AUTOPSY REPORT
ADULT FORM PROTOCOL

I performed an autopsy on the body of

DEPARTMENT OF MEDICAL EXAMINER-CORONER

at

Los Angeles, California on 7-21-17 1040

From the anatomic findings and pertinent history I ascribe the death to:

(A) Hanging

Due to or as a consequence of

(B) Due to or as a consequence of

(C) Due to or as a consequence of

(D) Other conditions contributing but not related to the immediate cause of death

Anatomical Summary:

☐ As listed below
☐ See form #16 under gross impressions

1. Hanging
   A) Belt ligature on neck
   B) Rare conjunctival petechiae
   C) Ligature mark on neck
   D) Hemorrhage of left sternomastoid muscle

2. History of suicidal ideation
IF A TRAUMA CASE STATE:

Injury date: 7-26-17  Hospital Date(s):  

CIRCUMSTANCES:

☑ See Investigator Report form #3  
☐ As listed below  
☐ Source:  

EXTERNAL EXAMINATION:

The body is identified by toe tags and is that of an embalmed / refrigerated,  

☑ adult  ☐ male  ☐ Asian  
☐ elderly  ☐ female  ☐ Black  
☐ teenage  ☑ Caucasian  ☐ Hispanic  

who appears ☑ about the reported  ☐ older than the reported  
☐ the reported  ☑ younger than the reported  

age of 41 years.  

The body weighs 167 pounds, measures 69 inches and is  

☐ cachectic  
☑ mildly/moderately/extremely obese  
☐ poorly nourished  
☐ thin  
☑ well-built, muscular and fairly well-nourished
ADULT FORM PROTOCOL

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☐ The skin is free of abrasions, bruises, lacerations, scars and burns.

☐ There are ligature abrasions over the anterolateral aspect of the neck, with a点 of suspension behind the right ear.

☐ Wrist scars are present.

☐ Tattoo(s) are: present and identified as [fish skeleton] and flames on the arms, [SBS] with a flower on the chest, a dragon with "LINING PARK" on the back, a dragon and butterfly on the calves.

☐ Rigor has presumably been altered/abolished.
☐ Rigor mortis is present.
☐ Livor mortis is fixed and in the legs. Abundant Tarryhen spots are present.

The head is normocephalic and partly covered by hair. covered by ☐ black ☐ blond ☐ brown ☐ red ☐ gray

There is ☐ no ☐ complete ☐ frontal ☐ mid-biparietal ☐ occipital ☐ temporal

balding and the hair can be described as ☐ Long ☐ Short ☐ Curly ☐ Straight ☐ Tightly Curled ☐ Wavy

Mustache is present. Beard is present and described as .

Examination of the eyes reveals

☐ Irids that appear to be brown in color and sclerae that are without injection or posterior.

☐ Corneal removal (eye bank).

☐ Eye shields in place.

There are no petechial hemorrhages of the conjunctivae of the lids and/or the sclerae. The oronasal passages are unobstructed.
ADULT FORM PROTOCOL

Teeth are:
- □ Lower
- □ Upper
- □ Upper and lower
- □ Absent
- □ Carious
- □ Partly absent and uncompensated
- □ Present

Dentures are:

The neck is unremarkable/or shows a ligature abrasion corresponding to the bite.

There is no chest deformity. There is no/an/a mildly increased anterior-posterior diameter.

The abdomen is:
- □ Distended
- □ Flat
- □ Not unusual
- □ Obese
- □ Scaphoid

The genitalia are those of an adult female.
- □ The penis appears circumcised/uncircumcised
- □ The external genitalia are without trauma or lesions

The extremities show no edema, joint deformity, abnormal mobility, non-therapeutic punctures or needle tracks.

Evidence of therapeutic intervention:
- □ There is no evidence of any previous recent hospitalization
- □ The following are present and are in proper position:
  - □ Airway mouth piece
  - □ Central intravenous lines
  - □ EKG pads
  - □ Endotracheal/nasotracheal tube
  - □ Esophageal obturator
  - □ Intravenous lines
  - □ Nasogastric/orogastric tube
  - □ Urinary catheter
  - □ Other
☐ There are signs that the following surgical procedures have been done:
   ☐ __________ sided craniotomy.
   ☐ Cerebral ventricular pressure monitoring tube placement.
   ☐ Tracheostomy.
   ☐ __________ sided chest tube placement.
   ☐ __________ sided thoracotomy.
   ☐ Laparotomy.
   ☐ Peritoneal lavage procedure.
   ☐ Vascular cutdown procedure(s).
   ☐ Repair of injuries to ____________________________.

☐ Signs of cardiopulmonary resuscitation are as follows:
   ☐ Brown arc shaped paddle marks over the chest.
   ☐ Rib fracture located at ____________________________.
   ☐ Serosanguineous pericardial fluid.
   ☐ Signs of intracardial injections.
   ☐ Focal areas of red hemorrhage in the posterior wall of the left ventricle.

☐ There is evidence of old surgery. Scars are present at the ____________________________ and the following organs are missing:
   1.
   2.
   3.

☒ There has not been post mortem intervention for organ procurement which can be described as ____________________________.
                                                                  ____________________________
                                                                  ____________________________
                                                                  ____________________________

EVIDENCE OF EXTERNAL TRAUMATIC INJURY:

☐ Diagrammed on form(s) # 29

☐

CLOTHING:

The body ☐ is clothed and I ☒ did not see the clothing.
☒ was not clothed ☐ inspected the clothing.
The clothing can be described as


INITIAL INCISION:
The body cavities are entered through

- The standard coronal incision.
- The standard "Y" shaped incision.
- Additional incisions are

☐ No foreign material is present in the mouth, upper airway and trachea.

EVIDENCE OF INTERNAL INJURIES:

☐ Diagrammed on form(s) #

☐

☐

☐

☐

☐

NECK:
The neck organs are not removed en bloc with the tongue. No lesions are present nor is trauma of the gingiva, lips or oral mucosa demonstrated. There is no edema of the larynx. Both hyoid bone and larynx are intact and without fractures. No hemorrhage is present in the adjacent throat organs, investing fascia, strap muscles, thyroid or visceral fascia. There are no prevertebral fascial hemorrhages. The tongue when sectioned shows no trauma or
CHEST/ABDOMINAL CAVITY:
The right/left/both pleural cavity/cavities contain(s) no fluid, blood, or adhesions. 
- Blood
- Fluid measuring ______ cc RT ______ LT ______

No tension pneumothorax is demonstrated. The parietal pleurae are intact.

The lungs are
- partly collapsed.
- poorly expanded.
- voluminous.
- well-expanded.

Soft tissues of the thoracic and abdominal walls are well-preserved.
- have early/late postmortem softening, discoloration and crepitation.

The subcutaneous fat of the abdominal wall measures ________
- abdominal wall measures ________
- chest wall measures ________

Breasts are examined and sectioned in usual manner and show no abnormalities.

The organs of the abdominal cavity have a normal arrangement and none are absent.
There is no fluid collection. The peritoneal cavity is without evidence of peritonitis. There are no adhesions.

SYSTEMIC AND ORGAN REVIEW

The following observations are limited to findings other than injuries, if described above.

MUSCULOSKELETAL SYSTEM:

- No abnormalities of the bony framework or muscles are present.
- Kyphosis/scoliosis
- Wasting
- Other ________

CARDIOVASCULAR SYSTEM:
The aorta is elastic/fairly elastic/inelastic and of even caliber throughout with vessels distributed normally from it.
The abdominal/thoracic aorta has

- Lipid streaking.
- Minimal/moderate/severe atherosclerosis.
- Focal atherosclerosis with/without calcification.
- No intimal or mural ulceration and/or calcification.
- No discrete plaques that are not elevated.

There is no tortuosity or widening of the thoracic segment. The abdominal aorta has

- No diffuse atherosclerosis.
- No marked focal atherosclerosis.
- No minimal moderate atherosclerosis.

There is no dilation of the lower abdominal segment. An intact aneurysm is present measuring _____ cm. The major branches of the aorta show no abnormality.

Within the pericardial sac there are _____ cc. of _____ fluid. This is a minimal amount of serous fluid.

The heart weighs 470 grams. It has

- A normal configuration.
- An infantile configuration.
- Biventricular hypertrophy.
- Left ventricular hypertrophy.
- Right ventricular hypertrophy.

The right ventricle is ____ cm thick and the left ventricle is ____ cm thick.

The chambers are normally developed and are without mural thrombosis. The valves are thin, leafy and competent.

Circumference of valve rings are:

- T.V. _____ cm
- A.V. _____ cm
- P.V. _____ cm
- M.V. _____ cm

There are endocardial hemorrhages of ___.
- No hemosiderin staining of the endocardium.
- No endocardial discoloration.

There are no infarct(s) of the myocardium.
There **is** no abnormality of the apexes of the papillary musculature.

There are no defects of the septum. The great vessels enter and leave in a normal fashion.

The ductus arteriosus

- [ ] cannot be probed.
- [x] is obliterated.
- [ ] is widely patent.
- [ ] measures __________.

The coronary ostia

- [ ] are narrowed.
- [x] are widely patent.

- [x] The left coronary artery is the dominant vessel.
- [x] The right coronary artery is the dominant vessel.
- [ ] There is a balanced pattern of coronary artery distribution.
- [ ] There is a normal pattern of coronary artery distribution.

There are

- [ ] extensive
- [x] minimal
- [ ] no coronary
- [ ] segmental

- [x] atherosclerosis
- [ ] atherosclerotic plaque(s)
- [x] with up to 25%

- [ ] with mild to moderate
- [ ] without
- [ ] with severe

- [x] narrowing
- [ ] occlusion
- [x] stenosis

of the

- [x] anterior descending branch of the left coronary artery.
- [ ] circumflex branch of the left coronary artery.
- [ ] left/right coronary artery.
- [ ] major coronary arteries.

No focal endocardial, valvular or myocardial lesions are seen. The blood within the heart and large blood vessels is **liquid/bloated**.

**RESPIRATORY SYSTEM:**

- [x] An extremely large amount of
  - [ ] Considerable
  - [ ] Moderate
  - [ ] No
  - [x] Scant

found in the

- [ ] lower bronchial
- [x] upper respiratory

- [ ] blood is
- [ ] bloody fluid is
- [ ] edema is
- [ ] exudate is
- [ ] gastric material is
- [ ] glairy fluid is
- [x] secretions are

- [ ] lower bronchial
- [x] upper respiratory passages.
The mucosa

☑ has postmortem discoloration.
☑ is focally hemorrhagic.
☑ is intact and pale.
☑ is severely injected throughout.
☐ is ulcerated.

The lungs are
☐ atelectatic
☐ crepitant
☐ emphysematous
☑ subcrepitant

and there is ☑ dependent congestion.
☐ postmortem softening.

The left lung weighs 540 grams.
The right lung weighs 720 grams.

The visceral pleurae
☐ are punctured.
☐ are scarred.
☑ are smooth and intact.
☐ are thickened.
☐ contain marginal blebs.

The parenchyma is
☑ congested.
☐ congested and edematous.
☐ consolidated.
☐ hemorrhagic.
☐ nodular.

The pulmonary vasculature is without thromboembolism.
☐ Thromboemboli are not present in the distal tertiary branches.
☐ Thromboemboli are not present in the extrapulmonary portions of the pulmonary artery.

GASTROINTESTINAL SYSTEM:

The esophagus ☑ has
☐ corrosion.
☑ intact throughout.
☐ terminal postmortem erosion.
☐ ulceration.
☐ varices.

The stomach is ☑ not distended by ____________________________ . It contains 90 cc of ____________________________ .
The mucosa is intact without hemorrhage or ulceration.
Portions of tablets and capsules cannot be discerned in the stomach.

Residual medication materials seen in the stomach

The external and in-situ appearance of the small intestine and colon are unremarkable.

The small intestine and colon are opened along the anti-mesenteric border and _no mucosal lesions are present._

The small intestine and colon are examined by inspection, palpation and multiple incisions and ____________

The appendix is present/absent surgically.

The pancreas occupies a normal position. There is no ____________

The parenchyma is lobular and firm. The pancreatic ducts are not ectatic and there is no parenchymal calcification.

HEPATOBIATORY SYSTEM:

The liver weighs 1900 grams, ____________ and is _red-brown._

is enlarged.

is of average size.

is smaller than normal

The capsule is _intact_ and the consistency of the parenchyma is _soft._

The cut surface is _smooth._

There is _a normal lobular arrangement._

macronodular.

micronodular.

fatty.
The gallbladder is □ absent. ☑ present.

The wall is □ thickened and rigid. ☑ thin and pliable.

It contains ☑ ~5 cc of bile □ no bile

and □ calculi which are □ mixed. □ pure. ☑ no calculi.

There is no obstruction or dilation of the extrahepatic ducts. The periportal lymph nodes are enlarged/not enlarged.

URINARY SYSTEM:

The left kidney weighs □ 70 grams. The right kidney weighs □ 200 grams.

The kidneys are normally situated and the capsules strip easily/with difficulty, revealing a surface that is smooth and dark red.

The corticomedullary demarcation is □ obliterated. □ obscured by congestion. ☑ preserved.

The pyramids are not remarkable. The peripelvic fat is not increased. The ureters are without dilation or obstruction and pursue their normal course.

The urinary bladder is □ contracted. □ distended. □ trabeculated. ☑ unremarkable.

It contains ☑ ~2 cc of □ amber □ brown □ hemorrhagic □ no urine.

The urine is not tested by the dipstick method and the results are

GENITAL SYSTEM: (Cross or X out one — fill in the other.)

Female:

The uterus is □ asymmetrical □ surgically absent as are adnexa □ symmetrical

and the uterine cavity is □ enlarged. □ not enlarged.
The fallopian tubes are unremarkable.

The endometrium is

The cervix and vagina have a normal appearance for the age.

The ovaries are

- cystic.
- large.
- nodular and solid.
- not identified.
- small and atrophic.
- normal for the age.

Male:

The prostate is

- enlarged.
- without enlargement or nodularity.

Both testes are in the scrotum are unremarkable and without trauma.

HEMOLYMPHATIC SYSTEM:

The spleen weighs 70 grams and is enlarged.

The capsule is

- intact.
- lacerated.
- smooth.
- wrinkled.

The parenchyma is

- dark red.
- firm.
- mushy.
- pale.

There is an increased follicular pattern.

- Lymph nodes throughout the body are small and inconspicuous.
- There is generalized lymph node prominence and enlargement.
- There is focal enlargement of lymph nodes in the following areas:
  ____________________________
  ____________________________
  ____________________________

The bone is brittle.

The bone marrow of the vertebrae is

- red and moist.
- the usual appearance for the age.
- unremarkable.
ENDOCRINE SYSTEM:

The thyroid is

- □ decreased in size.
- □ enlarged.
- □ mediastinal.
- □ nodular.
- □ unremarkable.

The parathyroid glands are not identified.

The adrenals are

- □ atrophic.
- □ autolyzed.
- □ hemorrhagic.
- □ intact without necrosis or hemorrhage.
- □ necrotic.
- □ unremarkable.

Thy thymus is

- □ not identified.
- □ the usual appearance for the age.
- □ unremarkable.

and weighs ______ grams.

The pituitary gland is of normal size/unremarkable.

SPECIAL SENSES:
The eyes are not dissected. The middle and inner ear are not dissected.

HEAD AND CENTRAL NERVOUS SYSTEM:
There is no subcutaneous and/or subgaleal hemorrhage in the scalp. The hemorrhage does not extend into the orbits and/or the temporal muscles. The external periosteum and dura mater are stripped showing no fractures of the calvarium or base of the skull. There are no tears of the dura mater. There is no epidural, subdural, or subarachnoid hemorrhage

The brain weighs 530 grams. The leptomeninges are thin and transparent. A normal/flattened convolutionary pattern is observed. Coronal sectioning demonstrates a uniformity of cortical gray thickness. The cerebral hemispheres are symmetrical. There is no softening, discoloration, or hemorrhage of the white matter. The basal ganglia are intact. Anatomic landmarks are preserved. Cerebral contusions are not present.
The ventricular system □ has a normal appearance □ is symmetrical □ is unremarkable without dilation and/or distortion.

Pons, medulla and cerebellum are unremarkable. There is no evidence of uncal or cerebellar herniation. Vessels at the base of the brain have a normal pattern of distribution. There are no aneurysms. The cranial nerves are intact, symmetrical, and normal in size, location and course.

The cerebral arteries □ are moderately sclerotic. □ are without arteriosclerosis. □ have advanced/mild arteriosclerosis. □ have arteriosclerosis at points of bifurcation.

SPINAL CORD:

☑ The entire cord is/is not dissected.
□ A segment of
   □ cervical
   □ lumbar
   □ thoracic
   spinal cord is examined and is unremarkable/or

□ The spinal fluid is clear.

NEUROPATHOLOGY:

The brain and/or spinal cord is placed in formalin solution for further fixation and later examination.

HISTOLOGIC SECTIONS:

Representative sections from various organs are preserved in one/two/three storage jar(s) in 10% formalin. Sections of __________________________ are submitted for slides.

The slide key is __________________________.

TOXICOLOGY:

☑ Bile
☑ Blood
☐ Liver tissue
☐ Stomach contents
☑ Urine
☑ Vitreous humor

have been submitted to the lab.

☑ A comprehensive
□ A homicide
□ A traffic
□ A drugs of abuse
□ No

screen was requested.

with Zolpidem.
SPECIAL PROCEDURES:

☐ Biopsies of ____________________________ have been submitted to the lab.

☐ Cultures of ____________________________

☐ Anesthesiology  consultation(s) was/were requested.
☐ Anthropology
☐ Criminalistics
☐ Odontology
☐ Ophthalmology
☐ Pulmonary
☐ Surgical

PHOTOGRAPHY:

☐ At scene photos are/are not available.
☐ No photos are taken.
☒ Photographs have been taken prior to and/or during the course of the autopsy.

RADIOLOGY:

☐ The body is fluoroscoped ____________________________.
☒ No x-rays are obtained.
☐ The body is fluoroscoped and x-rays are taken of the head/chest/ ____________.

WITNESSES:

☒ None
☐

☐ DA 
☐ IAPD 
☐ LASO witnessed the autopsy.

DIAGRAMS USED:

Diagram form(s) # 20, 22 were used during the performance of the autopsy. The diagrams are not intended to be facsimiles.
OPINION:
Autopsy findings are characteristic of suicidal hanging. There was a history of suicidal ideation.

SIGNATURE
RESIDENT IN PATHOLOGY

PRINT NAME
DATE: ____________________________

SIGNATURE
DEPUTY MEDICAL EXAMINER

PRINT NAME
DATE: 7-21-17
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Larga ear piercings
Rare conjunctival petechiae
Protruding tongue

"CPTB" Font
Fish
Skeleton
Flaming

Flames
Flaming
circumcised

Tardieu spots on legs, hands

"LIMPIN PARK"

Dragon

Fetish Dragon

Date

(Rev. 9/13)
DEATH WAS CAUSED BY: (Enter only one cause per line for A, B, C, and D)

(A) Hanging

IMMEDIATE CAUSE:

OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH:

☐ NATURAL  ☑ SUICIDE  ☐ HOMICIDE  ☐ ACCIDENT  ☐ COULD NOT BE DETERMINED

If other than natural causes, HOW DID INJURY OCCUR? with belt

WAS OPERATION PERFORMED FOR ANY CONDITION STATED ABOVE: ☐ YES  ☐ NO

TYPE OF SURGERY:  DATE:

☐ ORGAN PROCUREMENT  ☐ TECHNICIAN  Sanchez

PREGNANCY IN LAST YEAR  ☐ YES  ☐ NO  ☐ UNK  ☐ NOT APPLICABLE

☐ WITNESS TO AUTOPSY  ☐ EVIDENCE RECOVERED AT AUTOPSY

Item Description: Belt

TOXICOLOGY SPECIMEN

COLLECTED BY:

HEART BLOOD  STOMACH CONTENTS  VITREOUS

FEMORAL BLOOD  BLOOD  SPLEEN

TECHNIQUE:  BLOOD  KIDNEY

BILI  LIVER  URINE

URINE GLUCOSE DIPSTICK RESULT: 4+ 3+ 2+ 1+ 0

TOX SPECIMEN RECONCILIATION BY:

HISTOLOGY

☐ Regular (No.  )  ☐ Oversize (No. )  Histopath Cut:  ☐ Autopsy  Lab

TOXICOLOGY REQUESTS

☐ YES  ☐ NO

☐ NO TOXICOLOGY REQUESTED

SCREEN ☐ C  ☐ H  ☐ T  ☐ S  ☐ D

☐ ALCOHOL ONLY  ☐ CARBON MONOXIDE

☐ OTHER (Specify drug and tissue)  Zolpidem

REQUESTED MATERIAL ON PENDING CASES

☐ POLICE REPORT  ☐ MED HISTORY

☐ TOX FOR CO  ☐ HISTOLOGY

☐ TOX FOR R/O  ☐ INVESTIGATIONS

☐ MICROBIOLOGY

☐ RADIOMETRY CONS.

☐ CONSULT ON:

☐ BRAIN SUBMITTED

☐ NEURO CONSULT  ☐ DME TO CUT

☐ CRIMINALISTICS

☐ GSR  ☐ SEXUAL ASSAULT  ☐ OTHER

RESIDENT  DME
**EXTERNAL EXAM**
- Sex: Male
- Race: Caucasian
- Age: 41
- Height: 6'9
- Weight: 67
- Hair: Brown
- Eyes: Brown
- Sclera: Few petechiae
- Teeth: Normal
- Mouth
- Tongue: Normal
- Nose: Normal
- Chest: Normal
- Breasts: Normal
- Abdomen: Normal
- Scar: None
- Genitals: Circumcised
- Edema: Normal
- Skin: Normal
- Decubitus

**PERITONEUM**
- Fluid: Normal
- Adhesions: Normal

**LIVER Wt. 1900**
- Capsule: Normal
- Lobules: Normal
- Fibros: Normal
- GB: Calculus
- Bile ducts: Normal

**SPLAEN Wt. 170**
- Color: Normal
- Consistency: Normal
- Capsule: Normal
- Malpigment: Normal

**PITUITARY**

**SCALP**
- Dura: Normal
- Fluid: Normal
- Ventrices: Normal
- Vessels: Normal
- Middle: Normal
- Other

**CALVARIUM**
- Brain Wt: 1570

**SPINAL CORD**

**TOXICOLOGY SPECIMENS**
- Blood, bile, liver, stomach contents, urine, vitreous

**SECTIONS FOR HISTOPATHOLOGY**
- Stock jar

**MICROBIOLOGY**
- Diagrams 20, 22
- X-Rays

**DIAGRAMS 20, 22**

**OTHER PROCEDURES**

**GROSS IMPRESSIONS**
- See Form 12

---

**Date:** 7-21-17

**Time:** 12:10

---

**Deputy Medical Examiner**
The following results have been technically and administratively reviewed and are the opinions and conclusions of the Analyst:

**Coroner Case Number:** 2017-xxxx  **Decedent:** BENNINGTON, CHESTER CHARLES

<table>
<thead>
<tr>
<th>SPECIMEN</th>
<th>SERVICE</th>
<th>DRUG</th>
<th>RESULT</th>
<th>ANALYST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood, Femoral</td>
<td>Alcohol-GC/FID-HS</td>
<td>Ethanol</td>
<td>0.054 g%</td>
<td>S. DeQuintana</td>
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<tr>
<td>Blood, Heart</td>
<td>Alcohol-GC/FID-HS</td>
<td>Ethanol</td>
<td>0.053 g%</td>
<td>S. DeQuintana</td>
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<tr>
<td></td>
<td>Base-GC/NPD &amp;/or MS</td>
<td>Zolpidem</td>
<td>ND</td>
<td>B. Ciullo</td>
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<tr>
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<td>ELISA-Imunoassay</td>
<td>Barbiturates</td>
<td>ND</td>
<td>J. Gadway</td>
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<tr>
<td></td>
<td>ELISA-Imunoassay</td>
<td>Cocaine and Metabolites</td>
<td>ND</td>
<td>J. Gadway</td>
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<td>Pentaoyl</td>
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<td>Methamphetamine &amp; MDMA</td>
<td>PP</td>
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<tr>
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<td>Phencyclidine</td>
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<td>Sympath. Amines-GC/MS</td>
<td>Amphetamine</td>
<td>ND</td>
<td>D. Levanas</td>
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<tr>
<td></td>
<td>Sympath. Amines-GC/MS</td>
<td>Methamphetamine</td>
<td>ND</td>
<td>D. Levanas</td>
</tr>
<tr>
<td></td>
<td>Sympath. Amines-GC/MS</td>
<td>Methylenedioxymethamphetamine (MDA)</td>
<td>ND</td>
<td>D. Levanas</td>
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<td>Methylenedioxymethamphetamine (MDMA)</td>
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<td>D. Levanas</td>
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<td>Urine</td>
<td>Sympath. Amines-GC/MS</td>
<td>Amphetamine</td>
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<td>D. Levanas</td>
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<td>ND</td>
<td>D. Levanas</td>
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<td>Vitreous</td>
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<td>Ethanol</td>
<td>0.059 g%</td>
<td>S. DeQuintana</td>
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</tbody>
</table>
Coroner Case Number: 2017-____ Decedent: BENNINGTON, CHESTER CHARLES

<table>
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<th>DRUG</th>
<th>RESULT</th>
<th>ANALYST</th>
</tr>
</thead>
<tbody>
<tr>
<td>g</td>
<td>Grams</td>
<td>mg/dL Milligram per Deciliter</td>
<td>PP</td>
<td>Presumptive Positive</td>
</tr>
<tr>
<td>g%</td>
<td>Gram Percent</td>
<td>mg/L Milligram per Liter</td>
<td>QNS</td>
<td>Quantity Not Sufficient</td>
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<tr>
<td>Inc.</td>
<td>Inconclusive</td>
<td>ug Micrograms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>mg</td>
<td>Milligrams</td>
<td>ug/g Micrograms per Gram</td>
<td>ug/mL</td>
<td>Micrograms per Milliliter</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ng/ml Nanograms per Milliliter</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In accordance with the Department’s Evidence Retention Policy, the blood specimen(s) will be retained for one year and all other specimens for six months from Autopsy.

Administratively reviewed by: [Redacted] Sarah Buxton de Quintana, Senior Criminalist TOXICOLOGY
COUNTY OF LOS ANGELES

CASE REPORT

SUICIDE

SPECIAL CIRCUMSTANCES

Media Interest

BENNINGTON, CHESTER CHARLES

SEX: MALE
RACE APPEARS: CAUCASIAN
DOB: 3/20/1976
AGE: 41
HEIGHT: 69 in.
WEIGHT: 167 lbs.
EYES: BROWN
HAIR: BROWN
TEETH: ALL NATURAL
MARKS/MACROSCOPIC: "LINKIN PARK"
TATTOO: CHEST- "BANNERS WITH INITIALS"
TATTOO: BOTH ARMS- "VARIOUS IMAGES"
TATTOO: "MCLEOD"
SEXUAL ORIENTATION:
N/A
MARITAL STATUS:
N/A
RELATIONSHIP TO VICTIM:
WIFE
SSN: [REDACTED]
STATE: CA
RELATIONSHIP TO DECEASED:
PHONE: [REDACTED]
DATE: 7/20/2017
TIME: [REDACTED]
FBI ONLY:
N/A
PLACE OF DEATH/PLACE FOUND:
RESIDENCE
PLACE OF INJURY:
RESIDENCE
DATE: 7/20/2017
TIME: 09:08
FINDING/PRONOUNCED BY:
LACFD ENGINE 2
OTHER AGENCY INVOLVED:

FINGERPRINTS? Yes
CLOTHING? Yes
PA RT? No
MEDICAL EV? Yes
INVEST PHOTO # 51
PHYSICAL EV? No
EVIDENCE LOG? Yes
SUICIDE NOTE? No

SYNOPSIS

THE DECEDENT HAD A HISTORY OF ALCOHOLISM, DEPRESSION, SUICIDAL IDEATIONS, AND PRIOR SUICIDE ATTEMPTS. HE WAS LAST KNOWN ALIVE ON THE NIGHT OF 07/19/2017. ON 07/20 AROUND 0850 HOURS HIS HOUSEKEEPER DISCOVERED HIM UNRESPONSIVE AND HANGING WITH A LIGATURE AROUND HIS NECK IN HIS BEDROOM. PARAMEDICS PRONOUNCED DEATH ON SCENE WITHOUT MEDICAL INTERVENTION. THERE WAS NO SUICIDE NOTE FOUND. THERE WAS NO FOUL PLAY SUSPECTED.

VANANDA CHOLAKIANS
604323

DATE: 7/20/2017
TIME: 18:05

FORM #3 NARRATIVE TO FOLLOW? Yes
Information Sources:
1) Officer A. Belda #731, Palos Verdes Estates Police Department.
2) [Redacted] decedent's employee.
3) [Redacted] decedent's wife.

Investigation:
On 07/20/2017 at 0915 hours Officer Belda reported this apparent suicide death to the Los Angeles County Medical Examiner – Coroner. I was assigned this field case at 0925 hours by Lieutenant Smith. I arrived on scene at 1050 hours. I concluded my field investigation and cleared the scene at 1205 hours. LACMEC Assistant Chief E. Winter and Palos Verdes Estates PD Corporal Robinson #716 were also present on scene. Forensic Attendant J. Killen transported the decedent to the Forensic Science Center.

Location:
Injury and Death:

Informant/Witness Statements:
On 07/20/2017 while on scene I conducted an interview with Officer Belda and he related to me the following information. The decedent was last seen alive by the housekeeper, [Redacted] at his residence at the above location on 07/19/2017 around 2230 hours and nothing out of the ordinary was reported. She left the residence at that time and returned on 07/20/2017 around 0830 hours. Around 0850 hours she discovered him unresponsive and hanging with a ligature around his neck in his bedroom. She dialed 911 and Los Angeles County Fire Department Engine 2 responded. Captain Avedissian pronounced death on scene at 0908 hours without medical intervention. Paramedics removed a prescription bottle from the nightstand and placed it on a dresser. His wife, [Redacted] was notified by [Redacted] and Officer Belda also spoke with her from the scene. The decedent had reportedly returned from a family vacation in Arizona on the night of 07/13. [Redacted] was still in Arizona and was en route to Los Angeles after being notified.

On 07/20/2017 while on scene I conducted an interview with [Redacted] and she related to me the following information. She had known and was employed by the decedent for approximately two years. She routinely came to the residence daily and let herself in with a key. On 07/19/2017 the decedent arrived home around 2230 hours while she was in the bathroom. She did not see him enter the house and saw him when he was already upstairs after he had put his bags away. There was nothing out of the ordinary reported about his behavior. She left the residence approximately five minutes later and he told her that he would be leaving for work early the next morning, around 0430 hours. On 07/20 around 0830 hours she arrived at the residence and let herself in with her key. She did not hear anything and assumed he had already left. Around 0845 hours an Uber vehicle pulled into the driveway and she went upstairs to check if he was there. He did not answer knocks on the door and she let herself into the unlocked bedroom. She discovered him unresponsive and dialed 911. She did not move the decedent or any items in the room.

On 07/20/2017 I conducted a telephone interview with the decedent's wife, [Redacted] and she related to me the following information. The decedent had a history of depression, suicidal ideations, and past suicide attempts. He would have suicidal ideations after consuming alcohol. In 2006 he was consuming alcohol heavily and threatened to commit suicide. He had left their home with a gun and she had to call the police to find him. [Redacted]
His primary medical doctor was Dr. William Lang. The decedent had been prescribed antidepressants in the past but had not used them in over a year. He also used Ambien occasionally. He was currently in an outpatient treatment program and was supposed to be sober. He flew home from their family cabin in Arizona on the night of 07/19 because he had a work event scheduled for 07/20. She last communicated with him via text message on the night of 07/19 after his plane landed in Los Angeles. She stated the Uber vehicle that arrived on 07/20 was sent by the band management. She stated the journal found on the nightstand was one he maintained for his outpatient treatment program. She also stated that she did not find a suicide note in his phone. I also asked her about the fingernail pieces and she stated that he often does that when anxious.

Scene Description:

The scene was the upstairs bedroom in a home located at the above location. The decedent was observed hanging with a ligature around his neck. The ligature was a black leather belt with a metal buckle engraved with "Hugo Boss". The belt was looped around the decedent’s neck then through the buckle, before extending up towards the door frame. The belt passed between the top edge of a door and the door frame. The buckle was at the posterior of the decedent’s neck. The height of the door frame was 65 inches. From the floor to the level of the buckle at the decedent’s neck was 48 inches. The ligature measured from the buckle at the neck to the tip of the belt was 28 inches. In the decedent’s front left pocket was an American Airlines folded boarding pass in his name for flight 640 from Phoenix to Los Angeles. In his front right pocket were coins.

To the left of the decedent was a nightstand on top of which was an iPhone that was password protected. The passcode was required to enable Touch ID. Underneath the phone there were multiple fingernail pieces. The door of the nightstand was ajar. There was another iPhone (or iPod) inside the nightstand but it was powered off. The lamp on the nightstand was powered on. There were also fingernail pieces on a table attached to a sofa in the bedroom.

On a dresser in the room was a prescription for Zolpidem 10mg containing one tablet broken in half. It was prescribed to [redacted] was filled on 06/29/2017. It had been removed from the nightstand adjacent to the decedent by paramedics, as reported by Officer Belda. Also on this dresser was a one pint glass bottle of Corona, less than half full.

On the counter of an attached bathroom was an empty glass bottle of Stella Artois, two bottle caps (Stella and Corona), two pairs of glasses, a wallet, and a towel. There was an empty 7-Eleven bag on the floor of the bathroom. There was a gray shirt in the hamper in the bathroom. The trash can in the bathroom was empty.

Also in the bedroom I discovered a journal with handwritten apparent biography that was not dated. There was also a typed apparent biography in another nightstand.

The door the decedent was in front of led to a small room, with two luggage bags on the floor containing clothing and shoes.

Evidence:

On 07/20/2017 at 1140 hours I collected medical evidence from the scene and later booked it into the evidence department at the Forensic Science Center. The ligature was left with the decedent.
Body Examination:
The decedent was an adult Caucasian male observed hanging with a ligature around his neck in the above described scene. His arms were extended straight down. His legs were flexed at the knees with both feet touching the carpeted floor. He was clad in blue jeans, a brown belt that was unbuckled, and black underwear. He had short brown hair, brown eyes, unshaven facial hair, and natural teeth. His tongue was clenched between his teeth and slightly protruding from the mouth. The bottom lip and tip of the tongue were slightly dehydrated. There was thick emesis from the nares and residue of this on the chest. There were no petechiae noted. The decedent had multiple tattoos including: rose with branches and initials on banners on the chest; flames on both forearms; "Linkin Park" on the low back; various image on the back. Rigor mortis observed at 1125 hours was rated a 3 throughout the body. Livor mortis observed at 1128 hours was consistent with the found position, on the distal arms and legs, and blanched with hard fingertip pressure. There were also apparent Tardieu spots on the feet.

Identification:
On 07/20/2017 at 1646 hours, the decedent was positively identified as Chester Bennington (DOB 03/20/1976) by Federal Bureau of Investigations fingerprint comparison. His California Driver License #D6950703 identified him as Chester Charles Bennington.

Next of Kin Notification:
On 07/20/2017 the decedent's wife and legal next of kin, [blurred], was notified of the death by [blurred] their housekeeper. I confirmed notification with [blurred] telephonically on 07/20/2017.

Tissue Donation:
Family members did not consent to tissue donation by the time of report completion.

Autopsy Notification:
There was no request for autopsy notification.

INVESTIGATOR CHOLAKIANS
#604233

SUPERVISOR
[blurred]

07/20/2017
Date of Report
6

COUNTY OF LOS ANGELES
PRELIMINARY EXAMINATION REPORT - FIELD
DEPARTMENT OF MEDICAL EXAMINER-CORONER

2017-

BENNINGTON, CHESTER
SUICIDE
07/20/2017
THERMOMETER #

WAS ORIGINAL SCENE DISTURBED BY OTHERS? Y I J N X
IF YES, NOTE CHANGES IN NARRATIVE FORM #3.

DATE 07/20/2017

AMBIENT #1 °F
AMBIENT #2 °F
WATER °F

TIME
TIME
TIME

LIVER TEMPERATURE #1 °F
LIVER TEMPERATURE #2 °F

TIME
TIME

DATE & TIME FOUND 07/20/2017 07:08 HRS
LAST KNOWN ALIVE 07/19/2017

APPROX. AGE 41 SEX M EST. HEIGHT 69 EST. WEIGHT 167 CLOTHED? YES X NO □ IF YES, DESCRIBE
BLUE JEANS, BLACK UNDERWEAR, BROWN BELT.

Description as to where remains found and contact material to body:
Hanging by ligature (belt) around neck, feet twisting floor.

Scene temperature regulated? YES □ NO X IF YES, THERMOSTAT SET AT ____ DEGREES F

Livor Mortis: Time observed 11:28

Rigor Mortis: Time observed 11:25

Neck Flexion:

Anterior 3
Posterior 3
RT Lateral 3
LT Lateral 3

Jaw 3
Hip 3
Shoulder 3
Knee 3
Elbow 3
Ankle 3
Wrist 3

Scale:
0 Absent/Negative
1
2
3
4 Extreme Degree

Use scale to describe intensity of rigor mortis.

Shade diagrams to illustrate the location of livor mortis.

Describe intensity of coloration and whether livor mortis is permanent or blanches under pressure.

CORONER'S INVESTIGATOR

REVIEWS

NOTE: ALL DATA COLLECTED FOR THIS FORM MUST BE COLLECTED AT SCENE.
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<thead>
<tr>
<th>Drug Name</th>
<th>Rx Number</th>
<th>Date of Issue</th>
<th>Number Issued</th>
<th>Number Remaining</th>
<th>Form</th>
<th>Dosage</th>
<th>Rx Directions</th>
<th>Physician</th>
<th>Pharmacy Phone/Comments</th>
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<tr>
<td>ZOLPIDEM</td>
<td>0548007115</td>
<td>6/29/2017</td>
<td>30</td>
<td>1</td>
<td>TABLET</td>
<td>10MG</td>
<td>1 TAB AT BEDTIME</td>
<td></td>
<td>PRESCRIBED TO TALINDA BENNINGTON, TABLET BROKEN IN HALF</td>
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Paraphernalia Description

Investigator: 

Date: 7/20/2017