

12**AUTOPSY REPORT**

No.

2018-03122

I performed an autopsy on the body of →

TROYER, VERNE JAY

at

the DEPARTMENT OF MEDICAL EXAMINER-CORONER

Los Angeles, California

on

04/22/2018

11:58

(Date)

(Time)

From the anatomic findings and pertinent history I ascribe the death to:(A) Sequelae of alcohol intoxication
DUE TO OR AS A CONSEQUENCE OF(B)
DUE TO OR AS A CONSEQUENCE OF(C)
DUE TO OR AS A CONSEQUENCE OF(D)
OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH*Anatomic Summary:*

- I. Bilateral pneumonia.
 1. Lungs diffusely firm.
 2. Focal tan exudate on pleural surface of right lung lower lobe.
 3. See separate microscopic examination report and culture report.
- II. Encephalomalacia.
 1. Involves most of the right cerebral parenchyma including the basal ganglia.
 2. Focally involves the left occipital lobe.
- III. Nephrosclerosis.
 1. Multiple bilateral simple renal cysts, the largest measures 1.8 cm.
 2. Increased pelvic fat.
- IV. Fatty change of liver with prominent passive congestion.
- V. Diverticuli, colon.
- VI. Diminutive right coronary ostia and artery.
- VII. Status-post appendectomy, remote, site unremarkable.

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VIII. Dwarfism.

IX. See separate culture reports.

X. See separate microscopic examination report.

CIRCUMSTANCES:

See Investigator Report Form #3.

EXTERNAL EXAMINATION:

The body is identified by ankle bands and toe tags and is that of an unembalmed refrigerated adult male Caucasian who appears about the reported age of 49 years. The body weighs 55 pounds, measures 32 inches (per Form 1) and appears well-nourished. The general appearance of the skin is as diagrammed on Form 20. Focal areas of superficial skin breakdown are noted to the posterior scalp, right upper extremity, penis and scrotum. None of the sites show exudates or evidence of infection. Wrist scars are absent. Tattoos are present and identified as diagrammed on Form 20. Rigor mortis has presumably been altered. Livor mortis is posterior, dependent and nearly fixed. The head has short brown hair. Frontal and vertex balding is present. A mustache is present. Patchy facial stubble is noted. Examination of the eyes reveals irides that appear to be blue in color and sclerae that are congested with purpura and focal drying. The oronasal passages are unobstructed and the nasal septum is intact. Upper and lower teeth are present. Dentures are not present. The skin of the neck is unremarkable and the neck is without abnormality to range of motion testing. There are no palpable fractures of the chest. The abdomen appears mildly distended but without a palpable fluid wave. The genitalia are those of an adult male. The penis appears circumcised, scrotal and soft tissue edema is present. The bilateral lower extremities show prominent pitting edema up to the level of the thighs. The extremities show no abnormal mobility, non-therapeutic punctures or needle tracks.

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Page 3**EVIDENCE OF THERAPEUTIC INTERVENTION:**

The following are present and are in proper location:
Intravenous line at the right groin. There are no signs of recent surgical procedures. Discrete signs of cardiopulmonary resuscitation are not appreciated. There is evidence of old surgeries. Abdominal scars are present and the appendix is absent. There are scant fibrous adhesions present at the site, and the site is otherwise unremarkable. There has not been post-mortem intervention for organ procurement.

EVIDENCE OF TRAUMATIC INJURY:

There are no fatal blunt force or penetrating traumatic external or internal injuries present.

CLOTHING:

The body was not clothed, and I did not see the clothing. No clothing accompanied the decedent from the hospital.

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. Prominent drying of the anterior tongue and lips is noted. There is no edema of the larynx. The hyoid bone, larynx and superior horns of the thyroid cartilage are 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.

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Page 4**CHEST/ABDOMINAL CAVITY:**

Both pleural cavities contain no fluid, blood or adhesions. Focal adherent tan exudates are present at the right lobe lower lung inferior aspect. The parietal pleurae are intact. The lungs are well expanded. Soft tissues of the thoracic and abdominal walls are well preserved. The subcutaneous fat of the abdominal wall measures 0.9 cm. The breasts are examined in the usual manner and show no abnormalities. A supernumerary nipple is present on the left. The organs of the abdominal cavity have a normal arrangement. There is an estimated 50 cc of tan serous non-purulent ascites present. 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 acute abnormalities of the visualized bony framework or muscles are present in the setting of dwarfism.

CARDIOVASCULAR SYSTEM:

The aorta is elastic and of even caliber throughout with vessels distributed normally from it. The abdominal and thoracic aorta have minimal atherosclerosis. There is no tortuosity or widening of the thoracic segment. There is no dilation of the lower abdominal segment. No aneurysm is present. The major branches of the aorta show no abnormality. Within the pericardial sac there is a minimal amount of serous fluid. The heart weighs 210 grams. It has a normal configuration. The right ventricle is 0.4 cm thick, the left ventricle is 1.0 cm thick and the septum is 1.0 cm thick. The chambers are normally developed and are without mural thrombosis. The valves are

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thin, leafy and competent. Circumference of the valve rings are: tricuspid valve 10.3 cm, pulmonic valve 6.8 cm, mitral valve 7.6 cm, aortic valve 6.8 cm. There is no endocardial discoloration. The myocardium has a pale appearance, but no focal lesions are identified. There is no abnormality of the apices of the papillary musculature. There are no defects of the septum. The great vessels enter and leave in a normal fashion. The ductus arteriosus is obliterated. The coronary ostia are widely patent. The right coronary artery ostia and right coronary artery are diminutive with both the ostia and the vessel diameter averaging 1 mm. The left coronary artery and ostia are unremarkable. There is no significant atherosclerosis of the major coronary arteries. The blood within the heart and large blood vessels is liquid and clotted.

RESPIRATORY SYSTEM:

Scant secretions and edema fluid are present in the lower bronchial passages. There is no apparent obstruction. The mucosa is intact and mildly congested. The lungs are atelectatic and diffusely firm with dependent congestion. The left lung weighs 300 grams. The right lung weighs 425 grams. The visceral pleurae are smooth and intact. Sectioning through the lung parenchyma reveals no focal lesions or masses. The pulmonary vasculature is without thromboembolism.

GASTROINTESTINAL SYSTEM:

The esophagus is intact throughout. The stomach is not distended. It contains an estimated 10 cc of tan-pink fluid. The mucosa shows early postmortem changes and focal superficial mucosal pinpoint erosions at the gastroduodenal junction. No active bleeding is present. Tablets and capsules cannot be discerned in the stomach. The external and in situ appearance of the small intestine and colon are unremarkable. The small intestine and colon are opened along the entire mesenteric border revealing tan-to-tan-green small bowel contents, soft green stool in the colon and there are numerous colon diverticuli, most prominent at the distal portion. The appendix is absent. The pancreas occupies a normal position. There is

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no necrosis or trauma. The parenchyma is lobular and firm. The pancreatic ducts are not ectatic and there is no parenchymal calcification.

HEPATOBIILIARY SYSTEM:

The liver weighs 860 grams and is tan-brown. The capsule is intact and the consistency of the parenchyma is soft. The cut surface is smooth with prominent passive congestion. There is a normal lobular arrangement. The gallbladder is present. The wall is thin and pliable. It contains liquid and sludge bile with no calculi. There is no obstruction or dilation of the extrahepatic ducts. The periportal lymph nodes are not enlarged.

URINARY SYSTEM:

The left kidney weighs 90 grams; the right kidney weighs 80 grams. The kidneys are normally situated and the capsule strips easily revealing a surface that is markedly granular, scarred and pale. The corticomedullary demarcation is preserved and the cortex appears attenuated. The pyramids are not remarkable. There is increased peripelvic fat. Both kidneys have multiple simple cysts. The largest is in the left kidney measuring up to 1.8 cm in diameter. The urinary bladder is contracted and contains no urine.

GENITAL SYSTEM:

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

HEMOLYMPHATIC SYSTEM:

The spleen weighs 70 grams and is of average size. The capsule is intact. The parenchyma is dark red. There is no increased follicular pattern. Lymph nodes throughout the body are small and inconspicuous except for a focus of small matted lymph nodes

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at the carina. The bone is brittle. The bone marrow of the rib is red and moist.

ENDOCRINE SYSTEM:

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

SPECIAL SENSES:

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

HEAD AND CENTRAL NERVOUS SYSTEM:

There is no subcutaneous or subgaleal hemorrhage in the scalp. There are 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 1310 grams. The leptomeninges are thin and transparent. No exudates are appreciated. There is a flattened convolutionary pattern and global postmortem softening. Coronal sectioning demonstrates prominent marked softening with a friable consistency of the brain parenchyma involving the right cerebrum extending from the occipital lobe to the frontal lobe obliterating the right basal ganglia. Similar findings are seen focally in the left occipital lobe. Sectioning through the brain reveals no intraparenchymal hemorrhage or other focal lesions. The global softening and encephalomalacia limits examination of symmetry and herniation. Small vessel congestion is noted throughout. Pons, medulla and cerebellum are unremarkable except for softening. Discrete evidence of uncal or cerebellar herniation is not appreciated. The vessels at the base of the brain have a normal pattern of distribution. There are no aneurysms. The visualized cranial nerves are intact, symmetrical and normal in size, location and course. The cerebral arteries are without arteriosclerosis.

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SPINAL CORD:

The entire cord is not dissected. The superior portion of the cervical spinal cord is examined through the foramen magnum and is unremarkable. The spinal fluid is clear.

HISTOLOGIC SECTIONS:

Representative sections from various organs are preserved in two storage jars containing 10% formalin. Representative sections of viscera are submitted for slides. The slide key is as listed on Form 14.

TOXICOLOGY:

Bile, blood, liver tissue, stomach contents and vitreous humor have been submitted to the lab. No screen was requested secondary to hospitalization of greater than 24 hours.

PHOTOGRAPHY:

At-scene photos are not available. Photographs have been taken prior to and during the course of the autopsy. Photographs taken tableside include Y-incision and reflected scalp to demonstrate no trauma. The pleural exudates of the right lung and encephalomalacia were photographed.

RADIOLOGY:

The body is fluoroscoped and full body x-rays are taken (24).

WITNESSES:

None.

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DIAGRAMS USED:

Diagram Forms #16 and 20 were used during the performance of the autopsy. The diagrams are not intended to be facsimiles.

OPINION:

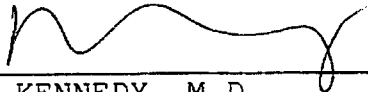
This 49 year old man died due to sequelae of alcohol intoxication.

Examination and histology findings are consistent with the provided medical history. The nasopharyngeal swab is negative for common respiratory viral pathogens. The lung cultures reveal no bacterial growth.

A urine toxicology screen performed during hospitalization was negative. A blood alcohol level performed on 4-2-18 at 2130 was reported as >300 mg/dL and further quantification was not performed. Post mortem toxicology was not performed due to prolonged hospitalization and admission blood specimens were not available.

Per review of the available medical records and the Los Angeles Police Department Mental Evaluation Unit report (Incident number 4848) the decedent reportedly made suicidal ideations. There is a reported history of depression and chronic alcohol use with recent relapse.

Based on the history and circumstance, as currently known, the manner of death is suicide.


MARTINA KENNEDY, M.D.
DEPUTY MEDICAL EXAMINER

10-10-18
DATE

MK:M2

D: 04/22/2018 11:58:00

T: 04/26/2018 17:27:00

CITY OF LOS ANGELES

MICROSCOPIC REPORT

DEPARTMENT OF CORONER

14

I performed a microscopic examination on →
08/05/2018

at

THE DEPARTMENT OF CORONER

Los Angeles, California

2018-03122
Troyer, Verne**Diagnosis:****Lungs: Diffuse organizing pneumonia with patchy squamous metaplasia and occasional mucus plugs****Kidneys: Acute and chronic pyelonephritis and occasional glomerulosclerosis****Liver: Steatosis, minimal****Pancreas: Foci of peripancreatic fat necrosis, no significant fibrosis.****Heart: No significant abnormality.****Slide Key:**

1/9: Heart

2/9: Kidneys

3/9: Liver

4/9: Lung, right upper lobe


5/9: Lung, right middle lobe

6/9: Lung, right lower lobe

7/9: Lung, left upper lobe

8/9: Lung, left lower lobe

9/9: Pancreas


 Martina Kennedy, D.O.
 Deputy Medical Examiner

Date:

10-7-18.

15

AUTOPSY CLASS: A B C Examination Only D

FAMILY OBJECTION TO AUTOPSY

Date: 4-22-18 Time: 1158 Dr. Kennedy
(Print)

FINAL ON: 10-9-18 By: Kennedy
(Print)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

2018-03122

TROYER, VERNE JAY

A/S

SEC 1

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

IMMEDIATE CAUSE:

A) Sequelae of alcohol intoxication

days/weeks

Age: 49 Gender: Male Female

DUE TO, OR AS A CONSEQUENCE OF:

B)

DUE TO, OR AS A CONSEQUENCE OF:

C)

DUE TO, OR AS A CONSEQUENCE OF:

D)

PRIOR EXAMINATION REVIEW BY DME

BODY TAG CLOTHING

X-RAY (No. 24) FLUORO

SPECIAL PROCESSING TAG MED. RECORDS

AT SCENE PHOTOS (No. valley pres partial)

CASE CIRCUMSTANCES

EMBALMED

DECOMPOSED

> 24 HRS IN HOSPITAL

OTHER: _____ (Reason)

TYPING SPECIMEN

TYPING SPECIMEN TAKEN BY: Kennedy

SOURCE: heart

TOXICOLOGY SPECIMEN

COLLECTED BY: Kennedy

HEART BLOOD STOMACH CONTENTS

FEMORAL BLOOD VITREOUS

TECHNIQUE: int

_____ BLOOD SPLEEN

_____ BLOOD KIDNEY

BILE hospital blood

LIVER

URINE

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

TOX SPECIMEN RECONCILIATION BY: EFS TM

HISTOLOGY

Regular (No. 2) Oversize (No. _____)

Histopath Cut: Autopsy Lab

TOXICOLOGY REQUESTS

FORM 3A: YES NO

NO TOXICOLOGY REQUESTED

SCREEN C H T S D

ALCOHOL ONLY

CARBON MONOXIDE

OTHER (Specify drug and tissue)

REQUESTED MATERIAL ON PENDING CASES

POLICE REPORT

TOX FOR COD

TOX FOR R/O

MICROBIOLOGY

RADIOLOGY CONS.

CONSULT ON:

BRAIN SUBMITTED

NEURO CONSULT DME TO CUT

CRIMINALISTICS

GSR SEXUAL ASSAULT OTHER

MED HISTORY
 HISTOLOGY
 INVESTIGATIONS
 EYE PATH. CONS.

NATURAL SUICIDE HOMICIDE

ACCIDENT COULD NOT BE DETERMINED

If other than natural causes, HOW DID INJURY OCCUR? alcohol intake

WAS OPERATION PERFORMED FOR ANY CONDITION STATED ABOVE: YES NO

TYPE OF SURGERY: _____ DATE: _____

ORGAN PROCUREMENT TECHNICIAN: Morris

PREGNANCY IN LAST YEAR YES NO UNK NOT APPLICABLE

WITNESS TO AUTOPSY EVIDENCE RECOVERED AT AUTOPSY
Item Description:

*No family objection to autopsy.
hospital specimen with body collected 4/21 0423*

MR, histo + cultures (P)

req by DW

dictated.

- 1) nasopharyngeal swab
- 2) blood cultures
- 3) R lung swab
- 4) L lung swab

RESIDENT

DME

16

2018-03122

TROYER, VERNE JAY

A/S

SEC 1

Ø = normal = unremarkable

EXTERNAL EXAM

Sex male
Race caucasian
Age 49
Height 32"
Weight 55 lbs
Hair Brown
Eyes Blue
Sclera cong & drying + purpura
Teeth natural
Mouth Ø
Tongue anterior drying
Nose septum intact
Chest no palpable fx's
Breasts Ø
Abdomen Ø
Scar see form 20
Genitals male circ
Edema pitting dist to thighs
Skin see form 20
Decubitus none at sacrum

HEART Wt. 210g

Pericardium Ø
Hypertrophy Ø
Dilation Ø
Muscle pale
Valves Ø
Coronaries: diminutive RCA ostia + vessel no sig athero

AORTA min atro

VESSELS No PE

LUNGS Wt.

R 425 focal scant tan pleural exud + lobes photo'd
L 300
Adhesions Ø
Fluid Ø
Atelectasis ++
Oedema +
Congestion dependent
Consolidation diffusely firm
Bronchi no obstruction
Nodes Ø

PHARYNX Ø

TRACHEA Ø

THYROID Ø

THYMUS best 10

LARYNX Ø

HYOID Ø

ABDOMINAL WALL FAT 0.9cm

PERITONEUM

Fluid est 50cc tan serous fluid
Adhesions

LIVER Wt. 520g T-B, S, S

Capsule PC++
Lobules
Fibros
GB uq + sludge
Calculus Ø
Bile ducts Ø

SPLEEN Wt. 70g

Color
Consistency Ø
Capsule
Malpiment

PANCREAS no focal lesions, firm

ADRENALS Ø B/L

KIDNEYS Wt.

R 80
L 90 > mult B/L cyst largest, left 2.8cm
Capsule Ø
Cortex markedly granular & scars pale
Vessels Ø
Pelvis fat
Ureters Ø

BLADDER empty.

GENITALIA

Prostate Ø
Testes Ø B/L
Uterus
Tubes
Ovaries

OESOPHAGUS Ø

STOMACH

Contents est 10cc tan-pink fluid

DUOD. & SM. INT. Ø

APPENDIX absent, scant fib adh @ site

LARGE INT. Ø soft green stool distal diverticuli

ABDOM. NODES

SKELETON

Spine
Marrow
Rib Cage
Long bones
Pelvis
NO acute D's

SCALP no trauma

CALVARIUM Ø no acute D's

BRAIN Wt. 1310g

Dura
Fluid marked soft
Ventricles + friable
Vessels Ø near total
Middle ears Ø cerebellum
Other including BG and focal Ø left posterior cerebellum
Mid cerebellum transection photo'd

SPINAL CORD

Sup cerv = Ø

TOXICOLOGY SPECIMENS

heart, fem, EDTA, vit, liver, bile, gastric

SECTIONS FOR HISTOPATHOLOGY

2 storage jars
1 cassette jar

MICROBIOLOGY

1) nasopharyngeal swab
2) Lung & lobe swab
3) R Lung & lobe swab
4) blood cultures, 2 bottles

DIAGRAMS

X-RAYS
24 no acute trauma

OTHER PROCEDURES

12 lung exudate photo'd + autopsy photo's

GROSS IMPRESSIONS

See FORM 12

Date

4-22-18

Time

1158

Deputy Medical Examiner

[Signature]

To: LOS ANGELES COUNTY CORONER 25/Apr/18 07:52 Page 14 of 17

COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
 PUBLIC HEALTH LABORATORY - 12750 ERICKSON AVENUE, DOWNEY, CA 90242
 NICOLE M. GREEN, PhD, D(ABMM), DIRECTOR (562)658-1330

NAME: TROYER, VERNE
 PATIENT ID# LACCO-201803122
 REQ'D BY: REFERRED

LOC: L.A. COUNTY CORONERS OFFICE
 DOB: 01/01/1969 AGE: 49Y SEX: M

COLLECTED: 04/22/2018 12:10 RECEIVED: 04/23/2018 16:45
 ACC. NO.: M2574 Order Comment: KENNEDY

| TEST NAME | TEST RESULTS | REFERENCE RANGE |
|------------------------------|---|-----------------|
| Multiplex Respiratory Panel | PCR w/Reflex | |
| SPECIMEN DESCRIPTION | NASOPHARYNGEAL SWAB | |
| | Result date,time:04/24/2018,07:35 | |
| Adenovirus | NOT DETECTED Result date,time:04/24/2018,14:52 | NDETEC |
| Coronavirus 229E | NOT DETECTED Result date,time:04/24/2018,14:52 | NDETEC |
| Coronavirus HKU1 | NOT DETECTED Result date,time:04/24/2018,14:52 | NDETEC |
| Coronavirus NL63 | NOT DETECTED Result date,time:04/24/2018,14:52 | NDETEC |
| Coronavirus OC43 | NOT DETECTED Result date,time:04/24/2018,14:52 | NDETEC |
| Human Metapneumovirus | NOT DETECTED Result date,time:04/24/2018,14:52 | NDETEC |
| Human Rhinovirus/Enterovirus | NOT DETECTED Result date,time:04/24/2018,14:52 | NDETEC |
| Influenza A | NOT DETECTED Result date,time:04/24/2018,14:52 | NDETEC |
| Influenza B | NOT DETECTED Result date,time:04/24/2018,14:52 | NDETEC |
| Parainfluenza Virus 1 | NOT DETECTED Result date,time:04/24/2018,14:52 | NDETEC |
| Parainfluenza Virus 2 | NOT DETECTED Result date,time:04/24/2018,14:52 | NDETEC |
| Parainfluenza | NOT DETECTED | NDETEC |

CONTINUED

PAGE 1

TROYER, VERNE
 CLIENT REPORT

ACCOUNT NO.: LACCO

PRINT DATE & TIME: 04/25/2018

07:52

MK 5-21-18
 PR 42C.10

COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
 PUBLIC HEALTH LABORATORY - 12750 ERICKSON AVENUE, DOWNEY, CA 90242
 NICOLE M. GREEN, PhD, D(ABMM), DIRECTOR (562)658-1330

NAME: TROYER, VERNE
 PATIENT ID# LACCO-201803122
 REQ'D BY: REFERRED

LOC: L.A. COUNTY CORONERS OFFICE
 DOB: 01/01/1969 AGE: 49Y SEX: M

COLLECTED: 04/22/2018 12:10

RECEIVED: 04/23/2018 16:45

ACC. NO.: M2574

Order Comment: KENNEDY

TEST NAME

TEST RESULTS

REFERENCE
 RANGE

Multiplex Respiratory Panel PCR w/Reflex
 (CONTINUED)

DEPARTMENT OF
 MEDICAL EXAMINER -

Result date, time: 04/24/2018, 14:52

Parainfluenza
 Virus 3

(CONTINUED)

NDETEC

Result date, time: 04/24/2018, 14:52

Virus 3

Result date, time: 04/24/2018, 14:52

Parainfluenza
 Virus 4

NOT DETECTED

NDETEC

Result date, time: 04/24/2018, 14:52

Respiratory
 Syncytial Virus

NOT DETECTED

NDETEC

Result date, time: 04/24/2018, 14:52

Bordetella
 pertussis

NOT DETECTED

NDETEC

Result date, time: 04/24/2018, 14:52

Chlamydomphila
 pneumoniae

NOT DETECTED

NDETEC

Result date, time: 04/24/2018, 14:52

Mycoplasma
 pneumoniae

NOT DETECTED

NDETEC

Result date, time: 04/24/2018, 14:52

Additional
 Comments

The FilmArray Respiratory (RP) panel is a qualitative, multiplex, nucleic acid-based test capable of the simultaneous detection and identification of multiple viruses and bacteria directly from nasopharyngeal samples obtained from individuals with signs and/or symptoms of respiratory infection. This test is intended as an aid in the diagnosis of specific agents of respiratory illness, and results are meant to be used in conjunction with other clinical, laboratory, and epidemiologic data. Positive results do not rule out co-infection with other organisms not included on the panel, and the agent detected may not be the definitive cause of disease.

Rarely, multiple analytes may be detected. If four or more distinct organisms are detected in a specimen, an additional

CONTINUED

TROYER, VERNE
 CLIENT REPORT

ACCOUNT NO.: LACCO

PRINT DATE & TIME: 04/25/2018 07:52

PAGE 2

COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
 PUBLIC HEALTH LABORATORY - 12750 ERICKSON AVENUE, DOWNEY, CA 90242
 NICOLE M. GREEN, PhD, D(ABMM), DIRECTOR (562) 658-1330

NAME: TROYER, VERNE
 PATIENT ID# LACCO-201803122
 REQ'D BY: REFERRED

LOC: L.A. COUNTY CORONERS OFFICE
 DOB: 01/01/1969 AGE: 49Y SEX: M

COLLECTED: 04/22/2018 12:10 RECEIVED: 04/23/2018 16:45
 ACC. NO.: M2574 Order Comment: KENNEDY

| TEST NAME | TEST RESULTS | REFERENCE RANGE |
|-----------------------------------|--|-----------------|
| Multiplex Respiratory Panel | PCR w/Reflex (CONTINUED) Result date, time: 04/24/2018, 14:52 | |
| Additional Comments | (CONTINUED) Result date, time: 04/24/2018, 14:52 sample may be requested to confirm polymicrobial result. This test does not differentiate Rhinovirus and Enterovirus. Additional testing is required for Influenza subtyping. This test is not intended to be used to monitor treatment and results do not necessarily detect live organisms. For equivocal results, please submit additional specimen. Result date, time: 04/24/2018, 14:52 | |
| TEST NAME | TEST RESULTS | REFERENCE RANGE |
| INFLUENZA A AND B VIRUS BY RT PCR | | |
| Specimen Source | NASAL PHARYNGEAL SWAB Result date, time: 04/24/2018, 07:36 | |
| INFLUENZA A RNA | NOT DETECTED Result date, time: 04/24/2018, 15:04 | NDETEC |
| INFLUENZA B RNA | NOT DETECTED Result date, time: 04/24/2018, 15:04 | NDETEC |
| Interpretation | NEGATIVE FOR INFLUENZA A AND B VIRUS Result date, time: 04/24/2018, 15:04 | |

DEPARTMENT OF
 MEDICAL EXAMINER-
 CORONER DOCUMENT

USC-Autopsy non-LACUSC Cases

Department of Pathology

1104 N. Mission Road
Los Angeles, CA 90033-

Phone: (323) 409-7148 Fax: (323) 441-8147

Lab Director: Ira A. Shulman, M.D. CLIA: 05D0543401



Patient: troyver, verne
MRN: 101276295
FIN: 1011626888
DOB/Age/Sex: 01/01/1969 49 years Male
Location: USC-Autopsy

Admit Date: 04/22/2018
Discharge Date: 04/22/2018
Ordering Physician: Kennedy, Martina
Accession: 30-18-112-02971

Bacteriology

Procedure: Wound Culture with Gram Stain* Accession: 30-18-112-02971
Source: Aspirate Collected Date/Time: 04/22/2018 12:35
Body Site: Lung L Received Date/Time: 04/22/2018 17:38
Free Text Source: Lower Lobe CC 2018-03122 Start Date/Time: 04/22/2018 17:38
ORDERING PHYSICIAN: Kennedy, Martina

FINAL REPORTS

Final Report
Verified Date/Time: 04/27/2018 12:30
No growth at 5 days.

STAINS

Gram Stain
Verified Date/Time: 04/22/2018 20:06
<1+ polymorphonuclear leukocytes
Cell debris
Red Blood Cells
No organisms observed.

Performing Locations

*1: This test was performed at:
LAC+USC Medical Center Laboratory, Ira A. Shulman MD, Laboratory Director, CLIA
Certificate 05D0543401, 1200 N. State Street, Los Angeles, CA, 90033-1083, US, (323)
409-7148

DEPARTMENT OF
MEDICAL EXAMINER-
CORONER DOCUMENT

ER 43018

USC-Autopsy non-LACUSC Cases**Department of Pathology**1104 N. Mission Road
Los Angeles, CA 90033-

Phone: (323) 409-7148 Fax: (323) 441-8147

Lab Director: Ira A. Shulman MD CLIA: 05D0543401



Patient: **troyer, verne**
 MRN: 101276295 Admit Date: 04/22/2018
 FIN: 1011626890 Discharge Date: 04/22/2018
 DOB/Age/Sex: 01/01/1969 49 years Male Ordering Physician: Kennedy, Martina
 Location: USC-Autopsy Accession: 30-18-112-02985

Bacteriology

Procedure: Wound Culture with Gram Stain "1" Accession: 30-18-112-02985
 Source: Sputate Collected Date/Time: 04/22/2018 12:30
 Body Site: Lung R Received Date/Time: 04/22/2018 17:40
 Free Text Source: Lower Lobe CC 2018-03122 Start Date/Time: 04/22/2018 17:40
 ORDERING PHYSICIAN: Kennedy, Martina

*****FINAL REPORTS*****

Final Report

Verified Date/Time: 04/27/2018 12:29

No growth at 5 days.

*****STAINS*****

Gram Stain

Verified Date/Time: 04/22/2018 20:02

<1+ polymorphonuclear leukocytes

Red Blood Cells

Cell debris

No organisms observed.

Performing Locations

*1: This test was performed at:

LAC+USC Medical Center Laboratory, Ira A. Shulman MD, Laboratory Director, CLIA
Certificate 05D0543401, 1200 N. State Street, Los Angeles, CA, 90033-1083, US, (323)
409-7148

DEPARTMENT OF
 MEDICAL EXAMINER-
 CORONER DOCUMENT

A Kennedy

COUNTY OF LOS ANGELES

CASE REPORT

DEPARTMENT OF CORONER

| | | | | | | | | | | | | | |
|---|--|---|-------------------------------------|---------------|--|-----------------------|---------------|------------------------------------|-------------------------|--|-----------------------|--------------------|---------------------|
| 1 | APPARENT MODE ACCIDENT/ SUICIDE | | | | | | | | | | CASE NO 2018-03122 | | |
| | SPECIAL CIRCUMSTANCES Celebrity, Media Interest | | | | | | | | | | CRYPT SEC1 | | |
| LAST, FIRST MIDDLE TROYER, VERNE JAY | | | | | | | | | | AKA | | # | |
| ADDRESS 8005 TEESDALE AVENUE | | | | | | | | | | CITY NORTH HOLLYWOOD | | STATE CA | ZIP 91605 |
| SEX MALE | RACE APPEARS CAUCASIAN | DOB 1/1/1969 | AGE 49 | HGT 32 in. | WGT 55 lbs. | EYES BLUE | HAIR BROWN | TEETH ALL NATURAL TEETH | FACIAL HAIR UNSHAVEN | HD VIEW Yes | CONDITION FAIR | | |
| MARK TYPE MOLE | MARK LOCATION RIGHT CHEST | | MARK DESCRIPTION CIRCULAR | | | | | | | | | | |
| TATTOO | RIGHT SHOULDE | | SKULL | | | | | | | | | | |
| TATTOO | LEFT SHOULDER | | CROSS W/ YIN AND YANG SYMBOL | | | | | | | | | | |
| NOK | | ADDRESS | | | | | | CITY | | STATE | | ZIP | |
| RELATIONSHIP FATHER | | PHONE | | NOTIFIED BY | | | | DATE | | TIME | | | |
| | | | | | | | | 4/21/2018 | | | | | |
| SSN | | DL ID | | STATE | | PENDING BY | | | | | | | |
| | | | | | | | | | | | | | |
| ID METHOD CALIFORNIA DRIVER'S LICENSE | | | | | | | | | | | | | |
| LA # | | MAIN # | | CII # | | FBI # | | MILITARY # | | POB | | | |
| | | | | | | | | | | | | | |
| IDENTIFIED BY NAME (PRINT) CAL PHOTO | | | | | | RELATIONSHIP | | PHONE | | DATE 4/21/2018 | | | |
| PLACE OF DEATH / PLACE FOUND HOSPITAL | | ADDRESS OR LOCATION 15107 VANOWEN STREET | | | | | | CITY VAN NUYS | | ZIP 91405 | | | |
| VALLEY PRESBYTERIAN HOSPITAL | | | | | | | | | | | | | |
| PLACE OF INJURY RESIDENCE | | AT WORK No | DATE 4/3/2018 | TIME | LOCATION OR ADDRESS 8005 TEESDALE AVENUE, NORTH HOLLYWOOD, CA | | | | ZIP 91605 | | | | |
| DOD 4/21/2018 | | TIME 11:27 | FOUND OR PRONOUNCED BY DR GORDON | | | | | | | | | | |
| OTHER AGENCY INV. OFFICER: | | | | | | PHONE | | REPORT NO. | | NOTIFIED BY NO | | | |
| | | | | | | | | | | | | | |
| TRANSPORTED BY ASHLEY JAIME | | | | | | TO LOS ANGELES FSC | | DATE 4/21/2018 | | TIME 22:20 | | | |
| FINGERPRINTS? | | Yes | CLOTHING | | No | | PARPT | | No | | MORTUARY | | |
| MED. EV. | | No | INVEST. PHOTO # | | 24 | | SEAL TYPE | | HOSP RPT | Yes | | | |
| PHYS. EV. | | No | EVIDENCE LOG | | No | | PROPERTY? | | No | HOSP CHART Yes | | | |
| SUICIDE NOTE | | No | GSR NO | | RCPT. NO. | | 300914 | | PF NO. | | 001228653 | | |
| SYNOPSIS The decedent was brought from his residence into the hospital by ambulance on 04/02/2018. A urine toxicology test was completed at the hospital on 04/02/2018 showing an alcohol level of greater than 300.0 mg/dl. During his hospital course the decedent reportedly went into respiratory distress and became vent dependent. Despite life saving measures the decedent was pronounced on 04/21/2018 at 1127 hours. The decedent has a reported medical history of dwarfism, alcohol abuse and depression. | | | | | | | | | | | | | |
| MELISSA MUNOZ 638999 | | | | | | INVESTIGATOR | | DATE 4/22/2018 TIME 02:17 | | REVIEWED BY DATE 04/22/2018 TIME 02:37 | | | |

FORM #3 NARRATIVE TO FOLLOW?



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



Case Number: 2018-03122

Decedent: TROYER, VERNE JAY

Information Sources:

Medical Record: Valley Presbyterian Hospital, 15107 Vanowen Street, Van Nuys, CA, 91405, Patient file # 001228653.

██████████ father, ██████████

Investigation:

On 04/21/2018 at 1919 hours, Register Nurse Kalie reported this apparent suicide death to Coroner Clerk K. Slone. It was reported that the decedent was taken to the hospital for alcohol intoxication and was admitted on 04/03/2018. The decedent reportedly went into respiratory failure and became vent dependent. The decedent was pronounced at the hospital. The decedent has a reported medical history of dwarfism and chronic alcoholism. It was reported that the decedent apparently called 911 himself saying he wanted to die. It was reported that the decedent just kept repeating it on his 911 call and in the emergency room. When the decedent arrived to the hospital, his alcohol level was reportedly above 300. The decedent reportedly came into the hospital approximately one year ago for the same thing. There was no note found. The decedent reportedly had prior suicide ideations in the past. It was unknown at the time of the call which police department was handling this case. There was no other further information reported.

I received this case for investigation from Lieutenant B. Kim on 04/21/2018.

Supervisor Forensic Attendant C. Garcia and Forensic Attendant A. Jaime transported the decedent from the hospital to the Forensic Science Center on 04/21/2018 at 2220 hours.

A criminal history search for the decedent showed no prior arrests on file.

This case was originally coded as a suicide and after review of the informant statements; the code was changed to an accident versus suicide death.

Criminalists call out criteria was reviewed and was not met at the time of my investigation.

Location:

Place of Injury: Residence: 8005 Teesdale Avenue, North Hollywood, CA, 91605.

Place of Death: Hospital: 15107 Vanowen Street, Van Nuys, CA, 91405.

Informant/Witness Statements:

The medical record and the form 18 had the following information. The decedent was brought from his residence into the hospital by ambulance on 04/02/2018. A urine toxicology test was completed at the hospital on 04/02/2018 showing an alcohol level of greater than 300.0 mg/dl. Despite life saving measures the decedent was pronounced on 04/21/2018 at 1127 hours by Dr. Gordon. The decedent has a reported medical history of alcohol abuse and depression.

On 04/21/2018, I conducted a telephone interview with the decedent's father, ██████████ and he stated the following information. The decedent was not married and did not have any adult children. The decedent was not known to use any illicit drugs. The decedent did have a history of alcohol abuse and had reportedly completed time at a treatment center approximately one year ago. The decedent had no known medical history. The decedent was taking prescription medication but the family did not know what they were being prescribed for. The decedent did have a primary doctor (Dr. Kroop). The decedent had a medical history of depression but was reportedly not seeking any medical treatment. The decedent had no known prior suicide attempts or ideations.

Scene Description:

There was no scene investigation by Coroner personnel as this was a hospital case.



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



Case Number: 2018-03122

Decedent: TROYER, VERNE JAY

Evidence:

There was no evidence collected by Coroner personnel in this case.

Body Examination:

The decedent is a 49-year-old male Caucasian adult dwarf with blue eyes and brown hair. He was seen unshaven and with apparent natural teeth. There was a hospital identification band seen to the decedent's left arm. There was a red band seen to the decedent's left arm. A hospital identification tag was seen to the decedent's right arm. A bandage was seen to the decedent's left foot, right foot, left arm, right thigh, back of the head, and buttocks. An intravenous line was seen coming from the decedent's right thigh. There were no other medical appliances seen. Abrasions were seen to the decedent's genitals, right hand, mouth, tongue, and back of his head. Purple discoloration was seen to the decedent's arms. There was no other obvious evidence of trauma seen or palpated. A mole was seen to the decedent's right chest. Tattoos were seen to the decedent's arms, left chest, right leg, and back. A scar was seen to the decedent's right abdomen. There were no deformities seen.

Identification:

The decedent was positively identified by his driver's license issued by the California Department of Motor Vehicles as Verne Jay Troyer, date of birth 01/01/1969.

Next of Kin Notification:

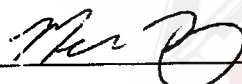
██████████ father, was notified of the death by hospital personnel on 04/21/2018. I confirmed notification with him on 04/21/2018. The decedent was not married and did not have any adult children.

Tissue Donation:

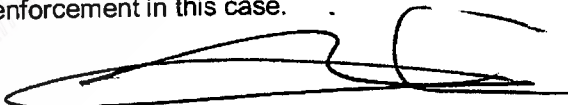
Unknown if a One Legacy representative addressed tissue donation.

Autopsy Notification:

There were no autopsy requests made by law enforcement in this case.


MELISSA MUNOZ #638999

04/21/2018
Date of Report



SUPERVISOR 



COUNTY OF LOS ANGELES
DEPARTMENT OF CORONER

HOSPITAL AND NURSING
CARE FACILITY REPORT

1164 NORTH MISSION ROAD
LOS ANGELES, CALIF 90033

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TO REPORT A DEATH -- PHONE (323) 343-0711 FAX (323) 222-7041
COMPLETE ALL LINES, USE INK IF UNKNOWN OR NOT APPLICABLE, SO STATE.

CC# 2018-03122

VALLEY PRESBYTERIAN HOSPITAL
NAME OF FACILITY

ADDRESS 15107 Vanowen St Van Nuys, CA HOSPITAL PHONE # 818-782-6600

NAME OF DECEDENT BOB HUGHES

SOURCE OF IDENTIFICATION _____ DOB 1/1/69 AGE 49 SEX M RACE C

DATE OF DEATH 4/2/18 TIME 1127

PRONOUNCED BY DR. ERIN GORDON MEDICAL RECORD OR PATIENT FILE # MR 001228653

ORGAN/TISSUE DONATION INFORMATION

WAS THE NEXT-OF-KIN APPROACHED REGARDING ORGAN/TISSUE DONATION?

NO YES IF YES WHAT WAS THEIR RESPONSE? _____

DATE ENTERED HOSPITAL 4/2/18 TIME 0114

SELF AMBULANCE (Name or R.A #) _____ ER DEATH? IN PATIENT DEATH?

FROM HOME 505 TEESDALE AVE. NORTH HOLLYWOOD, CA 91605
(STATE WHETHER HOME, HOSPITAL OR OTHER) GIVE ADDRESS (IF HOSPITAL ATTACH THEIR HISTORY)

ADMITTED BY DR. MUNEEB HUSSAIN M D PRIMARY ATTENDING PHYSICIAN DR. ERIN GORDON M D

OFFICE PHONE # _____

OFFICE PHONE # _____

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

DESCRIBE INJURIES

N/A

CLINICAL HISTORY

ETOH, DEPRESSION

HUGHES, BOB
V01013274715 MR#M001228653
04/03/18 ICU M 49 IC
HUSSAIN, MUNEEB 01/01/1969

SURGICAL PROCEDURES STATE TYPE, DATE, TIME AND RESULTS OF ANY OPERATION OR AMPUTATION PERFORMED

N/A

WAS A BULLET OR OTHER FOREIGN OBJECTS RECOVERED? SPECIFY N/A

LABORATORY REPORT ON PATHOLOGY SPECIMENS TAKEN _____ DATE & TIME _____

LABORATORY PHONE NUMBER 818-902-2960

MICROBIOLOGY CULTURE RESULTS _____ NO YES (ATTACH REPORT)

TOXICOLOGY SCREEN _____ NO YES (ATTACH RESULTS)

RADIOLOGICAL STUDIES _____ NO YES (ATTACH RESULTS)

REMARKS ESPECIALLY SYMPTOMS PRECEDING AND DURING TERMINAL EPISODE

Multisystem Organ Failure / Terminal extubation by family.

IN MY OPINION, THE CAUSE OF DEATH IS _____

BY _____ M D -OR-

[Signature]
NURSE/HOSPITAL ADMINISTRATOR

OFFICE PHONE # _____

OFFICE PHONE # _____

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