Incident/Investigation Report

Agency: Sonoma County Coroner's Office **Case Number:** 13-0001253

Incident Information

Date/Time Reported	Date/Time Occurred	Date/Time Found	Officer
10/23/2013 01:26	10/22/2013 15:27	10/22/2013 15:27	(SD1740) KIDDER, BRENT R

Incident Location	Supervising Officer
MOORLAND AV / W ROBLES AV, SANTA ROSA, CA 95407	(SD747) STASHYN, GREG

Location Comments

Case Status	Disposition
FINALIZED (FOR CORONERS USE ONLY)	

Incident Synopsis

The decedent was walking north on the west sidewalk on Moorland Ave. north of West Robles Ave. carrying what appeared to be an AK-47 style rifle. He was contacted by two Sonoma County Sheriff's Deputies and was order to drop the weapon. The decedent did not comply with the commands and began to turn toward the deputes. The deputies perceived the decedent holding the weapon as a threat and the decedent was shot by one of the Sheriff's Deputies.

The decedent was transported to the Sonoma County Morgue Facility, where a postmortem examination was conducted by a Forensic Pathologist.

The cause of death was determined to be: "Gunshot wound of chest and gunshot wound of abdomen and chest, (minutes)."

I mannered this death as a "Homicide," which is consistent with the circumstances and cause.

Charges

	Charge Type	Description	Statute	UCR	
1		CORONER HOMICIDE	CORONER	999	☐ Att ☑ Com

Alcohol, Drugs or Computers Used	Location Type	Premises Entered	Forced Entry	Weapons
☐ Alcohol ☐ Drugs ☐ Computers	HIGHWAY/ROAD/ALLEY		☐ Yes ☐ No	1.

Entry	Exit	Criminal Activity	2.
			3.

Bias Motivation	Bias Target	Bias Circumstances	Hate Group

Incident/Investigation Report

Agency: Sonoma County Coroner's Office **Case Number:** 13-0001253

Victims

Seq. #	Type	Injuries	Residency Status	Ethnicity
1	INDIVIDUAL	None		

Name(Last, First, M)	Race	Sex	DOB	Age
LOPEZ CRUZ, ANDY [JUVENILE]	H	M	[redacted]	13

Address	Cell Phone	Home Phone
[redacted] SANTA ROSA, CA 95407		

Employer Name/Address	Business Phone
/	

Victim of Crimes	
CORONER	

Other Persons Involved

Name Code	Seq. #	Name (Last, First, M)	Race	Sex
Next Of Kin, For	1	[redacted]	H	M

Address	DOB	Age	Cell Phone	Home Phone
[redacted] SANTA ROSA, CA 95407	[redacted]	36	[redacted]	[redacted]

Employer Name/Address	Business Phone
/	

Narratives

The decedent was walking north on the west sidewalk on Moorland Ave. north of West Robles Ave. carrying what appeared to be an AK-47 style rifle. He was contacted by two Sonoma County Sheriff's Deputies and was order to drop the weapon. The decedent did not comply with the commands and began to turn toward the deputes. The deputies perceived the decedent holding the weapon as a threat and the decedent was shot by one of the Sheriff's Deputies.

The decedent was transported to the Sonoma County Morgue Facility, where a postmortem examination was conducted by a Forensic Pathologist.

The cause of death was determined to be: "Gunshot wound of chest and gunshot wound of abdomen and chest, (minutes)."

I mannered this death as a "Homicide," which is consistent with the circumstances and cause.

Refer to Coroner Report for further information.

Cross Reference SRPD Case #: 13-0013093 and SCSO Case #: 131022-017.

Incident/Investigation Report

Agency: Sonoma County Coroner's Office **Case Number:** 13-0001253

Supplement Information

Supplement Date	Supplement Type	Supplement Officer
10/28/2014 08:41:12	ATTACHMENT ADDED	(SD2066) ALDRIDGE, HEATHER A
Contact Name		**Supervising Officer**
		(SD747) STASHYN, GREG

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Supplement Narrative

Supplimental Coroner Reports

Supplement Information

Supplement Date	Supplement Type	Supplement Officer
01/08/2014 15:17:16	ROUTE TO	(SD1743) MERCADO, ESMERALDA A
Contact Name		**Supervising Officer**

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Supplement Narrative

Coroner report to be sent to SRPD - records via interoffice courier
Coroner report to be sent per request to Gregory W. Moreno & Associates at [redacted] (original request and check returned with form letter-collect fee for report)
Coroner report sent per request to DA`s office ATTN: Diane Gomez by county email on 1/21/14 by EM
Coroner report picked up in-office by VCI Det. B. Boetter from SRPD on 1/22/14 by EM
Rcvd req from Gregory W. Moreno & Assoc. 1/20/14 from the coroners office, return letter sent 1/30/14 stating rpt under further investigation, 1/30/14, 1882-KC
Lili frm Law Offcs of Gregory W. Moreno & Assoc [redacted] called to rqst cpy of Coroners Rpt, per KC rspnse ltr snt to Moreno & Assoc clarifying status, no fees should be chrgd for up to (3) rpt to NOK/Attrny Representation per policy, 1/31/14, 2150-AH
SRPD w/ NOC, 2/1/14 DD2149
Gregory Moreno & Assoc waiting for OK to release report. Will contact them on 7/29/14 7/24/14 Yj2283

Incident/Investigation Report

Agency: Sonoma County Coroner's Office **Case Number:** 13-0001253

Supplement Information

Supplement Date	Supplement Type	Supplement Officer
01/21/2014 10:32:44	ATTACHMENT ADDED	(SD1743) MERCADO, ESMERALDA A
Contact Name		**Supervising Officer**
		(SD747) STASHYN, GREG

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Supplement Narrative

Coroner Paperwork

Supplement Information

Supplement Date	Supplement Type	Supplement Officer
03/27/2014 15:29:07	SCANNED NON ILEADS FORMS	(SD2193) PITTMAN, AGNES
Contact Name		**Supervising Officer**

963

Supplement Narrative

Ev Sht, NOC 3/27/14 #2193 AP

SONOMA COUNTY SHERIFF'S OFFICE

CORONER INVESTIGATIONS UNIT
3336 Chanate Road Santa Rosa, Ca 95404
707.565.5070 Fax 707.565.5049

SCANNED

Steve Freitas
Sheriff-Coroner

Lorenzo Duenas
Assistant Sheriff
Law Enforcement Division

Randall Walker
Assistant Sheriff
Detention Division

DEATH INVESTIGATION REPORT

☐ DEPUTY INVESTIGATION WORKSHEET
☒ CORONER DETECTIVE INVESTIGATION

SCSO CR#	CORONER CASE #:
131022-017	13-0001253

INCIDENT INFORMATION *(Areas in gray to be completed by Coroner Detective's only)*

☒ CORONER CASE ☐ STORAGE ONLY	☐ CO-SIGN ☐ NON-REPORTABLE	☒ RESPONSE ☐ NO RESPONSE	DONOR CASE:	DONOR BANK NAME:	REMOVAL SERVICE:
			No	N/A	J. Morris

DATE/TIME RECEIVED:	NAME AND AGENCY OF PERSON REQUESTING DEPUTY CORONER: (Officer, Nurse, EMS, etc.)	PHONE #
10/22/2013 - 2035	Santa Rosa Police Department	(707) [redacted]

DECEDENT INFORMATION *(Include all physical characteristics in I/LEADS)*

DECEDENT'S NAME (FIRST, MIDDLE, LAST):	DOB:	AGE:	ETHNICITY:	GENDER:
Andy Lopez Cruz	[redacted]	13	H	M

DECEDENT'S RESIDENCE ADDRESS: (Street, City, State, Zip)	HOME PHONE:
[redacted] Santa Rosa, CA 95407	[redacted]

OTHER INDICIA / MEDICAL CARDS, ETC. (i.e., Kaiser #):	DRIVER'S LICENSE NUMBER:	DL STATE: ☐ CA	
	N/A	N/A	[redacted]

MARITAL STATUS:	DISPOSITION OF DECEDENT'S PERSONAL PROPERTY:
Single	☒ BOOKED IN EVIDENCE ☐ RELEASED TO NOK ☐ SECURED IN RESIDENCE ☐ OTHER:

NEXT OF KIN NAME / ADDRESS: ☒ ADDRESS IS SAME AS DECEDENT ☐ PAMPHLET PROVIDED	RELATIONSHIP TO DECEDENT:	PHONE #'S:
Rodrigo Lopez Rocca	Father	[redacted]
Sujey Lopez	Mother	

NEXT OF KIN NOTIFIED?	IF NOTIFIED, BY WHOM: ☐ INVESTIGATING DEPUTY ☐ RP	DATE/TIME NOTIFIED:	AGENCY: ☐ SCSO ☐ AT SCENE
☒ Yes ☐ No	Santa Rosa Police Dept. VCI Detectives	10/22/2013 - 2020	SRPD

DEATH INFORMATION *(If death occurred at a hospital, please refer to hospital Death Checklist on reverse side)*

PLACE OF DEATH (Facility Name or Address Location): ☐ SAME AS DECEDENTS RESIDENCE	☐ RESUSCITATIVE EFFORTS WERE MADE ☒ DEATH WAS OBVIOUS
Moorland Avenue north of West Robles Avenue, Santa Rosa, CA	

DATE/TIME OF DEATH:	PRONOUNCED BY: (Title, Name, ID#, and Agency)	LOCATION OF DECEDENT (MORTUARY NAME): ☒ CMF
10/22/2013 - 1527	Santa Rosa Fire Paramedic Nicholson	

HOW WAS DECEDENT IDENTIFIED:	WHO MADE IDENTIFICATION (NAME/RELATIONSHIP):
☐ DL PHOTO ☐ FAMILY MEMBERS ☒ OTHER: SRPD VCI Detectives	Detective Sergeant D. Linscomb

DATE/TIME LAST KNOWN ALIVE:	BY WHOM (NAME):	ADDRESS:	PHONE #:
10/22/2013 - 1514	SCSO Deputy Gelhaus SCSO Deputy Schemmel	2796 Ventura Ave., Santa Rosa, CA 95403	(707) 565-2650

CLOTHING DESCRIPTION:
Grey shirt, dark blue sweatshirt, grey shorts, grey underwear, white socks, black shoes (All collected at the scene by Santa Rosa PD)

LAW ENFORCEMENT AGENCY WITH JURISDICTION: ☐ SCSO	REPRESENTATIVE TITLE AND NAME:	OTHER AGENCY CR#: ☐ N/A
Santa Rosa Police Department	VCI Detective B. Boettger	13-0013093

MEDICAL INFORMATION

DECEDENT'S PRIMARY PHYSICIAN: ☒ UNKNOWN	PHYSICIAN OFFICE #:	DATE LAST SEEN: ☒ UNK	PHYSICIAN WILL SIGN D.C.
	N/A		Coroner

MEDICAL / SOCIAL HISTORY: ☒ UNKNOWN

FOUND MEDICATIONS: ☒ NONE LOCATED

DRUG/ALCOHOL HISTORY: ☒ UNKNOWN

If decedent's death was the result of an accident / injury, please complete the following:

DATE & TIME OF INJURY:	LOCATION OF INJURY(ADDRESS): ☐ JOB RELATED INJURY	CITY:	COUNTY:
10/22/2013 - 1514	Moorland Ave. / W. Robles Ave	Santa Rosa	Sonoma

DESCRIBE HOW INITIAL INJURY OCCURRED: ☐ Motor Vehicle Accident - DECEDENT WAS: ☐ Driver ☐ Passenger ☐ Pedestrian - DECEDENT WAS WEARING: ☐ Seatbelt ☐ Helmet
After failing to comply with Sheriff's Deputies' commands to drop the weapon, the decedent was shot with a handgun by a Sheriff's Deputy.

VEHICLE MAKE/MODEL/COLOR:	LICENSE PLATE NUMBER:	DISPOSITION (TOW COMPANY NAME):

NARRATIVE

SCENE DESCRIPTION:

This death occurred just west of the west sidewalk on Moorland Avenue, north of West Robles Avenue, in Santa Rosa, California. Moorland Avenue is a paved street running north and south. The sidewalk on the west side of Moorland Avenue

runs parallel to the street and there was an open field to the west of the sidewalk. The open field contained dry grass and other vegetation.

Upon my arrival to the scene, there was a barricade, that consisted of PVC piping and black cloth, set up in a "V" formation near the decedent's head and there was a second barricade set up near the decedent's feet. The barricade was put into place in order to shield the decedent's body from the public. There was also a lighting system set up that was illuminating the decedent's body.

BODY CONDITION AND POSITIONING:

When I arrived on scene, I observed the decedent's body was covered with a sheet. When the sheet was removed, I saw the decedent was lying on his back. The majority of the body, from approximately his knees to his head, was lying in the dried grass and his lower legs were on the concrete sidewalk. The decedent's arms were at his side and his legs were in line with the rest of his body. There was blood smeared on the decedents face and there was a medical apparatus emitting from his mouth. There were electrical leads placed near each of the decedent's shoulders as well as his hips.

I observed a circular wound defect on the decedent's upper right chest. The wound had a dark colored abrasion around the circumference.

There were two wound defects on the lateral side of the decedent's upper left arm. One wound was circular and had a dark colored abrasion on only a portion of the circumference. The other wound was also circular in shape; however, it was smaller in size.

On the decedent's left forearm I observed another circular wound defect. On his wrist, closer to his hand, there was another wound defect that spanned from just below the pad of his thumb approximately three inches toward his elbow. When I manipulated the decedent's left hand, I felt his left forearm was broken near the wrist.

On the decedent's right wrist, I observed two more circular wound defects. The wound on the outer portion of his wrist appeared to have a dark colored abrasion around the circumference. The other wound was still circular in nature; however, it appeared to have striated edges.

There was a wound defect on the small of the decedent's back, almost midline to his body. The wound was circular in nature, and had some visible bruising around the surrounding soft tissue.

There were three circular wound defects on the decedent's right hip and buttocks area. One of the wounds was closer to the midline of the decedent's body while the other two were located more laterally. Each of the two wounds found on the decedent's hip had a dark colored abrasion around at least a portion of the circumference of the wound.

The decedent's body was cold to the touch upon my arrival and rigor mortis had set in. Lividity was present and had begun to settle. The pattern of the lividity was consistent with the decedent's body positioning upon my arrival.

INVESTIGATION:

On 10/22/2013, at approximately 1520 hours, while driving to the Sonoma County Morgue Facility on my way into work, I heard on Sheriff's radio there had just been an officer involved shooting in Santa Rosa. Once I arrived at the County Morgue Facility, I learned a Deputy and his trainee had been in an officer involved shooting. The decedent was confirmed deceased at 1527 hours by Santa Rosa Fire Paramedic N. Nicholson.

On 10/22/2013, at approximately 2035 hours, Coroner Detective Sgt. G. Stashyn was advised by the Santa Rosa Police Department they were ready for the Coroner to respond to the scene for removal of the decedent's body.

Prior to my response, I called Attendant [redacted] from J. Morris Removal Company and requested his response for a contract removal.

Sgt. Stashyn and I responded to the scene. Once on scene, I met with Santa Rosa Police Sergeant Boettger who told me the following information. The deputies involved in the incident were on routine patrol when they broadcasted over Sheriff's radio they were going out with a suspicious person. Seconds later, the deputies asked for emergency back-up officers to respond. Approximately seven seconds later, one of the deputies advised shots were fired and the subject was down. The decedent was carrying what appeared to be two different firearms, which caused the deputies to contact the decedent. The first weapon appeared to be an AK-47 rifle. The rifle was brown, had a black barrel and the bolt appeared to have been made from grey metal. The other weapon was a clear colored handgun.

While I was on scene, Sgt. Boettger stated the decedent's identity had not yet been confirmed, even though they had a strong sense of who the decedent was. Sgt. Stashyn requested someone from the Santa Rosa Police Department contact him when the decedent's identity was confirmed.

I took digital photographs of the scene, as well as the decedent; before and after the evidence technicians removed the decedent's clothing.

Once all the photographs were taken and the clothing removed, I requested Attendant [redacted] and [redacted] from the removal service place the decedent in a black zippered body bag. I observed as Attendants [redacted] and [redacted] placed the decedent's body onto a gurney, and then into their removal vehicle. I escorted the removal vehicle back to the Sonoma County Morgue Facility, where the body was registered and scheduled for a postmortem examination by a Forensic Pathologist.

Once at the County Morgue Facility, I took full body x-rays of the decedent. I observed three radio opaque shadows on the x-ray images that appeared to be consistent with the size and shape of expended bullets. There were two shadows in the upper left chest and the third shadow was near the decedent's groin. When I was finished taking x-rays, I locked the body bag with a blue plastic lock (Serial #21747) and I placed the decedent's body into secured refrigerated storage.

Sgt. Stashyn received a phone call from Santa Rosa Violent Crimes Investigations Sgt. D. Linscomb who advised the decedent's name was confirmed via a photograph provided by the decedent's parents, the clothing description the decedent's parents were able to provide the last time they saw the decedent as he was walking out of the house carrying the two firearms, as well as a scar on the decedent's stomach. I confirmed the decedent had what appeared to be a very faint scar running from his belly button to his pubic hair. Sgt. Linscomb also advised detectives from the Santa Rosa Police Department had notified the decedent's parents of the death at approximately 1800 hours.

I later downloaded the photographs I took at the death scene onto a CD. I printed out two copies of the photographs. I provided one copy to the Forensic Pathologist prior to the postmortem examination and I included one copy in the case file. I booked the CD into the evidence locker at the County Morgue Facility.

I downloaded the x-ray images I took of the decedent onto two CD's. I printed out two copies of the x-ray images. I provided one copy of the images as well as one of the CD's with the images on it to the Forensic Pathologist prior to the postmortem examination and I included one copy of the images in the case file and I booked the other CD of images into the evidence locker at the County Morgue Facility.

SUPPLEMENT: By Sergeant Greg Stashyn

On 10/22/2013, at approximately 2035 hours, I responded to the scene with Detective B. Kidder. Once on scene, I assisted Detective. B. Kidder with photographs of the scene and the decedent. Once the decedent was secured in a body bag and placed in the removal service van, Detective B. Kidder and I followed the van back to the County Morgue Facility.

At the County Morgue Facility, Deputy B. Kidder and I took full body x-rays of the decedent. When the x-rays were

completed the decedent was secured in a locked body bag and placed into refrigerated storage.

During this investigation, I spoke with Santa Rosa Police Sergeant Linscomb, who informed me of the decedent's identity.

End of Supplement.

On 10/24/2013, at approximately 0945 hours, Forensic Pathologist Dr. Arnold Josselson conducted a postmortem examination on the decedent's body. Personnel from the Santa Rosa Police Department and the Sonoma County District Attorney's Office were present for the postmortem examination.

On 10/24/2013, at approximately 1450 hours, Forensic Assistant C. Garcia released the decedent's body to [redacted] from Windsor Healdsburg Mortuary. [redacted] took possession of the decedent's body and removed him from the Sonoma County Morgue Facility.

On 1/15/2014, at approximately 1345 hours, I reviewed the final postmortem examination report submitted by Forensic Pathologist Dr. Arnold Josselson. In his report, Dr. Josselson indicated the cause of death to be "Gunshot wound of chest and gunshot wound of abdomen and chest, (minutes)." There were no other significant conditions contributing to the death listed in Dr. Josselson's report.

I also reviewed the final toxicology report submitted by NMS Labs which resulted in the following information:

Compound	Result	Units	Matrix Source
Delta-9 THC	5.9	Ng/mL	Femoral Blood
Delta-9 Carboxy THC	22	Ng/mL	Femoral Blood

Please refer to Dr. Josselson's postmortem examination report and NMS Labs toxicology report for their complete findings.

I then called Detective B. Boettger from the Santa Rosa Police Department's Violent Crimes Investigations unit and spoke to him regarding the case. He provided me with a case summary and I confirmed the facts stated above and I learned the Sheriff's Deputy who fired upon the decedent gave the decedent commands to drop the weapon. The decedent did not drop the weapon and began to turn toward the Sheriff's Deputies. The barrel of the weapon began to ascend upward as the decedent turned toward the deputies. The deputies perceived the decedent turning toward them with a firearm as a threat and one of the deputies fired several rounds at the decedent.

Based on the information as it was presented to me and my review of the case file in its entirety, I amended the decedent's death certificate to reflect the cause of death indicated by Forensic Pathologist Dr. Josselson and I mannered this death as a **"Homicide,"** which is consistent with the circumstances and cause.

CONCLUSION:

Cause of Death: Gunshot wound of chest and gunshot wound of abdomen and chest, (minutes).

Manner of Death: Homicide

Summary of Death: After failing to comply with Sheriff's Deputies' commands, the decedent was shot with a handgun by a Sheriff's Deputy.

INVESTIGATING DETECTIVE / DEPUTY:	ID #:	APPROVED BY:	DATE:
Coroner Detective Brent Kidder	**1740**		1/17/14

FORENSIC MEDICAL GROUP, INC.

Kelly A. Arthur-Kenny, M.D.
Arnold R. Josselson, M.D.
Mark A. Super, M.D.
Ikechi O. Ogan, M.D.

☒ AUTOPSY ☐ EXTERNAL EXAMINATION

NAME: LOPEZ CRUZ, ANDY

CASE NO. 13-1253
(SON13-313)

POSTMORTEM DATE: 10-24-2013

TIME: 0945 Hours

PLACE OF DEATH: Moorland Avenue n/o
West Robles Avenue
Santa Rosa, CA

DATE: 10-22-2013
TIME: 1527 Hours

AGE: 13 SEX: Male RACE: Hispanic

AUTOPSY FINDINGS:

1. Seven gunshot wounds as follows:
   A. Fatal penetrating gunshot wound of chest; fatal penetrating gunshot wound of abdomen and right chest; non-fatal penetrating gunshot wound of pelvis; non-fatal perforating gunshot wound of right side of back; non-fatal penetrating gunshot wound of back; non-fatal perforating gunshot wound of left wrist; non-fatal perforating gunshot wound of left lower forearm and non-fatal perforating gunshot wound of left upper arm.
2. Bilateral hemothoraces.
3. Hemoperitoneum.
4. Hemopericardium.
5. Two gunshot wounds of right lung.
6. Gunshot wound of left lung.
7. Gunshot wound of aorta.
8. Gunshot wound of liver.

RECEIVED
JAN 16 2014
Sonoma County Coroner

CAUSE OF DEATH: Gunshot wound of chest and gunshot wound of abdomen and chest, (minutes).

1-15 a-Josselson

ARNOLD R. JOSSELSON, M.D.
Forensic Pathologist

ARJ/wcp
D: 10-24-13
T: 12-12-13
F: 01-15-14

The autopsy is conducted at the Sonoma County Sheriff-Coroner Morgue Facility in Sonoma, CA.

EXTERNAL EXAMINATION

The body received in a body bag sealed with coroner's seal number 21747. The body is that of a normally developed, normally nourished male appearing the reported age of 13 years. There is no clothing on the body. The body measures 62 ¾ inches and weighs 133.5 pounds. The left ear is pierced and there is a silver-colored stud with a white-colored stone through the left ear. The head is symmetrical. There is some blood on the face and blood on the right anterior chest around a gunshot wound, blood around the right wrist, blood around the left lower forearm. The scalp is covered with short black hair of normal male distribution. There is a very fine short moustache. The face is symmetrical. The irides are brown, and the pupils are round and equal. The sclerae and conjunctivae are normal. The external ears, nose and lips are normally developed. There is no evidence of fracture or hemorrhage of the nose or mouth. The buccal mucosa and tongue show no lesions. The teeth are intact and in good repair. The ears reveal no evidence of trauma or hemorrhage. The neck is symmetrical and the trachea is palpable in the midline. The chest, abdomen, back, upper and lower extremities are normally developed. The abdomen is flat, and there is a fine linear scar in the lower abdomen. The external genitalia are those of a normal adult male. There are no needle tracks in the antecubital fossae. There are no transverse scars on the wrists. The hands, fingers, and fingertips are intact. Measurement is made from the tip of the right and left 3rd fingers to the sole of the feet with the hands down at the waist and this measurement is 31 inches on each side. Just below the anterior left knee are a linear 2 cm scar and a rounded 5 mm scar. On the upper anterior left knee is a 6 mm scar which is rounded. On the anterior right knee is a linear 1.5 cm scar and a rounded 6 mm scar and a rounded 3 mm scar are on the posterior left hand. There is a faint midline lower abdominal scar.

EXTERNAL EVIDENCE OF MEDICAL THERAPY

There are EKG pads on the shoulders and the lower abdomen.

EXTERNAL EVIDENCE OF INJURY

On the anterior aspect of the left ankle is a 1 cm abrasion. There is a 5 mm horizontal linear abrasion just below the left lower eyelid.

There are seven gunshot wound to the body. They are numbered 1 through 7 for convenience sake only. Gunshot wounds #1 and #2 are fatal gunshot wounds. Gunshot wounds #3 through #7 are non-fatal gunshot wounds. There is no soot or stippling on the skin about any of the entry defects making all gunshot wounds of distant or indeterminate range.

Gunshot wound #1 is a fatal penetrating gunshot wound of the chest. The entry defect is located on the anterior right chest just medial to and below the breast at a point 16 inches below the top of the head and 3 inches to the right of the anterior midline. The entry defect is round measuring ¼ inch with a symmetrical ¼ inch abrasion margin. The bullet enters the right chest through the anterior right 3rd rib, passes through the right middle lung lobe, passes through the aorta, enters the left upper lung lobe and comes to rest on the superior aspect of the left upper lung lobe where it partially protrudes. Recovered is a medium caliber mushroomed full-metal jacketed projectile. It is given to Evidence Technician Galvan of the Santa Rosa Police Department. The path of gunshot wound #1 is from the victim's right to left, front to back and up and it causes bilateral hemothoraces and a hemopericardium.

Gunshot wound #2 is a fatal penetrating gunshot wound of the abdomen and of the right chest. The entry defect is located on the right hip at a point 31 inches below the top of the head and 10 ½ inches to the right of the anterior midline. The entry wound is round measuring 3/8 inch with a 5/16 inch posterior abrasion margin. The bullet enters the abdominal cavity between the right 11th and 12th ribs, passes through the liver, causing maceration of a portion of the right lobe and causing a hemoperitoneum, passes through the right hemidiaphragm, passes through the right lower lung lobe, passes posterior to the 5th thoracic vertebra, not injuring the spinal cord and comes to rest in the back in the soft tissue at a point 13 inches below the top of the head and just to the left of the midline. The bullet recovered is medium caliber copper-jacketed undeformed projectile and is given to Evidence Technician Galvan. This bullet also causes a right hemothorax. The path of the projectile is from the victim's right to left, front to back and up.

Gunshot wound #3 is a penetrating non-fatal gunshot wound of the pelvis. The entry defect is located on the lateral lower right buttocks at a point 33 inches below the top of the head and 6 inches to the right of the posterior midline. The entry defect is slit-shaped measuring ¼ inch with an anterior and posterior 1/8 inch abrasion margin. The bullet passes into the pelvis and comes to rest in the soft tissue just below the bones of the left side of the pelvis. The bullet recovered is a mushroomed copper-jacketed medium caliber bullet. The bullet is given to Evidence Technician Galvan. The path of gunshot wound #3 is from the victim's right to left, back to front and up.

Gunshot wound #4 is a superficial perforating non-fatal gunshot wound of the back. The entry defect is located on the right upper buttocks at a point 28 ½ inches below the top of the head and 2 inches to the right of the posterior midline. The entry defect is round measuring 3/8 inch with a 1/8 inch inferior abrasion margin. The bullet passes through the soft tissue of the back and exits on the lower back at a point 22 inches below the top of the head and ¼ inch to the left in the posterior midline. The exit defect is irregular and measures ½ inch. The path of gunshot wound #4 is from the victim's right to left and up.

Gunshot wound #5 is a perforating gunshot wound of the right wrist. The entry defect is located on the posteromedial right wrist at a point 7 ½ inches above the fingertips. It is round measuring 7/16 inch with a symmetrical 1/16 inch abrasion margin. The bullet passes through the wrist, mostly likely fracturing it, and exits on the posterolateral right wrist at a point 7 5/8 inches above the fingertips. The exit defect is squared and measures ½ inch. The path of gunshot wound #5 is from the victim's left to right and slightly up.

Gunshot wound #6 is a perforating gunshot wound of the left lower forearm. The entry defect is located on the posterior left lower forearm at a point 10 ½ inches above the tip of the left 3rd finger. It is irregular and measures 7/16 inch. The bullet passes through the forearm fracturing the radius and ulna and exits on the medial aspect of the left wrist 4 inches above the tip of the 5th finger. The exit defect is irregular and measures ¼ x 1 ¼ inches. The path of gunshot wound #6 is from the victim's left to right and down.

Gunshot wound #7 is a perforating gunshot wound of the left upper arm. The entry defect is located in the posterior left upper arm laterally at a point 5 ¾ inches below the top of the shoulder. It is triangular-shaped measuring ¼ inch with a tiny abrasion margin. The bullet passes through the upper arm and exits in the posterior left upper arm medially at a point 5 ¾ inches below the top of the shoulder. The exit wound is round measuring ¾ inch. There appears to be a 1/16 inch symmetrical abrasion margin. The path of gunshot wound #7 is from the victim's left to right and back to front.

FULL BODY X-RAYS

Full body x-rays are taken and reveal three projectiles, one in the left side of the pelvis, one in the left lateral lung field and one just lateral to T5 vertebra.

INTERNAL EXAMINATION

The body is examined using the thoraco-abdominal and posterior scalp incisions.

HEAD:

The reflected scalp, calvarium and base of the skull are unremarkable. The temporal muscles reveal no hemorrhage. On removal of the calvarium, there is no evidence of epidural, subdural, or subarachnoid hemorrhage. The leptomeninges are thin and delicate. The tentorium, cerebellum, and falx are intact. The vessels at the base of the brain have a normal configuration and show no arteriosclerosis. The brain is symmetrical and weighs 1420 grams. The convolutionary pattern is smooth and symmetrical. There is no evidence of herniation, contusion, laceration, softening or hemorrhage. Multiple coronal sections show no focal abnormalities. The cerebellum, mid-brain, pons and medulla show no abnormalities. The dura is stripped and reveals no abnormalities at the base of the skull. The orbital roofs are intact and unremarkable.

NECK:

No abnormalities are noted in the anterior strap muscles, laryngeal cartilages, or cervical vertebral column.

BODY CAVITIES:

As previously noted, the left pleural cavity contains 1300 ml of blood, right pleural cavity 800 ml of blood, and the peritoneal cavity an estimated 50ml of blood. The pleural and peritoneal cavities are free of adhesions. The pericardium is thin and translucent and encloses a 50 ml of blood. There are no pericardial adhesions. There is a gunshot wound through the pericardium. The diaphragm is intact except for a gunshot wound through the right hemidiaphragm. All organs are in their normal locations. The subcutaneous fat in the anterior abdominal wall measures approximately ¼ inch.

CARDIOVASCULAR SYSTEM:

The 250 gram heart has a normal configuration. The coronary arteries arise normally, and follow a normal distribution. The coronary arteries show no arteriosclerosis. The endocardium, pericardium, epicardium, myocardium, and cardiac valves are normal throughout. The papillary muscles and chordae are normal. The aorta shows a normal pathway and shows no arteriosclerosis. There is a gunshot wound through the ascending aorta just above the heart.

RESPIRATORY SYSTEM:

The larynx and trachea are intact. The right lung weighs 230 grams and the left lung weighs 190 grams. The tracheo-bronchial tree follows its normal anatomic pathway and contains a slight amount of blood. The intrinsic pulmonary vessels are patent and reveal no thrombo-emboli. There is congestion in the dependent lobes of the lung. The cut surface discloses gunshot wounds through the right middle lobe, right lower lobe and left upper lobe.

GASTROINTESTINAL SYSTEM:

The tongue, esophagus, stomach, small intestine and colon are unremarkable. The appendix is present. The contents of the stomach consist of a moderate amount of partially digested food with no identifiable pills.

HEPATOBILIARY SYSTEM:

The 1240 gram liver has a normal size and shape. There is a gunshot wound through the lateral right lobe with maceration. It otherwise has a normal consistency and a normal red-brown color throughout. The cut surface of the liver shows no other focal lesions. The gallbladder

contains 5 cc of green-black bile of normal viscosity. There are no stones. The extrahepatic biliary system is patent.

PANCREAS:

The pancreas is normal.

ENDOCRINE SYSTEM:

The thyroid and adrenal glands are normal.

HEMOLYMPHATIC SYSTEM:

The 125 gram spleen has an intact capsule and normal parenchyma. The white pulp is visible. The lymph nodes are unremarkable.

URINARY SYSTEM:

Each kidney weighs 100 grams. The capsules are smooth and strip with ease. Sectioning reveals normal cortices with distinct cortico-medullary junctions and normal renal pelves. The ureters and bladder have a normal configuration and the bladder contains no urine. The bladder mucosa is normal.

REPRODUCTIVE SYSTEM:

The prostate gland is normal to palpation.

MUSCULOSKELETAL SYSTEM:

The injuries have previously been described. The bony framework is well developed and well retained. No evidence of fracture, trauma or other lesions is noted in the skeletal structures. Cut surfaces of the muscles show no abnormalities.

SPECIMENS FOR HISTOLOGY:

Representative sections of the major organs are saved.

SPECIMENS FOR TOXICOLOGY:

Peripheral blood is submitted for drugs of abuse and alcohol. Vitreous is saved. Cavity blood is saved.

AUTOPSY WITNESSES:

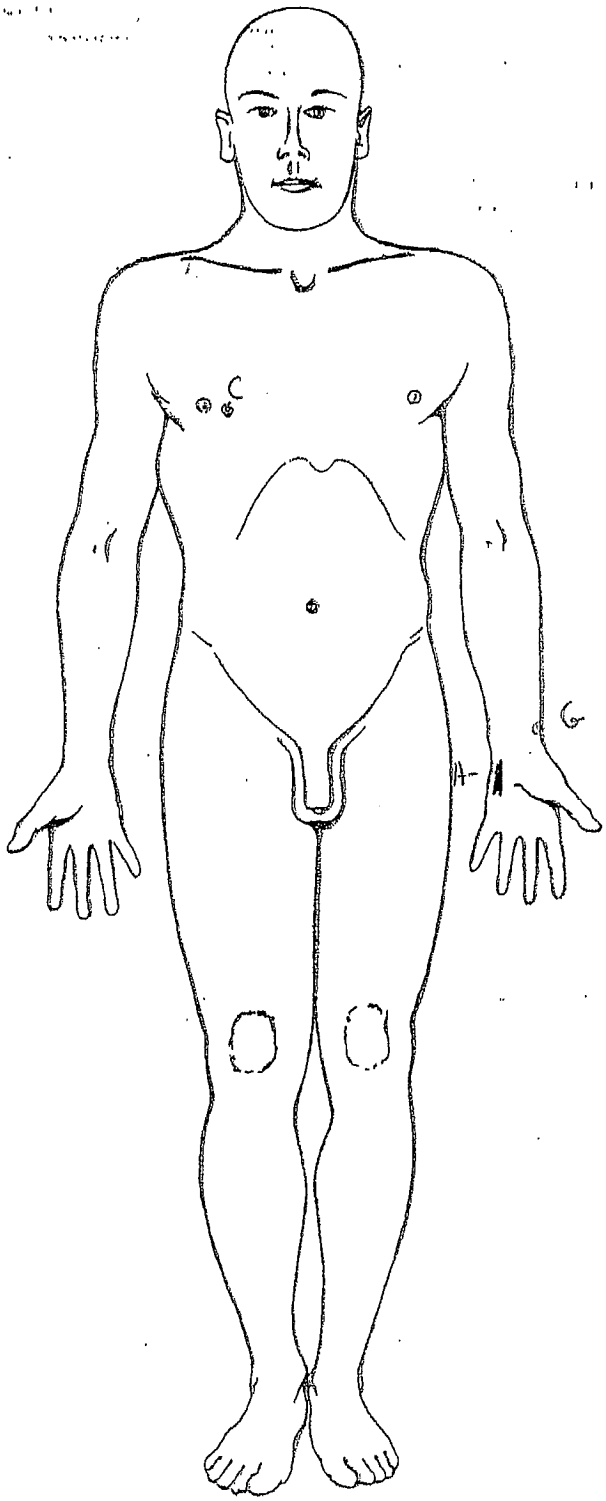
C. Garcia and S. Johnson, Forensic Assistants. Chief District Attorney D. Gomez, Deputy District Attorney J. Olson, District Attorney Investigator E. Hemphill, Sonoma County District Attorney's

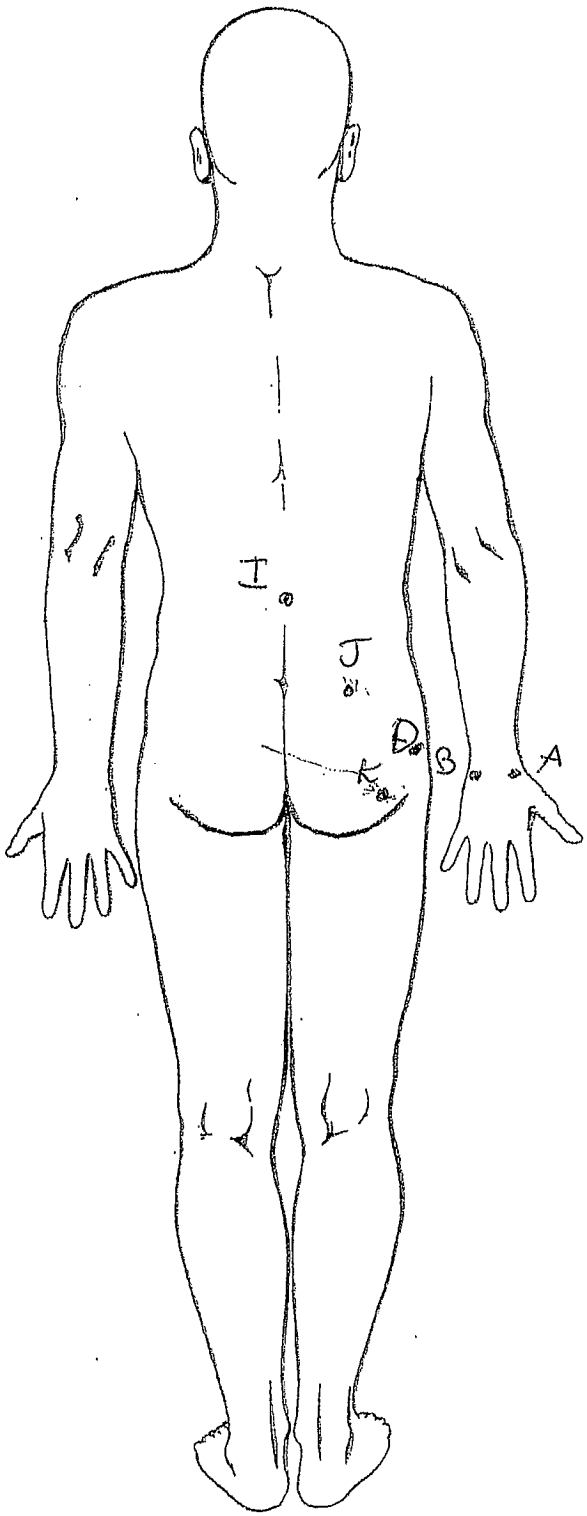
Office; Sr. Detectives B. Boettger and T. Hughes, Sr. Sergeant D. Linscomb, Field Evidence Technician A. Galvan, Santa Rosa Police Department ; VCI Detective B. Cutting, Sonoma County Sheriff's Office.

ARJ/wcp
D: 10-24-13
T: 12-12-13

Name Lopez Cruz, Andy Case No. 13-1253

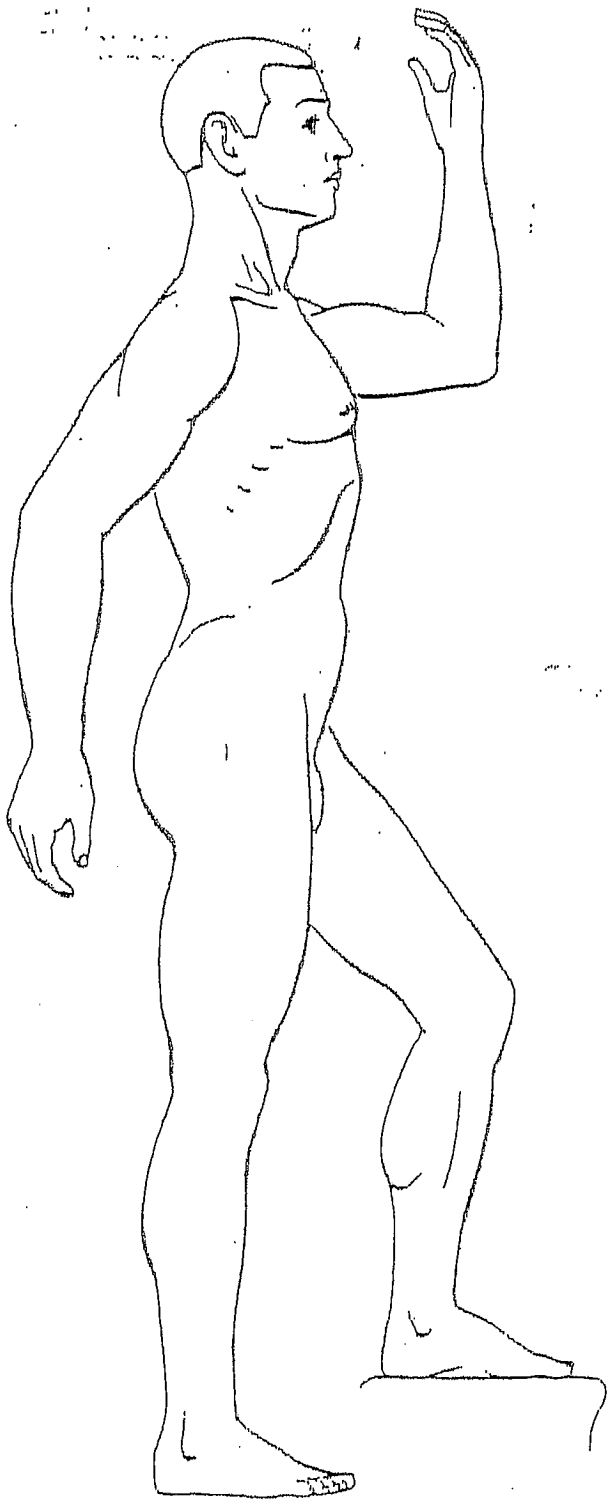
Age 13 Date 10-24-13





NAME Lopez Cruz, Andy CASE NO. 13-1253

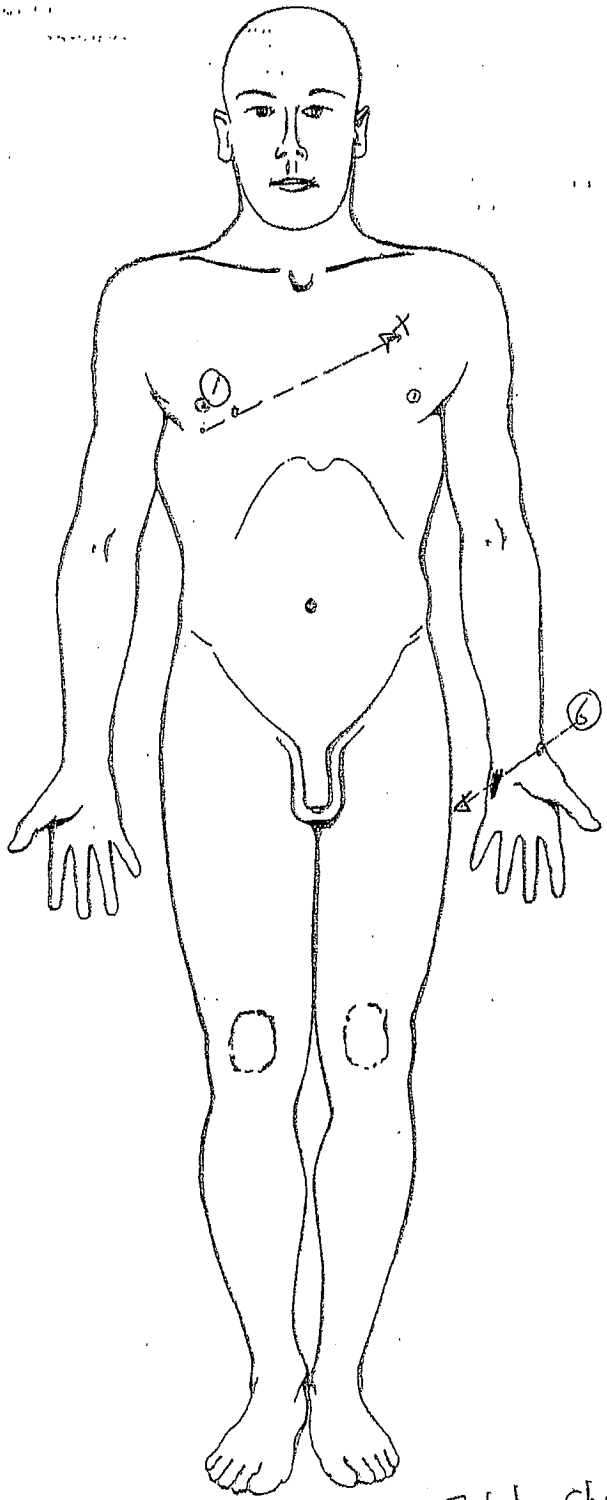
EXAMINER _____ DATE 10-24

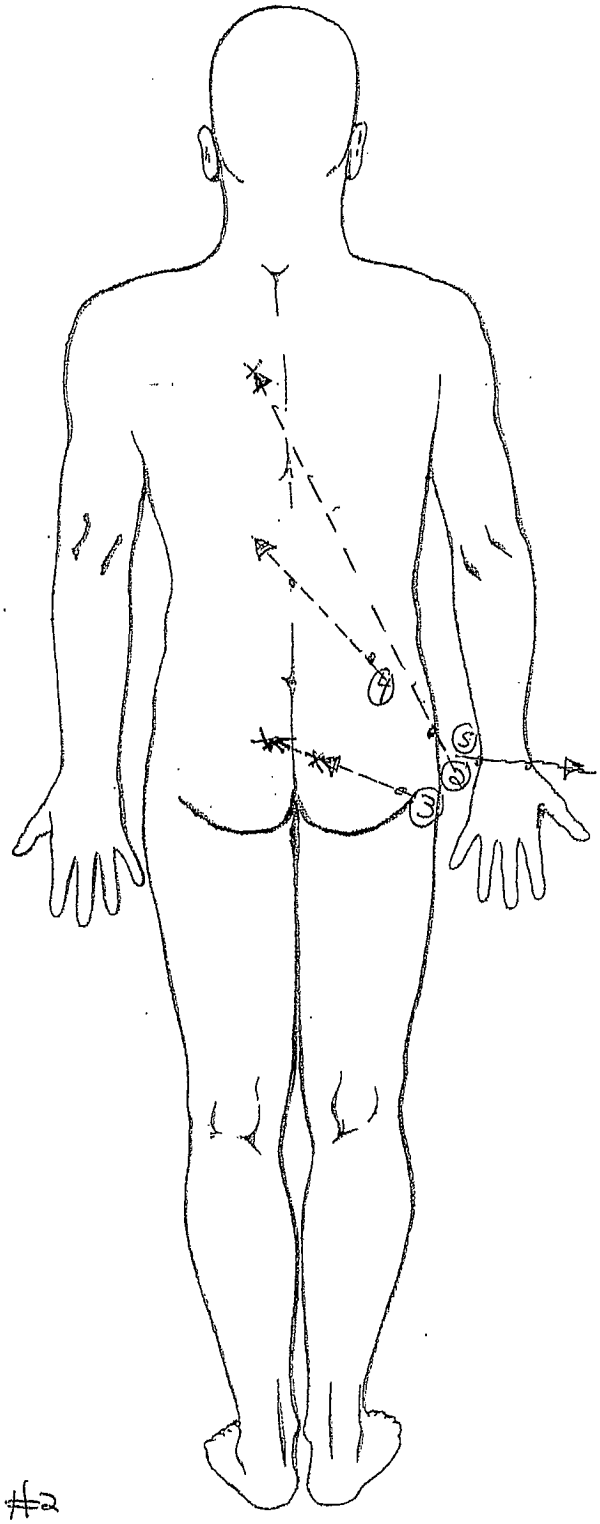




Name Lopez Cruz, Andy Case No. 13-1253

Age 13 Date 10-24





Fatal shots: #1, #2

NMS LABS

NMS Labs
[redacted]
e-mail: nms@nmslabs.com
Robert A. Middleberg, PhD, DABFT, DABCC-TC, Laboratory Director

CONFIDENTIAL

Toxicology Report

Report Issued 11/02/2013 10:02

To: **10325**
Sonoma County Sheriff's Office
Attn: Sgt. Greg Stashyn
3336 Chanate Road
Santa Rosa, CA 95404

Patient Name	LOPEZ CRUZ, ANDY
Patient ID	[redacted]
Chain	11662819
Age	13 Y
Gender	Male
Workorder	13263058

Positive Findings:

Compound	Result	Units	Matrix Source
Delta-9 THC	5.9	ng/mL	Femoral Blood
Delta-9 Carboxy THC	22	ng/mL	Femoral Blood

See Detailed Findings section for additional information

Testing Requested:

Analysis Code	Description
8051B	Postmortem Toxicology - Basic, Blood (Forensic)

Specimens Received:

ID	Tube/Container	Volume/ Mass	Collection Date/Time	Matrix Source	Miscellaneous Information
001	Gray Top Tube	9.75 mL	10/24/2013 10:10	Femoral Blood	
002	Gray Top Tube	8.25 mL	10/24/2013 10:10	Femoral Blood	

All sample volumes/weights are approximations.

Specimens received on 10/29/2013.

RECEIVED
NOV 04 2013
Sonoma County Coroner

Detailed Findings:

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Delta-9 THC	5.9	ng/mL	1.0	001 - Femoral Blood	GC-GC-GC/MS
Delta-9 Carboxy THC	22	ng/mL	5.0	001 - Femoral Blood	GC-GC-GC/MS

Other than the above findings, examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.

Reference Comments:

1. Delta-9 Carboxy THC (Inactive Metabolite) - Femoral Blood:

   Marijuana is a DEA Schedule I hallucinogen. Pharmacologically, it has depressant and reality distorting effects. Collectively, the chemical compounds that comprise marijuana are known as Cannabinoids.

   Delta-9-THC is the principle psychoactive ingredient of marijuana/hashish. Delta-9-carboxy-THC (THCC) is the inactive metabolite of THC with peak concentrations attained 32 to 240 minutes after smoking and may be detected for up to one day or more in blood. Both delta-9-THC and THCC may be present substantially longer in chronic users. THCC is usually not detectable after passive inhalation.

2. Delta-9 THC (Active Ingredient of Marijuana) - Femoral Blood:

   Marijuana is a DEA Schedule I hallucinogen. Pharmacologically, it has depressant and reality distorting effects. Collectively, the chemical compounds that comprise marijuana are known as Cannabinoids.

   Delta-9-THC is the principle psychoactive ingredient of marijuana/hashish. It rapidly leaves the blood, even during smoking, falling to below detectable levels within several hours. THC concentrations in blood are usually about one-half that of serum/plasma concentrations. The active metabolite, 11-hydroxy-THC, may also fall below detectable levels shortly after inhalation. Delta-9-carboxy-THC (THCC) is the inactive metabolite of THC with peak concentrations attained 32 to 240 minutes after smoking and may be detected for up to one day or more in blood. Both delta-9-THC and THCC may be present substantially longer in chronic users.

   Reported usual peak THC concentrations in serum after smoking 1.75% or 3.55% THC marijuana cigarettes are 50 - 270 ng/mL after beginning of smoking, decreasing to less than 5 ng/mL by 2 hrs. Corresponding delta-9-carboxy-THC concentrations range from 10 - 101 ng/mL about 32 to 240 minutes after the beginning of smoking and decline slowly. Passive inhalation of marijuana smoke has been reported to produce blood THC concentrations up to 2 ng/mL. Delta-9-carboxy THC concentrations in blood may not be present following passive inhalation of marijuana smoke.

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded two (2) years from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed.

Workorder 13263058 was electronically signed on 11/02/2013 09:29 by:

Susan B. Crookham

Susan Crookham,
Certifying Scientist

Analysis Summary and Reporting Limits:

All of the following tests were performed for this case. For each test, the compounds listed were included in the scope. Please refer to the Positive Findings section of the report for those compounds that were identified as being present.

Acode 50013B - Cannabinoids Confirmation, Blood (Forensic) - Femoral Blood

-Analysis by Multi-dimensional Gas Chromatography/Mass Spectrometry (GC-GC-GC/MS) for:

Analysis Summary and Reporting Limits:

Compound	Rpt. Limit	Compound	Rpt. Limit
11-Hydroxy Delta-9 THC	5.0 ng/mL	Delta-9 THC	1.0 ng/mL
Delta-9 Carboxy THC	5.0 ng/mL		

Acode 8051B - Postmortem Toxicology - Basic, Blood (Forensic) - Femoral Blood

-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for:

Compound	Rpt. Limit	Compound	Rpt. Limit
Amphetamines	20 ng/mL	Methadone	25 ng/mL
Barbiturates	0.040 mcg/mL	Opiates	20 ng/mL
Benzodiazepines	100 ng/mL	Phencyclidine	10 ng/mL
Cannabinoids	10 ng/mL	Propoxyphene	50 ng/mL
Cocaine / Metabolites	20 ng/mL		

-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for:

Compound	Rpt. Limit	Compound	Rpt. Limit
Buprenorphine / Metabolite	0.50 ng/mL		

-Analysis by Headspace Gas Chromatography (GC) for:

Compound	Rpt. Limit	Compound	Rpt. Limit
Acetone	5.0 mg/dL	Isopropanol	5.0 mg/dL
Ethanol	10 mg/dL	Methanol	5.0 mg/dL

PHYSICIAN/CORONER'S AMENDMENT

NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS

SCANNED

STATE FILE NUMBER: 1.1

LOCAL REGISTRATION NUMBER:

☐ BIRTH ☒ DEATH ☐ FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY – THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

PART I INFORMATION TO LOCATE RECORD

INFORMATION AS IT APPEARS ON ORIGINAL RECORD	1A. NAME—FIRST	1B. MIDDLE	1C. LAST	2. SEX
	ANDY	-	LOPEZ CRUZ	M
	3. DATE OF EVENT—MM/DD/CCYY	4. CITY OF EVENT	5. COUNTY OF EVENT	
	10/22/2013	SANTA ROSA	SONOMA	

PART II STATEMENT OF CORRECTIONS

WORKING COPY

LIST ONE ITEM PER LINE

6. CERTIFICATE ITEM NUMBER	7. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	8. INFORMATION AS IT SHOULD APPEAR
107A	PENDING INVESTIGATION	GUNSHOT WOUND OF CHEST AND GUNSHOT WOUND OF ABDOMEN AND CHEST
107AT		MINS
119	PENDING INVESTIGATION	HOMICIDE
120		NO
121		10/22/2013
122		1514
123		SIDEWALK
124		AFTER FAILING TO COMPLY WITH SHERIFF'S DEPUTIES' COMMANDS, THE DECEDENT WAS SHOT WITH A HANDGUN BY A SHERIFF'S DEPUTY.
125		38.23'41"N, 122.43'07"W, SANTA ROSA, CA 95407,

DECLARATION OF CERTIFYING PHYSICIAN OR CORONER

I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

9. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER	10. DATE SIGNED—MM/DD/CCYY	11. TYPED OR PRINTED NAME AND TITLE/DEGREE OF CERTIFIER
▶ BRENT R KIDDER	01/16/2014	DEPUTY CORONER

12. ADDRESS—STREET and NUMBER	13. CITY	14. STATE	15. ZIP CODE
3336 CHANATE ROAD	SANTA ROSA	CA	95404

STATE/LOCAL REGISTRAR USE ONLY

16. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR	17. DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY
▶	

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11(REV 3/06)

STATE FILE NUMBER | LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT– FIRST (Given)	2. MIDDLE	3. LAST (Family)
ANDY	-	LOPEZ CRUZ

AKA, ALSO KNOWN AS -- Include full AKA (FIRST, MIDDLE, LAST)

4. DATE OF BIRTH mm/dd/ccyy	5. AGE Yrs.	IF UNDER ONE YEAR Months	IF UNDER ONE YEAR Days	IF UNDER 24 HOURS Hours	IF UNDER 24 HOURS Minutes	6. SEX
[redacted]	13					M

9. BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES?	12. MARITAL STATUS/SRDP* (at Time of Death)	7. DATE OF DEATH mm/dd/ccyy	8. HOUR (24 Hours)
CA	[redacted]	YES [X] NO [ ] UNK	NEVER MARRIED	10/22/2013	1527

13. EDUCATION – Highest Level/Degree (see worksheet on back)	14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back)	16. DECEDENT'S RACE – Up to 3 races may be listed (see worksheet on back)
07	[X] YES MEXICAN AMERICAN [ ] NO	HISPANIC

17. USUAL OCCUPATION – Type of work for most of life. DO NOT USE RETIRED	18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	19. YEARS IN OCCUPATION
STUDENT	EDUCATION	7

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number, or location)
[redacted]

21. CITY	22. COUNTY/PROVINCE	23. ZIP CODE	24. YEARS IN COUNTY	25. STATE/FOREIGN COUNTRY
SANTA ROSA	SONOMA	95407	13	CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP	27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)
RODRIGO LOPEZ, FATHER	[redacted] SANTA ROSA, CA 95407

SPOUSE/SRDP AND PARENT INFORMATION

WORKING COPY

28. NAME OF SURVIVING SPOUSE/SRDP– FIRST	29. MIDDLE	30. LAST (BIRTH NAME)	

31. NAME OF FATHER/PARENT–FIRST	32. MIDDLE	33. LAST	34. BIRTH STATE
RODRIGO	-	LOPEZ ROCHA	MEXICO

35. NAME OF MOTHER/PARENT–FIRST	36. MIDDLE	37. LAST (BIRTH NAME)	38. BIRTH STATE
SUJEY	ANNEL	CRUZ CASARES	MEXICO

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy	40. PLACE OF FINAL DISPOSITION
10/31/2013	[redacted] RES: RODRIGO LOPEZ ROCHA SANTA ROSA, CA 95407

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NUMBER
CR/RES	ROBERT BYERLY	EMB8469

44. NAME OF FUNERAL ESTABLISHMENT	45. LICENSE NUMBER	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE mm/dd/ccyy
WINDSOR HEALDSBURG MORTUARY	FD1925	LYNN SILVER, MD, MPH	10/31/2013

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE	103. IF OTHER THAN HOSPITAL, SPECIFY ONE
WEST SIDEWALK ON MOORLAND AVENUE	[ ] IP [ ] ER/OP [ ] DOA	[ ] Hospice [ ] Nursing Home/LTC [ ] Decedent's Home [X] Other

104. COUNTY	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)	106. CITY
SONOMA	38.23'41"N, 122.43'07"W	SANTA ROSA

CAUSE OF DEATH

107. CAUSE OF DEATH — Enter the chain of events --- diseases, injuries, or complications --- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.

		Time Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	(A) PENDING INVESTIGATION	(AT) -
Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	(B)	(BT)
	(C)	(CT)
	(D)	(DT)

108. DEATH REPORTED TO CORONER?	109. BIOPSY PERFORMED?	110. AUTOPSY PERFORMED?	111. USED IN DETERMINING CAUSE?
[X] YES [ ] NO	[ ] YES [X] NO	[X] YES [ ] NO	[X] YES [ ] NO
REFERRAL NUMBER 13-0001253			

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107
-

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)	113A. IF FEMALE, PREGNANT IN LAST YEAR?
-	[ ] YES [ ] NO [ ] UNK

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.	115. SIGNATURE AND TITLE OF CERTIFIER	116. LICENSE NUMBER	117. DATE mm/dd/ccyy
Decedent Attended Since (A) mm/dd/ccyy; Decedent Last Seen Alive (B) mm/dd/ccyy	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		

CORONER'S USE ONLY

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.	120. INJURED AT WORK?	121. INJURY DATE mm/dd/ccyy	122. HOUR (24 Hours)
MANNER OF DEATH [ ] Natural [ ] Accident [ ] Homicide [ ] Suicide [X] Pending Investigation [ ] Could not be determined	[ ] YES [ ] NO [ ] UNK		

123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)

124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)

125. LOCATION OF INJURY (Street and number, or location, and city, and zip)

126. SIGNATURE OF CORONER / DEPUTY CORONER	127. DATE mm/dd/ccyy	128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER
BRENT R KIDDER	10/24/2013	BRENT R KIDDER, DEPUTY CORONER

STATE REGISTRAR	A	B	C	D	E	Printed on: 01/16/2014 10:17 AM By KIDDER, BRENT (BKIDDER)	FAX AUTH.#	CENSUS TRACT

SONOMA COUNTY SHERIFF-CORONER
PRELIMINARY REPORT

Name of Decedent Lopez Cruz, Andy Coroner Case Number 13-0001253

Pathologist Josselson Detective Kidder Date of Exam 10/24/13 Age of Decedent 13

Cause of Death: Gunshot wound of chest & gunshot wound of abdomen + chest - mass

Due to:

Due to:

Due to:

Due to:

Other Significant Findings:

INSPECTION ☐	TEST ORDERED		Carbon Monoxide ☐
AUTOPSY ☒	Motor Vehicle Fatality ☐		Cyanide ☐
SPECIMENS:	Homicide ☒		Ethanol ☐
Blood ☒	SIDS ☐		**Vitreous Humor Chemistries**
Liver ☐	Suspected Child Abuse ☐		Glucose and Acetone ☐
Urine ☒	Drug Overdose, Illicit Drugs ☐		Ethanol ☐
Gastric Contents ☐	Drug Overdose, Prescription Drugs ☐		Electrolytes ☐
Vitreous Humor ☒	High Profile/Police-Involved Deaths ☐		HIV Antibody/Hepatitis Panel ☐
_____ ☐	Work-Related Deaths ☐		Presumptive Urine Screen ☐

MICROSCOPY ☐	DNA Card ☐	CONSULT(S): ☐
SEXUAL ASSAULT SPECIMENS	BLOOD FOR GROUPING ☐	Dental ☐
Scalp Hair Standards ☐	SCALP HAIR STANDARDS ☐	Neuropathological ☐
Oral Swabs and Smear(s) ☐	FINGERNAIL CLIPPINGS ☐	Anthropological ☐
Pubic Hair Standards ☐	PHOTOGRAPHY ☐	
Vaginal Swabs and Smear(s) ☐	RADIOGRAPHY ☐	
Rectal Swabs and Smear(s) ☐	RECOVERED MISSILES ☐	BODY MASS: 133.5 lb
Fingernail (Scrapings/Clippings) ☐	BODY DISPOSITION	BODY LENGTH: 62 3/4 in
Other Body Hair Standards ☐	Release ☐	NAME: Garcia
_____ ☐	Hold ☐	

COMMENTS:

PERSONS PRESENT:

SONOMA COUNTY

Decedent I.D. verified by:

AJ & Garcia

Date 10/24/13

CORONER

POSTMORTEM TOXICOLOGY

NMS LABS [redacted] www.nmslabs.com

Esoteric Toxicology • Therapeutic Drug Monitoring • Endocrinology Testing • Metals Testing
Forensic Toxicology • Criminalistics • Biomonitoring for Environmental/Occupational Exposure

CONTROL NO. [redacted]

ACCOUNT NO. [redacted]

ACCOUNT NAME/ADDRESS

SONOMA COUNTY SHERIFF'S OFC.
3338 CHANATE ROAD
SANTA ROSA, CA 95404

PLEASE PRINT DECEDENT I.D. INFORMATION OR AFFIX I.D. LABEL BELOW

DECEDENT I.D. NO.	AGE	SEX
13-0001253	13	M

DECEDENT NAME (LAST, FIRST)
Lopez Cruz, Andy

SPECIMEN TYPE(S):

- [x] Blood
- [ ] Cardiac
- [x] Peripheral
- [ ] Plasma
- [ ] Serum
- [ ] Urine
- [ ] Meconium
- [ ] Hair
- [ ] Vitreous
- [ ] Bile
- [ ] Gastric
- [ ] Tissue _____ Specify
- [ ] Other _____ Specify
- [ ] Do not micro
- [ ] Do not consume
- [ ] Return Specimen (Addl. charge)

SPECIMEN COLLECTION
Date: 10/24/13
Time: 1010
- [ ] MVA
- [ ] Homicide
- [ ] Suicide
- [ ] Suspected OD

CIRCUMSTANCES OF DEATH
Homicide - GSW

BASIC Postmortem Toxicology

Our basic offering of Drugs of Abuse and Alcohol confirmed & quantitated).

- [x] **8051B** (blood)
- [ ] **8051B** plus **8050U** (blood plus urine drug screen with 6-MAM)
- [ ] **8051U** (urine)
- [ ] **8051SP** (serum/plasma)
- [ ] **8051TI** (tissue)
- [ ] **8051FL** (fluid)

__ 8061B - Basic w/o Alcohol, Blood
__ 8061U - Basic w/o Alcohol, Urine

EXPANDED Postmortem Toxicology

Our Basic package, plus:

- Predefined selection of abused and therapeutic drugs or metabolites.
- All positive findings confirmed & quantitated.

- [ ] **8052B** (blood)
- [ ] **8052B** plus **8050U** (blood plus urine drug screen with 6-MAM)
- [ ] **8052U** (urine)
- [ ] **8052SP** (serum/plasma)
- [ ] **8052TI** (tissue)
- [ ] **8052FL** (fluid)

__ 8062B - Expanded w/o Alcohol
__ 8062U - Expanded w/o Alcohol

EXPERT Postmortem Toxicology

- Largest current library of the most relevant drugs, metabolites, poisons and toxins for comprehensive death investigation.
- Case history evaluation and guidance by a leading NMS Labs toxicologist.
- Case conference participation *(exclusive to the Expert level).*

- [ ] **8092B** (blood)
- [ ] **8092U** (urine)
- [ ] **8092SP** (serum/plasma)
- [ ] **8092TI** (tissue)
- [ ] **8092FL** (fluid)

Please attach case history and include a list of all known/ relevant medications.

NMS LABS

FILE

COPY

ADDITIONAL TESTING

]1919FL Electrolytes & Glucose Panel (Vitreous)	☐2413B Inhalants Panel	☐9560B Synthetic Cannabinoids, Blood
]2164FL Glucose, (Vitreous)	☐8104B Fire Death Screen	☐8065B Bath Salts Screen, Blood
]0170FL Alcohol Panel, (Vitreous) Fluid	☐8103B Environmental Exposure	☐8755B Hallucinogens Screen - Expanded, Blood
]0171B Alcohol Screen	☐2693B Metals Poisoning, Blood	☐7300SL DNA Analysis
]1002B Carbon Monoxide	☐4177B SIDS Screen	☐7201SL Drug Identification

]ther: _____ 7640B - ETHANOL, FREE W, BLOOD

More information on these tests including specimen collection information can be found on our website at www.nmslabs.com

DATE	RELINQUISHED BY	RECEIVED BY	PURPOSE OF TRANSFER
10/24/13	[illegible]	FedEx	NMS

NOTE: We do not provide Medicare, Medicaid or any other 3rd party billing services.

SONOMA COUNTY CORONER
PERSONAL EFFECTS/CLOTHING RECEIPT

3336 Chanate Road, Santa Rosa, CA 95404
(707) 565-5070

DECEDENT NAME:	DATE/TIME OF DEATH:	CORONER CASE NUMBER:
Andy Lopez Cruz	10/22/13 1527	13-0001253

ITEM #	TYPE / QUANTITY (Circle or Enter Below)	DESCRIPTION (MAKE / MODEL / COLOR / SERIAL #)	COLLECTED AT: (Scene, Exam, etc.)	BY: (Name/Date)
CLOTHING ITEMS				
	Hat / Helmet			
	Jacket/Sweater/Sweatshirt			
	Shirt / Blouse			
	Pants / Dress /Skirt / Shorts	nude		
	Shoes / Boots / Sandals			
	Undergarments			
	Accessories (belt/tie/etc.)			
	Other Clothing			
JEWELRY ITEMS				
with body CG1	Earrings / Rings / Piercings	white metal stud earring w/a clear stone	exam	10/24/13
	Necklaces / Bracelets			
	Watches			
	Other Jewelry			
OTHER VALUABLES / MISCELLANEOUS ITEMS				
	Credit / Debit Cards			
	Cash (attach money log)			
	Cell Phones / Camera			
	Documents / Identification			
	Car / Residence Keys			
	Purse / Wallet			
	Backpack / Other Items			

CHAIN OF CUSTODY

DATE/TIME:	ITEM(S):	RELEASED BY:	RELEASED TO:
10/24/13 1450	CG1- property	[illegible]	[redacted]

Contaminated items deemed a biohazard will be disposed in a manner as prescribed by law. Official IDs will be returned to the issuing agencies.

DISTRIBUTION: White Copy - Coroner File | Yellow Copy - Person Claiming Property / Mortuary | Pink Copy – Coroner Tracking Copy | Golden Rod - Field Receipt

SONOMA COUNTY CORONER'S OFFICE
MORGUE REGISTER

PRINT ALL INFORMATION

NAME OF DECEDENT	CASE NO.
Andy Lopez Cruz	13-0001253

PLACE OF DEATH
MOORLAND AVE / W. ROBLES AVE, SANTA ROSA

NAME OF JURISDICTION

PERSONAL EFFECTS OTHER THAN CLOTHING? X NO ____ YES
IF YES, LIST ITEMS:

RECEIPT OF BODY

BODY IN BAG ____ NO X YES

DATE	HOUR	PERSON DELIVERING BODY (Signature)
10-22-13	2158	[redacted]

REPRESENTING (Firm Name and City)	TELEPHONE NO.
J MORRIS	[redacted]

RECEIVED BY (Signature)

NOTE: IDENTIFICATION TAG MUST BE PLACED ON BODY OR POUCH

RELEASE OF BODY

DATE	HOUR	MORTUARY NAME
10/24/13	1450	Windsor Healdsburg Mem.

I, the undersigned, assume custody of the body herein designated and affirm that I am properly and legally authorized to do so by the next of kin or other person who has lawful custody of the body for purposes of burial or other recognized means of disposition of the remains and whose name and address appear immediately above. The Sheriff-Coroner and/or his employees or representatives are hereby relieved of all liability in releasing said body and such liability and responsibility are assumed by the undersigned.

BODY RELEASED IN BAG ____ NO ____ YES

x [redacted]
PERSON REMOVING REMAINS (Print Full Name)

x [redacted]
PERSON REMOVING REMAINS (Signature)

x Cecilia Garcia
RELEASED BY (Signature)

x 10/24/13
DATE

01/09

CORONER'S OFFICE
COUNTY OF SONOMA

3336 Chanate Road, Santa Rosa, CA 95404
Phone: 707-565-5070 Fax: 707-565-5049

Steve Freitas
SHERIFF-CORONER

AUTHORIZATION FOR RELEASE OF REMAINS

DECEDENT NAME: Andy Ho P.O.J CORONER CASE #: 13-0001253

CONTROL OF REMAINS: Unless other directions have been given by the decedent, the right and duty to control the disposition of the remains of the decedent, the location and conditions of interment, and arrangements and payments for funeral goods and services, rests with the following persons in the order named:

1. An agent under a power of attorney for health care who has the right and duty of disposition under the Probate Code, Division 4.7 (commencing with § 4600).
2. The competent surviving spouse.
3. The sole surviving competent adult child of the decedent, or if there is more than one, the majority of the surviving competent adult children.
4. The surviving competent parent or parents of the decedent.
5. The sole surviving competent adult sibling of the decedent, or if there is more than one, the majority of the surviving competent adult siblings.
6. The surviving competent adult person or persons respectively in the next degrees of kinship, or if there is more than one, the majority of those persons.
7. The public administrator when the deceased has sufficient assets.

These and other relevant provisions are found in Health & Safety Code § 7100. If you would like a complete copy of this code section, please let Coroner's Unit staff know.

FAILURE TO INTER REMAINS: Pursuant to Health & Safety Code § 7104.1, if the person responsible for the interment of a decedent's remains does not do so within 30 days after the Coroner notifies or diligently attempts to notify such person, then the Coroner may inter the remains. The Coroner may recover any expenses of the interment from the responsible person.

NOTICE REGARDING RETENTION OF TISSUE/ORGAN/FLUIDS: If it is determined that a post-mortem examination, toxicology or microbiology analysis is required to determine or confirm the cause and manner of death pursuant to Government Code § 27491, then tissues/organs/fluids from the body may be retained for analysis or evidentiary purposes pursuant to Government Code § 27491.4. Disposition of such remains shall occur according to the requirements of Health & Safety Code § 7054.4.

WARRANTIES OF PERSON(S) SIGNING AUTHORIZATION AND LIABILITY FOR COSTS: By signing this Authorization for Release of Remains, you are warranting the truthfulness of any fact set forth in this Authorization, the identity of the person whose remains are sought to be interred or cremated, and your authority to order interment or cremation (per Government Code § 7110). You are also liable for all costs and fees related to the transportation, storage, and release of the remains, as allowed by law (e.g., Government Code § 27472). Upon reading this provision, please provide your initials: _____.

Please release the above-named Decedent's remains to the following service:

Please release the decedent to the following service:

Windsor Mortuary — Name of Mortuary/Designee
9660 - Old Redwood Hwy — Address, City, State, Zip
[redacted] — Phone

[redacted] — Print Name
[redacted] — Address, City, State, Zip
[redacted] — Phone

[redacted] — Relationship to Decedent
10-24-2013 — Date Signed

Identity of Signer Verified By: (Name / Title / Method of Identification)

Note: Where a majority of persons is required to authorize release per H&S Code § 7100, each person must sign a release form.

FOR CORONER USE ONLY

Fees Waived:
- ☐ 14 and Under
- ☐ Criminal Act of Another
- ☐ Indigent
- ☐ Other (need supervisor approval)

C Garcia FA — Autorized by / Title
10/24/13 1450 — Date/Time
C Garcia — Signature

Sheriff-Coroner Release Form

Revised 1/2011

CORONER'S OFFICE
COUNTY OF SONOMA

3336 Chanate Road, Santa Rosa, CA 95404
Phone: 707-565-5070 Fax: 707-565-5049

Steve Freitas
SHERIFF-CORONER

REQUEST FOR RELEASE OF DECEDENT'S PERSONAL PROPERTY

DECEDENT NAME: Andy Lopez CORONER CASE #: _____

RELEASE OF PERSONAL PROPERTY OF THE DECEDENT: The Coroner may deliver the tangible personal property of the decedent in the Coroner's possession to the decedent's surviving spouse, relative, or conservator or guardian of the estate acting in that capacity at the time of death. However, such property shall not be delivered if the Coroner knows or has reason to believe that there is a dispute over the right to possession of the property. Delivery of property by the Coroner does not determine ownership of the property or confer any greater rights in the property than the recipient would otherwise have, and does not preclude later proceedings for administration of the decedent's estate. The Coroner is not liable for loss or damage to the property caused by the person to whom the property is delivered.

NINETY-DAY RETRIEVAL PERIOD: Any tangible personal property of the decedent must be retrieved from the Coroner within 90 days from the date of death. Thereafter, the property will be considered abandoned and disposed in accordance with applicable law.

REQUEST FOR RELEASE OF PROPERTY AND WARRANTIES: By signing below, you warrant that you are a surviving spouse, relative, or conservator or guardian of the estate acting in that capacity at the time of death. You further warrant that you are entitled to possess the property of the decedent in the Coroner's custody, and that there is no dispute over the right to possession of such property. You are requesting release of the decedent's property to you, or to someone you designate (such as a funeral director or mortuary), as follows:

Winchson — Requesting Party Name (Print)

9660-Old Redwood Hwy — Address, City, State, Zip

[redacted] — Phone

[redacted] — Signature

Father — Relationship to Decedent

10-24-2013 — Date Signed

☐ Release property to the following person or entity: _____

FOR CORONER USE ONLY

VERIFICATION OF IDENTITY OF PERSON REQUESTING RELEASE: As required by Probate Code § 330, the person requesting release of the decedent's property has provided the following reasonable proof of status and identity (per Probate Code § 13104(d)):

☐ A California driver's license or identification card, or a United States Passport that is current or was issued within the last five years.

☐ Any of the following documents if current or issued within the last 5 years and which contain a photograph and description of the person named on it, is signed by the person, and bears a serial or other identifying number: (a) a passport issued by a foreign government that has been stamped by the United States Bureau of Immigration and Customs Enforcement; (b) a driver's license or identification card issued by another State; or (c) an identification card issued by any branch of the United States military.

☐ A notary public's certificate of acknowledgment identifying the person executing this release form. (Attach copy)

List Type of ID, Issuing Entity, and Identifying Number

Verifying Coroner Unit Member | Title | Date/Time

PROPERTY RELEASED TO: Print Name | Signature | Date/Time

SHERIFF-CORONER
COUNTY OF SONOMA

REQUEST AND WAVIER FORM

PRINT NAME: Diana Gomez	ADDRESS: (Not Required for Law Enforcement)	PHONE:
TYPE OF REQUEST: ☐ CORONER OFFICE TOUR ☒ AUTOPSY VIEWING	PURPOSE: ☒ LAW ENFORCEMENT: AGENCY / POSITION / CR#: SO CO DA Chief Deputy DA ☐ EDUCATION / TRAINING: AGENCY OR SCHOOL / INSTRUCTOR NAME:	
REASON FOR TOUR/VIEWING (Not required for Law Enforcement):		

WAVIER

I, **(PRINT NAME)** Diana Gomez, request permission to attend an autopsy/tour of the Sonoma County Sheriff-Coroner's Office as part of my formal education, training or Law Enforcement duties. I do hereby for myself, my heirs, executors and administrators remise, release and forever discharge the County of Sonoma; Sonoma County Sheriff-Coroner's Office; the employees and agents of each of the foregoing, acting officially or otherwise, from any and all claims, demands, actions or injury to the applicant which may occur by reason of this activity.

I understand that the nature of the work performed at the Sheriff-Coroner's Office may expose me to graphic sights, biohazardous substances and particles, and other body fluids.

I understand that what I observe and **all information** that I may obtain during my visit is **confidential** and is not to be disclosed, without prior written approval of the Forensic Pathologist or Coroner's Office Supervisor. I further understand that I am required by policy and law to comply with all directions given to me by the staff members of the Coroner's Office and that my "Permission to Attend" may be canceled at anytime by the Coroner's Office Supervisor or designee. I also understand that the taking of photographs or recordings of any kind are not allowed except in the course of official police duties. All results are preliminary, unless specifically stated otherwise by the Forensic Pathologist. All waivers are retained at the Sheriff's-Coroner Office according to the retention schedule.

I UNDERSTAND THAT I MAY BE ASKED TO WEAR PROTECTIVE CLOTHING AND OTHER EQUIPMENT, AND WILL COMPLY WITH THIS REQUEST.

I hereby certify that I am over the age of 18 years and that to the best of my knowledge I am of sound health.

Signature: _____ **Date:** 10-24-13

FOR CORONER'S USE ONLY:

DATE OF TOUR/VIEWING: 10/24/2013	DECEDENT'S NAME: ☐ N/A Lopez Cruz, Andy		CORONER # 13-0001253
APPROVED BY: Sgt. Stashyn	DATE: 10/24/2013	STAFF MEMBERS PRESENT: C. Garcia	

Sonoma County Sheriff's-Coroner's Office
3336 Chanate Road Santa Rosa, CA 95404
707.565.5070 Fax 707.565.5049

SHERIFF-CORONER
COUNTY OF SONOMA

REQUEST AND WAVIER FORM

PRINT NAME:	ADDRESS: (Not Required for Law Enforcement)	PHONE:
EDWIN HEMPHILL		327-8335

TYPE OF REQUEST:
- ☐ CORONER OFFICE TOUR
- ☒ AUTOPSY VIEWING

PURPOSE:
- ☒ LAW ENFORCEMENT: AGENCY / POSITION / CR#: So. Co. D.A. OFC, INVESTIGATOR
- ☐ EDUCATION / TRAINING: AGENCY OR SCHOOL / INSTRUCTOR NAME:

REASON FOR TOUR/VIEWING (Not required for Law Enforcement):
VIEW AUTOPSY FOR D.A. OFC

WAVIER

I, **(PRINT NAME)** EDWIN HEMPHILL, request permission to attend an autopsy/tour of the Sonoma County Sheriff-Coroner's Office as part of my formal education, training or Law Enforcement duties. I do hereby for myself, my heirs, executors and administrators remise, release and forever discharge the County of Sonoma; Sonoma County Sheriff-Coroner's Office; the employees and agents of each of the foregoing, acting officially or otherwise, from any and all claims, demands, actions or injury to the applicant which may occur by reason of this activity.

I understand that the nature of the work performed at the Sheriff-Coroner's Office may expose me to graphic sights, biohazardous substances and particles, and other body fluids.

I understand that what I observe and **all information** that I may obtain during my visit is **confidential** and is not to be disclosed, without prior written approval of the Forensic Pathologist or Coroner's Office Supervisor. I further understand that I am required by policy and law to comply with all directions given to me by the staff members of the Coroner's Office and that my "Permission to Attend" may be canceled at anytime by the Coroner's Office Supervisor or designee. I also understand that the taking of photographs or recordings of any kind are not allowed except in the course of official police duties. All results are preliminary, unless specifically stated otherwise by the Forensic Pathologist. All waivers are retained at the Sheriff's-Coroner Office according to the retention schedule.

I UNDERSTAND THAT I MAY BE ASKED TO WEAR PROTECTIVE CLOTHING AND OTHER EQUIPMENT, AND WILL COMPLY WITH THIS REQUEST.

I hereby certify that I am over the age of 18 years and that to the best of my knowledge I am of sound health.

Signature: [signature] Date: 10/24/13

FOR CORONER'S USE ONLY:

DATE OF TOUR/VIEWING:	DECEDENT'S NAME: ☐ N/A		CORONER #
10/24/2013	Lopez Cruz, Andy		13-0001253
APPROVED BY:	DATE:	STAFF MEMBERS PRESENT:	
Sgt. Stashyn	10/24/2013	C. Garcia	

Sonoma County Sheriff's-Coroner's Office
3336 Chanate Road Santa Rosa, CA 95404
707.565.5070 Fax 707.565.5049

SHERIFF-CORONER
COUNTY OF SONOMA

REQUEST AND WAVIER FORM

PRINT NAME:	ADDRESS: (Not Required for Law Enforcement)	PHONE:
BRIAN BOETTGER		543-3600

TYPE OF REQUEST:	PURPOSE:	AGENCY / POSITION / CR#:
☐ CORONER OFFICE TOUR	☒ LAW ENFORCEMENT:	SANTA ROSA P.D. / DETECTIVE 13-15093
☒ AUTOPSY VIEWING	☐ EDUCATION / TRAINING:	AGENCY OR SCHOOL / INSTRUCTOR NAME:

REASON FOR TOUR/VIEWING (Not required for Law Enforcement):

WAVIER

I, **(PRINT NAME)** BRIAN BOETTGER, request permission to attend an autopsy/tour of the Sonoma County Sheriff-Coroner's Office as part of my formal education, training or Law Enforcement duties. I do hereby for myself, my heirs, executors and administrators remise, release and forever discharge the County of Sonoma; Sonoma County Sheriff-Coroner's Office; the employees and agents of each of the foregoing, acting officially or otherwise, from any and all claims, demands, actions or injury to the applicant which may occur by reason of this activity.

I understand that the nature of the work performed at the Sheriff-Coroner's Office may expose me to graphic sights, biohazardous substances and particles, and other body fluids.

I understand that what I observe and **all information** that I may obtain during my visit is **confidential** and is not to be disclosed, without prior written approval of the Forensic Pathologist or Coroner's Office Supervisor. I further understand that I am required by policy and law to comply with all directions given to me by the staff members of the Coroner's Office and that my "Permission to Attend" may be canceled at anytime by the Coroner's Office Supervisor or designee. I also understand that the taking of photographs or recordings of any kind are not allowed except in the course of official police duties. All results are preliminary, unless specifically stated otherwise by the Forensic Pathologist. All waivers are retained at the Sheriff's-Coroner Office according to the retention schedule.

I UNDERSTAND THAT I MAY BE ASKED TO WEAR PROTECTIVE CLOTHING AND OTHER EQUIPMENT, AND WILL COMPLY WITH THIS REQUEST.

I hereby certify that I am over the age of 18 years and that to the best of my knowledge I am of sound health.

Signature: _____ **Date:** 10/24/13

FOR CORONER'S USE ONLY:

DATE OF TOUR/VIEWING:	DECEDENT'S NAME: ☐ N/A		CORONER #
10/24/2013	Lopez Cruz, Andy		13-0001253
APPROVED BY:	**DATE:**	**STAFF MEMBERS PRESENT:**	
Sgt. Stashyn	10/24/2013	C. Garcia	

Sonoma County Sheriff's-Coroner's Office
3336 Chanate Road Santa Rosa, CA 95404
707.565.5070 Fax 707.565.5049

SHERIFF-CORONER
COUNTY OF SONOMA

REQUEST AND WAVIER FORM

PRINT NAME:	ADDRESS: (Not Required for Law Enforcement)	PHONE:
Tim Hughes		543-4036

TYPE OF REQUEST:	PURPOSE:	AGENCY / POSITION / CR#:
☐ CORONER OFFICE TOUR ☒ AUTOPSY VIEWING	☒ LAW ENFORCEMENT:	SRPD Detective 13-13093
	☐ EDUCATION / TRAINING:	AGENCY OR SCHOOL / INSTRUCTOR NAME:

REASON FOR TOUR/VIEWING (Not required for Law Enforcement):

WAVIER

I, (PRINT NAME) Tim Hughes, request permission to attend an autopsy/tour of the Sonoma County Sheriff-Coroner's Office as part of my formal education, training or Law Enforcement duties. I do hereby for myself, my heirs, executors and administrators remise, release and forever discharge the County of Sonoma; Sonoma County Sheriff-Coroner's Office; the employees and agents of each of the foregoing, acting officially or otherwise, from any and all claims, demands, actions or injury to the applicant which may occur by reason of this activity.

I understand that the nature of the work performed at the Sheriff-Coroner's Office may expose me to graphic sights, biohazardous substances and particles, and other body fluids.

I understand that what I observe and **all information** that I may obtain during my visit is **confidential** and is not to be disclosed, without prior written approval of the Forensic Pathologist or Coroner's Office Supervisor. I further understand that I am required by policy and law to comply with all directions given to me by the staff members of the Coroner's Office and that my "Permission to Attend" may be canceled at anytime by the Coroner's Office Supervisor or designee. I also understand that the taking of photographs or recordings of any kind are not allowed except in the course of official police duties. All results are preliminary, unless specifically stated otherwise by the Forensic Pathologist. All waivers are retained at the Sheriff's-Coroner Office according to the retention schedule.

I UNDERSTAND THAT I MAY BE ASKED TO WEAR PROTECTIVE CLOTHING AND OTHER EQUIPMENT, AND WILL COMPLY WITH THIS REQUEST.

I hereby certify that I am over the age of 18 years and that to the best of my knowledge I am of sound health.

Signature: _____ Date: 10-24-13

FOR CORONER'S USE ONLY:

DATE OF TOUR/VIEWING:	DECEDENT'S NAME: ☐ N/A		CORONER #
10/24/2013	Lopez Cruz, Andy		13-0001253
APPROVED BY:	DATE:	STAFF MEMBERS PRESENT:	
Sgt. Stashyn	10/24/2013	C. Garcia	

Sonoma County Sheriff's-Coroner's Office
3336 Chanate Road Santa Rosa, CA 95404
707.565.5070 Fax 707.565.5049

SHERIFF-CORONER
COUNTY OF SONOMA

REQUEST AND WAVIER FORM

PRINT NAME:	ADDRESS: (Not Required for Law Enforcement)	PHONE:
David Linscomb		(707) 543-3593

TYPE OF REQUEST:	PURPOSE:	AGENCY / POSITION / CR#:
☐ CORONER OFFICE TOUR	☒ LAW ENFORCEMENT:	Santa Rosa P.D. / SCET / 13-13093
☒ AUTOPSY VIEWING	☐ EDUCATION / TRAINING:	AGENCY OR SCHOOL / INSTRUCTOR NAME:

REASON FOR TOUR/VIEWING (Not required for Law Enforcement):

WAVIER

I, **(PRINT NAME)** David Linscomb, request permission to attend an autopsy/tour of the Sonoma County Sheriff-Coroner's Office as part of my formal education, training or Law Enforcement duties. I do hereby for myself, my heirs, executors and administrators remise, release and forever discharge the County of Sonoma; Sonoma County Sheriff-Coroner's Office; the employees and agents of each of the foregoing, acting officially or otherwise, from any and all claims, demands, actions or injury to the applicant which may occur by reason of this activity.

I understand that the nature of the work performed at the Sheriff-Coroner's Office may expose me to graphic sights, biohazardous substances and particles, and other body fluids.

I understand that what I observe and **all information** that I may obtain during my visit is **confidential** and is not to be disclosed, without prior written approval of the Forensic Pathologist or Coroner's Office Supervisor. I further understand that I am required by policy and law to comply with all directions given to me by the staff members of the Coroner's Office and that my "Permission to Attend" may be canceled at anytime by the Coroner's Office Supervisor or designee. I also understand that the taking of photographs or recordings of any kind are not allowed except in the course of official police duties. All results are preliminary, unless specifically stated otherwise by the Forensic Pathologist. All waivers are retained at the Sheriff's-Coroner Office according to the retention schedule.

I UNDERSTAND THAT I MAY BE ASKED TO WEAR PROTECTIVE CLOTHING AND OTHER EQUIPMENT, AND WILL COMPLY WITH THIS REQUEST.

I hereby certify that I am over the age of 18 years and that to the best of my knowledge I am of sound health.

Signature: _____ **Date:** 10/24/13

FOR CORONER'S USE ONLY:

DATE OF TOUR/VIEWING:	DECEDENT'S NAME: ☐ N/A		CORONER #
10/24/2013	Lopez Cruz, Andy		13-0001253
APPROVED BY:	**DATE:**	**STAFF MEMBERS PRESENT:**	
Sgt. Stashyn	10/24/2013	C. Garcia	

Sonoma County Sheriff's-Coroner's Office
3336 Chanate Road Santa Rosa, CA 95404
707.565.5070 Fax 707.565.5049

SHERIFF-CORONER
COUNTY OF SONOMA

REQUEST AND WAVIER FORM

PRINT NAME:	ADDRESS: (Not Required for Law Enforcement)	PHONE:
ALLISHA GALVAN		975-1248
TYPE OF REQUEST: ☐ CORONER OFFICE TOUR ☒ AUTOPSY VIEWING	PURPOSE: ☒ LAW ENFORCEMENT: SANTA ROSA PD / PET / 13-13093 ☐ EDUCATION / TRAINING:	AGENCY / POSITION / CR#: AGENCY OR SCHOOL / INSTRUCTOR NAME:
REASON FOR TOUR/VIEWING (Not required for Law Enforcement):		

WAVIER

I, **(PRINT NAME)** ALLISHA GALVAN, request permission to attend an autopsy/tour of the Sonoma County Sheriff-Coroner's Office as part of my formal education, training or Law Enforcement duties. I do hereby for myself, my heirs, executors and administrators remise, release and forever discharge the County of Sonoma; Sonoma County Sheriff-Coroner's Office; the employees and agents of each of the foregoing, acting officially or otherwise, from any and all claims, demands, actions or injury to the applicant which may occur by reason of this activity.

I understand that the nature of the work performed at the Sheriff-Coroner's Office may expose me to graphic sights, biohazardous substances and particles, and other body fluids.

I understand that what I observe and **all information** that I may obtain during my visit is **confidential** and is not to be disclosed, without prior written approval of the Forensic Pathologist or Coroner's Office Supervisor. I further understand that I am required by policy and law to comply with all directions given to me by the staff members of the Coroner's Office and that my "Permission to Attend" may be canceled at anytime by the Coroner's Office Supervisor or designee. I also understand that the taking of photographs or recordings of any kind are not allowed except in the course of official police duties. All results are preliminary, unless specifically stated otherwise by the Forensic Pathologist. All waivers are retained at the Sheriff's-Coroner Office according to the retention schedule.

I UNDERSTAND THAT I MAY BE ASKED TO WEAR PROTECTIVE CLOTHING AND OTHER EQUIPMENT, AND WILL COMPLY WITH THIS REQUEST.

I hereby certify that I am over the age of 18 years and that to the best of my knowledge I am of sound health.

Signature: _____ **Date:** 10-24-13

FOR CORONER'S USE ONLY:

DATE OF TOUR/VIEWING:	DECEDENT'S NAME: ☐ N/A		CORONER #
10/24/2013	Lopez Cruz, Andy		13-0001253
APPROVED BY:	DATE:	STAFF MEMBERS PRESENT:	
Sgt. Stashyn	10/24/2013	C. Garcia	

Sonoma County Sheriff's-Coroner's Office
3336 Chanate Road Santa Rosa, CA 95404
707.565.5070 Fax 707.565.5049

SHERIFF-CORONER
COUNTY OF SONOMA

REQUEST AND WAVIER FORM

PRINT NAME:	ADDRESS: (Not Required for Law Enforcement)	PHONE:
Juliette Olson		565-3368

TYPE OF REQUEST:
- ☐ CORONER OFFICE TOUR
- ☒ AUTOPSY VIEWING

PURPOSE:
- ☒ LAW ENFORCEMENT: AGENCY / POSITION / CR#: District Attorney / Deputy / NA
- ☐ EDUCATION / TRAINING: AGENCY OR SCHOOL / INSTRUCTOR NAME:

REASON FOR TOUR/VIEWING (Not required for Law Enforcement):

WAVIER

I, **(PRINT NAME)** Juliette Olson, request permission to attend an autopsy/tour of the Sonoma County Sheriff-Coroner's Office as part of my formal education, training or Law Enforcement duties. I do hereby for myself, my heirs, executors and administrators remise, release and forever discharge the County of Sonoma; Sonoma County Sheriff-Coroner's Office; the employees and agents of each of the foregoing, acting officially or otherwise, from any and all claims, demands, actions or injury to the applicant which may occur by reason of this activity.

I understand that the nature of the work performed at the Sheriff-Coroner's Office may expose me to graphic sights, biohazardous substances and particles, and other body fluids.

I understand that what I observe and **all information** that I may obtain during my visit is **confidential** and is not to be disclosed, without prior written approval of the Forensic Pathologist or Coroner's Office Supervisor. I further understand that I am required by policy and law to comply with all directions given to me by the staff members of the Coroner's Office and that my "Permission to Attend" may be canceled at anytime by the Coroner's Office Supervisor or designee. I also understand that the taking of photographs or recordings of any kind are not allowed except in the course of official police duties. All results are preliminary, unless specifically stated otherwise by the Forensic Pathologist. All waivers are retained at the Sheriff's-Coroner Office according to the retention schedule.

I UNDERSTAND THAT I MAY BE ASKED TO WEAR PROTECTIVE CLOTHING AND OTHER EQUIPMENT, AND WILL COMPLY WITH THIS REQUEST.

I hereby certify that I am over the age of 18 years and that to the best of my knowledge I am of sound health.

Signature: _____ **Date:** 10/24/13

FOR CORONER'S USE ONLY:

DATE OF TOUR/VIEWING:	DECEDENT'S NAME: ☐ N/A		CORONER #
10/24/2013	Lopez Cruz, Andy		13-0001253
APPROVED BY:	DATE:	STAFF MEMBERS PRESENT:	
Sgt. Stashyn	10/24/2013	C. Garcia	

Sonoma County Sheriff's-Coroner's Office
3336 Chanate Road Santa Rosa, CA 95404
707.565.5070 Fax 707.565.5049

State of California

DEATH IN CUSTODY REPORTING FORM

BCIA 713 (rev. 11/05)

Department of Justice

FAXED 11/4/13

DOJ USE ONLY

RECORD KEY

AGENCY TYPE
- ☐ Police
- ☐ Sheriff
- ☐ Probation
- ☐ State
- ☐ Other Local

AGENCY NCIC NUMBER

COUNTY

☑ ORIGINAL ☐ AMENDMENT

DATE OF DEATH: 10 / 22 / 2013 (MM / DD / YYYY)

SUBJECT NAME: Lopez Cruz, Andy (Last / First / Middle)

CII NUMBER

DATE OF BIRTH: [redacted] (MM / DD / YYYY)

GENDER
- ☑ Male
- ☐ Female

RACE/ETHNICITY *(Check One)*
- ☐ Other Asian
- ☐ Black
- ☐ Chinese
- ☐ Cambodian
- ☐ Filipino
- ☐ Guamanian
- ☑ Hispanic
- ☐ American Indian
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ Other
- ☐ Pacific Islander
- ☐ Samoan
- ☐ Hawaiian
- ☐ Vietnamese
- ☐ White
- ☐ Asian Indian

DOJ USE ONLY

CUSTODY OFFENSE: suspicious person

CUSTODY STATUS *(Check One)*
- ☐ Process of Arrest
- ☐ In Transit
- ☐ Awaiting Booking
- ☐ Booked - No Charges Filed
- ☐ Booked - Awaiting Trial
- ☐ Sentenced
- ☐ Out to Court
- ☑ Other

CUSTODIAL RESPONSIBILITY AT TIME OF DEATH *(Check One)*
- ☐ Process of Arrest
- ☐ City Jail
- ☐ County Jail
- ☐ Adult Camp or Ranch
- ☐ Local Juvenile Facility/Camp
- ☐ Adult Operations and Adult Programs (formerly CDC)
- ☐ Division of Juvenile Justice (formerly CYA)
- ☐ State Hospital
- ☑ Other

LOCATION WHERE CAUSE OF DEATH OCCURRED *(Check One)*
- ☐ Not Applicable (Natural)
- ☑ Crime/Arrest Scene
- ☐ Facility -- Administrative
- ☐ Facility -- Booking
- ☐ Facility -- Living
- ☐ Facility -- Common
- ☐ Facility -- Holding
- ☐ Facility -- Medical Treatment
- ☐ Other

FACILITY OF DEATH *(Check One)*
- ☑ Crime/Arrest Scene
- ☐ Local Hospital
- ☐ City Jail
- ☐ County Jail
- ☐ Adult Camp or Ranch
- ☐ Local Juvenile Facility/Camp
- ☐ Adult Operations and Adult Programs (formerly CDC)
- ☐ Division of Juvenile Justice (formerly CYA)
- ☐ State Hospital
- ☐ Other

MANNER OF DEATH *(Check One)*
- ☑ Pending Investigation
- ☐ Natural
- ☐ Accidental -- Injury to Self
- ☐ Accidental -- Injury by Other
- ☐ Suicide
- ☐ Homicide Willful (Law Enforcement Staff)
- ☐ Homicide Willful (Other Inmate)
- ☐ Homicide Justified (Law Enforcement Staff)
- ☐ Homicide Justified (Other Inmate)
- ☐ Execution
- ☐ Cannot Be Determined
- ☐ Other

MEANS OF DEATH *(Check One)*
- ☐ Pending Investigation
- ☐ Not Applicable (Natural)
- ☑ Handgun
- ☐ Rifle/Shotgun
- ☐ Club, Blunt Instrument
- ☐ Hands, Feet, Fists
- ☐ Knife, Cutting Instrument
- ☐ Hanging, Strangulation
- ☐ Alcohol/Drug Overdose
- ☐ Execution: Lethal Gas/Injection
- ☐ Cannot Be Determined
- ☐ Other

DATA SUPPLIED BY *(Please print the following information):*

Name: Greg Stashyn Title: Sergeant

Agency: Sonoma County Sheriff-Coroner's Office Telephone: (707) 565-5070

Address: 3336 Chanate Road Santa Rosa, CA 95404

Send completed form to: Department of Justice
Criminal Justice Statistics Center
P.O. Box 903427
Sacramento, CA 94203-4270
Facsimile: (916) 227-0427 or 227-3561
Telephone: (916) 227-3545

Form CJ-11A

OMB No. 1121-0249 Approval Expires 12/31/2015

U.S. DEPARTMENT OF JUSTICE
BUREAU OF JUSTICE STATISTICS

AND ACTING AS COLLECTION AGENT:
RTI INTERNATIONAL

ARREST-RELATED DEATH INCIDENT REPORT, 2013

FAXED 11/4/13

DATA SUPPLIED BY

Name: Greg Stashyn

Title: Sergeant

Agency: Sonoma County Sheriff-Coroner's Office

Telephone: (707)565-5070

Fax: (707)565-5049

State: CA

E-mail Address: Gregory.Stashy@sonoma-county.org

INSTRUCTIONS FOR COMPLETION

- Complete an Incident Report (CJ-11A) for all civilian deaths caused by an event occurring during an interaction with state or local law enforcement personnel. Report all civilian deaths that occur while the decedent's freedom to leave is restricted by state or local law enforcement personnel—including deaths that occur prior to, during, or following an arrest.
- Complete questions 1 through 22 for each arrest-related death in your jurisdiction. Any additional information or a short narrative of the incident may be provided in the "Notes" section at the end of the CJ-11A.
- Include the decedent's name on both pages 3 and 4 of the CJ-11A.
- Send the completed CJ-11A by **FAX** or **MAIL** to your State Reporting Coordinator (SRC) within 60 days of the arrest-related death. A national listing of SRCs is located on page 2 of this form. If needed, please contact SRCs directly for a mailing address.
- If no arrest-related deaths occurred in your jurisdiction, you will not need to complete a CJ-11A.
- If you need assistance completing the CJ-11A, please refer to the CJ-11A Question-by-Question Guide or contact the Arrest-Related Deaths (ARD) Help Desk at ardhelpdesk@rti.org or toll-free at 1-877-475-7039.

WHAT DEATHS SHOULD BE REPORTED?

INCLUDE

- All deaths resulting from any use of force by state or local law enforcement personnel.
- All deaths caused by injuries sustained while attempting to elude state or local law enforcement personnel or injuries incurred after custody had been established.
- All deaths attributed to suicide, alcohol or other drug intoxications, or medical conditions (e.g., cardiac arrest) that occur during the process of arrest by or in the custody of state or local law enforcement personnel.
- All deaths occurring in the custody of state or local law enforcement personnel responding to a medical or mental health assistance or welfare call.
- All deaths that occur while confined in lockups or booking centers (i.e., facilities from which arrestees are usually transferred within 72 hours and not held beyond arraignment).

EXCLUDE

- Deaths attributed to federal law enforcement personnel (e.g., FBI, DEA).
- Any inmate death that occurred in the custody of local jails, state prisons, state juvenile correctional facilities, or private correctional facilities. These types of deaths should be reported to the Jails and Prisons data collection component of the Deaths In Custody Reporting Program. Please contact Margaret Noonan at 202-307-0765 for additional information.
- Law enforcement personnel killed in the line of duty or in the course of law enforcement activities.
- Any death of a criminal suspect that occurred before the decedent came into contact with law enforcement (e.g., a decedent with an active arrest warrant who died before law enforcement personnel attempted to apprehend him or her).

Burden Statement

Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. The burden of this collection is estimated to average 60 minutes per response, including reviewing instructions, searching existing data sources, gathering necessary data, and completing and reviewing this form. Send comments regarding this burden estimate or any aspect of this survey, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, N.W., Washington, DC 20531.

National Listing of State Reporting Coordinators

Alabama: Lynn Childs
Alabama Criminal Justice Information Center
PH: (334) 517-2415 FX: (334) 517-2740

Alaska: Bradley Myrstol
Alaska Statistical Analysis Center
PH: (907) 786-1837 FX: (907) 786-7777

Arizona: Phillip Stevenson
Arizona Criminal Justice Commission
PH: (602) 364-1157 FX: (602) 364-1175

Arkansas: Crystal Daye
Arrest-Related Deaths Program Staff
PH: (919) 541-7321 FX: (877) 262-7654

California: Amber Lozano
Criminal Justice Statistics Center
PH: (916) 227-3545 FX: (916) 227-0427

Colorado: Laurence Lucerno
Colorado Department of Public Safety
PH: (303) 239-4663 FX: (303) 239-4491

Connecticut: Ivan Kuzyk
Connecticut Office of Policy & Management
PH: (860) 418-6238 FX: (860) 418-6496

Delaware: Julia Cahill
Delaware Statistical Analysis Center
PH: (302) 739-2589 FX: (302) 739-4630

District of Columbia: Sgt. Harry Hill
Office of the Assistant Chief of Police
PH: (202) 576-3394 FX: (202) 727-3307

Florida: Susan Burton
Florida Department of Law Enforcement
PH: (850) 410-7140 FX: (850) 410-7150

Georgia: Stefanie Lopez-Howard
Criminal Justice Coordinating Council
PH: (404) 657-1960 FX: (404) 657-1957

Hawaii: Daniel Kaulelnamoku
Hawaii Department of Public Safety
PH: (808) 587-1211 FX: (808) 587-1244

Idaho: Natalie Warner
Idaho Department of Corrections
PH: (208) 658-2127 FX: (208) 327-7480

Illinois: Shamsideen Balogun
Illinois Criminal Justice Information Authority
PH: (312) 793-8516 FX: (312) 793-8422

Indiana: Stephanie Rosenberg
Indiana Department of Corrections
PH: (317) 234-4417 FX: (317) 233-1474

Iowa: Paul Stageberg
Iowa Division of Criminal & Juvenile Justice Planning
PH: (515) 242-6122 FX: (515) 242-6119

Kansas: Fengfang Lu
Kansas Sentencing Commission
PH: (785) 296-0923 FX: (785) 296-0927

Kentucky: Marjorie Stanek
Kentucky Justice & Public Safety Cabinet
PH: (502) 564-8295 FX: (502) 564-6686

Louisiana: Kim Elland
Louisiana Department of Corrections
PH: (225) 342-6630 FX: (225) 342-3095

Maine: Mark Belserene
Office of the Chief Medical Examiner
PH: (207) 624-7170 FX: (207) 624-7178

Maryland: Jeffrey Zuback
Governor's Office of Crime Control & Prevention
PH: (410) 821-2843 FX: (410) 321-3116

Massachusetts: Lisa Sampson
Executive Office of Public Safety and Security
PH: (617) 725-3361 FX: (617) 725-0260

Michigan: Renee Hultberg
Michigan State Police
PH: (517) 241-1889 FX: (517) 241-1904

Minnesota: Carolyn Robinson
Minnesota Bureau of Criminal Apprehension
PH: (651) 793-1054 FX: (651) 793-1001

Mississippi: Alan Thompson
University of Southern Mississippi
PH: (601) 266-6172 FX: (601) 266-4391

Missouri: Seth Velt
Missouri State Highway Patrol
PH: (573) 751-9000 FX: (573) 526-6274

Montana: Sarah Price
Montana Department of Justice
PH: (406) 444-3651 FX: (406) 444-4722

Nebraska: Mike Overton
Nebraska Crime Commission
PH: (402) 471-2194 FX: (402) 471-2837

Nevada: Timothy Hart
Center for the Analysis of Crime Statistics
PH: (702) 895-0233 FX: (702) 895-0252

New Hampshire: Timothy Brackett
Office of the Attorney General
PH: (603) 271-8090 FX: (603) 271-6290

New Jersey: Jean Petherbridge
Division of Criminal Justice
PH: (609) 984-5693 FX: (609) 984-3381

New Mexico: Lisa Broidy
New Mexico Statistical Analysis Center
PH: (505) 277-6247 FX: (505) 277-4215

New York: Adam Dean
Division of Criminal Justice Services
PH: (518) 457-1149 FX: (518) 485-8039

North Carolina: Julie Singer
North Carolina Criminal Justice Analysis Center
PH: (919) 899-9150 FX: (919) 733-4625

North Dakota: Colleen Weltz
Office of Attorney General
PH: (701) 328-5527 FX: (701) 328-5510

Ohio: Lisa Shoaf
Office of Criminal Justice Services
PH: (614) 466-5997 FX: (614) 466-0308

Oklahoma: Angie Baker
Office of Criminal Justice Statistics
PH: (405) 858-5271 FX: (405) 879-2301

Oregon: Lee Anna Bennett-Ashworth
Office of Public Health
PH: (971) 673-0129 FX: (971) 673-0990

Pennsylvania: Robert Ardner
Office of Criminal Justice Systems Improvement
PH: (717) 265-8456 FX: (717) 772-0550

Rhode Island: Thomas Mongeau
Rhode Island Department of Public Safety
PH: (401) 222-2620 FX: (401) 222-1294

South Carolina: Robert McManus
South Carolina Department of Public Safety
PH: (803) 896-8717 FX: (803) 896-8393

South Dakota: Brenda Manning
Division of Criminal Investigation
PH: (605) 773-6312 FX: (605) 773-6471

Tennessee: Jackie Vandercook
Tennessee Bureau of Investigation
PH: (615) 744-4014 FX: (615) 744-4662

Texas: Renee Watts
Office of the Attorney General
PH: (512) 305-8882 FX: (512) 494-8283

Utah: Ben Peterson
Commission on Criminal & Juvenile Justice
PH: (801) 538-1047 FX: (801) 538-9609

Vermont: Patricia Fischer
Vermont Crime Information Center
PH: (802) 244-8727 FX: (802) 241-5552

Virginia: James McDonough
Department of Criminal Justice Services
PH: (804) 786-4612 FX: (804) 225-3853

Washington: Tonya Todd
Association of Sheriffs & Chiefs of Police
PH: (360) 486-2380 FX: (360) 486-2381

West Virginia: Monika Sterling
Division of Justice and Community Services
PH: (304) 558-8814 FX: (304) 558-0391

Wisconsin: Erin Kennedy
Arrest-Related Deaths Program Staff
PH: (919) 485-5736 FX: (877) 262-7654

Wyoming: Bistra Anatchkova
Wyoming Survey & Analysis Center
PH: (307) 760-3459 FX: (307) 766-2759

Form CJ-11A

OMB No. 1121-0249 Approval Expires 12/31/2015

U.S. DEPARTMENT OF JUSTICE
BUREAU OF JUSTICE STATISTICS

AND ACTING AS COLLECTION AGENT:
RTI INTERNATIONAL

ARREST-RELATED DEATH INCIDENT REPORT, 2013

1. **What was the decedent's name?**
Lopez Cruz (Last), Andy (First), ___ (M.I.)

2. **What was the time and date of death?**
03 : 43 ○ AM ◉ PM Month: 10 Day: 22 , 2013

3. **What law enforcement agency was involved with the death?**
Agency name: Sonoma County Sheriff's Office
☐ Check if multiple law enforcement agencies responded
Agency ORI: CA0490010
☐ Agency ORI unknown

4. **Where did the event causing the death occur?**
Street Address: 3300 Block of Moorland Avenue
City, State, Zip: Santa Rosa, CA

5. **What location category best describes where the event causing the death occurred? (Mark only one)**
○ Residence/home
○ Law enforcement facility
○ Business, specify type: ___
◉ Roadway/highway/street/sidewalk
○ Parking lot/garage
○ Field/woods/lake/waterway/beach
○ Other, specify: ___
○ Unknown

6. **What was the decedent's sex?**
◉ Male
○ Female

7. **What was the decedent's date of birth (DOB)?**
[redacted] or age at death if DOB unknown ___

8. **What was the decedent's ethnic origin? (Mark only one)**
◉ Hispanic or Latino
○ Not Hispanic or Latino
○ Unknown

9. **What was the decedent's race? (Mark only one)**
○ American Indian or Alaska Native
○ Asian
○ Black or African American
○ Native Hawaiian or Other Pacific Islander
○ White
○ Two or more races
◉ Unknown

10. **What was the reason for the initial contact between the decedent and law enforcement personnel? (Mark only one)**
○ Civilian request for response to criminal or suspicious activity, specify reason for request: ___
○ Civilian request for medical, mental health, or welfare assistance, specify reason for request: ___
◉ Routine patrol/on-view (other than traffic stop), specify observed behavior: Subject was observed carrying a rifle
○ Traffic/vehicle stop, specify reason for stop: ___
○ Warrant service, specify charge: ___
○ Other reason for contact, specify reason: ___
○ Unknown

11. **At any time during the incident, did the decedent**

	Yes	No	Unknown
Make suicidal statements	○	◉	○
Barricade self or initiate standoff	○	◉	○
Verbally threaten other(s)	○	◉	○
Resist being handcuffed or arrested	○	○	◉
Attempt to escape/flee from custody	○	○	◉
Attempt to grab, hit, or kick officer(s)	○	◉	○
Attempt to gain possession of officer's weapon	○	◉	○
Gain possession of officer's weapon	○	◉	○

12. **At any time during the incident, did the decedent display or use a weapon?**
◉ Yes, mark all that apply:
☑ Displayed firearm without discharge
☐ Discharged firearm
☐ Displayed other weapon, specify weapon displayed: ___
☐ Used other weapon, specify weapon used: ___
☐ Used vehicle as a weapon
○ No
○ Unknown

13. **At any time during the incident, did the decedent attempt to injure or injure others?**
○ Yes, mark all that apply:
☐ Fatally injured law enforcement personnel
☐ Non-fatally injured law enforcement personnel
☐ Attempted to injure law enforcement personnel
☐ Fatally injured civilian(s)
☐ Non-fatally injured civilian(s)
☐ Attempted to injure civilian(s)
○ No
◉ Unknown

Name of decedent _____

14. At any time during the incident, did law enforcement personnel

	Yes	No	Unknown
Fight or struggle with decedent	○	◉	○
Physically restrain decedent (e.g., control hold, body compression)	○	◉	○
Restrain decedent with equipment (e.g., handcuffs, leg shackles)	◉	○	○
Place decedent in prone position	◉	○	○
Engage in motor vehicle pursuit	○	◉	○
Engage in foot pursuit	○	◉	○
Arrest the decedent	○	◉	○
Other, specify: _____	○	◉	○

15. At any time during the incident, did law enforcement personnel use any of the following weapons?

	Yes	No	Unknown
Firearm discharge	◉	○	○
Conducted energy device (Taser) contact	○	◉	○
Pepper/OC spray, mace dispersion	○	◉	○
Baton/blunt instrument impact	○	◉	○
Other, specify: _____	○	◉	○

16. Did the decedent sustain a fatal injury during the incident?

- ◉ Yes, mark who caused the fatal injury (Mark only one)
  - ◉ Law enforcement personnel
  - ○ Decedent
  - ○ Other civilian(s)
  - ○ Unknown person(s) caused the fatal injury
- ○ No
- ○ Unknown whether decedent sustained a fatal injury

17. If a weapon caused the death, what type of weapon caused the death? (Mark only one)

- ◉ Handgun
- ○ Rifle/shotgun
- ○ Firearm, unspecified
- ○ Conducted energy device (e.g., Taser)
- ○ Knife/edged instrument
- ○ Baton/blunt instrument
- ○ Other weapon, specify: _____
- ○ Vehicle-involved death (i.e., vehicle accident)
- ○ Not applicable, weapon or vehicle did not cause death
- ○ Unknown

18. Where did the death occur? (Mark only one)

- ○ Law enforcement facility/booking center
- ◉ Scene of incident
- ○ Dead on arrival at medical facility
- ○ Medical facility following clinical intervention
- ○ Other, specify: _____
- ○ Unknown

19. What was the manner of death? (Mark only one)

- ○ Natural
- ○ Homicide
- ○ Accident
- ○ Suicide
- ○ Could not be determined
- ◉ Unknown

20. What was the cause of death?

Immediate cause:

Gunshot wound of chest and gunshot wound of abdomer

Secondary causes (if applicable):

_____

_____

_____

☐ Unknown (skip Item 21 if cause of death is unknown)

21. How was information provided for cause of death (Item 20) determined? (Mark all that apply)

- ☐ Death certificate
- ☑ Autopsy report or medical evaluation
- ☐ Other source, specify: _____

22. Did the autopsy report or medical evaluation indicate the presence of alcohol or of drugs other than alcohol?

- ◉ Yes, mark all that apply:
  - ☐ Alcohol
  - ☑ Drug(s) other than alcohol, specify: THC
- ○ No
- ○ Unknown, did not obtain autopsy report or medical evaluation

Notes:

At the time this form was completed the manner of death had not yet been determined so question #19 was marked unknown.

The following is a case summary of the events involving the shooting and death of Andy Lopez.

CASE SUMMARY:

On October 22, 2013 at approximately 1514 hours, Deputy Michael Schemmel and Deputy Erick Gelhaus were driving north on Moorland Ave just south of the intersection at W. Robles Ave. Deputy Schemmel was the driver and Deputy Gelhaus was the passenger as Deputy Schemmel was a trainee (new employee) and Deputy Gelhaus was his Field Training Officer (FTO). Deputies Schemmel and Gelhaus were on routine patrol in the area of the above listed intersection.

While approaching the intersection, Deputy Gelhaus observed a male subject walking just north of the intersection. The subject, later identified as Andy Lopez, was walking north on the sidewalk along the west side of Moorland Ave. At this time, Deputy Schemmel briefly noted a subject walking at this same location, determined to be Lopez. Deputy Gelhaus immediately recognized that Lopez was holding an AK-47 style assault rifle. Lopez was holding the rifle in his left hand, by the pistol grip area, and the rifle was pointed in a downward direction towards the ground. Deputy Gelhaus immediately alerted Deputy Schemmel to the direction of Lopez by making a brief and loud statement to the effect of, "do you see that?" Deputy Gelhaus stated that he did not believe he had time to explain exactly what he observed, Lopez carrying an AK-47 style assault rifle. Therefore, Deputy Gelhaus quickly alerted Deputy Schemmel towards the location of where Lopez was walking as he made the above statement, "do you see that?" This was based on Deputy Gelhaus` statement of knowledge in what he describes as a center fire rifle round and the effects it has and the damage it can cause.

After observing Lopez, Deputy Gelhaus immediately advised Sonoma County Sheriff`s Office dispatch, herein referred to as SCSO, of a "code 20 two units," requesting emergency response of two additional patrol units. As Deputy Gelhaus advises SCSO dispatch to the "code 20," Deputy Schemmel observes Lopez and also immediately recognizes Lopez to be carrying an AK-47 style assault rifle in what Deputy Schemmel believes to be his right hand. Deputy Schemmel drives north through the intersection of Moorland Ave and W. Robles Ave and drives into the south bound lane and directs the patrol vehicle towards Lopez at a slight north/west angle. In doing so, Deputy Schemmel activates the emergency lights and activates the siren on and off. It was during this time that Deputy Gelhaus advised SCSO dispatch of the "code 20 two units," as described above. Their patrol vehicle was stopped over 60 feet directly behind and to the south of Lopez. As Deputy Schemmel is placing the vehicle into the "park" position, he observes Lopez quickly glance back towards their direction. At this time, Deputy Gelhaus has already removed his seatbelt, removed his duty pistol from his holster, and is starting to open the passenger side door followed by exiting the vehicle. As Deputy Schemmel is opening his driver`s side door, Deputy Gelhaus is already standing in the "V" of the passenger side door and vehicle pointing his duty pistol towards Lopez. Deputy Gelhaus orders Lopez to drop the gun at least one time, possibly twice, per his statement.

During the time of the incident, both Deputy Schemmel and Gelhaus have a clear and unobstructed view of Lopez walking north of the intersection on the sidewalk and west of Moorland Ave. Lopez is walking along the sidewalk that is directly adjacent to an open field to the west.

After giving the commands to Lopez, Deputy Gelhaus and Deputy Schemmel both observe Lopez stop and immediately turn to his right and over his right shoulder towards both deputies. As Lopez is turning, the barrel of the AK-47 style assault rifle begins to ascend upward and around towards both deputies. Based on the failure of Lopez to drop the rifle per Deputy Gelhaus` commands, followed by turning towards both deputies with the barrel ascending upwards, Deputy Gelhaus fired 8 rounds from his duty pistol striking Lopez 7 times. Deputy Gelhaus fired his duty pistol to eliminate the threat towards him and Deputy Schemmel. Deputy Gelhaus and Schemmel both stated they feared for their lives believing that Lopez was raising his rifle to shoot both of them.

Immediately after firing his duty pistol, Lopez dropped to the ground and eventually onto his back in a supine position.

As Deputy Schemmel exits the driver`s side of the patrol vehicle, he removes his duty pistol and raises it towards Lopez. By this time, Deputy Gelhaus has just fired the rounds at Lopez, as described above. Deputy Schemmel acknowledged that he was beginning to raise his duty pistol to address Lopez` threat as Deputy Gelhaus fired his duty pistol. After firing his duty pistol, Deputy Gelhaus advises SCSO dispatch that shots have been fired, a suspect is now down, and requests a "code 3" medical response.

Deputy Gelhaus and Schemmel remain behind the cover of their patrol vehicle giving Lopez repeated commands to not move. Both deputies remain in this position until Deputy White and Deputy Jensen arrive on scene. Deputy White arrives and parks his patrol vehicle to the north side of the scene on Moorland Ave and Deputy Jensen arrives and parks his patrol vehicle along the east side of Deputy Gelhaus and Schemmel`s patrol vehicle. Deputy Schemmel remains behind cover behind his driver`s side door as Deputies Gelhaus, Jensen, and White converge on Lopez, who remained lying on his back. Deputy Gelhaus turns Lopez onto his chest and places Lopez into handcuffs. At this time, Deputies acknowledge that Lopez is unresponsive and does not have a pulse. The handcuffs where immediately removed from Lopez and CPR was initiated on Lopez until the Santa Rosa Fire Department and later AMR medics arrive on scene. Shortly thereafter, AMR medics pronounce Lopez deceased.

Time line of the incident 10/22/13:

1514:15 hours - Event created by SCSO Dispatch
Deputy Gelhaus requests code 20 two units Moorland and W. Robles
(SCSO dispatch enters it as a 10-66 suspicious person)

1514:25 hours - Deputy Gelhaus reports shots fired

1514:50 hours - Deputy Gelhaus reports one suspect down and requests code 3 medical response

1514:51 hours - Deputy Gelhaus directs responding units into the area

1519:35 hours - Deputy Gelhaus continues to direct responding units into the scene & requests the need to secure the rifle lying next to Lopez

1523:13 hours - Medical on scene

1527 hours - Medical pronounces Lopez deceased

Description of the scene and surrounding area:

The intersection of Moorland Ave and W.Robles Ave is controlled by a four way Stop Sign with limit lines. Moorland Ave is a north/south roadway and W. Robles is an east/west roadway. This intersection and the surrounding neighborhood are in the Sonoma County Sheriff's Department jurisdiction and not part of the City of Santa Rosa. The north/west area of the intersection contains a large empty lot that contains low growing weeds. The empty lot is adjacent to Moorland Ave which borders the empty lot to the east. W. Robles Ave borders the empty lot to the south. Horizon Way is a north/south roadway that borders the empty lot to the west and Gold Dust Way is a partial east/west roadway that borders the lot to the north. There is a residential neighborhood that begins and borders the lot to the north as well as residential neighborhoods located on both the east/west sides of Moorland Ave and south of the intersection of Moorland Ave and W. Robles Ave. There is also residential housing along the east side of Moorland Ave located all the way through this area and beyond, which includes north. There are no sidewalks south of the intersection on either side of the roadway as the sidewalk begins north of the intersection and starts at the south end of the empty lot. This same sidewalk outlines the perimeter of the empty lot, which includes the sidewalk where Lopez was walking north towards the residential neighborhood. The north/south sidewalk parallels Moorland Ave and contains a small section of low growing weeds that is in between the curb line of Moorland Ave and the sidewalk itself. The nearest intersection north of the incident is Newmark Dr, west of the incident is Horizon Way, south of the incident is Todd Rd, and to the east is US Highway 101.

The patrol vehicle of Deputy Gelhaus and Schemmel was parked just north of the intersection of Moorland Ave and W. Robles Ave. Their patrol vehicle was facing north, angled slightly towards the west, and completely in the south lane of Moorland Ave. Their patrol vehicle was located towards the south/east corner of the empty lot described above. Both driver and passenger doors were open. There was a partially loaded pistol magazine lying on side floor directly to the right side of passenger seat, later determined to be that of Deputy Gelhaus` pistol magazine. The partially loaded magazine contained 9mm bullets. Deputy Jensen`s patrol vehicle was also parked just north of the intersection facing north and directly to the east of Deputy Gelhaus and Schemmel`s patrol vehicle. Deputy Jensen patrol vehicle was nearly side by side with Deputy

Gelhaus and Schemmel`s patrol vehicle. The driver`s side door of Deputy Jensen`s patrol vehicle was also open. There were pistol shell casings throughout the roadway in between both described patrol vehicles as well as underneath Deputies Jensen`s patrol vehicle. Deputy White`s patrol vehicle was located north on Moorland Ave, near the north/east corner of the empty lot, and north of Deputy Gelhaus and Schemmel`s and Deputy Jensen`s patrol vehicles.

Lopez` body was located nearly directly in between the patrol vehicles of Deputy White and Deputy Gelhaus and Schemmel. Lopez was lying on his back with the lower portion of his body on the sidewalk and upper part of his body on the empty lot. Lopez` feet were facing in a south/east direction with his head in a north/west direction. The replica pistol and AK-47 rifle were both on the section of low growing weeds in between the sidewalk and curb line of Moorland Ave. Both replica firearms were near the feet area of Lopez.

Shortly after the incident it was determined that the residence that borders the empty lot to the north, [redacted] Moorland Ave, had sustained a bullet hole to its south side wall and entered the dining room area. The slug was recovered from a cabinet. The following day of the incident, 10/23/13, three additional slugs were located. One additional slug was found to have entered the same residence listed above, entering through the south wall and garage area where it was recovered. One slug was found to have entered through the wood fence separating [redacted] Moorland Ave (same above residence) and the empty lot located to the immediate south. The slug entered and exited the fence and was located on the ground in between the fence and [redacted] Moorland Ave. The third slug was located north/west in the residential neighborhood and found on the sidewalk near the address of [redacted] Anteo Way (located by the resident). There were a total of three slugs recovered from Lopez and four slugs recovered in and around the crime scene. There is one slug that is unaccounted for and its whereabouts remains unknown.

The following are two significant eye witness accounts of the incident:

Witness [redacted] was arriving home at [redacted] Moorland Ave during the time of the incident. [redacted] residence is the first residence and borders the field to the north from where Lopez was located. [redacted] residence also sustained a gunshot that traveled through the residence and the round was located in a living room cabinet. Furthermore, the following day a secondary search revealed that a second round had struck [redacted] residence and the bullet was located on the ground inside [redacted] garage.

[redacted] drives onto and parks his vehicle on Horizon Way, which is directly behind and to the west of Moorland Ave. [redacted] exits his vehicle and begins walking towards his residence on Gold Dust Way carrying his infant son. [redacted] observes a male subject, Andy Lopez, walking north of the intersection of Moorland Ave and W. Robles Ave. Lopez was walking next to the open field along the west sidewalk on Moorland Ave towards [redacted] residence. [redacted] observes a patrol vehicle drive through the above listed intersection and just north before driving and parking in a diagonal manner

blocking both the south and north lanes of Moorland Ave. [redacted] hears the deputies "blip their siren" and "had their lights on." [redacted] observed the deputies exit their patrol vehicle, draw their guns, and heard a deputy order Lopez to "put the gun down" [redacted] then observed Lopez turn and face the deputies and the deputies again ordered Lopez to "put your gun down" From [redacted] location and vantage point, [redacted] did not observe what Lopez was doing at this time nor did Walker observe if Lopez was carrying anything. Walker then heard what he described as 5 gun shots. [redacted] described the time frame of the incident estimating that from the time the deputies activated their siren on and off to the time of hearing the gun shots was approximately 20 seconds. [redacted] also estimated approximately 5 seconds between the times of the second command to drop the gun to the time of hearing the gun shots. [redacted] did not observe anything further.

Witness [redacted] was driving north on Moorland Ave approaching the intersection of W. Robles Ave. [redacted] observed a Sheriff's patrol vehicle directly behind his vehicle as both approached the above intersection. [redacted] drives through the intersection and observes a male subject walking with what [redacted] describes as a rifle in his hands. [redacted] is startled and concerned based on the fact that he observes a subject carrying a rifle and a Sheriff's patrol vehicle approaching the subject. [redacted] observes the subject, Lopez, carrying the rifle in his left hand, down to his side, and with the barrel of the rifle pointed downward towards the ground. Based on [redacted] concern for the safety of Lopez, [redacted] rolls down his driver's side window while driving past Lopez and north. [redacted] stated "Hey! Throw that thing away!" However, Lopez did not respond to [redacted] and continued to walk north along Moorland Ave. [redacted] believed that something "bad" was going to happen.

[redacted] observed through his rearview mirror, the Sheriff's vehicle drive over and abruptly stop at an angle near Lopez. [redacted] believed that the deputies observed Lopez with the rifle, therefore, they initiated contact with Lopez. [redacted] observed a deputy exit his vehicle and fire 3 shots towards Lopez. [redacted] did not observe or hear any further gun shots. [redacted] described Lopez as being 11 or 12 years old and described the rifle Lopez was carrying as possibly fake, however, [redacted] was not sure.

Autopsy 10/24/13:

The autopsy examination was performed by Dr. Arthur Josselson. The results of the autopsy revealed that Lopez was shot seven times. All seven shots that struck Lopez traveled from a right to left direction. Two gun shot wounds were determined to be fatal wounds. The first fatal round entered through the right chest near the right nipple area. The slug traveled through the right lung, through the aorta, and lodged into the left lung. The second fatal round entered through the right hip area and traveled upward through the liver, through the right lung, and lodged into the soft tissue of the upper back. There were three total slugs recovered from Lopez. The third slug recovered from Lopez entered through his right buttocks area and traveled through and lodged into the left

pelvis area. The other four gunshot wounds were determined to be through and through hits that were non lethal in nature. Refer to autopsy report for further details.

Disposition:

Forward to Sonoma County District Attorney`s Office for review.

SONOMA COUNTY SHERIFF'S OFFICE

CORONER INVESTIGATIONS UNIT
3336 Chanate Road Santa Rosa, Ca 95404
707.565.5070 Fax 707.565.5049

Steve Freitas
Sheriff-Coroner

Lorenzo Duenas
Assistant Sheriff
Law Enforcement Division

Randall Walker
Assistant Sheriff
Detention Division

SUPPLEMENTAL:

On 10/27/2014, at approximately 1600 hours, I received a supplemental report from Forensic Pathologist Dr. Arnold Josselson, regarding Sonoma County Coroner Case #:13-0001253.

In his supplemental report, Dr. Josselson indicated he was provided information that the decedent was carrying the weapon in his left hand and that the weapon had a pistol grip. Dr. Josselson was also shown a laser of diagram of the path of projectiles.

Based on the information that was presented to him, Dr. Josselson formed the opinion the wound he labeled "E" was an entry wound, the wound he labeled "F" was an exit wound and that wound #7 was from front to back. Refer to Dr. Josselson's final postmortem examination for his complete findings.

Even though Dr. Josselson provided a supplemental report, I determined there was no need to amend the decedent's Death Certificate any further, as the cause and manner of death were unaffected by the supplemental report.

End of Supplement.

INVESTIGATING DETECTIVE / DEPUTY:	ID #:	APPROVED BY:	DATE:
Coroner Detective Brent Kidder	1740		10/27/14

FORENSIC MEDICAL GROUP, INC

Kelly A. Arthur-Kenny, M.D.
Arnold R. Josselson, M.D.
Mark A. Super, M.D.
Ikechi O. Ogan, M.D.

DATE: May 29, 2014

FROM: Arnold R. Josselson, M.D.

RE: Andy Lopez Cruz 13-1253 (SON13-313)

On May 29, 2014, I was given the information that the decedent, Andy Lopez Cruz, had the weapon in his left hand and that the weapon had a pistol grip. I also was shown laser diagrams of the path of the projectiles. Based on this information I now believe that the wound I labeled "E" is an entry wound and the wound I labeled "F" is an exit wound, and wound #7 is from front to back.

A. Josselson

Arnold R. Josselson, M.D.
Forensic Pathologist

ARJ/wcp

[redacted] Fairfield, CA 94533
[redacted] www.fmg-inc.com

Sonoma County Coroner's Office
EVIDENCE / PROPERTY SHEET

Case Number: **130001253**

Submitting Deputy: **KIDDER, BRENT**

	Article	Brand	Model	Serial Number	
Item #: **BK1**					218318
Evidence	CD - PHOTO				
	CD OF PHOTOGRAPHS OF DEATH SCENE				
Item #: **BK2**					218319
Evidence	CD - PHOTO				
	CD OF X-RAY IMAGES OF DECEDENT				

Sonoma County Sheriff's Office

STEVE FREITAS
Sheriff-Coroner

LORENZO DUEÑAS
Assistant Sheriff
Law Enforcement Division

RANDALL WALKER
Assistant Sheriff
Detention Division

NOTICE OF CONFIDENTIALITY

The records accompanying this NOTICE OF CONFIDENTIALITY are being provided to you as an agent of a law enforcement agency for the purposes of investigation or as otherwise necessary for your agency to perform its official functions. Such records are determined to be CONFIDENTIAL by the Sonoma County Sheriff's Office, and are being released to you on the condition that your agency also retains them as CONFIDENTIAL. Should any person outside your agency request disclosure of such information, your agency shall refuse to disclose such records based on this NOTICE OF CONFIDENTIALITY, and pursuant to the provisions of Government Code Sections 6254(c), (f), (k), 6255, and/or Evidence Code Section 1040. Should your agency receive compulsory process or a court order requiring the release of these records, your agency agrees to immediately contact the Sonoma County Sheriff's Office at (707) 565-2204 (located at 2796 Ventura Avenue, Santa Rosa, CA 95403) prior to releasing the records. It is the intent of the Sonoma County Sheriff's Office to preserve the CONFIDENTIALITY of the accompanying records to the greatest extent permitted by law.

Released Document(s) included in this NOTICE OF CONFIDENTIALITY: _____

Coroner Report 13-0001253

Recipient:

_____
Name (please print)

Santa Rosa PD
Recipient Agency

D Deegan
Released By

February 1, 2014
Date

Sonoma County Sheriff's Office

STEVE FREITAS
Sheriff-Coroner

LORENZO DUEÑAS
Assistant Sheriff
Law Enforcement Division

CORONER'S FINDINGS

Date: January 22, 2014

To: Det. Boettger

RE: Coroner Case # 13-0001253

As required by Government Code, Section 27491, an inquiry was made into the death of **Andy Lopez Cruz** who died on **October 22, 2013** at **Moorland Avenue, North of West Robles Avenue, Santa Rosa, CA**. The cause of death was determined by an investigation of the circumstances, which could include review of medical records, an external or internal post-mortem examination, and other laboratory examinations, to be the following:

Gunshot wound of chest and gunshot wound of abdomen and chest, (minutes)

Based on the known circumstances and cause of death as determined by a forensic pathologist the manner of death is **Homicide**.

Included in this packet please find the following detailed reports regarding this investigation:

- ☒ **Coroner Detective Investigative Report**
- ☒ **Post Mortem Examination Report**
- ☒ **Post Mortem Toxicology Report**

Be advised that the following reports contain graphic material that can be disturbing to read. Should you have any questions, please contact the Coroner's Office at (707) 565-5070.

Sincerely,

Esmeralda Mercado, Forensic Assistant for:
Sergeant Gregory Stashyn, Deputy Chief Coroner

Incident/Investigation Report

Agency: Santa Rosa Police Department **Case Number:** 13-0013093

Supplement Information

Supplement Date	Supplement Type	Supplement Officer
11/12/2013 17:56:21	ATTACHMENT ADDED	(SR279) LINSCOMB, DAVID P
Contact Name		Supervising Officer: (SR279) LINSCOMB, DAVID P

Supplement Narrative

Supplement:

On 10/24/13 I attended the autopsy on Andy Lopez. I observed the autopsy from the viewing room and did not enter the exam room. I obtained a copy of the AMR Patient care report. It is attached to this supplement.

Disposition:

Attach and route with initial case.

AMR
SONOMA LIFE SUPPORT
Patient Care Report

Case #: SLSA31022061 Unit ID: MED755 Date: 10/22/2013

Dispatch Information SLSA31022061

Time Call Received: 15:15:09
Time Dispatched: 15:15:44
Time Enroute: 15:15:57
Time at Scene: 15:23:11
Time at Pt Side: 15:26:00
Time Cancelled: 17:00:00

Time Transporting:
Time Transport Arrived:
Time Available: 17:00:00
Final Response Mode: Lights and Siren
Final Transport Mode:

Responder On Scene: Rincon Valley FPD, , Sonoma County Sheriff, , Santa Rosa PD,
ALS Assessment: AMR Paramedic

Disposition: Treat No Transport-Pronounced on Scene
From Location:

W ROBLES AV/MOORLAND AV, Santa Rosa, CA 95407
Incident Location Type: Roadway

To Location:

Destination Type:
Nature of Call: MEDICAL AID
Caller Name:

Patient Demographics SLSA31022061

Name: UNKNOWN, UNKNOWN
Address: UNKNOWN
City, State, Zip: UNKNOWN, CA UNKNOWN
Phone: Cell:
SSN: xxxx-xx-
Pt.#: 2 of 1

DOB:
Age: 18 years
Age Estimated: Yes
Gender: Male
Weight: 70 Kg

Ethnicity: Hispanic or Latino

Cardiac Arrest SLSA31022061

Reason for Arrest:	Trauma	First Known Rhythm:	Asystole
Estimated Time of Arrest:		Who First Defibrillated Patient?	None
Witness Arrest:	Yes	Number of Shocks PTA:	0
Arrest Witnessed By:	First Responder (non-EMS)	Time First CPR EMS Personnel:	15:25
Dispatcher CPR Instructions:	Unknown	Pulse Upon Arrival at Hospital:	No
Who First Provided CPR:	Responding EMS Personnel	Event Resolution:	Pronounced in the Field
Time of First CPR:	15:25	Time CPR Abandoned/Death:	15:27
AED Prior to EMS Arrival?	No	Mechanical Adjuncts Used:	None

Physical Findings SLSA31022061

Head: Head:
Head Remarks: EYES FIXED AND DIALATED, PT HAD YELLOW VOMITUS SECRETIONS FROM MOUTH

Neck: Neck:
Neck Remarks: - PULSES, NO VISIBLE TRAUMA,

Chest: Chest:
Chest Remarks: GUNSHOT ENTERANCE WOUND AT MIDDLE AND SLIGHTLY TO RIGHT OF CENTER OF CHEST, NO EXIT WOUND VISIBLE, - RISE AND FALL, - LUNG SOUNDS

Abdomen	Abdomen:
	Abdomen Remarks: - TRAUMA, VISIBLE, + YELLOW VOMITUS SECRETIONS
Pelvis	Pelvis:
	Pelvis Remarks: - VISIBLE TRAUMA
Back	Back:
	Back Remarks: NO VISIBLE TRAUMA
Extremities	Extremities:
	Extremities Remarks: - CSM, + GUN SHOT ENTERANCE AND EXIT WOUNDS TO RIGHT WRIST, AND LEFT SHOULDER

History Of Present Illness SLSA31022061

Chief Complaint: Death
Secondary Complaint: None
Physician:

Past Medical History SLSA31022061

History Obtained From: Not Obtained
History: Unknown
Allergies: UNKNOWN , UNKNOWN
Medications: UNKNOWN

Advanced Directives:

Impression SLSA31022061

Primary Impression: Trauma - Penetrating
Secondary Impression: Cardiac - Cardiac Arrest,
Other Impression:

Narrative SLSA31022061

755 arrived on scene to find an prox. 15 - 20 YOMCC of cardiac arrest due to gun shot entrance only to middle chest. Upon arrival pt found supine on ground in dirt off to side of road with CPR in progress by RVFD. RVFD was using a OPA and BVM to ventilate. CPR was stopped and pulses were assessed while ECG was attached. No pulses found at Carotid for 10 sec. CPR continued. Lung sounds assessed and not audible. Pt stripped, and flipped and PE assessed. No visible exit wound found on posterior. Pt had entrance and exit wounds to left shoulder, and right wrist. Pt pupils fixed and Dilated. CPR stopped and Carotid pulses assessed for. ECG showed Asystole, and pt did not have pulses. Pt called at 15:27 by Paramedic Luke Bohanan, due to Cardiac arrest due to trauma, and Obvious Death. All disposable equipment left on pt. Scene transferred to SCSO. All times approximate.

Vitals

Time	BP	Pulse	RR	SPo2 %	GCS	Performed By
15:26	NT	0	0		3	Bohanan, Lucas, AMR

Treatment and Response SLSA31022061

PTA	Time	Medic	Procedure
X		Rincon Valley FPD	Airway Adjunct - Indication: Cardiac Arrest , Type: Oral , Result: Unchanged , .
X		Rincon Valley FPD	OXYGEN - 25.000 LPM BVM/Mask , Result: Unchanged . Medication Authorization: Protocol(Standing Order) .
	15:26:00	Bohanan, Lucas, AMR	EKG - Indication: Cardiac Arrest , Type: 4 Lead , Clinical Interpretation: Asystole ,
	15:26:00	Bohanan, Lucas, AMR	Glasgow Coma Scale - Eyes: 1 , Verbal: 1 , Motor: 1 , Total : 3 . .
	15:26:00	Bohanan, Lucas, AMR	Lung Sounds - Upper Right Lung: Absent , Upper Left Lung: Absent , Lower Right Lung: Absent , Lower Left Lung: Absent , .
	15:26:00	Bohanan, Lucas, AMR	Skin Assessment - Pale color, Cold temperature, Dry/Parched moisture, .
	15:26:00	Bohanan, Lucas, AMR	Vital Signs - Systolic Blood Pressure Not Taken, Patient Position: Supine , Pulse at: Carotid , Pulseless, Pulse Rate: 0 , Pulse Regularity: Absent , Pulse Strength: Absent , Respirations: 0 , Respiration Depth: Absent , Respiration Effort: Absent , .

Patient Disposition SLSA31022061

Mileage Scene:
Mileage Hospital:
Total Mileage:

Transfer Time:

Guarantor:
Other

0

Employer:

Addendum SLSA31022061

Date	Entered By	Addendum
10/23/2013	lbohanan	Narrative: Gun shot wounds appeared to be larger caliper.
10/23/2013	lbohanan	Narrative: During assessment of ECG, SO was asked if CPR was done prior to EMS, SO stated no.

1st Attendant: Bohanan, Lucas, AMR

Number: P31238
Certification: Paramedic

2nd Attendant: Bradley, Nancy, AMR

Number: E075057
Certification: EMT

Hospital Signature:

American Medical Response

Run Number SLSA31022061 Date and Time of Transport 10/22/2013 at :

Patient Name UNKNOWN, UNKNOWN

Destination:

Signature of Patient Date

REPRESENTATIVE SIGNATURE

Reason Patient could not Sign:

By signing below, I certify that I am one of the following individuals and that I am authorized to sign on the patient's behalf (check one):

Signature of Representative Printed Name of Representative Date

FACILITY SIGNATURE

Complete this section only if you are unable to obtain the signature of the patient or authorized representative listed above.

Reason Patient could not Sign:

By signing below, I certify that the above named patient was physically or mentally incapable of signing at the time of transport and that none of the individuals listed in 42 C.F.R. §424.36(b)(1)-(3) was available or willing to sign the claim on behalf of the beneficiary.

Crew Signature Crew Date

This section is to be complete by a representative of the sending or receiving facility, whenever you are unable to obtain the signature of the patient or an authorized representative. Note: The crew must also complete the "Crew Signature" Section above.

Name and Location of Facility

The above named patient, as described by AMR, was received by or transported from our facility, which provided care or assistance to the patient, on the date and time set forth above.

Signature of Receiving or Sending Facility Representative Date

Printed Name of Receiving or Sending Facility Representative Title

AMR is required to obtain this form in order to submit a claim for payment to Medicare or other third party payer. This Signature is not an acceptance of financial responsibility for the patient.