

**SHERIFF-CORONER**  
**COUNTY OF RIVERSIDE**  
STANLEY SNIFF, Sheriff-Coroner

Allison Hunt, M.D.  
Forensic Pathologist

**AUTOPSY PROTOCOL**

**NAME OF DECEDENT:** SMITH, DOMINIC      **FILE NUMBER:** 2016-14127

**FINAL DIAGNOSES:**

- I. Terminal Event: The decedent, a 37 year-old, male was behaving erratically and hitting himself with nun chucks outside a Stater Bros grocery store. Officers arrived on scene and ordered him onto the ground. He complied and also stated that he had "a bunch of meth". Officers noted that his chest appeared to be "fluttering really fast" and he was placed into a recovery position. He then became unresponsive. Officers removed handcuffs and administered CPR. AMR responded and he was transported to the hospital, but died despite resuscitative efforts.
- II. Post-Mortem Examination:
- A. Scattered, cutaneous contusions and abrasions.
  - B. No significant acute trauma.
  - C. Hepatosteatosis.
  - D. Scarring, mild, bilateral, kidneys.
  - E. Occasional cysts, bilateral, kidneys.
  - F. Toxicology: Please refer to Toxicology Report.

**CAUSE OF DEATH:**                      **ACUTE HEROIN AND METHAMPHETAMINE  
INTOXICATION**

"I hereby certify that I, Allison Hunt, M.D., Forensic Pathologist, have performed an autopsy on the body of Dominic Smith, on January 3<sup>rd</sup>, 2017, commencing at 9:30 a.m., at the Perris Office of the Riverside County Sheriff-Coroner. The autopsy was completed at 10:45 a.m. in Perris."

**ATTENDEES:**

Coroner Technician: Ivy Zandoval  
Forensic Technician: Erika Arballo  
Riverside Police Department: Sue Lane and Dave Smith

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**CLOTHING:**

The decedent is received unclad.

**TRACE EVIDENCE:**

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

**EXTERNAL EXAMINATION:**

The body is that of a well-developed, well-nourished, 5 foot 7 inch, 171 pound (BMI = 26.8 kg/m<sup>2</sup>), male who appears the reported age of 37 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 cutaneous injuries as described below. The scalp hair is black-gray and has a male pattern balding configuration. Facial hair consists of a full black-gray trimmed beard and mustache. The irides are green. The sclerae and conjunctivae are pale and have no petechiae. The bridge of the nose is intact. The facial bones have no palpable fractures. The external auditory canals are patent and have no discharge or drainage. The teeth are natural and in fair repair. The oral mucosa is atraumatic.

The neck has no external injury. The chest is symmetric. The abdomen is flat. The external genitalia are those of a normal, adult, circumcised male. The testes are within the scrotum.

The upper and lower extremities are symmetric, normally developed, and have no palpable fractures. The extremities have cutaneous injuries as described below. A tan identification tag on the right great toe has the inscription "2016-14127".

The posterior aspect of the body has minimal trauma.

There is no evidence of significant acute trauma.

**EVIDENCE OF MEDICAL INTERVENTION:**

An endotracheal tube is within the mouth. Electrocardiogram leads are on the back and abdomen. A hospital identification bracelet is around the left wrist. Intraosseous access is in the left anterior lower leg.

**IDENTIFYING MARKS AND SCARS:**

An irregular scar is on the posterior parietal scalp. Multiple irregular scars are on the left arm. Purple-white, indurated track marks are near the left antecubital fossa.

A monochromatic tattoo of a dragon and a crown is on the left upper chest. A full sleeve of monochromatic tattoos are on the right arm and consists of skulls, roses, and clouds. A monochromatic tattoo of the letter "D" is on the left anterior thigh.

**EVIDENCE OF INJURY:**

On the left aspect of the forehead and left temporoparietal scalp are scattered red contusions. A red contusion is lateral of the left eye. Scattered red abraded contusions are on the right aspect of the forehead and right superior parietal scalp. A patterned purple-red abraded contusion is on the right cheek. Focal small red abrasions are beneath the lower lip and on the submental aspect of the chin. The left temporalis muscle has focal hemorrhage. There is no underlying skull fracture or significant cerebral trauma.

A red contusion is on the central chest. A red-purple abraded contusion is on the right hip/right inguinal area. A purple-red contusion is in the left inguinal area. A red abrasion is on the left hip.

Focal red abrasions are on the right bicep and ventral aspect of the right forearm. A red-brown contusion and scattered brown-red abrasions are on or about the right elbow. Small red-brown abrasions are on the dorsal aspect of the right forearm. A small red abrasion is on the right wrist. A large purple-red abraded contusion is on the dorsal aspect of the right hand. A purple-red contusion is on the right third metacarpal area. Small scattered abrasions are on the dorsal aspect of the right hand. Focal red abrasions and red-purple contusions are on the medial aspect of the left upper arm and left antecubital fossa area. Scattered brown-red abrasions are on the ventral aspect of the left forearm. A red contusion is on the left elbow. A red abraded contusion is on the dorsal aspect of the left forearm. Multiple red contusions are on the dorsal aspect of the left wrist. A purple-red contusion is on the dorsal aspect of the left hand. The right proximal thigh has a red contusion. A large red contusion containing focal areas of abrasion is on the medial aspect of the right knee. Small red abrasions are on the right knee. A red contusion is on the right anterior lower leg in the midline. Small scattered abrasions are on the right anterior lower leg. Multiple red contusions and focal abrasions are on or about the left knee. A red contusion is on the medial aspect of 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 1490 grams. The cerebral gyri and sulci are edematous. The cerebrum has a well-demarcated gray-white interface and no identifiable tumors or lesions. The circle of Willis is complete, has no 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. 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 and abdominal cavity have no adhesions and no abnormal fluid collections.

The 830 gram right lung and 770 gram left lung are normally lobated. The visceral pleural surfaces are purple-red and have a minimal amount of anthracotic pigment deposition. The major bronchi are patent and the mucosa is tan and intact. The parenchyma is purple-red, exudes a severe amount of pink tinged fluid, and has no palpable consolidations or tumors. The perihilar lymph nodes are inconspicuous. The vasculature is patent.

The pericardial sac is intact and contains a physiologic amount of thin, yellow fluid. The 350 gram heart has a smooth, glistening epicardial surface with a normal amount of adipose tissue. The coronary arteries arise normally and have a right dominant configuration. The coronary ostia are patent. The three main coronary arteries have minimal atherosclerosis. The atria are of normal size and 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 left and right ventricles are 1.3 and 0.4 centimeters in thickness, respectively. The valves are normal. The chordae tendineae are normal. The aorta branches normally and has no atherosclerosis.

The 1730 gram liver has a smooth and transparent capsule. The greasy, yellow-tan parenchyma has a homogeneous lobular pattern with no lesions or definitive nodules. 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 100 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 200 milliliters of tan-brown liquid and partially digested food particles. 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.

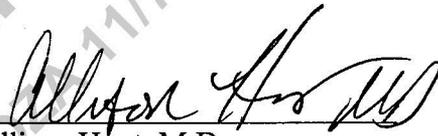
The adrenal glands are normal. The 120 gram right kidney and 130 gram left kidney have smooth cortical surfaces. The bilateral, kidneys have scattered deep pitted scars and occasional cysts. The renal parenchyma is congested and has well-defined corticomedullary junctions. The renal arteries are patent. The pelves and ureters are patent, free of calculi, and of normal caliber. The ureters enter the bladder normally. The urinary bladder contains 250 milliliters of 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, ribs, sternum, vertebral column or pelvis.

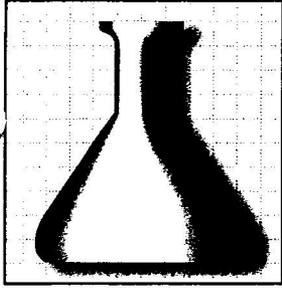
**TOXICOLOGY:**

Please refer to Toxicology Report.

  
Allison Hunt, M.D.  
Forensic Pathologist

1-27-17  
Date

AH/cm  
01/25/2017

**BIO-TOX**

# Bio-Tox LABORATORIES



Laboratory Director  
Erin Crabtree, M.S., D-ABFT-FT

Toxicologist  
Ola Bawardi, M.S.

Toxicologist  
Kristen Steward, M.S.

RIVERSIDE CORONER  
800 S. REDLANDS  
PERRIS, CA 92570

2016-14127  
SMITH, DOMINIC

PATIENT NAME		SEX	DATE OF DEATH	
SMITH, DOMINIC		M	12/29/16	
BTL NUMBER	REQUESTING AGENCY	REQUESTED BY	AGENCY NUMBER	
7-40260-0	7400	GONZALEZ	2016-14127	
SPECIMEN	DATE COLLECTED	TIME TAKEN	DATE RECEIVED	DATE REPORTED
FEM BLD	12/29/16	21:46	01/04/17	01/12/17

COMPREHENSIVE DRUG PANEL:  
METHODOLOGIES TO INCLUDE IMMUNOASSAY, GAS AND/OR LIQUID CHROMATOGRAPHY/MASS SPECTROMETRY. SAMPLE SCREENED FOR MINIMUM 150 COMMON ACIDIC, BASIC OR NEUTRAL DRUGS.

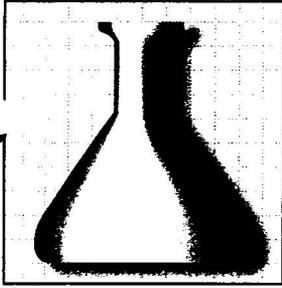
TEST	RESULTS
ALCOHOL, ETHYL BLOOD	0.00% (W/V)
AMPHETAMINES	DETECTED
METHAMPHETAMINE, LC/MS/MS	1.420 mg/L
AMPHETAMINE, LC/MS/MS	0.048 mg/L

ANALYSIS BY: ERIN CRABTREY,  
MANDY LEUNG, KRISTEN STEWARD  
AND OLA BAWARDI

NOTE: NAME ON SAMPLE

IS U461-16

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2016-14127  
SMITH, DOMINIC

PATIENT NAME		SEX	DATE OF DEATH	
SMITH, DOMINIC		M	12/29/16	
BTL NUMBER	REQUESTING AGENCY	REQUESTED BY	AGENCY NUMBER	
7-40260-1	7400	GONZALEZ	2016-14127	
SPECIMEN	DATE COLLECTED	TIME TAKEN	DATE RECEIVED	DATE REPORTED
FEM BLD	12/29/16	21:46	01/04/17	01/12/17

TEST

RESULTS

OPIATES

DETECTED

MORPHINE, LC/MS/MS

less than 0.005 mg/L

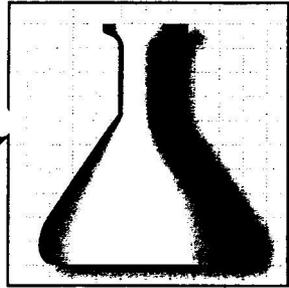
NALOXONE, LC/MS/MS

0.119 mg/L

ANALYSIS BY: MANDY LEUNG

AND KRISTEN STEWARD

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2016-14127  
SMITH, DOMINIC

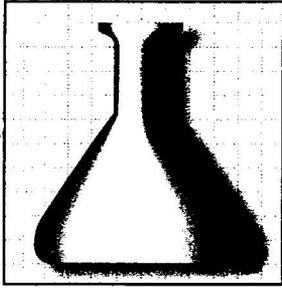
PATIENT NAME		SEX	DATE OF DEATH	
SMITH, DOMINIC		M	12/29/16	
BTL NUMBER	REQUESTING AGENCY	REQUESTED BY	AGENCY NUMBER	
7-40261-2	7400	GONZALEZ	2016-14127	
SPECIMEN	DATE COLLECTED	TIME TAKEN	DATE RECEIVED	DATE REPORTED
URINE	01/03/17	:	01/04/17	01/20/17

COMPREHENSIVE DRUG PANEL:  
METHODOLOGIES TO INCLUDE IMMUNOASSAY, GAS AND/OR LIQUID CHROMATOGRAPHY/MASS SPECTROMETRY. SAMPLE SCREENED FOR MINIMUM 150 COMMON ACIDIC, BASIC OR NEUTRAL DRUGS.

TEST	RESULTS
ALCOHOL, ETHYL URINE	0.00% (W/V)
AMPHETAMINES	DETECTED
METHAMPHETAMINE, LC/MS/MS	greater than 50.000 mg/L
AMPHETAMINE, LC/MS/MS	4.230 mg/L

ANALYSIS BY: ERIN CRABTREY,  
MANDY LEUNG, KRISTEN STEWARD  
AND OLA BAWARDI

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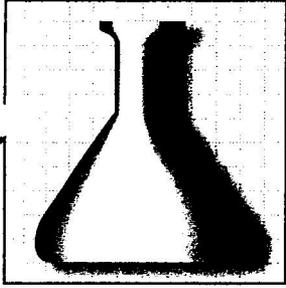
2016-14127  
SMITH, DOMINIC

PATIENT NAME		SEX	DATE OF DEATH
SMITH, DOMINIC		M	12/29/16
BTL NUMBER	REQUESTING AGENCY	REQUESTED BY	AGENCY NUMBER
7-40261-3	7400	GONZALEZ	2016-14127
SPECIMEN	DATE COLLECTED	TIME TAKEN	DATE RECEIVED
URINE	01/03/17	:	01/04/17
			DATE REPORTED
			01/20/17

TEST	RESULTS
OPIATES	DETECTED
MORPHINE TOTAL, LC/MS/MS	17.200 mg/L
CODEINE, LC/MS/MS	0.440 mg/L
MONOACETYLMORPHINE, LC/MS/MS	0.330 mg/L
DOXYLAMINE, LC/MS/MS	0.016 mg/L

ANALYSIS BY: MANDY LEUNG  
AND KRISTEN STEWARD

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2016-14127  
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PATIENT NAME	SEX	DATE OF DEATH
SMITH, DOMINIC	M	12/29/16

BTL NUMBER	REQUESTING AGENCY	REQUESTED BY	AGENCY NUMBER
7-40262-4	7400	GONZALEZ	2016-14127

SPECIMEN	DATE COLLECTED	TIME TAKEN	DATE RECEIVED	DATE REPORTED
VITREOUS	01/03/17	:	01/04/17	01/10/17

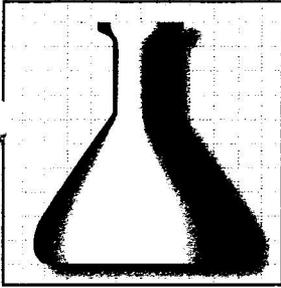
EXPANDED IMMUNOASSAY DRUG SCREEN

VITREOUS SCREENED FOR:  
AMPHETAMINES (METHAMPHETAMINE, AMPHETAMINE), BENZODIAZEPINES, CANNABINOIDS,  
COCAINE AND/OR METABOLITE, OPIATES (MORPHINE, CODEINE), PHENCYCLIDINE (PCP),  
BARBITURATES AND ALCOHOL.

TEST	RESULTS
ALCOHOL, ETHYL VITREOUS	0.00% (W/V)
AMPHETAMINES	DETECTED
METHAMPHETAMINE, LC/MS/MS	1.840 mg/L
AMPHETAMINE, LC/MS/MS	0.071 mg/L

ANALYSIS BY: ERIN CRABTREE,  
MANDY LEUNG & OLA BAWARDI

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BTL NUMBER	REQUESTING AGENCY	REQUESTED BY	AGENCY NUMBER
7-40262-5	7400	GONZALEZ	2016-14127

SPECIMEN	DATE COLLECTED	TIME TAKEN	DATE RECEIVED	DATE REPORTED
VITREOUS	01/03/17	:	01/04/17	01/10/17

TEST

RESULTS

OPIATES

DETECTED

MORPHINE, LC/MS/MS

0.015 mg/L

MONOACETYLMORPHINE, LC/MS/MS

0.004 mg/L

ANALYSIS BY: MANDY LEUNG

AND KRISTEN STEWARD

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