

IMPOUNDED PROPERTY

Description	Released By	Date Released	Released To	Relationship
Total Collected		Total Cash		Total Coins
\$0.00		=	0.00	+ 0.00

CAUSE OF DEATH

CAUSE A : Atherosclerotic/Hypertensive Heart Disease

CAUSE B :

CAUSE C :

CAUSE D :

OTHER SIGNIFICANT CONDITIONS : Excited Delirium Syndrome

COPY

ORIGINAL

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

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

REPORT OF AUTOPSY

DECEDENT: Michael Earl Le Mon

CASE: C00696-15

DATE OF EXAMINATION: April 9, 2015

TIME: 0820 Hours

PERSONS PRESENT AT EXAMINATION:

Witnesses Present: Kern County Sheriff's Office, Detective Erik Levig; Technical Investigators Adam Rickels and Kevin Thompson

Autopsy Assistants: Alma Mendez, Laila Shaibi and Michelle Wilcox

FINAL DIAGNOSES

I. Diagnoses:

1. [REDACTED]
2. Hypertrophic heart disease, severe, lethal level of pathology.
3. Right and left ventricular dilatation of the heart, very probable.
4. Diffuse thickening of the coronary artery system consistent with the effects of severe chronic hypertension and with 60% occlusion in the circumflex branch of the coronary artery system.
5. Extremely wet and heavy lungs.
6. No distention of urinary bladder; no froth in the larynx.
7. No hyperextension of the lungs consistent with bronchial asthma.
8. Severe intraabdominal increase in adipose tissues and quantity of intestinal loops, small intestine.
9. Surgically removed appendix with adhesions in the area; no complications detected.
10. [REDACTED]
11. Blunt head injuries, mild except for right side temple region.
12. Blunt head injuries, right temple area and right side of upper face, moderate to severe.
13. There are no signs of brain injury. There are no skull fractures.
14. Blunt throat injuries are present; however, no fractures of the small bones of the throat; no signs of bruising to the pharynx in the areas of the edges of the thyroid cartilage posterior aspects; no petechial hemorrhages of the left eye tissues (right eye tissues are obscured by ecchymoses and swelling). Throat injuries are consistent with effects of intubation during CPR.
15. Scattered nonspecific fairly generalized bruises and ecchymoses, mild.
16. Abrasions over the knees and a few other areas, mild.
17. At least five baton marks, mild to moderate; no baton marks seen at the head, face, neck areas.

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- 18. Occasional abrasions and several ecchymoses of the dorsal surface of the hands and fingers consistent with blunt force (but also consistent with hospital/medical attention).
 - 19. Status post hospitalization with chest compressions during CPR processes; fractures of the anterior chest wall, right and left, along the midclavicular line, nondisplaced, consistent with chest compressions; not consistent with an effect of restraint procedures.
 - 20. Abrasions and bruises at wrists consistent with handcuff restraint effects.
 - 21. No clear restraint effects at ankles, but there are a few abrasions there.
 - 22. Numerous raised scars at each antecubital fossae consistent with previous suicide attempt, very probable but not specific for it.
- II. Cause of death: Atherosclerotic/Hypertensive Heart Disease, interval between onset and death is years.
- III. Other conditions contributing to death: Excited delirium syndrome; [REDACTED]
- IV. Manner of death: Natural.
- V. Comment: Death is from lethal chronic disease plus the effects of intense cardiovascular strain. Such strain results from an intense struggle during restraint procedures. Restraint procedures are indicated and properly employed. Included in the causes of the struggle are: nonspecific mental health issues and a propensity for Excited Delirium Syndrome. Special laboratory assays of brain tissues substantiate this propensity. No acute toxicology factors are involved.

The manner of death is considered to be natural. Toxicology factors do not seem to be involved; therefore, it is not an accident on that account. The restraint procedures seem indicated and properly employed. There is no history or sign of excessive force being used.

As in emergency chest surgery for chronic heart disease, even though the cardiovascular strain from general anesthesia and open heart surgery undoubtedly adds to the strain on the body, the anesthesia and surgery are necessary. The manner of death in such a medical situation is natural.

In this case of an in-custody death, the reasoning process is similar. Although the struggle in resisting arrest and in resisting restraint caused intense cardiovascular strain, the restraint was necessary. This is a natural death.

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CAUSE OF DEATH: Atherosclerotic/Hypertensive Heart Disease.
CONTRIBUTING: Excited Delirium Syndrome; [REDACTED]
MANNER OF DEATH: Natural.

6. There are numerous horizontal and raised scars at each antecubital fossa, right and left. These are consistent with some previous suicide attempt but not specific for it, just highly probable.
7. There are a few small nonspecific scars not consistent with needle track scars at the forearms.
8. There is a surgical type wavy scar, vertical, anteromedial left knee area; any scars at the right knee are not detected but may be present, as hardware is found on x-rays.
9. Other surgical scars are not detected.
10. Wrist scars and needle track scars are not detected.
11. Deformities and amputations are not detected with the exception of the probably barrel-shaped chest.

External Natural Pathology Signs:

1. The chest is probably barrel shaped. It also seems to be flared at its base over the very obese abdomen.
2. The body is morbidly obese.
3. 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 hygiene problems such as maceration in between the folds of adipose tissue.

Clothing: Clothing is not examined. If there are issues with the clothing, the clothing can be examined by a properly qualified criminalist under good laboratory conditions.

Evidence of Postmortem Changes:

1. Rigor mortis is full.
2. Lividity is posterior and also seen anteriorly above the level of the shoulders.
3. Signs of decomposition are lacking.

Evidence of Medical Intervention:

1. There is about a 6 inch and about a 1/2 inch diameter orange rubber-like tube in the right nasal cavity.
2. There is a green curved plastic airway, oral cavity.
3. No endotracheal or esophageal tube is present.
4. There is a vessel line at the base of the left lateral anterior throat skin area.
5. The body is status post EKG and pacer pads.
6. An IV line, dorsal hand, right side.
7. There is bandaging over the dorsal left hand. There are two puncture marks underneath the bandage.
8. Small discrete fractures are present in the subcutaneous over fractured ribs. On the right side and mostly along the midclavicular line, there are nondisplaced rib fractures for #1, #2, #3 and #4. On the left side, also along the anterior midclavicular line, there are rib fractures involving #1, not #2, but #3, #4 and #5. These are also nondisplaced. Signs of internal hemorrhage over the surface of organs are not detected. There are no bruises over the pericardial sac or at the heart, either anteriorly or posteriorly in the myocardial tissues.

Evidence Collected at Autopsy:

1. Vitreous and urine.
2. Heart blood.
3. Femoral (iliac vein) blood.
4. Bile.

5. All of gastric content.
6. The right cerebral hemisphere and frontal lobe of the left cerebral hemisphere; also saved is the right hemisection of the cerebellum with a hemisection of the pons and medulla. Hemisection refers to sagittal plane.
7. Two locks of hair with the proximal portions still within the scalp tissue for orientation.
8. Two FTA cards.
9. Detailed photographs.
10. Whole body x-rays.
11. Tissues from the major organs, separate formalin-filled storage bag.
12. The larynx and its associated tissues, separate storage formalin-filled bag.
13. One of the Taser sites, a 1/4 inch piece of surface skin is save because it had to be cut in order to get the Taser dart out, right posterior back region, 16 inches below the top of the head and 4 inches right of the midline. This is saved.
14. Three Taser darts, turned over to the Sheriff's deputies on the day of the autopsy.
15. Please also see Evidence Collection List.

Tattoos: None seen.

Radiographs:

1. 22 x-ray images are present on one CD-ROM. This is reviewed. Old orthopedic hardware is seen at both knee areas. Three Taser darts are detected; two at the right chest and one that seems like it may be loose but is present at the left elbow region medially.
2. Artifacts from the body bag.
3. The treatment materials show up on x-ray as well.
4. No projectiles or projectile fragments from any possible, not known, gunshot wound incident.
5. No signs of old fracturing of bone with healing processes.
6. No signs of fracturing. The nondisplaced rib fractures are not expected to show up well on x-ray. They may, however, be detectable by a trained radiologist.

Incisions:

1. Head, coronal.
2. Chest, Y shaped.
3. Abdomen, midline.

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Examination and Description of Injuries:

1. There is a 3¼ x 3 inch geographically shaped area of lower right eyelid swelling and bruising involving the anterior inferior temporal region of the head and the upper right cheekbone area as well as the right side of the bridge of the nose. Abrasions are not seen here.
2. There is a dark blue area at the top part of the right external ear, but this does not seem to be due to bruising; however, it may be. Also, there is no abrasion in this area.
3. There is a less dark blue over the upper part of the left external ear. No abrasions are seen. This does not seem to be a bruise.
4. There are no bruises associated with the mouth tissues or at the gums.
5. There is a pattern of abrasions at the left forehead, just above the left eyebrow and at the lateral left periorbital tissues all along underlying prominent bone.
6. Subgaleal hemorrhage is present at the left forehead, prominently at the right temporal area, on the temporal muscle and on the undersurface of the temporal

- muscle; at the lower lateral posterior right back of the head; and at the mid to lower lateral left back of the head.
7. No skull fractures are detected.
 8. Areas of fresh hemorrhage are seen at the anterolateral right mid surface of the thyroid cartilage and at the neighboring soft tissues near the upper lateral anterior right thyroid cartilage; similar fresh-appearing hemorrhage is present in the tissues adjacent to the left lateral thyroid cartilage. The left lateral hemorrhage extends over the horns of the hyoid and thyroid cartilage on the left. The area is about 3 x 2 cm. Small hemorrhages are seen in the strap muscles in the similar locations.
 9. The larynx is removed. Fresh-appearing hemorrhages are present at the lower one-third of the cervical spine anterolateral surface. These areas are both on the right and the left. Both are just medial to the carotid arteries. Each area is about 3 x 1 cm and about 0.1 cm in thickness. The carotid arteries do not have signs of hemorrhage.
 10. The posterior larynx is free of signs of hemorrhage, especially over the edges of the thyroid cartilage and tips of the hyoid horns. The entire pharynx is unremarkable without signs of hemorrhage. Fractures of the small bones of the throat are not present. The horns of the hyoid and the thyroid cartilages are unremarkable without signs of fracturing.
 11. At the mid anterior left chest, there is an area of ecchymosis with a central abrasion or perhaps shallow puncture.
 12. Below that at the lower anterior left chest, there is a patterned ecchymosis consistent with impact by a Taser dart. Within the greater circling ecchymosis, there is a probable puncture mark.
 13. At the anterior left and lateral abdomen, there is a large patch of speckled superficial blue ecchymoses with an area of approximately 8 x 8 inches.
 14. There are very mild dark red-blue ecchymoses over the anterior surface of the lower anterior abdominal wall skin.
 15. There are prominent abrasions over the knees associated with areas of ecchymoses.
 16. Vertical abrasion at the midline upper one-third of the right lower leg with perhaps slight ecchymosis.
 17. Blue bruises at the medial anterior right lower leg below the above-mentioned lesion.
 18. Abrasions and bruises at the anterior right ankle area.
 19. Abrasion at the anterior left ankle area.
 20. A Taser barb is found within the skin at the right mid back area. This is 16 inches below the top of the head and 4 inches right of the midline. In order to get the barb out, the skin is cut. A 1/4 inch portion of the surface of the skin is saved. A 1/2 inch circular defect is left in the skin after this process.
 21. A 1/4 inch abrasion at the lower right back just above the brim of the pelvis.
 22. A patterned red-blue ecchymosis, faint, over the superior left pelvis area with the major component being looking like a backwards "C."
 23. At least five distinct baton marks, horizontal ecchymoses with central pale area are seen; two at the upper posterolateral thighs; two at the lower posterolateral right thigh; one at the mid posterolateral right lower leg.
 24. No baton marks are seen at the head, neck, face, torso or upper extremities.
 25. There is a minor horizontal linear abrasion at the upper right lateral chest wall several inches below the axilla. It is faint.
 26. There is a horizontal mark just above the top of the right lateral pelvis, not clear.
 27. The baton marks can be seen from the lateral view of the right leg as they extend from the posterior torso and the posterolateral aspects of the legs, two such

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- marks seen. These are the same as previously described as part of the five baton mark signs.
28. The previously mentioned large area of collection of purple ecchymoses is seen best from the left lateral side view and is at the abdomen and side of the chest.
 29. A vertical group of dark blue bruises or ecchymoses are seen at the upper left lateral pelvis region.
 30. Multiple blue bruises are present over the upper arms consistent with grasp effects, but not specific for them (where the upper arms are forcibly grasped by the hands of restraining officers).
 31. There are horizontal abrasions across the wrists consistent with the effects of handcuffs.
 32. There is a deep abrasion or deep epithelial loss in about 1/4 inch of the skin at the radial middle one-third right forearm.
 33. There is a blue bruise at the radial volar lower one-third of the right forearm.
 34. There is mild evidence of water soaking over the posterior left elbow over an area of about 1½ inches. The skin here is thickened and gray.
 35. There are old gray lesions over the lower one-third of the left dorsal forearm just above fresh linear abrasions across the upper wrists consistent handcuff restraint marks.
 36. There is a very faint blue area of ecchymosis over the dorsal surface of the left hand. This seems to be associated with puncture marks consistent with that received from a hospital medical attention.
 37. There is a 1/8 inch area of a pinch effect associated with linear abrasions of the volar left wrist. This is a dull curved cut of the skin.
 38. At the dorsal upper right wrist, there is loss of epithelium, 1¼ inches, associated with some bruising, all consistent with the effects of handcuffs.
 39. There is red-blue ecchymosis over the dorsal surface of the right hand associated with a definite puncture mark at its ulnar border with red skin.
 40. Red-blue bruise at the ulnar volar right wrist.
 41. A blue bruise and a red bruise at the volar left wrist.
 42. Previously mentioned dark red-blue ecchymosis at the radial dorsal right hand.
 43. A faint red-blue bruise at the proximal knuckle area of the dorsal second finger of the right hand.
 44. A 1/16 inch abrasion at the distal knuckle of the fifth finger, dorsal surface, left hand.
 45. Otherwise, the head, central face, mouth/throat/neck, chest, abdomen, pelvis with external genitalia and anus, back and extremities are free of signs of injury.

Internal Examination for Signs of Natural Pathology:

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- A. **Body Cavities:** The cavities of the head, chest, abdomen and pelvis are unremarkable except for massive increase in adipose tissue of the abdomen.
- B. **Systems:**
 1. **Central Nervous:** The brain is estimated at 1450 grams. The brain with its meninges, cerebral cortex, white matter, central nuclei, brainstem, cerebellum, cranial nerves and blood vessels is unremarkable except for mild congestive effects with mild prominence of the vessels within the sulci. The spinal cord is not dissected.
 2. **Cardiovascular:** The heart is 540 grams due to left ventricular wall hypertrophy. The heart appears dilated on both sides. The mitral valve open width is 11.5 cm; the aortic, 10.0 cm; the pulmonic, 10.5 cm; and the tricuspid, 14.0 cm. Despite the dilatation, the septum width is 2.1 cm; the left ventricular wall thickness, 1.4

cm; and the right wall thickness, dilated, 0.4 cm. The coronary artery system is diffusely and generally thick walled with part of the circumflex narrowing up to 60%. In general, the other areas narrow up to 20-30% at a maximum. The LAD is thick walled, but no occlusions greater than 30% are detected. Signs of acute thrombi are lacking. The thickening is not calcified and not hard. It is a soft light tan thickening. Otherwise, the heart with its pericardial sac, pericardial fluid, epicardium and coronary arteries, myocardium, endocardium and valves is unremarkable.

The aorta with its branches, the vena cava with its tributaries and the pulmonary arteries are unremarkable. There are no signs of thromboemboli.

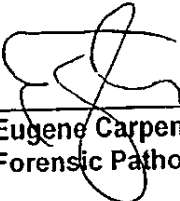
3. Respiratory: The airway is clear and free of signs of inflammation. Froth is not detected. The lungs are heavy and wet. They are not extended with air. The right lung is 810 grams and the left 750 grams. They are free of signs of pathology such as pneumonia.
 4. Gastrointestinal:
 - a. GI Tract: The stomach contains 200 ml of a brown smooth fluid. It is basically particle free including free of pill particle evidence. The rest of the GI tract is abundant but otherwise unremarkable to external visualization and palpation. The appendix is not present. Fibrous adhesions are present in the area of the appendix. Complications are not detected.
 - b. Liver: The liver is moderately to severely hyperplastic at 2700 grams. The normal weight is less than 1850 grams. The edges are sharp, however, not rounded. There are no gross signs of fatty change and no gross signs of cirrhosis of the liver.
 - c. Gallbladder: Unremarkable.
 - d. Pancreas: Unremarkable.
 5. Lymphoid: The spleen is mildly congested and is 320 grams. The thymus has been replaced by fatty tissues. The lymph nodes are unremarkable.
 6. Genitourinary: The kidneys are moderately hyperplastic. They are of equal size and shape. The capsules peel easily. The surfaces are smooth and not granular. Together, they are 350 grams. The cut surfaces are unremarkable. A moderate amount of clear yellow urine is present within the urinary bladder. The prostate and testicles are unremarkable to palpation.
 7. Endocrine: The thyroid is consistent with a moderate goiter. Each lobe is prominent. The prominence is roughly symmetrical. The size is similar. Good sections are taken for microscopic examination. The cut surface seems consistent with colloid goiter. Evidence of hyperthyroidism is to be ruled out by histology. The adrenal glands are unremarkable.
 8. Musculoskeletal: Unremarkable.
- C. Toxicology: An expanded screen is requested. It is noncontributory.
- D. Histology:
1. The brain is unremarkable for signs of degeneration, neoplasia or inflammation.
 2. The thyroid gland has well-differentiated adenocarcinoma.

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3. The heart has signs of hypertrophy and moderate signs consistent with interstitial fibrosis and perivascular fibrosis. The wall of the right ventricle has about a 50% fatty change. Sections of the coronary arteries include an occlusion of about 50-60% by atherosclerosis.
 4. The lungs are unremarkable and free of signs of bronchial asthma and pneumonia.
 5. The liver has signs of severe fatty change. About 50% of the tissue are replaced by fatty tissue.
 6. The spleen and kidneys are unremarkable.
- E. Special brain studies confirming propensity for Excited Delirium Syndrome. The separate report is in the file.

The autopsy is completed on 04/9/2015 at 1230 hours.

8-14-15
Date Signed


Eugene Carpenter, Jr., MD
Forensic Pathologist

EC/mh
T: 04/13/2015
R: 08/10/2015

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