



Kern County Sheriff/Coroner

Coroners Section

1832 Flower Street
Bakersfield, CA 93305

ORIGINAL

FINAL REPORT

CASE INFORMATION		
REPORT NUMBER : C00905-13	CASE TYPE : Investigation	DATE/TIME : 5/8/2013 01:00
NOTIFIED BY : Kern County Sheriffs Office		TELEPHONE : (661)861-3110
DECEASED INFORMATION		
NAME : David Sai SILVA		AKA :
AGE : 33 Years	SEX : Male	RACE : Caucasian
DATE OF BIRTH : ██████████	SSN : ██████████	MARITAL STATUS : Never Married
RESIDENCE : ██████████		
NEXT OF KIN INFORMATION		
NAME : ██████████		RELATIONSHIP : Father
ADDRESS : ██████████		
NOTIFIED BY : ██████████ Deputy Coroner		NOTIFIED DATE : 5/8/2013 05:45
DEATH INFORMATION		
DEATH PLACE : Kern Medical Center		ADDRESS : 1700 Mt. Vernon Ave., Bakersfield, CA 93305
DATE : 5/8/2013	TIME : 00:44	PRONOUNCED/AFFIRMED BY : Dr. ██████████
** NOTE : Blank field indicates procedures or service not applicable or deferred by Coroner's Office.		
ADMINISTRATIVE		
TRANSPORTED BY : Heritage Mortuary Service		AUTOPSY PATHOLOGIST : Dr. Eugene Carpenter
TOXICOLOGY LAB :		TYPE OF EXAMINATION : Autopsy
DEATH CERTIFICATE SIGNED BY : ██████████, Deputy Coroner		
FUNERAL HOME : Greenlawn Southwest Mortuary		PHONE : (661)834-8820
INVESTIGATING AGENCY : Kern County Sheriffs Office		INVESTIGATOR : Detective ██████████
ADDRESS : 1350 Norris Road, Bakersfield, CA 93308		REFERENCE NO. : 13-12817
INJURY INFORMATION		
DATE OF INJURY : 5/7/2013		TIME OF INJURY : 23:38
PLACE OF INJURY : City Roadway		
LOCATION OF INJURY : Southeast corner of Palm Drive & Flower St., Bakersfield, CA 93306		
HOW INJURY OCCURED : Substance Abuse; Sequelae of properly applied restraint procedures.		

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Description	Released By	Date Released	Released To	Relationship
brown with misc cards and papers	[REDACTED]	5/10/2013	[REDACTED]	Funeral Home/Rep
\$78.00	[REDACTED]	5/10/2013	[REDACTED]	Funeral Home/Rep
Chase Visa #3083	[REDACTED]	5/10/2013	[REDACTED]	Funeral Home/Rep
Aelite Visa #9864	[REDACTED]	5/10/2013	[REDACTED]	Funeral Home/Rep
Advantage #1345	[REDACTED]	5/10/2013	[REDACTED]	Funeral Home/Rep
\$1.00	[REDACTED]	5/10/2013	[REDACTED]	Funeral Home/Rep

Total Collected	Total Cash	Total Coins
\$0.00	0.00	0.00

CAUSE OF DEATH

CAUSE A : Hypertensive Heart Disease

CAUSE B :

CAUSE C :

CAUSE D :

OTHER SIGNIFICANT CONDITIONS : Acute Intoxication; Chronic Alcoholism, Severe Abdominal Obesity; Chronic Hypertension; Acute Pulmonary Cardiovascular Strain

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On May 8, 2013 at 0100 hours, Sergeant [REDACTED] of the Kern County Sheriff's Office called to notify me of an in-custody death of a male who was involved in an altercation with Kern County Sheriff deputies and subsequently died at Kern Medical Center. He told me the altercation occurred at Flower Street and Palm Drive in Bakersfield and requested I meet him at that location.

On May 8, 2013 at 0150 hours, I met with Sergeant [REDACTED] at Flower Street and Palm Drive. Multiple personnel of the Kern County Sheriff's Office was present on scene. Sergeant [REDACTED] told me on May 7, 2013 at 2338 hours, the Kern County Sheriff's Office responded to Flower Street and Palm Drive for a subject that was possibly intoxicated and lying on the ground. Deputy [REDACTED] who was a canine handler was the first deputy on scene. He contacted the subject who was uncooperative and the subject began resisting Deputy [REDACTED] while trying to take him into custody. Deputy [REDACTED] requested assistance and deployed his canine. Deputies [REDACTED] and [REDACTED] arrived on scene. The subject continued to resist and deputies used their batons while attempting to take him into custody. California Highway Patrol Officers [REDACTED] and [REDACTED] arrived on scene to assist. Deputies and officers were eventually able to place the subject in a hobble restraint. The subject began spitting and a spit mask was placed on him. The subject began vomiting and the mask was removed. The subject subsequently went unresponsive and was transported to Kern Medical Center Emergency Room where he later died. For further details surrounding this incident refer to the Kern County Sheriff's Office case #13-12817.

The scene of this incident was the southeast corner Flower Street and Palm Drive. I observed a large amount of bloody fluid, a white spit mask with emesis, and medical devices on the sidewalk. There were multiple small areas of blood drops on Palm Drive.

I responded to Kern Medical Center Emergency Room and met with Deputy [REDACTED] and Detective [REDACTED] who were standing by with the decedent. R.N. [REDACTED] provided me with the following information. The decedent was identified by his California Driver's License as David Sal Silva, a 33 year old Caucasian male. The decedent arrived at the hospital via Hall Ambulance on May 8, 2013 at 0026 hours, in full arrest. Advance cardiopulmonary resuscitation efforts were in progress. The decedent's rectal temperature upon arrival was 97.6 degrees Fahrenheit. After all life saving efforts failed, he was pronounced deceased by Dr. [REDACTED] at 0044 hours. R.N. [REDACTED] provided me with the decedent's wallet.

I viewed the decedent lying supine on a medical backboard and gurney in the trauma area. I observed multiple medical devices. He was clothed in a blue shirt, tan cargo shorts, blue briefs which all were cut by medical personnel, two white socks, and two grey and black tennis shoes. I observed a blue nylon restraint and small piece of black nylon restraint cut at the foot of the bed. I observed a large hematoma and an abrasion to the left side of his head. There was a contusion to his left eye and a laceration above his left eye. I observed multiple small lacerations on the left side of his face. I saw abrasions to his chin area. On his left upper chest was a contusion and laceration. On his left upper arm was a pattern of long linear contusions. There were contusions and lacerations on his right arm. There were linear abrasion marks around both of his wrists. There were contusions to the center and left side of his abdomen. I observed multiple small lacerations to his lower extremities. There were multiple long linear pattern contusions and additional contusion and lacerations to his back. Kern County Sheriff's Office Technical Investigators [REDACTED] and [REDACTED] photographed the decedent. The decedent's hands were bagged. On May 8, 2013 at 0325 hours, the decedent was wrapped in a clean white sheet and placed in a body bag. The bag was sealed with blue lock tab #09312, witnessed by Detective [REDACTED].

I obtained the decedent's hospital admit blood and a copy of his medical records which were submitted to pathology for review.

The decedent was transported to Kern Medical Center Radiology Department and full body x-rays were obtained. The decedent was then transported to the Coroner's Office and placed in the secured area of the morgue.

I called and spoke to Hall Ambulance Paramedic [REDACTED]. He told me he arrived on scene on May 8, 2013 at 0011 hours. Upon his arrival he observed the decedent lying on the ground, on his left side, facing south on Palm Drive. His upper body was on the sidewalk and his lower body on the curb and street. He was handcuffed behind his back and deputies and officers were tying a blue restraint around his feet. As he approached, deputies told him the decedent was unresponsive. He said he saw a large amount of emesis on the ground. He checked for a pulse which was absent. He turned the decedent to a supine position and initiated cardiopulmonary resuscitation efforts. He said after one round of chest compressions he requested deputies remove the restraints. Deputies removed the handcuffs and the leg restraints. The decedent was transported to the hospital. He told me the decedent did not have any cardiac activity on the monitor.

On the morning of May 8, 2013, I called and spoke to [REDACTED] the decedent's girlfriend. I confirmed her address of [REDACTED]. I told her I responded to her address earlier on this date in attempt to contact her and received no answer. She confirmed she heard knocking on the door but she was scared to answer it. I asked her if she had any recent contact with the decedent's parents and she said she had not because they were estranged from her. She told me she last saw the decedent on May 7, 2013 at about 1500 hours, when he left walking from their residence. She told me she and the decedent were in an argument, the decedent constantly picked fights with her, and she asked him to leave. She told me the decedent was abusive with her in the past and she was tired of it. She said they frequently argued, their relationship was affecting their children, and

she did not want him back. I informed her of the death, she started yelling and cussing at me, and she refused to answer any more of my questions and hung up the phone.

On the morning of May 8, 2013, I spoke to [REDACTED], the decedent's mother. She told me she last talked to the decedent on May 7, 2013 at about 1700 hours, when he visited her residence. She said she smelled an alcohol odor from the decedent during his visit. She said the decedent told her he was in an argument with his live-in girlfriend [REDACTED] and she asked him to leave. She said he was upset about the break-up and she advised him to get help at Kern Medical Center. She said the decedent was diagnosed with attention deficit hyperactivity disorder at age thirteen and had a medical history of hypertension; however, he was not under the care of a doctor and was not prescribed any prescription medications. She said the decedent drank alcohol excessively on a regular basis.

After completing an investigation in conjunction with the Kern County Sheriff's Office, the death of David Sal Silva was determined to be an accident.

FINAL DISPOSITION TYPE : Cremation/Residence		LOCATION OF DISPOSITION : Residence Of: [REDACTED] - Father	
ADDRESS : [REDACTED]			
INVESTIGATING DEPUTY CORONER : [REDACTED]		MANNER : Accident	DATE CLOSED : 5.22.2013
REPORTING DEPUTY CORONER : (SIGNATURE) [REDACTED]		APPROVED BY: (SIGNATURE) [REDACTED]	

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ORIGINAL

**DONNY YOUNGBLOOD
SHERIFF-CORONER-PUBLIC ADMINISTRATOR**

**CORONER SECTION
1832 Flower Street
Bakersfield, CA 93305
Telephone: (661) 868-0100**

REPORT OF AUTOPSY

DECEDENT: David Sal Silva

CASE: C00905-13

DATE OF EXAMINATION: May 9, 2013

TIME: 0930 Hours

PERSONS PRESENT AT EXAMINATION:

Witnesses: Dets. [REDACTED] and [REDACTED] TIs [REDACTED] and [REDACTED], Kern County Sheriff's Office and Investigator [REDACTED], California Highway Patrol
Autopsy Assistants: [REDACTED] and [REDACTED]

FINAL DIAGNOSES

- I. Diagnoses:
1. Past medical history of chronic hypertension, obesity and chronic alcoholism.
 2. Acute intoxication, history.
 3. History of resisting restraint procedures.
 4. Sudden unexpected death with no history of a seizure disorder or of bronchial asthma.
 5. No history of excessive force or use of restraint procedures outside of Deputy Sheriff restraint procedures training.
 6. Body appearance of an obese, but young and strong individual.
 7. Hypertensive heart disease, severe, consistent with a lethal level of pathology.
 8. General obesity and markedly severe abdominal obesity.
 9. No signs of bronchial asthma.
 10. No signs of coronary artery disease except generalized thickening due to chronic hypertension.
 11. Signs of blunt force trauma to the left side of the anterior head. No fractures of the skull and no signs of brain injury.
 12. No signs of baton strikes to the head.
 13. Mild bruising of upper right posterior lateral wall of the pharynx consistent with blunt force trauma, more likely due to intubation, but blunt force trauma during restraint procedures cannot be ruled out.
 14. Non-lethal dog bite signs.
 15. Non-lethal baton mark signs.
 16. Bruises, abrasions and tears of the skin, mild, non-lethal.
 17. Hyperplasia of the kidneys, moderate to severe.
- II. Cause of Death: Hypertensive heart disease, interval between onset and death is years.
- III. Other Conditions Contributing to Death: Acute intoxication; chronic alcoholism; severe abdominal obesity; chronic hypertension; acute pulmonary-cardiovascular strain.
- IV. Manner of Death: Accident.
- V. How Injury Occurred: Substance abuse; sequelae of properly applied restraint procedures.

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Comment: The body is covered with blunt force injuries of a fairly superficial nature. These areas consist of abrasions and bruises. No fractures are detected. The most prominent areas of injury are to the left forehead and left anterior side of the head. The skin in this area is bruised and is further distinguished by a few small abrasions. The underlying skull and brain are unremarkable. There is a small area of bruising of the upper right posterior pharynx region over the ridge of the lateral posterior right thyroid cartilage. This is often seen as a consequence of intubation and there are no small bone fractures of the neck. There are no signs of blunt trauma to the anterior cervical fascia of the cervical spine. There are no petechial hemorrhages of the eyes and/or lids. There are several areas consistent with dog bites. None of the areas have injuries into vessels consistent with significant bleeding. None of the dog bite type areas can be considered lethal. None of the injuries to the body are at a level of pathology considered to be lethal.

The heart is pathologic. It is overly muscular consistent with chronic hypertension, but not specific for chronic hypertension. Also, the walls of the coronary artery system are thickened and this too is consistent with chronic hypertension, but probably not specific for chronic hypertension. The surfaces of the kidneys are smooth, not granular, but the body is only 33 years of age and the signs of damage to the kidneys are not expected in this age group.

A lot of information is left on the 24 diagrams. This is done for the sake of clarity and reading/interpreting the report. The diagrams and the many photographs all correspond. A dental ruler is used in most of the photographs. A copy of the diagrams is made and kept in this medical examiner's office in case of the very small possibility of loss of the original diagrams.

Death is from the sequelae of severe chronic cardiovascular disease exacerbated by the effects of acute intoxication together with the sequelae of properly employed restraint procedures.

CAUSE OF DEATH: Hypertensive Heart Disease.
MANNER OF DEATH: Accident.

Name: David Sal Silva

Age: 33 Years

Ethnicity: Caucasian

Gender: Male

Length: 71 inches

Weight: 261 pounds (including the body bag, clothing and sheet)

Date and Time of Death Pronouncement: May 8, 2013, 0044 hours

Place of Death: Hospital

Date and Time of Autopsy: May 9, 2013, 0930 hours

Place of Autopsy: Kern County Sheriff's Office, Coroner Division

Deputy Coroner: [REDACTED]

Forensic Pathologist: Eugene Carpenter, Jr., MD

Witnesses: Dets. [REDACTED] and Tis [REDACTED] and [REDACTED] Kern County Sheriff's Office and Investigator [REDACTED] California Highway Patrol

Autopsy Assistant(s): [REDACTED] and [REDACTED]

History of Death: This is a case of an in-custody death. The death occurred in the context of restraint and struggle and the hospital Emergency Room in asystole. Chest compressions were ongoing. Please see the Investigator's Report.

External Examination for Identification and for Signs of Natural Pathology:

The body is that of a 33 year old well-developed, severe abdominally obese appearing Caucasian man about 71 inches in length and weighing about 261 pounds. It has been refrigerated and is not embalmed. It is identified by identification tags.

Major Identifying Characteristics:

1. The head is bald and/or shaven.
2. The eyes are green/hazel, not brown.
3. The teeth are natural and in okay condition.
4. The face is unshaven consistent with growth of about one week. Also, this might represent a short unkempt mustache beard. This is not clear.
5. The chest and abdomen appear pre-shaven with a regrowth consistent of about one to two weeks.
6. The pubic hair area is consistent with recently shaven.
7. The penis is circumcised.
8. Surgical scars, wrist scars, and needle track scars are not seen.
9. Deformities and amputations are not seen.

External Natural Pathology Signs:

1. There is severe abdominal obesity.
2. Otherwise, the skin, head, head hair, eyes, ears, nose, mouth, throat, neck, chest, abdomen, pelvis with external genitalia and anus, back and extremities are unremarkable. There are no signs of a skin rash. There are no signs of skin sores and no signs of older healing wounds.

Clothing:

1. A blue short-sleeved T-shirt type article of clothing is underneath the upper left back between the body and the sheet, which is layered on top of the posterior inner surface of the body bag.
2. A dark blue underwear.
3. Brown shorts.

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4. A dark brown to black belt.
5. Off white socks, bilaterally.
6. Black, gray and white athletic type running shoes, both properly tied.
7. A quarter is found in the right front pocket of the brown shorts.
8. Three quarters and a bunch of pills are found in the left front pocket. The pills consist of oblong pills and round pills. These are photographed. They are turned over to the Sheriff Detectives. The four quarters are turned over to the Autopsy Technician.
9. The body arrives in a body bag and is on the autopsy table in the body bag. The bag has been previously sealed with a plastic lock. The lock is removed and given to the Autopsy Technician. There is a tag on the bag identifying the body with Coroner's Office case number C00905-13 and the name Silva, David Sal.
10. Underneath the body there is a blood-stained sheet. This is given to the Deputy Sheriffs.
11. There is a plastic medical type device found next to the body within the body bag and sheet area.

Evidence of Postmortem Changes:

1. Rigor mortis is full.
2. Lividity is posterior and also anteriorly over the face and throat.
3. Decomposition, none.

Evidence of Medical Intervention:

1. Properly placed endotracheal tube.
2. Plastic airway in the mouth.
3. Vessel lines at the left base of the throat, right groin area, left groin area.
4. IV line at the dorsal right hand.
5. Status post EKG pads.
6. No pacer pads are seen.
7. No blood pressure cuff is seen.
8. No urinary catheter is present.
9. There is pressure mark from a strap that holds the endotracheal tube in place. This pressure mark is at the back of the neck. There are no signs of injury to the back of the neck.

Evidence Collected at Autopsy:

1. Photos of hands.
2. Hand swabs, right and left.
3. Fingernail clippings, right and left.
4. Toxicology.
 - A. Vitreous, bile, urine and a sample of gastric contents.
 - B. Heart blood, femoral blood.
5. A sample of brain tissues; a sample of liver tissues.
6. Tissue sections from the major organs.
7. A blood FTA card.

Tattoos:

1. There is a flame-like tattoo at the upper portion of the lateral right upper arm.
2. There is a flaming Maltese cross, lateral left upper arm.
3. Flaming dice at the lateral lower part of the left lower leg.

Radiographs:

A CD-rom is available. On it there are fifteen radiographs. Elements of the body bag are seen and elements of the status post hospitalization effects are seen. There are no signs of bony fractures and no foreign bodies seen. There are no signs of old orthopedic type hardware or other identifying type elements.

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Incisions:

1. Head, coronal.
2. Chest, Y-shaped.
3. Abdomen, midline.
4. No posterior midline back incision is made. Only the standard incisions are made.

Examination and Description of Injuries:

1. External Blunt Force Traumatic Injuries, Bruises: Bruises are present over the left forehead skin and in the lower portion of the left periorbital tissues.
2. Bruises are present across the abdomen consistent with a baton ecchymosis.
3. There is a faint bruise at the anterior upper right pelvis skin area.
4. There is a brown area at the anterior lateral right ankle, which is not a bruise.
5. Multiple red-blue bruises are present over the left lower leg just above the ankle and involve the top of the forefoot.
6. There is a baton ecchymosis across the radial lateral left elbow area, left posterior shoulder upper arm area, three across the lower back, another across the upper posterior right pelvis region skin.
7. The external genitalia and surrounding skin and the anus and surrounding skin are unremarkable without signs of injury.
8. There are bruises around the anterior lateral left knee area and at the anterior lateral upper one-third of the left lower leg below the knee.
9. There are bruises and shallow puncture areas at the left lower posterior thigh, right posterior thigh and at the right popliteal fossa. The last two areas are consistent with bruising by a dog bite, but not specific for it.
10. There is a faint bruise at the upper posterior one-third of the left lower leg.
11. There are small faint gray bruises or discolorations at the posterior lower one-third of the left lower leg.
12. There is a small 1/8 inch area of discoloration at the top posterior external right ear.
13. There are two small blue areas at the back of the left external ear where it joins the head and these are consistent with ecchymoses or more likely consistent with lividity.
14. There are bruises admixed with abrasions behind each elbow area.
15. There are mild to moderate surface abrasions across the upper extremities and some are associated with probable ligature marks at the wrists.
16. There are scattered abrasions mostly over the skin of the anterior pelvis, anterior left thigh, left knee area and the left lower leg and also blunt force injuries across the posterior left lower extremity.
17. There are abrasions at and underneath the chin.
18. The left forehead abrasions consist as three main geographic areas, carefully diagramed.
19. There is probable tear (versus dull cut or perforation) just underneath the lateral left eyebrow region.
20. There is red-blue bruising over most of the left lower eyelid and periorbital tissues.
21. The left eye globe has mild to moderate focal congestion.
22. There is irregular tearing or puncturing of the left cheek area with a 3/4 inch aggregation of such injuries at the left upper cheek and in one puncture or tear more inferior and posterior to that area.
23. There are a couple of abrasions or dull tears to the right side of the nose. There are abrasions, faint, at the right cheek area and at the right jaw near the chin.
24. There is a probable ligature mark at the left ankle. It does not circumscribe. No abrasions are associated with this mark even though this is diagramed on the abrasion page, diagram 14 of 24.
25. There are areas of parallel abrasion and shallow punctures and numerous parallel linear abrasions, scratches or dull cuts located in several areas: at the upper left anterior lateral chest just anterior and medial to the left armpit area, across the lower left back, across the volar right middle one-third of the forearm, across the posterior left thigh, across the popliteal fossa of the left lower extremity, at the lower posterior right thigh just above the popliteal fossa skin area, across the lateral anterior left knee area and across the upper one-third of the anterior and anterior lateral left lower leg area.
26. All of the above mentioned areas are consistent with dog bite marks, but not specific for it.
27. No fractured bones are detected.

28. There are areas of skin that seem to be torn, but these are probably ragged puncture marks from dog bite. No clear lacerations except over the bone of the upper part of the periorbital bone structures on the left side of the face, the small probable tear at the left eyebrow region.
29. Again, ligature mark signs are seen at the right wrist and left wrist and there is associated abrasion with ligature marks.
30. There are bruises with a few abrasions at the radial dorsal left hand and dorsal left hand third finger.
31. There are several 1/8 inch tears of the skin at the dorsal left thumb area.
32. Internally, there is a one time 3/4 inch area of ecchymosis over the anterior 4th rib of the right chest. No clear fracture sign is detected in this area.
33. Internally and at the posterior surface of the posterior pharynx as it overlies the right edge of the thyroid cartilage, there is 2.5 x 0.8 cm fresh ecchymosis.
34. There are no fractures at the small bones of the throat.
35. There are no other signs of bruising to throat tissues. There are no eye tissues petechiae.
36. The anterior cervical fascia is unremarkable without signs of injury.
37. There are no signs of foreign objects or foreign material up high within the nasopharynx. This is whole area is carefully examined by palpation and visualization.
38. There are no signs of bruising over the vessels of throat and neck.
39. Posterior and lateral neck muscle dissection is not done. There are no injury signs at the lower midline level and upper neck skin and muscle regions.
40. There are three main geographic by shaped areas of subgaleal hemorrhage seen at the front left side of the head involving the lateral most left forehead skin region. The posterior of the three involves the surface of the left temporal muscle only. Only 1/8 inch of the surface of this muscle is involved. The rest of the muscle is not hemorrhagic. The anterior two geographic areas at the more anterior left side of the head region go deep and involve the periosteal tissues.
41. The underlying skull is unremarkable without signs of fracturing either at the vault or at the base.
42. The cervical spine has no signs of fracturing.
43. The brain is unremarkable without signs of edema or herniation. There are no signs of subarachnoid hemorrhaging and no signs of congestion of vessels.
44. Otherwise, the head, central face, mouth/throat/neck, chest, abdomen, pelvis with external genitalia and anus, back and extremities, unremarkable.
45. Careful photographs of the body, front, back and sides is done including careful examination of the upper and lower extremities, the lower eyelids and the oral tissues.
46. A dental ruler is used in most of the photographs. The unique coroner's case number is included.
47. This medical examiner is present for all photographs, at times helping with positioning the body parts.
48. Because of the photographs, detailed measurements are not done or recorded on the diagrams. Because of the extensive photographic survey including the dental ruler, questions of location and size of lesions can be answered by referral to the photographs. The diagrams assist in distinguishing between bruises, abrasions and tears. The diagrams are also used to point out the areas of probable dog bites.

Internal Examination for Signs of Natural Pathology:

A. Body Cavities:

1. Head: Unremarkable. There are no signs of edema of the brain. The ventricular system is not flattened or slit-like.
2. Chest: Unremarkable, no pathologic increase in cavity fluids. No signs of blood. No signs of inflammation.
3. Abdomen: Unremarkable without pathologic increase in fluid. No signs of blood. No signs of natural disease.
4. Pelvis: Unremarkable.

B. Systems

1. **Central Nervous:** The brain weighs 1380 grams. The brain with its meninges, cerebral cortex, white matter, central nuclei, brainstem, cerebellum, cranial nerves and blood vessels, is unremarkable. The spinal cord is not dissected.
2. **Cardiovascular:** The heart weighs 470 grams and is pathologic. It is too big. It is overly muscular. This is due to left ventricular wall hypertrophy. The coronary arteries are ironically dilated and in many areas have a diameter of about 0.3 to 0.4 cm. The coronary artery walls are mildly and diffusely thickened. Signs of obstructions are not seen. There are no signs of aortic outflow obstruction. The right ventricular wall thickness is 0.2 cm. The wall seems stretched out by right ventricular wall dilatation. The left ventricle and anterior ventricular septum each have a thickness of 1.5 cm. The mitral valve is 12.0 cm, the aortic valve is 8.5 cm, the pulmonic valve is 8.0 cm and tricuspid valve 13.0 cm. Other than the above signs of pathology, the heart with its pericardial sac, pericardial fluid, epicardium and coronary arteries, myocardium, endocardium and valves, is unremarkable. There are no signs of congenital anomalies. There are no signs of right ventricular wall dysplasia. There are no signs of myocardial bridging over a coronary artery.

The aorta with its branches, vena cava with its tributaries and the pulmonary arteries, are unremarkable. There are no signs of thromboemboli.
3. **Respiratory:** There are a few milliliters of a brown substance consistent with digested food that coat the upper larynx including the epiglottis. There is a gray-brown discoloration of these tissues. There are no signs of edema. There are no signs of froth. Basically, the upper and more lower airway system is clear except of 1 to 2 mL of a red-brown fluid. Particles of food are not found beneath the vocal cords. Discoloration is not found beneath the vocal cords. The pressure effects of a proper endotracheal tube intubation are seen. The lungs are wet and heavy and congested in their posterior aspects. The right lung is 650 grams and the left is 620 grams. There are no signs of inflammation. There are no signs of blood aspiration. There are no signs of blood or food particles within the airway system. There are no signs of pneumonia.
4. **Gastrointestinal:**
 - a. **GI Tract:** The stomach contains 120 grams of moderately thickened medium brown fluid with food particles mostly consistent with pieces of meat. No pill evidence is seen. There are no signs of blood contamination/changes. The appendix is present. The GI tract is basically unremarkable. There are no signs of GI tract bleeding.
 - b. **Liver:** The liver is 1800 grams. It is unremarkable and free of signs of fatty changes and free of signs of cirrhosis.
 - c. **Gallbladder:** Unremarkable.
 - d. **Pancreas:** Unremarkable.
5. **Lymphoid:** The spleen weighs 280 grams and is mildly congested. The thymus is present and has not been replaced by fatty tissues. The tissue volume does not seem abnormal. The lymph nodes are unremarkable.
6. **Genitourinary:** The right kidney weighs 170 grams, the left weighs 190 grams. The capsules peel easily. The surfaces are smooth. Both kidneys are moderately to severely hyperplastic. Otherwise, the kidneys, urinary bladder, prostate and testicles are unremarkable.
7. **Endocrine:** The thyroid and adrenal glands are unremarkable.
8. **Musculoskeletal:** Unremarkable.

C. Toxicology: An expanded screen is requested. Please see the toxicology report.

D. Histology:

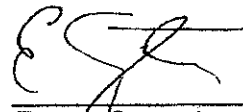
1. Thirteen large sections of myocardium are available on slides 4, 5, 6, 7, 8 and 9.
 - a. Generalized myocardial edema signs are present.
 - b. Peri-vascular fibrosis is present.
 - c. Signs of generalized myocyte hypertrophy are present.
 - d. A few patches in interstitial fibrosis are seen.
 - e. No signs of acute or chronic inflammation are seen.
 - f. No signs of blunt force injury are seen.
2. The liver section has fatty change of a mild to moderate degree (10).
3. Section of lung are unremarkable. There are no signs of bronchial asthma (1,2).
4. Sections of thyroid, spleen adrenal gland, kidney, cerebrum and cerebellum are unremarkable (10, 3).

Impression:

1. Severe chronic heart disease.
2. Fatty liver consistent with chronic alcoholism.

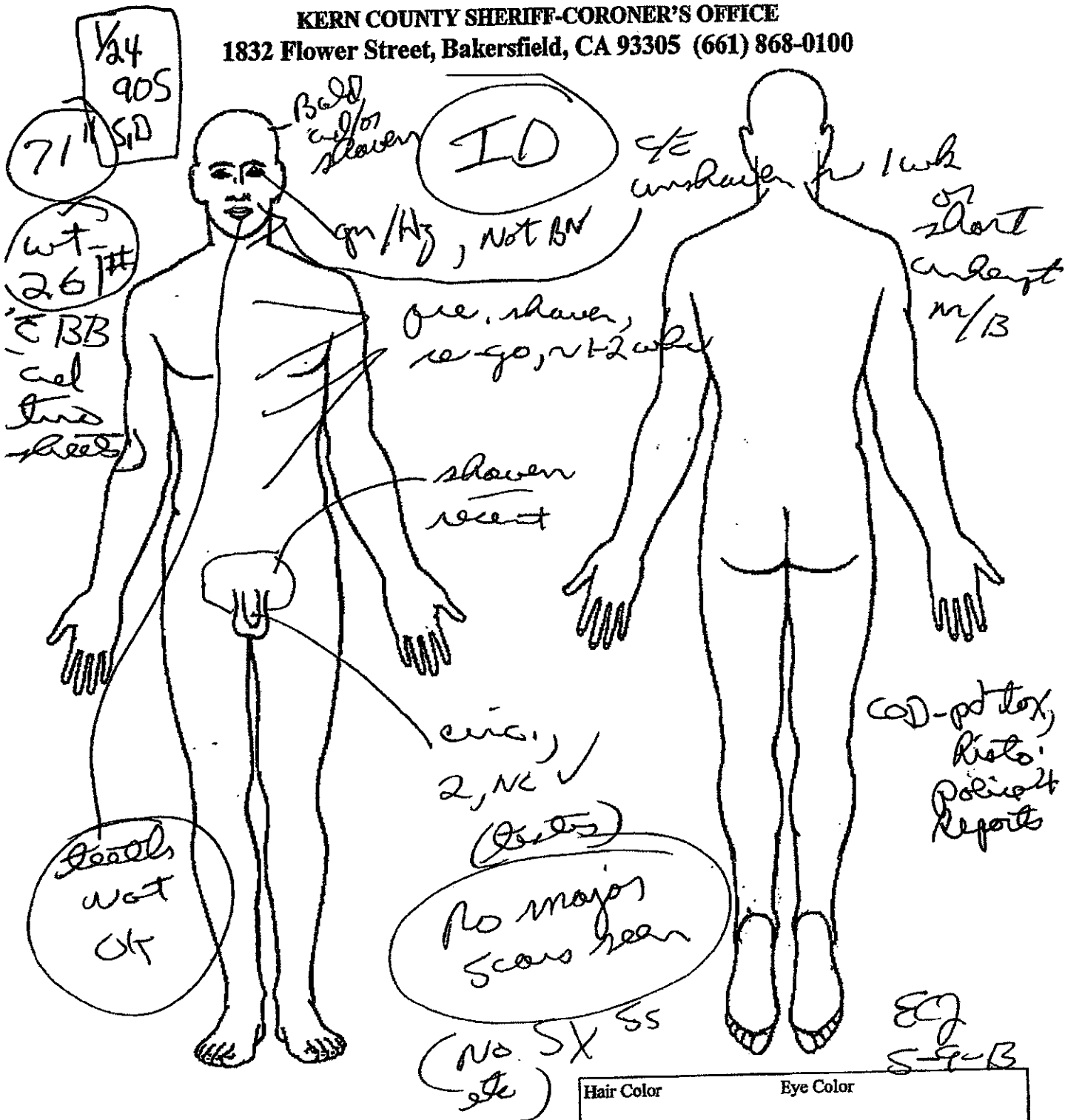
The autopsy is completed on hours May 9, 2013 at 1400 hours.

May 22, 2013
Date Signed


Eugene Carpenter, Jr., MD
Forensic Pathologist

EC/cat
T: 05/15/2013
R: 05/17/2013

KERN COUNTY SHERIFF-CORONER'S OFFICE
 1832 Flower Street, Bakersfield, CA 93305 (661) 868-0100



{ LABEL }

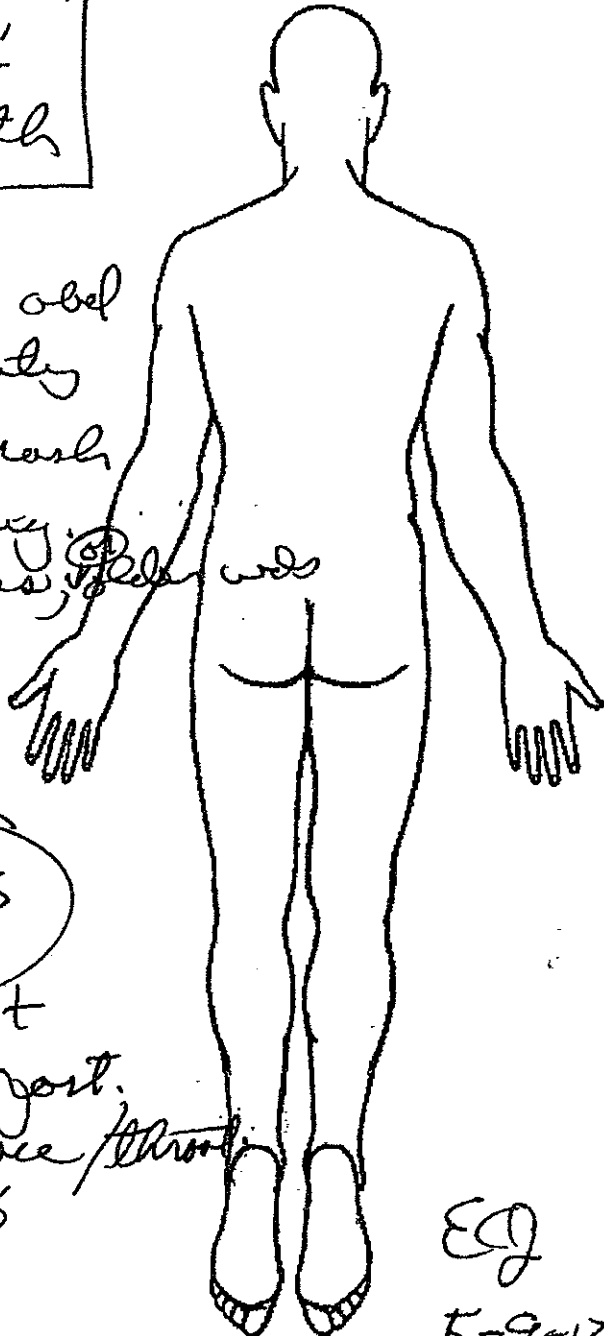
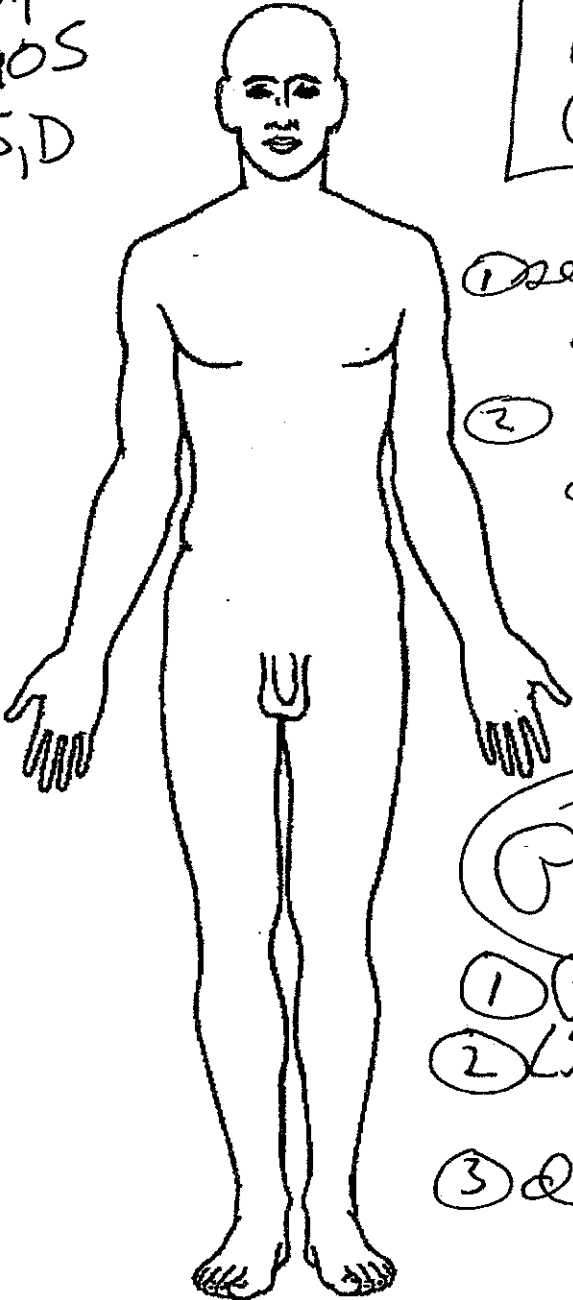
Hair Color	Eye Color
Teeth	Beard (Y/N)
Weight	Moustache (Y/N)
Height	Clothing
Rigor	
Livor	Seal No.

COPY

KERN COUNTY SHERIFF-CORONER'S OFFICE
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V
 1/24
 905
 S, D

Ext,
 Nat
 Path



① severe abd
 obesity

② No rash
 or sig. @
 scars, @ @ @

PMCs

- ① DR-4t
- ② Liv - post.
 & face / throat
- ③ de-φ

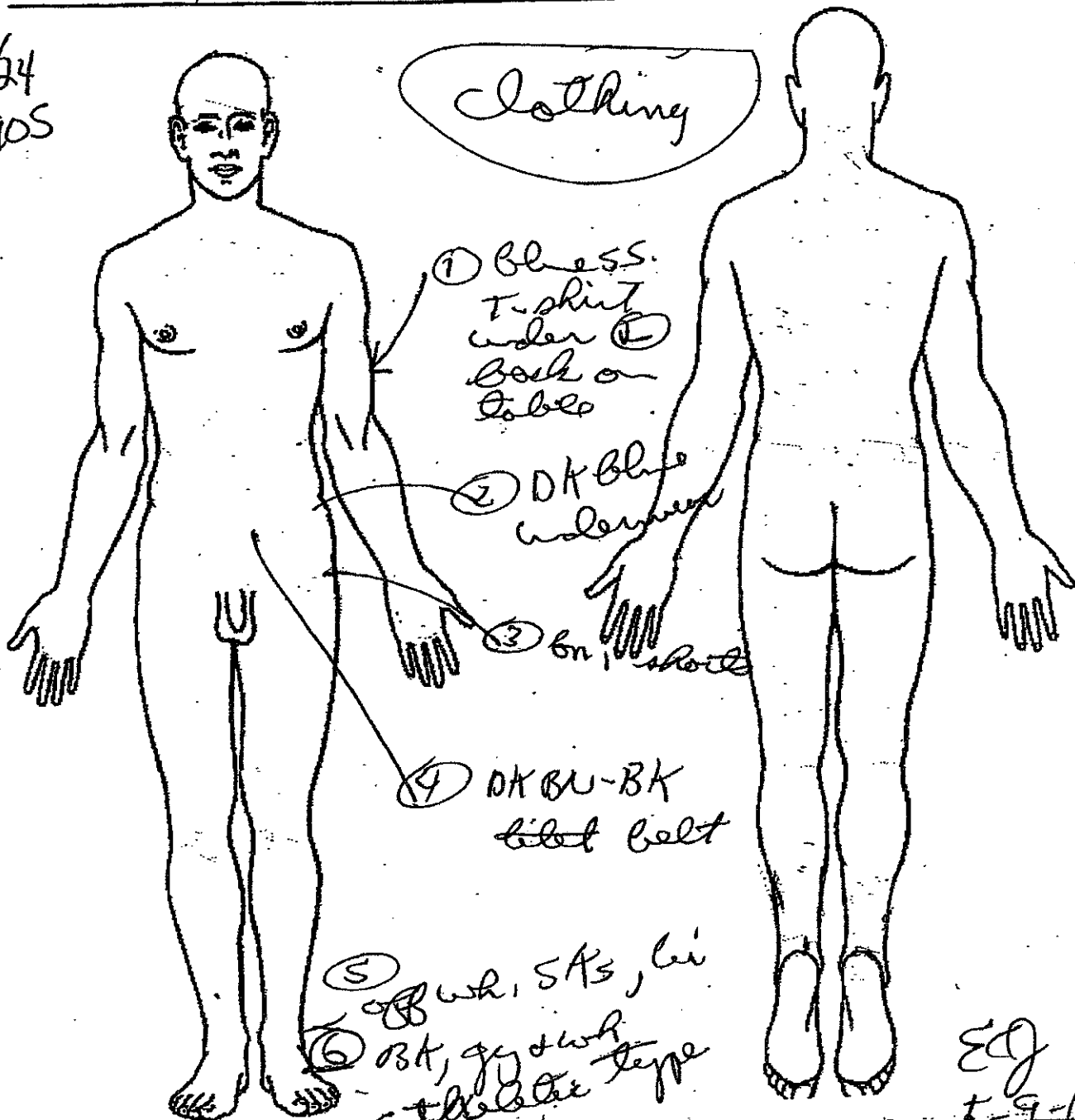
EQ
 5-9-13

{ LABEL }

Hair Color	Eye Color
Teeth	Beard (Y/N)
Weight	Moustache (Y/N)
Height	Clothing
Rigor	
Livor	Seal No.

COPY

3/24
905
JD



⑤ B wh, SAs, li
⑥ BK, gy + wh
athletic type
shoes
(Both, tied properly)

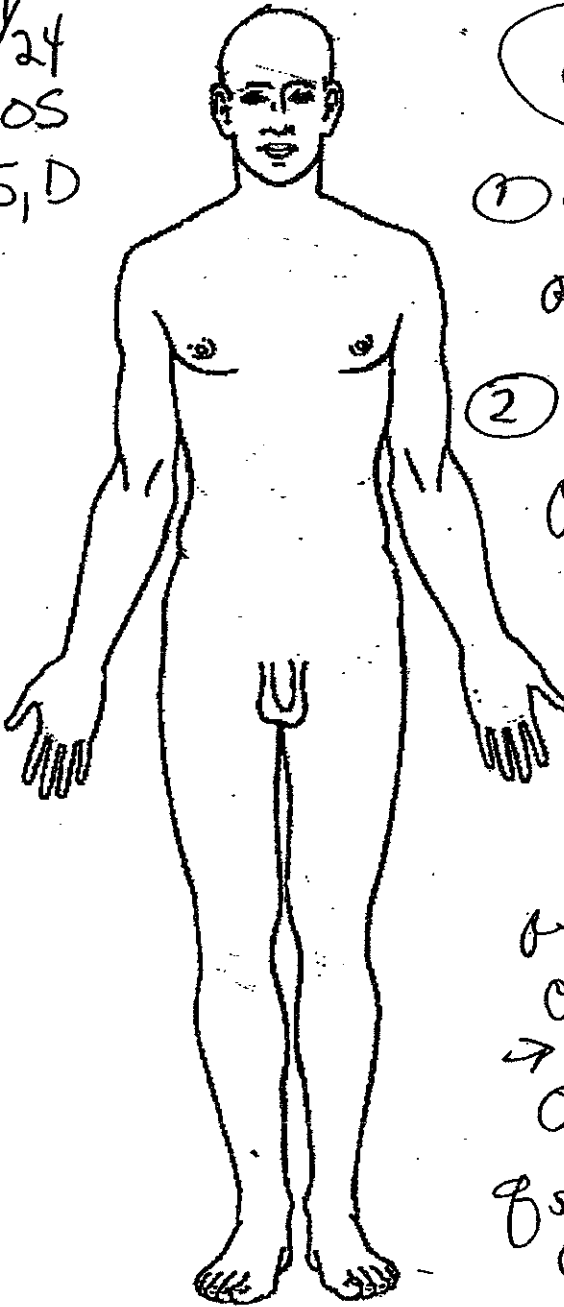
ECJ
5-9-13

05/09/2013
SILVA, David Sal
C00905-13
ECJ, MD

Hair Color	Eye Color
Teeth	Beard (Y/N)
Weight	Moustache (Y/N)
Height	Clothing
Age	
Rigor	
Livor	Seal No.

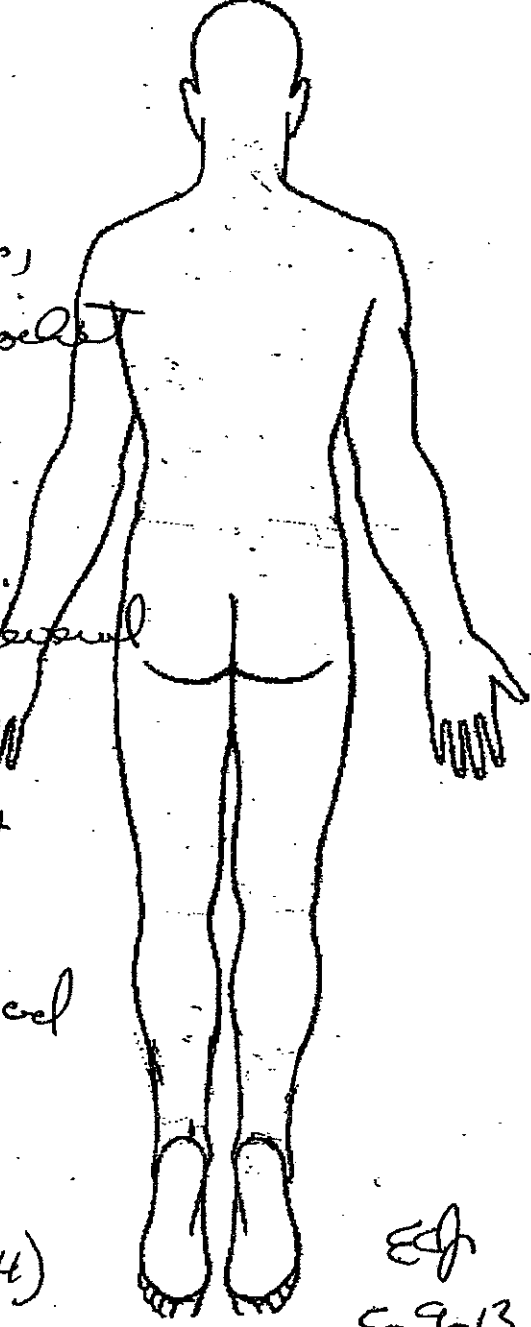
COPY

4/24
905
S, D



Other

- ① gloves, R ft pocket
- ② 3 q's + pills, J, rev. J, personal
- ③ ft pocket



pills are photoed and
→ Sheriff deputies
Bs → tech (total, 4)

ECJ
5-9-13

05/09/2013
SILVA, David Sal
C00905-13
ECJ, MD

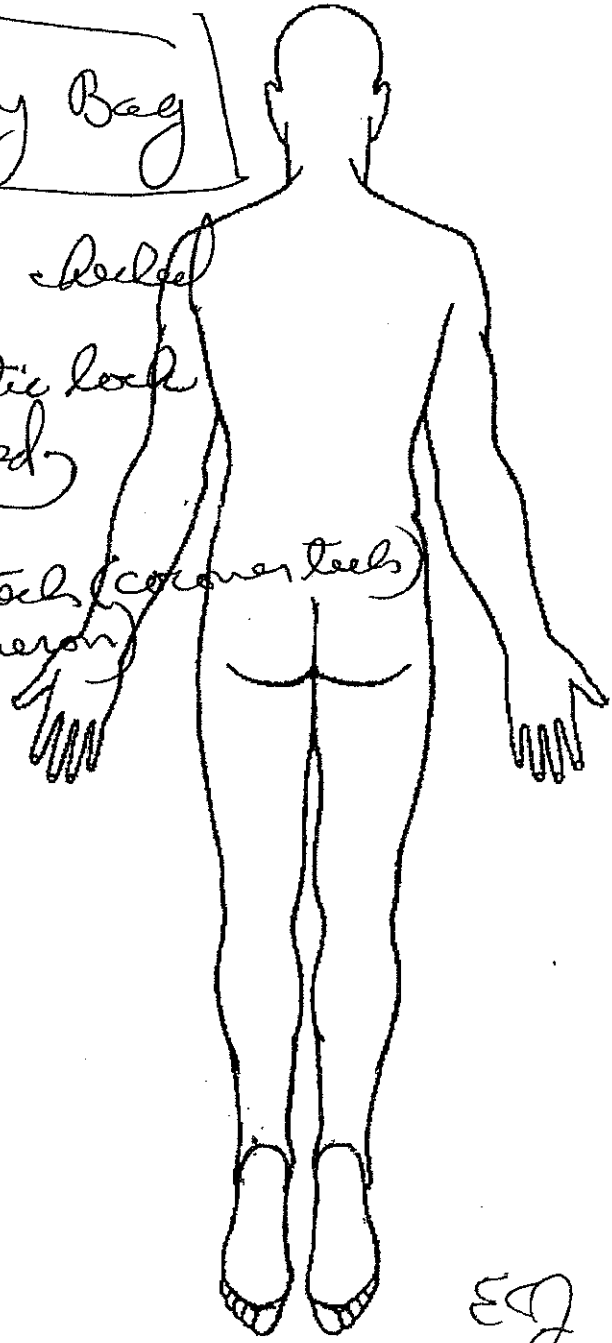
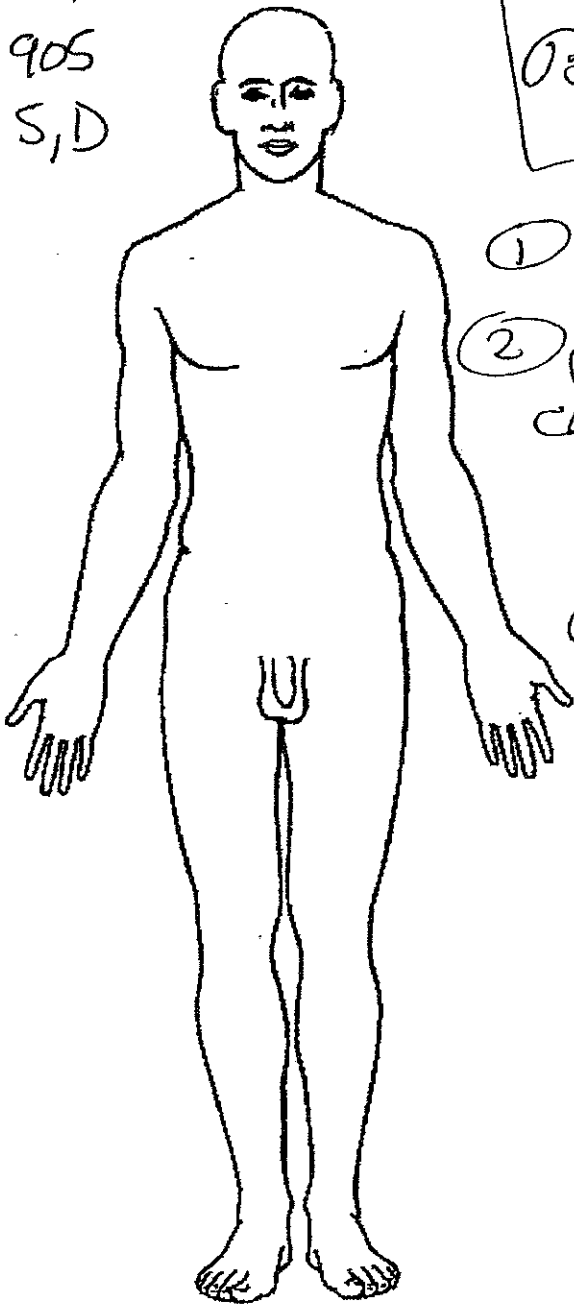
Hair Color	Eye Color
Teeth	Beard (Y/N)
Weight	Moustache (Y/N)
Height	Clothing
Age	
Rigor	
Livor	Seal No.

COPY

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5/24
 905
 S, D

Body Bag



- ① Zip closed
 - ② Plastic lock closed
- ↓
 to Tech (Cameron)

EQ

{ LABEL }

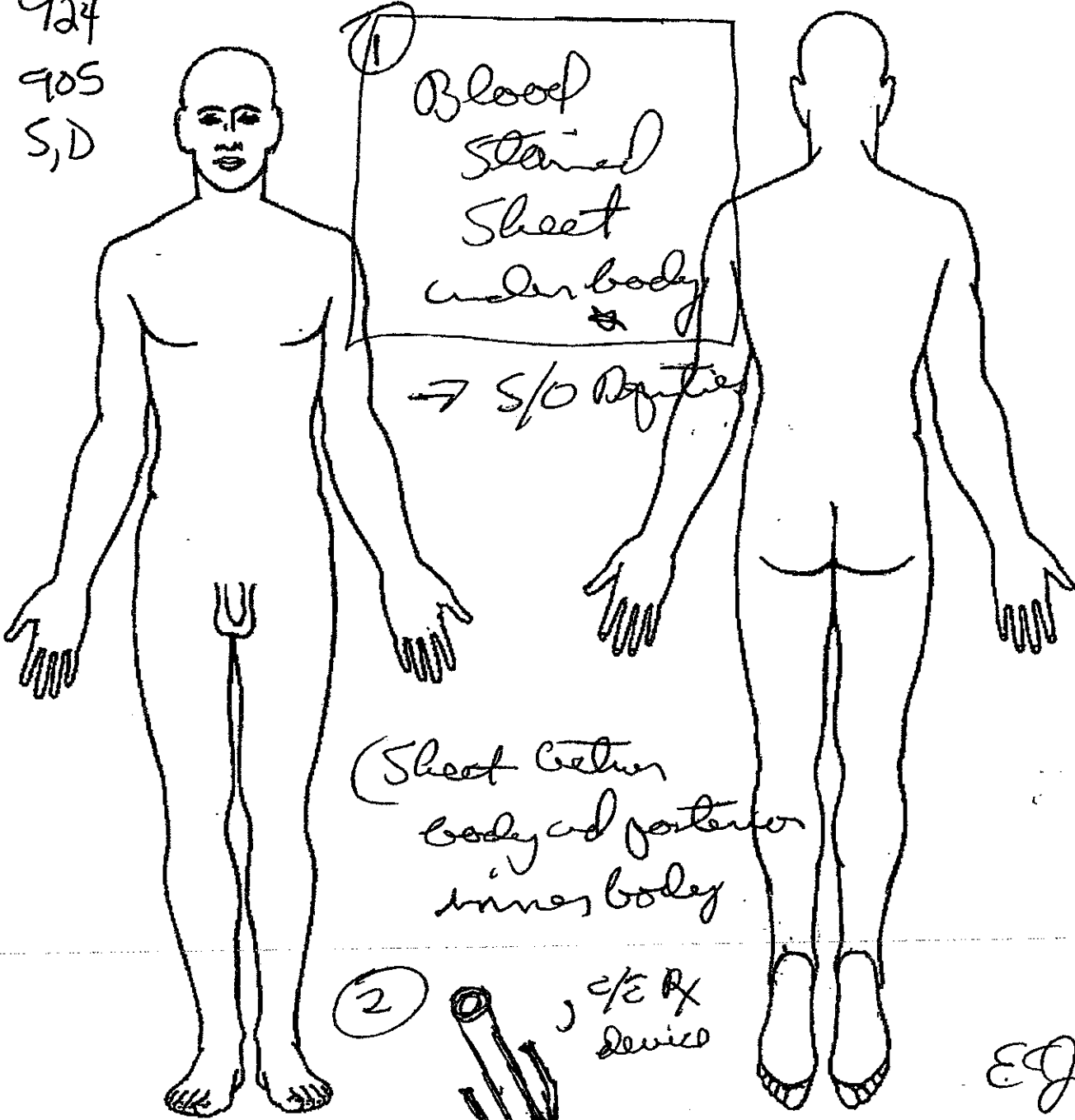
Hair Color	Eye Color
Teeth	Beard (Y/N)
Weight	Moustache (Y/N)
Height	Clothing
Rigor	
Livor	Seal No.

5-9-13

COPY

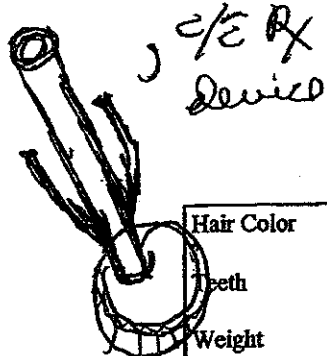
KERN COUNTY SHERIFF-CORONER'S OFFICE
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6/24
 905
 S, D



(Sheet between body and posterior in inner body)

2



EG

05/09/2013
 SILVA, David Sal
 C00905-13
 ECJ, MD

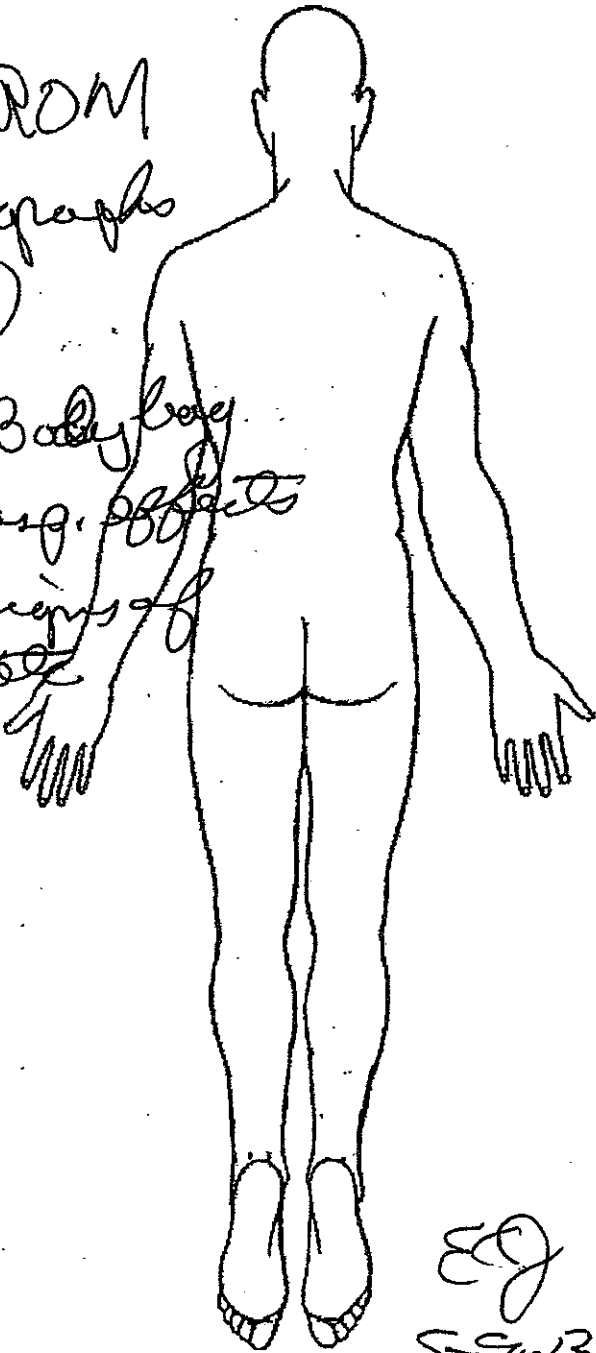
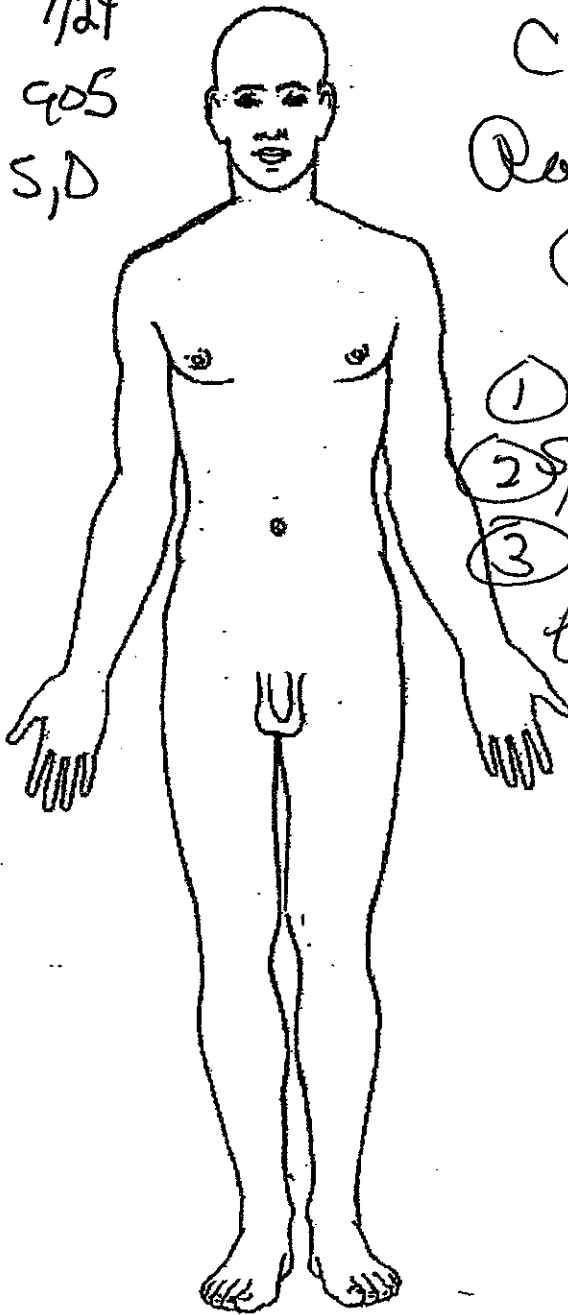
Hair Color	Eye Color	5-9-13
Teeth	Beard (Y/N)	
Weight	Moustache (Y/N)	
Height	Clothing	
Rigor		
Livor	Seal No.	

COPY

7/24
905
S,D

CD ROM
Radiographs
15

- ① S/p Body bag
- ② S/p Nasal objects
- ③ No signs of
BxS, etc



EG

S-9-13

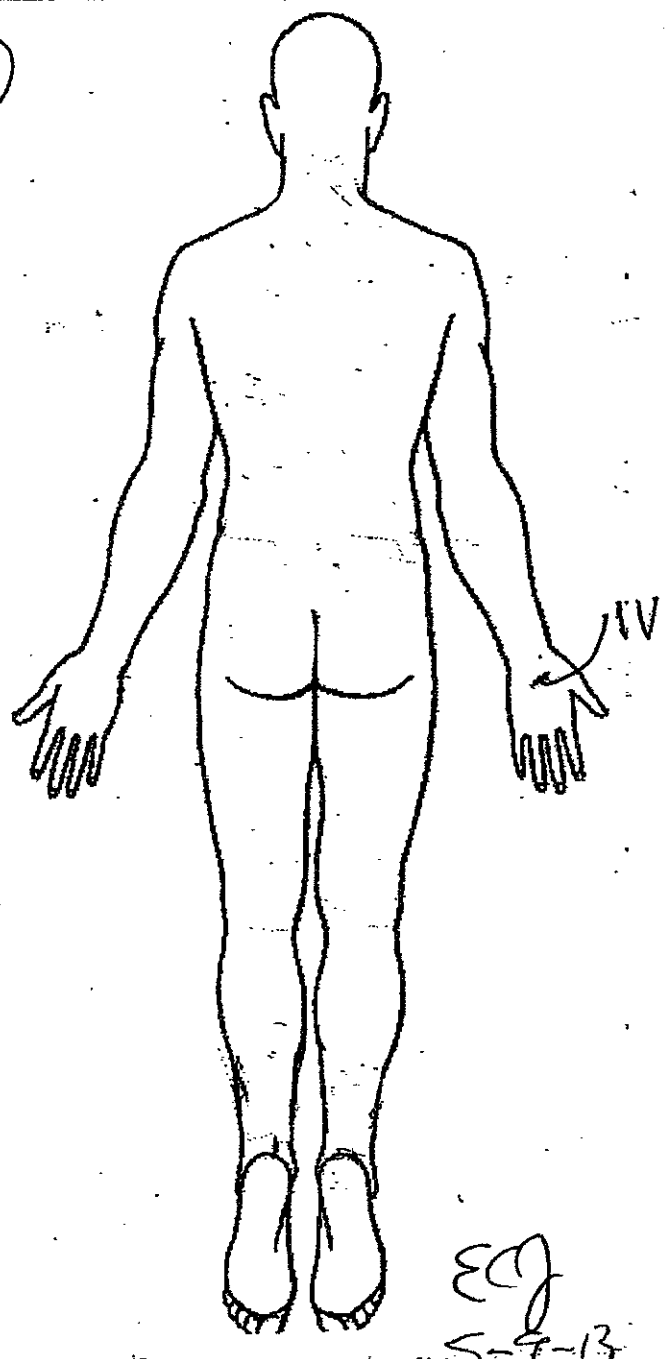
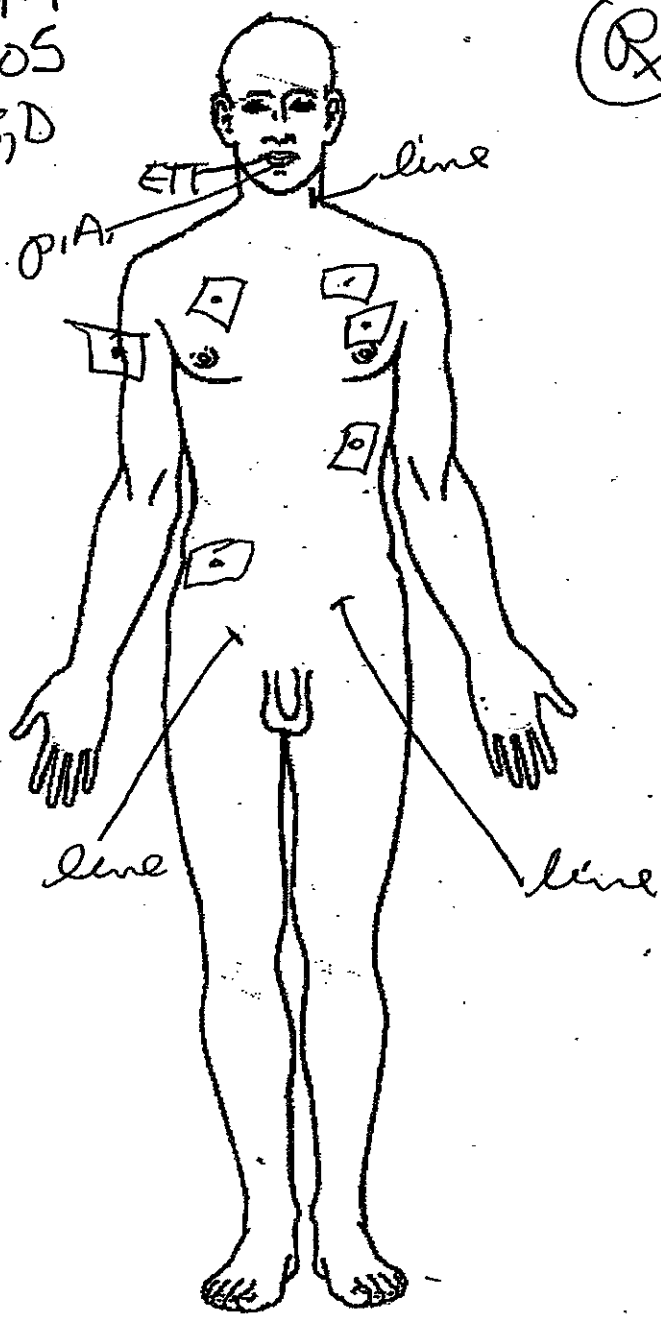
{ LABEL }

Hair Color	Eye Color
Teeth	Beard (Y/N)
Weight	Moustache (Y/N)
Height	Clothing
Rigor	
Livor	Seal No.

COPY

8/24
905
S, D

(R)

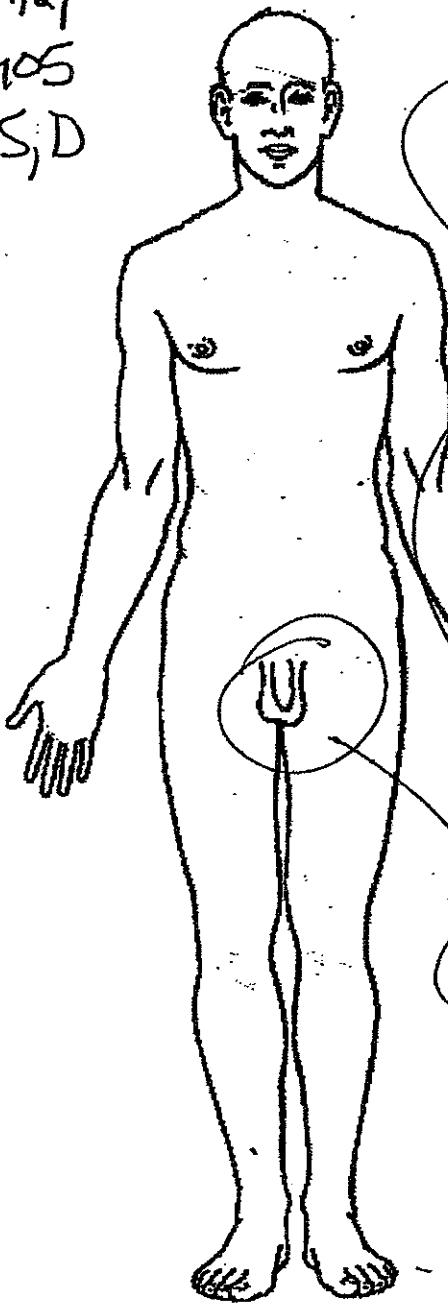


05/09/2013
SILVA, David Sai
C00905-13
ECJ, MD

Hair Color	Eye Color
Teeth	Beard (Y/N)
Weight	Moustache (Y/N)
Height	Clothing
Age	
Rigor	
Livor	Seal No.

COPY

9/24
405
S, D

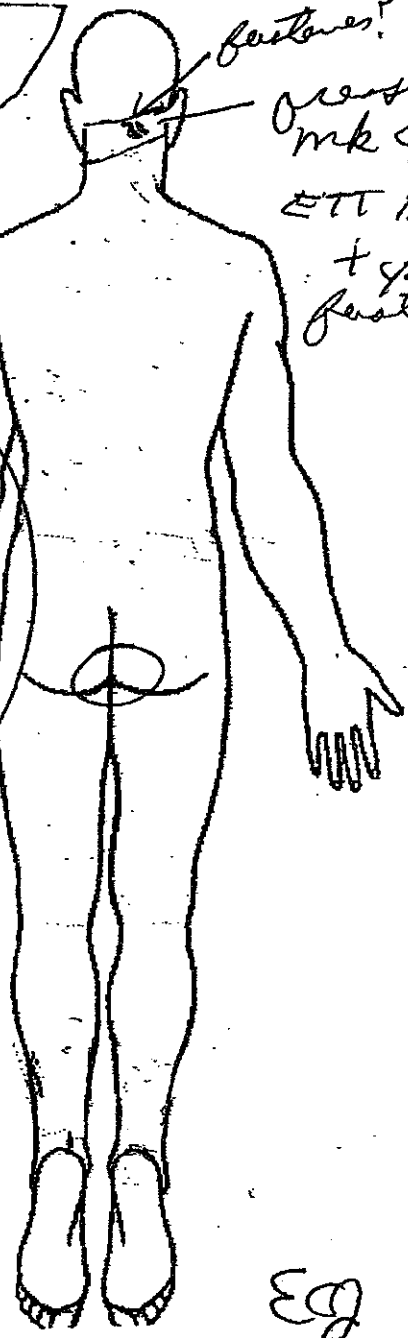


Miscellaneous

① D/P R
post.
view

② NO BFT
signs at
inner
crotches
and
anus

NL, NO BFT
signs here



fasteners?
pressure
mk c/s
ETT strip
+ c/s
fasteners

EG

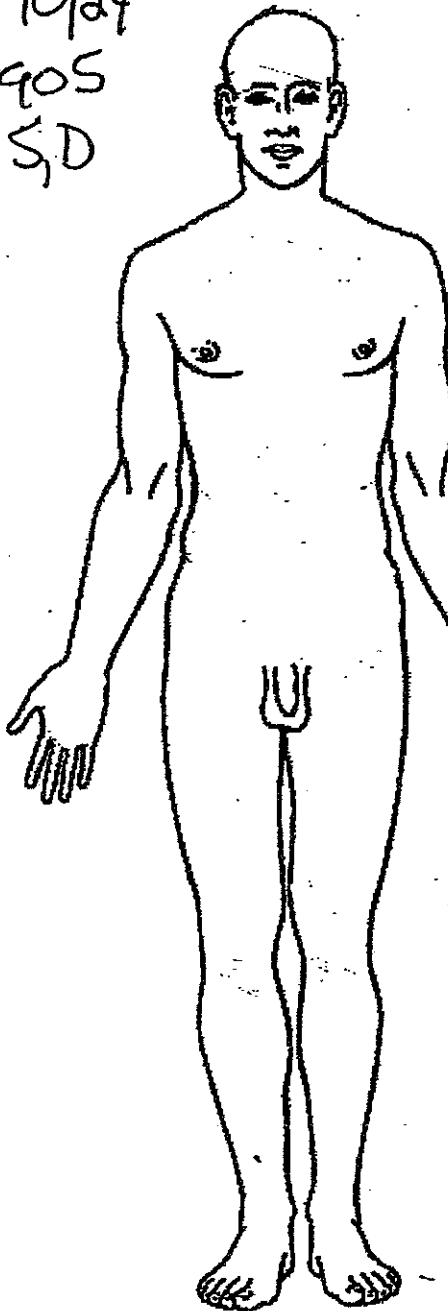
{ LABEL }

Hair Color	Eye Color
Teeth	Beard (Y/N)
Weight	Moustache (Y/N)
Height	Clothing
Age	
Rigor	
Livor	Seal No.

5-9-13

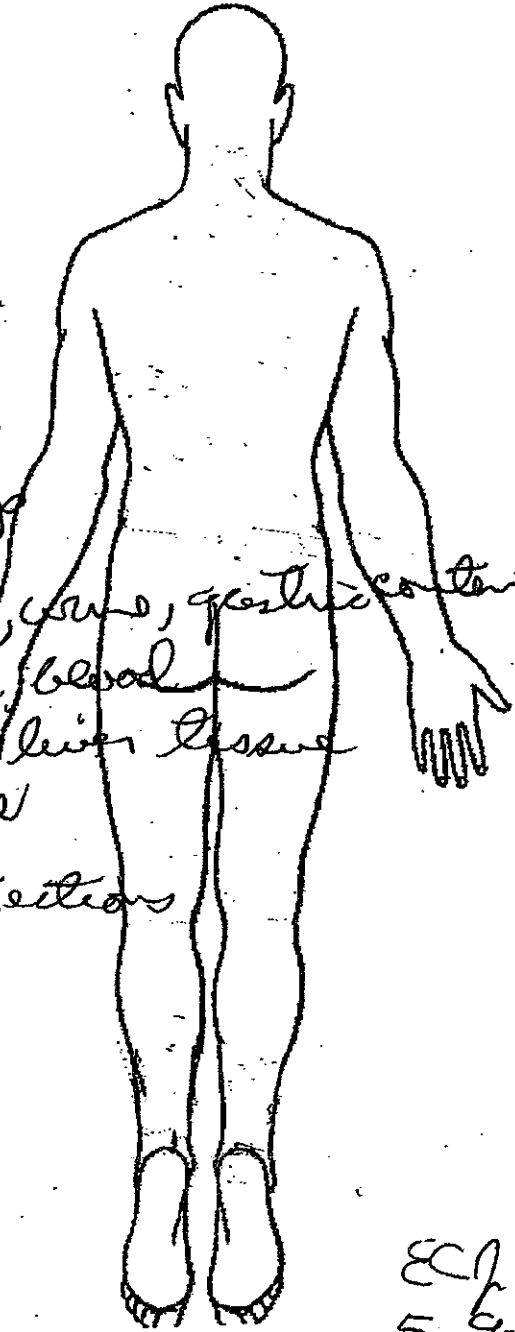
COPY

10/24
905
SD



Evidence
Collection
HX

- ① photos of hands
- ② Hand Swabs
- ③ FN clippings
- ④ Tox
 - a) Urine, Bile, Urine, gastric content
- ⑤ HE, Fern, blood
- ⑥ Brain, liver tissue samples
- ⑦ Tissue sections



ECJ
5-9-13

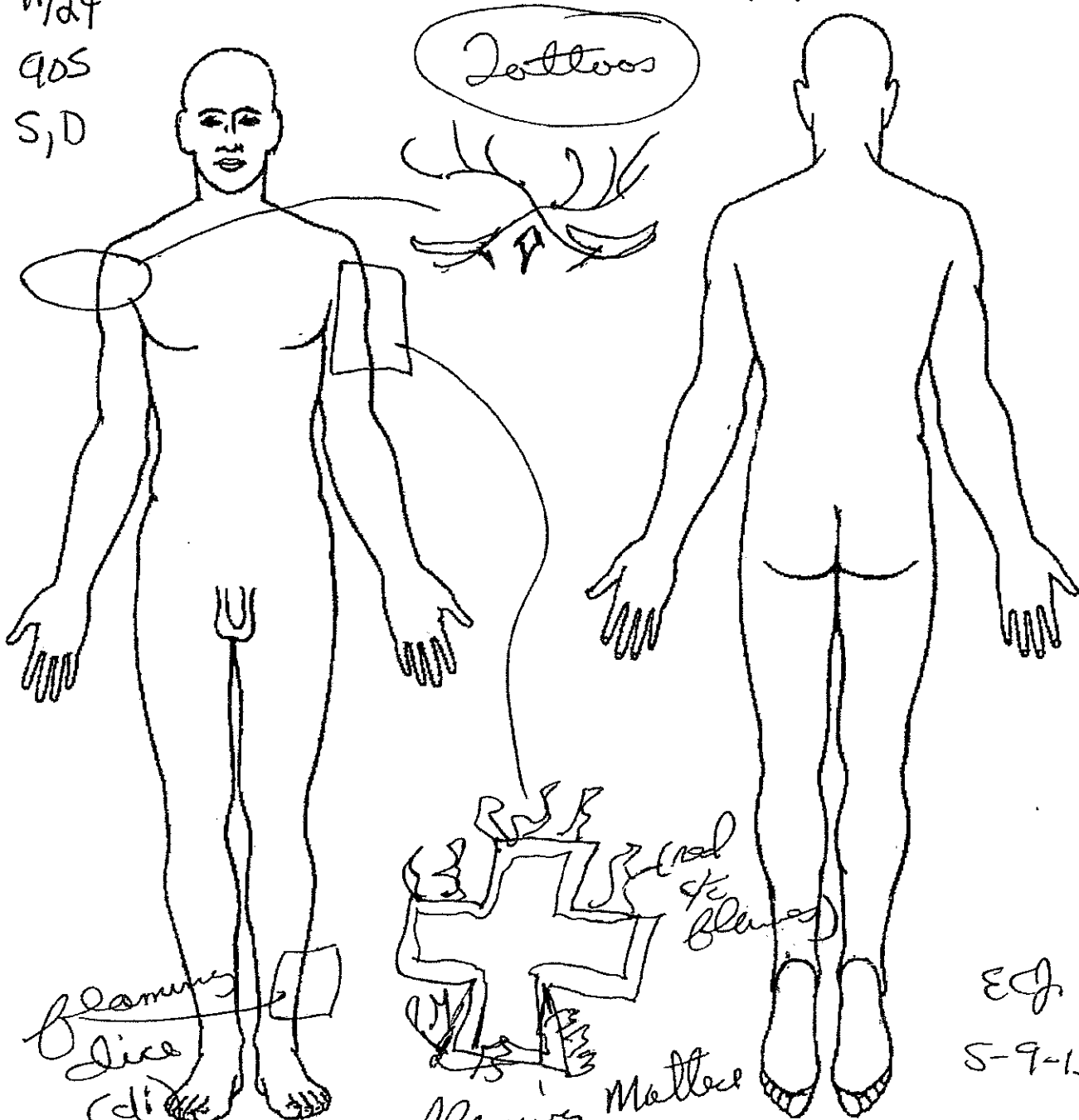
05/09/2013
SILVA, David Sal
C00905-13
ECJ, MD

Hair Color brown	Eye Color brown
Teeth rot	Beard (Y/N)
Weight 261	Moustache (Y/N)
Height 71" ECJ	Clothing 2 gray tennis shoes, 2 white socks, tan shorts, blk belt, blue boxers, briefs
Age 33	
Rigor	
Livor	Seal No. C00905-13 SILVA, David

COPY

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 1832 Flower Street, Bakersfield, CA 93305 (661) 868-0100

11/24
 905
 S, D



EGJ
 5-9-13

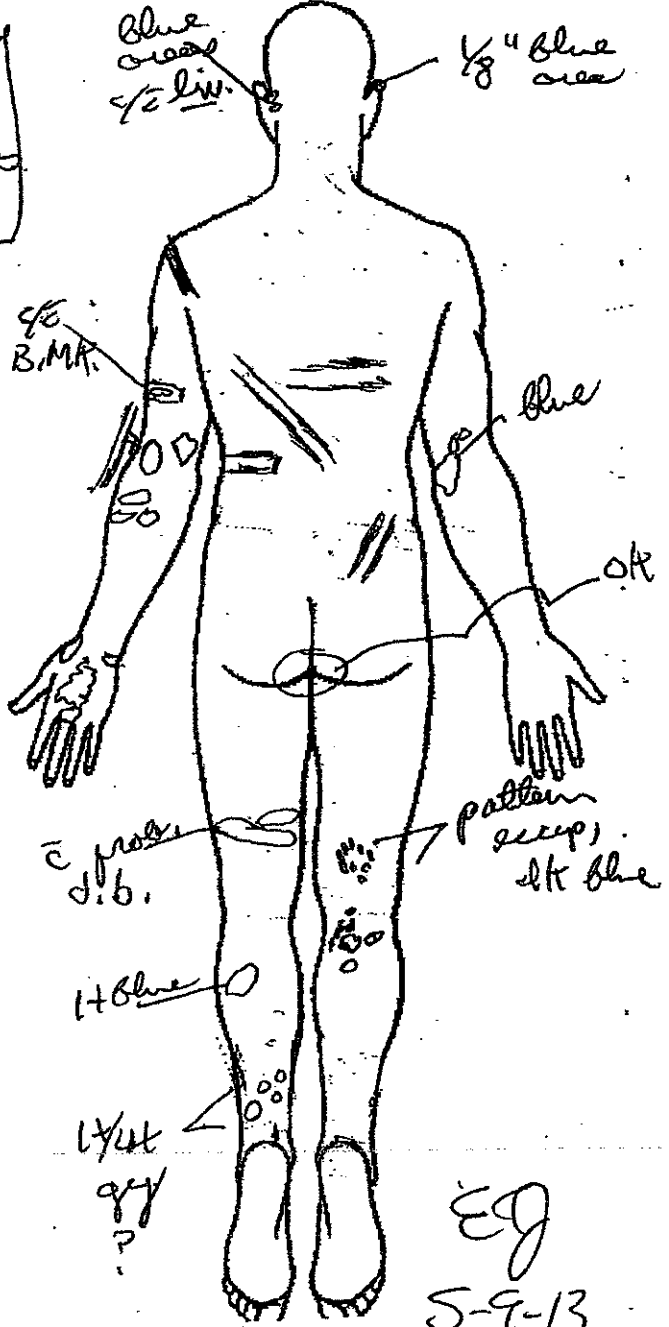
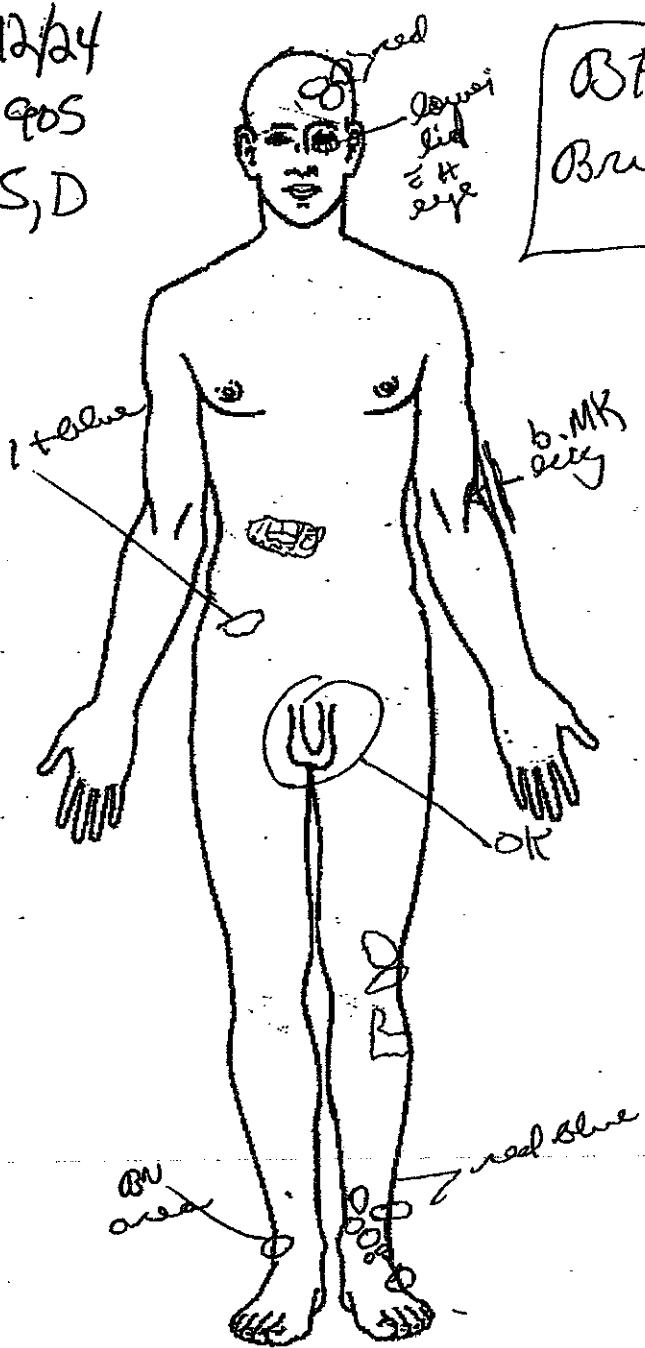
{ LABEL }

Hair Color	Eye Color
Teeth	Beard (Y/N)
Weight	Moustache (Y/N)
Height	Clothing
Rigor	
Livor	Seal No.

COPY

12/24
905
S, D

BFT
Bruise



{ LABEL }

Hair Color	Eye Color
Teeth	Beard (Y/N)
Weight	Moustache (Y/N)
Height	Clothing
Age	
Rigor	
Livor	Seal No.

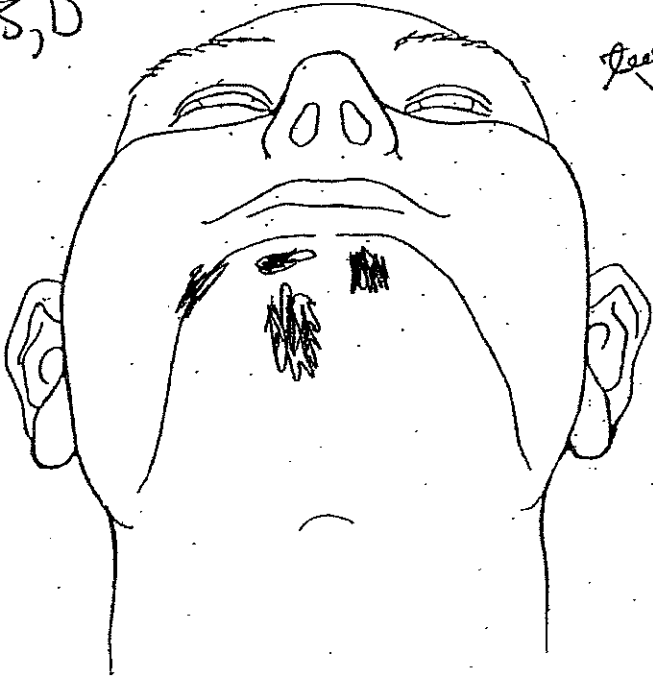
COPY

13/24

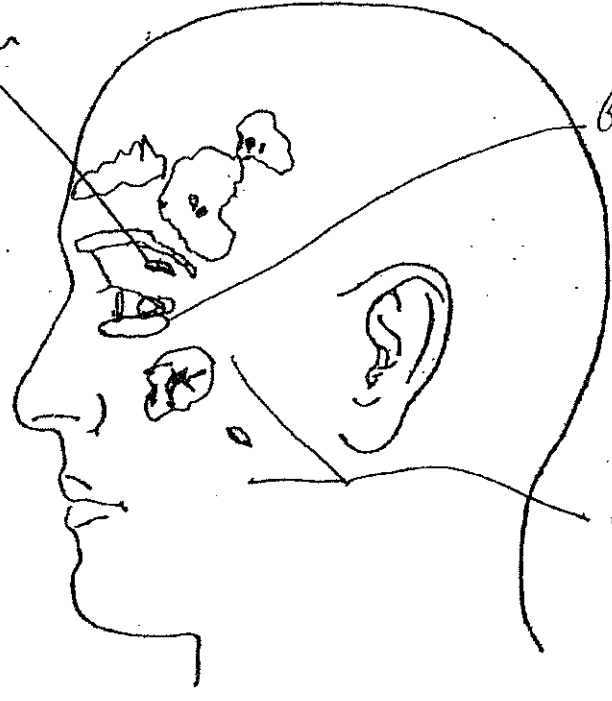
905

S, D

DATE _____ CASE NO. _____

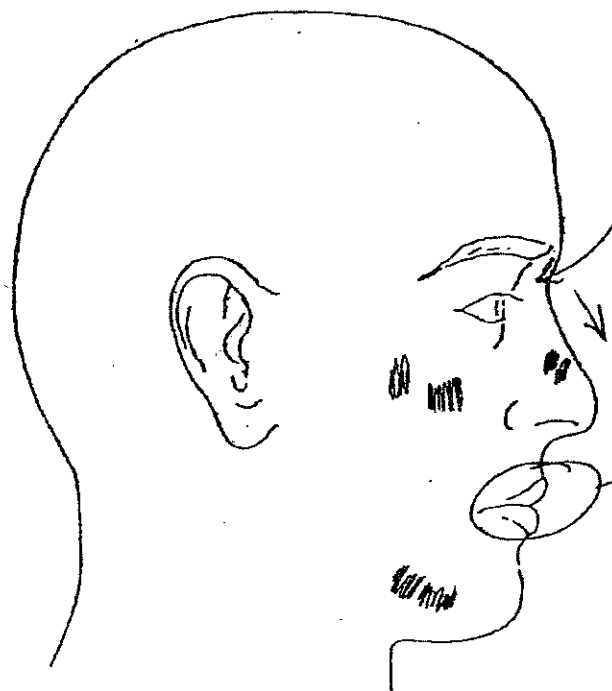
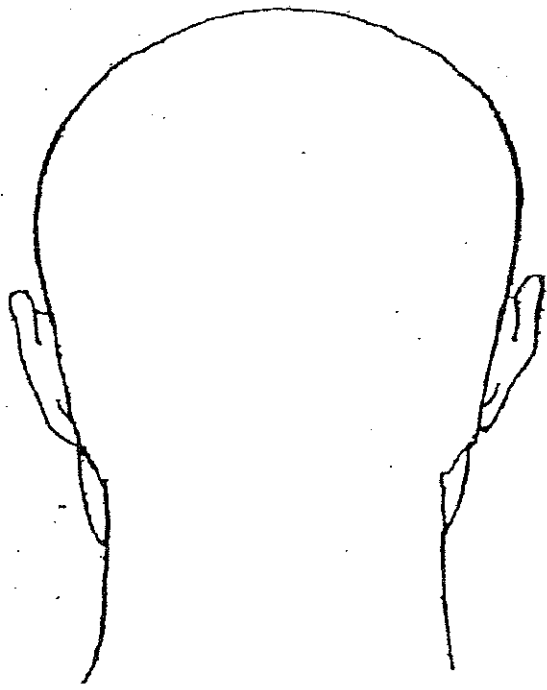


Scars



red blue

Scars
punch
S/O
d.b.



NO
BX

teeth
off

MEMO: TO FILE

DIAGRAM /

DATE / /

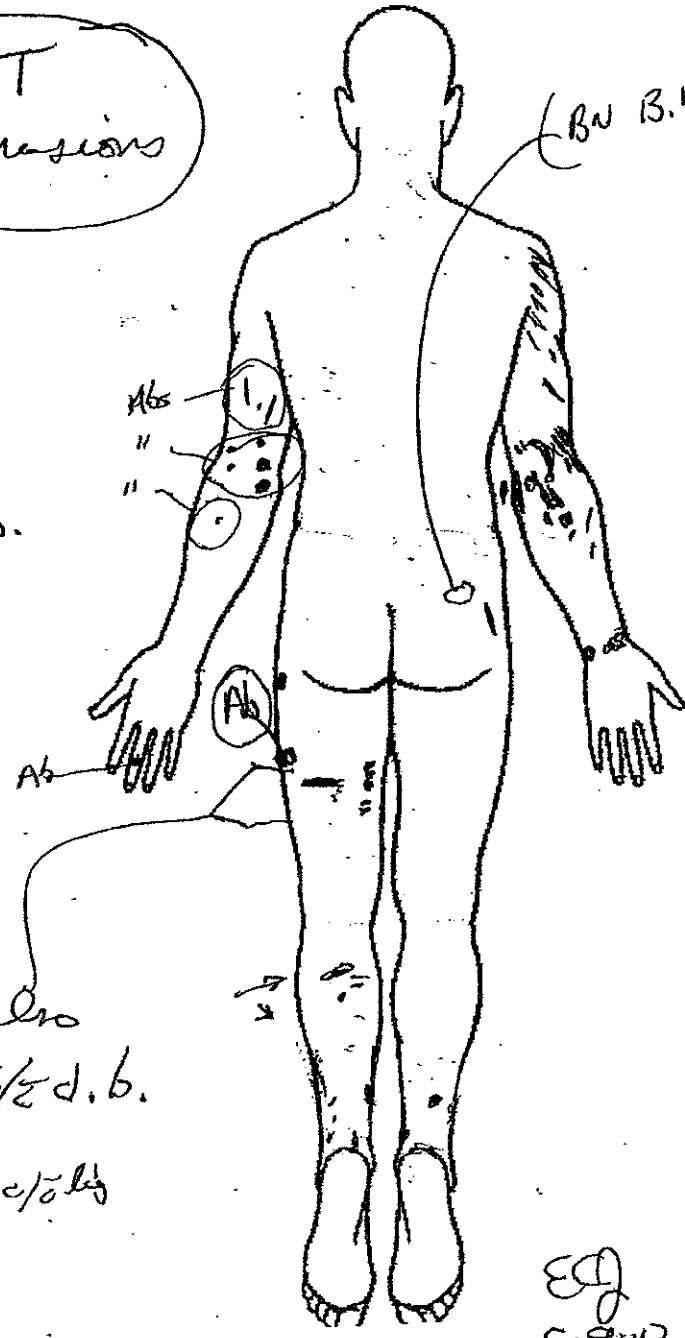
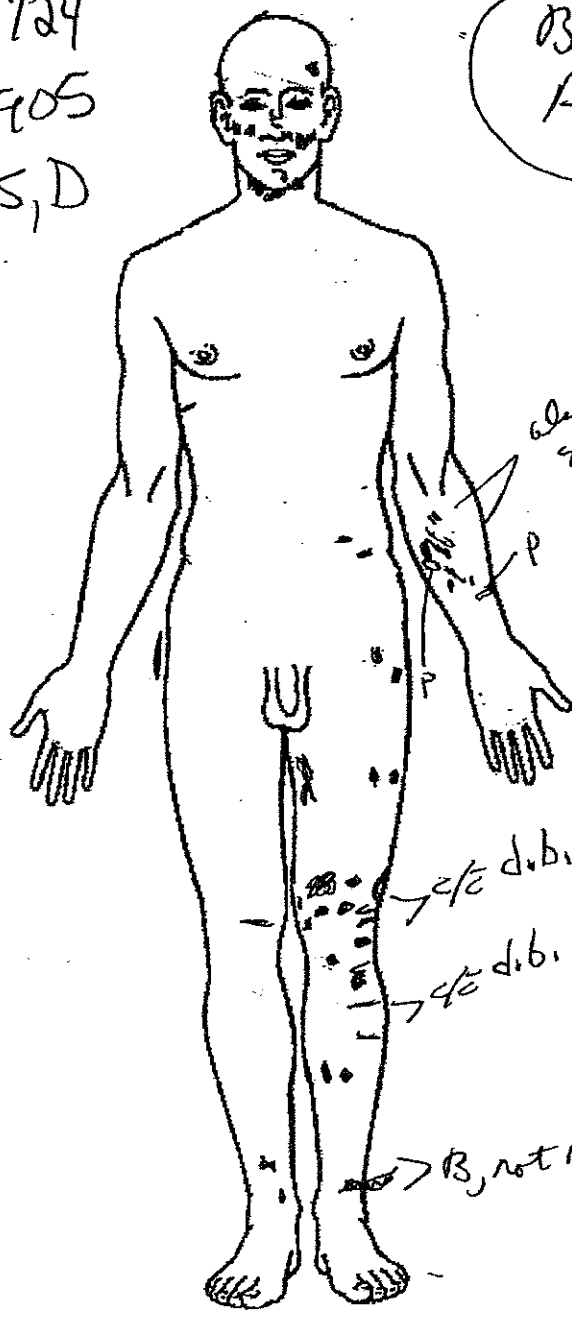
COPY

EG
5-9-B

14/24
 905
 S, D

BET
 Abrasions

(B.W. B.M.)



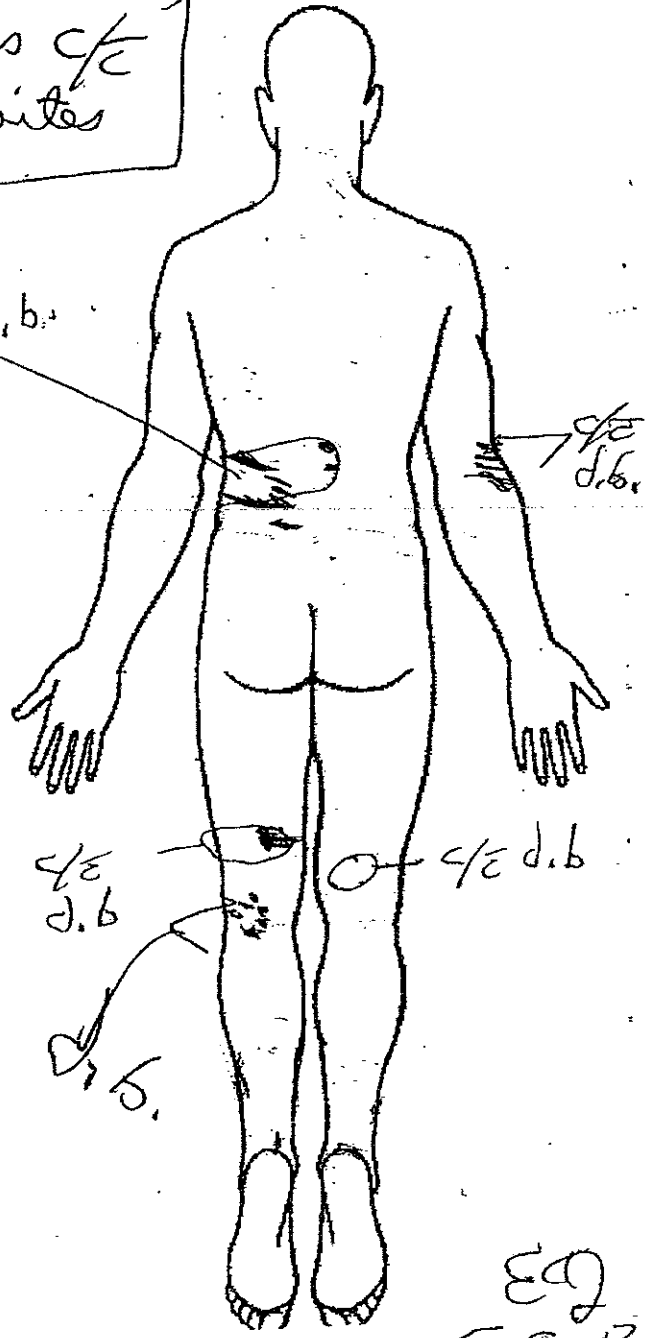
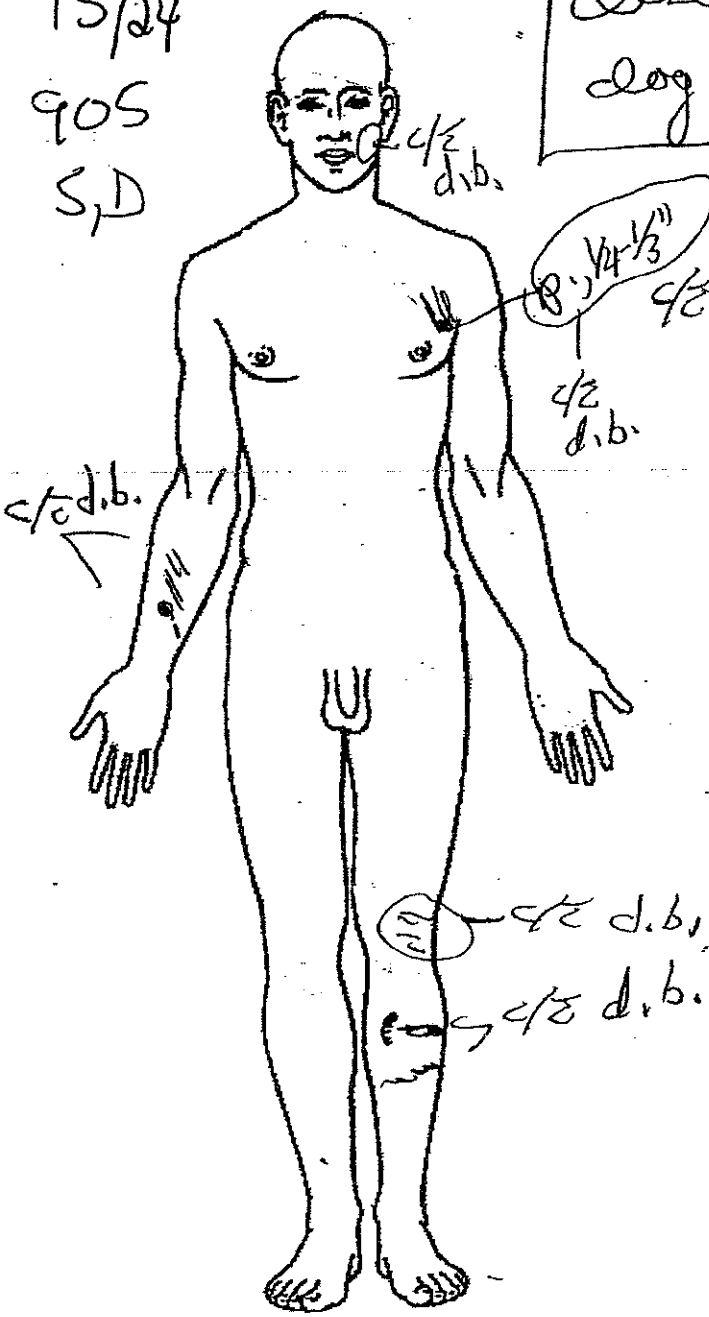
{ LABEL }

Hair Color	Eye Color
Teeth	Beard (Y/N)
Weight	Moustache (Y/N)
Height	Clothing
Age	COPY
Rigor	
Livor	
	Seal No.

EG
 S-9213

15/24
 905
 S, D

Injuries c/c
 dog bites

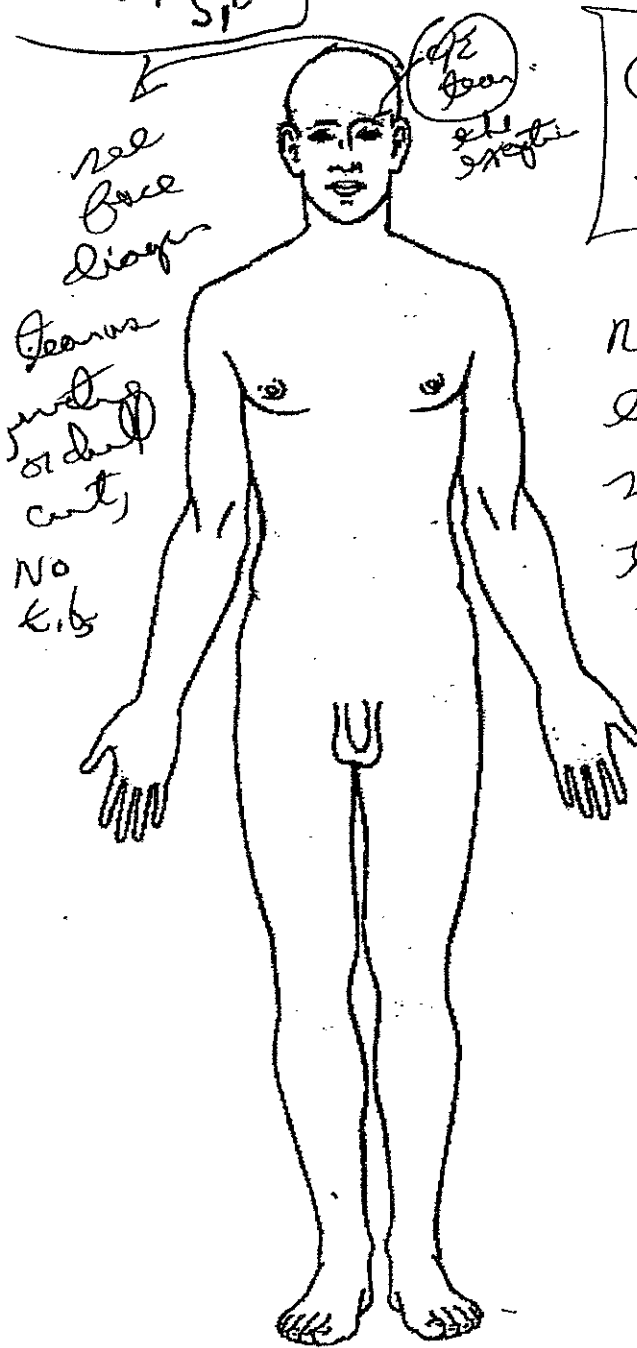


EG
 5-9-13

{ LABEL }

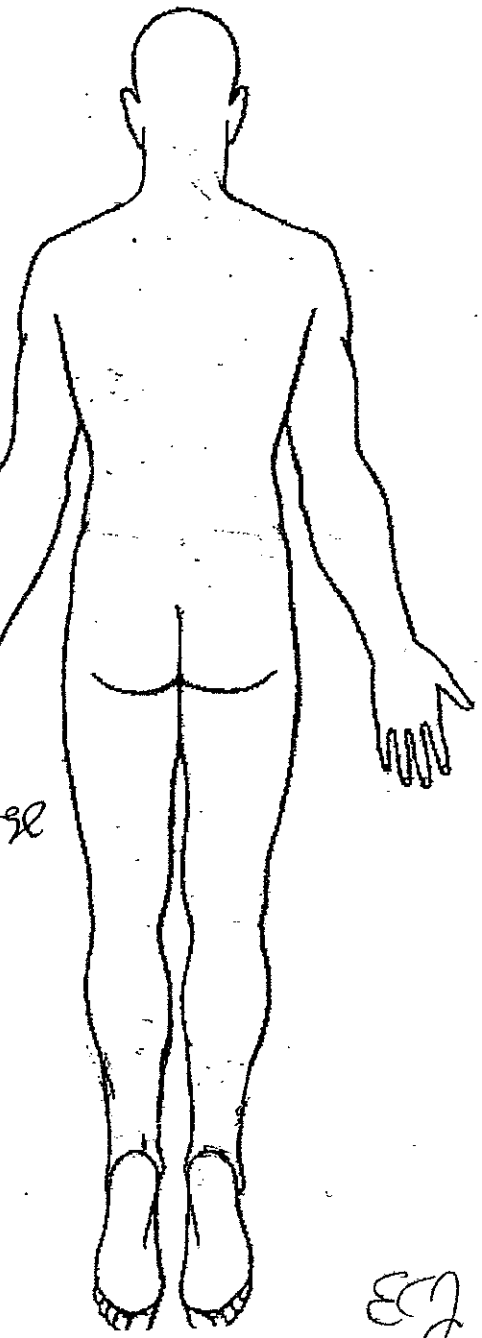
Hair Color	Eye Color
Teeth	Beard (Y/N)
Weight	Moustache (Y/N)
Height	Clothing
Age	COPY
Rigor	
Livor	
	Seal No.

16/24 905
 SP



BFT
 Scarf
 BXS

No BFT
 Scarf or BXS
 requires search
 two or
 more areas
 are most
 4/2
 d.b. damage



EG

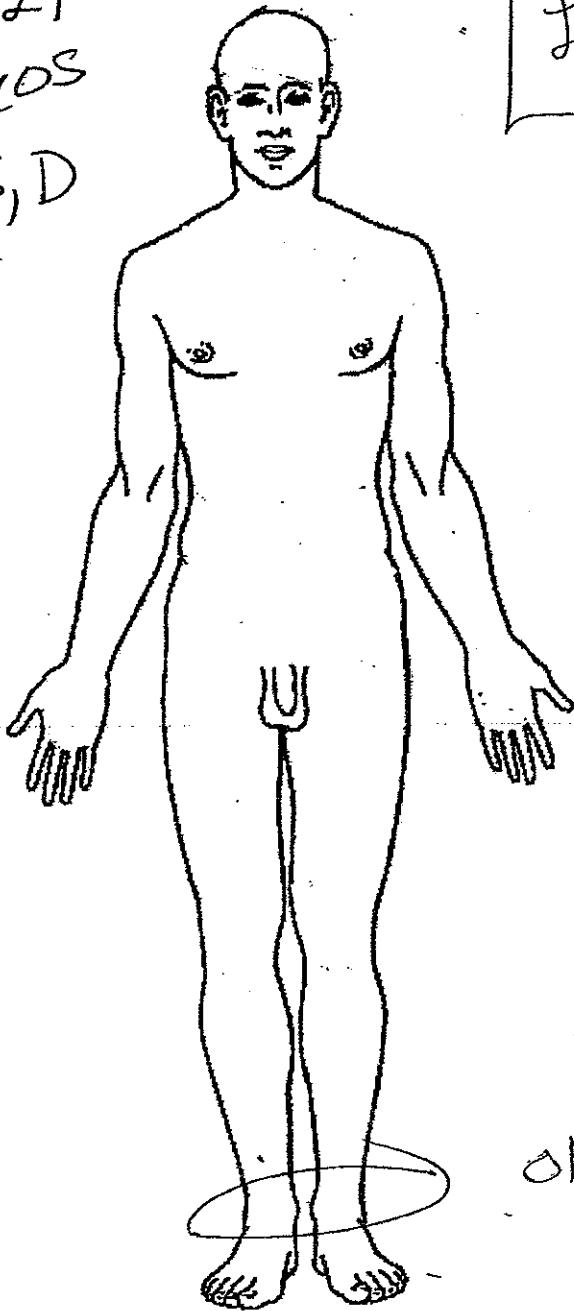
{ LABEL }

Hair Color	Eye Color
Teeth	Beard (Y/N)
Weight	Moustache (Y/N)
Height	Clothing
Age	COPY
Rigor	
Livor	

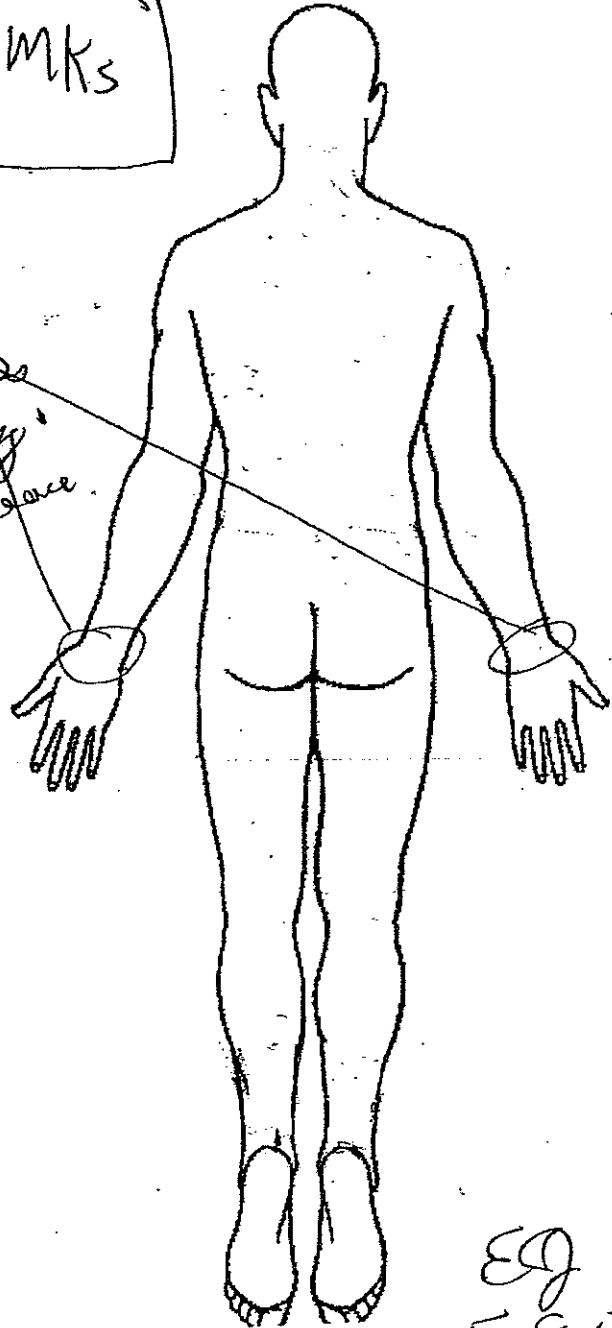
5-9-13

7/24
903
S, D

Fig. MKs



see
Rental
draft
please



{ LABEL }

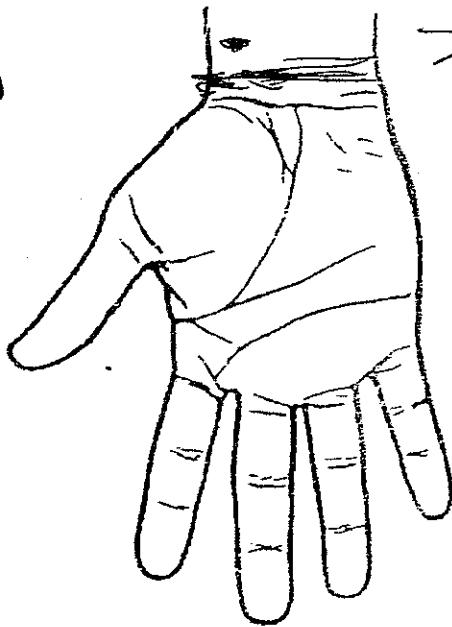
Hair Color	Eye Color
Teeth	Beard (Y/N)
Weight	Moustache (Y/N)
Height	Clothing
Age	COPY
Rigor	
Livor	
	Seal No.

18/24

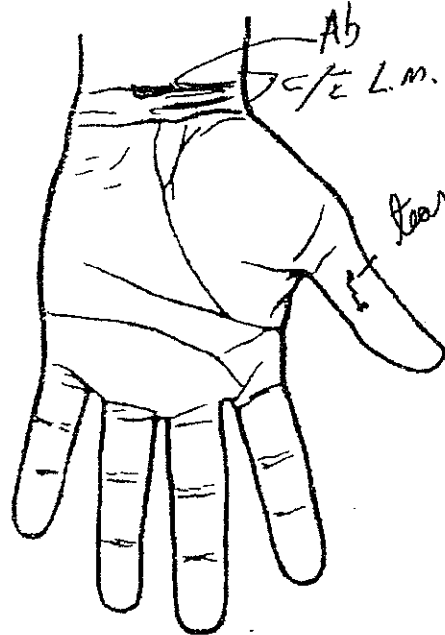
905

S,D

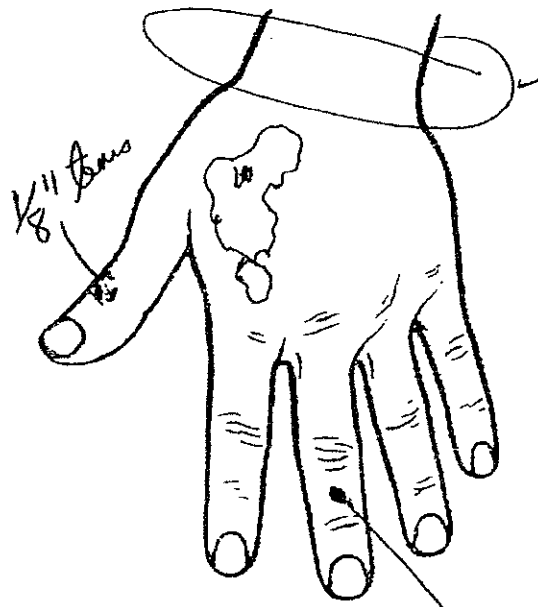
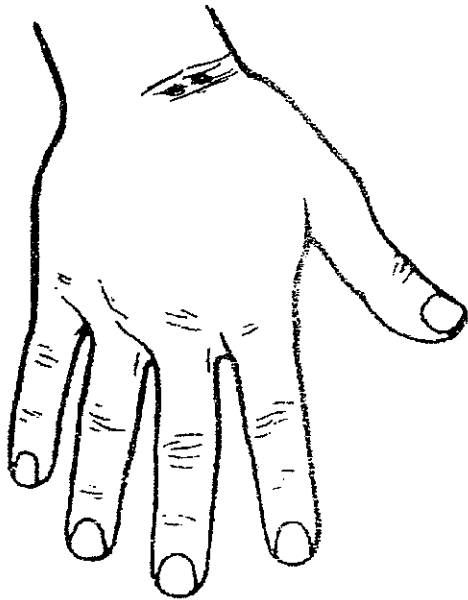
KERN COUNTY SHERIFF-CORONER'S OFFICE
1832 Flower Street, Bakersfield, CA 93305 - (661) 868-0100



7/4
L.M.K



Scar/ant



NO
L.M.
marks

Ab

(LABEL)

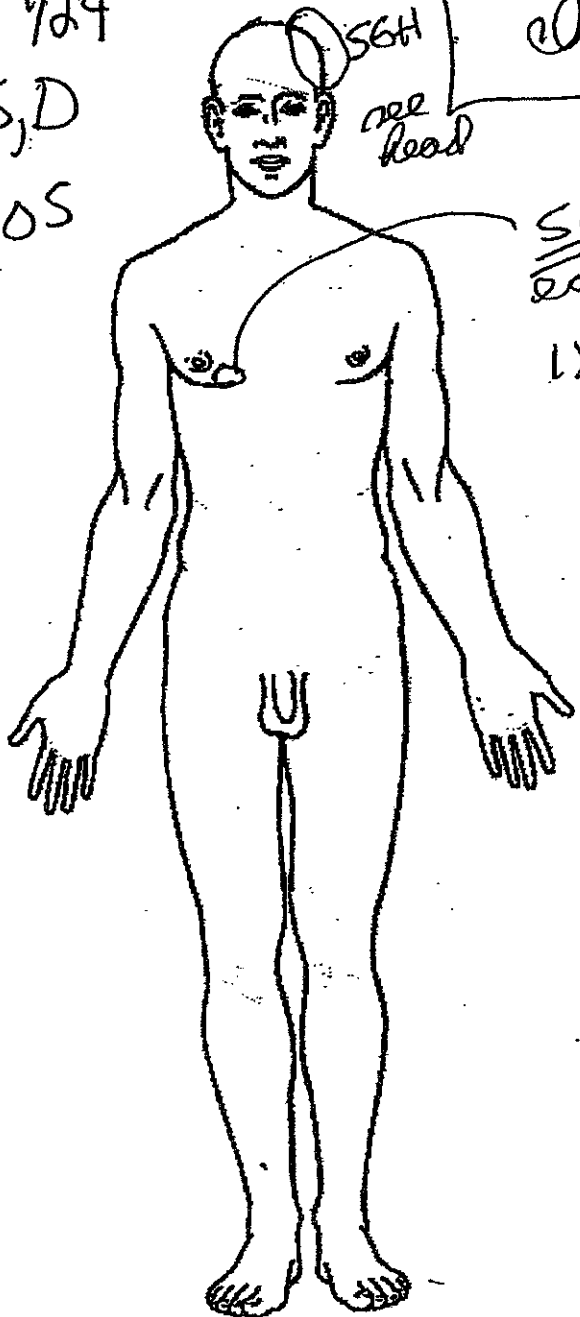
COPY

EQ

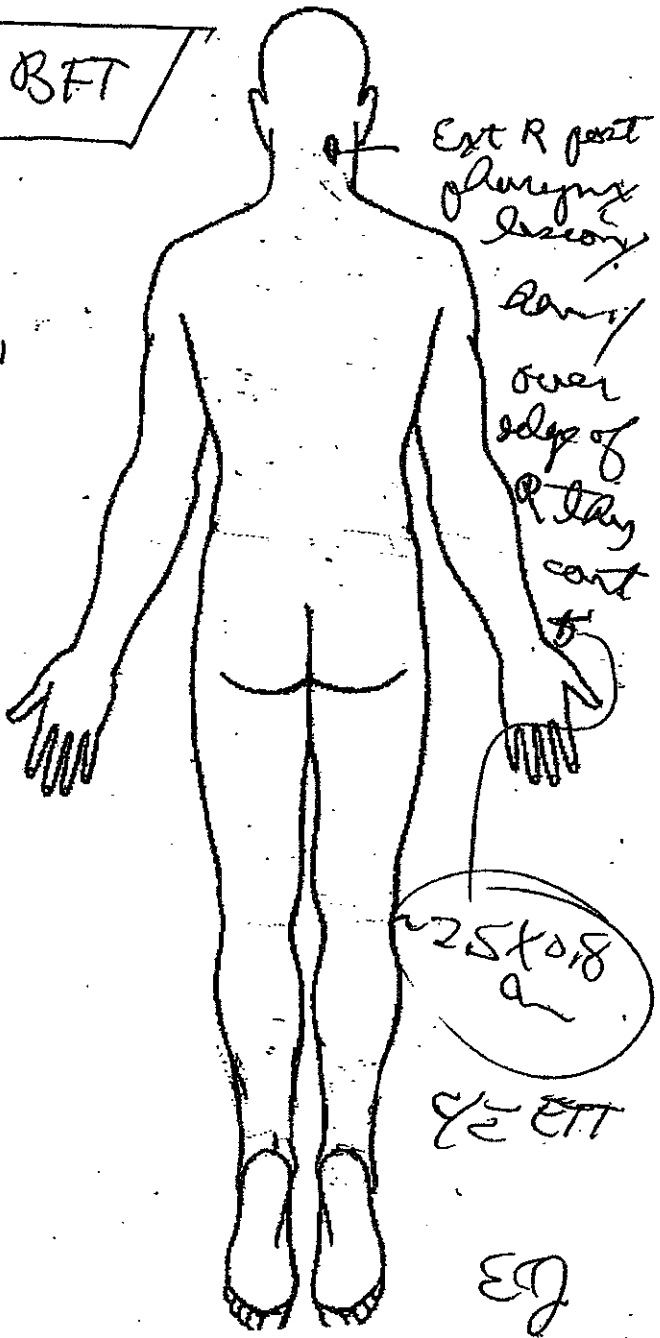
5-9-13

19/24
 S, D
 905

Ant. BFT



59
 22 1/2
 1 X 3/4"



{ LABEL }

Hair Color	Eye Color	S-9-B
Teeth	Beard (Y/N)	
Weight	Moustache (Y/N)	
Height	Clothing	
Age		
Rigor		
Livor	Seal No.	

COPY

20/24
EOS
S, D

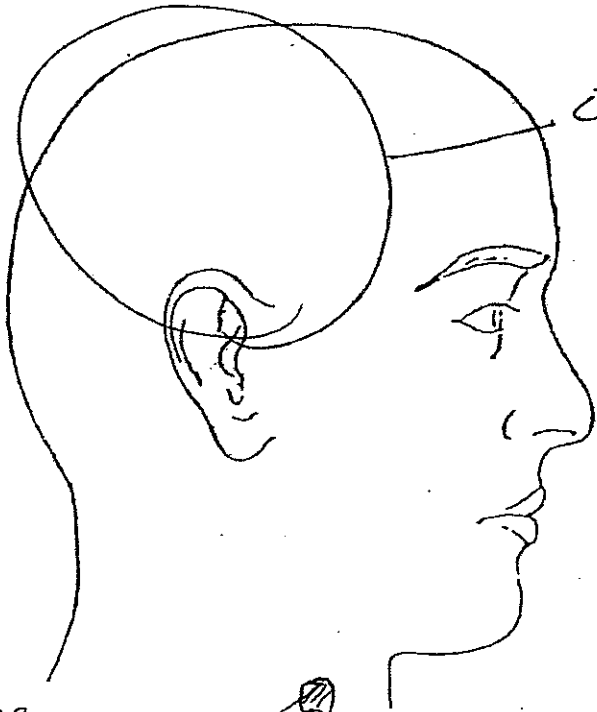
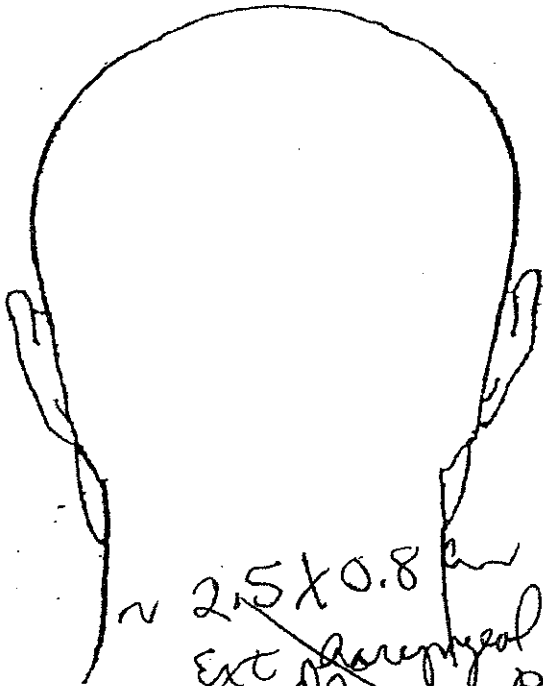
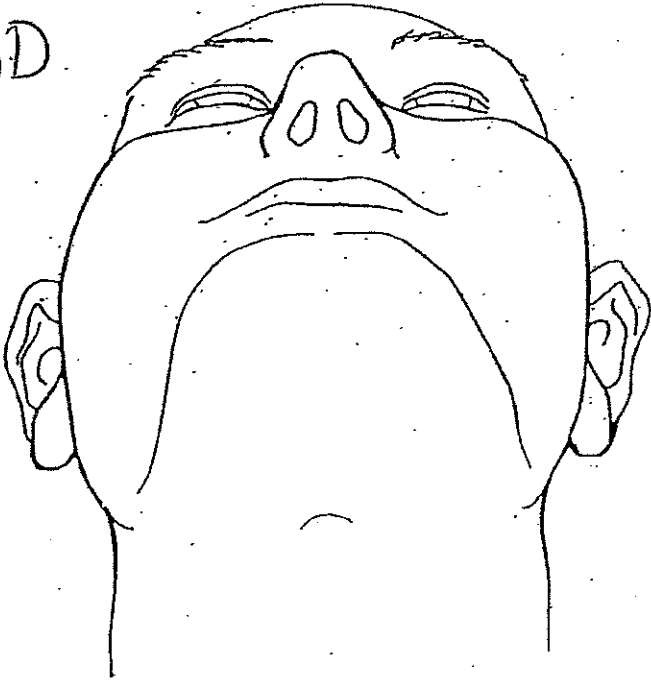
COPY

DATE _____

CASE NO. _____

56H/s
5PHs

+ throat
exay



~ 2.5 x 0.8 cm
Ext. dermal
wall over R
part. upper edge
of this cart.

NO Fks

ECJ
5-9-13

MEMO: TO FILE

DIAGRAM 1

DATE / /

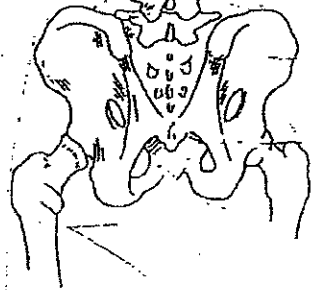
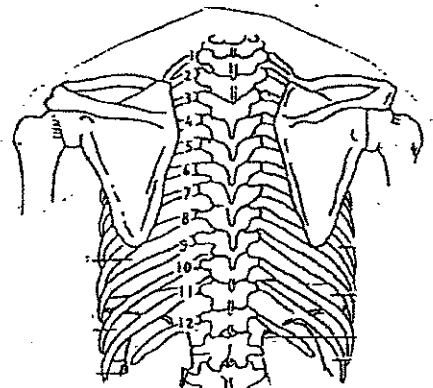
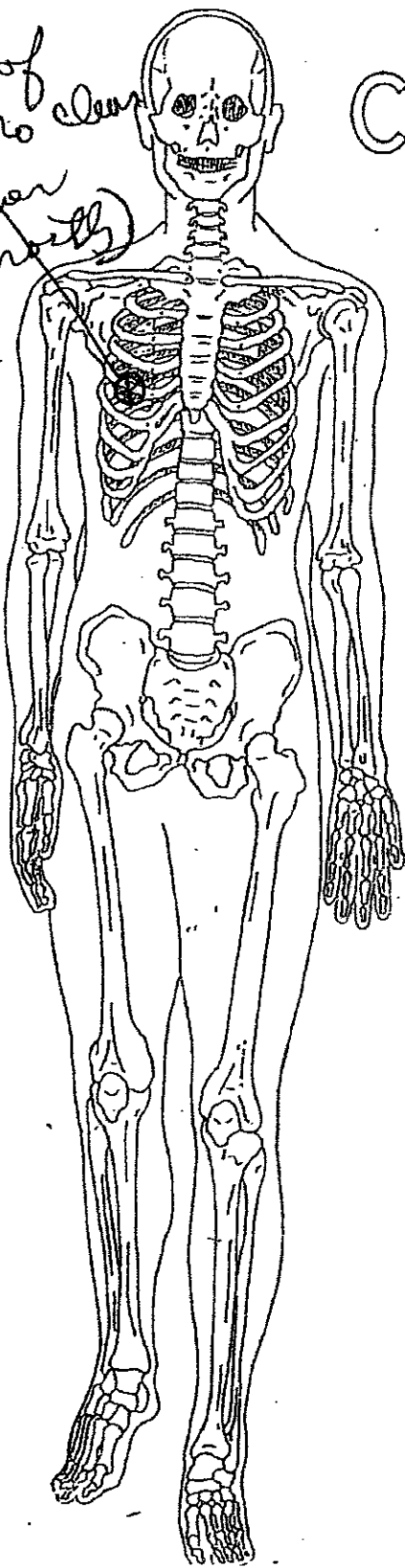
2/24

S.P. 905

area of
fx (over
cont. neck)

S.P.
small
focal
plant d.
wall
Ribs

COPY



cervical (7)

thoracic (12)

lumbar (5)

sacral (5)

INTERVERTEBRAL
DISCS

EQ
8-9-13

22/24

965

S, D

NAME: _____

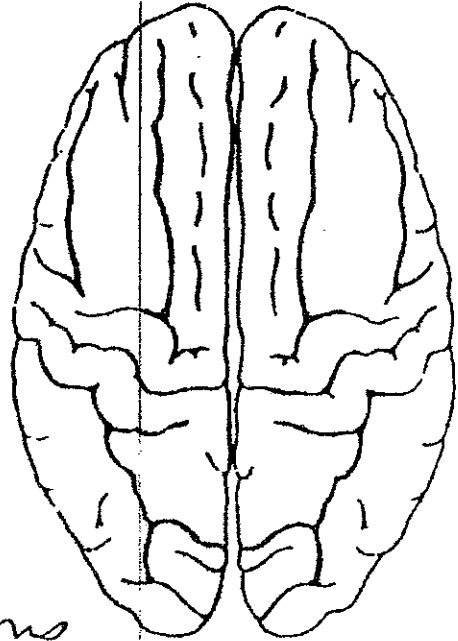
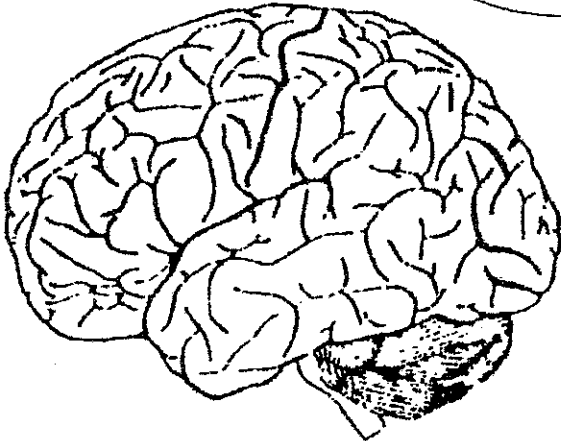
DATE OF EXAMINATION: _____

CASE No.: _____

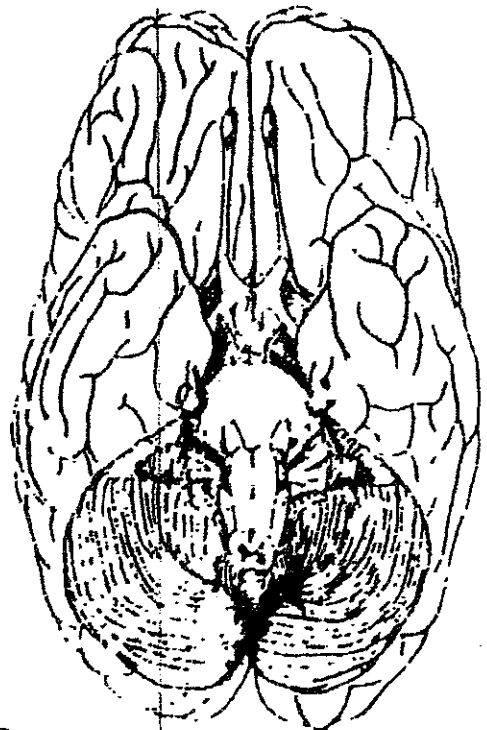
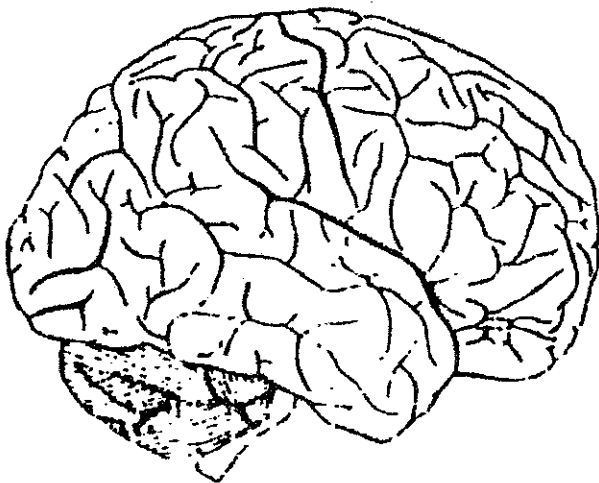
TIME: _____

BFT?

None



No edema
or hem signs



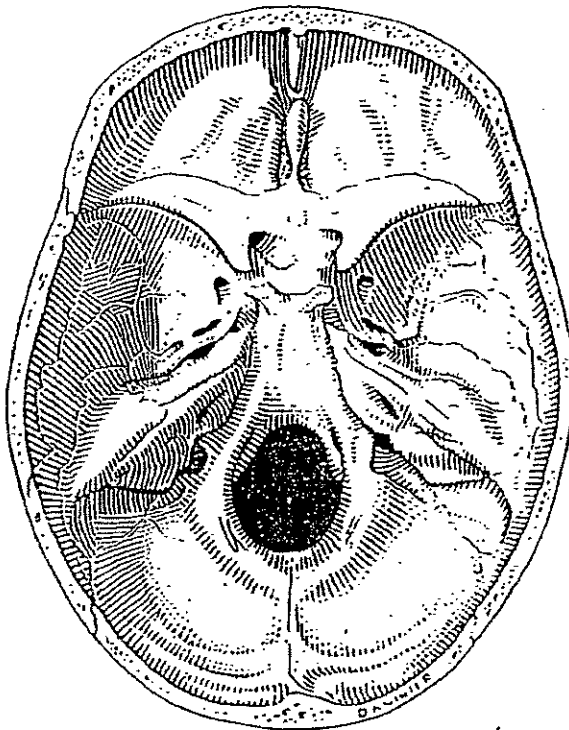
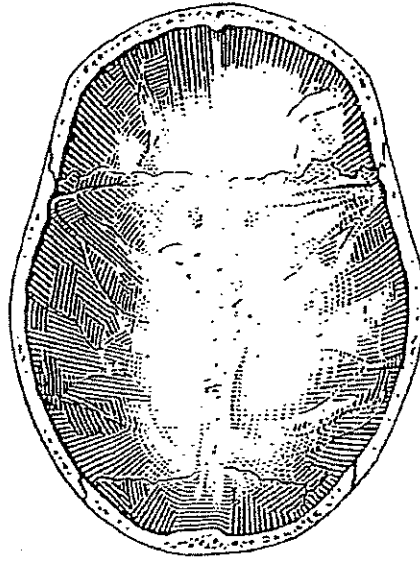
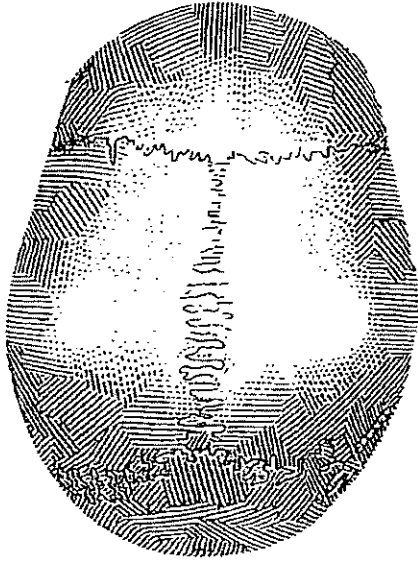
EEG
S-9-B

COPY

23/24

905

S,D



BFT

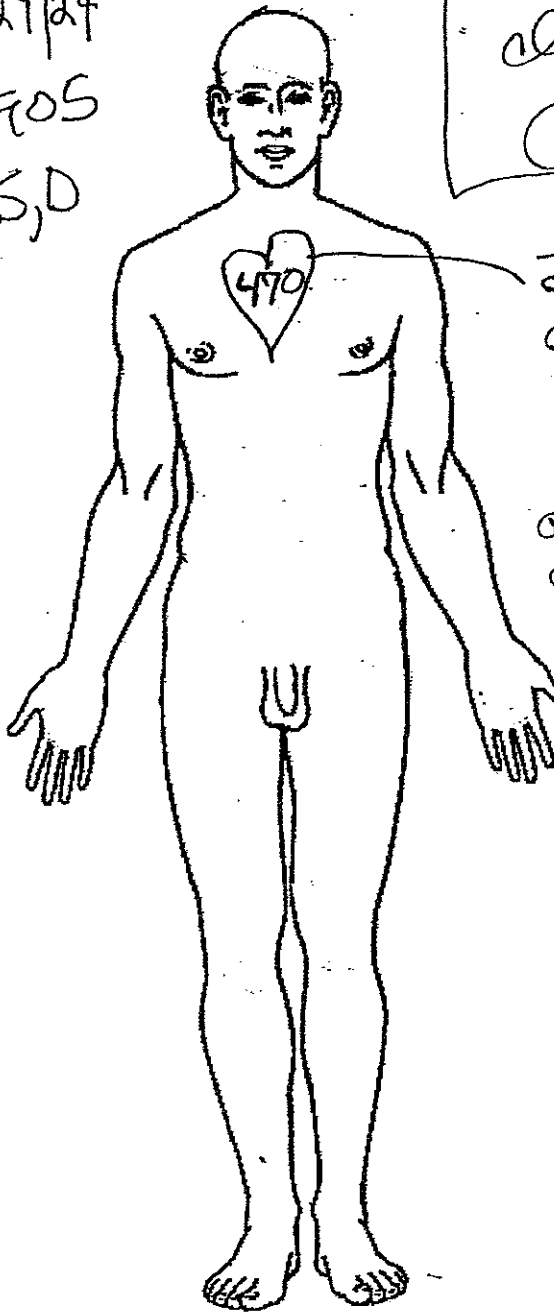
No BXS
signs.

{LABEL}

EG
5-9-13

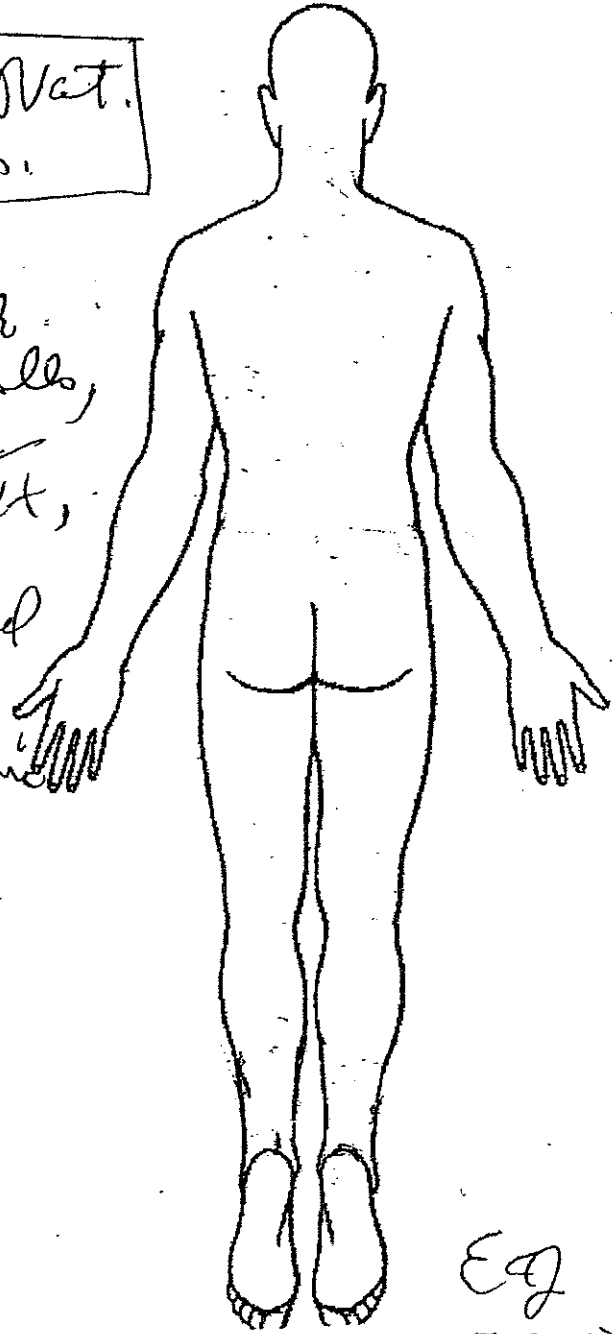
COPY

24/24
905
S,D



dent, Nat.
Path.

Thick
CA walls,
4-24
/44,
also
dilated
CAs,
Chrom



EQ
5-9-13

{ LABEL }

Hair Color	Eye Color	
Teeth	Beard (Y/N)	
Weight	Moustache (Y/N)	
Height	Clothing	
Age	COPY	
Rigor		Seal No.
Livor		

ORGAN WEIGHT (g)	Comments:
HEART 470	RV: 0.2 cm WALL LV: VS: 1.5 cm LM: Posterior Wall: 1.2 cm LAD: RCA: LC: LM: Anterior Wall: 1.5 cm TCV: 13 cm PV: 8 cm MV: 12 cm AV: 8.5 cm
LUNGS Left Right 620 650	
Thymus/Neck Organs	
SPLEEN & Lymphatic 280	
LIVER & GB 1800 (+)	
ADRENAL GLANDS	
PANCREAS	
KIDNEYS 190 ^{Left} + ^{Right} 360	
PELVIC ORGANS & Genitalia	UFOs: _____ Urine (Vol/Color): total - 200 ml
G-I TRACT	Appendix: (Y) N/U Abdominal Fat: 7.5 (cm / in) Gastric (Volume/Contents): 120g total
MUSCULOSKELETAL	Fractures: _____
BRAIN 1380	
OTHER	Admit Blood DOE, Zeno 1 John - "trama name"
TOX	SENT: Blood 10 ml site: Admit blood Blood 10 ml site: Blood Urine 1 ml Fem Liver _____ Cassettes _____ Muscle _____ Site: Other _____ Vitreous _____ HOLD: Vitreous 8 ml 35 Gastric 20 ml Liver _____ Blood 14 ml site: Cardiac Urine 30 ml FTA Cards 2 Blood _____ Site: Brain _____ Other _____ Bile 10 ml Spleen _____

05/09/2013
SILVA, David Sal
C00905-13
ECJ, MD

Start Time: 0930 hrs
Stop Time: hrs

FT Initials:
(CS/EC/LS)
1 2 1

COPY

DONNY YOUNGBLOOD
Sheriff-Coroner
Public Administrator

SHERIFF'S DEPARTMENT
COUNTY OF KERN

Telephone (661) 391-7500



1350 Norris Road
Bakersfield, California 93308-2231

Evidence Collection List

Date: May 9, 2013

Time: 0900

Decedent's Name: SILVA, David Sal

Case No: C00905-13

Evidence Collected	Collected By	Released To	Department
White bag Rt hand	Dr Carpenter	[REDACTED]	KCSO
white bag Lt hand		[REDACTED]	
clippings Rt hand			
Swabs Rt hand			
clipping Lt hand			
Swabs Lt hand			
blue shirt			
tan shorts			
black belt			
blue briefs			
white sheet			
gray shoes			
White sock			
Blood FTA Card			

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DONNY YOUNGBLOOD
Sheriff-Coroner
Public Administrator

SHERIFF/CORONER'S DEPARTMENT
COUNTY OF KERN

Telephone (661) 391-7500



1350 Norris Road
Bakersfield, California 93308-2231

Autopsy Witness List

Date: May 9, 2013 Time: 0900

Decedent's Name: SILVA, David Sal Case No: C00905-13

PLEASE SIGN

Name (Please Print)	Title	Organization	Purpose of Attendance
[REDACTED]	DETECTIVE	KCSO	Investigation
[REDACTED]	DETECTIVE	KCSO	INVESTIGATION
[REDACTED]	INV.	CHP	INVESTIGATION
[REDACTED]	T. I	KCSO	Investigation
[REDACTED]	T. I.	KCSO	Investigation

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NMS Labs

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e-mail: nms@nmslabs.com

Robert A. Middleberg, PhD, DABFT, DABCC-TC, Laboratory Director

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ORIGINAL

Toxicology Report

Report Issued 05/21/2013 20:00
Last Report Issued 05/20/2013 17:41

To: 10362
Kern County Sheriff Coroner
1832 Flower Street

Bakersfield, CA 93305

Patient Name SILVA, DAVID SAL
Patient ID C00905-13
Chain 11624045
Age 33 Y
Gender Male
Workorder 13122229

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Positive Findings:

<u>Compound</u>	<u>Result</u>	<u>Units</u>	<u>Matrix Source</u>
Ethanol	95	mg/dL	Antemortem Blood
Blood Alcohol Concentration (BAC)	0.095	g/100 mL	Antemortem Blood
Caffeine	Positive	mcg/mL	Antemortem Blood
Clonazepam	2.9	ng/mL	Antemortem Blood
7-Amino Clonazepam	5.4	ng/mL	Antemortem Blood
Amphetamine	30	ng/mL	Antemortem Blood
Methamphetamine	210	ng/mL	Antemortem Blood

See Detailed Findings section for additional information

Testing Requested:

<u>Analysis Code</u>	<u>Description</u>
8052B	Postmortem Toxicology - Expanded, 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>Miscellaneous Information</u>
001	Red Vial	3.75 mL	05/08/2013 01:00	Antemortem Blood	
002	Red Vial	2.5 mL	05/08/2013 01:00	Antemortem Blood	
003	Gray Top Tube	11 mL	05/09/2013	Heart Blood	TIME ON SAMPLE 1303
004	Gray Top Tube	5.5 mL	05/09/2013 13:04	Femoral Blood	

All sample volumes/weights are approximations.

Specimens received on 05/10/2013.

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Workorder 13122229
Chain 11624045
Patient ID C00905-13

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Detailed Findings:

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Ethanol	95	mg/dL	10	001 - Antemortem Blood	Headspace GC
Blood Alcohol Concentration (BAC)	0.095	g/100 mL	0.010	001 - Antemortem Blood	Headspace GC
Caffeine	Positive	mcg/mL	1.0	001 - Antemortem Blood	LC/TOF-MS
Clonazepam	2.9	ng/mL	2.0	001 - Antemortem Blood	LC-MS/MS
7-Amino Clonazepam	5.4	ng/mL	5.0	001 - Antemortem Blood	LC-MS/MS
Ethanol	Confirmed	mg/dL	10	001 - Antemortem Blood	Headspace GC
Amphetamine	30	ng/mL	5.0	001 - Antemortem Blood	LC-MS/MS
Methamphetamine	210	ng/mL	5.0	001 - Antemortem Blood	LC-MS/MS

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. 7-Amino Clonazepam (Clonazepam Metabolite) - Antemortem Blood:

7-Amino-Clonazepam is an active metabolite of clonazepam. Plasma concentrations following chronic therapy with 6 mg/day of clonazepam were found to be 20 - 140 ng/mL.

2. Amphetamine (Benzphetamine Metabolite) - Antemortem Blood:

Amphetamine (Adderall, Dexedrine) is a Schedule II phenethylamine CNS-stimulant. It is used therapeutically in the treatment of narcolepsy and obesity and also in the treatment of hyperactivity in children. Amphetamine has a high potential for abuse. When used in therapy, initial doses should be small and increased gradually. In the treatment of narcolepsy, amphetamine is administered in daily divided doses of 5 to 60 mg. For obesity and children with attention deficits, usual dosage is 5 or 10 mg daily.

Following a single oral dose of 10 mg amphetamine sulfate, a reported peak blood concentration of 40 ng/mL was reached at 2 hr. Following a single 30 mg dose to adults, an average peak plasma level of 100 ng/mL was reported at 2.5 hr. A steady-state blood level of 2000 - 3000 ng/mL was reported in an addict who consumed approximately 1000 mg daily.

Overdose with amphetamine can produce restlessness, hyperthermia, convulsions, hallucinations, respiratory and/or cardiac failure. Reported blood concentrations in amphetamine-related fatalities ranged from 500 - 41000 ng/mL (mean, 9000 ng/mL). Amphetamine is also a metabolite of methamphetamine, benzphetamine and selegiline.

3. Caffeine (No-Doz) - Antemortem Blood:

Caffeine is a xanthine-derived central nervous system stimulant. It also produces diuresis and cardiac and respiratory stimulation. It can be readily found in such items as coffee, tea, soft drinks and chocolate. As a reference, a typical cup of coffee or tea contains between 40 to 100 mg caffeine.

The reported qualitative result for this substance was based upon a single analysis only. If confirmation testing is required please contact the laboratory.

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Workorder 13122229
Chain 11624045
Patient ID C00905-13

Reference Comments:

4. Clonazepam (Klonopin®) - Antemortem Blood:

Clonazepam is a DEA Schedule IV benzodiazepine-derivative anticonvulsant agent. It is used in both the prophylaxis and treatment of various seizure disorders. The dosage of clonazepam should be carefully and slowly adjusted to meet the needs and requirements of the individual. Initial adult dose, however, should not exceed 1.5 mg daily. Adult maintenance dosage should generally not exceed 20 mg daily.

Usual therapeutic serum levels of clonazepam range from 10 to 60 ng/mL. Values in excess of 100 ng/mL have been associated with adverse effects including drowsiness and ataxia. 7-Aminoclonazepam is the major metabolite of the drug; it achieves plasma concentrations equivalent to those of clonazepam, but is a poor anticonvulsant.

Overdosage with clonazepam can produce somnolence, confusion, ataxia and coma. However, as with most benzodiazepines, death due solely to clonazepam is generally not seen.

5. Ethanol (Ethyl Alcohol) - Antemortem 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. The blood alcohol concentrations (BAC) can be expressed as a whole number with the units of mg/dL or as a decimal number with units of g/100 mL which is equivalent to % w/v. For example, a BAC of 85 mg/dL equals 0.085 g/100 mL or 0.085% w/v of ethanol.

6. Methamphetamine (Benzphetamine Metabolite) - Antemortem Blood:

d-methamphetamine is a DEA schedule II stimulant drug capable of causing hallucinations, aggressive behavior and irrational reactions. Chemically, there are two forms (isomers) of methamphetamine: l- and d-methamphetamine. The l-isomer is used in non-prescription inhalers as a decongestant and has weak CNS-stimulatory activity. The d-isomer has been used therapeutically as an anorexigenic agent in the treatment of obesity and has potent CNS-, cardiac- and circulatory-stimulatory activity. Amphetamine and norephedrine (phenylpropanolamine) are metabolites of methamphetamine. d-methamphetamine is an abused substance because of its stimulatory effects and is also addictive.

A peak blood concentration of methamphetamine of 20 ng/mL was reported at 2.5 hr after an oral dosage of 12.5 mg. Blood levels of 200 - 600 ng/mL have been reported in methamphetamine abusers who exhibited violent and irrational behavior. High doses of methamphetamine can also elicit restlessness, confusion, hallucinations, circulatory collapse and convulsions.

*In this case, the level of methamphetamine determined has not been differentiated according to its isomeric forms. Differentiation of the isomers of methamphetamine is available upon request.

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 13122229 was electronically signed on 05/21/2013 19:33 by:

William H. Anderson

William H. Anderson, Ph.D., DABFT
Forensic Toxicologist

Analysis Summary and Reporting Limits:

Acode 50012B - Benzodiazepines Confirmation, Blood (Forensic) - Antemortem Blood

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

Table with 4 columns: Compound, Rpt. Limit, Compound, Rpt. Limit. Rows include 7-Amino Clonazepam, Alpha-Hydroxyalprazolam, Alprazolam, and Chlordiazepoxide.

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Workorder 13122229
Chain 11624045
Patient ID C00905-13

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Analysis Summary and Reporting Limits:

Table with 4 columns: Compound, Rpt. Limit, Compound, Rpt. Limit. Lists various benzodiazepines and their reporting limits.

Acode 50013B - Cannabinoids Confirmation, Blood (Forensic) - Antemortem Blood

-Analysis by Multi-dimensional Gas Chromatography/Mass Spectrometry (GC-GC-MS) for:

Table with 4 columns: Compound, Rpt. Limit, Compound, Rpt. Limit. Lists 11-Hydroxy Delta-9 THC and Delta-9 Carboxy THC with their reporting limits.

Acode 52250B - Alcohols and Acetone Confirmation, Blood (Forensic) - Antemortem Blood

-Analysis by Headspace Gas Chromatography (GC) for:

Table with 4 columns: Compound, Rpt. Limit, Compound, Rpt. Limit. Lists Acetone, Ethanol, Isopropanol, and Methanol with their reporting limits.

Acode 52409B - Amphetamines Confirmation, Blood (Forensic) - Antemortem Blood

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

Table with 4 columns: Compound, Rpt. Limit, Compound, Rpt. Limit. Lists various amphetamines and stimulants with their reporting limits.

Acode 52410B - GC Confirmation Set 1, Blood (Forensic) - Antemortem Blood

-Analysis by Gas Chromatography (GC) for:

Table with 4 columns: Compound, Rpt. Limit, Compound, Rpt. Limit. Lists a wide variety of drugs including antidepressants, sedatives, and antipsychotics with their reporting limits.

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Workorder 13122229
Chain 11624045
Patient ID C00905-13

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Analysis Summary and Reporting Limits:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Trazodone	0.10 mcg/mL	Verapamil	10 ng/mL
Trifluoperazine	10 ng/mL		

Acode 8052B - Postmortem Toxicology - Expanded, Blood (Forensic) - Antemortem Blood

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

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Barbiturates	0.040 mcg/mL	Salicylates	120 mcg/mL
Cannabinoids	10 ng/mL		

-Analysis by Headspace Gas Chromatography (GC) for:

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

-Analysis by High Performance Liquid Chromatography/Time of Flight-Mass Spectrometry (LC/TOF-MS) for: The following is a general list of compound classes included in this screen. The detection of any specific analyte is concentration-dependent. Note, not all known analytes in each specified compound class are included. Some specific analytes outside these classes are also included. For a detailed list of all analytes and reporting limits, please contact NMS Labs.

Amphetamines, Anticonvulsants, Antidepressants, Antihistamines, Antipsychotic Agents, Benzodiazepines, CNS Stimulants, Cocaine and Metabolites, Hallucinogens, Hypnotosedatives, Hypoglycemics, Muscle Relaxants, Non Steroidal Anti-Inflammatory Agents, Opiates and Opioids.

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