



TO: Benjamin Crump Law Firm

ATTN: Benjamin Crump Esq

FROM: Roger A. Mitchell, Jr. MD
Board Certified Forensic Pathologist
RAM Consulting LLC

RE: Final Report: Death of Nolan Xavier Wells

DATE: September 14, 2026

Final Report – Second Autopsy – Death of Nolan Xavier Wells

Cause of Death: Undetermined

Manner of Death: Undetermined

Summary Comment:

Nolan X. Wells sustained recent unexplained blunt-force injuries to the back of the head and additional areas of his back. The “red discoloration” reported in the preliminary report was confirmed as blood and reported as two contusions (bruises) by the original pathologist. Although the original Mississippi forensic pathologist reported these bruises of the head to investigators early in the death investigation, the circumstances, mechanism, and contribution of those injuries to his death remain unexplained.

Much of the law enforcement investigation focused on drowning as the primary cause of death, however, drowning is a “diagnosis of exclusion”. This means that all other causes must be ruled out prior to certifying a death as drowning. The available record does not definitively establish the decedent’s condition immediately before entering the water, whether he entered voluntarily or was forced, whether he was conscious or impaired, or why he would have been unable to extricate himself despite reportedly being able to swim and while in the presence of other persons. After review of the available autopsy findings, histology, scene and investigative materials, and postmortem toxicology, the evidence does not presently permit a definitive cause and manner of death to be assigned with a reasonable degree of medical certainty.

Postmortem toxicology also does not resolve these uncertainties. The reported ethanol concentration was derived from nonspecific cavity decomposition fluid rather than blood or another validated bodily fluid, in a severely decomposed body recovered from water. Under these circumstances, postmortem ethanol production, specimen heterogeneity, dilution, and redistribution substantially limit the ability to equate the measured ethanol value with an



antemortem blood alcohol concentration or to conclude that intoxication rendered Nolan Wells unable to swim or protect himself. Accordingly, the toxicology findings should not be used to exclude other intervening, accidental, or non-accidental circumstances of death.

For these reasons, an Undetermined cause and manner of death are most appropriate and scientifically supportable. It is important to highlight, that the original Mississippi forensic pathologist officially certified the cause and manner of death as Undetermined.

Therefore, the investigation should remain open and active until the circumstances surrounding the blunt-force injuries, the events immediately preceding entry into the water, the decedent's level of consciousness and functional capacity, witness observations and timeline, and any potential intervening non-accidental factors can be definitively established. If additional credible investigative, medical, digital, scene, or witness evidence becomes available, the cause and manner of death should be reassessed in light of that new information rather than prematurely closing the case on an unproven mechanism or circumstance.

Statement of Examination/Death Investigation:

This forensic pathologist was retained to perform a second autopsy examination on the body of Nolan Xavier Wells. This also included the review of original autopsy material, review and sample retained tissue, review original photographs and radiology, travel to Horn Island, and review investigative case documents.

NAME OF DECEDENT: NOLAN XAVIER WELLS

AGE: 18 YEARS RACE: BLACK GENDER: MALE

DATE OF DEATH: UNKNOWN SECOND AUTOPSY DATE: JULY 10, 2026

FINDINGS

- I. Blunt Force Injury of the Head
 - A. Focal Contusions back of the head, occipital region - Etiology Unknown
 - 1. Contusions documented by first autopsy report
 - a. Two dark subcutaneous scalp contusions overlaid the superior nuchal line of the posterior skull
 - 2. Blood in the soft-tissue in the back of the head
 - a. Histological evidence of blood in soft-tissue obtained during the second autopsy
- II. Blunt Force Injury of the Back and Buttock
 - A. Focal Contusions of the lower back
 - 1. Seen in original autopsy photographs
 - a. Not Reported in Original Autopsy
 - B. Focal Contusion of the left shoulder

1. Seen in original autopsy photographs
 - a. Not Reported in Original Autopsy
- III. The Body Received After Initial Autopsy
 - A. Marked Decomposition
 - B. Coronal incision of the scalp
 1. Brain Removed
 - C. Y Shaped incision of the anterior torso
 1. Organs removed.
 - a. Accompanying the body in the body cavity
 - D. Anterior Internal Neck Structures Absent
 1. Hyoid Bone - No Acute/Recent Injury (*reviewed on-site*)
 - a. Focal deformity of the left hyoid horn
 2. Thyroid Cartilage - No Acute/Recent Injury (*reviewed on-site*)
- IV. Additional Procedures Performed During Second Autopsy
 - A. Bilateral Facial Dissection
 1. No Fractures
 2. No Evidence of Deep Tissue Injury
 - B. Posterior Head Dissection
 1. Focal area of red discoloration in the soft tissue of the back of the head, occipital region
 2. No Fractures
 - C. Posterior Neck Dissection
 1. No Fractures
 2. No Evidence of Deep Tissue Injury
 - D. Rib Exposure Dissection
 1. No Fractures
 2. No Evidence of Deep Tissue Injury
 - E. Pelvic Dissection
 1. No Fractures
 2. No Evidence of Deep Tissue Injury
 - F. Subcutaneous and deep soft tissue dissection of the back, buttocks, arms and legs
 1. No Evidence of Deep Tissue Injury
- V. Remote Healed Scars
 - A. Left Ankle
- VI. Histology – Performed (*see below*)
- VII. Toxicology - *Reviewed on Site*
Note: Toxicology Source - Decompositional Fluid
 - A. Ethanol - 270 mg/dL
 - B. Cannabinoids - presumptive positive
 1. confirmatory test negative for cannabinoids
 - C. Nicotine and cotinine - presumptive positive
 - D. Caffeine - presumptive positive

Histology - Second Autopsy Tissue:

- Lungs (A) Decomposed pulmonary tissue architecture, marked
- Liver (B) Decomposed hepatic tissue architecture, marked; ghosts hepatocytes with pink granular cytoplasm, slightly darker pink nucleus; interspersed bacteria throughout.
- Kidney (C) Decomposed renal tissue architecture, marked
- Heart (D) Decomposed cardiac tissue architecture, marked
- Spleen (E) Decomposed splenic tissue architecture, marked
- Subgaleal Soft Tissue (F/G) Decomposed tissue architecture, marked; focal collection of red blood cells within adipose and connective tissue. Iron stains negative. Control stains for iron, satisfactory

Histology - First Autopsy Tissue (26-0514):

- Soft-Tissue, Hyoid Bone (1) Decomposed skeletal muscle architecture, moderate to marked; no evidence of hemorrhage
- Heart (2) Decomposed cardiac tissue architecture, moderate to marked
- Kidney (3) Decomposed renal tissue architecture, moderate to marked
- Lung (4,6) Decomposed pulmonary tissue architecture, moderate to marked
- Liver (5) Decomposed hepatic tissue architecture, moderate to marked
- Appendix (7) Decomposed appendiceal tissue architecture, moderate to marked
- Adrenal Gland (8) Decomposed adrenal tissue architecture, moderate to marked

Mississippi On-Site Investigation:

August 31, 2026

Medical Examiner Office- County of Jackson (Case Number - 26-0514)

Review of Specimen Stock Jar

- Neck structures identified: (Hyoid bone and Trachea laryngeal cartilages). Hyoid bone has a deformity of the left horn. No fractures. Tracheal laryngeal cartilages are normal. Additional gross tissue review included heart, kidney, lung, liver, appendix, and adrenal gland, all of which submitted for histological analysis under the microscope

District Attorney's Office

Review of Autopsy Report

- Report of Postmortem examination signed by Dr. Staci Turner revealed that the decedent was found face down in the water on Horn Island with subcutaneous scalp contusions, bilateral, superior nuchal line area. There were no other external or internal injuries. No internal organ abnormalities contributing to death.
- Toxicology revealed ethanol level 270 milligrams per deciliter, cannabinoids presumptive positive (confirmatory test negative for cannabinoids), nicotine and cotinine presumptive positive, caffeine presumptive positive. *Tested specimen was decomposition fluid.*
- Cause of death: Undetermined. Manner of death: Undetermined.

Review of Scene Photographs

- Location coordinates:
 - Horn Island, Mississippi, United States.
 - Coordinates: 30.2428⁰N, 80.77860⁰W
- Investigative photographs included several pictures of the water and shoreline of a beach area. The photos included a black male decomposed in what looked like blue swim trunks, face down on the shoreline with the head in the sand. There is extensive skin slippage, marbling on the anterior face, head, neck, and torso. There are protrusions of the eyes and bloating of the head, face, and neck. Skin slippage of the entire face. There is multiple skin slippage (blebs) on the back. Multiple additional photos of him being found face down in the water. Much of the decomposition is concentrated at the torso and upper body. Hair is long brown and curly. Photographs of a black body bag, a body placed in a black body bag prior to transport.

Review of Autopsy Photographs

- Anterior and posterior photographs of a decomposed black male with extensive skin slippage of the head, neck, torso and extremities. The skin and hair of the scalp is absent due to decomposition. Photographs of the posterior surface of the body revealed two probable contusions of the lower back just above the buttocks and left upper back adjacent to the shoulder blade (*These injuries were not documented in the first autopsy report*).
- There were no close-up photographs of the injuries to the back of the head.
- Radiology of the head and neck were negative for fractures/injuries

Travel to Horn Island

- This pathologist traveled to Horn Island with members from the District Attorneys Office along with members of the Sheriff Department. The purpose of this was to ensure that this pathologist had an opportunity to fully understand the context of the photographs and investigative information.

September 1, 2026

District Attorney's Office

Investigative Material Review

- This pathologist reviewed three (3) binders of approximately 750 pages, tabbed A through I.
- Reviewed:
 - Multiple witness statement summaries
 - Multiple witness interviews viewed
 - Multiple investigative reports

Discussion | Opinion:

This forensic pathologist initially identified several limitations during the second autopsy that created barriers to establishing a definitive cause and manner of death for Nolan Xavier Wells. Since the performance of the second autopsy on July 10, 2026 and issuance of the Preliminary Findings Report on July 17, 2026, this pathologist had the opportunity to travel to Mississippi August 31 - September 1, 2026, to review and sample retained tissue, review



original scene and autopsy photographs, travel to and view Horn Island, and review investigative case documents.

Issues that required resolution included the inability to examine the internal neck structures, a question of contents within the airway as well as characteristics of the gastric contents. This pathologist was able to examine the internal structures of neck: hyoid bone and tracheal and laryngeal cartilages and found them negative for fractures or injuries. Upon review of the Mississippi autopsy report, the original Mississippi forensic pathologist did not identify water in the airway nor was there gastric contents (including water) within the stomach.

As stated in the preliminary findings report, the second autopsy revealed a 12 X 8-inch area of “red discoloration” in the deep soft tissues overlying the occipital bone during the dissection of the back of head and layered posterior neck dissection. At that time, the “red discoloration” had an unclear etiology. Now having access to the first autopsy, original autopsy photography, and upon further histological inspection; the area previously described as “red discoloration” has been confirmed as blood (bruises/contusions) secondary to blunt force injury to the back of the head.

Histological evaluation of the soft-tissue of the back of the head also identified a small, microscopic area of blood in the soft-tissue (hemorrhage) without evidence of white blood cells (leukocytic infiltration); thus, suggesting a probable recent injury prior to death (Kostadinova-Petrova, 2017). The limited of identifiable blood in the soft tissue is likely due to the extensive decomposition. If histology would have been performed during the first autopsy, better results would have likely been present.

In the earliest phase of bruise formation, before appreciable leukocytic infiltration, histology is characterized predominantly by disruption of small blood vessels, extravasation of red blood cells into the dermal or subcutaneous connective tissue, and edema. These findings may be present within minutes to the first several hours after injury, whereas polymorphonuclear leukocytes, particularly neutrophils, become increasingly detectable at approximately 4 hours after hemorrhage. Accordingly, a bruise showing hemorrhage and tissue disruption without a significant inflammatory-cell response is compatible with a very recent antemortem injury, generally within the first few hours. (Kostadinova-Petrova, 2017).

The original Mississippi forensic pathologist identified the two contusions involving the back of head but failed to take close-up pictures of the contusions, dissect the area at the back of the head, or take histological sections of the area of bruising. Nonetheless, the original Mississippi forensic pathologist reported the bruises/contusions to the sheriff’s department on July 7, 2026. However, this forensic pathologist could not find any record detailing specific investigation into the blunt force injury to the back of head.

In addition, to the bruises/contusions to the back of the head, upon review of the general autopsy photographs, it is the opinion of this forensic pathologist there were three additional bruises on the body of Nolan Wells. Two were located at the lower back just above the buttock and one located on the left upper back near the shoulder blade. It is difficult to identify the size and cause of these bruises from a single photograph. None of these

bruises/contusions were described in the original autopsy report, specifically photographed, or evaluated with histological sections. Therefore, no document reviewed by this forensic pathologist recorded investigation or attempted to explain the potential additional blunt force injuries to Nolan Wells.

Another area of concern is the toxicology results. The bodily fluid used for testing was decompositional fluid. Decompositional fluid is a highly unreliable source for toxicology testing. Although there are several presumptive positive findings in the decompositional fluid, the results were unable to be confirmed, including cannabinoids. Most important toxicology finding is the ethanol level reported as 270 mg/dL (0.27% BAC). It is important to reiterate that none of toxicology testing were done on blood, leading to increasing unreliability.

An accurate retrospective determination of the decedent's ethanol concentration at the time of death is scientifically unreliable when the body is severely decomposed and has been recovered from water. The central interpretive problem is that ethanol measured after death may represent an unknown combination of alcohol consumed during life and ethanol generated after death by microbial fermentation. Bacteria are capable of producing ethanol, and this mechanism has long been recognized as a source of postmortem artifact (Blackmore, 1968). In decomposed bodies, ethanol may be produced endogenously after death and may show atypical and discordant distributions among different fluids; the literature suggests difficulty in classification as either ingestion or postmortem production, and postmortem ethanol concentrations could reach levels that could be forensically consequential if misinterpreted (Gilliland & Bost, 1993). Severe putrefaction further increases the likelihood of postmortem ethanol formation (Høiseth & Fosen, 2022). Aquatic recovery adds additional uncertainty because bodies recovered from water are specifically recognized as problematic for ethanol interpretation due to decomposition, possible dilution of body fluids, and an enhanced risk of microbial ethanol synthesis (Kugelberg & Jones, 2007). Accordingly, even when the analytical instrument accurately measures ethanol in the submitted specimen, the resulting number cannot, by itself, be treated as an accurate antemortem blood alcohol concentration or as proof that the decedent was intoxicated before death.

The reliability is further reduced when the tested specimen is described only as cavity decompositional fluid rather than a defined and validated matrix such as peripheral blood, vitreous humor, or urine. Cavity decomposition fluid is not equivalent to circulating blood: in advanced decomposition it may be a heterogeneous admixture of liquefied tissues, serous fluid, leaked vascular contents, material from disrupted organs, bacterial products, and—particularly after prolonged immersion—potentially altered water content from the surrounding environment. Its anatomic source, degree of dilution, glucose substrate, bacterial burden, and relationship to the decedent's true blood compartment are therefore unknown. Gilliland and Bost (1993) showed that decomposition can produce markedly atypical ethanol distributions between specimens, meaning that a concentration in one altered fluid cannot simply be assumed to represent concentration in another. Thus, ethanol concentration measured in nonspecific cavity decompositional fluid should not be converted, extrapolated, or equated to an antemortem blood alcohol concentration with a



reasonable degree of forensic certainty. Using cavity-fluid ethanol as a surrogate for blood alcohol at the time of death, exceeds what the available science can reliably support.

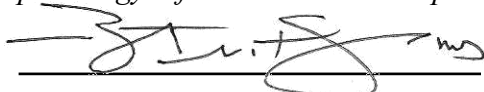
Lastly, even after travel to Mississippi to review investigative materials by this forensic pathologist, there remains unanswered questions surrounding the direct circumstances leading to the death of Nolan X. Wells.

In cases where a death has occurred in or around a body of water with suspicion of drowning it is important to confirm how that person would have not been able to extricate themselves from the water. This information is especially important for those who can swim and with numerous people present at the suggested time of the drowning event.

Equally important, Nolan Wells suffered unwitnessed apparent acute blunt force injuries to the head and body prior to his death. At the time of this report, this forensic pathologist is not aware of definitive circumstances that led to the aforementioned injuries. There still remain gaps in information that would define the condition of Nolan Wells (i.e. conscious or unconscious, forced or unforced) before entering or while in the water that would lead to drowning. This forensic pathologist is not convinced based upon the review of the investigative witness summaries or the post-mortem toxicology that Nolan Wells was too intoxicated to swim. Drowning is a “diagnosis of exclusion”. Definitive circumstances of death are required to determine manner of death. For these reasons, this pathologist cannot rule out if any intervening non-accidental factors contributed to or caused the death of Nolan Wells. It is also important to note that the original medical examiner certified the death of Nolan X. Wells as Undetermined.

The best classification for the cause and manner of death for Nolan Xavier Wells is
Undetermined

This forensic pathologist reserves the right to review and incorporate additional forensic pathology information into his opinion as it becomes available.


Roger A. Mitchell, Jr. MD

September 14, 2026

DATE

The above opinions are expressed to a reasonable degree of medical certainty

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Høiseth, G., & Fosen, J. T. (2022). Etanol er påvist i liket, men hadde den avdøde drukket alkohol? [Ethanol is detected in the corpse, but had the deceased drunk alcohol?]. *Tidsskrift for den Norske laegeforening : tidsskrift for praktisk medicin, ny raekke*, 142(6), 10.4045/tidsskr.21.0896. <https://doi.org/10.4045/tidsskr.21.0896>

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Krabseth, H., Mørland, J., & Høiseth, G. (2014). Assistance of ethyl glucuronide and ethyl sulfate in the interpretation of postmortem ethanol findings. *International journal of legal medicine*, 128(5), 765–770. <https://doi.org/10.1007/s00414-014-1031-z>

Kugelberg, F. C., & Jones, A. W. (2007). Interpreting results of ethanol analysis in postmortem specimens: a review of the literature. *Forensic science international*, 165(1), 10–29. <https://doi.org/10.1016/j.forsciint.2006.05.004>

