A bullet is recovered from the soft tissue of the right thigh.

Course: With the body in standard anatomic position, the course of the bullet is primarily upward with deviation rightward and slightly backward.

GUNSHOT WOUND OF THE RIGHT SHOULDER

Entrance: On the posterior aspect of the right shoulder is a 0.3 x 0.1 inch entrance-type gunshot wound (gunshot wound I). An abrasion collar surrounds the wound, measuring up to 0.2 inches, and is most pronounced from the 5:00-7:00 direction. The wound is centered 12.5 inches below the vertex of the scalp and 8 inches to the right of midline. No muzzle imprint, soot, or stippling is present around the wound.

Path: The bullet passed through the soft tissue of the posterior right shoulder.

Exit: On the posterior aspect of the right shoulder is a 1.7 x 0.9 inch exit-type gunshot wound (gunshot wound H). The wound is centered 9.6 inches below the vertex of the scalp and 8.8 inches to the right of midline.

Bullet: None

Course: With the body in standard anatomic position, the course of the bullet is primarily upward with deviation rightward.

GUNSHOT WOUND OF THE LEFT SIDE OF THE BACK

Entrance: On the left side of the back is a 0.5 x 0.3 inch entrance-type gunshot wound (gunshot wound J). An abrasion collar surrounds the wound, measuring up to 0.4 inches in greatest dimension, and is most pronounced from the 5:00-8:00 directions. The wound is centered 19.6 inches below the vertex of the scalp and 6.0 inches to the left of midline. No muzzle imprint, soot, or stippling is present around the wound.

Path: The bullet passed through the soft tissues of the left upper back without entering the chest cavity.

Exit: None

Bullet: A bullet is recovered from the soft tissue of the left upper back adjacent to the spine.

Course: With the body in standard anatomic position, the course of the bullet is upward and rightward.

GUNSHOT WOUND OF THE LEFT LOWER BACK

Entrance: On the left lower back is a 0.4 x 0.3 inch entrance-type gunshot wound (gunshot wound M). The wound is surrounded by an abrasion collar measuring up to 0.4 inches which is most pronounced from the 3:00-6:00 direction. The wound is centered 22.8 inches below the vertex of the scalp and 1.5 inches to the left of midline. No muzzle imprint, soot, or stippling is present around the wound.

Path: The bullet passed through the sacrum, entering the peritoneal cavity and striking the colon.

Exit: None

Bullet: A bullet is recovered from the ascending colon.

Course: With the body in standard anatomic position, the course of the bullet is forward with deviation upward and slightly leftward.

GUNSHOT WOUNDS OF THE BUTTOCKS

Due to the inability to differentiate the trajectories of gunshot wounds N, R, and S through the abdominal cavity, the wounds will be described together.

Entrance: On the lateral aspect of the left buttock is a 0.2 x 0.1 inch entrance-type gunshot wound (gunshot wound N). A circular abrasion collar measuring up to 0.1 inch surrounds the wound. The wound is centered 30.5 inches below the vertex of the scalp and 5.6 inches to the left of midline. No muzzle imprint, soot, or stippling is present around the wound.

Entrance: On the inferior aspect of the left buttock is a 0.2 x 0.1 inch entrance-type gunshot wound (gunshot wound R). An abrasion collar surrounds the wound, measuring up to 0.1 inches, and is most pronounced from the 7:00-9:00 directions. The wound is centered 34.3 inches below the vertex of the scalp and 2 inches to the left of midline. No muzzle imprint, soot, or stippling is present around the wound.

Entrance: On the inferior aspect of the right buttock is a 0.1 x 0.1 inch entrance-type gunshot wound. A circular abrasion collar surrounds the wound, measuring up to 0.1 inches. The wound is centered 35.6 inches below the vertex of the scalp and 1.1 inches to the right of midline. No muzzle imprint, soot, or stippling is present around the wound.

Paths: All three bullets passed into the pelvis with injury of the pelvic girdle. The bullets entered the peritoneum where the small bowel is lacerated three times. One bullet perforates the stomach and liver before passing through the diaphragm and entering the left lung. A second bullet exits the peritoneum through the diaphragm and enters the right ventricle of the heart where the bullet then embolizes to the right pulmonary artery. The third bullet passes through the right lobe of the liver before perforating the diaphragm and entering the right lung.

Exits: None

Bullets: Bullet is recovered from the parenchyma of the right lung, the right pulmonary artery, and the left lung.

Courses: With the body in standard anatomic position, the course of all three bullets is primarily upward and forward with additional deviations being indistinguishable.

GUNSHOT WOUND OF THE LEFT BUTTOCK

Entrance: On the left buttock is a 0.1 x 0.1 inch entrance-type gunshot wound (gunshot wound O). An abrasion collar surrounds the wound, measuring up to 0.1 inches, and is most pronounced from the 6:00-8:00 direction. The wound is centered 30.5 inches below the vertex of the scalp and 2 inches to the left of midline. No muzzle imprint, soot, or stippling is present around the wound.

Path: The bullet passed through the soft tissues of the low back.

Exit: None

Bullet: A bullet is recovered from the soft tissue of the left side of the low back adjacent to the spine.

Course: With the body in standard anatomic position, the course of the bullet is primarily upward with slight deviation forward.

GUNSHOT WOUND OF THE RIGHT BUTTOCK

Entrance: On the right buttock is an entrance-type gunshot wound measuring 0.1 x 0.1 inches (gunshot wound P). A circular abrasion collar surrounds the wound, measuring 0.1 inches. The

wound is centered 32.6 inches below the vertex of the scalp and 1.2 inches to the right of midline. No muzzle imprint, soot, or stippling surrounds the wound.

Path: The bullet passed through the soft tissue of the right buttock and through the right side of the pelvis/hip joint.

Exit: None

Bullet: A bullet is recovered from within the hip joint space.

Course: With the body in standard anatomic position, the course of the bullet is primarily forward with slight deviation rightward.

GUNSHOT WOUND OF THE RIGHT LATERAL BUTTOCK

Entrance: On the right lateral buttock is a 0.3 x 0.2 inch entrance-type gunshot wound (gunshot wound Q). A circular abrasion collar surrounds the wound, measuring 0.1 inches. The entrance wound is centered 31.2 inches below the vertex of the scalp and 5.8 inches to the right of midline. No muzzle imprint, soot, or stippling is present around the wound.

Path: The bullet passes through the soft tissue of the right hip, perforates through the iliac wing of the right hip, and passes through the soft tissue of the right lower abdomen.

Exit: None

Bullet: The bullet came to rest in the soft tissue of the right lower abdomen immediately beneath the skin, causing a 0.4 x 0.1 inch abrasion on the skin that is 26.9 inches below the vertex of the scalp and 4.7 inches to the right of midline.

Course: With the body in standard anatomic position, the course of the bullet is primarily forward with deviation upward and slightly leftward.

ADDITIONAL INJURIES

There is a 0.4 inch laceration on the decedent's left cheek, a 1.6 x 0.8 inch abrasion on the anterior aspect of the left forearm, and a 0.3 x 0.3 inch abrasion on the lateral aspect of the left middle finger.

INTERNAL EXAMINATION

Body Cavities

Any injuries/hemorrhage as described in the INJURIES section above

Organ positions: Normal and present unless stated below

Abnormal fluid collections: There is hemoperitoneum, bilateral hemothorax, and hemopericardium.

Adhesions: None

Cardiovascular System

Heart Weight: 330 grams

Pericardium: See "Evidence of Injury."

Coronary arteries: Normal distribution with no atherosclerosis

Chamber and valves: Normal

Myocardium: See "Evidence of Injury."

Aorta and major branches: Normal

Respiratory System

Right Lung Weight: 370 grams

Left Lung Weight: 390 grams
Neck Soft tissues: Normal
Hyoid bone and laryngeal cartilages: Normal
Trachea and bronchi: Unremarkable without obstructions
Lung parenchyma: See "Evidence of Injury."
Pulmonary arteries: See "Evidence of Injury."

Gastrointestinal System

See "Evidence of Injury."

Liver

Liver Weight: 1400 grams
See "Evidence of Injury."

Spleen

Spleen Weight: 50 grams
Grossly unremarkable

Pancreas

Grossly unremarkable

Urinary

Right Kidney Weight: 110 grams
Left Kidney Weight: 110 grams
Grossly unremarkable

Reproductive

See "Evidence of Injury."

Endocrine

Thyroid gland: Normal
Adrenal glands: Normal

Neurologic

Brain Weight: 1470 grams
Scalp: Normal
Skull: Normal
Vasculature: Normal
Leptomeninges: Normal
Brain: Normal

Immunologic System

Grossly unremarkable

Musculoskeletal System

See "Evidence of Injury."

OTHER PROCEDURES

Radiographs: Anterior and lateral radiographs were used to identify bony injuries and projectiles.

Evidence Collected: Nine bullets, a blood stain card, and the decedent's clothing are collected.

Cultures: None

MICROSCOPIC EXAMINATION

Sections submitted: None

Findings: N/A

DISPOSITION OF PERSONAL EFFECTS AND EVIDENCE

The following items are released with the body: None.

The following items are preserved as evidence: Nine bullets, a blood stain card, and the decedent's clothing are collected.

END OF REPORT- Diagrams attached

BRD/km

DID #: 39601466

State of North Carolina

Name of Decedent: Ferry Hughes

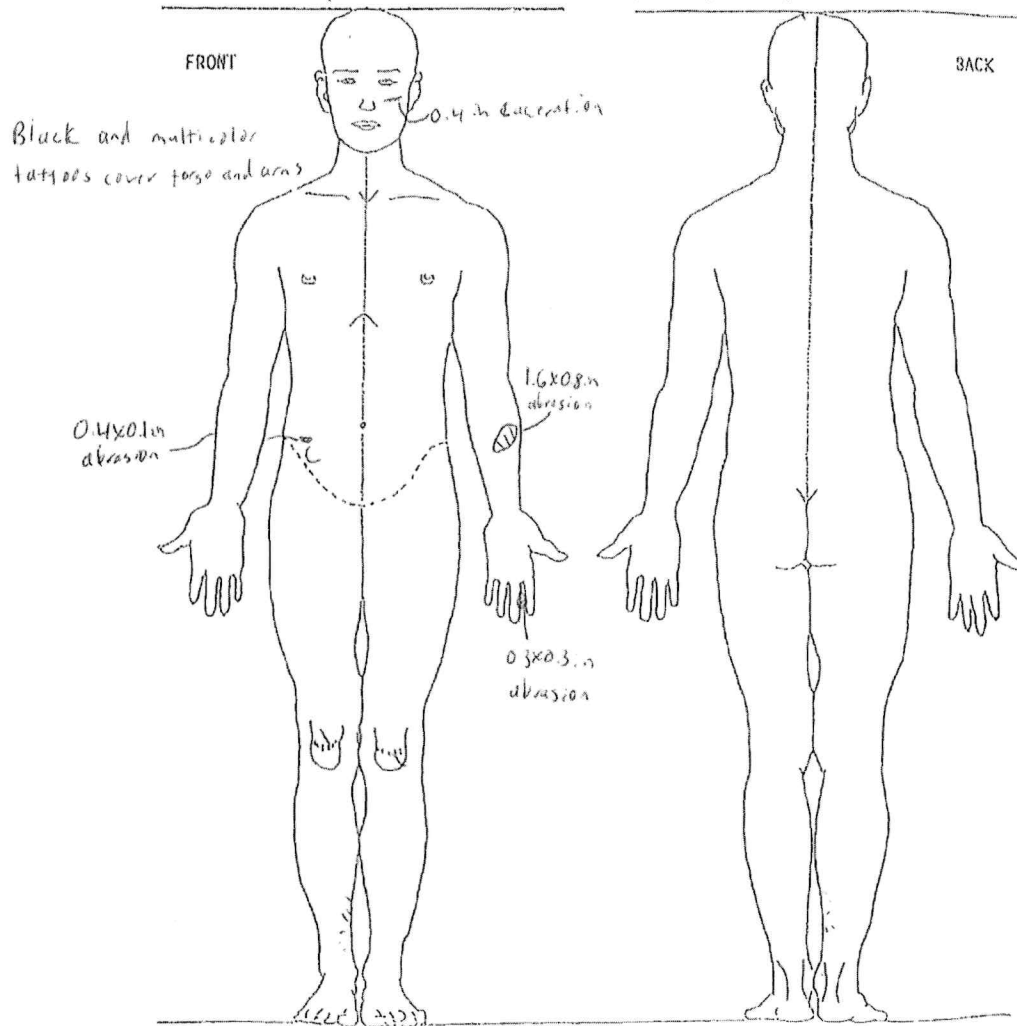
Office of the Chief Medical Examiner

Autopsy # 624-661

Chapel Hill, North Carolina 27599-7580

Examined By: BRP, JM Date: 5-1-24

BODY DIAGRAM: ADULT (Front/Back)



DEEMR 1917 (6/97)
Medical Examiner

This form may be photocopied.

State of North Carolina

Name of Decedent: Terry Hughes

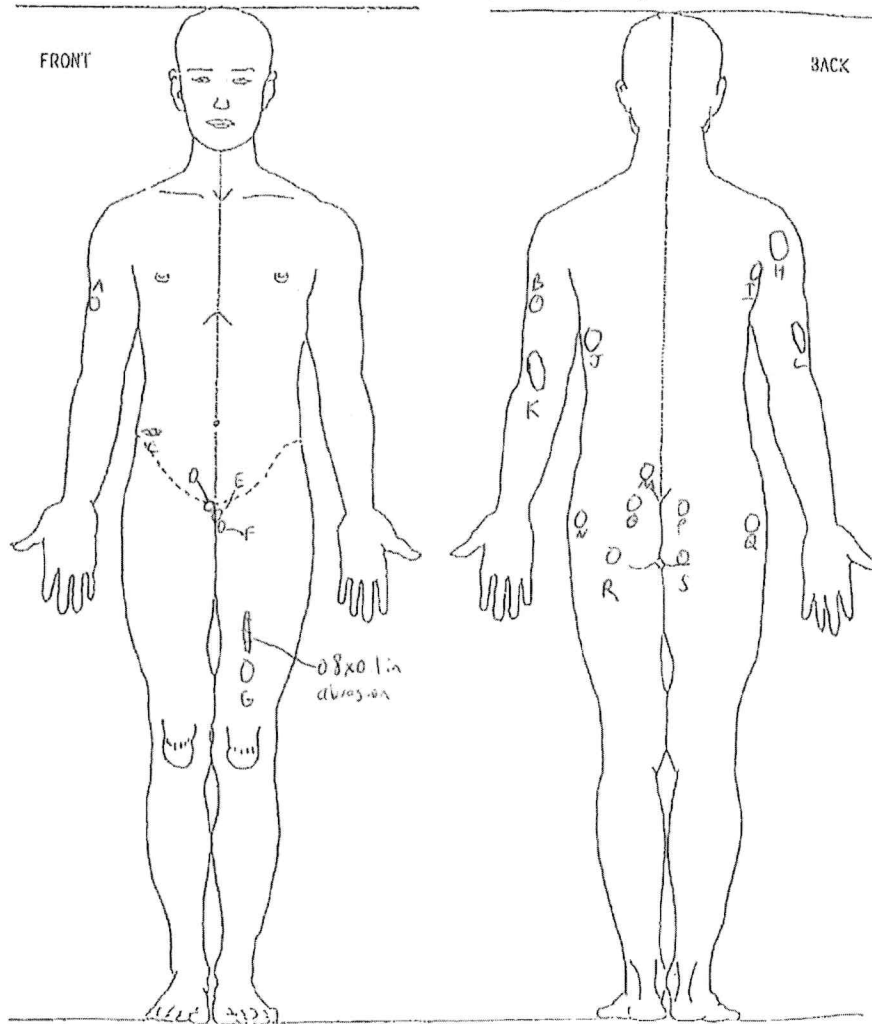
Office of the Chief Medical Examiner

Autopsy # B24-661

Chapel Hill, North Carolina 27599-7580

Examined By: BRD JM Date: 5-1-14

BODY DIAGRAM: ADULT (Front/Back)



DEMR 1917 (6/97)
 Medical Examiner

This form may be photocopied.

Balcome, Kelly E.

From: noreply@dhhs.nc.gov
Sent: Tuesday, July 9, 2024 10:03 AM
To: Balcome, Kelly E.; Merriweather, Spencer B.
Subject: No Reply: OCME Toxicology F202401939

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

Office of the Chief Medical Examiner
Raleigh, NC 27699-3025

Toxicology Folder: T202405609
Case Folder: F202401939
Date of Report: 23-jun-2024
DOD: 29-apr-2024
Page: 1

Spencer Merriweather
District Attorney's Office 26
700 E Trade Street
Charlotte, NC 28202

DECEDENT: Terry Hughes
Status of Report: Approved
Report Electronically Approved By: Sandra Bishop-Freeman, PhD

* * *

=====

SPECIMENS received from Benjamin Daggett on 10-may-2024

S240015997: 5.0 ml Vitreous Humor CONDITION: Postmortem
 SOURCE: Eye OBTAINED: 01-may-2024

S240015998: 20.0 ml Blood CONDITION: Postmortem
 SOURCE: Other OBTAINED: 01-may-2024

** Comments Concerning This Specimen **
Unless otherwise noted, all testing on this specimen was performed by NMS Labs. The Test Panel includes abused and therapeutic drugs, some of which are not tested at OCME (THC, LSD) but the results must be reported. Other drugs may appear due to add-on testing directed by OCME. Contact the lab for a full list.

** End of Comments Concerning This Specimen **

11-Hydroxy-THC ----- 17 ng/mL 06/23/2024

Delta-9 Carboxy THC-----	Greater than	500	ng/mL	06/23/2024
Delta-9-THC -----		40	ng/mL	06/23/2024
Ethanol -----	None Detected			06/23/2024

** Comments Concerning This Result **

Analysis was performed by OCME.

** End of Comments Concerning This Result **

Other Organic Acids/Neutrals	None Detected			06/23/2024
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T O X I C O L O G Y R E P O R T

Office of the Chief Medical Examiner
Raleigh, NC 27699-3025

Toxicology Folder: T202405609
Case Folder: F202401939
Date of Report: 23-jun-2024
DOD: 29-apr-2024
Page: 2

Decedent: Terry Hughes

* * * SPECIMENS received from Benjamin

Daggett on 10-may-2024 (Continued)

Other Organic Bases -----	None Detected	06/23/2024
Tadalafil -----	0.075 mg/L	06/23/2024

S240015999: 6.0 ml Blood
SOURCE: Femoral Vessel

CONDITION: Postmortem
OBTAINED: 01-may-2024

S240016000: 17.0 ml Urine
SOURCE:

CONDITION: Postmortem
OBTAINED: 01-may-2024

Accredited by the American Board of Forensic Toxicology, Inc.

070924 10:03

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

B202400661

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
 OFFICE OF THE CHIEF MEDICAL EXAMINER
 Raleigh, North Carolina 27699-3025

REPORT OF INVESTIGATION BY MEDICAL EXAMINER

OCME USE ONLY
Case Number
Date Received
<input type="checkbox"/> Res <input type="checkbox"/> NR

DECEDENT: Terry Hughes
 First Middle Last Suffix
 RESIDENCE: 2675 Zion Level Church Road, Semora, NC 27343 Person
 Address County
 AGE: 39 Years SEX: Male
 RACE: Black HISPANIC: No

INFORMATION ABOUT OCCURRENCE				
	DATE	TIME	ADDRESS / FACILITY	COUNTY
ONSET OF INJURY OR ILLNESS:	4/29/2024	13:30	5525 Galway Dr., Charlotte	Mecklenburg, 28215
DEATH:	4/29/2024	14:56	5525 Galway Dr., Charlotte	Mecklenburg, 28215
VIEW OF BODY:	5/1/2024	0915	MEO	Facility Name: MCMEO
M.E. NOTIFIED:	4/29/2024	21:00	LAW ENFORCEMENT AGENCY: CMPD	
LAST KNOWN TO BE ALIVE:	4/29/2024	Bef 1456	OFFICER: TELEPHONE:	
AUTOPSY:	M.E. Authorized		Facility Name:	
BLOOD SAMPLE:	Mailed by:	ME after External	If not obtained, reason:	
IF CLINICAL ALCOHOL PERFORMED, RESULT:	Where:			

PROBABLE CAUSE OF DEATH: Pending


- Multiple gunshot wounds of the torso
DUE TO
- _____ DUE TO
- _____ DUE TO
- _____ DUE TO

CONTRIBUTING CONDITIONS

MANNER OF DEATH: Homicide

This Section for "OCME REVIEW ONLY"		SDC
1. _____ DUE TO		<input checked="" type="checkbox"/> None
2. _____ DUE TO		<input type="checkbox"/> AL
3. _____ DUE TO		<input type="checkbox"/> Dictated
4. _____ DUE TO		<input type="checkbox"/> COG
CONTRIBUTING CONDITIONS		
MANNER OF DEATH: <Choose An Item>		
Reviewer: BD	Date: 5/1/2024	
<i>Information in this block supersedes that contained in the space at left.</i>		

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.


 Benjamin Daggett, M.D., Medical Examiner

4/30/2024
 Date

Mecklenburg County
 County of Appointment

MEDICAL HISTORY

Alcoholism Cancer Depression Diabetes Hypertension
 Ischemic Heart Disease Seizure Disorder Smoking Substance Abuse
 Other: _____ Physician: _____ City: _____

MEANS OF DEATH

VEHICLE: Details of the vehicle associated with this document:
Type: <Choose An Item> If other: _____ Position: <Choose An Item>
Devices: Seat Restraints Air Bag(s) Helmet Child Restraint None Unknown
Number of Units Involved: _____
 GUN: Type: _____ Caliber/Gauge: .223, .556
 INSTRUMENT:
 TOXIC AGENT(S) SUSPECTED: Alcohol Others _____ Noted in Summary of Pg 4
 DROWNING If Other: _____
Life Preserver: _____ Able to Swim: <Choose An Item>
Activity: _____
 FIRE: Suspected Cause: _____ Smoke Detector: <Choose An Item>
 FALL: From: <Choose An Item> If Other: _____ Approx. Distance (feet): _____

ACTIVITY OF DECEDENT AND PREMISES

Work Related:
Fatal Injury or Illness Occurred on a Job*: NO If Yes: _____
Name of this employing firm or agency: _____
Type of business or industry: _____ Decedent's occupation: _____
**Activity on a job that is income generating regardless of age of decedent including farming or part time work; also include non-income generating volunteer or charity work.*

Non-Work Related: (See examples below)
FATAL INJURY OR ILLNESS: Activity: Firing a weapon at officers trying to serve an arrest warrant Unknown
Type of place: Single Family Residence Specific location: Front Yard Area
Examples-Activity: Running, lifting hay bales, eating, typing letter, driving commercial truck, sleeping, bathing, watching television, fighting, etc. Type of place: House, apartment, trailer, school, jail, bar / tavern, hotel, restaurant, store, street, hospital, farm, highway, factory, etc.
Specific location: Bathroom, assembly line, kitchen, front yard, office, parking lot, emergency room, roadside, ambulance, etc.

DEATH:
Type of place: Single Family Residence Specific location: Front Yard Area
Death occurred while in custody: No If yes, was it in: <Choose An Item>
Was it a State Operated Facility? <Choose An Item>

DESCRIPTION OF BODY

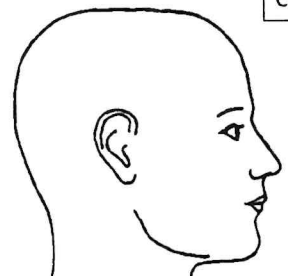
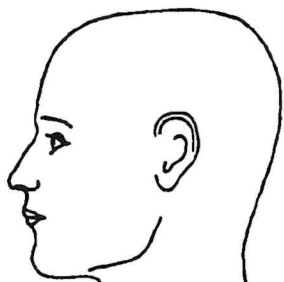
CONDITION: Intact Decomposed Fragmented Skeletonized
 Embalmed Charred Prolonged immersion
RIGOR: 2+ LIVOR: Posterior Color: _____
LENGTH: 68.5 in Estimate WEIGHT: 253 lbs Estimate
BODY TEMPERATURE: Cold HAIR: Color: Black Facial Moustache and Beard
EYES: Color: Brown Abnormalities: _____
TEETH: Lower Natural Upper: Natural
PHOTOGRAPHS: Yes RADIOGRAPHS: Yes
CLOTHING: T-shirt, undershirt, pants, underwear, pair of socks, and pair of shoes

VALUABLES: None

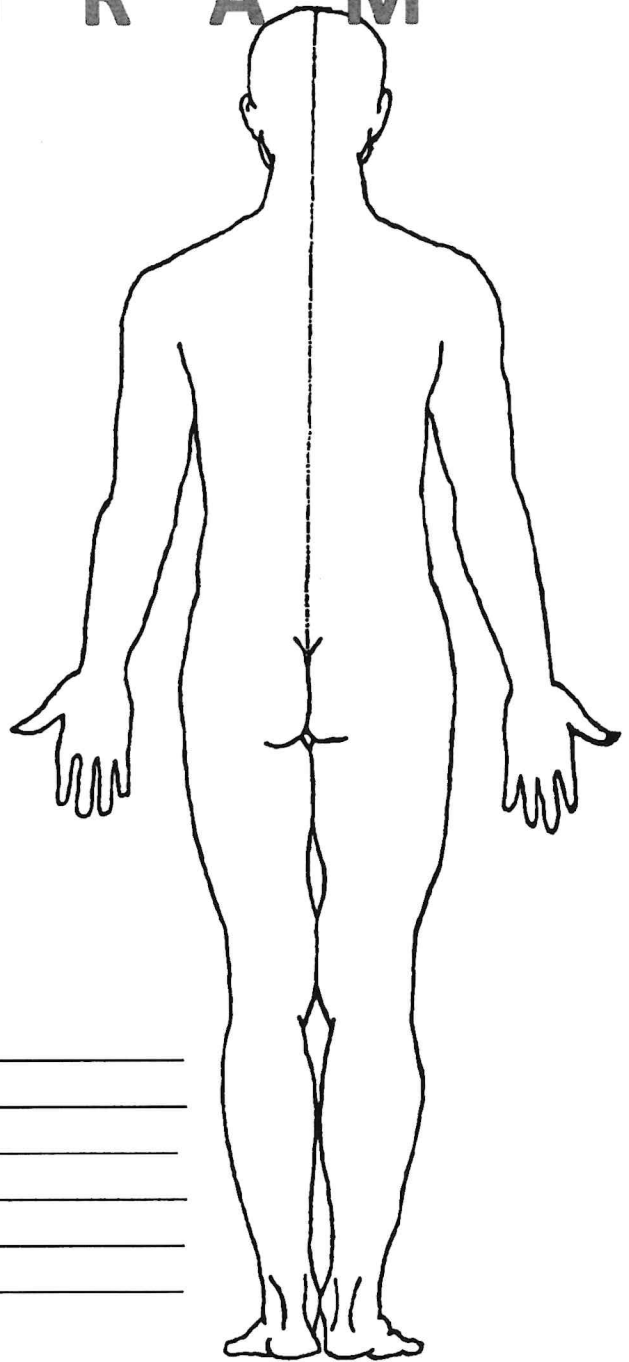
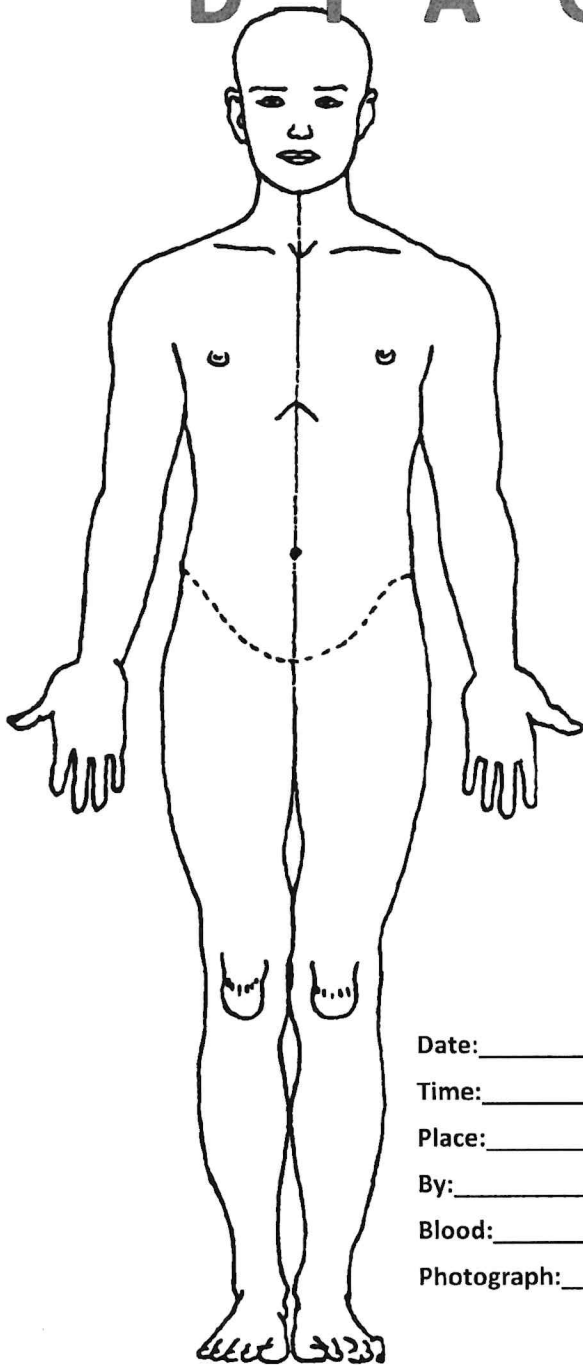
B# _____

BODY DIAGRAMS

Legend:	
A= Abrasion	G= Gunshot
B= Burn	L= Laceration
C= Contusion	S= Stab



**SEE AUTOPSY
DIAGRAM**



Date: _____
Time: _____
Place: _____
By: _____
Blood: _____
Photograph: _____

Indicate nature, location and measurements of wounds and other lesions (scars, tattoos, medical therapy, etc.) on these diagrams
(Not to scale)

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE CHIEF MEDICAL EXAMINER
Raleigh, North Carolina 27699-3025

MEDICAL EXAMINER PRELIMINARY SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH*

The decedent is a 39 year old male who was involved in a shootout confrontation with US Marshals and Charlotte Mecklenburg Police Department. The decedent was down on the ground in front of his residence.

PURPOSE: To document the findings of a Medical Examiner investigation. *This is not an autopsy report. When completed, this form constitutes a report to the Chief Medical Examiner as required by G.S. 130A-385(a); within fourteen (14) days of Medical Examiner's examination.

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: Office of the Chief Medical Examiner, 3025 Mail Service Center, Raleigh, NC 27699-3025

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, Raleigh, NC 27699-3025.

Electronic Investigation Report can be emailed to ocme.eIR@dhhs.nc.gov .

You do not need to send via postal mail.