

12

AUTOPSY REPORT

No.

2011-06936

NIDA, MICHAEL

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

Los Angeles, California on OCTOBER 25, 2011 @ 0800 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

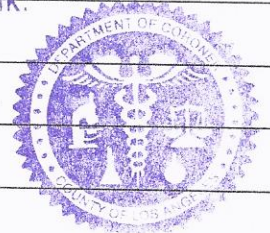
This is a true certified copy of the record
 if it bears the seal of the department of
 Coroner imprinted in purple ink.

(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:

Anthony T. Humphrey



DIRECTOR
 DEPARTMENT OF CORONER
 LOS ANGELES COUNTY, CALIFORNIA

Anatomical Summary:

- I. The decedent is a 31-year-old Hispanic male who is 70 inches tall and weighs 145 pounds. He reportedly was shot on October 22, 2011 at approximately 1950 hours. He was transported to the hospital and was officially pronounced dead on October 22, 2011 at 2018 hours. The above information is taken from the Coroner's Investigation's report.
- II. A total of four gunshot wound tracks are noted. Gunshot wound #4 has an atypical entrance surrounded by abrasions; the possibility that this gunshot wound represents a reentrance from one of the other gunshot wounds cannot be excluded.
- III. No soot or stippling is identified anywhere on the body and the range of fire of all of the gunshot wounds is opined to be indeterminate.
- IV. Gunshot wound #1 to left torso, perforating, fatal.
 - A. Entry: Left torso 16 inches from the top of the head and 7 inches left of the midline; entrance wound measures 1/2 inch x 1/2 inch; no soot or stippling.
 - B. Direction: Left to right, back to front, upward.
 - C. Path: Skin of left torso, fracture left 6th rib, left lower lung lobe, left upper lung lobe, left 3rd intercostal space, soft tissue, exit left chest.
 - D. Exit: The exit wound is situated on the left chest 15-3/4 inches from the top of the head and 1 inch left of the midline; please see autopsy photographs (exit gunshot wound #1 and exit gunshot wound #2 are very closely spaced); the overall complex exit gunshot wound defect measures 1-1/4 inch x 1 inch; no soot or stippling; an associated 3 inch x 2 inch ecchymosis is present.

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- E. Projectile: None recovered.
F. Associated injury: A total of 300 cc left hemothorax is opined to be due to both gunshot wounds 1 and 2.
G. Range of fire: Indeterminate.
- V. Gunshot wound #2 to left torso, perforating, fatal.
- A. Entry: Left torso 17-1/4 inches from the top of the head and 6-3/4 inches left of the midline; entrance wound measures 1/2 inch x 7/16 inch; no soot or stippling.
B. Direction: Left to right, back to front, upward.
C. Path: Skin of left torso, fracture left 7th rib, left lower lung lobe, left upper lung lobe, left 3rd intercostal space, soft tissue, exit left chest.
D. Exit: The exit wound is situated on the left chest 15-3/4 inches from the top of the head and 1 inch left of the midline with complex exit wounds of gunshot wounds 1 and 2 measuring 1-1/4 inch x 1 inch with an associated 3 inch x 2 inch ecchymosis; no soot or stippling.
E. Projectile: None recovered.
F. Associated injury: 300 cc left hemothorax is opined to be the result of gunshot wounds 1 and 2.
G. Range of fire: Indeterminate.
- VI. Gunshot wound #3 to the left arm, perforating, sub-lethal.
- A. Entry: Left arm 7-3/4 inches from the top of the shoulder and 2 inches left of the midline of the arm; entrance wound measures 6/16 inch x 6/16 inch; no soot or stippling.
B. Direction: Left to right, back to front, downward.
C. Path: Skin of left arm, soft tissue, exit left arm.
D. Exit: Left arm 8 inches from the top of the shoulder and 3/4 inches left of the midline of the arm; exit wound measures 1 inch x 11/16 inches; no soot or stippling.
E. Projectile: None recovered.
F. Range of fire: Indeterminate.
- VII. Gunshot wound track #4 to distal left upper extremity, penetrating, sub-lethal.

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- A. Entry: The atypical entrance gunshot wound is situated on the distal left upper extremity 21 inches from the top of the shoulder and 1 inch left of the midline of the arm; the irregular entrance wound measures 1-1/4 inch x 3/4 inch and has an associated ecchymosis; no soot or stippling; an associated 4 inch x 1 inch area of abrasions ranging in size from 1/4 inch x 1/4 inch to 3/16 inch x 3/16 inch is also noted.
- B. Direction: Left to right, back to front, downward.
- C. Path: Skin of distal left upper extremity, soft tissue, fracture left radius, fracture bones of left hand, projectile fragments recovered from left wrist and left hand and submitted into evidence safe (the projectile fragments are photographed).
- D. Range of fire: Indeterminate.
- VIII. Superficial scratches on right arm.
- A. Superficial scratch situated on the right arm 19-1/2 inches from the top of the shoulder and 1/2 inch right from the midline of the arm; superficial scratch measures 1/2 inch x 1/16 inch.
- B. Superficial scratch situated on right arm 20 inches from the top of the shoulder and 1/2 inch right from the midline of the arm; superficial scratch measures 11/16 inch x 1/8 inch.
- IX. 11/16 inch x 7/16 inch abrasion situated on right leg.
- X. Abrasions on the head range in size from 10/16 inch x 6/16 inch to 5/16 inch to 1/4 inch.
- XI. 7/16 inch x 7/16 inch abrasion situated on right upper extremity.
- XII. Ecchymoses situated on the right upper extremity range in size from 3/4 inch x 1/2 inch to 1/2 inch x 6/16 inch.
- XIII. Both earlobes have been pierced in the past.
- XIV. The decedent has multiple tattoos; the reader is referred to the autopsy photographs and the Coroner's Investigation's report for further information regarding the tattoos.
- XV. An endotracheal tube is in place; the right arm antecubital fossa has a puncture site; no evidence of operative medical intervention is identified.

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XVI. No other autopsy evidence of trauma is identified.

XVII. Please see separate Toxicology report.

SUMMARY OF EVENTS:

The decedent is a 31-year-old Hispanic male who was officially pronounced dead on October 22, 2011 at 2018 hours. The reader is referred to the Coroner's Investigation's report for further information regarding the circumstances of the shooting.

EVIDENCE OF INJURY:

The injuries are arbitrarily sequenced for the convenience of the Examiner, and do not indicate the sequence of injuries. The reader is referred to the Anatomical Summary for a detailed description of the injuries.

Note: For the remainder of the autopsy report, the following observations are limited to findings other than injuries, if described above. In particular, the descriptions of the skin, soft tissue, bones, organs, and other structures specifically refer only to the non-injured portions of those parts of the body.

EXTERNAL EXAMINATION:

The body is identified by toe tags and is that of an unembalmed, refrigerated adult Hispanic male who appears about the reported age of 31 years. The body weighs 145 pounds, measures 70 inches in height, and is well-nourished. Both earlobes have been pierced in the past. The decedent has multiple tattoos. Reduced posterior non-blanching livor mortis is present. Rigor mortis has presumably been altered/abolished.

The head is normocephalic and has short straight black hair on the scalp; no balding is identified; mustache hair and beard hair are present. Examination of the eyes reveals irides that are brown and sclerae that are white. There are no petechial hemorrhages of the conjunctivae of the lids or the sclerae. The oronasal passages are unobstructed. Upper and lower teeth are present. The neck is unremarkable. There is no chest deformity. There is no increased anterior-posterior diameter. The abdomen is not unusual. The genitalia are those of an adult male. The external genitalia are without trauma or lesions. The extremities show no edema.

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Page 5**CLOTHING:**

No defects, soot, or propellant particles corresponding to the gunshot wounds of the decedent are identified on any of the items of clothing available for examination at the time of the autopsy dissection. Any clothing that is available may be examined by a criminalist if range of fire is an issue. The clothing consists of as follows: Cut belt, pair of socks, cut brief, cut sweatpants, and cut jeans.

INITIAL INCISION:

The body cavities are entered through the standard coronal incision and the standard Y-shaped incision. The left upper extremity is also dissected.

NECK:

No foreign material is present in the mouth, upper airway, or trachea. The neck organs are removed en bloc with the tongue. No lesions are present nor is trauma of 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.

CHEST/ABDOMINAL CAVITY:

The left pleural cavity contains 300 cc of blood. The right pleural cavity contains no blood. The lungs are partly collapsed. Soft tissues of the thoracic and abdominal walls are well-preserved. The subcutaneous fat of the chest wall measures $\frac{1}{4}$ inch. The subcutaneous fat of the abdominal wall measures $\frac{3}{8}$ inches. The breasts are examined and sectioned in the usual manner and show no abnormalities. The organs of the abdominal cavity have a normal arrangement and none are absent. There is no fluid collection. The peritoneal cavity is without evidence of peritonitis. There are no adhesions.

MUSCULOSKELETAL SYSTEM:

No abnormalities of the uninjured bony framework or muscles are identified.

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Page 6**CARDIOVASCULAR SYSTEM:**

The aorta is elastic and of even caliber throughout with vessels distributed normally from it. The aorta shows no atherosclerosis. There is no tortuosity or widening of the thoracic segment. There is no dilation of the lower abdominal segment. No aneurysm is present. The major branches of the aorta show no abnormality. Within the pericardial sac there is a minimal amount of serous fluid. The heart weighs 250 grams. The heart shows no gross focal lesions. The right ventricular myocardial thickness is 0.4 cm, the left ventricular myocardial thickness is 1.5 cm, and the interventricular septal myocardial thickness is 1.6 cm. The chambers are normally developed and are without mural thrombosis. The valves are thin, leafy, and competent. The circumferences of the valve rings are: Tricuspid valve 11.8 cm, pulmonic valve 6.3 cm, mitral valve 8.3 cm, and aortic valve 5.7 cm. There is no endocardial discoloration. There are no infarcts of the myocardium. There is no abnormality of the apices of the papillary musculature. There are no defects of the septum. The great vessels enter and leave in a normal fashion. The ductus arteriosus cannot be probed. The coronary ostia are widely patent. There is no atherosclerosis of the major coronary arteries. No focal endocardial, valvular, or myocardial lesions are seen. The blood within the heart and large blood vessels is liquid.

RESPIRATORY SYSTEM:

No blood is found in the lower bronchial or upper respiratory passages. The lungs are subcrepitant and congestion is present. The left lung weighs 310 grams. The right lung weighs 320 grams. Cut sectioning of the left lung shows no abnormalities of the uninjured parenchyma. The right lung is grossly unremarkable upon cut sectioning. The pulmonary vasculature is without thromboembolism.

GASTROINTESTINAL SYSTEM:

The esophagus is intact throughout. The stomach is not distended. It contains semi-soft tan material. The gastric mucosa is grossly unremarkable. Portions of tablets and capsules cannot be discerned in the stomach. The small intestine and colon are opened along the anti-mesenteric border and are grossly unremarkable. The appendix is present. The pancreas occupies a normal position. There is no trauma. The parenchyma is lobular and firm. The pancreatic ducts are not ectatic and there is no parenchymal calcification.

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HEPATOBIILIARY SYSTEM:

The liver weighs 1260 grams, is of average size, and is red-brown. The capsule is intact and the consistency of the parenchyma is soft. The cut surface is smooth. There is a normal lobular arrangement. The gallbladder is present. The wall is thin and pliable. It contains 1 cc of bile and no calculi. There is no obstruction or dilation of the extrahepatic ducts. The periportal lymph nodes are not enlarged.

URINARY SYSTEM:

The left kidney weighs 80 grams. The right kidney weighs 80 grams. The kidneys are normally situated and the capsules strip easily, revealing a surface that is unremarkable. The kidneys show pale parenchyma upon cut sectioning. The corticomedullary demarcation is preserved. The pyramids are not remarkable. The ureters are without dilation or obstruction and pursue their normal course. The urinary bladder is unremarkable. It contains 2 cc of yellow urine.

GENITAL SYSTEM (MALE):

The prostate is without enlargement or nodularity. Both testes are in the scrotum and are unremarkable and without trauma.

HEMOLYMPHATIC SYSTEM:

The spleen weighs 80 grams and is of average size. The capsule is intact. The parenchyma is dark red. There is no increased follicular pattern. Lymph nodes throughout the body are small and inconspicuous. The uninjured bone is not remarkable. The bone marrow of the uninjured ribs is unremarkable.

ENDOCRINE SYSTEM:

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

SPECIAL SENSES:

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

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Page 8**HEAD AND CENTRAL NERVOUS SYSTEM:**

There is no subcutaneous or subgaleal hemorrhage in the scalp. The external periosteum and dura mater are stripped showing no fractures of the calvarium or base of the skull. There are no tears of the dura mater. There is no epidural, subdural, or subarachnoid hemorrhage. The brain weighs 1360 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. There is no softening, discoloration, or hemorrhage of the white matter. The basal ganglia are intact. Anatomic landmarks are preserved. Cerebral contusions are not identified. The ventricular system is unremarkable 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. There are no aneurysms. The cranial nerves are intact, symmetrical, normal in size, location, and course. The cerebral arteries show no atherosclerosis.

SPINAL CORD:

The spinal cord is not dissected. The neck has a normal range of motion. No prevertebral fascial hemorrhage is identified. No external sign of vertebral column trauma is identified.

HISTOLOGIC SECTIONS:

Representative sections from various organs are preserved in one storage jar in 10% formalin. A portion of the stomach contents is also stored in a regular sized storage jar containing 10% formalin.

TOXICOLOGY:

Heart blood, bile, liver, urine, stomach contents, and vitreous humor have been submitted to the laboratory. A comprehensive screen was requested.

PHOTOGRAPHY:

Autopsy photographs are taken.

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RADIOLOGY:

Nine x-rays are obtained.

WITNESSES:

1. Los Angeles County District Attorney Senior Investigator Jeff Scott.
2. Los Angeles County Sheriff's Department Homicide Detective Adan Torres.
3. Los Angeles County Sheriff's Department Homicide Detective Jeffrey S. Leslie.
4. City of Downey Police Department Administrative Division Lieutenant Ron Olson.

DIAGRAMS USED:

Diagram Form 20 was used during the performance of the autopsy. The diagram is not intended to be a facsimile. In addition, Dr. Panchal prepared a photocopy of the projectile and included this photocopy in the autopsy report.

OPINION:

The cause of death of this 31-year-old Hispanic male is multiple gunshot wounds. No soot or stippling is identified anywhere on the body, and the range of fire of all of the gunshot wounds is opined to be indeterminate. The manner of death is deemed homicide.

Ajay J. Panchal

AJAY J. PANCHAL, M.D.
DEPUTY MEDICAL EXAMINER

DATE

AJP:bbtt/sp
D:10/25/11 @ 1245 HOURS
T:10/27/11 @ 1700 HOURS

This is a true certified copy of the report.
 It bears the seal of the department of
 Coroner imprinted in purple ink.

DIRECTOR
 DEPARTMENT OF CORONER
 LOS ANGELES COUNTY CALIFORNIA

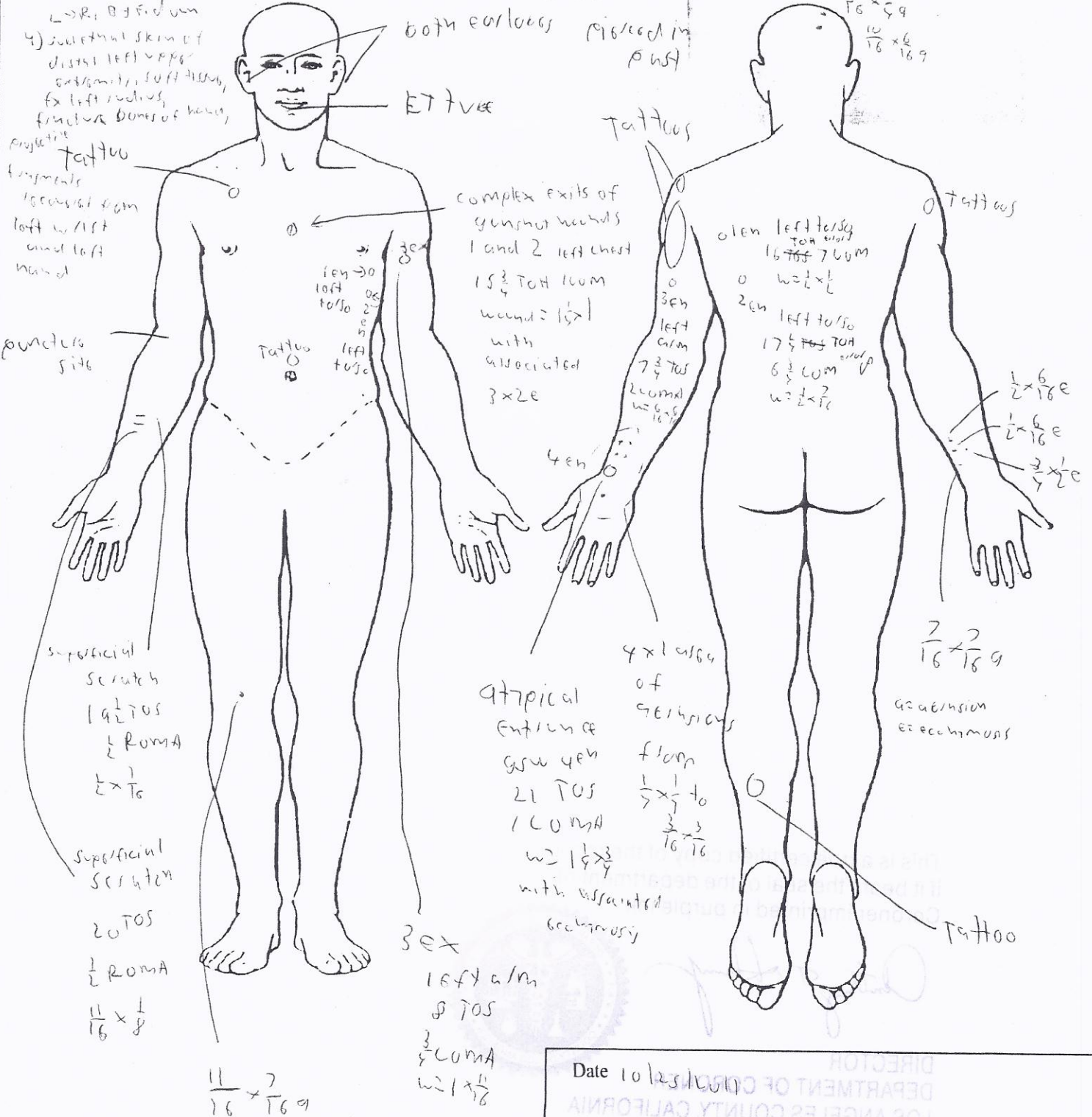
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2011-06936
NIDA, MICHAEL
HOMI

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- 1) fatal L>R, B>F sup skin of left torso, fx left 6th rib, left lower lung base, left upper lung base, left 3rd intercostal space, soft tissue, exit left chest
- 2) fatal L>R, B>F sup skin of left torso, fx chest left 7th rib, left lower lung base, left upper lung base, left 3rd intercostal space, soft tissue, exit left chest
- 3) suicidal L>R, B>F down skin of left arm, soft tissue, exit left arm

31 yr old Hispanic male
70" tall 145 pounds



Date 10/23/12
 DIRECTOR
 DEPARTMENT OF CORONER
 LOS ANGELES COUNTY CALIFORNIA
 Deputy Medical Examiner
 M.D.

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AUTOPSY CLASS: A B C Examination Only D

FAMILY OBJECTION TO AUTOPSY

Date: 10/25/2011 Time: 0800 Dr. Panchaj
(Print)

FINAL ON: 10/25/2011 By: Panchaj
(Print)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

2011-06936
MIA. MICHAEL
HONI

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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

min

Age: 31 Gender: Male Female

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:

PRIOR EXAMINATION REVIEW BY DME

BODY TAG CLOTHING
 X-RAY (No. 99116) FLUORO
 SPECIAL PROCESSING TAG MED. RECORDS
 AT SCENE PHOTOS (No. _____)

CASE CIRCUMSTANCES

EMBALMED
 DECOMPOSED
 >24 HRS IN HOSPITAL
 OTHER: _____ (Reason)

TYPING SPECIMEN

TYPING SPECIMEN TAKEN BY: AP
SOURCE: Heart

TOXICOLOGY SPECIMEN

COLLECTED BY: AV
 HEART BLOOD STOMACH CONTENTS
 FEMORAL BLOOD VITREOUS
TECHNIQUE: _____
 _____ BLOOD SPLEEN
 _____ BLOOD KIDNEY
 BILE
 LIVER
 URINE
URINE GLUCOSE DIPSTICK RESULT: 4+ 3+ 2+ 1+ 0
TOX SPECIMEN RECONCILIATION BY: ak

HISTOLOGY

Regular (No. 2499) 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

NATURAL SUICIDE HOMICIDE

ACCIDENT COULD NOT BE DETERMINED

If other than natural causes, HOW DID INJURY OCCUR? shot by other persons

WAS OPERATION PERFORMED FOR ANY CONDITION STATED ABOVE: YES NO

TYPE OF SURGERY: _____ DATE: _____

ORGAN PROCUREMENT TECHNICIAN: Mr. Grigalov
 PREGNANCY IN LAST YEAR YES NO UNK NOT APPLICABLE

WITNESS TO AUTOPSY EVIDENCE RECOVERED AT AUTOPSY
Item Description:

notification of autopsy
notification of autopsy

(one) projectile envelope
(submitted into evidence safe)
includes (portion) of stomach contents
sent contents in formalin

Boj J. Panchaj
DME

RESIDENT



Department of Coroner, County of Los Angeles
FORENSIC SCIENCE LABORATORIES
 Laboratory Analysis Summary Report



To: Dr. Panchal
 Deputy Medical Examiner

PendingTox

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

Coroner Case Number: 2011-06936 Decedent: NIDA, MICHAEL LEE

<u>SPECIMEN</u>	<u>SERVICE</u>	<u>DRUG</u>	<u>RESULT</u>	<u>ANALYST</u>
Blood, Heart				
	Alcohol	Ethanol	Negative	M. Schuchardt
	Bases	Basic Drugs	ND	S. DeQuintana
	ELISA	Barbiturates	ND	J. Lintemoot
	ELISA	Cocaine and Metabolites	ND	J. Lintemoot
	ELISA	Fentanyl	ND	J. Lintemoot
	ELISA	Methamphetamine & MDMA	ND	J. Lintemoot
	ELISA	Phencyclidine	ND	J. Lintemoot
	GC/MS	Sympathomimetic Amines	ND	E. Fu
	Marijuana	Carboxy-THC	67 ng/mL	D. Anderson
	Marijuana	Tetrahydrocannabinol (THC)	27 ng/mL	D. Anderson
	Opiates	Codeine, Total	ND	S. Brooks
	Opiates	Hydrocodone, Total	0.06 ug/mL	S. Brooks
	Opiates	Hydromorphone, Total	ND	S. Brooks
	Opiates	Morphine, Total	ND	S. Brooks
	Opiates	Oxycodone, Total	ND	S. Brooks
	Opiates	Oxymorphone, Total	ND	S. Brooks

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

12/13/2011 V

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MIRZA, MICHAEL
HOMI

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advised posterior non-blanching
hemorrhage is present
Rigor mortis was presumably seen
sit to bed/medical

EXTERNAL EXAM

Sex male
Race Hispanic
Age 31
Height 70" tall
Weight 145 pounds
Hair black short w/ wisker side hair
Eyes brown (widely) + mustache
Sclera white
Teeth + 58
Mouth
Tongue
Nose unswollen
Chest fat
Breasts
Abdomen
Scar
Genital
Edema
Skin
Decub

HEART Wt.

Pericard
Hypert
Dilat
Muscle
Valves
Coronar
RV 64
LV 1.5
Septum 1.6
all p p 6.3 m 8.3 a 7
no atherosclerosis
perturbations of left
ventricle and
left lobe

AORTA

VESSELS

LUNGS Wt

R 320
L 310
Adhes
Fluid
Atelectasis
Oedema
Congest
Consolidation
Bronchi
Nodes

PHARYNX

TRACHEA

THYROID

THYMUS not identified

LARYNX

HYOID

ABDOMINAL WALL FAT 3/8

PERITONEUM

Fluid
Adhes

LIVER Wt 1260

Caps
Lobul
Fibros
G B
Calc
Bile ducts

SPLEEN Wt 80

Color
Consist
Caps
Malpig

PANCREAS

ADRENALS

KIDNEYS Wt

R
L
Caps
Cortex
Vessels
Pelvis
Ureter

BLADDER 2 cc yellow urine

GENITALIA

Prost
Testes
Uterus
Tubes
Ovar

OESOPHAGUS

STOMACH

Contents

DUOD & SM INT

APPENDIX

LARGE INT

ABDOM NODES

SKELETON

Spine
Marrow
Rib Cage
Long bones
Pelvis

fx
bones of
left
hand
fx left radius
fx left 6th rib
fx left 7th rib

SCALP

CALVARIUM

BRAIN Wt 1360

Dura
Fluid
Ventric
Vessels
Middle ears
Other

PITUITARY

SPINAL CORD dissection

consist of vertebral column
& meninges

TOXICOLOGY SPECIMENS

heart blood, bile, liver, urine,
stomach contents, and vitreous

SECTIONS FOR HISTOPATHOLOGY

one for
also, portion of stomach

MICROBIOLOGY

contents in
fermentation

DIAGRAMS

X-RAYS

OTHER PROCEDURES

left upper extremities dissected
photos taken

GROSS IMPRESSIONS

see dictyated report
admits - cut both, sand of sacks,
cuterior, cut joint points,
cut joint
joints

Date 10/25/2011

Time 0800

Deputy Medical Examiner

Gaj-Panchal



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



Case Number: 2011-06936

Decedent: NIDA, MICHAEL LEE

Information Sources:

- 1) Officer Galvez, Downey PD, PH 562/904-2308
- 2) Lt. Olsen, Downey PD, PH 562/904-2308
- 3) St. Francis Med-Center PF# 001162461
- 4) EMS Report
- 5) FSC investigation

Investigation:

This case was assigned from hospital files as the investigation of an OIS Homicide. The investigation remains ongoing by all involved agencies and departments.

Location:

The decedent was recovered in proximity to the intersection of Paramount Blvd. and Imperial Highway in Downey.

Paramedics transported him to the nearby St. Francis facility in South Gate where death would be pronounced.

Informant/Witness Statements:

From the above sources, I learned the following; the decedent is a 31-year-old male.

Downey Police received a call of an armed man, accompanied by his description, seen in proximity to the intersection of Paramount Blvd. and Imperial Highway.

Once on site and surveying the area, the decedent was spotted by police and confronted as he appeared to match the particulars of the person they were looking for.

When he ran from them, refused their commands to halt and then made a gesture that was perceived as a threat, one of the officers opened fire striking the decedent multiple times.

The incident was timed at 1950 hours on 10/22/2011.

With NIDA down and secured, paramedics were summoned

On arrival the rescue crew found the decedent in full traumatic arrest suffering gunshots to the torso and left arm. They initiated BLS/ALS protocols with intubation and CPR enroute to the hospital.

Still without signs of life on arrival in the St. Francis ER, death was pronounced without any intervention at 2018 hours the same date.

Scene Description:

The scene was not visited.

The distance of engagement was reported at approximately 20 feet.

It is also reported that the decedent was unarmed with no weapon found/recovered.

Evidence:

A GSR-Kit and hair and nail exemplars were collected at the FSC.

The Downey Officer was said to have been armed with an H&K MP-5 shoulder weapon in 9mm.



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



Case Number: 2011-06936

Decedent: NIDA, MICHAEL LEE

Body Examination:

I saw NIDA with a superficial abrasion to his right knee.

There looked to be a section of parallel impressed marks across the right wrist that are suggestive of an imprint from handcuffs.

A ragged wound presented just above the left wrist.

I saw a concentric gunshot into the back of the left arm with a larger, irregular "exit" injury from the bicep.

There were two concentric impacts in close proximity to each other high on the left flank at chest level.

An elliptical wound appeared center chest surrounded by discoloration.

I saw no traumas or injuries to the posterior aspects of the torso.

Identification:

Fingerprints returned from the state DOJ verified the decedent's identification.

Next of Kin Notification:

The decedent's wife was advised of demise by hospital staff.

Tissue Donation:

Donation was not a consideration.

Autopsy Notification:

Lt. Olsen of Downey PD at PH 714/393-9014 and District Attorney's Investigator J. Scott at PH 213/379-200-5 ask two hours notification before exam as do LASD Homicide Detectives Leslie and Torrez at PH 323/890-5500.

THOMAS F. RATCLIFFE

DUTY SUPERVISOR

10/4/2011

This is a true certified copy of the record
if it bears the seal of the department of
Coroner imprinted in purple ink.

DIRECTOR
DEPARTMENT OF CORONER
LOS ANGELES COUNTY, CALIFORNIA



FORM 82

GSR DATA SHEET

CORONER CASE #

2011-06936

DECEDENT'S NAME

NIDA, Michael

Incoming Mode

HOMICIDE SUICIDE ACCIDENT UNDETERMINED OIS

GSR KIT# C7233

COLLECTED AT: FORENSIC SCIENCE CENTER SCENE HOSPITAL

COLLECTOR: T. Aque

DATE: 10/23/2011

TIME: 22:00

WEAPON WAS IN DECEDENT'S: LEFT HAND RIGHT HAND UNKNOWN

NEITHER, THE WEAPON WAS LOCATED: In the hands of a Downey Police Officer

FIREARM - MAKE/MODEL:
H&K MP-5

AMMUNITION - BRAND/CALIBER:
9mm

DATE OF SHOOTING: 10/22/2011

AT

19:50

HOURS

LOCATION OF DECEDENT: INDOORS OUTDOORS AUTOMOBILE

LOCATION SHOOTING OCCURRED: Paramount Blvd. S/O Imperial Highway, Downey

NUMBER OF SHOTS FIRED: 3

DECEDENT'S ACTIVITY PRIOR TO SHOOTING: Unknown

DECEDENT'S OCCUPATION: Unknown

DECEDENT'S HANDS WERE TOUCHED PRIOR TO GSR COLLECTION BY: POLICE

FAMILY PARAMEDICS HANDCUFFED OTHER: Hospital staff

NOTES/COMMENTS :

The decedent was shot by an officer after a foot chase in which he refused to halt and then made a threatening gesture....



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TO REPORT A DEATH — PHONE (323) 343-0711 FAX (323) 343-0712
COMPLETE ALL LINES, USE INK. IF UNKNOWN OR NOT APPLICABLE
ST. FRANCIS MEDICAL C
NAME OF FACILITY

2011-06936
NIDA, Michael
DOD 10/22/2011
Homicide-OIS
LASD Homicide
St. Francis Med-Center
PF# 001162461

ADDRESS 3630 G. IMPERIAL HWY HOSPITAL PHONE # (310) 900-8900
LYNWOOD CA 90262
NAME OF DECEDENT Michael NIDA
SOURCE OF IDENTIFICATION Niece / wife DOB 10-25-79 AGE 31 SEX M RACE _____
DATE OF DEATH 10/22/11 TIME 2018
PRONOUNCED BY Dr Jones MEDICAL RECORD OR PATIENT FILE # 001162461

ORGAN/TISSUE DONATION INFORMATION
WAS THE NEXT-OF-KIN APPROACHED REGARDING ORGAN/TISSUE DONATION?
NO YES IF YES WHAT WAS THEIR RESPONSE?
DATE ENTERED HOSPITAL 10-22-11 TIME 2018
 SELF AMBULANCE (Name or R.A.#) 641 ER DEATH? IN PATIENT DEATH?
FROM Paramount + Imperial County (STATE WHETHER HOME, HOSPITAL OR OTHER) GIVE ADDRESS (IF HOSPITAL ATTACH THEIR HISTORY)

ADMITTED BY: Jones M.D. PRIMARY ATTENDING PHYSICIAN Jones M.D.
OFFICE PHONE # _____ OFFICE PHONE # _____
INJURIES 10/22/11 2018 PLACE Paramount / Imp. County INJURY Gsw
DATE TIME (TRAFFIC, FALL, ETC.)

DESCRIBE INJURIES: Gsw Lt chest, Lt bicep, Lt wrist, Lt back

CLINICAL HISTORY: per report pt was shot by police while running from police. pt arrived in traumatic cardiac arrest S/P GSW.

SURGICAL PROCEDURES: STATE TYPE, DATE, TIME AND RESULTS OF ANY OPERATION OR AMPUTATION PERFORMED
none performed

WAS A BULLET OR OTHER FOREIGN OBJECTS RECOVERED? SPECIFY _____
LABORATORY: REPORT ON PATHOLOGY SPECIMENS TAKEN _____ DATE & TIME _____
LABORATORY PHONE NUMBER _____
MICROBIOLOGY CULTURE RESULTS: _____ NO _____ YES (ATTACH REPORT)
TOXICOLOGY SCREEN: _____ NO _____ YES (ATTACH RESULTS)
RADIOLOGICAL STUDIES: _____ NO _____ YES (ATTACH RESULTS)

REMARKS: ESPECIALLY SYMPTOMS PRECEDING AND DURING TERMINAL ILLNESS
pt came in intubated w/cpr in progress w/multiple GSWs.
NIDA, MICHAEL LEE
ACCT: 20057306391
M/R # 001162461 M
DOB: 10/25/79 31Y ERS 10/22/11 2043

IN MY OPINION, THE CAUSE OF DEATH IS: _____
BY _____ M.D. -OR- [Signature] NURSE/HOSPITAL ADMINISTRATOR
OFFICE PHONE # _____ OFFICE PHONE # _____

- 1. THE BODY WILL NOT BE REMOVED BY THE CORONER WITHOUT THIS COMPLETED REPORT AND COPIES OF ALL CHARTS.
- 2. ALL ADMISSION BLOOD SAMPLES/SPECIMENS, INCLUDING GASTRIC LAVAGE, NEED TO ACCOMPANY THE REMAINS.



Section 102850. A physician and surgeon, physician assistant, funeral director, or other person shall immediately notify the coroner when he or she has knowledge of a death that occurred or has charge of a body in which death occurred under any of the following circumstances:

- (a) Without medical attendance.
 - (b) During the continued absence of the attending physician and surgeon.
 - (c) Where the attending physician and surgeon or the physician assistant is unable to state the cause of death.
 - (d) Where suicide is suspected.
 - (e) Following an injury or an accident.
 - (f) Under circumstances as to afford a reasonable ground to suspect that the death was caused by the criminal act of another.
- Any person who does not notify the coroner as required by this section is guilty of a misdemeanor.

Section 27491 of the Government Code, State of California

It shall be the duty of the coroner to inquire into and determine the circumstances, manner, and cause of all violent, sudden or unusual deaths; unattended deaths; deaths wherein the deceased has not been attended by a physician in the 20 days before death; deaths related to or following known or suspected self-induced or criminal abortion; known or suspected homicide, suicide, or accidental poisoning; deaths known or suspected as resulting in whole or in part from or related to accident or injury either old or recent; deaths due to drowning, fire, hanging, gunshot, stabbing, cutting, exposure, starvation, acute alcoholism, drug addiction, strangulation, aspiration, or where the suspected cause of death is sudden infant death syndrome; death in whole or in part occasioned by criminal means; deaths associated with a known or alleged rape or crime against nature; deaths in prison or while under sentence; deaths known or suspected as due to contagious disease and constituting a public hazard; deaths from occupational diseases or occupational hazards; deaths of patients in state mental hospitals serving the mentally disabled and operated by the State Department of Mental Health; deaths of patients in state hospitals serving the developmentally disabled and operated by the State Department of Developmental Services; deaths under such circumstances as to afford a reasonable ground to suspect that the death was caused by the criminal act of another, or any deaths reported by physicians or other persons having knowledge of death for inquiry by coroner. Inquiry in this section does not include those investigative functions usually performed by other law enforcement agencies.

In any case in which the coroner conducts an inquiry pursuant to this section, the coroner or a deputy shall personally sign the certificate of death. If the death occurred in a state hospital, the coroner shall forward a copy of his report to the state agency responsible for the state hospital.

The coroner shall have discretion to determine the extent of inquiry to be made into any death occurring under natural circumstances and falling within the provisions of this section, and if inquiry determines that the physician of record has sufficient knowledge to reasonably state the cause of a death occurring under natural circumstances, the coroner may authorize that physician to sign the certificate of death.

Any funeral director, physician, or other person who has charge of a deceased person's body, when death occurred as a result of any of the causes or circumstances described in this section, shall immediately notify the coroner. Any person who does not notify the coroner as required by this section is guilty of a misdemeanor.

Listed below are types of deaths which have been difficult to evaluate and **should be referred** to the Coroner for decision:

- Aspiration – refer to Coroner
- Suffocation – refer to Coroner
- Drug addiction – refer to Coroner
- Exposure – refer to Coroner
- Pneumoconiosis – refer to Coroner

Gastroenteritis

- a. Do not use as cause of death. If death a result of "Acute Hemorrhagic Enteritis of undetermined natural causes," it is not a case for the Coroner.
- b. Refer all others to the Coroner because of possibility of poisoning.
Gastrointestinal hemorrhage.
- a. Do not use alone as cause of death. If death a result of "Gastrointestinal hemorrhage of undetermined natural causes," it is not a case for the Coroner.
- b. Refer all others to the Coroner.

Heat prostration – refer to Coroner.

Diarrhea – should not be used as immediate cause of death.

Fractures

- a. All fractures should be evaluated by the Coroner except **SPONTANEOUS PATHOLOGICAL** fractures.

Therapeutic misadventure – refer to Coroner.

Operative Deaths (result of surgery or anesthesia) – refer to Coroner.

CONTAGIOUS DISEASES

A Coroner's referral will not be necessary for diagnosed cases of contagious diseases since local procedures and the action by the Health Department after notification will be the defense against any public hazard.

Cases of possible but not diagnosed contagious disease, such as, possible meningitis or possible pulmonary tuberculosis when an autopsy is not contemplated, shall be referred to the coroner for diagnosis following which notification of proper authorities will be made.

This is a true certified copy of the record
if it bears the seal of the department of
Coroner Imprinted in purple ink.

Quincy St. Humphrey
DIRECTOR
DEPARTMENT OF CORONER
LOS ANGELES COUNTY, CALIFORNIA

