

**12****AUTOPSY REPORT**

No.

2012-07392

DE LA TRINIDAD, JOSE

I performed an autopsy on the body of   
 at the DEPARTMENT OF CORONER

Los Angeles, California on NOVEMBER 13, 2012 @ 1130 HOURS  
 (Date) (Time)

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

(A) **MULTIPLE GUNSHOT WOUNDS**

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:**

- I. Multiple gunshot wounds (arbitrarily labeled #1, 2, 3, 4, 5, 6, and 7). All gunshot wounds are of indeterminate range of fire.
  - A. Gunshot wound #1, penetrating gunshot wound of back, fatal wound.
    1. Copper jacketed bullet is recovered from the left chest soft tissues and submitted into evidence.
  - B. Gunshot wound #2, perforating gunshot wound of back, fatal wound.
    1. Copper jacket is recovered from the left lateral chest and submitted into evidence.
  - C. Gunshot wound #3, penetrating gunshot wound of back, nonfatal wound.
    1. A flattened copper jacketed bullet is recovered from the left back and submitted into evidence.
  - D. Gunshot wound #4, perforating gunshot wound of back, fatal wound.
  - E. Gunshot wound #5, perforating gunshot wound of back, fatal wound.
  - F. Gunshot wound #6, penetrating gunshot wound of posterolateral right hip, nonfatal wound.
    1. A lead bullet is recovered from the right hip deep soft tissues and submitted into evidence.
  - G. Gunshot wound #7, perforating gunshot wound of right forearm, nonfatal wound.

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1. A copper jacket fragment is recovered from the right forearm and submitted into evidence.
- II. Abrasions of face and abrasion and contusion top of left hand.
- III. Old well-healed scars of abdomen, left trunk at midaxillary line, left distal forearm-wrist, and hands.
- IV. See separate Toxicology Report.

## CIRCUMSTANCES:

Please see Investigator's Note.

## DATE OF DEATH:

Time pronounced is November 10, 2012 at 2240 hours.

## DESCRIPTION OF GUNSHOT WOUNDS:

- I. Gunshot wound #1, penetrating gunshot wound of back, fatal wound, indeterminate range of fire:
  - A. Entrance wound: The entrance defect is a 5/16 of an inch circular defect of the right upper back. There is a 3/32 of an inch marginal abrasion from the 12-3-6 o'clock position. The defect is located 18 inches from the top of the head and 1-1/2 inches to the right of midline. No soot, stippling or muzzle abrasion is present.
  - B. Direction: The direction is back to front, right to left and upward.
  - C. Course: The wound track begins at the entrance defect of the left upper back. It continues through the back soft tissues. The wound track then perforates the T6 vertebral body. There is no associated spinal cord injury with this perforating vertebral injury. The wound track continues in a superior and anterior direction causing a perforation of the proximal

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descending aorta, immediately distal to the great vessels of the aorta. The wound track continues anteriorly perforating the 1<sup>st</sup> left intercostal space and terminates within the upper left chest soft tissues. There is an associated 675 ml left hemothorax and 600 ml right hemothorax present.

D. Exit wound: None.

E. Projectile: A copper jacketed bullet is recovered from the left chest tissues at a location 14 inches from the top of the head and 4 inches to the left of midline at 1156 hours and submitted into evidence.

F. Opinion: This is a fatal penetrating gunshot wound of the back of indeterminate range of fire.

II. Gunshot wound #2, perforating gunshot wound of back, fatal wound, indeterminate range of fire:

A. Entrance wound: The entrance defect is a circular 5/16 of an inch defect with a 1/8 of an inch marginal abrasion. There is a 2-1/8 inch area of superficial abrasion of the skin to the right of the entrance wound defect. The entrance defect is located 20-1/4 inches from the top of the head and 1/4 inch to the left of midline. There is no soot, stippling or muzzle abrasion present.

B. Direction: The direction is back to front, right to left, and upward.

C. Course: The wound track begins with an entrance defect at the mid back just to the left of midline. The wound track courses through the deep left back soft tissues and then causes a fracture of the T10 costovertebral joint. The wound track continues causing a perforating defect of the lower lobe of the left lung. The wound track then courses through the left chest and exits the pleural cavity at the 5<sup>th</sup> intercostal space with an associated fracture of the superior border of the anterior left 6<sup>th</sup> rib. The wound track continues through the left lateral soft tissues and terminates at a partial exit wound of the left lateral chest. There is an associated 675 ml of left hemothorax.

D. Exit wound: A partial exit wound elliptical defect measuring 3/16 by 1/8 of an inch is present. There is a 1/8 of an inch to 3/16 of an inch marginal abrasion present. The exit defect is located 19-1/2 inches from the top of the head and 5-1/4 inches to the left of midline. Inspection of the defect

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reveals the presence of a visible copper jacket material immediately below the skin surface.

E. Projectile: A copper jacket is recovered from the left lateral soft tissues at 1159 hours and submitted into evidence.

F. Opinion: This is a fatal perforating gunshot wound of the back of indeterminate range of fire.

III. Gunshot wound #3, penetrating gunshot wound of back, nonfatal wound, indeterminate range of fire:

A. Entrance wound: Located in the mid back is a 1 inch by 1/2 inch irregular angulated defect with lateral undermining present. The defect is located 21-1/2 inches from the top of the head, and 1/2 inch to the left of midline. There is no soot, stippling or muzzle abrasion present.

B. Direction: The direction is right to left.

C. Course: The wound track begins with an entrance defect at the mid back just to the left of midline. The wound track continues entirely within the soft tissues of the mid left back in a horizontal track. The wound track terminates 2-1/2 inches to the left of the entry defect. No perforation or penetration of the chest cavities or internal viscera is present.

D. Exit wound: None.

E. Projectile: A flattened copper jacketed bullet is recovered from the left back at 1235 hours and submitted into evidence.

F. Opinion: This is a nonfatal penetrating gunshot wound of the back of indeterminate range of fire.

IV. Gunshot wound #4, penetrating gunshot wound of back, fatal wound, indeterminate range of fire.

A. Entrance wound: Located on the right mid back is a 5/16 of an inch circular gunshot wound defect with a 1/16 of an inch marginal abrasion. The defect is located 25-1/2 inches from the top of the head, and 2-1/2 inches to the right of midline. There is no soot, stippling or muzzle abrasion present.

B. Direction: The direction is back to front, right to left, and upward.

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- C. Course: The wound track begins with a defect of the mid right back. The wound track continues through the deep back soft tissues. The wound track then enters the peritoneal cavity causing a perforating defect of the caudate and left lobes of the liver. The wound track continues anteriorly causing a perforating defect of the body of the stomach and then continues on causing a perforation of the transverse colon. The wound track terminates at an exit wound defect of the anterior upper right abdomen, just to the right of midline.
- D. Exit wound: A  $3/4$  of an inch by  $5/16$  of an inch elliptical defect is present with drying artifacts seen at the wound margins. The defect is located  $23-1/4$  inches from the top of the head and 1 inch to the right of midline.
- E. Projectile: None.
- F. Opinion: This is a fatal perforating gunshot wound of the back of indeterminate range of fire.
- V. Gunshot wound #5, perforating gunshot wound of back, fatal wound, indeterminate range of fire:
- A. Entrance wound: The entrance defect is a  $1/4$  of an inch circular defect of the back with a  $1/8$  of an inch marginal abrasion. The defect is located 28 inches from the top of head and  $1-1/4$  inches to the right of midline. The skin and to the left of the entrance defect has a 1 inch are superficial abrasion. No soot, stippling or muzzle ar is present.
- B. Direction: The direction is back to front, right to upward.
- C. Course: The wound track begins with the entrance the right lower back. The wound track continues back soft tissues and enters the peritoneal cavity. The wound track continues causing a traumatic transection of the kidney. The wound track continues anteriorly causing a perforation of the ileum. The wound track continues into the peritoneal cavity, continues anteriorly through the soft tissues of the abdomen and terminates at the mid abdomen just to the right of midline.
- D. Exit wound: A  $1/2$  of an inch defect with a  $1/4$  of an inch skin laceration is present on the abdomen. The defect is located  $23-1/4$  inches from the top of the head and  $3/4$  of an inch to the right of midline.
- E. Projectile: None.

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F. Opinion: This is a fatal perforating gunshot wound of the back of indeterminate range of fire.

VI. Gunshot wound #6, penetrating gunshot wound of posterolateral right hip, nonfatal wound, indeterminate range of fire:

- A. Entrance wound: A 5/16 of an inch circular defect with a 1/8 of an inch to 3/16 of an inch marginal abrasion is present on the right posterolateral hip. The defect is located 34 inches from the top of the head and 6 inches to the right of midline. No soot, stippling or muzzle abrasion is present.
- B. Direction: The direction is back to front, right to left and upward.
- C. Course: The wound track begins with an entrance defect of the posterolateral right hip region. The wound track continues through the right hip soft tissues and terminates within the right hip soft tissues immediately above the right hip joint. There is no major femoral or iliac vessel injury or iliac bone perforation associated with this wound.
- D. Exit wound: None.
- E. Projectile: A lead bullet is recovered from the right hip soft tissues at 1232 hours and submitted into evidence.
- F. Opinion: This is a nonfatal penetrating gunshot wound of the posterolateral right hip of indeterminate range of fire.

VII. Gunshot wound #7, perforating gunshot wound of right forearm, nonfatal wound, indeterminate range of fire:

- A. Entrance wound: A 3/8 of an inch circular defect with a 1/8 of an inch marginal abrasion is present on the posterior mid forearm at the ulnar aspect. The defect is located 5-1/2 inches from the right elbow and 5 inches from the right wrist. No soot, stippling or muzzle abrasion is present.
- B. Direction: The direction is back to front.
- C. Course: The wound track begins with an entrance defect of the posterior right mid forearm. The wound track continues in an anterior direction through the soft tissues and there is an associated fracture of the mid radius and ulnar bones. The wound track continues anteriorly and terminates at a defect of the anterior right mid forearm skin.
- D. Exit wound: A 1 inch by 3/8 of an inch elliptical defect with irregular margins is present on the anterior right forearm.
- E. Projectile: A copper jacket fragment is recovered from the right forearm soft tissues at 1146 hours and submitted into evidence.

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F. Opinion: This is a nonfatal perforating gunshot wound of the right forearm of indeterminate range of fire.

**CLOTHING:**

The following clothing items which are listed on the evidence log are examined in the evidence dry dock cages, with the decedent's name and corresponding case number (CC#2012-07392) attached to a paper tag affixed to the clothing cage. Examination of the clothing revealed evidence of gunshot wound defects of the white tank top and blue tee shirts corresponding to the wounds seen on the body. No obvious visible propellant particles are identified. The clothing examined are:

1. One pair of slacks with black belt.
2. One pair of blue underwear.
3. One pair of black socks.
4. One pair of black shoes.
5. One blue shirt.
6. One blue tee shirt.
7. One white tank top.
8. One unknown padded garment.

**EXTERNAL DESCRIPTION:**

The body is identified by toe tags and is that of an unembalmed refrigerated adult Hispanic male who appears about the reported age of 36 years. The body weighs approximately 138 pounds and measures approximately 71 inches and is normally developed. Hydration and nutritional status appear grossly normal. Examination of the skin reveals no evidence of jaundice. Multiple tattoos are present on the body, please refer to Diagram #20 (two of three) for full description of the tattoos. Rigor mortis is present in the extremities and livor mortis is posterior and fixed.

The head is normal in size and shape. The scalp hair is short, covered by black hair. There is no temporal or vertex balding. A mustache is present. Examination of the eyes reveals irides that appear to be hazel in color. There are no petechial hemorrhages of the conjunctiva or the sclera. There is no congestion of the conjunctiva or scleral icterus present. The oral and nasal passes are

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unobstructed. There is no foam in the nares or oral cavity. Native teeth are present. There are no contusions, lacerations or abrasions of the lips or oral mucosa. The mid upper forehead contains a 3/4 inch of an abrasion. Below this is an 11/16 inch of an abrasion. The bridge of the nose has 1/4 of an inch and 7/16 of an inch abrasion. The left cheekbone region contains 1/2 of an inch, 3/4 inch, and 3/8 of an inch areas of abrasion. Examination of the neck shows no abnormal mobility or trauma.

There is no chest deformity or increased anterior posterior diameter of the chest. The abdomen is flat. The abdomen contains a 4 inch old healed vertical surgical scar bisected by a horizontal 3 inch old surgical scar. There are two gunshot wound defects of the abdomen. An 11 inch vertical old well healed surgical scar is present on the left side of the torso at the mid axillary line. A gunshot wound defect is seen on the left lateral chest. Examination of the back reveals 5 gunshot wound defects and a 6<sup>th</sup> present on the posterolateral right hip. Examination of the upper extremities reveals gunshot wound defects of the posterior and anterior right mid forearm. The posterior right elbow contains a grouping of three dry orange-red abrasions. The distal left forearm and wrist region contains a 5 inch long circumferential area of scarring, consistent with an area of prior skin grafting. Examination of the hands reveals multiple areas of depigmented skin on the top of the right hand. The mid top of the right hand contains a small curvilinear old well healed scar. Examination of the left hand reveals areas of depigmentation at the base of the left thumb and on the index and middle fingers. The left index finger has a 1/8 of an inch abrasion and there are old healed scars seen at the base of the left little finger. The top of the left hand and wrist contain 9/16 of an inch and 1/2 of an inch contusion, respectively. The lower extremities are unremarkable. Examination of the genitalia reveals an uncircumcised penis. The external genitalia, perineum and anus are without trauma or lesions.

**INITIAL INCISION:**

The body cavities are entered through the standard coronal and Y-shaped incisions. No foreign material is present in the nasopharynx, larynx or trachea.



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Page 9**NECK:**

The neck organs are removed en bloc with the tongue. No lesions are present nor trauma to 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. No visible or palpable fractures of the cervical vertebrae are present.

**CHEST/ABDOMINAL CAVITY:**

There are no pleural adhesions. Perforating defects of the proximal descending aorta and lower lobe of the left lung are present. There is 600 ml of blood within the right chest cavity and 675 ml of blood within the left chest cavity. The lower lobe of the left lung is collapsed and the remaining lobes of the lungs are well expanded. The soft tissues of the thoracic and abdominal organ are well preserved. The organs of the abdominal cavity have a normal arrangement and none are absent. There are perforating defects seen of the liver, stomach, colon and small bowel. There is a small amount of fecal material located within the peritoneal cavity. There are extensive bowel to bowel and bowel to peritoneal adhesions present. There is no ascites fluid or blood present within the peritoneal cavity.

**SYSTEMIC AND ORGAN REVIEW**

Note: The conditions appearing in the Anatomic Summary and Description of gunshot wounds are not necessarily repeated in the Systemic Review. The Systemic Review is, in essence, a description of the decedent prior to sustaining any injuries.

**MUSCULOSKELETAL SYSTEM:**

Review of the x-rays taken at autopsy reveals the presence of an orthopedic plate on the left distal radius. There are multiple surgical staples present within the distal left forearm soft tissues. The distal portion of the left ulna is absent.

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Page 10**CARDIOVASCULAR SYSTEM:**

The thoracic and abdominal aorta are smooth, elastic and show no discrete atherosclerotic lesions. There is no tortuosity or widening of the thoracic segment. There is no dilation of the abdominal aorta. No aneurysms are present. The major branches of the aorta show no abnormalities. Within the pericardial sac there is a minimal amount of serous fluid.

The heart weighs 280 grams and has a normal configuration. The cardiac silhouette is globular and the myocardium is not flabby. The right ventricle is 0.4 cm thick, interventricular septum is 1.5 cm thick and the left ventricle is 1.3 cm thick. The chambers are normally developed and without mural thrombosis. The valves are thin, leafy and competent. There is no endocardial discoloration. There are no infarcts or lesions in the myocardium. There are no abnormalities of the apices of the myocardium or papillary musculature. There are no congenital defects of the septum. The great vessels enter and leave in normal fashion. The ductus arteriosus cannot be probed. The coronary ostia are patent and located at or below the sino-tubular junction and are relatively centrally located within their respective sinus. There is a normal pattern of coronary artery distribution and serial sectioning of the coronary arteries shows no significant degree of coronary atherosclerosis.

**LUNGS:**

The right lung weighs 360 grams, and the left lung weighs 240 grams. Scant clear secretions are found in the upper respiratory and lower bronchial passages. There is no froth or exudates present within the airways. The mucosa is intact and pale. The right lung and left upper lobe are crepitant. There is atelectasis at the left lower lobe. The visceral pleura are without adhesions or focal mass lesions. The pulmonary vasculature is without thromboembolism.

**GASTROINTESTINAL SYSTEM:**

The esophagus is intact throughout. Esophageal varices are not present. The stomach contains scant amount of brown liquid. The gastric mucosa is unremarkable. No tablets or capsules are seen within the stomach. The small intestine and colon are unremarkable.

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The appendix is present and normal. The pancreas occupies a normal position. There is no necrosis or trauma. There is no evidence of pancreatic fibrosis or pancreatitis. The pancreatic parenchyma is lobular and soft. The pancreatic ducts are not ectatic and there are no parenchymal calcifications.

**HEPATOBIILIARY SYSTEM:**

The liver weighs 1140 grams and is red-tan in color. The capsule is intact and the consistency of the parenchyma is soft. The cut surface is smooth. There is no evidence of cirrhosis. There is a normal lobular arrangement. The gallbladder is present. There is no obstruction or dilation of the extrahepatic ducts. The periportal lymph nodes are not enlarged.

**URINARY SYSTEM:**

The right kidney weighs 110 grams and the left kidney weighs 120 grams. The kidneys are normally situated and the capsule strips easily revealing cortical surfaces without scarring or lesions. The corticomedullary demarcation is preserved. The pyramids are not remarkable. Peripelvic fat is not increased. The ureters are without dilatation or obstruction and pursue their normal course. The urinary bladder is unremarkable. It contains 350 ml of clear yellow urine.

**GENITAL SYSTEM:**

The prostate is white-tan and rubbery without lesions, enlargement or nodularity. The testes are in the scrotum and are without trauma or lesions.

**HEMOLYMPHATIC SYSTEM:**

The spleen weighs 90 grams and is of average size. The capsule is intact. The consistency of the parenchyma is red and soft. There is no increased follicular pattern. Lymph nodes throughout the body are small and inconspicuous. The bone is not remarkable. The bone marrow of the ribs is unremarkable.

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Page 12**ENDOCRINE SYSTEM:**

The thyroid, adrenal and pituitary gland are unremarkable. The parathyroid glands are not identified. The thymus is not identified.

**SPECIAL SENSES:**

The eyes are not dissected. The middle and inner ear are not dissected.

**HEAD AND CENTRAL NERVOUS SYSTEM:**

There is no subcutaneous, subgaleal or subperiosteal hemorrhage of the scalp. The external periosteum and dura mater are stripped showing no fractures of the calvarium or the base of the skull. There are no tears of the dura mater. There are no subarachnoid, subdural or epidural hemorrhages.

The brain weighs 1440 grams. The leptomeninges are thin and transparent. A normal convolutionary pattern is observed. Coronal sectioning demonstrates a uniformity of cortical gray thickness. The cerebral hemispheres are symmetrical without lesions or evidence of trauma. The basal ganglia are intact and without defect. All anatomical landmarks are intact. Cerebral contusions are not present. The ventricular system is without dilation or distortion. The 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 without aneurysm or significant arteriosclerosis. A segment of the mid thoracic spinal cord is dissected and is without injury or lesions.

**HISTOLOGIC SECTIONS:**

Representative sections from various organs are preserved in one storage jar in 10% formalin.

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Page 13**TOXICOLOGY:**

Samples of right chest blood, femoral blood, liver, urine and vitreous humor are submitted to the laboratory. A homicide screen is requested. An EDTA tube of right chest blood is collected for blood typing, if necessary.

**PHOTOGRAPHY:**

At scene photographs are reviewed prior to autopsy. Photographs have been taken prior to and during the course of the autopsy.

**RADIOLOGY:**

Twelve x-rays are taken.

**WITNESSES:**

1. Sergeant Nava, LASD.
2. Sergeant Walls, LASD.
3. Lieutenant Coleman, LASD.
4. Investigator Williams, Los Angeles District Attorney.

**DIAGRAMS/FORMS USED:**

One Form #16, three Forms #20, one Form 21, one Form 22, one Form 23, and one Form 27 were used during the performance of the autopsy. Coroner diagrams are not intended to be facsimiles, nor are they necessarily drawn to scale or entirely representative of the appearance of the injuries described in this report. Please refer to Coroner autopsy photographs for a depiction of the wounds on the body.

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## OPINION:

The decedent died as a result of multiple gunshot wounds. Gunshot wounds #1, #2, #4, and #5 are fatal wounds. Gunshot wounds #3, 6, 7 are nonfatal wounds. After review of the circumstances and autopsy findings, the manner of death is homicide.

  
J. DANIEL AUGUSTINE, M.D.  
DEPUTY MEDICAL EXAMINER1/9/13  
DATE

JDA:bbtt/b  
D:11/13/2012  
T:11/21/2012

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AUTOPSY CLASS: ☒ A ☐ B ☐ C ☐ Examination Only D☐ FAMILY OBJECTION TO AUTOPSYDate: 11/13/12 Time: 1130 Dr. Augustine  
(Print)FINAL ON: 11/12/12 By: Augustine  
(Print)APPROXIMATE  
INTERVAL  
BETWEEN  
ONSET  
AND  
DEATH

2012-07302

TRINIDAD, JOSE DE LA

2011

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

## IMMEDIATE CAUSE:

(A) MULTIPLE GUNSHOT WOUNDS

RAPID

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:

☐ NATURAL ☐ SUICIDE ☒ HOMICIDE☐ ACCIDENT ☐ COULD NOT BE DETERMINEDIf other than natural causes,  
HOW DID INJURY OCCUR?SHOT BY DEPUTIESWAS OPERATION PERFORMED FOR ANY CONDITION STATED ABOVE: ☐ YES ☒ NO

TYPE OF SURGERY: \_\_\_\_\_ DATE: \_\_\_\_\_

☐ ORGAN PROCUREMENT ☒ TECHNICIAN: Estrada  
home PREGNANCY IN LAST YEAR ☐ YES ☐ NO ☐ UNK ☒ NOT APPLICABLE☒ WITNESS TO AUTOPSY ☒ EVIDENCE RECOVERED AT AUTOPSY  
Item Description: Projectiles (5 total)SGT NAVA, LASD  
SGT WALLS, LASD  
LT. COLEMAN, LASD  
INV. WILLIAMS, LA DAAge: 36 Gender: Male / Female

## PRIOR EXAMINATION REVIEW BY DME

☐ BODY TAG TM ☒ CLOTHING  
☒ X-RAY (No. 12) ☐ FLUORO  
☐ SPECIAL PROCESSING TAG ☐ MED. RECORDS  
☒ AT SCENE PHOTOS (No. 13)

## CASE CIRCUMSTANCES

☐ EMBALMED  
☐ DECOMPOSED  
☐ >24 HRS IN HOSPITAL  
☐ OTHER: \_\_\_\_\_ (Reason)

## TYPING SPECIMEN

TYPING SPECIMEN TAKEN BY: Augustine  
SOURCE: Right chest

## TOXICOLOGY SPECIMEN

COLLECTED BY: Augustine  
☐ HEART BLOOD ☐ STOMACH CONTENTS  
☒ FEMORAL BLOOD ☒ VITREOUS  
TECHNIQUE: Internal  
☒ Right chest BLOOD ☐ SPLEEN  
☐ BLOOD ☐ KIDNEY  
☐ BILE ☐  
☒ LIVER ☐  
☒ URINE ☐

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

TOX SPECIMEN RECONCILIATION BY: TM

## HISTOLOGY

☒ Regular (No. 1) ☐ Oversize (No.    )  
Histopath Cut: ☐ Autopsy ☐ Lab

## TOXICOLOGY REQUESTS

FORM 3A: ☐ YES ☒ NO  
☐ NO TOXICOLOGY REQUESTED  
SCREEN ☐ C ☒ H ☐ T ☐ S ☐ D  
☐ ALCOHOL ONLY  
☐ CARBON MONOXIDE  
☐ OTHER (Specify drug and tissue)

## REQUESTED MATERIAL ON PENDING CASES

☐ POLICE REPORT ☐ MED HISTORY  
☐ TOX FOR COD ☐ HISTOLOGY  
☐ TOX FOR R/O ☐ INVESTIGATIONS  
☐ MICROBIOLOGY ☐ EYE PATH. CONS.  
☐ RADIOLOGY CONS.  
☐ CONSULT ON:  
☐ BRAIN SUBMITTED  
☐ NEURO CONSULT ☐ DME TO CUT  
☐ CRIMINALISTICS  
☐ GSR ☐ SEXUAL ASSAULT ☐ OTHER

RESIDENT

DME

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2012-07392

TRINIDAD, JOSE DI LA

DOMI

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WNL = within Normal Limits (No significant trauma or disease)

## EXTERNAL EXAM

Sex male  
 Race Hispanic  
 Age 26  
 Height ~ 71"  
 Weight ~ 138 lbs.  
 Hair Black  
 Eyes Hazel  
 Sclera No patches, no congestion  
 Teeth native  
 Mouth no trauma or lesions (WNL)  
 Tongue WNL  
 Nose WNL  
 Chest see diagrams 20 (1/3 to 3/3)  
 Breasts  
 Abdomen see diagrams 20 (1/3 to 3/3)  
 Scar see form 20 (1 of 3) and form 21  
 Genital uncircumcised  
 Edema ⊕  
 Skin multiple GSWS  
 Decub ⊕

## HEART Wt. 280

Pericard RV 0.4  
 Hypert LV 1.3  
 Dilat Septum 1.5  
 Muscle WNL  
 Valves WNL  
 Coronar clean.

AORTA ⊕ proximal descending aorta laceration

## VESSELS

## LUNGS Wt

R 360  
 L 240  
 Adhes ⊕ 600 mL blood  
 Fluid ⊕ 6 TS blood  
 Atelectasis  
 Oedema  
 Congest ⊕ LLL perforation  
 Consol  
 Bronchi  
 Nodes

## PHARYNX

## TRACHEA

## THYROID

## THYMUS

## LARYNX

## HYOID

ABDOMINAL WALL FAT ~ 3/4"

## PERITONEUM

Fluid ⊕ brown fecal material  
 Adhes present

## LIVER Wt 1140

Caps ⊕ caudate and ⊕ lobe perforation.  
 Lobul  
 Fibros  
 GB present  
 Calc none  
 Bile ducts patent

## SPLEEN Wt 90

Color red  
 Consist soft  
 Caps  
 Malpigh WNL

## PANCREAS

## ADRENALS

## KIDNEYS Wt

R 110 → traumatic transection  
 L 120  
 Caps  
 Cortex  
 Vessels  
 Pelvis  
 Ureter

BLADDER 350 mL clear yellow urine

## GENITALIA

Prost WNL  
 Testes WNL  
 Uterus  
 Tubes  
 Ovary

## ESOPHAGUS WNL

## STOMACH

→ perforation  
 Contents scant brown liquid

DUOD &amp; SM INT ⊕ distal perforation

APPENDIX present

LARGE INT ⊕ transverse colon perforation

## ABDOM NODES

## SKELETON

Spine T6 vertebra perforation  
 Marrow  
 Rib Cage Ant ⊕ 6th rib fx  
 Long bones 10th left rib CVA fracture.  
 Pelvis

## SCALP

## CALVARIUM

BRAIN Wt 1440

Dura

Fluid

Ventric

Vessels

Middle ears

Other

## PITUITARY

WNL

## SPINAL CORD

mid-thoracic dissected, no

spinal cord injury

## TOXICOLOGY SPECIMENS

Right chest Blood +/- EDTA  
 Liver urine Fernal Blood  
 Bile vitreous

## SECTIONS FOR HISTOPATHOLOGY

Stomach jar (1)

## MICROBIOLOGY

none

## DIAGRAMS

X-RAYS (12)

## OTHER PROCEDURES

none

## GROSS IMPRESSIONS

See form (12)

Date

11/13/12

Time

7130

Deputy Medical Examiner



20

(1 of 3)

General Features

Adult Hispanic ♂

2012-07302

TRIVIDAD, JOSE DE LA  
HOMI

244

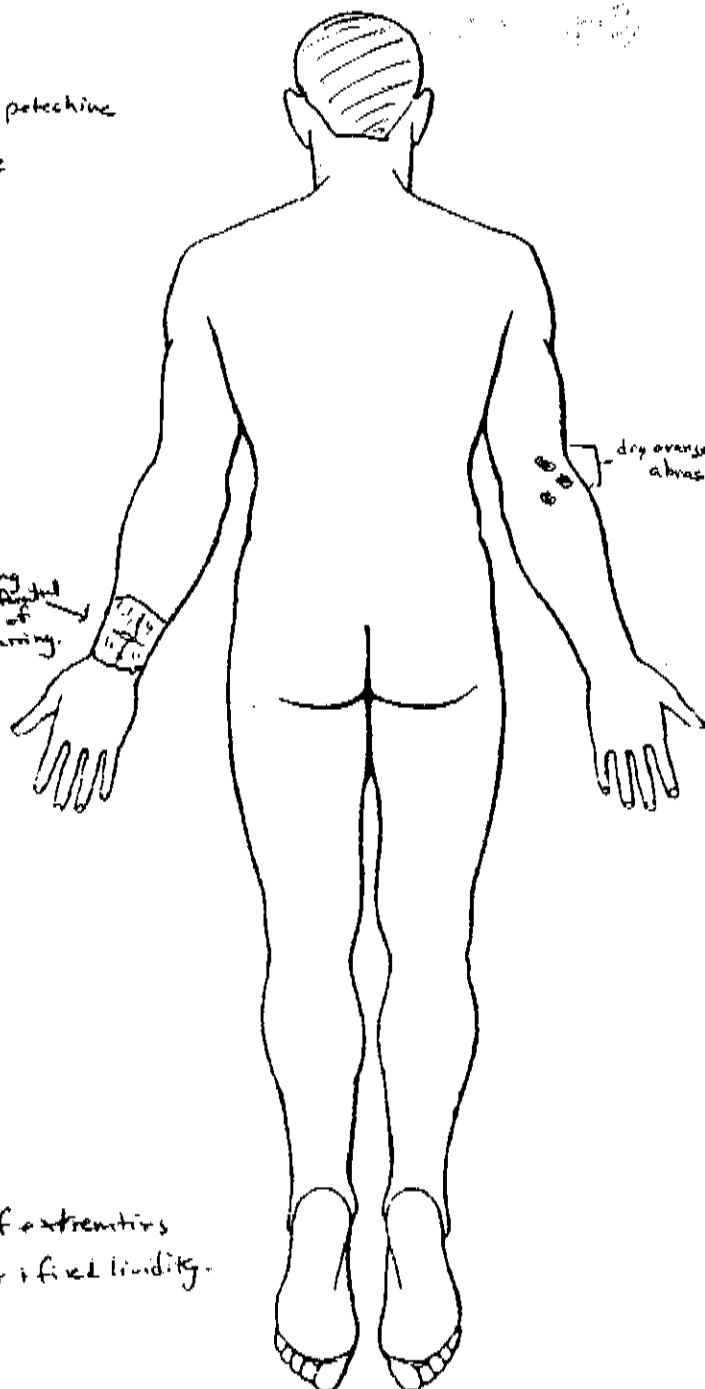
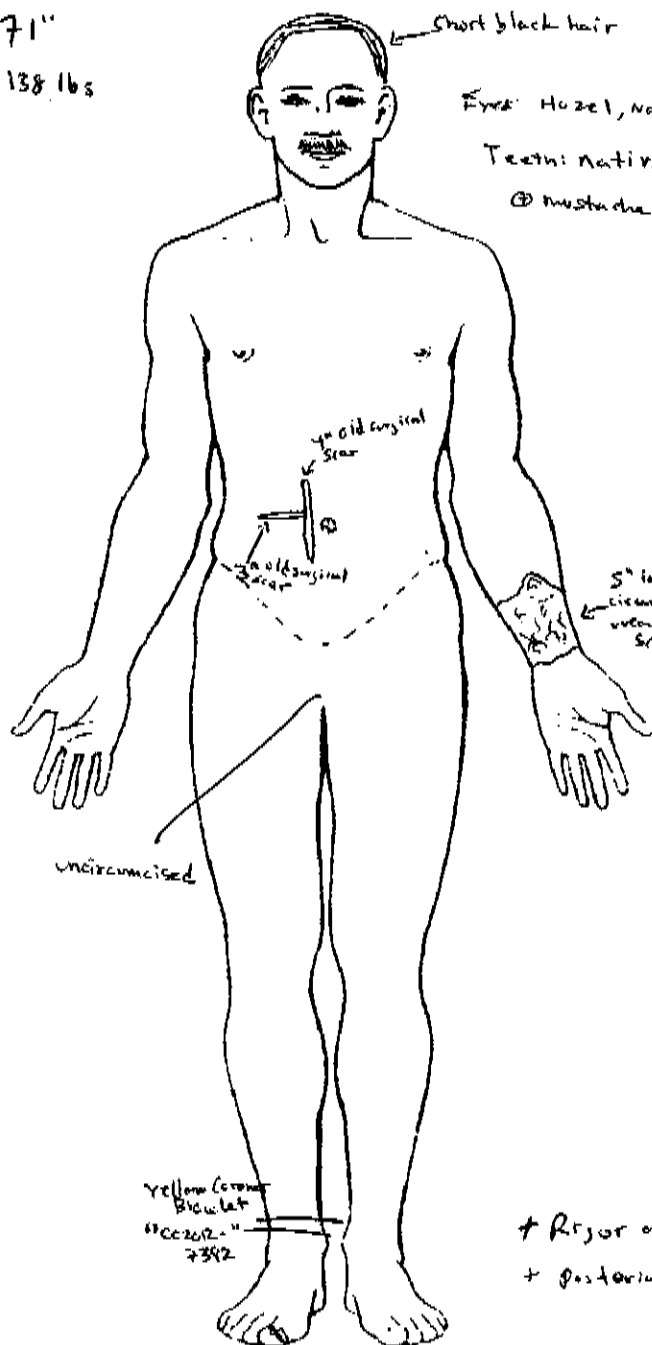
~ 71"  
~ 138 lbs

Short black hair

Eyes: Hazel, no protective

Teeth: native

⊕ mustache



+ Rigor of extremities  
+ posterior + fixed fluidity

Toe tags  
match decedent  
Name & CC 2012-7392

Date 11/13/12

*[Signature]*

Deputy Medical Examiner

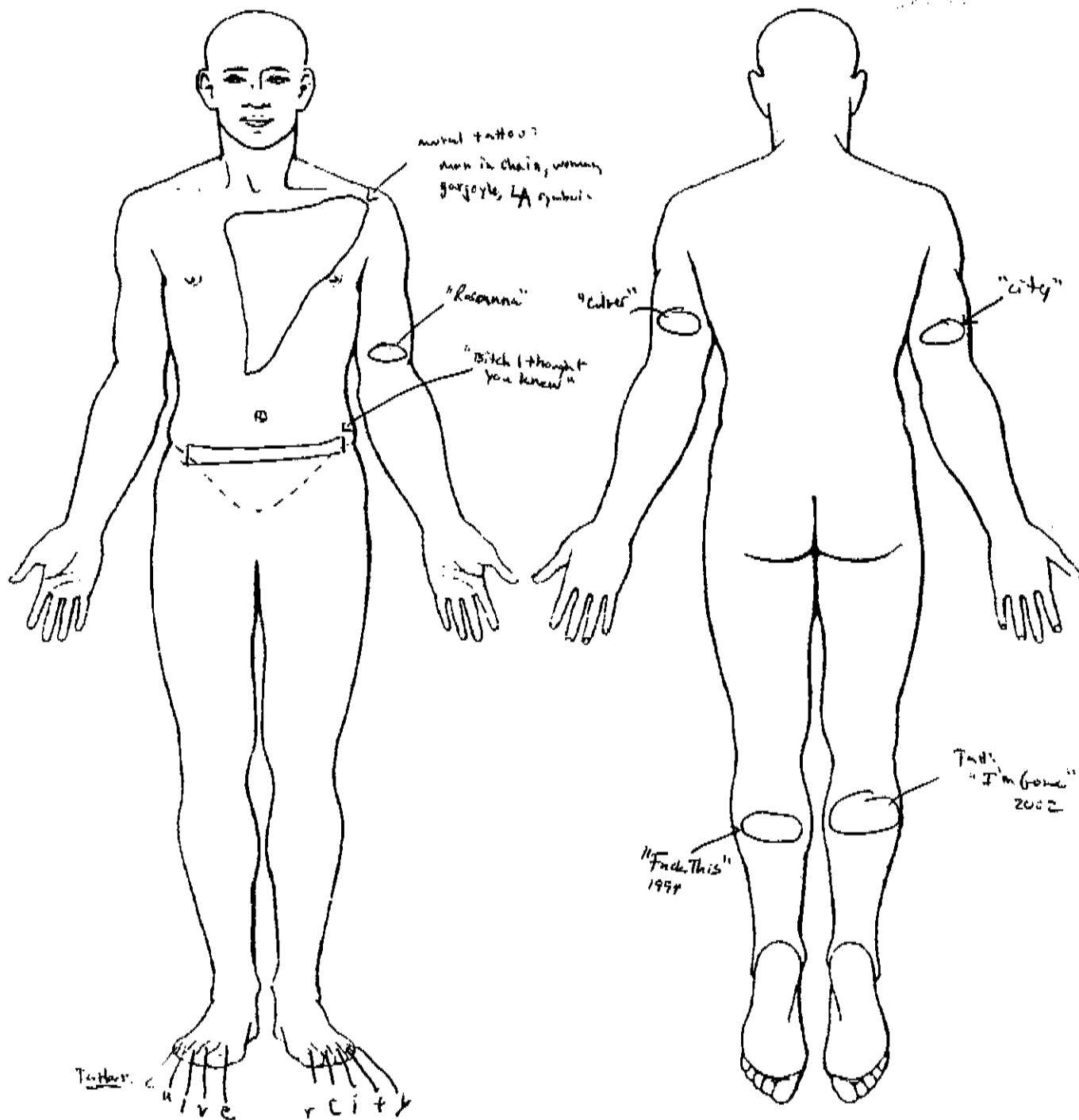
M.D.

**20**  
(Z.F3)

Tattoos

2012-07392  
TRINIDAD, JOSE DE LA  
PONTI

24



Date 11/13/12

*[Signature]*

Deputy Medical Examiner

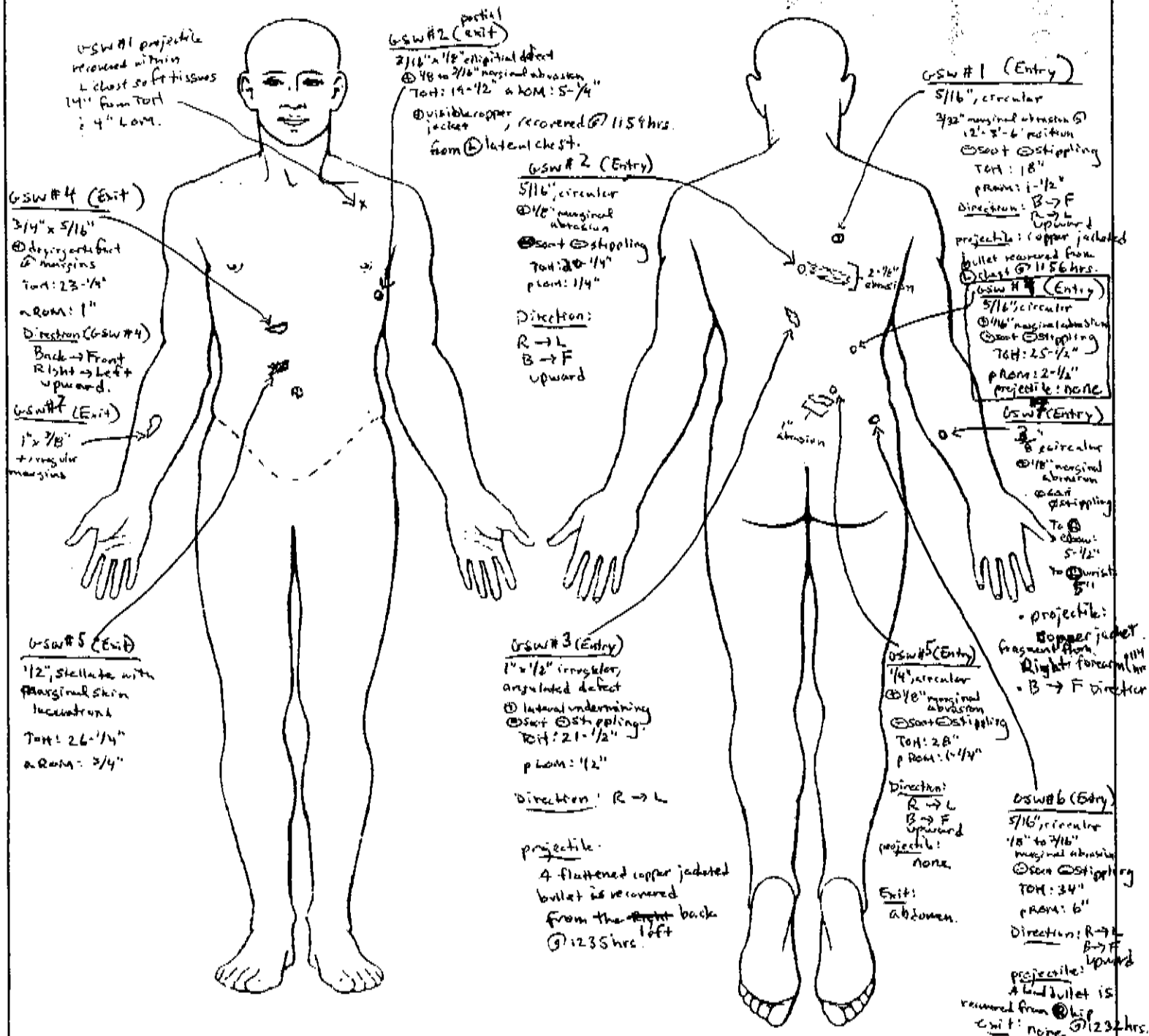
M.D.

**20**

(3 of 3)

GUNSHOT WOUNDS

2012-07392

TRINIDAD, JOSE DE  
HOMI

Date 11/13/12

Deputy Medical Examiner

M.D.

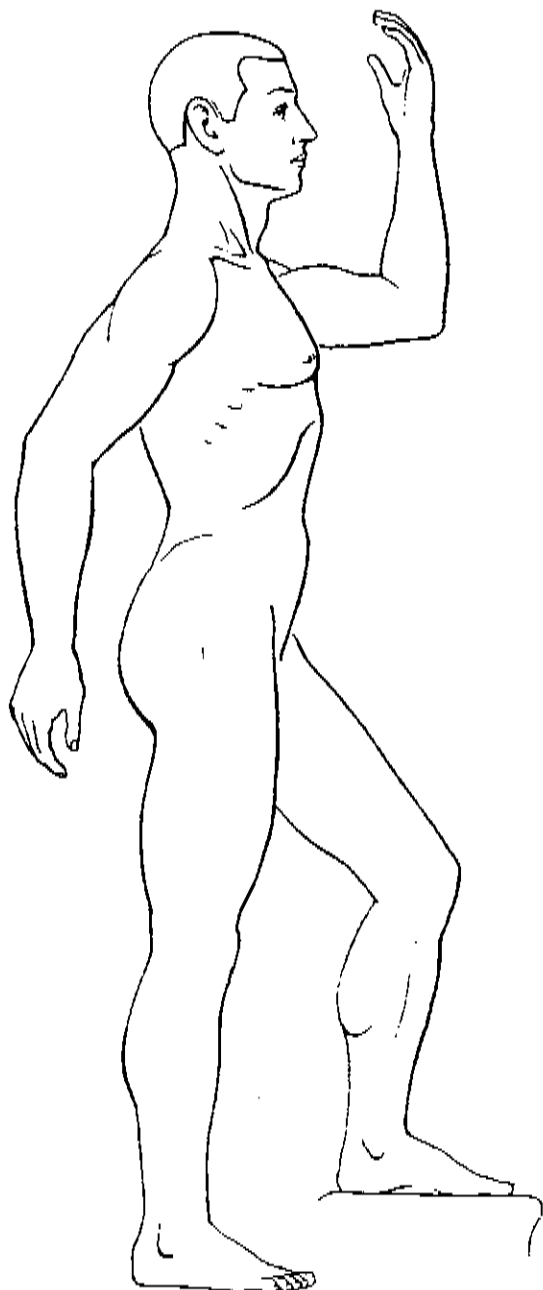
21

(1 of 1)

2012-07392

TRINIDAD, JOSE DE LA  
ROSA

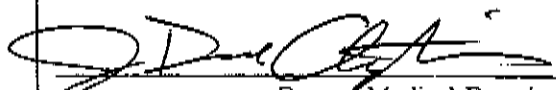
244



Rt



Lt

  
Deputy Medical Examiner

M.D.

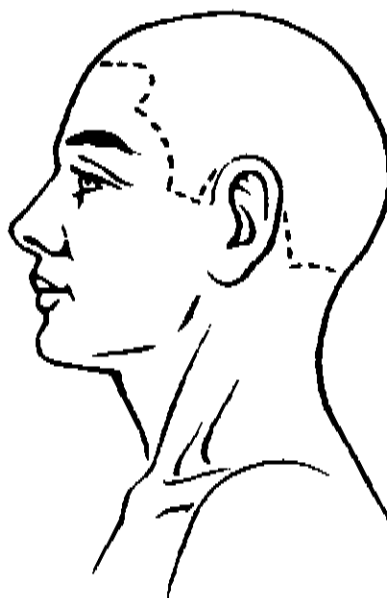
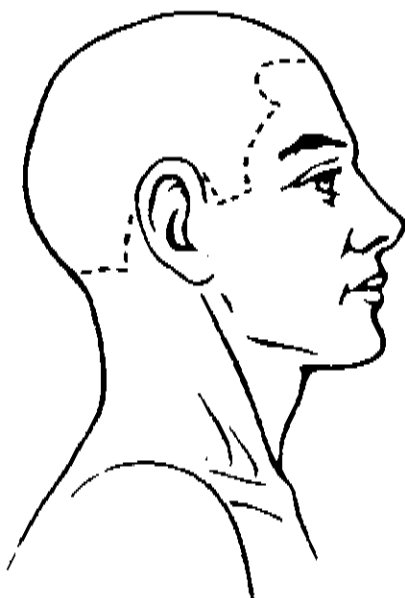
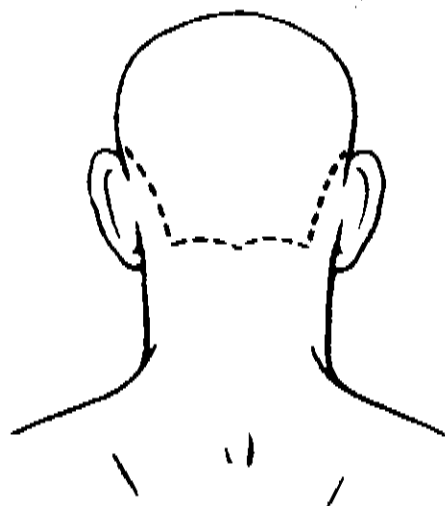
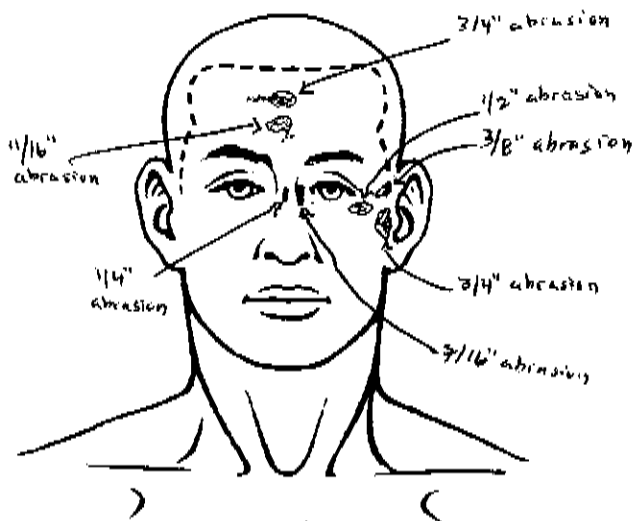
22

(1 of 1)

2012-07392

TRINIDAD, JOSE DE LA  
HORN

244



Date

*[Signature]*  
Deputy Medical Examiner

M.D.

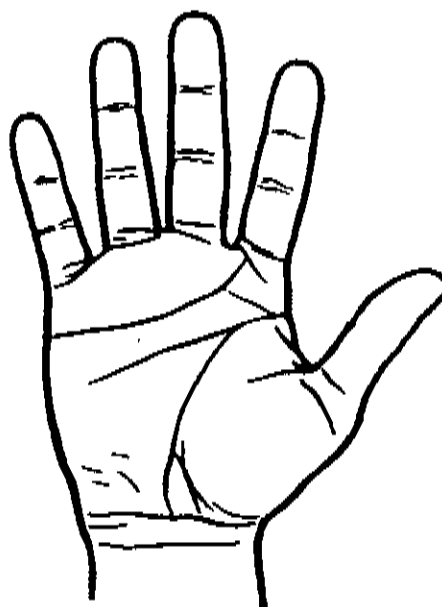
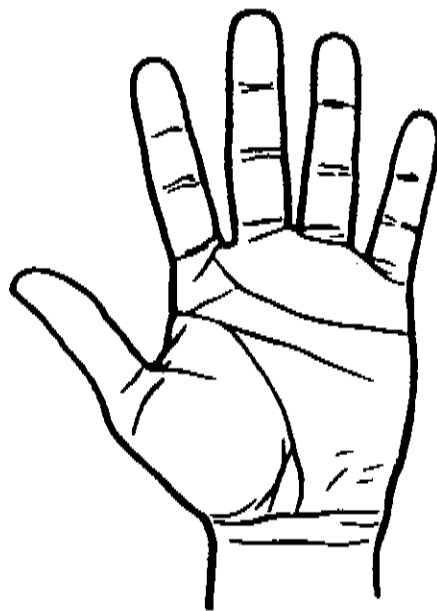
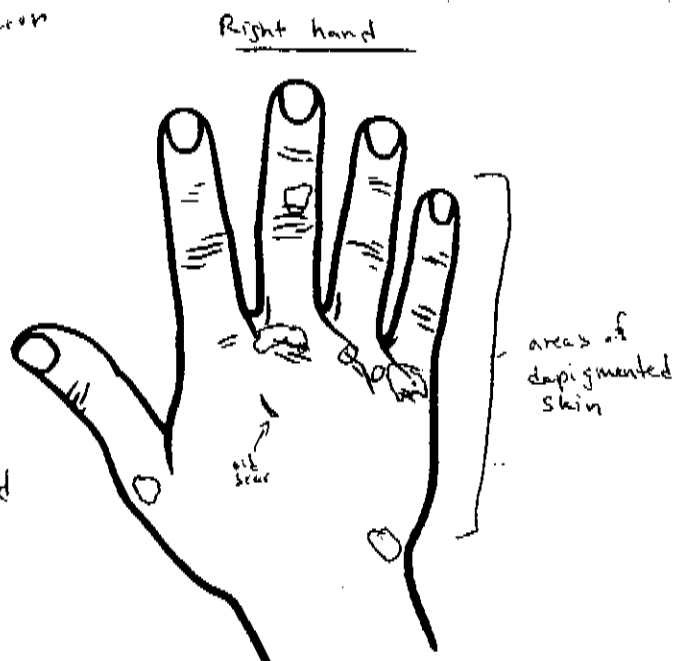
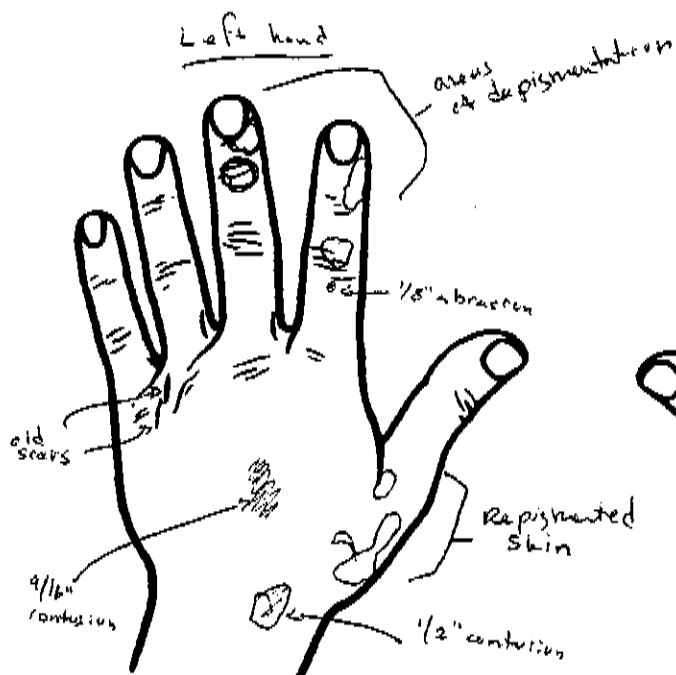
23

(1 of 1)

2012-07302

DE LA ROSA, JOSE DE L

10/1



11/13/12

*[Signature]*

Deputy Medical Examiner

M.D.

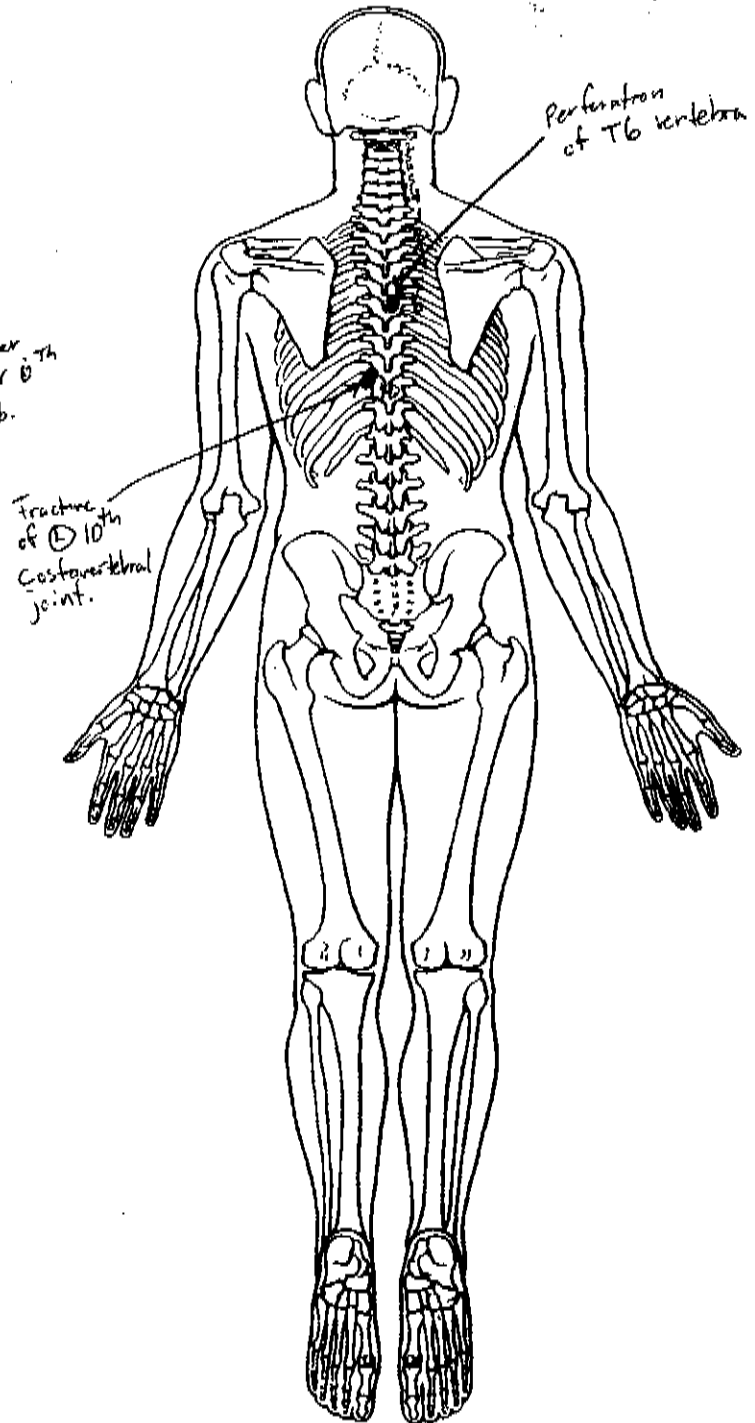
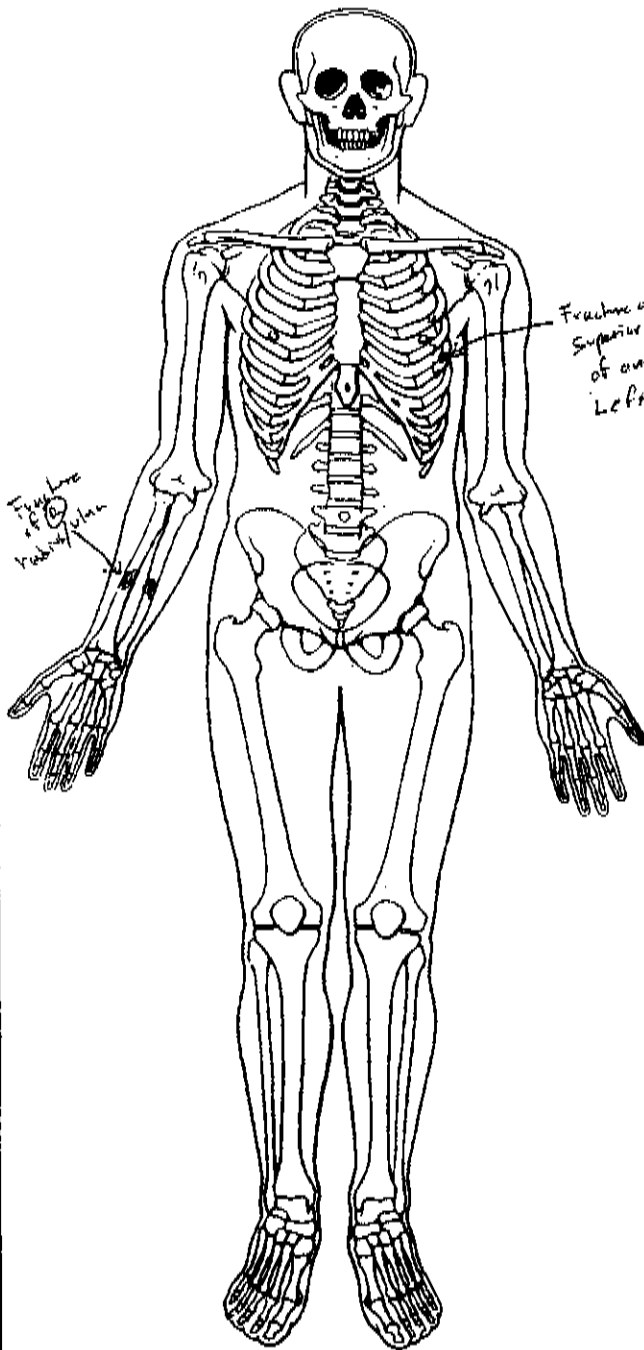
27

(left)

2012-07392

TRINIDAD, JOSE DE LA  
-ONI

24



11/13/12

*[Signature]*

Deputy Medical Examiner

M.D.



Department of Coroner, County of Los Angeles  
**FORENSIC SCIENCE LABORATORIES**

1104 North Mission Road Los Angeles, CA 90033

**Laboratory Analysis Summary Report**



Augustine, Job M.D.

Deputy Medical Examiner  
1104 North Mission Road  
Los Angeles, CA 90033

☐ PendingTox

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

**Coroner Case Number:** 2012-07392 **Decedent:** DE LA TRINIDAD, JOSE

<u>SPECIMEN</u>	<u>SERVICE</u>	<u>DRUG</u>	<u>RESULT</u>	<u>ANALYST</u>
Blood, Chest				
	Alcohol-GC/FID-HS	Ethanol	0.23 g%	S. DeQuintana
	ELISA-Immunoassay	Barbiturates	ND	B. Ciullo
	ELISA-Immunoassay	Cocaine and Metabolites	ND	B. Ciullo
	ELISA-Immunoassay	Methamphetamine & MDMA	ND	B. Ciullo
	ELISA-Immunoassay	Opiates: Codeine & Morphine	ND	B. Ciullo
	ELISA-Immunoassay	Opiates: Hydrocodone & Hydromorphone	ND	B. Ciullo
	ELISA-Immunoassay	Phencyclidine	ND	B. Ciullo
	Marijuana-GC/MS	Carboxy-THC, Total	140 ng/mL	C. DalChele
	Marijuana-GC/MS	Tetrahydrocannabinol (THC), Total	11 ng/mL	C. DalChele
Blood, Femoral				
	Alcohol-GC/FID-HS	Ethanol	0.14 g%	S. DeQuintana
Vitreous				
	Alcohol-GC/FID-HS	Ethanol	0.15 g%	S. DeQuintana

<b>Legend:</b>					
	mg/dL	Milligram per Deciliter	QNS	Quantity Not Sufficient	
g	Grams	mg/L	TNP	Test Not Performed	
g%	Gram Percent	ND	ug	Micrograms	
Inc.	Inconclusive	ng/g	ug/g	Micrograms per Gram	
mg	Milligrams	ng/mL	ug/mL	Microgram per Milliliter	

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:

**Daniel T. Anderson, M.S., FTS-ABFT, D-ABC**  
**Supervising Criminalist II**  
**TOXICOLOGY**

(323) 343-0460 DAnderson@coroner.lacounty.gov

1/4/13



COUNTY OF LOS ANGELES

## CASE REPORT

DEPARTMENT OF CORONER

1

APPARENT MODE

HOMICIDE

SPECIAL CIRCUMSTANCES

Gunshot Wound, Law Enforcement Related, Officer Involved

CASE NO

2012-07392

CRYPT

244

LAST, FIRST MIDDLE

DELATRINIDAD, JOSE

AKA

#

ADDRESS

CITY

STATE

ZIP

SEX	RACE APPEARANCE	DOB	AGE	HGT	WGT	EYES	HAIR	TEETH	FACIAL HAIR	NO VIEW	CONDITION
MALE	HISPANIC/LATINO AMERICAN	12/3/1975	36	71 in.	138 lbs.	HAZEL	BLACK	ALL NATURAL TEETH	MUSTACHE	Yes	FAIR

MARK TYPE

MARK LOCATION

MARK DESCRIPTION

TATTOO	LT CHEST/SHOULDER	LARGE PICTURE DESIGN/ LA
TATTOO	B ARMS	LT/ CULVER; RT/ CITY
SCAR	LT FOREARM	APP. SKIN GRAFT SCARRING
SCAR	LT SIDE TORSO	~10" VERTICAL
SCAR	ABDOMEN	2/ ~3" EACH

NOK

ROSANNA DELATORRE

ADDRESS

CITY

STATE

ZIP

RELATIONSHIP

PHONE

NOTIFIED BY

DATE

TIME

WIFE	(310) 680-7496		11/11/2012	08:15
------	----------------	--	------------	-------

SSN

DL ID

STATE

PENDING BY

XXXX - XX - 2028

D3792571

CA

ID METHOD  
FINGERPRINTS

LA #	MAIN #	CHI #	FBI #	MILITARY #	POB
	04420035	A10124356	688741WA5		

IDENTIFIED BY NAME (PRINT)	RELATIONSHIP	PHONE	DATE	TIME
MAIN & CHI #'S			11/11/2012	11:47

PLACE OF DEATH / PLACE FOUND

ADDRESS OR LOCATION

CITY

ZIP

SIDEWALK	F/O PRIV. RES./ 1916 122ND ST.	LOS ANGELES	90222
----------	--------------------------------	-------------	-------

PLACE OF INJURY

AT WORK

DATE

TIME

LOCATION OR ADDRESS

ZIP

SIDEWALK, F/O PRIVATE RESIDENCE	No	11/10/2012	22:18	1916 122ND ST, LOS ANGELES, CA	90222
------------------------------------	----	------------	-------	--------------------------------	-------

DOO

TIME

FOUND OR PRONOUNCED BY

PARAMEDICS, ENG 041/CPT YSAIAS

OTHER AGENCY INV. OFFICER

PHONE

REPORT NO.

NOTIFIED BY

NO

LASD HOMICIDE - DET/S NAVA & WALLS	(323) 890-5500	012-16889-2137-013
------------------------------------	----------------	--------------------

TRANSPORTED BY

TO

DATE

TIME

AISHA N. SCOTT	LOS ANGELES FSC	11/11/2012	10:00
----------------	-----------------	------------	-------

FINGERPRINTS?	Yes	CLOTHING	Yes	PA RPT	No	MORTUARY	
MED. EV.	No	INVEST. PHOTO #	0	SEAL TYPE	NOT SEALED	HOSP RPT	No
PHYS. EV.	Yes	EVIDENCE LOG	Yes	PROPERTY?	Yes	HOSP CHART	No
SUICIDE NOTE	No	QSR NO	C7732	RCPT. NO.	263613	FF NO.	

## SYNOPSIS

\* OIS. CASE INVOLVES A 36-YR OLD MALE, WHOSE BROTHER (DRIVER) FAILED TO REMAIN STOPPED AT A TRAFFIC STOP BY LASD DEPUTIES ON THE NIGHT OF 11/10/12. WHILE APPROACHING THE VEHICLE, DEP/S HAD REPORTEDLY SEEN THE DRIVER PASS A GUN TO DECEDENT, WHO WAS SEATED RT FRONT PASSENGER. WHEN THE DRIVER ATTEMPTED TO FLEE, A PURSUIT FOLLOWED. DRIVER PULLED OVER TO LET DEC OUT OF THE VEHICLE DOWN A RESIDENTIAL STREET. HOWEVER, WHEN DEC RAN TOWARD DEP/S, W/ HIS ARM BENT SLIGHTLY UPWARD AT ABOUT HIS WAIST LEVEL, DEP/S OPENED FIRE ON HIM. DRIVER CONTINUED TO ATTEMPT TO FLEE; HOWEVER, WAS LATER ARRESTED. \* PRELIM BODY EXAM REVEALED MULTIPLE (+/-11) APPARENT GSW'S- RT ARM, RT HIP, & TORSO. \*\* PLEASE CONTACT LASD-HOMI DETECTIVES NAVA & WALLS (2)-HOURS PRIOR TO AUTOPSY AT, (323) 574-4915 & (323) 574-4216, RESPECTIVELY; PLEASE SEE CME CASE NOTES FOR CONFIDENTIAL CONTACT NUMBER FOR DA'S INVESTIGATOR ...

SELENA BARRÓS

446970

INVESTIGATOR

DATE

11/12/2012

TIME

15:19

REVIEWED BY

FRED CORRAL

DATE

11/12/2012

TIME

18:15

FORM #3 NARRATIVE TO FOLLOW? ☒



**County of Los Angeles, Department of Coroner  
Investigator's Narrative**



Case Number: 2012-07392

Decedent: DELATRINIDAD, JOSE

**Information Sources:**

- Officer Connor, LASD-HOMI, (323) 890-5500, *as reported*
- Detectives Martindale, Q. Rodriguez, and Walls, LASD- HOMI, (323) 890-5500
- Rosanna Delatrinidad (LNOK/ wife), Hm [REDACTED]

**Investigation:**

On 11/10/12 at approximately 2349 hours, a first-call was received from Officer Connor with LASD-HOMI, reporting the death of an unidentified Hispanic male, who was involved in a deputy-involved shooting. With another call received from LASD indicating they were ready for LACCO response, I was then assigned this investigation by Acting Supervisor Investigator Bee at about 0611 hours. I arrived on scene at 0700 hours, departing at 0848 hours.

**Location:**

Residential Sidewalk: F/o 1916 122<sup>nd</sup> St, Los Angeles, CA 90222

**Informant/Witness Statements:**

I spoke with Detectives Martindale, Q. Rodriguez, and Walls, who in essence, reported the following: On the night of 11/10/12 at about 2218 hours, decedent was a right front passenger in his brother's vehicle, a 1991 Nissan Maxima which a traffic stop had been initiated on as the vehicle drove N/B on Wilmington Ave, south of 122<sup>nd</sup> St. Decedent's brother, currently on parole, initially yielded to the traffic stop. As deputies approached the vehicle on foot, deputies had seen the driver pass a gun to decedent, who was seated as right front passenger. However, as the deputies were still on foot, the driver attempted to flee, having made a right hand turn onto 122<sup>nd</sup> St. A short distance ahead, now at the above-indicated location, driver/ brother pulled over to let decedent out. Meanwhile the deputies had initiated a pursuit and with another assisting police unit, both had arrived at the same location indicated above, stopping west of the suspect vehicle. As the driver/ brother had pulled over toward the right/ south curb next to a parked vehicle, decedent had gotten out and had gone around the front end (east side) of the parked vehicle and had started to run in a western direction on the south sidewalk toward a couple of deputies. As decedent started to run toward deputies, deputies had opened fire on him, reporting decedent had his left arm bent slightly upward at about his waist level. Both deputies opened fire, with (8) shots fired; the casings were collected from the adjacent driveway area. It is believed decedent may have struck the nearby fencing before coming to rest in a supine position on the sidewalk. He was subsequently handcuffed/ one side later removed for EMS intervention. With EMS personnel summoned, responding LACOFD/ Engine 041 paramedics pronounced decedent at scene at 2240 hours, under the direction of Captain Ysaías.

Two deputies had stayed behind on foot as indicated above, while the (2) police one-manned units continued their pursuit of the suspect vehicle. The suspect vehicle collided a short distance away at El Segundo and Avalon Boulevards, with report the driver/ brother had attempted to attend/ 'blend in' at a nearby random party; however, he was subsequently arrested. The driver/ brother had been DUI, later admitting he did have drugs in his vehicle. He had also advised LASD that decedent had had a prior arm injury, which resulted in decedent holding his arm in a bent fashion. At this time, no obvious suspect firearm(s) has been recovered.

The deputy-involved firearms are Beretta's/ 92 F, with the ammunition reported as 9-mm Winchester, Luger copper jacketed hollow points. The firearms and ballistic evidence were collected prior to my arrival.

- All information is preliminary at this time as the investigation is still on going



## County of Los Angeles, Department of Coroner Investigator's Narrative



Case Number: 2012-07392

Decedent: DELATRINIDAD, JOSE

I also spoke with decedent's wife/ Rosanna Delatrinidad, further learning: The family was at a Quinceanera (15-year old birthday) party when a fight broke out; hence, the family decided to leave. She was to follow decedent's brother/ the driver mentioned above, with report decedent was his passenger at the time; however, along the way home, the brother suddenly sped up and the wife lost sight of the vehicle – that was the last time she had seen them. Inquiring as to decedent's injured arm, she said he injured it in a car accident about a couple of years ago, with report the left arm had been "de-gloved" and had become partially detached. Ever since this incident, decedent had no feeling in his arm, unable to control the arm; he would on occasion have to actually move the arm with his other hand. Inquiring as to additional surgery, she mentioned decedent was born a triplet, requiring abdominal surgery as a newborn (7-month preemie); ever since, he is believed to have had some sort of abdominal problems, with report of surgical intervention for a small bowel obstruction in 2002. No further history obtained.

### Scene Description:

The scene was a residential street where decedent was observed down on the south sidewalk, lying supine in front of a fenced-off single family home at the above indicated location. He had been covered with a sheet. His head pointed east, with his feet pointed west. Several chalked areas were observed in the adjacent driveway area. Partially bloodied clothing was observed piled near decedent's head, which were noted to include a blue shirt, a blue tee shirt, and a white tank top. In uncovering decedent, blood was observed on the sidewalk area near the right side upper body. Decedent was observed without upper body clothing, with his pants and underwear apparently cut by EMS personnel; an unknown cut garment, believed as some type of pant/ shorts padding, similar to bicyclist's shorts, was seen on the sidewalk near decedent's right hip region. Additionally, a folded red bandana and decedent's wallet were also seen on the sidewalk area, adjacent to his right knee. Also observed on the sidewalk at decedent's right, was a small metal fragment, which was collected by LASD. Lastly, spots of blood had also been seen atop the brick area of the adjacent home fencing, located in a southwestern direction from where decedent rested.

### Evidence:

While at scene, I collected GSR Kit # C-7732, placing it into Evidence at FSC.

### Body Examination:

Decedent was observed lying in a supine position on a residential sidewalk and had been covered with a sheet. The left side of his upper body came to slightly rest against the adjacent fencing. Decedent did not wear upper body clothing, with some upper clothing observed piled onto the sidewalk adjacent to his head. He was dressed in gray pants and blue underwear, both of which had apparently been cut by EMS personnel. He also wore a black belt, black socks (apparent Converse to right, apparent Izod to left), and black shoes. He also wore a necklace, a watch, and a ring. Facial abrasions were observed, particularly to the right forehead, nasal bridge, and to the left cheekbone areas. Decedent's eyes were partially opened, with note of contact lenses which were removed as property, as the right one was slightly hanging from the eye. The left arm rested across decedent's torso; the right arm was flexed with the hand resting just underneath his right side waist region. A handcuff was observed secured to the right wrist, with the other side noted opened, which dangled onto the sidewalk. The handcuff (serial # 1139617) was removed by Deputy Franklin. Several (+/-6) apparent GSW's were observed about the front side of the body, particularly to the front torso, the right arm, and the right hip. Examination of the backside revealed additional several (+/-5) apparent GSW's, all observed to the mid/ lower back regions, with apparent abrasion also noted to the lower back region. Additional abrasion had also been noted to the elbow regions. No additional obvious signs of trauma observed. Fixed dorsal lividity was observed, appearing consistent with found position. Rigor mortis appeared extreme to the jaw and lower body, appearing severe to the neck and



County of Los Angeles, Department of Coroner  
Investigator's Narrative



Case Number: 2012-07392

Decedent: DELATRINIDAD, JOSE

upper extremities. Algor mortis was recorded with an ambient air temperature of 53.5 degrees F at 0814 hours, with a liver temperature reading of 77.9 degrees at 0819 hours.

\* Note \* When decedent's left arm was moved, a small metal fragment had been seen lying atop his left side torso, collected by LASD.

**Identification:**

Decedent's identification confirmed via Livescan prints: **Main # - 11/11/12 @ 1147 hrs -and- CII # - 11/11/12 @ 1253 hrs.**

**Next of Kin Notification:**

Rosanna Delatrinidad (wife) was notified of decedent's demise via LASD-HOMI Detectives Walls and Nava the same date, 11/11/12, at approximately 0815 hours.

**Tissue Donation:**

Issue not addressed at time of investigation

**Autopsy Notification:**

Please notify LASD Detectives Nava and Walls, as well as DA's Investigator Williams (2)-hours prior to autopsy at: Nava (323) 574-4915, Walls (323) 574-4216, and see CME case notes for confidential contact number for DA's Investigator.

Selena Barros  
SELENA BARROS

Fred Corral  
FRED CORRAL

11.12.12  
Date of Report



# INVESTIGATOR'S CASE ASSIGNMENT FORM

COUNTY OF LOS ANGELES  
DEPARTMENT OF CORONER



**Coroner's Case Number:** 2012-07392  
**Incoming Mode:** HOMICIDE  
**Investigation Type:** FIELD-CALL  
**Mortuary Name:**  
**Decedent's Name:** UNK/M/H,  
**Decedent Birth Date and Age:**  
**Sex:** MALE  
**Race:** HISPANIC/LATIN AMERICAN  
**Date and Time of Death:** 11/10/2012 22:30  
**Death Place:** STREET  
**Hospital Name:**  
**Death Address:** 1916 122ND STREET  
**Death City:** LOS ANGELES  
**Death Zip:** 90001  
**Scene Phone #:**  
**Name of Caller:** OFCR. CONNOR  
**Police Agency:** LASD HOMICIDE  
**Investigating Officer:** DET. NAVA & WALLS  
**Describe Terminal Episode:** DEPUTY INVOLVED SHOOTING. "FIRST CALL".  
**Special Handling Information:** COMMAND POST-CENTURY STATION-11703  
ALAMEDA STREET LYNWOOD 90262. SCENE-  
951-675-1414-DEP. NAVARRTE.  
**NOK Notified:** No  
**NOK Name:**  
**NOK Phone:**  
**Investigator's Name:** SELENA BARROS  
**Date and Time of Call:** 11/10/2012 23:49  
**DME:**  
**Cause A:**