# County of San Diego

**GLENN N. WAGNER, D.O.**
CHIEF MEDICAL EXAMINER
(858) 694-2895

MEDICAL EXAMINER'S DEPARTMENT
5570 OVERLAND AVE, STE 101, SAN DIEGO, CA 92123-1215
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**STEVEN C. CAMPMAN, M.D.**
CHIEF DEPUTY MEDICAL EXAMINER
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## CALL INFO

| NAME OF DECEASED | AKA | HIO | CASE NUMBER |
|---|---|---|---|
| **MCNEIL, Earl Lamont** | | ☐ | **2018-01430** |

| INVESTIGATOR | REPORTED BY | REPORT NG AGENCY | PREVIOUS WAIVE # |
|---|---|---|---|
| Jessica Magana | Dr. Christine Wu | UCSD Medical Center | |

| CALL DATE AND TIME | ARRIVAL DATE AND TIME | RETURN DATE AND T ME |
|---|---|---|
| 6/11/2018 2116 | 6/11/2018 2224 | 6/12/2018 0006 |

## DECEDENT

| DATE AND T ME OF DEATH | DATE OF BIRTH | AGE | GENDER | RACE |
|---|---|---|---|---|
| 6/11/2018 2016 | 10/12/1977 | 40 Years | Male | Black |

| RESIDENCE (STREET, CITY, STATE, ZIP) | COUNTY | LAST SEEN ALIVE |
|---|---|---|
| [redacted] | San Diego | |

| COUNTRY OF RESIDENCE | OCCUPATION | PA D AUTOPSY |
|---|---|---|
| San Diego | Laborer | ☐ |

## DEATH

| LOCATION OF DEATH | TYPE OF PLACE |
|---|---|
| UCSD Medical Center | Hospital |

ADDRESS (STREET, CITY, STATE, Z P)

SUMMARY

The decedent was a 40-year-old, married Black male who resided in San Diego. On the early morning of 5/26/2018, the decedent was using a telephone outside of the National City Police Station and was reportedly acting erratically. Police officers made contact with the decedent and attempted to speak to him. The decedent was taken into police custody and transported to the San Diego Central Jail. While in custody, the decedent became unresponsive and he was transported to the UCSD Medical Center Emergency Department for evaluation. Upon arrival to the Emergency Department, [redacted] his death was pronounced on 6/11/2018. His initial toxicology screens were positive for amphetamine, methamphetamine, and THC.

Medical Examiner's jurisdiction invoked according to the California Government Code 27491: Deaths due to known or suspected as resulting in whole or in part from or related to accident or injury, either old or recent.

## INCIDENT

| LOCATION OF INC DENT | INC DENT PLACE TYPE | AT WORK | AT RESIDENCE |
|---|---|---|---|
| Police Station | General Location (Manual Entry) | ☐ | ☐ |

| ADDRESS (STREET, CITY, STATE, ZIP) | COUNTY |
|---|---|
| 1200 National City Blvd, National City, California, 91950 | San Diego |

| DATE AND TIME OF INC DENT | INVESTIGAT NG AGENCY | OFFICER | BADGE # | REPORT # |
|---|---|---|---|---|
| 05/26/2018 0740 | National City Police | Sgt. Cameon | 397 | |

| DECEDENT WAS | BELTED | HELMETED | POSITION | ON PRIVATE PROPERTY |
|---|---|---|---|---|
| | No | ☐ YES ☑ NO | | ☐ YES ☐ NO |

VEHICLE | LICENSE NUMBER | STATE

## NOTIFICATION

| IDENTIFIED BY | METHOD | DATE AND TIME |
|---|---|---|
| | Hospital Identification | 06/11/2018 |

| FUNERAL HOME | PROPERTY | PUBLIC ADMINISTRATORFalse | TYPE OF EXAM |
|---|---|---|---|
| | ☐ YES ☑ NO | ☐ YES ☑ NO | Autopsy |

| NAME OF NOK OR OTHER | RELATIONSH P | DATE NOT FIED | NOTIF ED BY |
|---|---|---|---|
| [redacted] | Wife | 6/20/2018 | |

**San Diego Medical Examiner**
**5570 Overland Avenue, Suite#101**
**San Diego, CA 92123-1206**
**(858) 694-2895**

| | |
|---|---|
| **Case Number** | 2018-01430 |
| **Investigator** | Jessica Magana |
| **Date of Death** | 6/11/2018 |
| **Date Today** | 6/12/2018 |

# INVESTIGATIVE NARRATIVE

**Decedent:** MCNEIL, Earl Lamont

**Antemortem Events:**
On 5/30/2018, the following preliminary information was learned through a telephone interview with National City Police Detective Depascale, ID 407. On 5/26/2018 at approximately 0500 hours, the decedent was using the phone outside the building of the National City Police Station, calling the dispatcher, yelling at them, and hanging up. Dispatch had police officers check on the decedent because of his erratic behavior. Officers made contact with the decedent and attempted to speak with him, but the decedent was behaving erratically and began to bite the concrete, causing his mouth to bleed. Concerned for his wellbeing, officers took the decedent into custody. The decedent began to spit blood at the officers, and they used a wrap restraint and placed a spit sock over his head. He was transported to San Diego Central Jail where he was noted to become unresponsive at approximately 0740 hours and paramedics were summoned. He was transported to the UCSD Medical Center Emergency Department for evaluation.

On 6/12/2018, the following information was learned through a telephone interview with Dr. Christine Wu, supplemented with medical records obtained from UCSD Medical Center. [redacted] his death was pronounced by nursing staff on 6/11/2018 at 2016 hours. At 2116 hours, the San Diego County Medical Examiner's Office was notified of the death and jurisdiction was invoked.

**Past Medical, Surgical, and Social History:**
On 6/20/2018, the following information was learned through a telephone interview with the decedent's wife, [redacted]. She and the decedent had been married for eight years. The decedent's medical history was remarkable for [redacted]. He was prescribed medications and there were no concerns for overmedication. The decedent drank alcohol socially and smoked marijuana. There were no reports of illicit drug abuse or suicidal ideations or behaviors.

According to medical records obtained from UCSD Medical Center, [redacted]

**Scene Description:**
At approximately 2224 hours, I arrived on scene, which was Room 1134 of the UCSD Medical Center, located at 200 W. Arbor Drive, San Diego, 92103. The room was a standard hospital room equipped with a sink, bed, guest chair, and various items of medical equipment. There was nothing further remarkable about the room.

**Body Description:**
I further viewed the body of an adult Black male lying supine in a hospital bed covered with a white hospital blanket. Upon removal of the blanket, I noted he was clad in a hospital gown and foot pillows were present on both feet. He was warm to the touch and slight rigor was noted. Upon rolling the decedent, lividity was not

observed.

No crepitation was noted upon palpation of the skull. Crusted abrasions were noted to the frontal region of the decedent's head. His eyelids were held in place with medical tape. Upon removal of the tape, I noted that his sclerae were clear with no petechial hemorrhages observed. His ears and nares were clear and dry. He had poor dentition and no trauma was noted to the oral cavity. His neck appeared to be atraumatic. No crepitus was noted upon palpation of the ribcage and his abdomen was soft with no palpable masses. Multiple healed apparent punctate wounds were noted to his torso, upper and lower extremities. Abrasions were noted to both wrists. A lesion was noted to the right wrist. Crusted circular abrasions were noted to his right knee and foot. Upon rolling the decedent, an area of dry skin was noted to his lower back. An adhesive bandage was noted to his buttocks. Upon removing the bandage, an area of what appeared to be loose skin was noted to the buttocks.

92M Transport personnel J. Lemon assisted me with the decedent's body. A yellow identification band was placed around his right ankle. He was placed into a new white vinyl pouch, which was sealed with red tamperproof seal 2258126 at 2325 hours. He was transported to the San Diego County Medical Examiner's Office for examination.

**Special Requests:**
None.

**Identification:**
The decedent was visually identified to medical staff by his family.

**Antemortem Specimens:**
Two tubes of antemortem blood specimens were obtained from UCSD Medical Center.

**Public Administrator:**
No referral necessary at this time.

**Other Important Factors:**
None.

**Signed:** Jessica Magana 8/4/2018
**Jessica Magana**
**Medical Examiner Investigator**

**Approved by:** Tessa Lee

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## AUTOPSY REPORT

| | | | |
|---|---|---|---|
| **Name:** | EARL LAMONT MCNEIL | **ME#:** | 2018-1430 |
| **Place of death:** | UCSD Medical Center<br>San Diego, CA 92103 | **Age:** | 40 Years |
| | | **Sex:** | Male |
| **Date of death:** | June 11, 2018; 2016 Hours | | |
| **Date of autopsy:** | June 12, 2018; 0928 Hours | | |

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CAUSE OF DEATH: HYPOXIC-ISCHEMIC ENCEPHALOPATHY

Due To: RESUSCITATED CARDIORESPIRATORY ARREST

Due To: METHAMPHETAMINE TOXICITY, AGITATION, AND RESPIRATORY COMPROMISE

MANNER OF DEATH: HOMICIDE

AUTOPSY SUMMARY:

I. History of agitated behavior, restraint, and cardiorespiratory arrest with resuscitation and hypoxic-ischemic encephalopathy.
   A. Hypoxic-ischemic encephalopathy (please see Neuropathology Report).
   B. Acute bronchopneumonia, right upper and lower lobes.
   C. Healing abrasions of face, wrists, lower extremities, and back.

II. Left ventricular myocardial hypertrophy.

III. Toxicology: Positive for methamphetamine and amphetamine, and presumptive positive for cannabinoids (please see Toxicology Report).

OPINION: According to the Investigator's Report, and to information from National City Police (including statements and summaries of statements of law enforcement agents and medics, and body-worn camera and surveillance recordings) and to medical records, the decedent was a 40-year-old man whose medical history was [redacted] and his family reported that he had [redacted] used alcohol, and occasionally used marijuana.

On the morning of May 26, 2018, at approximately 0528 hours, the decedent was at a phone outside a police station and called in to the police (more than once) and said that he wanted to turn himself in, made unusual statements about killing, and hung up. Officers responded and tried to speak with him but he was behaving erratically. They placed handcuffs on him and shortly thereafter he tried to pull away from the officers, and they took him to the ground and held him there as he struggled. He reportedly began to "bite the concrete," causing his mouth to bleed, and he was spitting. He was placed in a restraint device ("The WRAP") and a spit hood was applied, and he said at times that he could not breathe, that he was having a seizure, and that he was alive. He was moved to a police SUV, was seated upright with his legs across the back seat, and remained there (air conditioner running and nearest window part way down) reportedly for 1 hour and 17 minutes, and then was driven to a jail. During the drive (approximately 9 minutes), he banged his head on the plastic divider between the front and back seats of the vehicle, and continued to speak and yell.

He arrived at the jail at 0713 hours and was speaking almost constantly until he was removed from the vehicle and placed on a gurney at 0716 hours, and he was then shouting and spitting at deputies. The first spit hood was reportedly saturated with bloody saliva and a second spit hood (of a different make) was applied at 0717 hours. He was held on the gurney, with his head over the side, where he continued to thrash and yell. The front strap of the WRAP restraint was undone and his body was straightened so that he was prone (variably reported as semi-prone), and he was secured to the gurney with its safety belts. A nurse evaluated him (still yelling, agitated and combative, but responsive to questions) from 0718 to 0722 hours. The nurse reportedly could not finish evaluating him because of his combative behavior, and opined that Mr. McNeil was [redacted] it was recommended that he be taken to a hospital rather than taken into the jail. He continued to spit and a deputy used Mr. McNeil's t-shirt to cover Mr. McNeil's mouth and "maintained control of the shirt" (which was variably reported to not entirely cover his mouth and nose, or to have been pulled over his face, and he reportedly bit the top of the shirt) while waiting for medics. He was rolled to his right side and the WRAP restraint's front strap was re-applied. At 0727 hours a police officer requested an ambulance.

Medics arrived at 0734 hours, and at that time or just before, he reportedly suddenly calmed down or stopped moving (still with two spit hoods and "his shirt pulled over his face" when medics arrived). He was transferred to the ambulance's gurney at 0735 hours, and into the ambulance at 0736 hours. One medic reported that [redacted] He was removed from the ambulance, and the handcuffs and WRAP restraint were removed, and at 0743 hours he was moved to the ground and CPR was started. At approximately 0749 – 0752, he had a pulse and was taken to a hospital, with assisted respiration.

At the emergency department (arrival at 0804 hours) [redacted] and he was declared dead on June 11.

An autopsy with neuropathological examination was performed and documented healing superficial injuries, primarily of his face and his wrists (the latter, consistent with interaction with handcuffs), but no fatal blunt force injuries. His brain showed hypoxic-ischemic encephalopathy (brain damage from lack of oxygen), and he had early acute bronchopneumonia of his right lung, both consistent with his history of [redacted] He also had left ventricular myocardial hypertrophy. Toxicological studies performed on blood collected from him at the hospital at 0820 hours on May 26, were positive for methamphetamine (0.61 mg/L), and amphetamine (0.04 mg/L); and a screening test was presumptive positive for cannabinoids. Screens for other common drugs of abuse and base drugs were negative, and alcohol was also not detected.

Based on these findings and the history and circumstances of the death as currently known, it is apparent that Mr. McNeil experienced cardiorespiratory arrest because of multiple factors. The concentration of methamphetamine in his blood alone could result in a fatal cardiac arrhythmia and arrest ("heart attack"). He had agitated behavior with some of the features of the excited delirium syndrome (which were also signs of

methamphetamine toxicity), and he struggled with law enforcement agents. Such conditions can also result in sudden cardiac arrest. He also had respiratory compromise due to his position and the objects over his mouth (and possibly nose) temporally associated with his change of responsiveness and immediately preceding his cardiorespiratory arrest. Decreased blood oxygen concentration because of this compromise, in the presence of the increased oxygen demand on his heart and tendency of his heart for arrhythmia due to the methamphetamine and agitated behavior would further contribute to the likelihood of fatal arrhythmia. He was resuscitated but experienced hypoxic-ischemic encephalopathy (brain damage due to lack of oxygen), from which he did not recover. Therefore, the cause of death is listed as "hypoxic-ischemic encephalopathy, due to resuscitated cardiorespiratory arrest, due to methamphetamine toxicity, agitation, and respiratory compromise." Nevertheless, because the actions that contributed to his respiratory compromise were purposeful and potentially dangerous, and contributed to his death (although not apparently intended to cause his death), his death was in part "at the hands of another," therefore, the manner of death is listed as "homicide."

STEVEN C. CAMPMAN, M.D.
Chief Deputy Medical Examiner

Date signed:

ASSISTANT: Forensic Autopsy Specialist Stephen Hannum.

WITNESSES: Kenneth Springer, Robert Gonzales, and Greg Seward of the National City Police Department.

WITNESSING PATHOLOGIST:

BETHANN SCHABER, M.D.
Deputy Medical Examiner

Date signed:

IDENTIFICATION AND PRESENTATION: The decedent is received in a white vinyl body bag labeled with his name and Medical Examiner's case number and sealed with red tamperproof seal number "2258126." The decedent is identified by a Medical Examiner's anklet about the right ankle. A hospital identification bracelet is present about the left forearm.

CLOTHING: The decedent is unclothed. A green-patterned hospital gown is resting over the decedent's left hip, genital, and proximal thigh areas. A pillowcase rests over the decedent's genitals and between the thighs.

EVIDENCE OF THERAPEUTIC INTERVENTION: A triple-lumen catheter is present in the right subclavian area. There are two punctures in the left antecubital fossa and two in the right. A Foley catheter is present through the urethra and it has an attached receptacle containing 40 mL of slightly opaque, dark amber urine. Soft cushion boots are present over the distal leg, heel, and feet areas. A soft, cushioned dressing is rolled/bunched and attached to the right buttock (apparently having previously covering the lower sacral area, where there is a 1-3/16 x 7/8-inch area of superficial, bloodless sloughing of the epidermis of the upper right buttock at the natal cleft area).

## EXTERNAL DESCRIPTION

The body is that of a well-developed, thin, African American-appearing man whose general appearance is consistent with the listed age. The body measures 69-1/2 inches in length, weighs 124 pounds (as received), and has been refrigerated and is cold to the touch. Rigor mortis is present in the jaw, neck and extremities, and blanching lividity is present in the posterior dependent parts. The body is unembalmed.

The subject is normocephalic. There are scabbed superficial abrasions over the forehead and anterior nose, described further below. The scalp hair is curly, dark brown with scattered gray hairs and when straightened measures 3/4 inch on the top of the head. There is pink sticky material (resembling that associated with hospital EEG performance) in various locations of the scalp hair. The facial features are symmetrical. The corneae are clear. The irides are brown. The pupils are round and measure 0.4 cm. The conjunctivae show normal light brown pigmentation and mild vascular injection, but are otherwise pale. There are no petechial hemorrhages. There is no icterus. The nose is normally formed. The nostrils are patent and contain no hemorrhage or discharge. No bony crepitance is palpable over the midface. The ears are symmetrically formed and contain no hemorrhage or discharge. The lips are pale and free of trauma. The teeth are natural and are in moderate repair. The right upper central incisor has part of its tip chipped, and there is calculus between many of the teeth. The oral mucous membranes are pale and show no trauma or petechial hemorrhage. In particular, the labial mucosa is intact, with no lacerations or apparent scarring. The facial hair consists of a closely trimmed, full moustache and beard.

The neck is symmetrically formed and shows no external trauma. The trachea is palpably midline.

The chest is symmetrically formed and shows no acute external trauma. The breasts are those of an adult male and are free of masses. The abdomen is flat. No acute external abdominal trauma is noted. The external genitalia are those of a circumcised adult male and both testes are palpable within the scrotum. The pubic hair pattern is normal. The anus is atraumatic.

The upper extremities are normally formed. There are injuries of both upper extremities, described further below. The fingernails are intact and are slightly soiled. The nailbeds are pale.

The lower extremities are normally formed. There are injuries of both lower extremities, described below. The toenails are intact. The soles are callused and clean.

The posterior trunk shows a symmetrical external contour. The spine is palpably midline. There are small abrasions of the back described below.

SCARS AND IDENTIFYING MARKS: The left earlobe is pierced three times. The right earlobe is pierced once.

There is a tattoo of barbed wire about the right wrist. The right shoulder bears a script tattoo reading, “Killas Don’t Talk.” The right biceps area bears a tattoo reading, “Loyalty” and the right lateral arm and triceps area bear tattoos of a design with three circles and

some writing, including apparently "LIL" and "X980." The right ventral forearm bears a tattoo of praying hands, and "In Loving Memory of Doll, Candy" and two other names. Over the proximal ventral right arm are tattoos reading, "Charmaine" and "Skyline."

On the left biceps area is tattooed "Betrayal." On the left ventral forearm is a tattoo of a woman's face. A 1/2 x 1/8-inch scar is present on the lateral left forearm. On the left shoulder is tattooed "Ride or Die." The left lateral arm and triceps area bears a tattoo reading, "In Memory" and having a gravestone with some writing on it and a flower. A more crude design is tattooed on the left triceps area, possibly representing a letter. On the proximal lateral left finger is tattooed "ESP." On the dorsum of the left hand there is an old, vertically oriented, 1-3/4-inch, linear scar.

Over the clavicular area is tattooed illegible writing. On the right upper pectoral area and on the right pectoral area are tattooed "Forever Mine" and possibly "Marguerite." On the left upper pectoral chest is tattooed another name apparently staring with the letter "J." A 5/16 by up to 1/8-inch scar is present over the midchest. The upper abdomen bears a tattoo reading, "Against All Odds." On the right upper abdomen is "My Life" and on the left, "My Way." "Touch Me Please Me" is tattooed on the lower abdomen.

There is a tattoo of a word and a heart across the lower posterior neck. On the right scapular back is a tattoo, possibly reading "Earl" with some star-like designs around it. Over the left upper scapular back in crude letters is "MARY." The mid back is a tattoo of a hand with fingers forming a design and another monochromatic round design. Over the left lower back is tattooed "So Much Pain" and two goblets.

On the anterolateral left thigh there is a 3/8 x 3/8-inch scar. A 5/8 x 3/16-inch scar is present just proximal to the right patellar area. There is nondescript, wrinkled, hyperpigmented scarring, about the right patellar area.

## EVIDENCE OF TRAUMA

There is superficial scabbed abrasion, discontinuously spaced apart over and an up to a 4 x 1-1/8-inch area of the frontal forehead, centered right of the midline, with areas of flaking of the scab and hypopigmented scarring; and in the right midfrontal forehead there is a 3/4 x 5/16-inch area of poorly defined contusion. A 3/8 x 3/16-inch, scabbed abrasion is present over the right bridge of the nose and there is discontinuous, very superficial abrasion over the tip of the nose, spaced over a 1/2 x 1/4-inch area. There is poorly-defined, hypopigmented, macular scarring over the left zygomatic area. There is hypopigmented scarring over the right lateral zygomatic area as well, with focal flaking scab.

There are discontinuous, very superficial, linear abrasions with flakes of skin, widely spaced apart, over a 3 x 1-1/8-inch area over the lumbar back, some with scarring. Over the left lower back there is a superficial, 3/4 by up to 1/4-inch abrasion.

On the right upper lateral shoulder are two scabbed superficial abrasions, one measuring 3/16 x 1/16 inch and the other measuring 1/4 x 5/16 inch. A 5/16-inch scabbed abrasion is present over the lateral right elbow area. There are multiple linear superficial scabbed abrasions about the right wrist and distal ventral right forearm. On the ventral right forearm there are 10 very superficial linear abrasions, ranging from 3/16 – 3/4 inch. Over the lateral right wrist are more scabbed abrasions, with a confluent area of scabbed abrasion measuring 7/8 x 1/2 inch, and with six more linear abrasions measuring up to 1-1/2 inch long over the lateral and posterior wrist. There are also parallel, horizontal abrasions over the medial and posteromedial right wrist, with a superior group measuring 1-1/4 inches long and approximately parallel to it an inferior group measuring 1-3/4 inch long. There are more abrasions over the distal posterior right forearm, spaced over a 3 x 1-1/4 inch area.

There are multiple scabbed linear abrasions, generally horizontally oriented about the proximal dorsal left hand and the left wrist; those over the dorsal hand measuring up to 1-5/16 inch long. Over the posterior and lateral left wrist there are 13 abrasions measuring between 3/8 – 1-7/8 inch long, scabbed and scarring, and over the medial left wrist they are also scabbed and measure up to 2 inches long.

On the right proximal thigh there is a slightly curved, 5/8-inch, linear abrasion. Over the right patellar area there is discontinuous, patchy, scabbed abrasions, spaced discontinuously over a 2 by up to 1/2-inch area, and just proximal and lateral to the right patellar area there is another 5/16 x 1/4-inch abrasion and another 1/2-inch, thin, linear abrasion. A 3/8 x 1/4-inch abrasion is present over the proximal lateral right leg. The dorsum of the right foot bears a 1/2 x 5/16-inch abrasion and another 1/2 x 3/8-inch abrasion.

Just proximal to the left patellar area is a 1/4 x 3/16 inch scab. On the proximal lateral left leg, just inferior to the patellar area, there is a 1-1/4 x 1-inch area of superficial abrasion. Over the greater trochanter area of the left hip is a 1 x 1-inch area of faint, poorly defined ecchymosis. Over the left lateral iliac crest area is discontinuous abrasion over a 3/8 x 1-3/8 inch area.

## INTERNAL EXAMINATION

BODY CAVITIES: The skin and subcutaneous fat measure approximately 1 centimeter thick at the midabdomen. The pleural, pericardial and peritoneal cavities are smooth and shiny with no excess fluid, blood, gas or adhesions in the body cavities. The internal

organs are normally arranged. The skin of the back and posterior neck are reflected and show no evidence of hemorrhage. Posterior neck dissection also shows no hemorrhage.

NECK ORGANS: A layerwise examination of the neck is performed. The hyoid bone and laryngeal cartilages are intact and normally formed. No fractures are identified. There is no evidence of hemorrhage in the strap muscles or soft tissues of the neck. The tongue is unremarkable. The posterior neck also shows no hemorrhage.

CARDIOVASCULAR SYSTEM: The heart weighs 370 grams. It is normally formed. The epicardial surface is smooth and shiny. There is a normal distribution of epicardial fat. The myocardium is firm and red-brown without focal softening, discoloration, or fibrosis. The chambers are not dilated. The left ventricular wall measures up to 1.5 cm thick at the septum and the free wall. The right ventricular wall measures 0.4 cm in thickness. The endocardial surfaces show a normal trabecular pattern without mural thrombus. The valves are normally formed with thin, pliable leaflets. The coronary ostia are patent. The coronary arteries are normal in origin and distribution. The right coronary artery is dominant. There is minimal atherosclerosis of the main coronary arteries. No thrombi are seen grossly. The aorta is patent and follows a normal course. There is mild aortic atherosclerosis.

RESPIRATORY SYSTEM: The right lung weighs 690 grams, and the left weighs 420 grams. The lungs are similar in appearance. The pleural surfaces are pink-tan to red-purple and show mild anthracotic pigmentation. The cut surfaces are red-purple and leak serosanguineous fluid, except the right upper and lower lobes bear poorly defined, firm, tan spots that leak opaque fluid. No abscesses, infarcts, or mass lesions are seen. The larynx, trachea and bronchi are patent, normally formed and grossly unremarkable. The mucosal surfaces of the airways are unremarkable. The pulmonary arteries are normally formed and free of thromboemboli.

GASTROINTESTINAL SYSTEM: The esophagus is patent, normally formed, and lined by gray-pink mucosa. There are no diverticula or varices. The stomach is normally formed. The stomach contains 50 mL of green, bilious-appearing liquid. No intact pills are identified. The gastric mucosa is tan and has a typical rugal pattern, with green staining. No ulcers, erosions, hemorrhages, or mass lesions are seen. The duodenum, small intestine, appendix, and colon are grossly unremarkable.

PANCREAS: The pancreas is normal in size and configuration. Sectioning reveals a uniformly pink-tan, lobulated parenchyma. No calcification or fibrosis is seen.

HEPATOBILIARY SYSTEM: The liver weighs 1710 grams. It is normally formed. The capsule is thin, smooth and shiny. The cut surface is firm, red-brown and displays a typical lobular pattern. There is no evidence of cirrhosis. No internal cysts or mass lesions are

seen. The gallbladder is normally formed. The gallbladder contains approximately 35 mL of very viscous, sludgy, dark green-black bile. There are no calculi. The gallbladder mucosa shows a typical velvety, green appearance. The bile ducts are patent and of normal caliber.

GENITOURINARY SYSTEM: The right kidney weighs 150 grams, and the left weighs 170 grams. The capsules strip with ease. The kidneys are similar in appearance. The cortical surfaces are smooth and red-tan. Sectioning reveals a normal internal architectural pattern. The corticomedullary demarcation is distinct. No internal cysts or mass lesions are seen. The pelves and ureters are patent and of normal caliber. The bladder contains no collectable urine. Urine is collected from the catheter receptacle. The bladder mucosa is smooth and light pink-tan. The prostate is unremarkable.

LYMPHORETICULAR SYSTEM: The spleen weighs 120 grams. It is normally formed. The capsule is smooth, shiny and dark gray-purple. The cut surface is firm and red-purple with a normal follicular pattern. There is no gross fibrosis or neoplasia. The thymus is not identified. No gross lymphadenopathy is seen.

ENDOCRINE SYSTEM: The thyroid is symmetrical and normally formed. Sectioning reveals a uniformly firm, red-brown parenchyma. The adrenals are grossly unremarkable. The pituitary is grossly unremarkable.

MUSCULOSKELETAL SYSTEM: Muscle mass is appropriate for the decedent's age and sex. The skeleton is symmetric and free of gross abnormalities, except for old bony nodules of the 1st ribs, bilaterally.

HEAD: Reflection of the scalp reveals no evidence of subgaleal hemorrhage, but there is a small amount of scalp hemorrhage deep to the frontal scalp contusion. The skull is intact and of normal thickness. The dura is smooth and shiny. There is no dural sinus thrombosis or subdural hemorrhage. Removal of the dura reveals no evidence of skull fracture.

The brain weighs 1470 grams. The leptomeninges are thin and translucent. There is no subarachnoid hemorrhage or exudate. The surface blood vessels and the vessels at the base of the brain are grossly unremarkable. The arterial circle appears intact and normally formed. The brain is symmetrical and has a normal convolutional pattern. The brainstem and cerebellum show the usual external configuration. There is no localized contusion of the brain.

The brain is fixed in formalin for neuropathological examination (please see Neuropathology Report).

## SPECIMENS

TOXICOLOGY: Samples of vitreous fluid, heart blood, peripheral blood, stomach contents, urine from catheter receptacle, and a portion of liver are saved. Antemortem blood is impounded from the hospital.

HISTOLOGY: Representative sections of the major organs are retained in formalin. Sections of heart, lung, liver, and kidney are processed for microscopic examination.

MATERIAL FOR CRIME LAB: Hospital gown, pillowcase, fingernail scrapings, hand swabs, oral swabs, and sample of blood.

PHOTOGRAPHS: Facial identification photographs and photographs of the body surfaces; the healing facial, wrist, and back injuries, the labial mucosa and anterior teeth, inside the head, and of the brain and the neck and back dissections, are taken.

DIAGRAMS: A standard body diagram is prepared.

X-RAYS: None.

## MICROSCOPIC EXAMINATION

HEART: One section shows occasional myocytes with enlarged nuclei; and no myocardial fibrosis or inflammation.

LUNG: Two of three sections of right lung show areas wherein the alveoli are filled with or contain neutrophils, some containing sloughed squames and/or amorphous proteinaceous material; and a few small bronchioles also filled with neutrophils and neutrophils in their mucosa. One of the sections also shows an area of consolidation with macrophages (including a multinucleated giant cell), fibroblasts, fibrino-proteinaceous material and sloughed pneumocytes in the alveoli. All of the right lung and both left lung sections show areas with dilated and confluent alveoli, perivascular and interstitial macrophages with inspissated black granular material and brightly refringent crystalline particles (the latter visible with polarized light), and macrophages with inspissated brown granular material and sloughed pneumocytes in the alveoli.

LIVER: One section shows sinusoidal congestion and rare necrotic hepatocytes with attendant neutrophils and lymphocytes.

KIDNEY: Two sections show generally poor preservation of the tubular epithelium, with patchy tubular epithelial necrosis, rare globally sclerotic glomeruli, and a few tubules with hyaline casts.

SCC:BS:lcb
D: 6/12/18 T: 6/15/18
Rev. 8/6/18 lcb

# FORENSIC NEUROPATHOLOGY REPORT

**NAME:** MCNEIL, EARL
**M.E. #:** 2018-1430
**PATHOLOGIST:** CAMPMAN

## FINAL NEUROPATHOLOGIC DIAGNOSIS:

1. Hypoxic-ischemic encephalopathy.
    a. Mild cerebral edema.
    b. Multifocal ischemia.
    c. Microfocal subacute infarct, right hippocampus.
    d. Multifocal axonal dystrophy (see COMMENT).

COMMENT: Dystrophic axons were identified with H&E stains. In the context of the pattern and distribution of the apparently dystrophic axons, and in the setting of hypoxic-ischemic encephalopathy, this finding is most likely representative of a diagnosis of vascular axonal injury (VAI). VAI is a very frequent finding in cases of delayed death in the setting of cerebral anoxia.

Vivian S. Snyder, D.O.
Forensic Neuropathologist
Date signed: 08/01/2018

**MACROSCOPIC DESCRIPTION:**

Date of neuropathology exam: 07/24/2018

Materials available for examination:

*Brain*
*Autopsy photographs*

Method of dissection:

*Coronal (cerebral hemispheres), axial (brainstem and cerebellum)*

Fixed brain weight: 1530 grams

Evidence of medical Intervention: None

Evidence of injury: None

Postmortem changes: None

General:

The brain is covered by smooth, translucent leptomeninges and is without subarachnoid hemorrhages or exudate. The leptomeningeal vasculature is congested. The superficial cortical vasculature has no thromboses or vascular malformations.

The gyral convolutions and the sulci are appropriately configured. The gyri are slightly widened and flattened, and the sulci are slightly narrowed. The unci are notched and the cerebellar tonsils are grooved, but without frank herniation, softening, hemorrhage, or necrosis. The cerebral and cerebellar cortices are not atrophic. The vessels at the base of the brain have no aneurysms or significantly stenotic atherosclerotic lesions. The cranial nerve roots are symmetric and normally distributed.

The cortical ribbon is intact and is without contusion. The gray-white matter junctions are

predominantly distinct. Patchy pink-red discoloration and softening is predominantly cortical, and generally in a parasagittal distribution, but also in the anterior basal ganglia and cerebellum. The internal capsule, ventricular system, basal ganglia, thalamus, hippocampi, mammillary bodies, superior cerebellar vermis, cerebellar parenchyma, brainstem, and proximal cervical spinal cord are of normal configuration. The substantia nigra and locus ceruleus are normally pigmented. The brain parenchyma is without neoplasm, cyst, abscess, or hemorrhage.

## CASSETTE SUMMARY:

Cassette A: Right frontal border zone
Cassette B: Left parietal border zone
Cassette C: Frontal parasagittal cortex
Cassette D: Left anterior basal ganglia
Cassette E: Right posterior basal ganglia
Cassette F: Left posterior hippocampus
Cassette G: Right posterior hippocampus
Cassette H: Left parasagittal occipital lobe
Cassette I: Right parasagittal occipital lobe
Cassette J: Cerebellum with dentate nucleus

## MICROSCOPIC DESCRIPTION:

The leptomeningeal vasculature is congested. Scattered extravasated erythrocytes are within the leptomeninges.

The parietal watershed (border zone) region and the occipital lobes have prominent vacuolization of the neuropil and subcortical white matter. In some areas, the cortex appears hypercellular, yet the neuronal populations appear variably diminished. Populations of reactive astrocytes and microglia are abundant and there is patchy endothelial hyperplasia. A few of the neurons have hypereosinophilic cytoplasm and pyknotic nuclei. The frontal watershed region and parasagittal frontal lobe are relatively spared, with only subtle vacuolization.

The caudate nucleus has similar ischemic changes (reactive astrocytosis, neuron dropout, ischemic neuronal changes, endothelial hyperplasia, and neuropil vacuolization). The putamen and globus pallidus have less pronounced ischemic changes. The blood vessels of the globus pallidus are thickened, hyalinized, and mineralized.

Dystrophic axons are widespread in the subcortical white matter, cerebellar white matter, and long white matter tracks. Many of the blood vessels of the subcortical white matter are thick-walled and hyalinized, have widened perivascular spaces, and have rare perivascular lymphocytes and brown pigment laden-macrophages.

The left hippocampus is normally configured and without ischemic change. The pyramidal cell layer of the right hippocampus has rare neurons with ischemic change (shrunken neurons with hypereosinophilic cytoplasm and pyknotic nuclei). A subacute microinfarct is in the molecular layer adjacent to CA2, characterized by neuropil vacuolization and clefting, foamy macrophages, and reactive gliosis.

The cerebellar folia have widespread Purkinje cell dropout and Bergmann gliosis. Many of the remaining neurons have hypereosinophilic cytoplasm and pyknotic nuclei. The dentate nucleus is vacuolated and gliotic, and has a few neurons with ischemic change.

# County of San Diego

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## TOXICOLOGY REPORT

| | |
|---|---|
| Name: | **MCNEIL, Earl** |
| Medical Examiner Number: | **2018-01430** |
| Date of Death: | **6/11/2018** |
| Time of Death: | **2016** |
| Pathologist: | **Steven Campman, M.D.** |
| Specimens Received: | **Gastric, Antemortem Blood, Central Blood, Peripheral Blood 1, Peripheral Blood 2, Liver, Vitreous, Urine** |
| Date Specimens Received: | **6/12/2018, 6/13/2018** |

| Test Name (Method of Analysis) | Specimen Tested | Result |
|---|---|---|
| Alcohol Analysis (GC/FID-Headspace) | Antemortem Blood | |
| Alcohol (Ethanol) | | Not Detected |
| Acetone, Isopropanol, Methanol | | Not Detected |
| Drugs of Abuse Screen (ELISA) | Antemortem Blood | |
| **Amphetamines** | | **Presumptive Positive** |
| Benzodiazepines | | Not Detected |
| Buprenorphine | | Not Detected |
| **Cannabinoids** | | **Presumptive Positive** |
| Carisoprodol | | Not Detected |
| Cocaine metabolites | | Not Detected |
| Fentanyl | | Not Detected |
| Methadone | | Not Detected |
| Opiates | | Not Detected |
| Oxycodone | | Not Detected |
| Phencyclidine (PCP) | | Not Detected |
| Zolpidem | | Not Detected |
| Base Screen (GC/MS) | Antemortem Blood | Not Detected |
| Amphetamines (LC/MS) | Antemortem Blood | |
| **Amphetamine** | | **0.04 mg/L** |
| **Methamphetamine** | | **0.61 mg/L** |
| Ephedrine | | Not Detected |
| MDA | | Not Detected |
| MDMA | | Not Detected |
| Phentermine | | Not Detected |
| Phenylephrine | | Not Detected |
| Pseudoephedrine | | Not Detected |

*Antemortem Blood was collected on 5/26/2018 at 0820 hours (labeled as: INDEPENDENCE AKA182)*

Unless otherwise requested, all specimens will be destroyed six (6) months after the closure of the case by the Medical Examiner
End Results

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**Comment:**

**A confirmation test for the presumptive positive Cannabinoids result (ELISA) was not performed.**

Approved and Signed:
07/03/2018

Iain M. McIntyre, Ph.D.
Forensic Toxicology Laboratory Manager

County of San Diego

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# TOXICOLOGY REPORT – Addendum I

| | |
|---|---|
| Name: | **MCNEIL, Earl** |
| Medical Examiner Number: | **2018-01430** |
| Date of Death: | **06/11/2018** |
| Time of Death: | **20:16** |
| Pathologist: | **Steven Campman, M.D.** |
| Specimens Received: | **Antemortem Blood, Central Blood, Gastric, Liver, Peripheral Blood 1, Peripheral Blood 2, Urine, Vitreous** |
| Date Specimens Received: | **06/12/2018, 06/13/2018** |

| Test Name (Method of Analysis) | Specimen Tested | Result |
|---|---|---|
| Cannabinoids (GC/MS) | Antemortem Blood | |
| Delta 9-Carboxy THC | | **7.9 ng/mL** |
| Delta 9-THC | | **1.6 ng/mL** |

*Antemortem Blood was collected on 05/26/2018 at 08:24 hours (labeled as: INDEPENDENCE, AKA182)*
Unless otherwise requested, all specimens will be destroyed six (6) months after the closure of the case by the Medical Examiner
End Results

Approved and Signed:
08/23/2018
Iain M. McIntyre, Ph.D.
Forensic Toxicology Laboratory Manager