

DECEDENT: LOPEZ RODRIGUEZ, JOSE LUIS **CASE #:** 20-1497

FUNERAL HOME

F. D. O. C.: [REDACTED]

ADDRESS, PHONE: [REDACTED]

PLACE OF DEATH

LOCATION: [REDACTED] Medical Center-Richmond/IP
(i.e., Residence/Hospital - ER or IP/ Public or Private Roadway, etc.,)

ADDRESS: [REDACTED]

CITY and STATE: Richmond, CA 94801 **CORONER'S SEAL?** No

PRONOUNCED AND / OR DETERMINED BY: [REDACTED]

REPORTED BY: Det. A. Mandell **PHONE #:** [REDACTED]

DECEASED DISCOVERED BY: [REDACTED] **PHONE #:** [REDACTED]

ADDRESS: [REDACTED]

BODY REMOVED TO: County Morgue **ORDERED BY:** Wong

MEDICAL HISTORY

REGULAR PHYSICIAN: Unknown **PHONE #:** [REDACTED]

ADDRESS: [REDACTED]

DATE LAST SEEN: [REDACTED] **MEDICAL NUMBER:** [REDACTED]

MEDICAL HISTORY: Unknown

[REDACTED]
[REDACTED]
[REDACTED]

DECEDENT: LOPEZ RODRIGUEZ, JOSE LUIS CASE #: 20-1497

INJURY INFORMATION

DATE OF INJURY: 03/17/2020 TIME OF INJURY: 1437 HOURS

LOCATION OF INJURY: [REDACTED]

(i.e., Residence/ Hospital -ER or IP / Public or Private Roadway, etc.,)

ADDRESS INJURY OCCURRED: [REDACTED]

Richmond, CA 94804

MAP LOCATION: AT WORK: No

HOW INJURY OCCURRED: Ingested Cocaine Before Involvement in Domestic Violence
Incident and Struggled with Police

IF APPLICABLE, TYPE OF GUN AND/OR WEAPONS:

VEHICLE MAKE, MODEL, YEAR, LIC#:

MV STATUS: REG. TO:

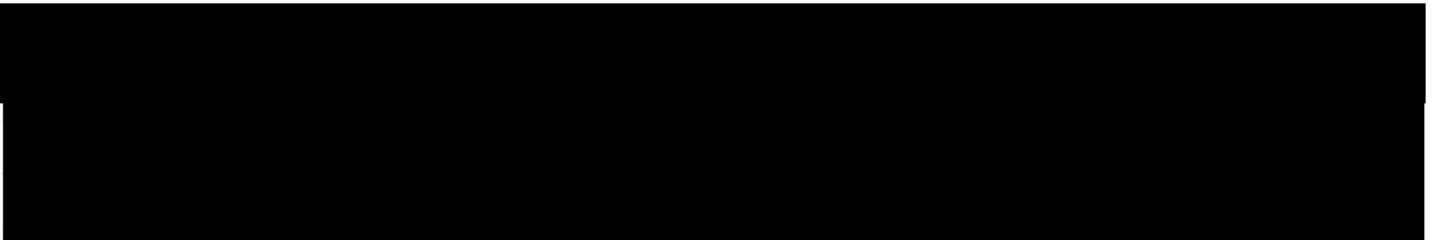
ADDRESS:

TOWED TO: ORDERED BY:

WITNESSES:

(NAME, ADDRESS, TELEPHONE)

- 1.
- 2.
- 3.
- 4.



IDENTIFIABLE INFORMATION

(i.e. scars, marks, tattoos)

INVESTIGATIVE NOTES

CASE#: 20-1497

Date: 03/19/2020 Time: 1730 Hours

On 03/19/2020 at 1105 hours, Detective A. Mandell with the Richmond Police Department (RPD) reported the death of Jose Luis Lopez, a forty (40) year old male.

Detective Mandell told me the following in summary:

The decedent was not married, and he did not have any adult children. The decedent lived with his girlfriend, [REDACTED] at [REDACTED] in Richmond. The decedent's parents were in [REDACTED]. The decedent's uncle, [REDACTED], and his sister, [REDACTED] lived locally and they will notify the decedent's parents of this death. Detective Mandell did not have the names of the decedent's parents, but they will be listed as the next of kin.

On 03/17/2020, the decedent was with [REDACTED] at their residence. At 1437 hours, RPD dispatch received a report of a domestic violence incident between [REDACTED] and the decedent. [REDACTED] told the dispatcher the decedent was ripping her clothes off her body. RPD officers arrived on scene and they attempted to detain the decedent. While trying to place the decedent in handcuffs, the decedent fought with the officers. Detective Mandell was still reviewing the reports, so he did not have all the details of the interaction of the officers and the decedent. The decedent appeared to exhibit unusually high strength. While the decedent fought with the officers, they struck the decedent with their hands and feet. Earlier in the fight, a baton was deployed to the decedent's lower extremities. At some point, a less lethal electronic weapon was deployed to the decedent's abdominal or chest area. The fight continued for an extended duration. Exhausted RPD officers withdrew from the fight and were replaced by additional responding officers. Detective Mandell estimated the decedent fought with RPD officers for sixteen (16) to twenty (20) minutes before he was subdued. The decedent was placed in handcuffs and a body wrap. While cuffed and wrapped, the decedent was still struggling, and he was still trying to bite or spit on personnel on scene. A spit hood was also placed on the decedent.

Personnel from American Medical Response (AMR) unit #M69 and Richmond Fire Department (RFD) station #67 were staged nearby. The decedent was being loaded into the AMR vehicle when he became unresponsive and went into an apparent cardiac arrest. The decedent was transported to [REDACTED] Medical Center (KPMC) in Richmond where he was admitted as an in-patient. Detective Mandell was not aware of what medical procedures were given. On 03/19/2020 at 1045 hours, [REDACTED] pronounced death. Detective Mandell was not aware of the decedent's medical history or if he had any significant injuries. Detective Mandell was aware the decedent tested positive for cocaine. Due to the decedent being involved in a physical altercation with law enforcement prior to his demise, the RPD administration requested the Coroner's Office assume jurisdiction of the decedent.

Based on the available information, I assumed jurisdiction and responded to KPMC

INVESTIGATIVE NOTES

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Richmond.

I arrived on scene at KPMC at 1232 hours. I went to the KPMC laboratory to collect any blood drawn from the decedent during his initial treatment in the Emergence Room on 03/17/2020. I met with Clinical Laboratory Specialist (CLS) [REDACTED]. CLS [REDACTED] gave me six (6) vials of blood that all had printed labels with the following: "LOPEZ, JOSE; [REDACTED]"

The vials consisted of:

- One (1) Lavender top vial that was labeled, "12-20-077-10566; 4.0mL Lav".
- One (1) Green top vial that was labeled, "12-20-077-10571; 4.0mL Green LiH".
- One (1) Green top vial that was labeled, "12-20-077-10647; 3.0mL Mint GPST".
- One (1) Green top vial that was labeled, "12-20-077-10705; 4.0mL Green LiH".
- One (1) Green top vial that was labeled, "12-20-077-10706; 4.0mL Grey PL".
- One (1) Green top vial that was labeled, "12-20-077-10778; 5.0mL Red SST".

I went to the intensive care unit (ICU) and met with Nurse [REDACTED] [REDACTED] who told me the decedent's fiancée was in room [REDACTED] with the decedent. The fiancée was identified as [REDACTED] [REDACTED]. An ICU nurse gave me a copy of the decedent's KPMC records.

I went to room [REDACTED] and spoke with [REDACTED] and another relative with the help of a hospital translator. The decedent's parents lived in [REDACTED]. The decedent's father was no longer mentally competent. I explained the Coroner's Office procedures and advised the decedent's mother could authorize somebody to handle the funeral arrangements as long as she provided a letter or note with her permission. [REDACTED] or the family members will contact the decedent's mother. I gave [REDACTED] my business card.

I saw the decedent was lying on his back. The decedent wore a hospital gown and was covered with several blankets. The decedent had signs of medical intervention to include a ventilator tube in the mouth, automated external defibrillator (AED) pads and electrocardiogram (EKG) tabs on the chest, intravenous (IV) lines in both arms, a central line in the right neck and another line in the right groin, and a urinary catheter was installed. There were numerous other medical devices or lines that were covered. The decedent's legs and abdomen were wrapped with thermal therapy pads and both lower legs were wrapped with soft braces. The decedent's body was warm to the touch. There was no rigor mortis present and no visible lividity. I placed the decedent's remains into a yellow body bag and secured the remains in the Coroner's vehicle.

I transported the decedent to the County Morgue where her remains were weighed, measured, tagged, and stored in a refrigerated cooler.

I scanned the decedent's fingerprints into the Live Scan system. [REDACTED] with the CCCSO ID Unit sent a message; the decedent's identity was confirmed to Automated

INVESTIGATIVE NOTES

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Fingerprint Identification System (AFIS) [REDACTED]

Deputy W. Wong

Date: 03/20/2020 Time: 1130 Hours

I released the decedent's clothing and property to Contra Costa Crime Scene Investigator Fong.

Deputy K. Hoffman

Date: 03/23/2020 Time: 0900 Hours

I received a notarized statement prepared by attorney and notary public, [REDACTED] from [REDACTED]. The statement declared the decedent's mother, [REDACTED] had given her permission to [REDACTED] to make the funeral arrangements to have the decedent's remains transported to [REDACTED] for burial.

Copy of statement placed in file folder.

Deputy W. Wong

Date: 03/24/2020 Time: 1542 Hours

A representative from [REDACTED] presented a release signed by the next of kin, [REDACTED] the decedent's sister. I released the remains.

Deputy M. Vu

INVESTIGATIVE NOTES

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Date: 03/26/2020 Time: 1600 Hours

I received a call from [REDACTED] [REDACTED] [REDACTED] The decedent's mother, [REDACTED] [REDACTED] wants to have the decedent's remains shipped to [REDACTED] [REDACTED] said the decedent's birth name was [REDACTED] [REDACTED] [REDACTED] [REDACTED] requested the death certificate to have the same name as the decedent's birth certificate. [REDACTED] would not accept the decedent's birth name to be listed as an AKA, since she was concerned it may delay or prevent the family from sending the remains back to [REDACTED]

[REDACTED] [REDACTED] [REDACTED] faxed me a copy of the decedent's passport from [REDACTED] I updated the name in this report and the record in EDRS.

Deputy V. Richards

INVESTIGATIVE NOTES

CASE#: 20-1497

Date: 09/15/2020 Time: 1700 Hours

Forensic Pathologist Dr. [REDACTED] MD completed the pathology report of the decedent. Dr. [REDACTED] listed the cause of death as: "Complications of Acute Cocaine Toxicity (Excited Delirium)" due to "Substance Abuse".

Dr. [REDACTED] listed other significant condition(s): "Evolving Acute Pneumonia, Acute Urinary Tract Infection, Subphrenic Abscesses and Soft Tissue Injuries".

Dr. [REDACTED] noted: "Decedent became unresponsive while he was involved in a struggle with police per history, there was no airway occlusion or mechanical obstruction of respiration, although police admit piling on the decedent".

The following substances and toxicology levels were found in the decedent's peripheral blood:

Cocaine	43 ng/mL
Benzoylcegonine	3,600 ng/mL
Delta-9 THC	0.53 ng/mL

RPD officers were dispatched to the decedent's residence in response to a report of domestic violence. The decedent's girlfriend called 911 and reported the decedent was ripping her clothes off her body. When RPD officers attempted to take the decedent into custody, the decedent displayed unusually high strength. The decedent struggled with multiple RPD officers before he was subdued. Even while handcuffed and in a body wrap, the decedent was still trying to bite or spit on officers. The decedent was taken to KPMC where he was admitted to the hospital. The decedent died in the KPMC Richmond intensive care unit (ICU).

Excited delirium is a condition that manifests as a combination of delirium, psychomotor agitation, anxiety, hallucinations, speech disturbances, disorientation, violent and bizarre behavior, insensitivity to pain, elevated body temperature, and superhuman strength. Excited delirium is sometimes called excited delirium syndrome if it results in sudden death (usually via cardiac or respiratory arrest), an outcome that is sometimes associated with the use of physical control measures, including police restraint.

Excited delirium arises most commonly in male subjects with a history of serious mental illness and/or acute or chronic drug abuse, particularly stimulant drugs such as cocaine. A substantial majority of fatal case reports involved men. Excited delirium patients commonly have acute drug intoxication, generally psychostimulants such as cocaine, PCP, and/or methamphetamine.

Based on my investigation and Dr. [REDACTED] findings, this death is classified as an: Accident. The Manner of Death will reflect this finding.

INVESTIGATIVE NOTES

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Citations:

American College of Emergency Physicians (ACEP), White Paper Report on Excited Delirium, Syndrome, ACEP Excited Delirium Task Force, September 10, 2009.

Excited Delirium Deaths in Custody: Past and Present by [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] March 30, 2009.

Deputy W. Wong

APPROVED BY SUPERVISOR: [REDACTED]

10-21-2020

DECEDENT: LOPEZ RODRIGUEZ, JOSE LUIS **CASE #:** 20-1497

CASE SUMMARY

This Coroner's Report concerns the death of, Jose Luis Lopez Rodriguez.

A Forensic Pathologist determined the cause of death to be, "Complications of Acute Cocaine Toxicity (Excited Delirium)" due to "Substance Abuse".

The Manner of Death has been determined to be an: Accident.

OFFICE OF THE SHERIFF-CONTRA COSTA COUNTY
CORONER'S DIVISION



DAVID O. LIVINGSTON, SHERIFF-CORONER

NAME: LOPEZ RODRIGUEZ, Jose Luis

AUTOPSY REPORT 2020-1497

POSTMORTEM AT: [REDACTED], [REDACTED] CALIFORNIA

DATE: 03/20/20

TIME: 0930 HR.

PLACE OF DEATH: [REDACTED] CALIFORNIA

DATE: 03/19/20

TIME: 1045 HR.

AUTOPSY FINDINGS

1. Urine screen positive for cocaine, indicating acute cocaine intoxication.
2. History of chronic (binge) cocaine use preceding altercation with law enforcement, with subsequent collapse.
3. History of substance abuse.
4. Adult respiratory distress syndrome with evolving acute bronchopneumonia.
5. Frank pus and mucopurulent exudates in urinary bladder, indicating acute urinary tract infection (cystitis).
6. Subphrenic abscesses with approximately 100 mL of frank pus and other purulent material recovered from subphrenic spaces.
7. Mild hepatic steatosis.
8. Multiple blunt force injuries, with:
 - A. Linear contusions and abraded contusions consistent with history of batons being deployed against the decedent by law enforcement.
 - B. Shallow lacerations and other soft tissue injuries (abrasions, contusions, abraded contusions), with no fractures identified.
9. Reportedly resisted arrest and was involved in prolonged altercation with law enforcement.

**CAUSE OF DEATH: COMPLICATIONS OF ACUTE COCAINE TOXICITY
(EXCITED DELIRIUM) (MINUTES).**

DUE TO: SUBSTANCE ABUSE (UNKNOWN)

OTHER SIGNIFICANT CONDITION(S): EVOLVING ACUTE PNEUMONIA, ACUTE URINARY TRACT INFECTION, SUBPHRENIC ABSCESSES AND SOFT TISSUE INJURIES.

NOTE: DECEDENT BECAME UNRESPONSIVE WHILE HE WAS INVOLVED IN A STRUGGLE WITH POLICE. PER HISTORY, THERE WAS NO AIRWAY OCCLUSION OR MECHANICAL OBSTRUCTION OF RESPIRATION, ALTHOUGH POLICE ADMIT PILING ON THE DECEDENT.

DATE: 9.2.20

IOO/mis

[REDACTED]
[REDACTED] MD
FORENSIC PATHOLOGIST

Identification is by a Contra Costa County coroner's right great toe tag bearing the decedent's name, case number and investigator's name (Wong).

CLOTHING

The decedent is clad in a hospital gown only.

There is no valuable or property recovered directly off the decedent.

A separately received plastic bag contains the decedent's property including clothing, car keys, a plastic Bic lighter, rings, bracelets, etc.

EVIDENCE OF MEDICAL INTERVENTION

The decedent is strapped to a soft plastic wrap. The decedent is intubated with an endotracheal airway and an orogastric tube is emerging from the mouth. Defibrillator and EKG leads are on the torso and extremities, blood pressure cuff is on the upper right arm. Multiple peripheral intravascular lines are in the left forearm, right wrist, and right antecubital fossa. Triple lumen lines are in the left subclavian and right groin regions. A Foley catheter emerging from the urethra is connected to a bag containing approximately 20 mL of golden urine. A rectal tube is emerging from the anus connected to a bag that contains fecal material.

A double lumen central line is in the right groin. A soft bandage is wrapped around the right shin, and removal exposes 2 quarter-inch lacerations on the shin.

The body is accompanied by multiple sample tubes (six; five green plus one purple top).

TRACE MATERIAL RECOVERY AND EVIDENCE:

Prior to autopsy, the body is assessed for evidence and trace material by the criminalist, who obtained head hair and fingernail clippings.

TATTOOS/SCARS/DISTINGUISHING FEATURES

There are tattoos as follows:

1. Right chest -- the head and neck of a bird.
2. Back of left hand, at base of thumb -- 5 round ducks.
3. Knuckles of left fingers -- possibly numbers but poorly legible.
4. Right calf -- the yin and yang sign.

There are no major or surgical scars although irregular scars as follows are noted:

1. Lower right thigh, anterior -- 1-inch diagonal scar.
2. Back of right hand -- multiple irregular quarter-inch to half-inch scars.

The decedent has a stocky and muscular body habitus.

EVIDENCE OF INJURY

The decedent was reportedly involved in a prolonged altercation and struggle with law enforcement. Law enforcement do admit striking him with batons and fists. There are injuries consistent with this history.

EXTERNAL INJURIES:

There are bilateral subscleral ecchymotic hemorrhages in the eyes, consistent with increased intraabdominal or thoracic pressures. (Law enforcement readily admit to having piled onto the decedent.)

The inner upper lip shows a 1/2-inch laceration while the inner lower lip shows a 1/4-inch laceration. The right side of the chest shows a 1/4-inch abrasion and the right mid abdomen shows a similar 1/4-inch abrasion.

Both forearms (near the elbow) show linear abraded contusions ranging in length from 1 to 3 inches on the right, and 2 to 4 inches on the left. There are approximately 4 of these injuries on the right and 3 to 4 of similar injuries on the left. They appear consistent with the history given of the decedent being struck with batons.

A similar injury on the upper left arm measures 4 inches x 1 inch.

The left wrist ulnar margin shows a 3-inch abraded contusion while the right shin shows 2 shallow lacerations, measuring 1/2 inch and 1 inch, respectively.

There are 2 linear contusions on the right lower thigh and right knee, and 1 linear contusion on the back of the left hand. These injuries also appear consistent with those due to a baton.

No other significant external injuries are identified.

INTERNAL INJURIES:

Reflection of the scalp reveals biparietal-occipital scalp contusions. On the left side, a 2-inch x 2-inch contusion is noted while on the right side a 1-inch by 1-inch contusion is present. The dome of the skull is intact and there are no fractures identified of either the dome or base. There is no intracranial hemorrhage or parenchymal brain injury.

The torso reveals a 5-inch x 3-inch chest wall contusion visible on the left inner ribs after evisceration. A similar contusion measuring 4 inches is visible on the right posterior of the back also viewed after evisceration. Both appear consistent with impacts with blunt force applied to the torso.

The mid back shows bilateral contusions ranging from 1 to 3 inches, extending from the neck region to the level of the nipples.

There are no fractures identified of the axial or appendicular skeleton.

No other patterns of injury are identified.

The rest of the autopsy findings are as follows:

EXTERNAL EXAMINATION

The unembalmed and fresh body is that of a normally developed, well-nourished, and muscular built Hispanic male appearing about the reported age of 40 years. The body measures 5 feet 8 inches and weighs 226 pounds. The head is symmetrical and the scalp is covered by black hair of male distribution. Facial hair consists of a thin mustache and goatee. The irides are brown and the pupils are round, equal and fixed. The sclerae and conjunctivae show the ecchymotic hemorrhages described previously. There is evidence of hyperhydration with edema of the conjunctivae bilaterally. The facial features, oral cavity and tongue are not unusual, and native dentition is in fair repair. The neck is symmetrical, and the trachea in the midline. The

chest and abdomen are appropriate for age and sex. The abdomen is rounded and soft while the external genitalia are those of an adult male. There is some scrotal and penile edema. There is evidence of hyperhydration indicating anasarca with tissue edema but otherwise the trunk, extremities and overall skeletal anatomy are unremarkable. Rigor mortis is present but easily overcome while lividity is posterior and fixed.

INTERNAL EXAMINATION

The body is examined using the usual Y-shaped thoracoabdominal and posterior scalp incisions.

BODY CAVITIES:

Both pleural cavities contain approximately 50 mL of serous effusion fluid. There are no fibrous adhesions between the visceral and parietal pleural surfaces. The pericardium encloses a morbidly increased amount of brownish fluid. There are no pericardial adhesions. The peritoneal cavity contains approximately 350 mL of serous ascites fluid although this is mixed in with frank white pus measuring approximately 100 mL. There are no peritoneal adhesions. The diaphragm is intact and the viscera are in their usual positions. The subcutaneous fat in the anterior wall measures an inch and a half maximally.

HEAD: (See also section on injuries.)

The reflected scalp shows the contusions described above. The calvarium and base of the skull are intact and unremarkable. On opening the calvaria, there is no evidence of epidural, subdural, subarachnoid or parenchymal hemorrhage. The leptomeninges are thin and delicate and the symmetrical brain weighs 1400 grams. The tentorium and falx are intact. The gyri and sulci are symmetrical and there is no evidence of softening, infarction, malformations or brainstem herniation through foramen magnum. Multiple coronal sections through the cerebrum show no abnormalities. The cerebellum, midbrain, pons and medulla are unremarkable. The vessels at the base of the brain have an unremarkable configuration and show no atherosclerosis. The dura is stripped and reveals no abnormalities at the base of the skull. The orbital roofs are unremarkable.

NECK:

No abnormalities are noted in the anterior strap muscles, hyoid bone, laryngeal cartilages, or cervical vertebral column.

CARDIOVASCULAR SYSTEM:

The 500 gram heart is enlarged and dilated but has a normal configuration. The coronary arteries arise normally and follow the usual distribution. The coronary arteries show moderate single vessel atherosclerosis involving the left anterior descending branch only. This vessel shows approximately 50% maximum stenosis of its lumen by plaque commencing just distal to its origin. The rest of the vessels are unremarkable. The epicardium is unremarkable and the myocardium has the usual reddish-brown color but a softer consistency. The left ventricle wall thickness is 2 cm while the right ventricle wall thickness is 8 mm. The myocardium of the left ventricle anterior, posterior, and septal walls show mottling and discoloration suggestive of terminal ischemia. There are no distinct infarcts, however. The chambers of the ventricles are dilated with the right side being significantly worse. The cardiac valves are unremarkable. The papillary muscles and chordae tendineae are unremarkable. The aorta shows mild atherosclerosis (grade 2/7).

RESPIRATORY SYSTEM:

The larynx and trachea are intact and have the usual configuration. The tracheobronchial tree contains profuse creamy white pus mixed in with brownish mucopurulent material. There are no foreign bodies,

however. Both lungs are heavy and wet. The right lung weighs 1100 grams, and the left lung weighs 1050 grams. Dissection of both lungs reveals severe edema and changes indicative of adult respiratory distress syndrome. Additionally, there is patchy consolidation bilaterally of all lobes but worse in the lower lobes indicating evolving acute bronchopneumonia. The cut surfaces of the lungs bilaterally ooze pus mixed in with other brownish mucopurulent material. The pulmonary vessels are widely patent and contain no thromboemboli.

GASTROINTESTINAL TRACT:

The oral cavity, esophagus, stomach, small and large bowel are unremarkable. The appendix is present. The gastric contents consist of approximately 50 ml of brown liquid.

HEPATOBIILIARY SYSTEM:

The 2190 gram liver has an intact and smooth capsule. The capsular surface and parenchyma predominantly have the usual dark purplish-red color and a firm consistency. The cut surfaces, however, show lighter areas of yellowish discoloration indicating fatty infiltration. There are no other focal lesions. The gallbladder is markedly edematous and contains approximately 10 ml of viscous green bile without stones. The extrahepatic biliary system is patent.

PANCREAS:

The pancreas is unremarkable.

ENDOCRINE SYSTEM:

The bilobed thyroid gland is unremarkable. Both adrenal glands are autolyzing and semi liquifying, indicating a stress response.

HEMATOPOIETIC SYSTEM:

The 50 gram spleen has an intact capsule and normal parenchyma. The lymph nodes are unremarkable and the thymus is atrophic.

URINARY SYSTEM:

The right and left kidneys weigh 200 grams and 180 grams, respectively. The renal capsules strip with ease, revealing smooth cortices. Sectioning reveals good corticomedullary differentiation and unremarkable renal pelvises. The ureters and bladder have a normal configuration, but the bladder was empty (a Foley catheter was in situ draining clear golden urine). The bladder mucosa was coated by a film of frank white pus, indicating an acute urinary tract infection (cystitis).

REPRODUCTIVE SYSTEM:

There is some scrotal and penile edema due to the anasarca. The prostate gland and testicles are otherwise not unusual.

MUSCULOSKELETAL SYSTEM: (See also sections on injury.)

The decedent has soft tissue injuries consistent with the history of the altercation provided by law enforcement. The skeleton and joints are otherwise not unusual and there are no congenital malformations or acquired deformities. Incision into samples of skeletal muscle reveals no gross abnormalities.

SPECIMENS FOR HISTOLOGY:

Sections of the heart and lung are sent for microscopy. Sections of the major organs are retained in formalin.

MICROSCOPY:

Lung-severe pulmonary edema and evolving pneumonia.

Heart- unremarkable.

SPECIMENS FOR TOXICOLOGY:

Vitreous humor, Foley catheter urine, and peripheral blood are obtained during autopsy.

Hospital first-draw samples are also noted.

ADDITIONAL PROCEDURES:

The body was x-rayed prior to autopsy and did not reveal any metallic fragments consistent with bullets or broken knife tips.

The body was assessed for trace material by the attending criminalist prior to autopsy.

Multiple photographs were taken by the attending criminalist during the autopsy.

PRESENT:

██████████ Pathologist's Assistant

██████████ Criminalist, Contra Costa County Sheriff's Office

K. Cubit, Detective, Richmond Police Department

**Toxicology Report**

Report Issued 04/03/2020 16:05

To: 10449
Contra Costa Sheriff's Office - Coroner Division -
[REDACTED]Patient Name LOPEZ, JOSE
Patient ID 20-1497
Chain [REDACTED]
Age 40 Y DOB 03/16/1980
Gender Male
Workorder [REDACTED]

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Positive Findings:

Compound	Result	Units	Matrix Source
* Cocaine	43	ng/mL	001 - Peripheral Blood
* Benzoyllecgonine	3600	ng/mL	001 - Peripheral Blood
Delta-9 THC	0.53	ng/mL	001 - Peripheral Blood

See Detailed Findings section for additional information

✓ seen
2/17/20
IDU**Testing Requested:**

Analysis Code	Description
8051B	Postmortem, Basic, Blood (Forensic)

Specimens Received:

ID	Tube/Container	Volume/ Mass	Collection Date/Time	Matrix Source	Miscellaneous Information
001	Lavender Vial	3 mL	03/17/2020	Peripheral Blood	TIME ON SAMPLE 1545 1548
002	Green Vial	1 mL	03/17/2020	Peripheral Blood	TIME ON SAMPLE 1545 1548

All sample volumes/weights are approximations.

Specimens received on 03/27/2020.



Detailed Findings:

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Cocaine	43	ng/mL	20	001 - Peripheral Blood	GC/MS
Benzoyllecgonine	3600	ng/mL	50	001 - Peripheral Blood	GC/MS
Delta-9 THC	0.53	ng/mL	0.50	001 - Peripheral 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. Benzoyllecgonine (Cocaine Degradation Product) - Peripheral Blood:

Benzoyllecgonine is an inactive metabolite and chemical breakdown product of cocaine. Cocaine is a DEA Schedule II controlled central nervous stimulant drug. Effects following cocaine use can include euphoria, excitement, restlessness, risk taking, sleep disturbance, and aggression. A period of mental and physical fatigue and somnolence follow the use of cocaine after the excitant-stimulant effects wear off. Benzoyllecgonine has a half-life of 6 to 10 hours. The average blood benzoyllecgonine concentration in 906 impaired drivers was 1260 ng/mL (range 5 - 17600 ng/mL). Benzoyllecgonine blood concentrations in patients admitted to an emergency room for cocaine related medical complaints were 1280 ng/mL (SD = 1290 ng/mL). Benzoyllecgonine concentrations in plasma following oral administration of 2 g/day of cocaine over 6 days, averaged 4900 ng/mL. The average blood benzoyllecgonine concentration in 37 cocaine related fatalities was 7900 ng/mL (range 700 - 31000 ng/mL).

2. Cocaine - Peripheral Blood:

Cocaine is a DEA Schedule II controlled central nervous stimulant drug. Effects following cocaine use can include euphoria, excitement, restlessness, risk taking, sleep disturbance, and aggression. A period of mental and physical fatigue and somnolence follow the use of cocaine after the excitant-stimulant effects wear off. Cocaine is metabolized to the inactive compounds benzoyllecgonine, ecgonine methyl ester, and ecgonine. Benzoyllecgonine and ecgonine methyl ester can form from cocaine breakdown after death and even after sample collection. The average blood cocaine concentration in 906 impaired drivers was 87 ng/mL (range 5 - 2390 ng/mL). Blood cocaine concentrations in patients admitted to an emergency room for cocaine related medical complaints were 260 ng/mL (SD = 500 ng/mL). Cocaine concentrations in plasma following oral administration of 2 g/day over 6 days, averaged 1260 ng/mL. The average blood cocaine concentration in 37 cocaine related fatalities was 4600 ng/mL (range 40 - 31000 ng/mL).

3. Delta-9 THC (Active Ingredient of Marijuana) - Peripheral Blood:

Marijuana is a DEA Schedule I hallucinogen. Pharmacologically, it has depressant and reality distorting effects. Collectively, the chemical compounds that comprise marijuana are known as Cannabinoids.

Delta-9-THC is the principle psychoactive ingredient of marijuana/hashish. It rapidly leaves the blood, even during smoking, falling to below detectable levels within several hours. Delta-9-carboxy-THC (THCC) is the inactive metabolite of THC and may be detected for up to one day or more in blood. Both delta-9-THC and THCC may be present substantially longer in chronic users. THC concentrations in blood are usually about one-half of serum/plasma concentrations. Usual peak levels in serum for 1.75% or 3.55% THC marijuana cigarettes: 50 - 270 ng/mL at 6 to 9 minutes after beginning smoking, decreasing to less than 5 ng/mL by 2 hrs.

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.



CONFIDENTIAL

Workorder

Chain

Patient ID

20-1497

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signed on 04/03/2020 15:31 by:

M.S.F.S., D-ABFT-FT

Certifying Scientist

Analysis Summary and Reporting Limits:

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

Acode 50014B - Cocaine and Metabolites Confirmation, Blood - Peripheral Blood

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

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Benzoyllecgonine	50 ng/mL	Cocaine	20 ng/mL
Cocaethylene	20 ng/mL		

Acode 52198B - Cannabinoids Confirmation, Blood - Peripheral Blood

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

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
11-Hydroxy Delta-9 THC	1.0 ng/mL	Delta-9 THC	0.50 ng/mL
Delta-9 Carboxy THC	5.0 ng/mL		

Acode 8051B - Postmortem, Basic, Blood (Forensic) - Peripheral Blood

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

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

-Analysis by Headspace Gas Chromatography (GC) for:

<u>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

CORONER'S FINDINGS

IN THE MATTER OF THE CORONER'S FINDINGS ON THE BODY OF

Jose Luis Lopez Rodriguez, deceased,

I, [REDACTED] Coroner of Contra Costa County, certify

That on this date at Contra Costa County, State of California, an investigation was made into the death of the above-named person; that inquiry was made into the circumstances attending said death, and in what manner, where, and when said death occurred; and that findings of said investigation referenced as case file CR 20-1497 are:

Sex Male Age 40 years old Race Hispanic

Date of Death 03/19/2020 Time of Death 1045

Place of Death [REDACTED] Hospital

[REDACTED] Richmond, CA 94801

Cause of Death Complications of Acute Cocaine Toxicity (Excited Delirium)

Due To: Substance Abuse

Other Significant Conditions Evolving Acute Pneumonia, Acute Urinary Tract Infection,

Subphrenic Abscesses and Soft Tissue Injuries

Classification Accident

Medical Examination ☒

Review ☐

Inspection ☐

By [REDACTED] Forensic Pathologist

[REDACTED] Sheriff-Coroner
Contra Costa County

Dated 10/22/2020 By [REDACTED]

[Signature]
Deputy - Coroner

MD

