

**Special Investigations and
Prosecutions Unit**

**Report on the Investigation into
The Death of Edwin William Garcia
Lopez**



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EXECUTIVE SUMMARY

On July 8, 2015, Governor Andrew Cuomo signed Executive Order No. 147 (the “Executive Order”), appointing the Attorney General as special prosecutor “to investigate, and if warranted, prosecute certain matters involving the death of an unarmed civilian...caused by a law enforcement officer.” On May 27, 2018, Edwin William Garcia Lopez died following an interaction with New York City Police Department (“NYPD”) officers. Governor Cuomo subsequently issued Executive Order No. 147.19, which expressly conferred jurisdiction upon the Attorney General to investigate any potential unlawful acts or omissions by any law enforcement officers relating to Mr. Garcia Lopez’s death.

As described more fully below, the OAG’s review of this incident was comprehensive and included:

- Review of 911 calls and NYPD radio transmissions;
- Interviews of civilian witnesses;
- Interviews of NYPD officers who responded to the scene;
- Interviews of EMTs who responded to the scene;
- Review of the NYPD case file;
- Review of Mr. Garcia Lopez’s ambulance and hospital records;
- Review of surveillance video of the area immediately outside of Mr. Garcia Lopez’s apartment;¹
- Review of the Medical Examiner’s autopsy report, including microscopy and toxicology records.

The interaction between Mr. Garcia Lopez and NYPD officers occurred inside an apartment building located on East 116th Street in New York County.² Mr. Garcia Lopez shared this two-bedroom residence with his brother (hereinafter “Mr. Garcia Lopez’s Brother”), his roommate (hereinafter “Roommate”), and his roommate’s wife (hereinafter “Roommate’s Wife”). In addition, his roommate’s mother (hereinafter “Roommate’s Mother”) was visiting from another country and was staying in their room with their two young children, who also lived in the apartment.

At 1:50 a.m., NYPD officers responded to the apartment building after Roommate’s Wife called 911. During this call, she reported that Mr. Garcia Lopez was acting in an irrational and violent manner and that he was fighting and biting people inside the apartment. When police arrived, Mr. Garcia Lopez was struggling in the living room with his Brother and Roommate. The two men were attempting to subdue Mr. Garcia Lopez, who was physically resisting their efforts

¹ The video may be found [here](#).

² On May 27, 2018, none of the responding NYPD officers were equipped with body-worn cameras. NYPD officers assigned to the 25th precinct were not equipped with body-worn cameras until July 23, 2018. Had the responding officers been equipped with body worn cameras during this incident, the footage would have been very helpful in evaluating each of their respective perspectives and personal conduct.

to hold him down. The officers entered the apartment, handcuffed Mr. Garcia Lopez, and walked him out into the staircase landing area immediately outside the apartment.

As officers were leading Mr. Garcia Lopez towards the stairs to the lobby, he began to struggle. The officers responded by physically restraining, then forcing Mr. Garcia Lopez to the floor. Officers summoned the NYPD Emergency Services Unit (hereinafter “ESU”) for assistance. Officers then placed Mr. Garcia Lopez on his side in the “recovery position.”³ Despite these efforts to subdue him, Mr. Garcia Lopez still kicked at the police officers and officers attempted to hold his legs down. After Mr. Garcia Lopez is restrained on the ground by several officers, one officer appears to have kicked Mr. Garcia Lopez near the upper part of his body three times. A few minutes later, officers noticed that Mr. Garcia Lopez’s face appeared to turn blue and he seemed to stop breathing. Officers removed Mr. Garcia Lopez’s handcuffs and started performing chest compressions in an attempt to resuscitate him.

Emergency Medical Services (hereinafter “EMS”) personnel soon relieved the police officers and continued CPR. CPR was performed from the time Mr. Garcia Lopez was lying on the landing floor, and continued for the duration of his journey by ambulance to Metropolitan Hospital. Despite these efforts, hospital medical staff pronounced Mr. Garcia Lopez dead at 3:08 a.m.

The Office of Chief Medical Examiner of the City of New York (hereinafter “Medical Examiner”) deemed the Cause of Death: *Acute cocaine intoxication*. The Manner of Death was: *Accident*, characterized as *an accident (substance abuse)*. In addition to this conclusion, the Medical Examiner highlighted a number of cardiac issues in her final diagnoses.

Based on the totality of the evidence, the OAG finds no evidence that the force used to restrain Mr. Garcia Lopez violated New York Penal Law.

Despite the fact that the OAG has determined that the force used to restrain Mr. Garcia Lopez did not violate New York Penal Law, the OAG was troubled by the conduct of one responding officer (PO Christopher Mitchell) who appears to have kicked Mr. Garcia Lopez at one point while he was on the ground. While these actions did not contribute to Mr. Garcia Lopez’s death, the OAG recommends that NYPD consider any and all appropriate disciplinary measures against PO Mitchell and his direct supervisor that day, Lt. Scott Orenstein.

³ If a person is unconscious but is breathing and has no other life-threatening conditions, he or she should be placed on their side, which is called the recovery position. Doing so will keep the person’s airway clear and open and ensures that vomit or fluid will not cause choking. See <https://www.nhs.uk/conditions/first-aid/recovery-position/>

STATEMENT OF FACTS⁴

The following is a summary of statements made by witnesses about the events of May 26 and 27, 2018.

A. Mr. Garcia Lopez's Co-Worker's Statement

Mr. Garcia Lopez and his co-worker worked together at a tire and auto glass shop located in Queens County, New York.

When Mr. Garcia Lopez reported to work at approximately 7:00 a.m. on Saturday, May 26, 2018, he "looked tired." He complained about "not feeling well" and then took a short nap inside the shop.

Later that afternoon, Mr. Garcia Lopez smoked some marijuana. At approximately 4:00 p.m., he purchased a bottle of tequila and brought it back to the shop to share with three of his co-workers and another unidentified man. Each of the men had a couple of drinks before Mr. Garcia Lopez left work at around 6:00 p.m. According to his co-worker, Mr. Garcia Lopez did not appear to be intoxicated when he left the shop that night.

B. Mr. Garcia Lopez's Brother's Statements

Mr. Garcia Lopez and his brother had worked together at a tire and auto glass shop for about five years. On Saturday May 26, 2018, both men worked their usual shift, but Mr. Garcia Lopez's Brother left a little early. Mr. Garcia Lopez remained at work after his brother left for the day.

After visiting his girlfriend, Mr. Garcia Lopez's Brother returned home at approximately 10 p.m. Upon entering the apartment, he saw that Mr. Garcia Lopez was already home and sleeping on the living room sofa. Mr. Garcia Lopez's Brother went to his room and closed the door.

Approximately three hours later, Mr. Garcia Lopez's Brother awoke to the sound of Mr. Garcia Lopez knocking on his bedroom door. He decided to ignore the knocks and go back to sleep. A short time later, Mr. Garcia Lopez's Brother heard a commotion outside his door. When he went out to see what was going on, he saw Mr. Garcia Lopez and their Roommate fighting in the living room.

Mr. Garcia Lopez's Brother intervened and managed to separate the two men. Mr. Garcia Lopez's Brother and their Roommate held Mr. Garcia Lopez down until the police could arrive. At this time, Mr. Garcia Lopez's Brother stated that Mr. Garcia Lopez was "talking crazy" and that he was "saying he was seeing things that wanted to kill him."

After the police arrived, they handcuffed Mr. Garcia Lopez and were able to take him out of the living room. However, when they got to the apartment door, Mr. Garcia Lopez began

⁴None of the information referenced in this report was obtained through the use of Grand Jury subpoenas. Any subpoenas issued were pursuant to New York State Executive Law Section § 63(8).

resisting. He struggled and fought with the officers as they tried to walk him out of the apartment. The police officers took Mr. Garcia Lopez to the floor.

While officers were holding Mr. Garcia Lopez down on the floor outside the apartment, Mr. Garcia Lopez's Brother heard one of the officers say, "He is not breathing." Officers immediately started performing CPR. Police performed CPR on Mr. Garcia Lopez and EMS personnel worked on Mr. Garcia Lopez for a long time at the scene. The police later told Mr. Garcia Lopez's Brother that Mr. Garcia Lopez had died.

C. Roommate's Wife's Statements

On May 26, 2018, Roommate's Wife heard Mr. Garcia Lopez return to the apartment sometime between 6:00 and 7:00 p.m. Roommate's Wife stayed in her room along with Roommate's Mother and had no contact with Mr. Garcia Lopez at this time.

Roommate arrived back in the apartment close to midnight. Approximately half an hour after Roommate returned home, Roommate's Wife left her bedroom to go to the bathroom. As she left her room, Mr. Garcia Lopez gave Roommate's Wife a "strange" look. Although they did not speak, she felt frightened and uncomfortable. Mr. Garcia Lopez gave Roommate's Wife another "evil stare" as she went back to her room.

After closing her bedroom door behind her, Roommate's Wife told Roommate what had just happened. When Roommate's Mother wanted to go to the bathroom a short time later, Roommate announced that he would escort her, because of Mr. Garcia Lopez's strange behavior.

When Roommate's Mother opened their bedroom door, Mr. Garcia Lopez was standing in her way and punched her in the face. Mr. Garcia Lopez's Roommate immediately jumped to her defense and Mr. Garcia Lopez then punched his Roommate in the face as well. Mr. Garcia Lopez and his Roommate began to struggle in the living room. Mr. Garcia Lopez's Brother came out of his bedroom and helped Roommate hold Mr. Garcia Lopez down.

While this was happening, Mr. Garcia Lopez was "saying a lot of weird things." He said "someone is trying to kill me" and "I am David and no one is stronger than I am." Roommate's Wife believed that Mr. Garcia Lopez was referring to King David in the Bible. When Mr. Garcia Lopez's Roommate told her to call the police, she dialed 911. Roommate's Wife called 911 inside her bedroom because her small children started to cry after seeing the two men holding Mr. Garcia Lopez down on the ground.⁵

Roommate's Wife did not see what happened when the police arrived because she stayed inside her bedroom.

D. Roommate's Statements

On May 27, 2018, Mr. Garcia Lopez's Roommate returned to the apartment between 12:20 and 12:30 a.m. Mr. Garcia Lopez was already home and the two men exchanged greetings. He

⁵ Attached as Exhibit 1 is a transcript of Roommate's Wife's 911 call translated from Spanish to English.

noticed that Mr. Garcia Lopez appeared to be “high on drugs” at this time. He walked into his bedroom and shut the door.

A short time later, Roommate’s Wife left their bedroom and went to the bathroom. When Roommate’s Wife returned, she informed him that Mr. Garcia Lopez had looked at her “with an ugly strange look.” He stayed inside the bedroom with her and tried to calm her down.

Although Roommate was initially not very concerned about what his wife reported, he soon heard what he thought was Mr. Garcia Lopez punching the floor in the living room. When his mother announced that she was going to go to the bathroom, he decided that it was best to escort her there, given Mr. Garcia Lopez’s odd behavior.

When Roommate’s Mother opened the bedroom door to go to the bathroom, Mr. Garcia Lopez was standing there. Mr. Garcia Lopez started yelling at Roommate, “You son of a bitch. I know you are trying to kill me.” Mr. Garcia Lopez proceeded to punch him and his mother in the face. At this point, he and Mr. Garcia Lopez started physically fighting in the living room area.

Roommate’s Wife knocked on Mr. Garcia Lopez’s Brother’s bedroom door and told him that Mr. Garcia Lopez was “acting crazy.” Roommate’s Wife told Mr. Garcia Lopez’s Brother that Mr. Garcia Lopez “has lost his mind.” Mr. Garcia Lopez’s Brother left his bedroom, sat on the living room sofa, and prayed as Mr. Garcia Lopez and the Roommate were struggling on the ground.

After Mr. Garcia Lopez bit Roommate’s arm, Mr. Garcia Lopez’s Brother helped subdue Mr. Garcia Lopez by grabbing Mr. Garcia Lopez’s left arm while Roommate held Mr. Garcia Lopez’s right arm. He asked his wife to call 911. Police officers arrived approximately five minutes later.

When police officers arrived in the apartment, Roommate and Mr. Garcia Lopez’s Brother released Mr. Garcia Lopez. Mr. Garcia Lopez at first stated, “I love the police” but soon started resisting their efforts to calm him down. After a brief struggle, officers placed handcuffs on Mr. Garcia Lopez and walked him out of the apartment.

Mr. Garcia Lopez also struggled with police officers when they took him outside the apartment. After he again started struggling with the officers, they placed him on the floor.

Moments later, officers began performing CPR on Mr. Garcia Lopez as he lay on the ground. When Roommate asked whether Mr. Garcia Lopez was okay, he was told that Mr. Garcia Lopez was not breathing. Officers instructed him to go back into the apartment while they provided first aid. He knocked on a neighbor’s door and asked them to call for an ambulance.

E. Police Officers’ Statements⁶

On May 27, 2018, shortly after 1:15 a.m., NYPD Officers, assigned to the 25th Precinct, Justin Senese (“PO Senese”), Keith Wagenhauser (“PO Wagenhauser”), Christopher Mitchell (“PO Mitchell”), Andrew Plaza (“PO Plaza”), Karanveer Balagad (“PO Balagad”), and Lt. Scott

⁶The officers voluntarily made themselves available for an interview with the OAG.

Orenstein (“Lt. Orenstein”) responded to East 116th Street after receiving a radio dispatch reporting “a 10-54 violent EDP.”⁷ Each of these officers were interviewed by the OAG. Their statements are as follows:

(i) Lieutenant Scott Orenstein

Lt. Orenstein was the platoon commander that evening, working with PO Mitchell. Sometime after 1:15 a.m., a call for a “violent emotionally disturbed person” came over the air. Since they were only about a block away from the reported location, and a supervisor is obligated to respond to such a call, Lt. Orenstein and PO Mitchell drove to East 116th Street.⁸

Lt. Orenstein and PO Mitchell arrived at about the same time as two other officers. They entered the building and went upstairs to the apartment.

A woman (later identified as Roommate’s Wife) let them into the apartment. Inside, Lt. Orenstein and PO Mitchell saw two men (later identified as Mr. Garcia Lopez’s Brother and Roommate) holding another man (later identified as Mr. Garcia Lopez) down on the floor. Mr. Garcia Lopez was fighting with the two men, trying to break free. Lt. Orenstein, along with two other officers, intervened. Despite Mr. Garcia Lopez’s resistance, Lt. Orenstein and his fellow officers put handcuffs on his wrists. Lt. Orenstein suspected that Mr. Garcia Lopez was intoxicated. He smelled alcohol on his breath, and also believed that he may have been under the influence of drugs, because he was so strong and so determined to escape.

Officers brought Mr. Garcia Lopez out of the apartment and into the hallway. Because Mr. Garcia Lopez continued to struggle and violently resist, Lt. Orenstein decided to wait for Emergency Services Unit (ESU) assistance before taking him from the building to the ambulance.⁹ Lt. Orenstein did not want Mr. Garcia Lopez to injure himself or any of the officers during the walk down the staircase.

⁷ NYPD Patrol Guide (Procedure No. 216-05) “Mentally Ill or Emotionally Disturbed Persons” defines an Emotionally Disturbed Person as “a person who appears to be mentally ill, or temporarily deranged, and is conducting himself in a manner which a police officer reasonably believes is likely to result in serious injury to himself or others.”

⁸ NYPD Patrol Guide (Procedure No: 216-05) “Mentally Ill or Emotionally disturbed Persons” mandates that if an Emotionally Disturbed Person is violent or armed, “no attempt can be made to take him/her into custody without the specific direction of a supervisor unless there is an immediate threat of physical harm.”

⁹ The Emergency Service Unit (ESU) responds to a wide range of calls for assistance, including people threatening to jump off bridges or buildings, people stuck in elevators, barricaded perpetrators, and hostage situations. ESU supports all department initiatives and provides assistance to every patrol command, as well as Federal and State law enforcement authorities. See <https://www1.nyc.gov/site/nypd/bureaus/patrol/citywide-operations.page> NYPD Patrol Guide (Procedure No. 216-05) “Mentally Ill or Emotionally Disturbed Persons” mandates that an ESU supervisor report to and confer with the ranking patrol supervisor on the scene in cases involving violent emotionally disturbed people. The supervisor’s responsibility is to ensure that there is sufficient personnel and necessary equipment to address the situation, specifically to devise plans and tactics.

Mr. Garcia Lopez was placed on the ground and officers waited for ESU. At some point, EMS personnel (who were already present at the scene) started working on Mr. Garcia Lopez, who may have stopped breathing.

(ii) Police Officer Christopher Mitchell

PO Mitchell was Lt. Orenstein's driver. As a supervisor, Lt. Orenstein was required to respond to calls of emotionally disturbed persons. Consequently, PO Mitchell drove Lt. Orenstein to the building on East 116th Street. After he and Lt. Orenstein walked up the staircase, a woman (later identified as Roommate's Wife) met them and let them into the apartment. Roommate's Wife appeared to be injured with a bump on her head. She explained that Mr. Garcia Lopez had returned home drunk earlier and became violent. Roommate's Wife informed PO Mitchell that Mr. Garcia Lopez had caused the injury to her head.

As they entered, PO Mitchell saw a man on the floor (later identified as Mr. Garcia Lopez) being held down by two family members (later identified as Roommate and Mr. Garcia Lopez's Brother). There were police officers in front of him, and when Lt. Orenstein attempted to take control of Mr. Garcia Lopez, he began to resist his efforts to handcuff him. After a brief struggle, Lt. Orenstein was able to handcuff Mr. Garcia Lopez with the help of another police officer. PO Mitchell suspected that Mr. Garcia Lopez was intoxicated based on the manner in which he was fighting.

After Mr. Garcia Lopez was handcuffed, PO Mitchell and a second officer walked him out of the apartment and into the outside hallway. Mr. Garcia Lopez "body checked" the escorting officers, and Mr. Garcia Lopez almost knocked them down the staircase. He yelled and kicked as he resisted. After being placed on his side on the hallway floor, Mr. Garcia Lopez continued being combative, but slowly and gradually stopped. When another officer said that he was turning blue, Mr. Garcia Lopez's handcuffs were removed, and EMS, who were already on the scene, started administering CPR.

(iii) Police Officer Justin Senese

When PO Senese and PO Wagenhauser arrived at the apartment, PO Senese saw two men (later identified as Mr. Garcia Lopez's Brother and Roommate) wrestling with someone (later identified as Mr. Garcia Lopez) on the floor. Mr. Garcia Lopez was kicking and screaming something in Spanish as he fought.

With the help of PO Wagenhauser, PO Senese tried to handcuff Mr. Garcia Lopez as he continued to kick and scream. PO Mitchell arrived and helped PO Senese and PO Wagenhauser to escort Mr. Garcia Lopez out of the apartment, but Mr. Garcia Lopez resisted and continued to scream in Spanish. PO Senese suspected that Mr. Garcia Lopez was intoxicated, particularly since he observed that he was excessively sweating.

Mr. Garcia Lopez continued screaming after they successfully removed him to the outside hallway. Officers laid him on the floor and waited for ESU to arrive. While officers were waiting, Mr. Garcia Lopez became quiet. He started "gargling" and appeared to turn blue. Officers

immediately rolled Mr. Garcia Lopez over, took the handcuffs off, and PO Wagenhauser started CPR. PO Wagenhauser continued administering CPR until EMS personnel arrived and took over.

(iv) Police Officer Keith Wagenhauser

Following a radio call about an emotionally disturbed person, PO Wagenhauser arrived at the building with PO Senese. PO Wagenhauser saw that the front door of the apartment was open. Two men, who PO Wagenhauser later learned to be Mr. Garcia Lopez's Brother and Roommate, were wrestling with Mr. Garcia Lopez. Both officers intervened and Lt. Orenstein handcuffed Mr. Garcia Lopez and placed him on his side inside the apartment.

Mr. Garcia Lopez began kicking and screaming something in Spanish when officers attempted to escort him out of the apartment. When Mr. Garcia Lopez continued to fight as officers tried to walk him down the stairs, Lt. Orenstein told them to lay him on the floor of the hallway and wait for ESU to arrive. PO Wagenhauser suspected that Mr. Garcia Lopez was intoxicated, because he was yelling and screaming, and sweating profusely.

Mr. Garcia Lopez was kicking and screaming while he lay on his side. When Mr. Garcia Lopez suddenly went quiet and started "gargling," PO Wagenhauser told PO Senese to roll him over, at which point PO Wagenhauser saw that Mr. Garcia Lopez had turned blue.

Mr. Garcia Lopez was uncuffed. PO Wagenhauser, formerly an EMT, started administering chest compressions. Mr. Garcia Lopez did not have any discernable pulse and he did not appear to be breathing. When EMS arrived at the scene, they took over for PO Wagenhauser and continued performing life saving techniques.

(v) Police Officer Andrew Plaza

PO Plaza was working with PO Balagad. After hearing a radio call about a violent emotionally disturbed person, they drove to 116th Street as backup for other responding officers.

When they got there, PO Plaza saw that the apartment's front door was open. PO Plaza saw Lt. Orenstein, PO Wagenhauser, and PO Senese trying to handcuff a man (later identified as Mr. Garcia Lopez) inside the apartment. Mr. Garcia Lopez was sweating profusely. He kicked his legs and waved his arms as he resisted efforts to subdue him. Mr. Garcia Lopez repeatedly shouted a phrase in Spanish as he fought.

Officer Plaza spoke to a woman who appeared to be injured (later identified as Roommate's Wife). She had a bump on her head and she said that Mr. Garcia Lopez had returned home drunk, and caused her injury.

After Mr. Garcia Lopez was handcuffed, officers began walking him out of the apartment and onto the landing outside of the front door. Mr. Garcia Lopez continued resisting and "body checking" the officers and wiggling his arms, trying to get out of the handcuffs. When officers tried to escort Mr. Garcia Lopez down the stairs, he almost caused them to fall.

Because of this resistance, it was decided that the officers would not walk Mr. Garcia Lopez down the stairs. Instead, they laid him on the landing in the recovery position. A short time later,

PO Plaza heard another officer say that Mr. Garcia Lopez was turning blue. The handcuffs were removed and PO Wagenhauser started doing chest compressions. Shortly thereafter, EMS took over and continued providing medical aid.

(vi) Police Officer Karanveer Balagad

PO Balagad was working with his partner PO Plaza when they heard a radio call reporting a violent emotionally disturbed person at 116th Street. Because they were not very far away, they decided to back up other responding units.

When they got to the building, POs Balagad and Plaza walked up the stairs. As they approached the apartment, PO Balagad could hear yelling and a loud commotion from inside. The front door was open and other police officers were already inside. PO Balagad saw a man (later identified as Mr. Garcia Lopez) struggling with these officers. Mr. Garcia Lopez was sweating profusely as he resisted being handcuffed. Mr. Garcia Lopez kept repeating something in Spanish. PO Balagad suspected that Mr. Garcia Lopez was intoxicated.

PO Balagad noticed that there was another man inside the apartment (later identified as Mr. Garcia Lopez's Roommate) who was bleeding. He asked all of the people inside the apartment if they needed medical attention. All of them said that they did not.

PO Balagad did not help to handcuff Mr. Garcia Lopez. Once Mr. Garcia Lopez was handcuffed, officers tried to walk him out of the apartment. Mr. Garcia Lopez continued repeating something in Spanish. Mr. Garcia Lopez was breathing at this time and PO Balagad stated that he "did not appear to be in any physical distress."

After officers brought Mr. Garcia Lopez to the landing outside of the apartment, they tried to walk him down the stairs. Mr. Garcia Lopez began "body checking" some of the officers. Because of Mr. Garcia Lopez's resistance, officers decided not to use the stairs because of the potential danger of falling and injury. Instead, Mr. Garcia Lopez was placed on his side in the recovery position on the hallway floor. PO Balagad held his legs to prevent him from continuing to kick at officers. Moments later, another officer announced that Mr. Garcia Lopez was turning blue. The handcuffs were immediately removed and PO Wagenhauser started administering chest compressions. EMS personnel were already present and they took over for PO Wagenhauser and continued performing life-saving measures.

(vii) Police Officer Richard Gambardelli

PO Gambardelli was working with his partner PO Quinones when they were summoned to respond to 116th Street so that PO Quinones, who is fluent in Spanish, could interpret for officers who were already at the scene.

When they arrived, a man (later identified as Mr. Garcia Lopez) was already in handcuffs. He was shirtless and sweating profusely. Officer Gambardelli suspected that Mr. Garcia Lopez was possibly on drugs. POs Gambardelli and fellow officers attempted to remove him via the stairwell but stopped when he became combative as they reached the stairs. PO Mitchell was in front of Mr. Garcia Lopez and PO Senese was positioned behind him. Mr. Garcia Lopez was placed

on the ground in the recovery position but continued to kick and scream. In response to this, Lt. Orenstein stated that he would request ESU to respond.

A short time later, PO Gambardelli heard another officer state, “he’s turning blue.” PO Wagenhauser immediately started CPR. EMS soon relieved him and continued administering life saving measures.

After Mr. Garcia Lopez was removed from the building, and placed in the ambulance, Lt. Orenstein asked PO Gambardelli to go in the ambulance to the hospital. Two EMTs continued life saving measures while they were on the way to the hospital. After arriving at the hospital, Mr. Garcia Lopez was placed in a triage unit where medical personnel took over the life saving measures.

Medical personnel pronounced Mr. Garcia Lopez deceased at the hospital. PO Gambardelli contacted PO Quinones at the scene to tell Lt. Orenstein. After escorting the body to the morgue, PO Gambardelli returned to the scene at 116th Street to assist in safeguarding the apartment until the Crime Scene Unit arrived.

(viii) Police Officer Nelson Quinones

PO Quinones was working with his partner PO Gambardelli. He heard a radio call reporting a “10-54 emotionally disturbed person” at 116th Street. POs Quinones and Gambardelli responded there because officers at the scene were requesting an interpreter.

Upon arrival at the scene, PO Quinones saw a man who was handcuffed (later identified as Mr. Garcia Lopez). PO Quinones started to interview the occupants of the apartment to find out what had happened.

Mr. Garcia Lopez was speaking incoherently and cursing in Spanish. One of the men in the apartment (later identified as Mr. Garcia Lopez’s Roommate) told PO Quinones that Mr. Garcia Lopez was acting in an erratic manner by punching the floor of the apartment and knocking on his bedroom door. The Roommate also told him that Mr. Garcia Lopez had assaulted both himself and his mother-in-law (later identified as Roommate’s Mother).

PO Quinones interviewed each occupant of the apartment except the mother-in-law, who did not want to speak to him. PO Quinones had to persuade Roommate’s Wife to speak with him. After agreeing to speak, Roommate’s Wife informed PO Quinones that Mr. Garcia Lopez was knocking on the door to her bedroom and that her husband (Mr. Garcia Lopez’s Roommate) had to tackle him. PO Quinones also interviewed Mr. Garcia Lopez’s brother. The Brother reported that he was drinking tequila with Mr. Garcia Lopez, that Mr. Garcia Lopez had possibly taken cocaine, and that they both worked at an auto body shop in Queens.

PO Quinones informed the EMTs that Mr. Garcia Lopez may have ingested cocaine. Mr. Garcia Lopez was taken to the hospital and PO Quinones remained in the apartment.

F. Emergency Medical Technicians' Statements

On May 27, 2018, at approximately 2:01 a.m., Mount Sinai Hospital EMTs Darin Robinson (hereinafter "EMT Robinson") and Hakim McIntosh (hereinafter "EMT McIntosh") responded to the apartment after an emotionally disturbed person radio call.¹⁰ When they entered the apartment, Mr. Garcia Lopez was handcuffed and laying on the floor. He was perspiring profusely, and his skin appeared to be somewhat red. A uniformed NYPD police officer was standing next to him. Mr. Garcia Lopez was screaming something in Spanish but neither of the responding EMTs understood what he was saying.

Police officers stood Mr. Garcia Lopez up and began escorting him out of the building. When they approached the staircase, however, Mr. Garcia Lopez began pushing officers and resisting. When he refused to walk down the stairs, the NYPD lieutenant ordered officers to lay him down on the ground.

EMTs told police officers that Mr. Garcia Lopez would have to be sedated. They called for paramedics, who were already en route to the scene.¹¹ Mr. Garcia Lopez was placed on his side facing the wall. Several officers were holding him down as he started to kick. One of the officers was attempting to hold his legs.

After a few minutes, Mr. Garcia Lopez appeared to calm down and stopped kicking. One of the officers remarked that he had turned blue. The EMTs turned him over on his back and immediately noticed that he had stopped breathing. EMT Robinson thereafter pumped his chest and one breath came out. Despite the fact that an initial check revealed a pulse, a subsequent check by EMT Robinson could not detect any pulse at all.

EMTs began trying to resuscitate Mr. Garcia Lopez. CPR and chest compressions were performed until arrival at Metropolitan Hospital. At the hospital, medical staff continued these attempts to resuscitate. Unfortunately, despite their efforts, he was pronounced deceased in the Emergency Room.

During the course of this incident, through a police officer translating, family members told EMT Robinson that Mr. Garcia Lopez had been drinking and using cocaine earlier in the evening.

G. Surveillance Video

On May 27, 2018, the New York City Police Department's Technical Assistance Response Unit ("TARU") downloaded video footage from a camera inside the building on East 116th Street. A camera labeled Number 3 recorded events that occurred on the apartment building's third floor staircase and landing area.¹²

¹⁰ Attached as Exhibit 2 is a copy of the Prehospital Care Report Summary that was prepared by Mount Sinai EMS personnel.

¹¹ It is EMT policy not to treat a person who is under emotional stress and physically acting out.

¹² The counter times on the video are approximate to the actual time.

H. Review of the Surveillance Video Footage

A visible surveillance camera was placed by building management in a fixed position above the hallway landing outside of the apartment. Given the angle of the camera, it can record anyone coming up and down the staircase as well as much of the landing, but it does not completely capture the area outside of the apartment. Consequently, some of the interaction between the officers and Mr. Garcia Lopez was not recorded. In addition, while some of the individual officers on the footage can be identified, others cannot be identified with certainty.

The footage reveals the following:

- 01:58:24 – Roommate’s Wife goes down the apartment staircase to open the building’s front door for police officers.
- 01:59:10 – Six uniformed NYPD police officers (POs Senese, Wagenhauser, Mitchell, Plaza, Balagad, and Lieutenant Orenstein) enter the apartment.
- 02:04:40 – EMT Robinson comes up the staircase and goes into the apartment after the officers have entered.
- 02:04:45 – Two additional NYPD police officers (POs Quinones and Gambardelli) enter the apartment.
- 02:05:40 – EMT McIntosh walks up the apartment staircase and enters the apartment.
- 02:06:30 – EMTs Robinson and McIntosh leave the apartment but remain on the staircase.
- 02:06:44 – Mr. Garcia Lopez is escorted out of the apartment and towards the staircase by PO Mitchell and another officer. Mr. Garcia Lopez does not have a shirt on and his hands are handcuffed behind his back. The two officers are holding his arms.
- From 02:06:44 to 02:07:02 – Lt. Orenstein is supervising the officers’ efforts to subdue Mr. Garcia Lopez and appears to be giving them physical and verbal directions.
- 02:06:47 – Lt. Orenstein appears to be moving his arm towards the officers struggling with Mr. Garcia Lopez and giving them directions.
- 02:06:52 – Five other police officers, POs Wagenhauser, Gambardelli, Quinones, Plaza and Balagad, also exit the apartment and walk directly behind POs Mitchell and another officer, who are moving Mr. Garcia Lopez towards the stairs.
- 02:06:52 – As they reach the top of the stairs leading to the street, Mr. Garcia Lopez resists the officers’ efforts to walk him towards the stairs; the struggle intensifies at the top of the stairs; Mr. Garcia Lopez begins to forcefully push his body against them, away from the stairs, and back towards the landing. PO Mitchell and another officer struggle with him.
- 02:06:55 – Three of the officers who were walking behind PO Mitchell and another officer start moving forward to help subdue him.
- 02:06:55 – Lt. Orenstein again appears to be moving his arm towards the officers struggling with Mr. Garcia Lopez and giving them directions.
- 02:06:57 – Mr. Garcia Lopez pushes away from the stairs and back towards the landing; one of the original escorting officers places his arm on the back of Mr. Garcia Lopez’s neck as Mr. Garcia Lopez continues to push his body against the officers; other officers

that were previously standing behind the escorting officers help force Mr. Garcia Lopez to the floor, where it appears that he is placed on his back with his head closest to the apartment door.

- 02:07:09 –Mr. Garcia Lopez is on the floor. Although his full body is no longer in the camera frame, the struggle continues.
- 02:07:14 – POs Quinones and Balagad grab Mr. Garcia Lopez’s leg and pull him in the direction away from the apartment door.
- 02:07:19 – One officer appears to be lying cross-wise in the area of the middle of Mr. Garcia Lopez’s body.
- 02:07:27 – PO Mitchell walks towards the area where the top of Mr. Garcia Lopez’s body is positioned.
- 02:07:30 –PO Mitchell moves his left leg forward in a kicking motion three times, potentially striking Mr. Garcia Lopez near the top part of his body.
- From 02:07:37 until 02:09:48, several officers appear to be holding Mr. Garcia Lopez down on the floor.
- 02:08:27 – PO Quinones, one of the officers restraining Mr. Garcia Lopez on the floor, appears to speak to EMT Robinson. EMT Robinson then speaks into his hand-held radio.
- 02:08:33 –Mr. Garcia Lopez’s efforts to resist appear to be lessening.
- 02:08:51 – PO Quinones moves away from Mr. Garcia Lopez.
- 02:09:01 – PO Quinones approaches another officer standing near the stairs, takes off his gloves and retrieves what appears to be police memo book and goes back into the apartment with it.
- 02:09:02 EMT McIntosh begins to move up the stairs towards Mr. Garcia Lopez but pauses.
- 2:09:25 – PO Mitchell is laughing.
- 02:09:52 – Another officer stands up and steps away from Mr. Garcia Lopez on the floor.
- 02:09:58 – EMT McIntosh continues up the stairs towards Mr. Garcia Lopez and pauses at the top of the stairs
- 02:10:17 to -21 EMT McIntosh takes the place of an officer who appears to be at Mr. Garcia Lopez’s chest area.
- 02:10:24 – EMT Robinson gets an EMT bag and stands at the top of the stairs, approaching Mr. Garcia Lopez
- 02:10:20 –2:37:04 – EMTs Robinson and McIntosh treat Mr. Garcia Lopez on the floor until FDNY/EMS personnel take him from the landing and down the stairs.

F. Medical Examiner's Report

Dr. Monica Smiddy, a New York City Medical Examiner, performed the autopsy on Mr. Garcia Lopez's body at approximately 10 a.m. on May 28, 2018.¹³ According to the autopsy report, Mr. Garcia Lopez was 39 years old, measured 63.6 inches tall, and weighed 174 pounds.

Examination of Mr. Garcia Lopez's body revealed the following injuries: (1) "evidence of minor blunt impact of right upper extremity with approximately three to four small, faint, confluent, pale pink contusions measuring 3" x 2" in greatest dimension on the lateral aspect (thumb side) of the right wrist", and (2) A moderate amount of hemorrhage within the subcutaneous tissues and skeletal musculature of the distal right forearm and wrist. Dr. Smiddy noted that she could not rule out resuscitative efforts and needle puncture sites as having contributed to these injuries. In addition to these observations, Dr. Smiddy reported that, with regard to the head, "the scalp has no contusion. The skull has no fracture. There are no subgaleal,¹⁴ epidural¹⁵, subdural¹⁶ or subarachnoid¹⁷ hemorrhages." With regard to the neck, Dr. Smiddy stated that the "cervical vertebrae hyoid bone, tracheal and laryngeal cartilages¹⁸ are intact. The subcutaneous and paratracheal soft tissues are without lesion or hemorrhage. The upper airway is patent. There are no other injuries." On external examination, Dr. Smiddy noted that the "nasal and facial bones are palpably intact ... the conjunctivae¹⁹ are free of hemorrhages, petechiae²⁰ and jaundice". "There are no lacerations, petechiae or hemorrhages of the labial or gingival mucosa. The left side of the tongue is remarkable for a ¼", submucosal and intramuscular hemorrhage"... "there are no injuries to the hands." As for the musculoskeletal system, Dr. Smiddy noted: "There are no fractures of the vertebrae, clavicles, ribs, sternum or pelvis. The musculature is normally developed. Examination of the soft tissues of the posterior torso, buttocks and lower extremities

¹³ Attached as Exhibit 3 is the autopsy report.

¹⁴ Bleeding between the scalp and the skull. See https://en.wikipedia.org/wiki/Subgaleal_hemorrhage

¹⁵ Relating to the tough, fibrous membrane forming the outermost of the three coverings of the brain and spinal cord. See <https://www.dictionary.com/browse/dura-mater>

¹⁶ Between the meningeal layers of dura mater and the Arachnoid mater of the brain. See https://en.wikipedia.org/wiki/Subdural_hematoma#Epidural_vs._subdural_hematoma

¹⁷ Bleeding between the brain and the tissues that cover the brain. See https://healthtopquestions.com/?s=subarachnoid&form=2005&_eq=6WUPUL4X_bknmthDZCxcw8MJlyXoiNw42iU8GYAceYoXSt5qbyNhn73NIlzVqTlxXF1o4qyIwd6mu_9vfY-FHCQ2

¹⁸ Cartilages and bones in the neck.

¹⁹ Tissue that lines the inside of the eyelids and covers the sclera (the white of the eye). See <https://en.wikipedia.org/wiki/Conjunctiva>

²⁰ Pinpoint, round spots that appear on the skin as a result of bleeding. See <https://www.mayoclinic.org/symptoms/petechiae/basics/definition/sym-20050724>

reveals no subcutaneous or intramuscular hemorrhages. There are no fractures of the long bones of the upper or lower extremities.”

Internal examination of Mr. Garcia Lopez’s body revealed the following: (1) Hypersensitive and atherosclerotic cardiovascular disease²¹; (a) Cardiac hypertrophy²²; (b) Coronary artery atherosclerosis²³, marked; and (c) Aortic atherosclerosis²⁴, slight. Based on her observations, Dr. Smiddy listed the following final diagnoses: History of alcohol and substance abuse, hepatic fibrosis²⁵, hepatic steatosis²⁶ visceral congestion²⁷

The Medical Examiner sent samples of Mr. Garcia Lopez’s bodily fluids to a lab for toxicological analysis. Mr. Garcia Lopez’s blood contained pure cocaine as well as cocaine metabolites and levamisole, but did not contain ethanol (alcohol).²⁸

Toxicological analysis of Mr. Garcia Lopez’s femoral blood revealed that he had 1,880 ng/mL (LC/MS) of cocaine in his system. Dr. Smiddy found Mr. Garcia Lopez’s cause of death to be *acute cocaine intoxication* and deemed the manner of death to be *Accident (substance abuse)*.

²¹ Atherosclerosis is a condition where the arteries become narrowed and hardened due to buildup of plaque around the artery wall. It is also known as arteriosclerotic vascular disease. This disease disrupts the flow of blood around the body and poses risks of serious complications. See <https://www.webmd.com/heart-disease/what-is-atherosclerosis#1>

²² Cardiac hypertrophy is the abnormal enlargement, or thickening, of the heart muscle. See <https://www.nature.com/subjects/cardiac-hypertrophy>

²³ Atherosclerosis is hardening of the arteries, which can slowly narrow the arteries throughout the body. When atherosclerosis affects arteries that carry blood to the heart muscle, it is called coronary artery disease. Most deaths that are attributed to this diagnosis are from heart attacks caused by blood clots. See <https://www.webmd.com/heart-disease/atherosclerosis-and-coronary-artery-disease#1>

²⁴ When atherosclerosis develops in any vessel in the human body, whether a large artery like the aorta or a small one like a coronary artery, plaque can form inside, which can cause a brain aneurysm. See <https://www.umevc.org/conditions-treatments/arteriosclerotic-aortic-disease>

²⁵ In hepatic fibrosis, excessive connective tissue accumulates in the liver; this tissue represents scarring in response to chronic, repeated liver cell injury. Commonly, fibrosis progresses, disrupting hepatic architecture and eventually function, as regenerating hepatocytes attempt to replace and repair damaged tissue. See <https://www.merckmanuals.com/professional/hepatic-and-biliary-disorders/fibrosis-and-cirrhosis/hepatic-fibrosis>

²⁶ Fatty liver is the collection of excessive amounts of triglycerides and other fats inside liver cells. See <https://medical-dictionary.thefreedictionary.com/Hepatic+steatosis>

²⁷ Visceral congestion (blocking of internal organs of the body) has been reported by people with stress and anxiety, suicide attempt, depression, pain, hepatitis c. See <https://www.ehealthme.com/ds/alcohol/visceral-congestion/>

²⁸ A substance sometimes used to dilute cocaine in order to increase its volume for sale to users. See <https://theoakstreetreatment.com/blog/cocaine-cut-with-dangerous-levamisole/>

LEGAL ANALYSIS

The death of Mr. Garcia Lopez was undoubtedly a tragedy. However, the OAG has found no criminal conduct on the part of the police officers. As outlined below, under the law, the OAG finds that the use of force in the restraining of Mr. Garcia Lopez did not violate New York Penal Law.

The OAG first analyzed whether the officers were entitled to take Mr. Garcia Lopez into custody, then whether the force they used in doing so was reasonable, and finally, whether any of their actions caused Mr. Garcia Lopez' death.

The responding officers were authorized to take Mr. Garcia Lopez into custody for a number of reasons. In addition to the fact that there was probable cause to arrest Mr. Garcia Lopez for the reported assaults²⁹ he had committed against his Roommate and Roommate's Mother, officers had a legal responsibility to detain him pursuant to Mental Hygiene Law §9.41 (hereinafter "MHL"), which provides in pertinent part that:

Any...police officer who is a member of the state police or...a sheriff's department may take into custody any person who appears to be mentally ill and is conducting himself in a manner which is likely to result in serious harm to himself or others. "Likelihood to result in serious harm" shall mean (1) substantial risk of physical harm to himself as manifested by...conduct demonstrating that he is dangerous to himself, or (2) a substantial risk of physical harm to other persons as manifested by...violent behavior by which others are placed in reasonable fear of serious physical harm. Such officer may...remove [such person] to [a] hospital...

MHL §1.03(20) defines "Mental illness" as an "affliction with a ...mental condition which is manifested by a disorder or disturbance in behavior, feeling, thinking, or judgment to such an extent that the person afflicted requires care, treatment, and rehabilitation."

Applying the plain language of the MHL to the instant case, the officers were justified in taking Mr. Garcia Lopez into custody. The police officers responded to the apartment for an "emotionally disturbed person." When the officers arrived, Mr. Garcia Lopez was on the floor struggling with his Brother and Roommate. Mr. Garcia Lopez was sweating profusely. He was also kicking and screaming as the officers tried to handcuff him. Here, officers were confronted upon arrival with at least one civilian who was bleeding as a result of apparently being assaulted by Mr. Garcia Lopez. Moreover, there were accounts from witnesses that he had punched and bit people inside. A number of officers suspected that he was intoxicated. While officers did not know the exact source of Mr. Garcia Lopez's distress, it was reasonable for them to conclude that he suffered from some sort of physical or mental distress, since they were informed that Mr. Garcia Lopez had been behaving oddly, speaking incoherently, had been striking the floor in the apartment and fighting with family and friends.

²⁹ Penal Law Section 120.00 states: "A person is guilty of assault in the third degree when: With intent to cause physical injury to another person, he causes such injury to such person..."

The OAG next analyzed whether the responding officers' use of force to restrain Mr. Garcia Lopez was "objectively reasonable." See generally *Graham v. Connor*, 490 U.S. 386, 394-396 (1989) (claims of excessive force are weighed pursuant to an "objective reasonableness" standard); *Koeiman v. City of New York*, 36 A.D.3d 451 (1st Dept. 2007) (wrestling defendant to the floor after he assaulted another person and resisted officers' efforts to restrain him was objectively reasonable).

Here, video footages shows that Mr. Garcia Lopez physically struggled with police officers as they tried to walk him down the stairs of the building. The footage also shows the degree of force used by the police in response. While officers unquestionably employed physical force against Mr. Garcia Lopez after he resisted them on the landing, with the exception of Officer Mitchell who appears to have kicked him a number of times as he lay on the floor, there is no evidence that any of them ever struck him with their batons or hands, that they used a Taser or that they used pepper spray. Instead, they worked together to restrain him, without the use of instruments. When Mr. Garcia Lopez became unresponsive, the officers immediately assisted EMTs with CPR to try to resuscitate him.

After a review of all of the evidence, the OAG concludes that the amount of force employed by the police did not violate New York Penal Law. The law supports this conclusion. For example, in *Pacheco v. City of New York*, 104 A.D.3d 548 (1st Dept. 2013), officers responded to a 911 call that a man had suffered one or more seizures. After EMTs examined the man, he became uncooperative, violent, and agitated. While trying to restrain the man, an officer used a Taser. The Court found that given the man's repeated outbursts and testimony that he was emotionally disturbed, it was reasonable to Taser him so that he could be hospitalized, and that the officers did not use excessive force.

Further, the officers here could not have left Mr. Garcia Lopez as they found him. The law states that when police officers affirmatively act on behalf of a person who is not able to adequately aid or protect himself, they are liable for any bodily harm caused by leaving that person "in a position of peril equal to that from which he was rescued...or into a new one." *Parvi v. City of Kingston*, 41 N.Y.2d 553, 559-560 (1977) (cause of action for negligence lies where police officers dropped intoxicated plaintiff at a place where he wandered onto a road and was struck by an automobile). Stated differently, an officer who affirmatively takes steps to help a person who is incapable of protecting himself cannot then allow that same helpless person to be placed into another position of peril. *Id.* at 559 (citing, Restatement (Second) of Torts §324 comment (g)). And see, *Walsh v. Cheektowaga*, 237 A.D.2d 947 (4th Dept. 1997) (cause of action for negligence lies where officers allowed intoxicated passenger to leave the scene of a DWI arrest on foot, after which she was struck by a train that was crossing the railroad tracks). Given Mr. Garcia Lopez's condition, the officers would have been negligent had they allowed him to stay in the apartment rather than take him for medical care. For the reasons outlined above, the OAG finds that the force used to restrain Mr. Garcia Lopez was reasonable and did not violate New York Penal Law.

Finally, based on the Medical Examiner's conclusions, the OAG finds that the NYPD officers involved in this incident did not cause Mr. Garcia Lopez's death, but rather that he died as a result of acute cocaine intoxication. The medical examiner noted no bruises, lacerations, fractures or any other types of injuries on Mr. Garcia Lopez's body that could have been caused

by the officers' actions. Based upon these medical conclusions, the force used by the officers did not contribute to, or cause Mr. Garcia Lopez's death.

Mr. Garcia Lopez's death was indeed tragic. However, it is the OAG's conclusion that criminal charges against any of the police officers in this case are not warranted.

RECOMMENDATIONS

Despite the fact that the OAG has determined that the force used to restrain Mr. Garcia Lopez did not violate New York Penal Law, it is troubling that one responding officer (PO Christopher Mitchell) appears to have engaged in a course of conduct prejudicial to good order and the highest values of human dignity and care by apparently kicking in the direction of Mr. Garcia Lopez's upper body, followed by the officer laughing seconds later while Mr. Garcia Lopez was drawing his last breaths of life laying on the ground. While these actions did not contribute to Mr. Garcia Lopez's death, these actions portray poorly on the reputation of the police department, good order, and public trust. Moreover, the officer's conduct appears not to have served any legitimate officer safety concern. For these reasons, the OAG recommends that NYPD consider any and all appropriate disciplinary measures against PO Mitchell and his direct supervisor that day, Lt. Scott Orenstein, who was present during the entirety of the encounter and appeared to do nothing in response.

EXHIBIT 1

File: 911 Call

Date: May 27, 2018

Translated by: John Roman

OPERATOR: 3053

CLAUDIA ARAGON: Garcia-Lopez (*In English*) Emergency.

OPERATOR: (*In Spanish*) New York 911. Do you need police, fire, or ambulance?

CLAUDIA ARAGON: (*In Spanish*) Fire, huh, ambulance, huh, the police. The police.

OPERATOR: What is the address ma'am?

CLAUDIA ARAGON: [REDACTED]

OPERATOR: [REDACTED] OK, what apartment?

CLAUDIA ARAGON: [REDACTED] Please hurry.

OPERATOR: [REDACTED] OK, and what building. On what floor is this?

CLAUDIA ARAGON: [REDACTED]

OPERATOR: [REDACTED]

CLAUDIA ARAGON: Yes.

OPERATOR: [REDACTED]

CLAUDIA ARAGON: No. No. [REDACTED]

OPERATOR: What apartment? [REDACTED]

CLAUDIA ARAGON: Apartment [REDACTED]

OPERATOR: What floor?

CLAUDIA ARAGON: The floor? It's on the [REDACTED]

OPERATOR: The third floor. OK. Huh. What are the avenues cross streets?

CLAUDIA ARAGON: *(Unintelligible)*

OPERATOR: What are the crossing avenues?

CLAUDIA ARAGON: The what? Pardon?

OPERATOR: What are the crossing avenues? The cross streets?

CLAUDIA ARAGON: [REDACTED]

OPERATOR: [REDACTED] What is the emergency there? What happened?

CLAUDIA ARAGON: *(Unintelligible)* a man. He acting crazy. He's...

OPERATOR: A man is... What's happening with this man?

CLAUDIA ARAGON: No. No. No. I don't know. He's like I don't know. I don't know. He's like on drugs. I don't know.

OPERATOR: Is he in your home? In your apartment?

CLAUDIA ARAGON: Yes. Yes.

OPERATOR: Do you know him?

CLAUDIA ARAGON: Yes.

OPERATOR: What is he to you? Family? Friend? What is he?

CLAUDIA ARAGON: No. No. A Friend.

OPERATOR: A friend. OK. What is he doing?

CLAUDIA ARAGON: He's hitting everyone and he's biting people.

OPERATOR: He's biting people?

CLAUDIA ARAGON: Yes. He's biting.

OPERATOR: Do you know if he has psychological problems?

CLAUDIA ARAGON: I don't know anything. I don't know anything. I only live here with him.

OPERATOR: You said he is biting...assaulting people?

CLAUDIA ARAGON: Yes. Yes.

OPERATOR: OK. This man, what is his name?

CLAUDIA ARAGON: I don't. (*Asking another person in the room*) What is your brother's name? My God.

End of call.

EXHIBIT 2

Prehospital Care Report Summary

Mount Sinai EMS - 1000 10TH AVE, NYC 212-523-6532

Date:05/27/2018 Call #:0395 Bocket#:94191701 Branch: 911 Time Zone:America/New_York

Call Information:		# Patients Transported	
Disposition:	Treated and Transferred Care - Patient Treated, Transferred Care to Another EMS Unit	In My Unit:	0
Unit #:	11G1 - 11G1, Ground-Ambulance - BLS Trip Type: Initial Trip	# Patients at Scene:	1
Run Type to Scene:	Medical Transport Emergent (Immediate Response) Scheduled: No	Call Received:	01:53:26
Incident Facility:	12 Metropolitan Hospital Center (Hospital) - 1901 First Avenue - Manhattan, NY 10029 NPI: 1013924372	Dispatched:	01:53:47
Incident Location:	1901 First Avenue - Manhattan, NY 10029 (New York County)	En Route:	01:54:18
Incident Location Type:	Home/Residence - Apartment	On Scene:	02:01:16
Receiving Facility:	12 Metropolitan Hospital Center (Hospital) - 1901 First Avenue - Manhattan, NY 10029	Patient Contact:	02:05:16
Facility Address:	1901 First Avenue - Manhattan, NY 10029	Left Scene:	02:45:15
Destination Type:	Hospital Emergency Dept	At Destination:	02:49:32
Dest. Reason:	Nearest/Most Accessible Facility	Transfer of Care:	
Registration #	N/A	In Service:	03:28:18
Loaded Mileage:	1.7 (Total Mileage: 1.7)	Time On Scene:	44 Min
Crew Members:	Hakim McIntosh 6172, EMT Basic(DS)(DH); Darin Robinson 7235, EMT Basic(DOC)	Time to Destination:	56 Min
		Total Time of Run:	94 Min
Moved to Amb By:	Backboard, Other	Transport Position:	Supine
From Amb By:	Stretcher		
Call Origin:	N/A	Lights/Siren:	Scene - Lights and Sirens, Destination - Lights and Sirens

Patient Information:

Name: William Garcia
Address: [REDACTED]
County: New York
Phone:
Email:
SSN: -
Driver License:
Local Resident: Yes
Veteran: No

DOB: [REDACTED]
Gender: Male
Age: 39 Years
Weight:
Broselow:

Other Contact Info

Name: _____ **Phone:** _____ **Cell Phone:** _____
Relationship: _____

Current Meds: _____ **Comments:** _____
Env Allergies: _____ **Comments:** _____
Med Allergies: _____ **Comments:** _____
Patient Physician: _____
Advanced Directives: _____
PMH: _____
Comment: _____
Patient Physical Limitations: _____
Comment: _____
Medical History Obtained From: Family

Payer Information:

Advance Beneficiary Notice

Not a Medical Necessity: No
Mileage Beyond Closest Appropriate Facility: No
Requested Service:

Non Covered Service: No
Preferred Physician: No

Representative Relation:

Clinical:

Onset Date/Time: 05/27/18 01:53:31
Last Known Well Date/Time: 05/27/18 01:52:35
Dispatch Reason (EMD): INJURY INJURY - Non-Critical Injury
Medical Need:

Chief Complaint (Primary): Alcohol Intox Severe Duration: 1 Hours
Provider Impression: Alcohol Intoxication/Drug Overdose (Suspected)
Was this event weather related?: No
Mechanism of Injury:
Alcohol/Drug Use Indicators: Smell of Alcohol on Breath
Protocol 1: Protocol 2:

Assessments:

Time	Employee	Type	Summary
02:08:00	Robinson 7235, Darin	ABC	Breathing: Quality: Not Unlabored, Irregular Pertinent Negatives: Airway: General: Patent Breathing: Rate: Normal Quality: Unlabored, Not Shallow Lung Sounds: Left: Clear Lung Sounds: Right: Clear Circulation: General: Normal Skin Color: Normal Skin Temperature: Normal Skin Condition: Normal Skin Capillary Refill: Normal
02:08:00	Robinson 7235, Darin	Neurological	Mental Status: Combative - Normal for Pt: No Neurological: Slurring Speech - Normal for Pt: No AVPU: Alert Pertinent Negatives: Mental Status: Not Oriented-Person - Normal for Pt: No, Not Oriented-Place - Normal for Pt: No, Not Oriented-Time - Normal for Pt: No, Not Oriented-Event - Normal for Pt: No

Vitals:

Time	Employee	Summary
02:08:01	Robinson 7235, Darin	Patient Position: Lying BP: 0/ Pulse: 0 Resp: 28 Effort: Rapid Glasgow Coma Score: E (4) + V (4) + M (Unable to complete) = N/A - Adult
02:16:40	McIntosh 6172, Hakim	Patient Position: Lying BP: 0/ Pulse: 0 Resp: 0 Effort: Absent Glasgow Coma Score: E (1) + V (1) + M (1) = 3 - Adult

Treatments/Medications:

Time	Employee	Summary
02:16:03	McIntosh 6172, Hakim	Treatment- Airway Insert - Oropharyngeal Attempts: 1 Success: Yes Response: Unchanged Authorization: No Oropharyngeal Airway Size: Adult Level: BLS

Supply

Qty Supply

ECG Device Incident Number:

Narrative History Text:

Pt is a 39 y/o male found inside apartment prone on the floor already in handcuff with one Police Officer securing him due to him combative behavior. The pt was yelling and cursing in spanish but showed no signs of distress or injury. The initial call was for an injury and was changed to a drug with message that the male has a psychiatric history. PD stood the pt up on his feet to walk him down the stairs and it became dangerous to walk him or place him on a chair without a possibility of someone getting hurt due to him aggressive behavior, in which he was kicking at the officers, so the pt was placed on the hallway floor in left recumbent position and ESU was called to assist in moving the pt. Also ALS was called for possible sedation when the pt stopped moving and became unresponsive with one officer yelling the pt is turning blue. Pt was turned over, handcuff released, and compressions started as ALS 12R3 arrived and was told of the arrest, including C113 and E091. Pt was transported to the hospital with no pulse and CPR continued as both BLS drove vehicles. No vitals were able to be done prior to pt becoming unresponsive due to behavior.

Auth Signature: No Privacy Sig: No Unable to Sign: No Refused to Sign: No

Signature Image(s):

Authorization Signature



Privacy Notice Signature



Receiving RN / MD Signature



Technician Signature - Robinson 7235, Darin - 05/27/2018 03:53



Recommended Service Level: BLS / Dispatch Service Level: BLS

EXHIBIT 3

**OFFICE OF CHIEF MEDICAL EXAMINER
OF THE CITY OF NEW YORK**

STATE OF NEW YORK)
)
COUNTY OF NEW YORK) SS.:

CERTIFICATION AS A BUSINESS RECORD

I have been delegated by Barbara A. Sampson, M.D.-Ph.D., Chief Medical Examiner, to certify and authenticate records of the Office of Chief Medical Examiner of the City of New York ("OCME") pursuant to Rule 4518 of the New York Civil Practice Law and Rules.

OCME has been ordered to produce certified copies of documents concerning decedent **Edwin William Garcia M-18-012885**.

OCME is a governmental office organized under the New York City Charter § 557 and the New York City Administrative Code §§17-201 – 17-206. All records contained in its Records Department concerning this matter are maintained in OCME's regular course of business. OCME medical examiner files contain autopsy records generated by OCME staff in the regular course of their business, as well as documents received from other sources which are relevant to the particular case.

The copies provided here represent all the documents contained in the above-cited OCME medical examiner case file.

I have examined the original records maintained by OCME's Records Department and I have compared the copies provided here to the originals from which they were photocopied, and I attest that the records bearing this certification and authentication are a true and correct copy of the original records so described and are accurate and genuine.

I have affixed the official seal of the Office of Chief Medical Examiner of the City of New York to certify these copies as genuine and as business records of the Records Department of the Office of Chief Medical Examiner.



Signature

Siobhan Chapple

Print Name

Clerical Associate II

Title

Monday, July 23rd, 2018

Date

[Seal of the Office of Chief Medical Examiner]



OFFICE OF CHIEF MEDICAL EXAMINER
CITY OF NEW YORK



REPORT OF AUTOPSY

Name of Decedent: Edwin William Garcia
Autopsy Performed by: Monica Smiddy, MD, MPH

M.E. Case #: M-18-012885
Date of Autopsy: 05/28/2018

FINAL DIAGNOSES

- I. HISTORY OF CHRONIC ALCOHOLISM AND SUBSTANCE ABUSE
 - A. SEE POSTMORTEM TOXICOLOGY
 - B. ELEVATED BODY TEMPERATURE UPON ADMISSION TO EMERGENCY DEPARTMENT, (ANAMNESTIC)
 - C. AGITATED BEHAVIOR, (ANAMNESTIC)
 - D. SUDDEN COLLAPSE, (ANAMNESTIC)
 - E. STATUS POST RESUSCITATIVE EFFORTS
 - F. HEPATIC FIBROSIS AND STEATOSIS, (GROSS AND MICROSCOPIC DIAGNOSES)
 - G. DIFFUSE VISCERAL CONGESTION

- II. HYPERTENSIVE AND ATHEROSCLEROTIC CARDIOVASCULAR DISEASE, (SEE CARDIAC PATHOLOGY REPORT)
 - A. HYPERTROPHY OF HEART
 - B. CORONARY ATHEROSCLEROSIS, MARKED

CAUSE OF DEATH: ACUTE COCAINE INTOXICATION

MANNER OF DEATH: ACCIDENT, (SUBSTANCE ABUSE)

New York City Office of Chief Medical Examiner
I certify the attached are true copies of
document(s) in OCME's possession.

Siobhan Chapple 7/24/18
Signed Date

SCARS/TATTOOS:

There are no scars or tattoos.

CLOTHING:

The decedent is received unclad from the hospital. There are no garments available for inspection.

THERAPEUTIC PROCEDURES:

A hospital band encircles the right wrist identifying the decedent. An endotracheal tube protrudes from the oral cavity. Intravascular catheters are present in the upper extremities. There are recent needle puncture sites on the dorsum of the right hand. (Comment: status post resuscitative efforts.)

INJURIES:

There is evidence of minor blunt impact of right upper extremity with approximately 3-4, small, faint, confluent, pale pink contusions measuring approximately 3" x 2" in greatest dimension on the lateral aspect (thumb side) of the right wrist. There is a moderate amount of hemorrhage within the subcutaneous tissues and skeletal musculature of the distal right forearm and wrist. (Comment: cannot rule out resuscitative efforts and needle puncture sites as contributory.)

There are no significant injuries of the left upper extremity or of the lower extremities.

INTERNAL EXAMINATION:

HEAD: The scalp has no contusion. The skull has no fracture. There are no subgaleal, epidural, subdural or subarachnoid hemorrhages. The symmetric brain weighs 1360 gm and has normal distributions of cranial nerves and cerebral vessels. The brain is saved for neuropathologic consultation; a separate report will be issued.

NECK: The cervical vertebrae, hyoid bone, tracheal and laryngeal cartilages are intact. The subcutaneous and paratracheal soft tissues are without lesion or hemorrhage. The upper airway is patent. There are no other injuries. Posterior neck dissection reveals no subcutaneous or intramuscular hemorrhages.

BODY CAVITIES: The organs are in their normal situs. There are no abnormal fluid accumulations or adhesions.

CARDIOVASCULAR SYSTEM: The heart and aorta are saved for cardiac pathology

OFFICE OF CHIEF MEDICAL EXAMINER
CITY OF NEW YORK

REPORT OF AUTOPSY

CASE NO. M-18-012885

*I hereby certify that I, Monica Smiddy, MD, MPH, City Medical Examiner-II, have performed an autopsy on the body of **Edwin William Garcia** on the 28th day of May, 2018, commencing at 10:00 AM in the Manhattan Mortuary of the Office of Chief Medical Examiner of the City of New York. The decedent is received in a well-secured body bag with ID tag # 038651.*

EXTERNAL EXAMINATION:

The body is of a well-developed, well-nourished, well-groomed, light tan-skinned, approximately 5' 3", 174 lb adult man whose appearance is consistent with the reported age of 39 years. The nicely trimmed, straight, dark brown scalp hair measures 2-3" in length. The chin and cheeks are clean shaven. The nasal and facial bones are palpably intact. The irides are brown. The conjunctivae are free of hemorrhages, petechiae and jaundice. The oral cavity contains natural teeth in good repair. There are no lacerations, petechiae or hemorrhages of the labial or gingival mucosa. The left side of the tongue is remarkable for a 1/4", submucosal and intramuscular hemorrhage. The abdomen is slightly protuberant and soft. The posterior aspect of the torso is unremarkable. The extremities are normally developed. There are no linear scars of the ventral aspects of the upper extremities. Examination of the hands reveals a faint film of what appears to be black soot covering the palms. The fingernails are short and do not extend beyond the fingertips. There is dirt/soot beneath them. There are no injuries to the hands. There is no swelling or discoloration of the lower extremities. Examination of the feet reveals a small amount of dirt on the soles and on the toenails. The genitalia are of a circumcised adult man with descended testes. The anus is unremarkable. There is a roughly oval, slightly hyperpigmented macule, measuring approximately 6" in greatest dimension, on the right lower quadrant of the abdomen.

POSTMORTEM CHANGES:

Rigor mortis is present. Livor mortis is fixed posteriorly. The body is cool from refrigeration.

consultation; a separate report will be issued. The heart weighs 490 gm.

RESPIRATORY SYSTEM: The right lung weighs 730 gm; the left lung weighs 540 gm. The pleural surfaces are smooth and intact. The parenchyma is soft, purple and markedly congested from apices to bases without focal lesion, consolidation or tumor. The bronchi contain a small amount of thick tan mucus. The vessels are free of thromboemboli.

LIVER, GALLBLADDER, PANCREAS: The liver weighs 2360 gm and has a smooth intact capsule. The parenchyma is slightly firmer than normal with fibrosis and yellow-tan-brown with steatosis. There is no cirrhosis or focal lesion. The gallbladder contains approximately 20 mL of green bile without stones. The ducts are unremarkable. The pancreas is soft and tan-white without focal lesion. There is no peripancreatic fat necrosis.

HEMOLYMPHATIC SYSTEM: The spleen weighs 224 gm and has a smooth intact capsule. The parenchyma is firm and purple without focal lesion. There are no enlarged lymph nodes.

GENITOURINARY SYSTEM: The kidneys are similar in appearance and weigh approximately 180 gm each and have smooth subcapsular surfaces. The parenchyma is soft and tan. There is marked congestion of the medullae. There is no focal lesion or cyst. The pelves and ureters are unremarkable. The urinary bladder contains approximately 200-300 mL of clear yellow urine. The bladder mucosa is notable for trabeculations. The prostate is soft and tan-white. There is no significant enlargement or nodularity. The testes have soft tan parenchyma without focal lesion.

ENDOCRINE SYSTEM: The pituitary, thyroid and adrenal glands are unremarkable.

DIGESTIVE SYSTEM: The esophagus is unremarkable. The stomach contains approximately 60 mL of turbid, pink-tan liquid. There are no pills or capsules in the gastrointestinal tract. The gastric mucosa, small intestine, appendix and large intestine are unremarkable.

MUSCULOSKELETAL SYSTEM: There are no fractures of the vertebrae, clavicles, ribs, sternum or pelvis. The musculature is normally developed. Examination of the soft tissues of the posterior torso, buttocks and lower extremities reveals no subcutaneous or intramuscular hemorrhages. There are no fractures of the long bones of the upper or lower extremities (Comment: full body postmortem radiographs are made and retained).

TOXICOLOGY:

Specimens are submitted for glucose, electrolyte and toxicologic analysis. See separate report.

HISTOPATHOLOGY:

Sections of tissues from all major organs are submitted for histopathologic analysis. See separate report.

NEUROPATHOLOGY:

The brain is retained for neuropathologic consultation. See separate report.

CARDIAC PATHOLOGY:

The heart is retained for consultation. See separate report.

Monica Smiddy, MD, MPH
City Medical Examiner-II

*The information provided above is true and correct to the best of my knowledge and belief.
Electronically signed by Monica Smiddy on Jul 15, 2018 02:27:10 PM*

**THE CITY OF NEW YORK
OFFICE OF CHIEF MEDICAL EXAMINER
520 FIRST AVE
NEW YORK, NY 10016
FORENSIC TOXICOLOGY LABORATORY**

Deceased: Edwin William Garcia	Laboratory No.: FT18-02365	M.E. Case No.: M18-012885
Autopsy by: Dr. Smiddy		Date of Autopsy: 05/28/2018
Specimens received: Femoral Blood X Bile X Urine X Gastric Contents X Brain X Liver X Vitreous Humour X Other (specify): Blood (Heart 1,2) Blood (Subclavian)		
Specimens received in laboratory by: Jeremy Peralta		Date Received 05/29/2018

Equivalents: 1.0 mg/L = 1000 ng/mL = 0.1 mg/dL

1.0 mg/Kg = 1000 ng/g = 1.0 mcg/g

RESULTS

Page 1 of 2

BLOOD (Femoral)

Cannabinoids - detected (IA)*
 Ethylbenzoylecgonine 132 ng/mL (LC/MS)
 Benzoylecgonine 5,601 ng/mL (LC/MS)
 Cocaine 1,880 ng/mL (LC/MS)
 Levamisole - detected (GC/MS)
 Norcocaine - detected (GC/MS)
 Ethanol - not detected (HSGC)
 Sympathomimetic amines - not detected (GC/MS)
 Morphine, oxycodone, oxymorphone, hydromorphone, hydrocodone - not detected (LC/MS)
 6-monoacetylmorphine, codeine - not detected (LC/MS)
 Benzodiazepines, methadone, barbiturates, fentanyl - not detected (IA)

BLOOD (Heart) (1 of 2)

Benzoylecgonine 5,184 ng/mL (LC/MS)
 Cocaine 1,471 ng/mL (LC/MS)
 Ethylbenzoylecgonine <100 ng/mL (LC/MS)

* Unconfirmed screening result. Confirmation available upon request.

This report has an associated Forensic Toxicology case file.

Definitions of terms used in this report can be located at <http://www.nyc.gov/ocme>

CT = Color Test	GC/MS = Gas Chromatography/ Mass Spectrometry
GC = Gas Chromatography	LC = Liquid Chromatography
CA = Chemistry Analyzer	IA = Immunoassay
TLC = Thin Layer Chromatography	
UV/VIS = Ultraviolet/Visual Spectrophotometry	
LC/MS = Liquid Chromatography/ Mass Spectrometry	< = Less than
	HS = Head Space

Signed: _____

Reinaldo Fonseca
Reinaldo Fonseca, BS

Assistant Director, Forensic Toxicology Laboratory

Date: 06/08/2018

EC

**THE CITY OF NEW YORK
OFFICE OF CHIEF MEDICAL EXAMINER
520 FIRST AVE
NEW YORK, NY 10016
FORENSIC TOXICOLOGY LABORATORY**

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Specimens received in laboratory by: Jeremy Peralta		Date Received 05/29/2018

Equivalents: 1.0 mg/L = 1000 ng/mL = 0.1 mg/dL

1.0 mg/kg = 1000 ng/g = 1.0 mcg/g

RESULTS

Page 2 of 2

BLOOD (Heart) (1 of 2) Continued

Morphine, oxycodone, oxymorphone, hydromorphone, hydrocodone - not detected (LC/MS)
6-monoacetylmorphine, codeine - not detected (LC/MS)

URINE:

Cannabinoids - detected (IA)*

VITREOUS HUMOUR:

Glucose 82 mg/dL (CA)
Urea nitrogen 19 mg/dL (CA)
Creatinine 0.7 mg/dL (CA)
Potassium >9.5 mmol/L (CA)
Chloride 132 mmol/L (CA)
Sodium 157 mmol/L (CA)
Benzoyllecgonine 2,425 ng/mL (LC/MS)
Cocaine 7,592 ng/mL (LC/MS)
Ethylbenzoyllecgonine 117 ng/mL (LC/MS)
Morphine, oxycodone, oxymorphone, hydromorphone, hydrocodone - not detected (LC/MS)
6-monoacetylmorphine, codeine - not detected (LC/MS)

* Unconfirmed screening result. Confirmation available upon request.

This report has an associated Forensic Toxicology case file.

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Signed: *R. Fonseca 06/08/2018*
Reinaldo Fonseca, BS

Assistant Director, Forensic Toxicology Laboratory

Date: 06/08/2018

EC



OFFICE OF CHIEF MEDICAL EXAMINER
CITY OF NEW YORK



REPORT OF HISTOPATHOLOGY

Name of Decedent: Edwin William Garcia
Autopsy Performed by: Monica Smiddy, MD, MPH

M.E. Case #: M-18-012885
Date of Autopsy: 05/28/2018

Lungs, (slide 5), There is marked vascular congestion. Anthracotic-laden histiocytes are present. Intraparenchymal hemorrhages consistent with resuscitative efforts.

Kidneys, (slide 1), There is marked vascular congestion. There are no significant abnormalities of the glomeruli, tubules, interstitium or vessels.

Liver, (slide 3), There is sinusoidal congestion, marked steatosis and bridging fibrosis.

Adrenal gland, (slide 3), No significant abnormality.

Thyroid gland, (slides 4, 7), No significant abnormality of the thyroid gland, adjacent connective tissues, skeletal musculature or vessels.

Pancreas, (slide 2), There does not appear to be any significant abnormality. Post-mortem autolysis is noted.

Spleen, (slide 6), No significant abnormality.

Tongue, (slide 6), Hyperkeratosis and small, focal submucosal hemorrhage.

*The information provided above is true and correct to the best of my knowledge and belief.
Electronically signed by Monica Smiddy on Jul 15, 2018 02:55:31 PM*



THE CITY OF NEW YORK
OFFICE OF CHIEF MEDICAL EXAMINER



NEUROPATHOLOGY REPORT
CASE NUMBER: M18-012885

NAME OF DECEDENT: GARCIA, EDWIN WILLIAM

(AUTOPSY PERFORMED BY DR. SMIDDY ON 5/28/2018)

MACROSCOPIC EXAMINATION (PERFORMED BY DR. FOLKERTH ON 6/14/2018):

The unfixed brain weighs 1010g (expected, 1200-1500g). Examination of the fixed brain (minus the right occipital pole, removed at the time of autopsy for possible toxicology) shows normal leptomeninges. No contusions, stigmata of herniation, or other surface abnormalities are seen. External brainstem landmarks and cranial nerves are normal. Vessels at the base are distributed normally, and have no atherosclerosis. The cerebellum is normal.

Coronal sections of the cerebral hemispheres reveal normal cortical ribbon, white matter, and deep gray nuclei. There is no midline shift. Hippocampi are symmetrical and of normal volume. Ventricles are normal in size and appearance.

Axial sections of the brainstem and cerebellum *en bloc* show no abnormalities. The substantia nigra and locus ceruleus are well-pigmented. The aqueduct and fourth ventricle are normal. Cerebellar cortex, white matter, and dentate are normal.

Cranial dura from the convexities, tentorium, and base is normal. The venous sinuses and tributary (bridging) veins are patent.

PHOTOGRAPHS: YES

MICROSCOPIC EXAMINATION: NO

FINAL NEUROPATHOLOGIC DIAGNOSIS:
I. NORMAL BRAIN

REBECCA FOLKERTH, MD

The information provided above is true and correct to the best of my knowledge and belief.

Electronically signed by Rebecca Folkert on Jun 19, 2018 06:00:19 PM



The City of New York
OFFICE OF CHIEF MEDICAL EXAMINER



REPORT OF
CARDIAC PATHOLOGY CONSULTATION

CASE NUMBER: M18-012885
NAME OF DECEDENT: EDWIN WILLIAM GARCIA
DR. SMIDDY PERFORMED THE AUTOPSY ON 5/28/2018
DRS. SAMPSON AND EXAMINED THE HEART ON 6/15/2018

GROSS AND MICROSCOPIC DIAGNOSES:

- I. HYPERTENSIVE AND ATHEROSCLEROTIC CARDIOVASCULAR DISEASE
 - a. CARDIAC HYPERTROPHY, 490 GM
 - b. CORONARY ARTERY ATHEROSCLEROSIS, MARKED
 - c. AORTIC ATHEROSCLEROSIS, SLIGHT

Received is a 490gm heart of an adult with the aorta. The coronary arteries are right dominant and show normal distribution and uniform caliber with atherosclerotic stenosis of the epicardial vessels as follows: 80% stenosis of the left anterior descending artery and 30% stenosis of the left circumflex and right coronary arteries. The epicardial surface is unremarkable. The myocardium is homogenous, brown and firm without pallor, hemorrhage, softening or fibrosis. The left ventricle wall is 2 cm thick; the right ventricle wall is 0.5 cm thick; and the interventricular septum is 2 cm thick. The foramen ovale is closed. The endocardial surfaces are unremarkable. The cardiac valves have the normal number of leaflets and cusps, and are free of stricture, thrombi or vegetations. The coronary ostia are patent. There are no congenital abnormalities. The aorta and pulmonary arteries arise and branch normally. There are fatty streaks in the aorta. The ductus arteriosus is closed. The vena cavae stumps, and pulmonary veins are unremarkable.

PHOTOGRAPHS: NO

MICROSCOPIC DESCRIPTION:

H&E stained sections:

1. Left anterior ventricle
2. Left lateral ventricle
3. Left posterior ventricle
4. Interventricular septum
5. Right ventricle

Representative sections of the heart show myocyte hypertrophy and an increase in perivascular and interstitial fibrosis.

Hannah Jarvis MBBS

Barbara Sampson M.D., Ph.D.

*The information provided above is true and correct to the best of my knowledge and belief.
Electronically signed by Barbara Sampson on Jun 25, 2018 02:37:52 PM*