



SHERIFF-CORONER

COUNTY OF RIVERSIDE

STANLEY SNIFF, Sheriff-Coroner

16 DEC -6 AM 10:43

Allison Hunt, M.D.
Forensic Pathologist

AUTOPSY PROTOCOL

NAME OF DECEDENT: HAYES III, EDWARD **FILE NUMBER:** 2016-11771

FINAL DIAGNOSES:

- I. Terminal Event: The decedent, a 52 year-old, male was reportedly stealing palates from a business. Law enforcement responded and Mr. Hayes III fled on foot. He ran across a lot and jumped a sidewall and entered a yard of a residence and subsequently jumped another fence. Officers told him to stop and lay on the ground. Mr. Hayes III complied and laid face down. As he was being handcuffed he complained of shortness of breath. Officers stated that he was very stiff and difficult to handcuff. He was cuffed and rolled onto his back and medical aid was called for. Medics responded and he was transported to the emergency department, but died despite resuscitative efforts. According to law enforcement, no excessive force was used, and no choke holds nor contact with Mr. Hayes III was made at any time, except for handcuffing.
- II. Post-Mortem Examination:
- A. No significant acute trauma.
 - B. Hypertensive and atherosclerotic cardiovascular disease;
 - 1) Cardiomegaly.
 - 2) Critical coronary atherosclerosis.
 - 3) Four chamber dilatation.
 - 4) Atherosclerosis, mild, aorta.
 - 5) Arteriolonephrosclerosis, mild.
 - C. Anterior rib fractures (right four, five, and left two through four, consistent with cardiopulmonary resuscitative efforts).
 - D. Pulmonary hypertension.
 - E. Hepatosplenomegaly.
 - F. Firm liver, without definitive nodularity.
 - G. Severe, diaphragmatic-hepatic adhesions.
 - H. Negative anterior neck dissection.
 - I. No soft tissue or intramuscular hemorrhage, back.
 - J. Firm, fibrotic, biceps tendon (remote, healed rupture).
 - K. Toxicology: Please refer to Toxicology Report.

CAUSE OF DEATH: ACUTE METHAMPHETAMINE INTOXICATION

OTHER SIGNIFICANT CONDITIONS: HYPERTENSIVE AND
ATHEROSCLEROTIC CARDIOVASCULAR DISEASE, RECENT INTENSE
PHYSICAL EXERTION

Law Enforcement Use Only
Not for Public Release

"I hereby certify that I, Allison Hunt, M.D., Forensic Pathologist, have performed an autopsy on the body of Edward Hayes III, on October 31st, 2016, commencing at 12:40 p.m., at the Perris Office of the Riverside County Sheriff-Coroner. The autopsy was completed at 2:20 p.m."

The body is received in a sealed body bag (red seal "052932") with a white tag containing the inscription "2016-11771".

ATTENDEES:

Coroner Technician: Rachel Munoz
Forensic Technician: Craig Wills
Riverside Police Department: Selena McKay-Davis and Jim Brandt

TRACE EVIDENCE:

The hands were processed at the scene, prior to autopsy.

CLOTHING:

The decedent is clad in jeans, blue athletic shorts and a white sock on the left foot. A white sock and two Converse shoes accompany the decedent in the body bag and have been removed for placement of the toe tag. A peripheral blood sample is in a biohazard bag, inside of the body bag, which was collected by the deputy at the scene.

EXTERNAL EXAMINATION:

The body is that of a well-developed, well-nourished, 6 foot, 223 pound (BMI = 30.2 kg/m²), male who appears the reported age of 52 years. The body is refrigerated. Rigor mortis is fully developed and symmetric in the major muscle groups. Livor mortis is fixed over the posterior aspect of the body except over pressure points.

The head and neck have purple-red congestion. The scalp has light brown/gray hair. Facial hair consists of a brown/gray mustache. The irides are green. The sclerae are congested and the left sclerae has two, focal areas of hemorrhage. No conjunctival petechiae are identified. The upper alveolar ridge is edentulous. The lower alveolar ridge contains natural teeth in poor repair.

The neck, chest and abdomen have no external injury. The chest is symmetric. The abdomen is mildly protuberant. The external genitalia are those of a normal, adult, uncircumcised male. The testes are within the scrotum.

The upper and lower extremities are symmetric, normally developed, and have no palpable fractures. A white identification tag on the right great toe has the inscription "2016-11771". The bicep area of the left upper arm shows abnormal curvature with a "bulging" muscle in this area. Dissection reveals a previously ruptured biceps tendon, which is healed and fibrotic. No acute trauma is identified in this area. A handcuff is locked around the left wrist.

The posterior aspect of the body is normal and atraumatic.

EVIDENCE OF MEDICAL INTERVENTION:

An endotracheal tube and orogastric tube are within the mouth. Intravenous access is in the bilateral, antecubital fossae.

IDENTIFYING MARKS AND SCARS:

A polychromatic tattoo of a dragon and wizard is on the right upper arm. A polychromatic tattoo of a bird-dragon type figure and a woman warrior is on the right upper arm. A monochromatic tattoo of a dragon is on the left upper arm. A monochromatic tattoo of the inscription "DAGO" is on the posterior aspect of the left arm. A polychromatic tattoo of flames is on the left wrist. A monochromatic tattoo of thorn-type design encircles the right wrist. A monochromatic tattoo of a swastika is on the medial aspect of the right lower leg.

EVIDENCE OF INJURY:

The left sclerae has two areas of focal hemorrhage. Scattered, red abrasions are on the left anterior lower leg.

INTERNAL EXAMINATION:

The reflected scalp has no injury. The calvarium and base of the skull have no fractures. The dura mater and falx cerebri are intact and have no epidural or subdural collections of blood. The leptomeninges are thin and there is no subarachnoid hemorrhage or exudate. The brain is 1370 grams. The cerebral gyri and sulci are mildly edematous. The parenchyma has a moderately, dusky, anoxic appearance. The cerebrum has a well-demarcated gray-white interface and no identifiable tumors or lesions. The circle of Willis is complete, has minimal atherosclerosis, and no malformation. The brainstem and cerebellum are symmetrical. The cranial nerves are intact. The pituitary gland is normal.

The anterior muscles of the neck are soft, red-brown and have no hemorrhage. Layered, anterior neck dissection reveals no hemorrhage of the anterior strap muscles. The larynx and trachea are lined by intact, tan mucosa. The hyoid bone, and thyroid and cricoid cartilages are intact. The thyroid gland is beefy-red and has no discrete masses.

The anterior chest wall and abdominal wall have no abnormalities. The bilateral, pleural cavities have no adhesions and no abnormal fluid collections. The right aspect of the liver has severe adhesions to the right aspect of the diaphragm.

The 860 gram right lung and 800 gram left lung are normally lobated. The visceral pleural surfaces are purple-red and have a moderate amount of anthracotic pigment deposition. The major bronchi are patent and the mucosa is tan and intact. The parenchyma is purple-red, exudes a moderate amount of pink tinged fluid, and has no palpable consolidations or tumors. The perihilar lymph nodes are enlarged and anthracotic. The proximal pulmonary arteries are patent and contain hypertensive plaques.

The pericardial sac is intact and contains a physiologic amount of thin, yellow fluid. The 510 gram heart has a smooth glistening surface with an increased amount of adipose tissue. The coronary arteries arise normally and have a right dominant configuration. The coronary ostia are patent. The left anterior descending and right coronary arteries have up to 90% stenosis by multifocal areas of atherosclerosis. The left circumflex coronary artery has up to 75% stenosis by multifocal areas of atherosclerosis. The bilateral, atria are dilated. The fossa ovalis is fused. The atrial appendages are free of antemortem thrombi. The endocardium is smooth and glistening. The myocardium is dark red-brown and has no areas of fibrosis or hemorrhage. The bilateral, ventricles are dilated. The mitral valve is mildly thickened. The chordae tendineae are thickened and elongated. The aorta branches normally and has mild atherosclerosis.

The 2640 gram liver has a smooth and transparent capsule. The firm, red-tan parenchyma has a homogeneous lobular pattern with no lesions or definitive nodules. The right aspect of the liver has severe adhesions to the overlying diaphragm. Approximately 25 milliliters of bile and no calculi are within the gallbladder. The vessels of the porta hepatis are normal. The pancreas has normally lobulated, red-tan, rubbery, parenchyma with no foci of calcification. The 340 gram spleen has an intact, tan, wrinkled capsule. The parenchyma is maroon, boggy and without lesions.

The tongue is normal. The esophagus is normal and the gastroesophageal junction is well demarcated. The stomach contains 700 milliliters of partially digested food particles and tan liquid. The gastric mucosa is tan, smooth, and has a normal pattern of rugal folds. The pylorus and duodenum have no abnormalities. The small intestine, colon and rectum are of normal caliber and have no palpable masses. The vermiform appendix is normal.

The adrenal glands are normal. The 230 gram right kidney and 210 gram left kidney have mildly granular cortical surfaces. The renal parenchyma is congested and has well-defined corticomedullary junctions. The renal arteries are patent. The pelves and ureters are patent, free of calculi, and of normal caliber. The ureters enter the bladder normally. The urinary bladder contains 5 milliliters of cloudy, yellow urine. The bladder mucosa is smooth and white-tan.

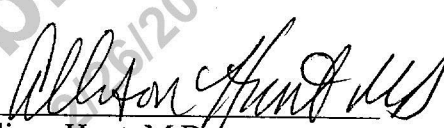
The prostate gland has tan, rubbery, parenchyma without lesions or nodules. The testes are normal.

There are no fractures of the clavicles, sternum, vertebral column or pelvis.

Incision were made extending from the base of the occiput down the midline of the back and shoulder to shoulder across the back. The skin and soft tissue are reflected to expose the back. No hemorrhage is identified within the soft tissue or musculature of the back.

TOXICOLOGY:

Please refer to Toxicology Report.


Allison Hunt, M.D.
Forensic Pathologist

12-2-16
Date

AH/cm
12/01/2016