

# OVERDOSE DEATH SCENE INVESTIGATIONS- LAW ENFORCEMENT

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Lt. Andrew Guntzville  
Detroit PD Narcotics

## Lt. Andrew Guntzville, Detroit Police Department

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- 25 years with Detroit Police Department
- Patrol, Special Operations, Investigations, several multi-jurisdictional task forces investigating violent crime and narcotics trafficking
- Homicide Investigator, Medicolegal Death Investigator
- 2019 to present, assigned to Narcotics Enforcement, 35 members on the team from DPD, DEA, HSI, and several surrounding agencies operating as a HIDTA task force



# Impact of Opioids

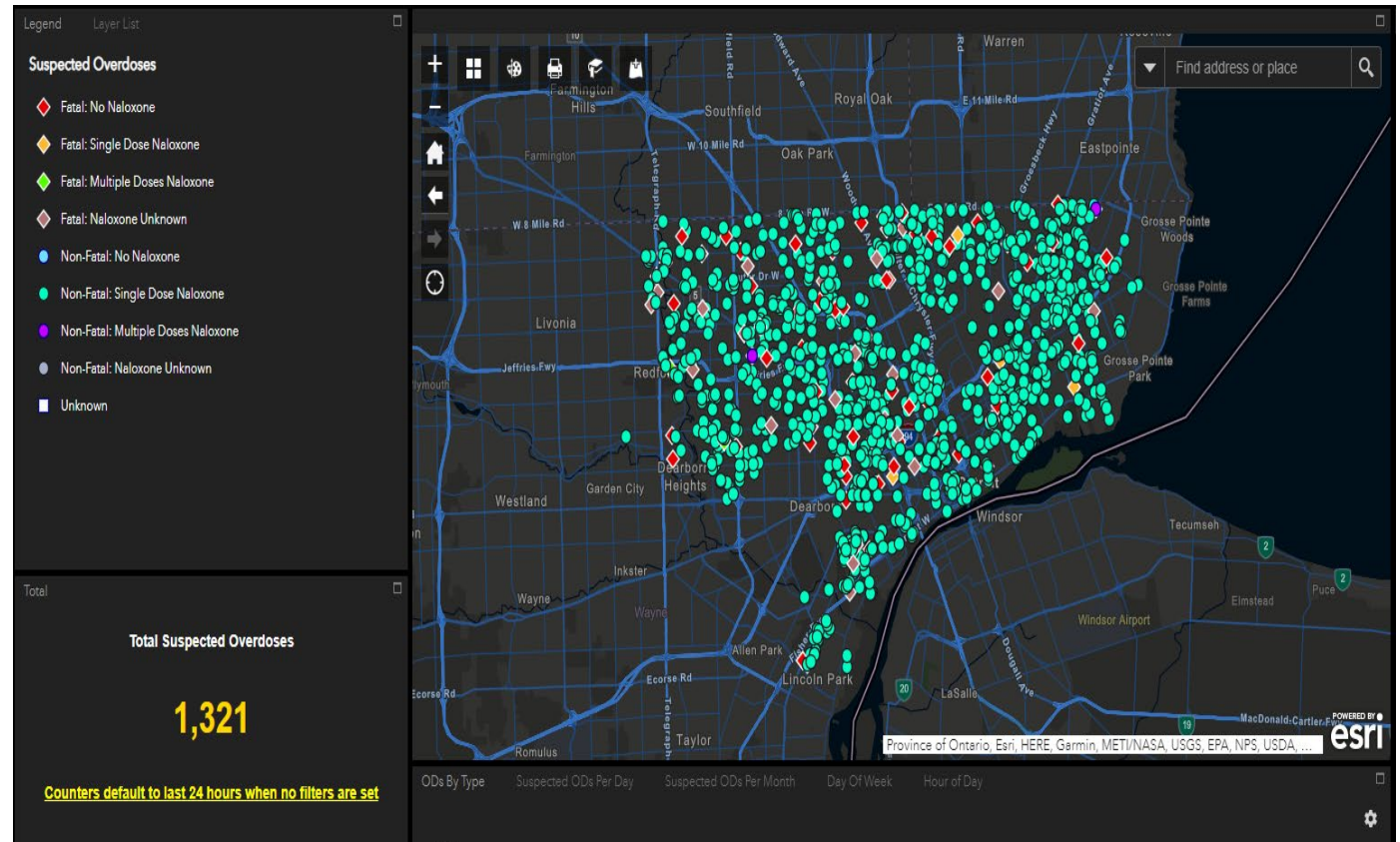
In 2019, DPD and DFD/EMS began mapping opiate overdoses in real time. This allows us to target specific areas where clusters of OD's pop up, and direct enforcement activities to where they are most needed. This, however, does not include hospital deaths, or determinations made after post-mortem exams by the WCMEO.

## 2024 Opioid Overdose Stats

**1297** total incidents

**77 Deaths** attributed to Opiate/Opioid OD

# 2024 Overdoses in the City of Detroit



# Overdose Death Investigation Challenges

Overdose deaths are consistently one of the most difficult cases to prove and prosecute, for a variety of reasons. To that end, it is essential for first responders to handle the scene appropriately and respectfully.

A scene can be tainted due to lack of resources, experience, honest mistakes, and indifference.

Family members and significant others will be grieving, inconsolable, apathetic, or in complete denial (survivor guilt, enabler, co-conspirator)

Witnesses are frequently users, and as such, have had negative interactions with LEO's and the criminal justice system. Many are transient, lack stable homes and phone numbers, so locating them months later is difficult.

Digital evidence can be key, and identification/preservation must be done without delay. Many times "drug talk" requires someone to "translate".

First responders should be mindful of their tone, language, and content of their conversations with persons on scene, as well as what may be captured on their body worn or in vehicle cameras.

Prosecution is the goal, but just as important is identifying the source of supply to work to rapidly reduce or eliminate additional overdoses. Saving lives is generally a much more realistic and attainable goal than prosecution.

# Scene safety, preservation, integrity, and security

It is the first responder's duty to determine whether a scene is safe, and identify any potential hazards or additional resources required to render the location safe. EMS, Fire/Rescue, and LEO's share this responsibility. Experience, training, and information gathered will permit you to make an informed decision. PPE required may vary from scene to scene.

## Key Considerations for Safety:

### 1. Information received from 911 caller/Dispatch

- Type of location (business, residence, etc.)
- Location of subject
- Condition of subject

### 2. Scene survey upon arrival

- Identify immediate hazards (animals, contamination, building issues, electrical, fire, etc.)
- Foul odors (chemical fumes, decomposition, natural gas)
- Signs of trauma, forced entry, evidence tampering/removal

### 3. Interviews/Information from bystanders, family, friends

- Attempt to identify immediately
- Often a great source of information
- Should be monitored, and kept at a distance

# Personal Protective Equipment

ALWAYS use PPE. Never handle suspected narcotics with bare hands. Anything with powder residue should be suspect. Do not disturb powder, that may cause it to become airborne and inhaled. Handle all items with the same care/caution you would give the narcotics themselves. Wash your hands with warm soapy water frequently. DO NOT use hand sanitizer. It does not neutralize narcotics and can speed the absorption into your skin. Don't eat, drink, smoke, chew (seeds, tobacco, gum, pen) or touch your phone or face after handling suspected narcotics.

The correct level of PPE is dependent on the type of scene, and level of contamination present. Labs/processing facilities or large contaminated areas may require response from a DEA or MSP Clan Lab team. There is presently no standard for fentanyl decontamination.



# Opiate Abuse and lethality

Opioids are becoming increasingly potent. Many have been adapted from veterinary or experimental use. Drugs like Xylazine are not responsive to Naloxone. Nitazines are beginning to trend, and are similar in potency to carfentanil, perhaps even more.



# Know the signs of an Overdose.

First responders should have NARCAN training and carry it on their person at all times. If you, your partner, or a citizen exhibit signs of overdose after contact with suspected narcotics, use the NARCAN and get to a hospital immediately. Do not wait to go to a clinic, and please, don't try and drive yourself...

If you are going to do rescue breathing on anyone (including a child), use a mask. Heroin/opiates are snorted, taken in pill form, or smoked. The residue can be present in the mouth/nose, and easily transferred to you by fluid exchange/aspiration.

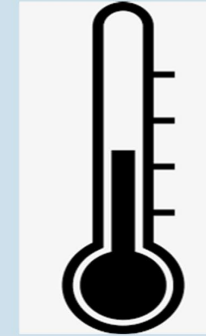
## SIGNS OF AN OPIOID OVERDOSE



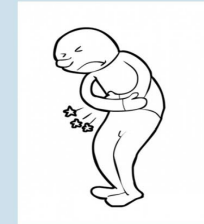
Slow or shallow breathing



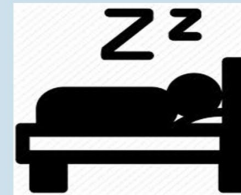
Dizziness or confusion



Cold or clammy skin  
Blue or gray skin



Vomiting or gurgling



Not responsive or sleeping and cannot be woken

Deep gurgling or rattling snore

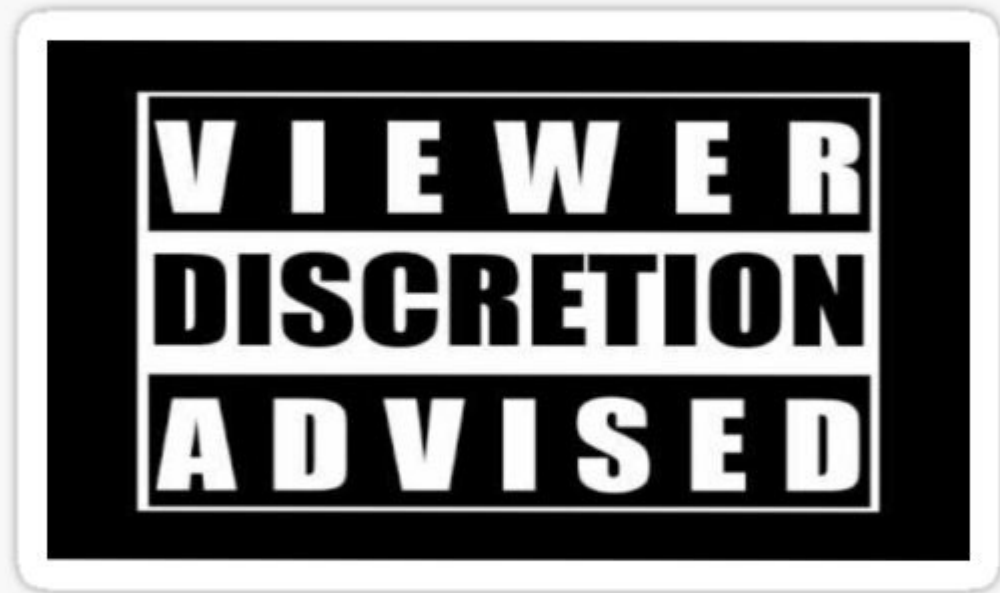


Blue lips and/or fingernails

## WHAT TO DO?

1. Administer Narcan
2. Call 911
3. Rescue Breathing or chest compression

There are several upcoming slides depicting actual scenes, that may contain images that some may find disturbing.



# Scene Preservation and Integrity



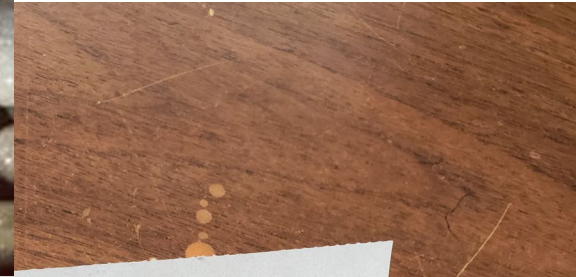
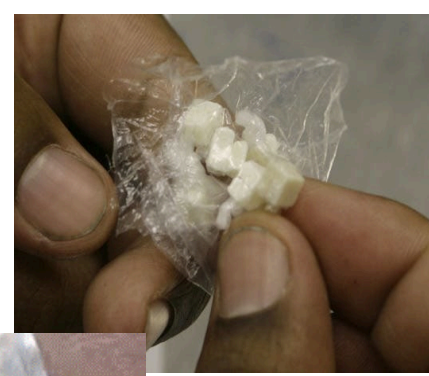
1. One of the fastest ways to derail an investigation is poor scene preservation and security. An overdose scene is ultimately a death investigation, and should be treated like any other critical incident. Months later, an investigation could reveal that the subject did not accidentally overdose, so it should not be assumed. The OD may have been staged to conceal another crime (CSC, HT, DV, B&E).
2. Establish a common sense perimeter in accordance with your department regulations. Expand your perimeter beyond the furthest piece of evidence. All non-essential persons should be excluded from the perimeter until investigators are satisfied that the scene is documented and all evidence collected.
3. Document everything. A log should be kept of any person who enters the perimeter, with times, and for what purpose. It's alright to respectfully decline entry. Higher ranking officials may insist, but should be escorted by an investigator.
4. Nothing should be handled until documented and photographed. No item, however insignificant it may seem, should leave the scene until it is completely processed. Clothing, purses, wallets, jewelry, electronics, vehicles, or other property should not be turned over to anyone at the scene.
5. Investigators should respond to any/every suspected overdose scene, and treat it as a suspicious death investigation. A criteria should be developed for Narcotics teams to respond as well (surviving witness on scene, large amounts of narcotics, etc.)
6. If the decedent was removed from the scene by Fire/Rescue or EMS, investigators should make every effort to make contact with responders to gather information (victim and clothing condition, property removed from pockets/transported with/turned over to family)

# Drug Evidence on Scene

Fentanyl, Carfentanyl, Xylazine, and other drugs are found in a variety of forms, which are constantly changing. Cocaine and marijuana have been adulterated with opioids, as well as pressed pills made to mimic legitimate prescription drugs. Consider anything to be a possible controlled substance.

Substances like nitazines are beginning to appear in autopsy results, and are several hundred times more potent than fentanyl.

Users may have small amounts on their person or in close proximity, and sometimes, none may be found. All controlled substances and paraphernalia should be collected.

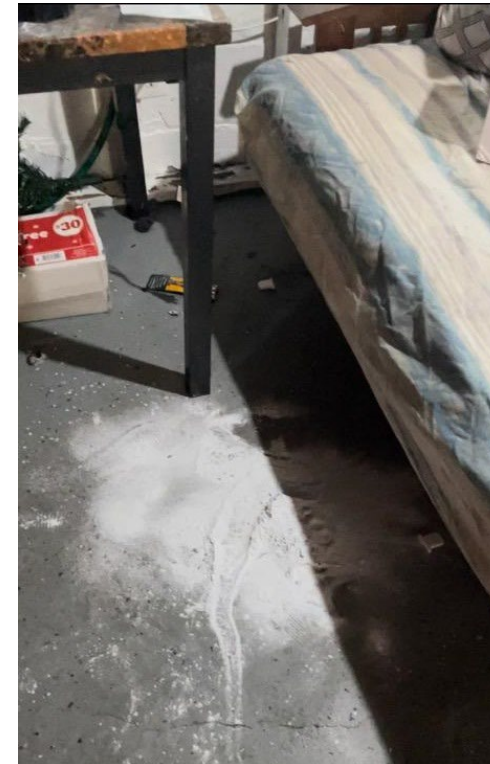


# Drug Evidence on Scene

Processing facilities (Clan Labs) present significant risk due to contamination, and should be approached with caution.

Anything at a scene can contain controlled substances. Pay particular attention to items that seem “out of place” as you survey the location.

Packaging material (lotto paper, foil, balloons, Ziploc baggies, food saver bags, etc. should be collected. Cutting material (mannitol, sucrose, baby formula, laundry detergent) should also be collected for later forensic analysis. This may assist with identifying the source of supply.



# Drug Evidence on Scene

Contamination at this location was extensive. The decedent was processing fentanyl to cut and package it for distribution/sale. The seal on the blender being used failed, and caused powder to plume.

# Drug Evidence on Scene

The deceased had fentanyl all over his lap, upper body, and face. Though he was wearing a respirator, it entered his body through his unprotected eyes.

There was approximately ½ a kilo (500 grams) of fentanyl on the floor, table, and body. Enough to present a significant hazard to all the first responders, morgue, and funeral home staff who entered or contacted the deceased.



# Drug Evidence on Scene

A significant amount of packaged fentanyl was located in the kitchen. From interviews, it was determined that a large amount of drugs had been flushed down the toilet by the person who found the deceased.

Due to the amount of contamination present, our building department and the health department ordered the structure vacated, and it was soon after demolished.



# Death Scene Investigation Protocol



1. Once the scene is determined to be safe and properly secured, it can be investigated.
2. Photographs should be taken immediately, to include the exterior (points of entry/exit), interior overview, and interior detail. Photos of the deceased should be taken in the position found, and when moved to document actions taken by Fire/Rescue or EMS, responding LEOs, and the ME.
3. Any medications present should be photographed/collected. Narcotics and paraphernalia should be collected and tested on scene, if possible (NIK kit, Tru-Narc, etc.). Any suspect substance should also be collected. There's no harm in collecting more than you might need.
4. Notifications should be made from the scene to Narcotics teams, and CPS if appropriate. Other social services (grief counseling, victim advocates, addiction treatment) are generally best introduced later in the investigation.
5. Surviving witnesses present are crucial. An interview/debriefing should be conducted by the responding investigator, and also someone from a Narcotics team. They may be willing to provide important information, and even point out the location drugs were purchased, and from whom. Your narcotics team can relate to users much better than a uniform patrol officer or a detective. They speak the language, know the players, and know the game. Involving them in the investigation at an early stage lays out a path for interdiction and later prosecution.
6. A scene checklist may be helpful for first responders to ensure nothing is missed.
7. Objectivity is important to ensure nothing is overlooked.
8. Digital evidence, if present, needs to be properly preserved, according to best practices and policy (phones remain on, in airplane mode or in a faraday bag).

# Things to look for that suggest an overdose.

The condition of the victim will provide good preliminary information to move the investigation along.



1. Many times, the location of the deceased is where they were transported to post-mortem. Torn/removed/missing clothing may suggest sexual assault, but that may be the result of the deceased being dragged to the location they were discovered. Often times, the deceased are wrapped in bedding, carpet, tarps, or other items to make them easier to move. All should be collected.
2. Lividity (bruising, caused by the settling of blood/fluids) may appear to be trauma, especially if the deceased was moved. There may be ligature marks on arms/legs as a result of the deceased using a belt or surgical tubing to find a vein.
3. A “foam cone” at the mouth/nose area is frequently found. This, along with aspiration, is a common occurrence resulting from opioid overdose due to the effect on the respiratory system.
4. The method of ingestion may be difficult to determine at the scene. Opioids are smoked, snorted, injected, or taken orally (pills). Accidental ingestion due to cross contaminated surfaces is possible, especially with children.

# The follow up investigation



Identify and notify next of kin, and close associates. All of which should be interviewed to determine a pattern of conduct for the deceased. Notifications/interviews should be conducted in person. Phone passcodes are often known, and access to shared cloud storage accounts (iCloud, Google) can save days/weeks.

Evidence should be processed without delay. The ability to make contact with witnesses shrinks quickly.

Be as honest as possible, transparent, and respectful. Do not discount information provided, but do not build false hope.

Remember the CSI effect. Survivors will expect immediate results, when toxicology, cell phone analysis, and other tasks may take several days, if not weeks. Be realistic when providing timelines and don't hesitate to explain delays or complications.

The investigative follow up is often the best time to refer social services (grief counselors, substance abuse services, etc).

Be prepared for conspiracy theories. Survivors truly struggle to come to terms with the death of their loved one, and dealing with guilt. All leads should be investigated, but it may come to a point where your work will be questioned, sometimes publicly. Families often hire PI's to help them with closure.

# Helpful Resources

## 1. HIDTA

248-728-3701 during business hours

877-404-4600 after hours/weekends

HIDTA is an excellent resource for LE Agencies dealing with narcotics issues in their communities. OD Maps is a great way to track overdoses at the local level, at no cost. If used properly, a bad batch of fentanyl can be tracked in real time as it moves through multiple jurisdictions.

HIDTA is staffed by multiple Federal, State, and local agencies to provide intelligence, case support, and deconfliction services.

2. **Poison Control** 800-222-1222

3. **Drugs.com** (online pill identifier tool)

4. **Naloxone training**- MDHHS, most County Health Departments, and many medical systems offer training and supplies at no cost.

5. **Dahlgren**- Dahlgren is a decontamination agent that is shelf stable until mixed, and is used by the military to decon chemical warfare agents and toxic chemicals. It can be used to decontaminate processing areas and spills.

<https://www.firstlinetech.com/product/dahlgren-decon/>

# Questions