

COUNTY OF LOS ANGELES

CASE REPORT

DEPARTMENT OF CORONER

1	APPARENT MODE NATURAL	DEPARTMENT OF CORONER CASE NO 2012-01471 CRYPT SC
	SPECIAL CIRCUMSTANCES Celebrity, Media Interest	

LAST FIRST MIDDLE BREITBART, ANDREW JAMES	AKA	#
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ADDRESS 541 CASHMERE TERRACE	CITY LOS ANGELES	STATE CA	ZIP 90049
SEX MALE	RACE APPEARS CAUCASIAN	DOB 2/1/1969	AGE 43
HT 75 in	WGT 251 lbs	EYES BLUE	HAIR GRAY
TEETH INCOMPLETE	FACIAL HAIR CLEAN SHAVEN	ID VIEW Yes	CONDITION FAIR
MARK TYPE	MARK LOCATION	MARK DESCRIPTION	

NO	ADDRESS	CITY	STATE	ZIP
RELATIONSHIP WIFE	PHONE	NOTIFIED BY	DATE 3/1/2012	TIME 00:30
SSN	DL ID C5094658	STATE CA	PENDING BY	

ID METHOD BODY VIEWED AT HOSPITAL	LA #	MAIN #	CH #	FBI #	MILITARY #	POB LOS ANGELES, CA
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IDENTIFIED BY NAME (PRINT)	RELATIONSHIP	PHONE	DATE 3/1/2012	TIME 00:30
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PLACE OF DEATH / PLACE FOUND HOSPITAL	ADDRESS OR LOCATION 757 WESTWOOD PLAZA	CITY LOS ANGELES	ZIP 90095
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PLACE OF INJURY	AT WORK No	DATE	TIME	LOCATION OR ADDRESS	ZIP
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DOB 2/1/2012	TIME 00:19	FOUND OR PRONOUNCED BY DR. J. FELDMAN
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OTHER AGENCY INV OFFICER	PHONE	REPORT NO.	NOTIFIED BY	NO
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TRANSPORTED BY LUCIA MONTOYA	TO LOS ANGELES PSC	DATE 3/1/2012	TIME 09:05
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FINGERPRINTS? Yes	CLOTHING No	PARPT No	MORTUARY
MED EV. No	INVEST PHOTO # 3	SEAL TYPE	HOSP RPT Yes
PHYS EV No	EVIDENCE LOG No	PROPERTY? No	HOSP CHART Yes
SUICIDE NOTE No	GSR NO	RCPT NO. 258377	PF NO. 4182067

SYNOPSIS
 ACCORDING TO ALL OF THE REPORTED INFORMATION, ON 02/29/12, AT ABOUT 2330 HRS A BYSTANDER SAW THE DECEDENT COLLAPSE AT 148 S. BARRINGTON AVE. 911 WAS DIALED. THE DECEDENT WAS TRANSPORTED TO THE HOSPITAL VIA AMBULANCE. DESPITE ALL LIFE SAVING MEASURES HE EXPIRED ON 03/01/12, AT 0019 HRS. HE HAD A CONTUSION ON HIS FOREHEAD, PROBABLY WHEN HE COLLAPED ON THE SIDEWALK. NO FOUL PLAY IS SUSPECTED. HE HAD A HISTORY OF CONGESTIVE HEART FAILURE.

MARIO SAINZ 434184	<i>Mario Sainz</i> INVESTIGATOR	DATE 3/1/2012	REVIEWED BY <i>[Signature]</i>	DATE 2/1/12
		TIME 11:02		TIME 2/1/12

FORM #3 NARRATIVE TO FOLLOW?



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



Case Number: 2012-01471

Decedent: BREITBART, ANDREW JAMES

Information Sources:

- 1) LAFD RA #59 paramedic report #1238.
- 2) Ronald Reagan UCLA Medical Center report. 757 Westwood Plaza Los Angeles, Ca. 90095.
- 3) .

Investigation:

On 03/01/2012, at 0552 hours, hospital personnel Carlton Daniels reported an apparent natural death. On 03/01/2012, at 0930 hours, I was assigned this hospital death by Lt. Dietz. I read the above listed reports and spoke with [redacted] via telephone. No foul play is suspected. The decedent had a minor contusion on his forehead but no major trauma was noted.

Location:

The original incident occurred on the sidewalk located at 148 S. Barrington Ave. Los Angeles, CA. 90049. The decedent was transported to the above listed hospital via ambulance.

Informant/Witness Statements:

According to the paramedic report; on 02/29/2012, at 2336 hours, LAFD RA #59 received a 911 call of a man down at the location. The decedent was witnessed to collapse by an unknown person. Upon arrival, paramedics found the decedent not breathing. Paramedics administered four doses of Epinephrine and shocked him four times. The decedent was then transported to the hospital via ambulance.

According to the hospital report; on 03/01/2012, at about 0006 hours the decedent was presented into the ER via ambulance. The decedent was in full arrest with CPR in progress by paramedics. Despite all heroic efforts by hospital staff, Dr. J. Feldman pronounced death at 0019 hours.

On 03/01/2012, at about 1015 hours, I conducted a phone interview with [redacted] : who related the following; approximately one year ago the decedent was presented into the same ER via ambulance due to shortness of breath. He was diagnosed with congestive heart failure. After a few days he was released for home. He began exercising and dieting. About two weeks ago he had the flu. Recently he had been under a lot of stress. He does not smoke and is considered a light drinker. When asked [redacted] denied any drug abuse by her husband. No further information.

Scene Description:

Coroner personnel did not visit the scene.

Evidence:

No evidence was found or collected regarding this case.

Body Examination:

The decedent was a 43-year-old white male. He was observed supine on a steel table at FSC. He was a large and overweight male. No scars or tattoos were noted. He had been intubated. I noted hospital IV's in place. He had a hospital identification band on his left wrist. I noted a contusion on his forehead. No other trauma was noted.



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



Case Number: 2012-01471

Decedent: BREITBART, ANDREW JAMES

Identification:

On 03/01/2012, at 0030 hours, _____ visually identified the decedent as her husband,
Andrew James Breitbart at the hospital.

Next of Kin Notification:

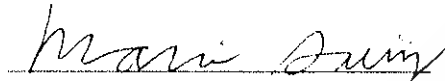
On 03/01/2012, at 0030 hours, hospital staff notified _____ of her husband's death in
person at the hospital.

Tissue Donation:

At the completion of my reports family did not give permission for tissue donations.

Autopsy Notification:

There is no request for an autopsy notification regarding this case.



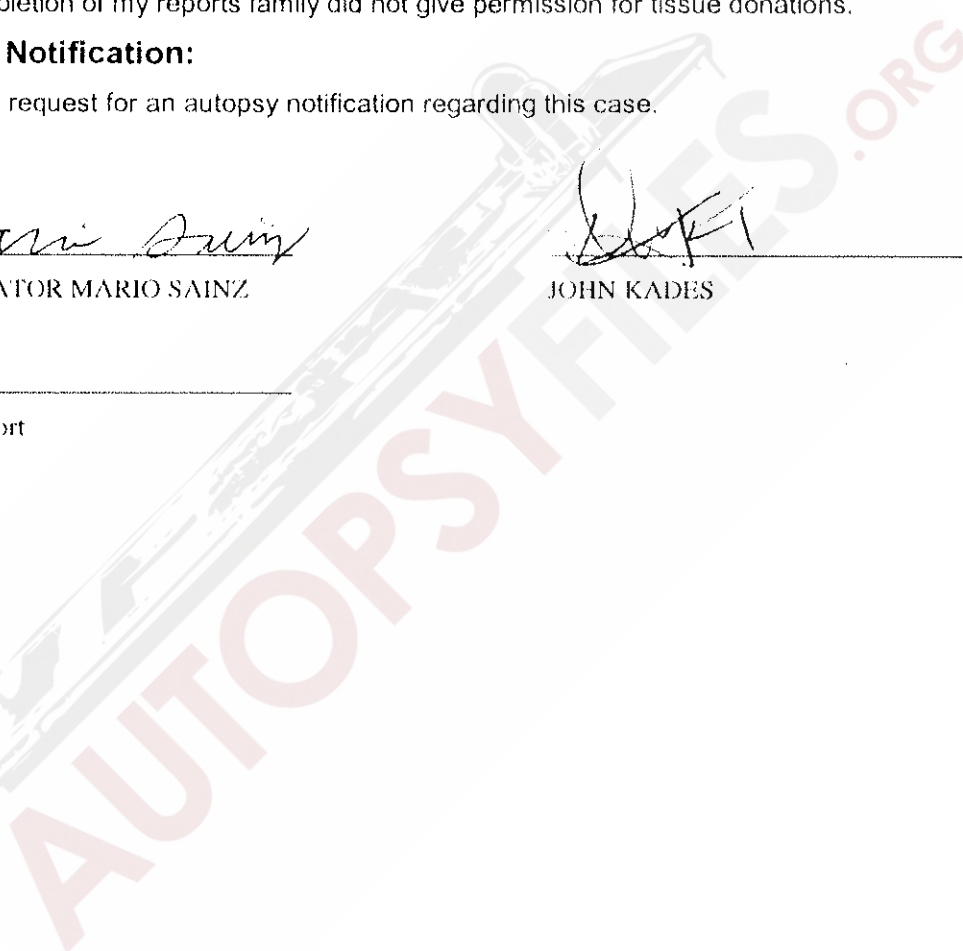
INVESTIGATOR MARIO SAINZ
434184



JOHN KADES

03/01/2012

Date of Report




12**AUTOPSY REPORT**

No.

2012-01471

BREITBART, ANDREW J.

I performed an autopsy on the body of 
at _____
the DEPARTMENT OF CORONERLos Angeles, California on MARCH 2, 2012 @ 0930 HOURS
(Date) (Time)

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

(A) HEART FAILURE

DUE TO, OR AS A CONSEQUENCE OF

(B) HYPERTROPHIC CARDIOMYOPATHY WITH FOCAL CORONARY ARTEROSCLEROSIS

DUE TO, OR AS A CONSEQUENCE OF

(C)

DUE TO, OR AS A CONSEQUENCE OF

(D)

OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH:

Anatomical Summary:

- I. Hypertrophic cardiomyopathy.
 - A. Enlarged heart/720 grams.
 - B. Left ventricular hypertrophy.
 - C. Coronary artery atherosclerosis, moderate.
- II. Contusion of scalp.
 - A. Right forehead.
 - B. Left occipital scalp.
- III. See Toxicology Report.
 - A. Ethanol 0.4 g%

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BREITBART, ANDREW J.

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SUMMARY OF EVENTS:

The decedent is a 43-year-old Caucasian male who according to preliminary report collapsed at 148 S. Barrington Avenue in Westwood. 911 was called and the decedent was transported to Ronald Reagan UCLA Medical Center where despite medical intervention he was pronounced dead on 3/1/2012 at 0019 hours.

EXTERNAL EXAMINATION:

The body is identified by toe tags and is that of an unembalmed, refrigerated adult male Caucasian who appears slightly older than the reported age of 43 years. The body weighs 251 pounds, measures 75 inches, and is moderately obese. A 1/4 inch diameter healing ulceration is noted to the dorsum of the right hand. There is a 2x1.5 inch contusion with 1/4 inch central abrasion noted to the right forehead. Also noted is a 1.5x1 inch hematoma of the left occipital scalp with central abrasion. Also noted is a 1.25x0.25 inch linear red abrasion to the left posterior shoulder. Tattoos are absent. Rigor is present. Livor mortis is posterior and dependent.

The head is normocephalic and covered by gray brown hair. There is mid biparietal balding and the hair can be described as short and wavy. Mustache and beard are absent. Examination of the eyes reveals irides that appear to be blue in color and sclera that are congested. There are no petechial hemorrhages of the conjunctivae of the lids or the sclera. The oronasal passages are unobstructed. Upper and lower teeth are present. The neck is unremarkable. There is no chest deformity. There is no increased anterior-posterior diameter. The abdomen is obese. The genitalia are those of an adult male. The penis appears circumcised. The external genitalia are without trauma or lesions. The extremities show no edema, joint deformity, abnormal mobility or needle tracks.

EVIDENCE OF THERAPEUTIC INTERVENTION:

The following are present and are in proper position:

1. Intravenous site in the left dorsum of the hand.
2. Endotracheal tube.
3. Brown marks noted to the anterior chest wall.
4. Focal areas of red hemorrhage noted to the mediastinal soft tissue and trachea.
5. There has not been postmortem intervention for organ procurement.

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BREITBART, ANDREW J.

Page 3**CLOTHING:**

The body was not clothed and no clothing accompanied the body.

INITIAL INCISION:

The body cavities are entered through the standard coronal incision and the standard Y-shaped incision. No foreign material is present in the mouth, upper airway and trachea.

NECK:

The neck organs are removed en bloc with the tongue. No lesions are present nor is trauma of the gingiva, lips, or oral mucosa demonstrated. There is no edema of the larynx. Both hyoid bone and larynx are intact and without fractures. No hemorrhage is present in the adjacent throat organs, investing fascia, strap muscles, thyroid or visceral fascia. There are no prevertebral fascial hemorrhages. The tongue when sectioned shows no trauma.

CHEST/ABDOMINAL CAVITY:

Both pleural cavities contain minimal serous fluid. No tension pneumothorax is demonstrated. The parietal pleura are intact. The lungs are voluminous. Soft tissues of the thoracic and abdominal walls are well preserved. The subcutaneous fat of the abdominal wall measures 1-1/2 inches. The organs of the abdominal cavity have a normal arrangement and none are absent. There is no fluid collection. The peritoneal cavity is without evidence of peritonitis. There are no adhesions.

SYSTEMIC AND ORGAN REVIEW

The following observations are limited to findings other than injuries, if described above.

MUSCULOSKELETAL SYSTEM:

No abnormalities of the bony framework or muscles are present.

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BREITBART, ANDREW J.

Page 4**CARDIOVASCULAR SYSTEM:**

The aorta is elastic and of even caliber throughout with vessels distributed normally from it. Both abdominal and thoracic aorta have minimal lipid streaking. There is no tortuosity or widening of the thoracic segment. The abdominal aorta has no atherosclerosis. There is no dilation of the lower abdominal segment. No aneurysm is present. The major branches of the aorta show no abnormality.

Within the pericardial sac there is a minimal amount of serous fluid. The heart weighs 720 grams. It has left ventricular hypertrophy. The right ventricle is 0.3 cm thick and the left ventricle is 2.2 cm thick. The chambers are normally developed and are without mural thrombosis. The valves are thin, leafy and competent. The circumference of the valve rings are: Tricuspid valve 12.8 cm, pulmonic valve 8.8 cm, mitral valve 13.2 cm and aortic valve 8 cm. There is no endocardial discoloration. There is a dusky red discoloration of the lateral wall of the left ventricle. There is no abnormality of the apices of the papillary musculature. There are no defects of the septum, however the septum is thickened at 3.2 cm. The great vessels enter and leave in a normal fashion. The coronary ostia are widely patent. There is a balanced pattern of coronary artery distribution. There is segmental atherosclerosis with 70 to 80% narrowing of the anterior descending branch of the left coronary artery and a tributary. No focal endocardial, valvular or myocardial lesions are seen. The blood within the heart and large blood vessels is liquid.

RESPIRATORY SYSTEM:

No secretions are found in the upper respiratory or lower bronchial passages. The mucosa is injected throughout. The lungs are crepitant and there is dependent congestion. The left lung weighs 570 grams, and the right lung weighs 640 grams. The visceral pleura are smooth and intact. The parenchyma is congested. The pulmonary vasculature is without thromboembolism.

GASTROINTESTINAL SYSTEM:

The esophagus is intact throughout. The stomach is not distended by gas. It contains 500 cc of partially digested food content including identifiable food particles including roasted corn kernels and green leafy vegetables consistent with lettuce. No tablets or capsules are identified. The small intestine and

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BREITBART, ANDREW J.

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colon are opened along the antimesenteric border. It shows diverticulosis of the descending colon. No other lesions are identified. The appendix is present. The pancreas occupies a normal position. There is no trauma. The parenchyma is lobular and firm. The pancreatic ducts are not ectatic and there is no parenchyma calcification.

HEPATOBIILIARY SYSTEM:

The liver weighs 2300 grams, is of average size and is red-brown. The capsule is intact and the consistency of the parenchyma is firm. The cut surface is smooth. There is acute passive congestion. The gallbladder is present. The wall is thin and pliable. It contains minimal bile and no calculi.

URINARY SYSTEM:

The left kidney weighs 220 grams. The right kidney weighs 210 grams. The kidneys are normally situated, and the capsules strip easily revealing a surface that is smooth but congested. The corticomedullary demarcation is preserved. The pyramids are not remarkable. The peripelvic fat is not increased. The ureters are without dilation or obstruction and pursue their normal course. The urinary bladder is unremarkable. It contains 200 cc of clear amber urine. The urine is tested by dipstick method and the results are negative for glucose.

GENITAL SYSTEM (MALE):

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

HEMOLYMPHATIC SYSTEM:

The spleen weighs 220 grams and is of average size. The capsule is intact. The parenchyma is dark red and firm. There is no increased follicular pattern. Lymph nodes throughout the body are small and inconspicuous. The bone is not remarkable. The bone marrow of the rib is red and moist.

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BREITBART, ANDREW J.

Page 6**ENDOCRINE SYSTEM:**

The thyroid is unremarkable. The parathyroid glands are not identified. The adrenals are intact without necrosis or hemorrhage. The thymus is not identified. The pituitary gland is unremarkable.

SPECIAL SENSES:

The eyes, middle and inner ears are not dissected.

HEAD AND CENTRAL NERVOUS SYSTEM:

There is subcutaneous hemorrhage noted to the right frontal scalp as well as the left occipital scalp. The hemorrhage does not extend into the orbits or the temporal muscles. The external periosteum and dura mater are stripped showing no fractures of the calvarium or base of the skull. There are no tears of the dura mater. There is no epidural, subdural or subarachnoid hemorrhage. The brain weighs 1670 grams. Leptomeninges are thin and transparent. A normal convolitional pattern is observed. Coronary sectioning demonstrates a uniformity of cortical gray thickness. The cerebellar hemispheres are symmetrical. There is no softening, discoloration, or hemorrhage of the white matter. The basal ganglia are intact. Anatomical landmarks are preserved. Cerebral contusions are not present. The ventricular system is unremarkable without dilation or distortion. Pons, medulla and cerebellum are unremarkable. There is no evidence of uncal or cerebellar herniation. Vessels at the base of the brain have a normal pattern of distribution. There are no aneurysms. The cranial nerves are intact, symmetrical and normal in size, location and course. The cerebral arteries are without arteriosclerosis.

SPINAL CORD:

The entire cord is not dissected.

HISTOLOGIC SECTIONS:

Representative sections from various organs are preserved in one storage jar in 10% formalin. Sections of heart and lungs are submitted for slides.

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BREITBART, ANDREW J.

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TOXICOLOGY:

Blood, liver tissue, stomach contents, urine and vitreous humor have been submitted to the lab. A comprehensive screen was requested.

PHOTOGRAPHY:

Photographs have been taken prior to and during the course of the autopsy.

RADIOLOGY:

The body is fluoroscoped and 11 x-rays are taken of the head, chest and abdomen.

WITNESSES:

None.

DIAGRAMS USED:

Diagram Forms 20 and 30 were used during the performance of the autopsy. The diagrams are not intended to be facsimiles.

OPINION:

The cause of death is due to the effects of heart failure resulting from hypertrophic cardiomyopathy with focal coronary atherosclerosis. Microscopic examination revealed up to 60% narrowing of a major coronary vessel and "heart failure" cells in the lungs. Toxicology results are positive for 0.4 g% of ethanol. Minor head trauma is noted. The manner of death is natural


JUAN M. CARRILLO, M.D.
DEPUTY MEDICAL EXAMINER

DATE

5/2/12

JMC:bbtt/b
D-03/02/12
T-03/06/12

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I performed a microscopic examination on →

2012-01471

at

THE DEPARTMENT OF CORONER

Brietbart, Andrew

Los Angeles, California

Microscopic Review
(2011-1471)

1. Heart (2012-1471-1,2) The left ventricle shows extensive hypertrophic changes, which include enlarged myocardial cells with prominent nuclei as well as focal areas of fibrosis. There is no evidence of infection. A partial section of the anterior descending branch of the left coronary artery coronary shows concentric thickening of the wall with up to 60%-narrowing. There appears to be early autolytic changes.
2. Lung (2011-1471-2,3) Sections of right and left lung show congestion and abundant foamy macrophages present in some alveoli. Iron stain is positive. There is no evidence of infection.
3. Kidneys (2011-1471 (3/26/2012)-1) Section of right and left kidney are unremarkable.
4. Liver (2011-1471 (3/26/2012)-2) Liver parenchyma shows focal fatty change noted to the hepatocytes. No cirrhosis noted. No infarction or necrosis present.

Dx

Heart: Hypertrophic changes, fibrosis

Up to 60% narrowing of coronary artery

Lungs: Hemosiderin laden macrophages (heart failure cells) in alveolar airspaces.


 Juan Carrillo M.D.

MEDICAL REPORT

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AUTOPSY CLASS: A B C Examination Only D

FAMILY OBJECTION TO AUTOPSY

Date: 3/2/12 Time: 9:30 Dr. *Cal*
(Print)

FINAL ON: 4/20/12 By: *Cal*
(Print)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:

2012-01471
EPSTEIN, ANDREW
NAT
SECURITY CRYPT

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

IMMEDIATE CAUSE:

(A) *Heart Failure*

DUE TO, OR AS A CONSEQUENCE OF:

(B) *Hypertrophic Cardiomyopathy with focal coronary atherosclerosis*

DUE TO, OR AS A CONSEQUENCE OF:

(C)

DUE TO, OR AS A CONSEQUENCE OF:

(D)

OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH:

Age: _____ Gender: Male / Female

PRIOR EXAMINATION REVIEW BY DME

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

CASE CIRCUMSTANCES

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

TYPING SPECIMEN

TYPING SPECIMEN TAKEN BY: _____
SOURCE: _____

TOXICOLOGY SPECIMEN

- COLLECTED BY: *Cal*
- HEART BLOOD STOMACH CONTENTS
 - FEMORAL BLOOD VITREOUS
- TECHNIQUE: *ext*
- _____ BLOOD SPLEEN
 - _____ BLOOD KIDNEY
 - BILE *Hair*
 - LIVER _____
 - URINE _____

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

TOX SPECIMEN RECONCILIATION BY: *Cal*

HISTOLOGY

- Regular (No. *1*) Oversize (No. _____)
- Histopath Cut: Autopsy Lab

TOXICOLOGY REQUESTS

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

REQUESTED MATERIAL ON PENDING CASES

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

- NATURAL SUICIDE HOMICIDE
- ACCIDENT COULD NOT BE DETERMINED

If other than natural causes, HOW DID INJURY OCCUR?

WAS OPERATION PERFORMED FOR ANY CONDITION STATED ABOVE: YES NO

TYPE OF SURGERY: _____ DATE: _____

ORGAN PROCUREMENT TECHNICIAN: *Molina*

PREGNANCY IN LAST YEAR YES NO UNK NOT APPLICABLE

WITNESS TO AUTOPSY EVIDENCE RECOVERED AT AUTOPSY

Item Description:

Reviewed Golden
3/23/12 *Hypertrophic cardiomyopathy with fibrosis coronary arteriosclerosis 50% Heart + jalare thrombosis myocardial infarction lungs*

4/20/12 *Fe lung Numerous Hemosiderin macrophage (Fe +ve) Mild fatty change Liver. Kidney - No inflammation Test Ethanol - 0.48% Kidney composed - ve*

RESIDENT

DME

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BREITBART, ANDREW
NAT
SECURITY CRYPT

EXTERNAL EXAM

- Sex
- Race
- Age
- Height
- Weight
- Hair
- Eyes
- Sclera
- Teeth
- Mouth
- Tongue
- Nose
- Chest
- Breasts
- Abdomen
- Scar
- Genital
- Edema
- Skin
- Decub

HEART Wt. 720
 Pericard
 Hypert T-12.8
 Dilat P-8.8
 Muscle M-13.2
 Valves A-8.0
 Coronar

RV 6.3
 LV 2.2
 Septum 3.2

AORTA minimal lipid
VESSELS streaking

LUNGS Wt
 R 490
 L 570
 Adhes
 Fluid
 Atelectasis
 Oedema
 Congest
 Consol
 Bronchi
 Nodes

PHARYNX
TRACHEA Car
THYROID
THYMUS
LARYNX
HYOID

ABDOMINAL WALL FAT 1 1/2

PERITONEUM

- Fluid
- Adhes
- LIVER Wt** 2300
- Caps
- Lobul
- Fibros
- G B
- Calc
- Bile ducts

SPLEEN Wt 220
 Color
 Consist
 Caps
 Malpig

PANCREAS
ADRENALS
KIDNEYS Wt

R 210
 L 220
 Caps
 Cortex
 Vessels
 Pelvis
 Ureter

BLADDER 400 cc clear amber
GENITALIA urine (-) glucose

Prost
 Testes
 Uterus
 Tubes
 Ovar

OESOPHAGUS
STOMACH ~ 500 cc of P.D.F.C

Contents + roasted corn
DUOD & SM INT (mill marks)

APPENDIX (+) green leafy
LARGE INT vegetable matter

ABDOM NODES prob. culture
SKELTON

Spine P.F.'s (+) diverticulosis
 Marrow
 Rib Cage
 Long bones
 Pelvis

(+) dentures Forehead
 (+) dentures Buccal
SCALP
CALVARIUM
BRAIN Wt

Dura 1670
 Fluid
 Ventric
 Vessels
 Middle ears
 Other

PITUITARY

SPINAL CORD

TOXICOLOGY SPECIMENS

B, V, U, ST, L

SECTIONS FOR HISTOPATHOLOGY

MICROBIOLOGY

DIAGRAMS X-RAYS

OTHER PROCEDURES

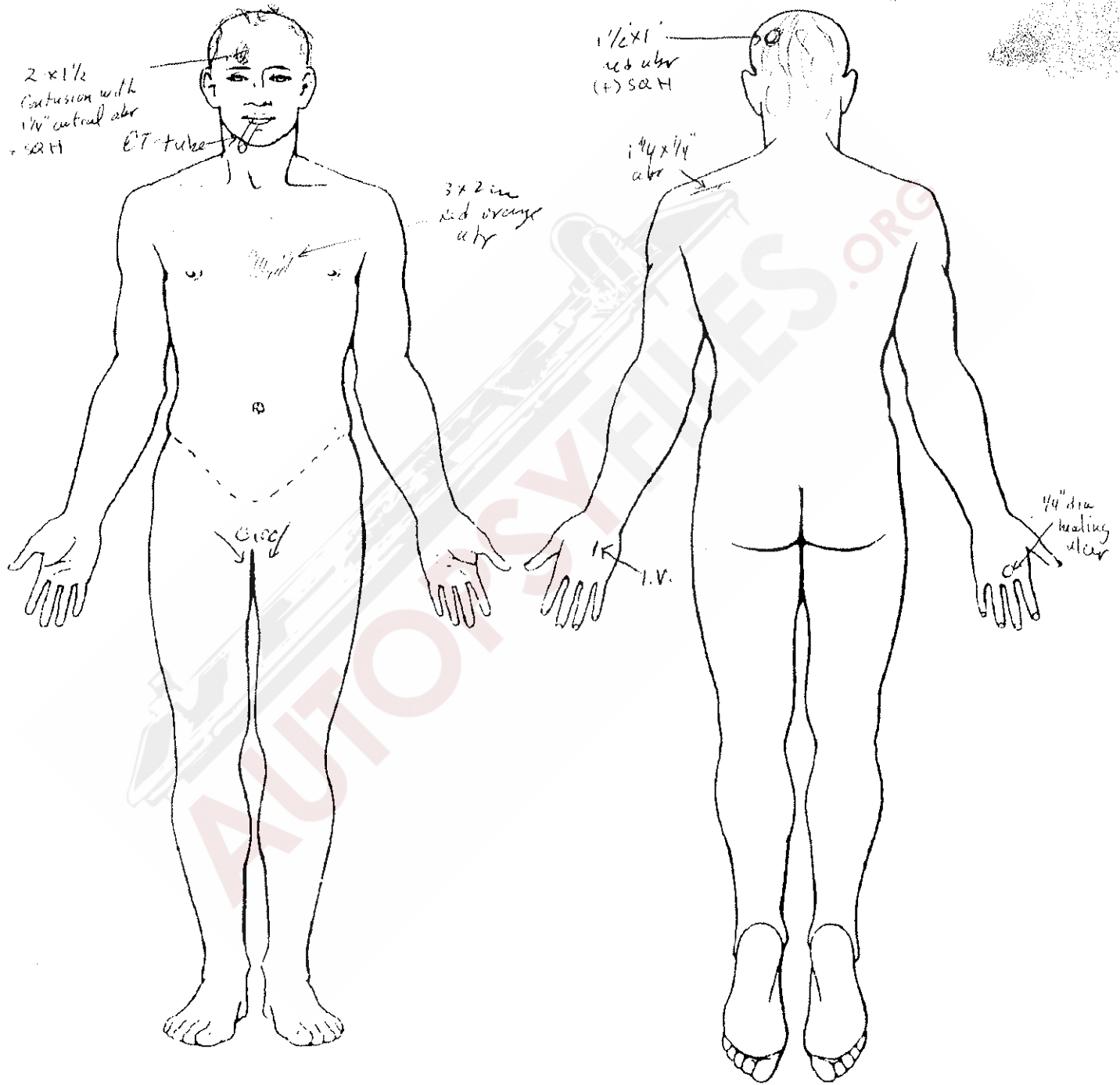
GROSS IMPRESSIONS

- Hypertrophic heart.
 - Coronary arter
 Disease, focal

Date 3/2/12	Time 9:30	Deputy Medical Examiner <i>[Signature]</i>
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12-01471
BREITBART, ANDREW
OF
SECURITY CRYPT



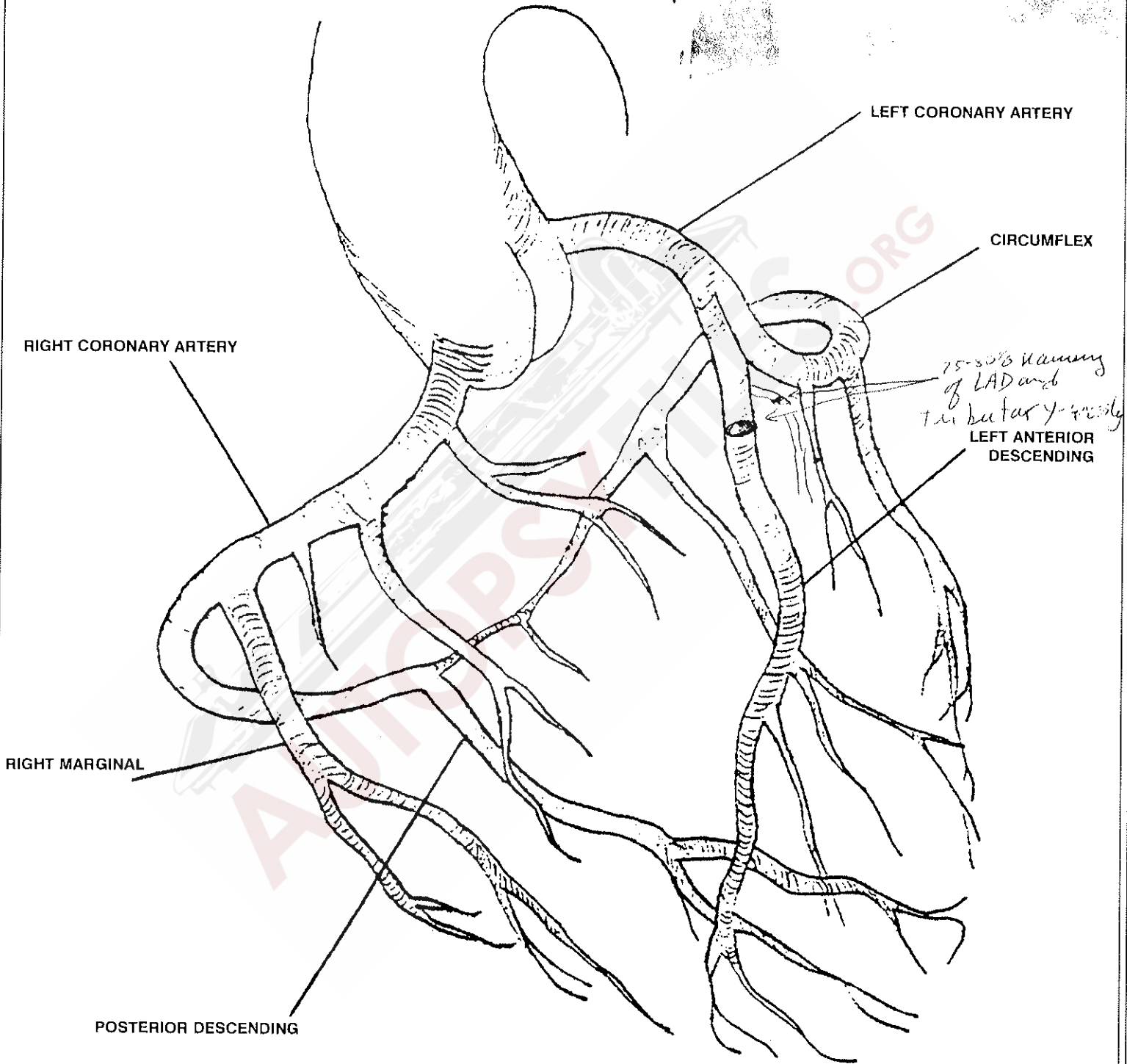
S&H = Subcutaneous
hemorrhage
(Rev. 7/09)

Date

[Signature] 3/2/12 M.D.
Deputy Medical Examiner

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2012-01471
BREITBART, ANDREW
NAT
SECURITY CRYPT



Date

[Signature]

Deputy Medical Examiner

M.D.



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



To: Dr. Carrillo
 Deputy Medical Examiner

Pending Tox

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

Coroner Case Number: 2012-01471 Decedent: BREITBART, ANDREW JAMES

<u>SPECIMEN</u>	<u>SERVICE</u>	<u>DRUG</u>	<u>RESULT</u>	<u>ANALYST</u>
Blood, Femoral				
Alcohol		Ethanol	0.04 g%	M. Schuchardt
Blood, Heart				
Alcohol		Ethanol	0.04 g%	M. Schuchardt
Bases		Basic Drugs	ND	S. DeQuintana
Cyanide		Cyanide	ND	M. Schuchardt
ELISA		Acetaminophen	ND	C. Miller
ELISA		Barbiturates	ND	C. Miller
ELISA		Benzodiazepines	ND	C. Miller
ELISA		Cocaine and Metabolites	ND	C. Miller
ELISA		Fentanyl	ND	C. Miller
ELISA		Methamphetamine & MDMA	ND	C. Miller
ELISA		Opiates: Codeine & Morphine	ND	C. Miller
ELISA		Opiates: Hydrocodone & Hydromorphone	ND	C. Miller
ELISA		Phencyclidine	ND	C. Miller
ELISA		Salicylate	ND	C. Miller
Halogenated Hydrocarbons		Ethchlorvynol	ND	S. DeQuintana
Halogenated Hydrocarbons		Trichlorethanol	ND	S. DeQuintana
Neutrals		Neutral Drugs	ND	O. Pleitez
Urine				
Alcohol		Ethanol	0.03 g%	M. Schuchardt
Vitreous				
Alcohol		Ethanol	0.05 g%	M. Schuchardt
Outside Test		Electrolytes	Done	NMS Labs, Inc.
Outside Test		Glucose	ND	NMS Labs, Inc.

⑤ 4/20/12

Coroner Case Number: 2012-01471 **Decedent:** BREITBART, ANDREW JAMES

SPECIMEN **SERVICE** **DRUG** **RESULT** **ANALYST**

Legend:

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

In accordance with the Department's Evidence Retention Policy, the blood specimen(s) will be retained for one-year and all other specimens for six-months from Autopsy.

Administratively reviewed by:



Daniel T. Anderson, M.S., FFS-ADFT, D-ABC
Supervising Criminalist II
TOXICOLOGY



NMS Labs

CONFIDENTIAL

3701 Welsh Road, PO Box 433A, Willow Grove, PA 19090-0437

Phone: (215) 657-4900 Fax: (215) 657-2972

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Robert A. Middleberg, PhD, DABFT, DABCC-TC, Laboratory Director

Toxicology Report

Report Issued 03/13/2012 18:00

To: 10139

Los Angeles County Coroner Medical Examiner
 Attn: Joseph Muto
 1104 N. Mission Road
 Los Angeles, CA 90033

Patient Name DOE, JOHN

Patient ID 2012-01471

Chain 11392992

Age Not Given

Gender Not Given

Workorder 12078579

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Positive Findings:

<u>Compound</u>	<u>Result</u>	<u>Units</u>	<u>Matrix Source</u>
Sodium (Vitreous Fluid)	137	mmol/L	Vitreous Fluid
Potassium (Vitreous Fluid)	13	mmol/L	Vitreous Fluid
Chloride (Vitreous Fluid)	121	mmol/L	Vitreous Fluid
Urea Nitrogen (Vitreous Fluid)	22	mg/dL	Vitreous Fluid
Creatinine (Vitreous Fluid)	0.80	mg/dL	Vitreous Fluid

See Detailed Findings section for additional information

Testing Requested:

<u>Analysis Code</u>	<u>Description</u>
1919FL	Electrolytes and Glucose Panel (Vitreous), Fluid (Forensic)

Specimens Received:

<u>ID</u>	<u>Tube/Container</u>	<u>Volume/ Mass</u>	<u>Collection Date/Time</u>	<u>Matrix Source</u>	<u>Miscellaneous Information</u>
001	Red Top Tube	1 mL	03/07/2012 14:33	Vitreous Fluid	

All sample volumes/weights are approximations.

Specimens received on 03/09/2012.



SP 3/14/12



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Detailed Findings:

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Sodium (Vitreous Fluid)	137	mmol/L	80	001 - Vitreous Fluid	Chemistry Analyzer
Potassium (Vitreous Fluid)	13	mmol/L	1.0	001 - Vitreous Fluid	Chemistry Analyzer
Chloride (Vitreous Fluid)	121	mmol/L	70	001 - Vitreous Fluid	Chemistry Analyzer
Glucose (Vitreous Fluid)	None Detected	mg/dL	35	001 - Vitreous Fluid	Chemistry Analyzer
Urea Nitrogen (Vitreous Fluid)	22	mg/dL	3.0	001 - Vitreous Fluid	Chemistry Analyzer
Creatinine (Vitreous Fluid)	0.80	mg/dL	0.50	001 - Vitreous Fluid	Chemistry Analyzer

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:

- Chloride (Vitreous Fluid) - Vitreous Fluid:
Normal: 105 - 135 mmol/L
- Creatinine (Vitreous Fluid) - Vitreous Fluid:
Normal: 0.6 - 1.3 mg/dL
- Glucose (Vitreous Fluid) - Vitreous Fluid:
Normal: <200 mg/dL

Postmortem vitreous glucose concentrations >200 mg/dL are associated with hyperglycemia.

Since postmortem vitreous glucose concentrations decline rapidly after death both in vivo and in vitro, care should be taken in the interpretation of results. Stability of vitreous glucose for up to 30 days has been noted by NMS Labs when specimens are maintained frozen (-20°C).
- Potassium (Vitreous Fluid) - Vitreous Fluid:
Normal: <15 mmol/L
- Sodium (Vitreous Fluid) - Vitreous Fluid:
Normal: 135 - 150 mmol/L
- Urea Nitrogen (Vitreous Fluid) (VUN) - Vitreous Fluid:
Normal: 8 - 20 mg/dL

Chain of custody documentation has been maintained for the analyses performed by NMS Labs.

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded six (6) weeks from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed.

Analysis Summary and Reporting Limits:

Acode 1919FL - Electrolytes and Glucose Panel (Vitreous), Fluid (Forensic) - Vitreous Fluid

-Analysis by Chemistry Analyzer for:





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Analysis Summary and Reporting Limits:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Chloride (Vitreous Fluid)	70 mmol/L	Potassium (Vitreous Fluid)	1.0 mmol/L
Creatinine (Vitreous Fluid)	0.50 mg/dL	Sodium (Vitreous Fluid)	80 mmol/L
Glucose (Vitreous Fluid)	35 mg/dL	Urea Nitrogen (Vitreous Fluid)	3.0 mg/dL



SP 3/14/12



COUNTY OF LOS ANGELES
DEPARTMENT OF CORONER

HOSPITAL AND NURSING
CARE FACILITY REPORT

1104 NORTH MISSION ROAD
LOS ANGELES, CALIF. 90033

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TO REPORT A DEATH — PHONE (213) 343-0711

COMPLETE ALL LINES. USE INK, IF UNKNOWN OR NOT APPLICABLE,
SO STATE.

UCLA Ronald Reagan
NAME OF FACILITY

CC# 2012-01471

ADDRESS 757 Westwood Plaza PHONE (310) 267-8407

NAME OF DECEDENT Breitbart, Andrew
HOW IDENTIFIED family DOB 2/1/69 AGE 43 SEX m RACE CAUC

DATE OF DEATH 3/1/12 TIME 0019

PRONOUNCED BY Feloman, Joanne MEDICAL RECORD OR PATIENT FILE # 4182067

EMERGENCY ROOM PATIENT

ORGAN/TISSUE DONATION INFORMATION

WAS THE NEXT-OF-KIN APPROACHED REGARDING ORGAN/TISSUE DONATION?
NO YES IF YES WHAT WAS THEIR RESPONSE? NO

HOSPITAL IN PATIENT

DATE ADMITTED _____ TIME _____

TO HOSPITAL BY: POLICE RELATIVES FRIENDS SELF AMBULANCE (Name or R.A. #) 59

FROM _____ (STATE WHETHER HOME, HOSPITAL OR OTHER) GIVE ADDRESS _____ (IF HOSPITAL ATTACH THEIR HISTORY)

ADMITTED BY: _____ M.D. PRIMARY ATTENDING PHYSICIAN _____ M.D.

PHONE # _____ PHONE # _____

INJURIES DATE _____ TIME _____ PLACE _____ CAUSE _____ (TRAFFIC, FALL, ETC.)

DESCRIBE INJURIES no appreciable injuries noted

CLINICAL HISTORY:

43M witnessed on street to suddenly fall. Rescue was called & on arrival found to be pulseless & unresponsive multiple shocks & rounds of meds given without signs of life. In ER, again resuscitation efforts were ineffective with 0 elo cardiac activity on ultra sound & pupils were fixed & dilated

LABORATORY: SPECIFY SPECIMENS TAKEN _____

LABORATORY RESULTS: 036/w418-20-67 1 03/01/12
BREITBART, ANDREW
M 43 02/01/1969

RETAIN LABORATORY SPECIMENS _____

X-RAY REPORT: ID# w418-20-67 1 VN# 3008 1

REMARKS: ESPECIALLY SYMPTOMS PRECEDING THIS DEATH _____

IN MY OPINION, THE IMMEDIATE CAUSE OF DEATH IS: sudden cardiac arrest

BY Soyun Kim M.D.
PHONE # _____

—OR— NURSE/HOSPITAL ADMINISTRATOR