



ACCORDING TO THE REPORTED INFORMATION, ON $3 / 10 / 2010$ AT APPROXIMATELY 0030 HOURS, THE DECEDENT APPEARED DISORIENTED THEN COLLAPSED ONTO HIS KNEES. HIS MOTHER HELPED HIM BACK INTO BED. HIS BODY BEGAN TO SHAKE IN ALL DIRECTIONS AND HIS EYES ROLLED BACK. HIS MOTHER CALLED 911. LAFD RA 60 TRANSPORTED THE DECEDENT TO PROVIDENCE SAINT JOSEPH MEDICAL CENTER WHERE DEATH WAS PRONOUNCED IN THE EMERGENCY ROOM ON 3/10/2010 AT 0215 HOURS. ON $3 / 9 / 2010$ HAD A FEVER AND COUGH. ON $3 / 5 / 2010$ PRESCRIBED DIAZEPAM, CARISOPRODOL, HYDROCODONE-APAP, HALOPERIDOL, AND ZYPREXA. HISTORY OF MULTIPLE PRESCRIPTION MEDICATION ABUSE. DECEDENT ADMITTED IN PAST INTERVIEWS TO USING COCAINE (UNKNOWN WHEN LAST USED). HISTORY OF HEART MURMUR AND POSSIBLY HYPERTENSION. NO OBVIOUS SIGNS OF TRAUMA WERE FOUND. FOUL PLAY IS NOT
SUSPECTED.

## KIMBERLEY ARNOLD

498313


Decedent: HAIM, COREY IAN

## Information Sources:

Los Angeles Fire Department Emergency Medical Service Report \#CD 072378
Providence Saint Joseph Medical Center, (818) 847-4043, Medical record \#N000044826
LAPD N. Hollywood Officers Orellana and Castaneda, (818) 623-4016, Inc\#100310000443
LAPD N. Hollywood Officers Escobedo and Espinoza, (818) 623-4016, Inc\#100310000443

## Investigation:

On 3/10/2010 at 0434 hours Marcus Duson from Providence Saint Joseph Medical Center reported this accidental (suspected prescription medication overdose) death to Lt. Larry Dietz of the Forensic Science Center. Lt. Larry Dietz assigned me this field call at 0448 hours. I arrived at Providence Saint Joseph Medical Center at 0520 hours. I completed my Investigation there at 0555 hours and arrived at the decedent's residence at 0605 hours. I completed my investigation there at 0640 hours and arrived at LAPD North Hollywood station at 0655 hours. I completed my investigation there at 0750 hours and returned to the Forensic Science Center. Supervising Forensic Attendant Julie Bishop transported the decedent to the Forensic Science Center.

## Location:

Injury: unknown

## Death: Providence Saint Joseph Medical Center - 501 S. Buena Vista St., Burbank, CA 91505

## Informant/Witness Statements:

According to the EMS report, on $3 / 10 / 2010$ at 0054 hours, LAFD RA 60 was dispatched to , arriving at 0105 hours. Patient in bed supine; multiple "drug use per family". Unknown down time. Patient "in bed all day". At 0104 hours blood pressure 0, pulse 0 , respiration 0 , in asystole. Fixed/dilated pupils. Blood glucose 162. No trauma, no vomitus. Endotracheal tube placed. Positive chest rise, pulses with CPR. Given normal saline, narcan, epinephrine $\times 4$, and atropine $\times 2$, bicarb $\times 1$. Defibrillate $\times 1$. Transported to the hospital at 0125 hours. Arrived at the hospital at 0134 hours. Restoration of pulses at 0138 hours. Medication history of Haldol, Seroquel.
According to the medical records provided by Providence Saint Joseph Medical Center, the decedent presented to the emergency room via LAFD RA 60 on $3 / 10 / 2010$ at 0134 hours with CPR in progress. No injuries noted. Cardiac rhythm went from agonal to asystolic. CPR stopped at 0158 hours due to return of pulse 160, blood pressure 144/58. Faded back to asystole. CPR continued, however, the decedent remained asystolic. Dr. Pamela Biren pronounced death in the emergency room on $3 / 10 / 2010$ at 0215 hours. Cut clothing to expose femoral artery. History: recovering drug addict, fracture right tibia, arrhythmia, hypertension. No known allergies. On 2/28/2010 prescribed Carisoprodol and Diazepam by emergency room doctor.

According to the LAPD report, on $3 / 10 / 2010$ at approximately 0350 hours Officers Orellana and Castaneda received a radio call of a death investigation at St. Josephs Hospital. Upon arrival to the hospital they met RA 60 . RA 60 explained that upon their arrival at the subject's residence, Corey Hair was given CPR by his mother in an attempt to revive Corey Hair with negative results. RA 60 observed an empty prescription bottle of Haldol. LAFD Engine 76 arrived approximately 5 minutes prior to RA 60 . RA 60 transported Corey Hair to St. Josephs Hospital and continued administering CPR. Upon arrival at the hospital Corey Haim was pronounced dead at 0215 hours by Doctor Pamela Biren. Probable cause of death was from cardiopulmonary arrest.

According to the LAPD report, on 3/9/2010 (date incorrect) at 0405 hours Officers Escobedo and Espinoza responded with Officers Castaneda and Orellana to Saint Joseph's Hospital for a death investigation. Officers Escobedo and Espinoza conducted a follow-up to the residence of Corey Hamm. residence. advised that she also resides at the residence. stated that her son Corey Maim had been sick in the recent past but she believed he had been getting better. stated that on $3 / 8 / 2010$ at approximately 1630 hours her son told her that he wasn't feeling well and had a fever. She stated her son went to bed and coughed all throughout the night. Her son stayed in bed all day on 3/9/2010 and she made him some tea and vegetable soup. She gave him Robituson and Advil every 4 hours because he complained of a severe headache, and she gave him Tylenol for his fever. He had a suppository because he was feeling nauseated and a Zophren. His breathing was short and fast and she told him not to lie on his back. Later in the evening he asked her to lay down with him because he wasn't feeling well. She held his hand and fell asleep. She woke up when she heard him get up and walk to the kitchen. She then heard him return to the bedroom where her fell down onto his knees. She helped him up and put him back in bed. She asked him what was wrong and he did not respond. She called 911. He stopped breathing and was unresponsive. She was advised by the 911 operator to conduct CPR until responding units could arrive. She performed CPR until the paramedics arrived. Sgt. McNeil arrived on scene and advised. There were several bottles of prescription medication in the name of Corey Maim in his bedroom in the drawer next to his bed. Zyprexa ( 4 left in bottle), Diazepam (1 left in bottle), Haloperidol (empty), and Carisoprodol (empty). All prescribed $3 / 5 / 2010$. Found in the mother's purse, prescribed to Corey Hair, was Hyrocodone APAP (also prescribed 3/5/2010 and empty). All medications filled at CVS Pharmacy and prescribed by Dr. Rod Amiri. His mother stated that she took the Hydrocodone bottle with her to St. Joseph's when her son was transported. That was the only bottle that was completely empty. When she returned from the hospital she emptied the other bottles into the toilet because she didn't want anyone else to get hold of the medication and she didn't know the police would be responding to her residence.
I spoke with. . at her residence. She told me that the decedent stayed in bed all day on 3/9/2010 with a fever ( 101 degrees to 99 degrees) and cough. He stayed in the bedroom most of the day and spent some time on the couch. He complained of a headache from the coughing. She gave him 2 Advil every 4 hours. He vomited and felt nauseous. She gave him 1 Zofran tablet, 1 tablespoon of Robitussin, and a suppository. He complained of a lower backache most of the day. He had been doing well lately. He was not getting "high" (prescription medication high) because he had a fever. At approximately 0030 hours he got out of bed and it appeared he was on his way to the bathroom or the kitchen. He appeared to be disoriented. He fell onto his knees between the television and the bed. She asked him what was wrong. He said he did not know. She helped him onto the bed. His body began to shake in all directions and his eyes rolled back. She called 911 and was instructed to place him on the floor and begin CPR. For a few hours before he collapsed he was not breathing well, it was abnormally fast. The decedent usually took 7 Tylenol PM's every night to help him sleep. He did not take any the night of $3 / 9 / 2010$. He was in and out of rehabilitation for prescription drug use. No history of alcohol or illegal/illicit drug use except marijuana use - possibly last used 2 days ago. Cigarette smoker. Medical history included a heart murmur diagnosed many years ago, possibly had high blood pressure. No heart attack or stroke history in the family. She flushed 7 Carisoprodol down the toilet after he died. Dr. Rod Amiri gave him $1 / 2$ the amount he usually did, he was trying to take him down, reduce the amount of medication he was prescribing to him. The decedent was not depressed or suicidal. No known history of suicidal ideations or attempts. No suicide note found.

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

Case Number: 2010-01701

Decedent: HAIM, COREY IAN

## Scene Description:

The hospital scene appears to be a typical room within the emergency room. The decedent is located on a gurney in the middle of the room. There is medical equipment throughout the room. The residential scene is a 2 bedroom apartment located in a sprawling complex. The residence is well-furnished and tidy.

## Evidence:

From the residence I collected prescription medications diazepam (empty), carisoprodol (empty), hydrocodone-apap (empty), haloperidol (empty), Zyprexa (4 of 7 remained) - all of these were prescribed on 3/5/2010. In the bedroom trashcan I found over the counter medication Tylenol PM ( 3 of 20 remained), chloraseptic lozenges, phenol oral anesthetic spray, and vaporub. Prescription medication Levaquin ( 1 in a blister pack) and Systolic ( 1 of 7 remained) were found in the bedroom trashcan without prescription information. I booked all the Forensic Science Center.

## Body Examination:

The decedent is supine on a hospital gurney and is covered up to his neck with a hospital sheet. An endotracheal tube with mouthblock, right antecubital IV, and left hand dorsum IV are in place. EKG patch and defibrillator pad residue noted on the chest and abdomen. The decedent is wearing a pair of cut dark gray shorts. An unknown light green substance is on his tongue and lips. A scab noted to the inner right index finger. Multiple tattoos were noted: "Thou Shall Not Fall", "LB 12", and a bat on the right shoulder, a set of paws and unknown writing on the right forearm, a bat on the inner left wrist, clown face with flames on the upper left chest, "The Haimster" and design on the upper left arm, design and " 22 2" on the outer right leg, unknown design on the upper left back. No scars or obvious signs of trauma were found. Rigor mortis was rated as 0 throughout the decedent. Lividity was consistent with the supine position (as seen at the hospital) and blanched with finger pressure.

## Identification:

LFIS fingerprints identified the decedent as Corey Hair on 3/10/2010 at 0624 hours.

## Next of Kin Notification:

I spoke with
$\mathbf{\sigma}^{+}$her residence and verified that she was notified of the death.

## Tissue Donation:

## Unknown.

## Autopsy Notification:

None requested.


KIMBERLEY ARNOLD 498313

## 3/10/2010

Date of Report

COUNTY OF LOS ANGELES


No.
2010-01701
at

## AUTOPSY REPORT

I performed an autopsy on the body of the DEPARTMENT OF CORONER
$\qquad$

## on MARCH 11, 2010 @ 0900 HOURS <br> (Date) <br> (Time)

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


## Anatomical Summary:

I. Cardiomegaly.
A. Enlarged heart 530 grams.
B. Adhesion of left ventricle to pericardial sac.
C. Biventricular hypertrophy.
D. Thickening of mitral and tricuspid valves.
E. Atherosclerotic vascular disease.

1. $50 \%$ narrowing grossly of proximal anterior descending branch of left coronary artery.
2. Up to $75 \%$ narrowing by microscopy.
II. Pulmonary congestion.
A. Heavy congested edematous.
B. No masses or lesions.
III. Hepatomegaly.
A. Enlarged liver 2940 grams.
IV. Abrasion to right elbow.
V. See Toxicology Report.

## Page

2. 

## o.

2010-01701
HAIM, COREY

## SUMMARY OF EVENTS:

The decedent is a 38 -year-old Caucasian male who reportedly collapsed at home at or around 1254 in the morning on $3 / 10 / 10$. Ambulance initiated CPR and transported Mr. Haim to Providence St. Joseph Medical Center where despite medical intervention he was pronounced dead on $3 / 10 / 10$ at 0215 hours.

## EXTERNAL EXAMINATION:

The body is identified by toe tags and is that of an unembalmed, refrigerated adult male Caucasian who appears about the reported age of 38 years. The body weighs 200 pounds, measures 67 inches, and appears well built, muscular and well nourished. A 1-1/2 x 1/4 inch superficial red abrasion is noted to the right elbow. No other injuries, scars or bruises are noted. Multiple tattoos are present consisting of the following: a multicolored face mask is noted to the left chest; a bat is noted to the left ventral wrist; a blue and black band is noted to the left upper arm with a circular design and the words "The Haimster" noted. There is a tattoo of a panther and numerous bats to the left upper superior arm. There is a tattoo of a bat with the words "Thou shalt not fall" on the right upper arm; on the right dorsal forearm is a design with multiple letters which I cannot make out. On the right ventral forearm are tattoos of paws. On the left upper back is a green and black tattoo. On the right lower leg is a black and red design tattoo. Rigor is present. Livor mortis is fixed and dependent.

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

## EVIDENCE OF THERAPEUTIC INTERVENTION:

The following are present and are in proper position: endotracheal tube; intravenous lines to the dorsum of the left hand and right antecubital fossa. There has not been postmortem intervention for organ procurement.

CLOTHING:
The body was not clothed and I did not see the clothing.

## INITIAL INCISION:

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

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

CHEST/ABDOMINAL CAVITY:
Both pleural cavities contain minimal serous fluid. The lungs are voluminous. Soft tissues of the thoracic and abdominal walls are well-preserved. The organs of the abdominal cavity have a normal arrangement and none are absent. There is no fluid collection. The peritoneal cavity is without evidence of peritonitis. There are no adhesions.


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

MUSCULOSKELETAL SYSTEM:
No abnormalities of the bony framework or muscles are present.

CARDIOVASCULAR SYSTEM:
The aorta is elastic and of even caliber throughout, with vessels distributed normally from it. Both abdominal and thoracic aorta have minimal lipid streaking. There is no 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. An adhesion is noted between the distal left ventricle and to the pericardial sac. The heart weighs 530 grams. It has biventricular hypertrophy. The right ventricle is 0.7 cm thick and the left ventricle is 2 cm thick. The chambers are normally developed and are without mural thrombosis. Both mitral and tricuspid valves show thickening of the leading edge of the cusps. Circumference of valve rings are: Tricuspid valve 12.3 cm , pulmonic valve 6.7 cm , mitral valve 9.5 cm and aortic valve 6.1 cm . There is slight thickening with yellow to white discoloration of the outflow tract of the left ventricle endocardium. There are no lesions of the myocardium. There is slight thickening of the apices of the papillary musculature of the mitral valve. There are no defects of the septum. The great vessels enter and leave in a normal fashion. The coronary ostia are widely patent. There is a balanced pattern of coronary artery distribution. There is segmental atherosclerosis with up to $50 \%$ narrowing of the proximal anterior descending branch of the left coronary artery. No focal endocardial, valvular or myocardial lesions are seen. The blood within the heart and large blood vessels is liquid.

## RESPIRATORY SYSTEM:

An extremely large amount of edema is found in the lower bronchial passages. The mucosa is severely injected throughout. The lungs are subcrepitant and there is dependent congestion.


HAIM, COREY

Page
5

The left lung weighs 1230 grams, and the right lung weighs 1370 grams. The visceral pleura are smooth and intact. The parenchyma is extremely congested and edematous, however no consolidation is noted. The pulmonary vasculature is without thromboembolism.

## GASTROINTESTINAL SYSTEM:

The esophagus is intact throughout. The stomach is not distended by gas. It does contain fluid. It contains approximately 450 cc of green fluid. The mucosa is unremarkable. No tablets or capsules are identified in the stomach, small intestine or colon. The appendix is present. The pancreas occupies a normal position. There is no trauma. The parenchyma is lobular and firm. The pancreatic ducts are not ectatic and there is no parenchymal calcification.

## HEPATOBILIARY SYSTEM:

The liver weighs 2940 grams, is enlarged and is red-brown. The capsule is intact and the consistency of the parenchyma is firm. The cut surface is smooth. There is chronic passive congestion. The gallbladder is present. The wall is thin and pliable. It contains 10 cc bile and no calculi. There is no obstruction or dilation of the extrahepatic ducts. The periportal lymph nodes are not enlarged.

## URINARY SYSTEM:

The left kidney weighs 220 grams, the right kidney weighs 190 grams. The kidneys are normally situated and the capsule strip easily revealing a surface that is smooth and congested. The corticomedullary demarcation is preserved. The pyramids are not remarkable. The peripelvic fat is not increased. The ureters are without dilation or obstruction and pursue their normal course. The urinary bladder is unremarkable. It contains 50 cc of amber colored urine.

GENITAL SYSTEM (MALE):
The prostate is without enlargement or nodularity. Both testes are in the scrotum, are unremarkable and without trauma.


HEMOLYMPHATIC SYSTEM:
The spleen weighs 280 grams and is of average size. The capsule is intact. The parenchyma is dark red and mushy. There is no increase follicular pattern. Lymph nodes throughout the body are small and inconspicuous. The bone is not remarkable. The bone marrow of the rib is red and moist.

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

SPECIAL SENSES:
The eyes, middle and inner ears are not dissected.

HEAD AND CENTRAL NERVOUS SYSTEM:
There is no subcutaneous or subgaleal hemorrhage in the scalp. The external periosteum and dura mater are stripped showing no fractures of the calvarium or base of the skull. There are no tears of the dura mater. There is no epidural, subdural or subarachnoid hemorrhage. The brain weighs 1390 grams. The leptomeninges are thin and transparent. A normal convolutionary pattern is observed. Coronal sectioning demonstrates a uniformity of cortical gray thickness. The cerebral hemispheres are symmetrical. There is no softening, discoloration or hemorrhage of the white matter. The basal ganglia are intact. Anatomic landmarks are preserved. Cerebral contusions are not present. The ventricular system is unremarkable without dilation or distortion. Pons, medulla and cerebellum are unremarkable. There is no evidence of uncal or cerebellar herniation. Vessels at the base of the brain have a normal pattern of distribution. There are no aneurysms. The cranial nerves are intact, symmetrical, and normal in size, location and course. The cerebral arteries are without arteriosclerosis.


HAIM, COREY

Page 7.

## SPINAL CORD:

The entire cord is not dissected.

HISTOLOGIC SECTIONS:
Representative sections from various organs are preserved in one storage jar in $10 \%$ formalin.

TOXICOLOGY:
Bile, blood, liver tissue, stomach contents, urine and vitreous humor have been submitted to the laboratory. A comprehensive screen was requested.

PHOTOGRAPHY:
Photographs have been taken prior to the course of the autopsy.

RADIOLOGY:
The body is fluoroscoped, and x-rays are taken of the head, pelvis, and lower extremities.

WITNESSES:
Dr. Christopher Rogers.

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


HAIM, COREY
Page 8

## OPINION:

The cause of death is diffuse alveolar damage due to community acquired pneumonia. Autopsy also revealed an enlarged heart weighing 530 grams (normal average weight is 300 grams) and biventricular hypertrophy of the ventricles. Also identified is an atherosclerotic plaque of the anterior descending branch of the left coronary artery.

Toxicology results of the blood show the presence of the following medications: dextromethorphan, diphenhydramine, ibuprofen, fluoxetine, olanzapine, diazepam, carisoprodol and meprobamate. These medications are present in low levels and are non-contributory to death. Also present is tetrahydrocannabinol in low levels.

There is no evidence of injury. The medications did not contribute acutely to his death therefore the manner of death is natural. Consultation is obtained with the Chief Medical Examiner-coroner, Chief, Forensic Medicine and Supervising Criminalist.


DEPUTY MEDICAL EXAMINER
JMC:mtm:c/f
D-3/11/10
T-3/18/10

| I performed a microscopic examination on |
| :---: |
| $4 / 30 / 2010$ |
| Los Angeies, California |

## HAIM, COREY

## MICROSCOPIC REVIEW

1. Cerebral cortex (Slide 2010-1701-1) Unremarkable. No evidence of inflammation of the meninges.
2. Lung (Slide 2010-1701-2,3,4) Examination of the lung tissue reveals alveolar walls lined by hyaline membranes. The alveolar spaces contain abundant macrophages, some consistent with carbon laden macrophages and scattered hemosiderin laden macrophages. A focal area shows abundant polymorphonuclear leukocytes in the alveolar space. Anthracotic pigment is present in the peribronchial interstitial tissue. Abundant congestion of the blood vessels noted. Special stains for micro-organisms is negative.
3. Liver (Slide 2010-01701-5) Sections of liver shows a normal architecture without bridging fibrosis.
4. Kidneys (Slide 2010-1701-6) Sections of renal parenchyma shows numerous obliterated hyalinized glomeruli. Occasional calcified material is noted in a renal tubule. No evidence of inflammatory cell infiltrate noted.
5. Heart (Slide 2010-1701-7,8,9,10) Examination of a section of the proximal left anterior descending branch of the left coronary artery reveals an atherosclerotic plaque narrowing the lumen to approximately $75 \%$. The plaque shows a fibrous cap with centrally located calcification. No cholesterol clefts present and no evidence of thrombosis noted. There is a focal area of chronic inflammatory cell infiltration of the epicardium of the distal left ventricle consisting of lymphocytes. It does not extend into the myocardium. The adjacent myocardium shows extensive myofiber disarray. The myocardium of the left ventricle shows hypertrophic changes including enlarged myocardial nuclei.

Diagnosis: Heart: Coronary artery atherosclerosis $75 \%$ narrowing
Focal chronic epicarditis
Hypertrophic changes
Lungs: Diffuse alveolar damage
Focal acute pneumonia
Kidneys: Nephrosclerosis
Consultation obtained with Pathologist Dr. Koss of LAC/USC Medical Center.


JUAZM. CARRILLO, M.D.
DEPUTY MEDICAL EXAMINER
JMC:mtm/f
t-5/3/10



EXTERNAL EXAM
Sex
Race
Age
Height
Weight
Hair
Eyes
Sclera
Teeth
Mouth
Tongue
Nose
Chest
Breasts
Abdomen
Scar
Genitals
Edema
Skin
Decubitus
HEART Wt. 530
Pericardium
Hypertrophy
Dilation
Muscle 7.12 .3
Valves $4=6.5$
Coronaries 6.1

RV 0.7
LV 2.0
Septum 1.7

PERITONEUM
Fluid Adhesion
LIVER Wt. 2940
Capsule
Lobules
Fibres
GB 10 cc
Calculus
Bile ducts
SPLEEN Wt. $2 \mathscr{O}$
Color
Consistency
Capsule Malpigment
PANCREAS
ADRENALS -
KIDNEYS Wt.
R 190
L 220
Capsule
Cortex
Vessels
Pelvis
Ureters
BLADDER sore amber wive
GENITALIA
Prostate
Testes
Uterus
Tubes
Ovaries
OESOPHAGUS
STOMACH 450 ce seen flied
Contents
DUD. 8 SM. INT. no pills
APPENDIX
LARGE INT. $\mathrm{no} \mathrm{m} / / \mathrm{s}$
ABDOM. NODES
SKELETON
Spine
Marrow
Rib Cage
Long bones
Pelvis
$310 \cdot 01701$
NIIM.COREY ACC

SCAN ${ }^{2}$

Dora
Fluid
Ventricles
Vessels
Middle ears
Other
PITUITARY -

SPINAL CORD

TOXICOLOGY SPECIMENS
Blood
unve
inf Vitreacer
stomnok

## SECTIONS FOR

HISTOPATHOLOGY


3 -em 1 LHOMOR

MICROBIOLOGY

- Nasal sum $\}$
- Lang swab
- Blood culture

DIAGRAMS
X-RAYS $(t)$ heated feature of ley
Ad 20
abundant edeuea
Adhesions
no consolidation
Atelectasis no P.E.
Oedema
Congestion
Consolidation
Bronchi
Nodes
PHARYNX
TRACHEA
cleo
THYROID
THYMUS
LARYNX
HYOID
ABDOMINAL WALL FAT

## OTHER PROCEDURES

## GROSS IMPRESSIONS

1. Cundiomeyely/asmb
?. Cingection/zdemen of lung
2. Hepatornegaly

| Date | Time | 8.00 |
| :--- | :--- | :--- |

5) 




FORENSIC SCIENCE LABORATORIES
Laboratory Analysis Summary Report

To:

Dr. Carrillo<br>Deputy Medical Examiner

PendingTox

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

Coroner Case Number: 2010-01701 Decedent: HAIM, COREY


SPECIMEN
Blood, Heart
SERVICE
DRUG

LEVEL UNITS
ANALYST

## Coroner Case Number: 2010-01701 Decedent: HAIM, COREY



## Quest

Diagnostics patient information

```
REPORT STATUS FINAL
```

QUEST DIAGNOSTICS INCORPORATED CLIENT SERVICE 800.877.2515
SPECIMEN INFORMATION
SPECIMEN: EN 944338V

REQUISITION: 8443670

## HALM, COREY

DOB:
GENDER: FASTING:
CLiEnt Information

ID: 2010-01701
PHONE:

ORDERING PHYSICIAN

Client information W90033076

TZ24000
EXAMINER OFFICE (CORONER)
FORENSIC LABORATORY
1104 N MISSION RD
LOS ANGELES, CA 90033-1017

| COLLECTED: | $04 / 16 / 2010$ | $13: 00$ | PT |
| :--- | :--- | :--- | :--- |
| RECEIVED: | $04 / 17 / 2010$ | $04: 02$ | PT |
| REPORTED: | $04 / 19 / 2010$ | $06: 57$ | PT |

Test Name
In Range
Out of Range
Reference Range
Lab
HEMOGLOBIN ADC
5.7

H
$<5.7$ of total Kgb
EN
Increased risk for diabetes $<5.7$ Non-diabetic
5.7-6.4 Increased risk for diabetes
> or $=6.5$ Consistent with diabetes
Standards of Medical Care in Diabetes-2010. Diabetes Care, 33 (Supp 1): S1-S61,2010.

## PERFORMING LABORATORY INFORMATION

EN QUEST DIAGNOSTICS-WEST HILLS, 8401 FALLBROOK AVENUE, WEST HILLS, CA 91304-3226, Laboratory Director: LEE H. HILBORNE, MD CLII: 05D0642827

Page 1 - End of Report
$4 / 27 / 2010$


## Toxicology Report

Report Issued 04/23/2010 10:00

To: 10139
Los Angeles County Coroner Medical Examiner Attn: Joseph Mut
1104 N. Mission Road
Los Angeles, CA 90033

Patient Name HAIM, COREY
Patient ID 2010-01701 Chain 11110689
Age Not Given
Gender Not Given
Workorder 10090301
Page 1 of 2

Positive Findings:

| Compound | Result | Units | Matrix Source |
| :--- | :--- | :--- | :--- |
| Sodium | 139 | $\mathrm{mEq} / \mathrm{L}$ | Vitreous Fluid |
| Potassium | 12.8 | $\mathrm{mEq} / \mathrm{L}$ | Vitreous Fluid |
| Chloride | 122 | $\mathrm{mEq} / \mathrm{L}$ | Vitreous Fluid |
| Creatinine | 1.0 | $\mathrm{mg} / \mathrm{dL}$ | Vitreous Fluid |
| Urea Nitrogen | 18 | $\mathrm{mg} / \mathrm{dL}$ | Vitreous Fluid |
| Glucose | 45 | $\mathrm{mg} / \mathrm{dL}$ | Vitreous Fluid |

See Detailed Findings section for additional information
Testing Requested:
$\frac{\text { Analysis Code }}{\text { 1916 FL }}$
7027FL

Description
Electrolytes Panel, Fluid
Glucose, Fluid

## Specimens Received:

| ID Tube/Container | Volume/ <br> Mass | Collection <br> Date/Time | Matrix Source | Miscellaneous <br> Information |
| :--- | :--- | :--- | :--- | :--- |
| 001 Red Top Tube | 1.75 mL | $04 / 15 / 201009: 00$ | Vitreous Fluid |  |

All sample volumes/weights are approximations.
Specimens received on 04/16/2010.

CONFIDENTIAL

| Workorder | 10090301 |
| :--- | :--- |
| Chain | 11110689 |
| Patlent ID | $2010-01701$ |

Page 2 of 2

## Detailed Findings:

| Analysis and Comments | Result | Units | Rpt. <br> Limit | Specimen Source | Analysis By |
| :--- | :--- | :--- | :--- | :--- | :--- |
| Sodium | 139 | $\mathrm{mEq} / \mathrm{L}$ |  | $001-$ Vitreous Fluid | [Not provided] |
| Potassium | 12.8 | $\mathrm{mEq} / \mathrm{L}$ | $\mathrm{mEq} / \mathrm{L}$ | $\mathrm{mg} / \mathrm{dL}$ | $001-$ Vitreous Fluid |
| Chloride | 122 | $\mathrm{mg} / \mathrm{dL}$ | $001-$ Vitreous Fluid | [Not provided] |  |
| Creatinine | 1.0 | $\mathrm{mg} / \mathrm{dL}$ | $001-$ Vitreous Fluid | [Not provided] |  |
| Urea Nitrogen | 18 | $001-$ Vitreous Fluid | [Not provided] |  |  |
| Glucose | 45 | $001-$ Vitreous Fluid | [Not provided] |  |  |

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

## Reference Comments:

1. Glucose - Vitreous Fluid:

Analysis for Glucose was performed by:
Health Network Laboratories
2024 Lehigh Street
Allentown, PA 18103
2. Urea Nitrogen - Vitreous Fluid:

Analysis for Electrolytes Panel, including Sodium, Potassium, Chloride, Creatinine and Urea Nitrogen was performed by:
Health Network Laboratories
2024 Lehigh Street
Allentown, PA 18103
Chain of custody documentation has been maintained for the analyses performed by NMS Labs.
Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded six (6) weeks from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed.

## Analysis Summary and Reporting Limits:

Acode 1916FL - Electrolytes Panel, Fluid - Vitreous Fluid
-Analysis by [Not provided] for:

| Compound | Rpt. Limit |
| :--- | :--- |
| Chloride | N/A |
| Creatinine | N/A |
| Potassium | N/A |


| Compound | Rpt.Limit |
| :--- | :--- |
| Sodium | N/A |
| Urea Nitrogen | N/A |

Acode 7027FL - Glucose, Fluid - Vitreous Fluid
-Analysis by [Not provided] for:

Compound
Glucose

Rpt. Limit
N/A

Compound
Rpt. Limit

TO:LOS ANCELES COUNTY CORONER 68/fpr/10 09:36 Page 2 of 4
COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
PUBLIC HEALTH LABORATORY - 12750 ERICKSON AVENUE, DOWNEY, CA 90242 MARY BETH DUKE, M.S., ACTING DIRECTOR (562)658-1330

SOME: HATM,COREY
PATIENT ID\# LACCO-201001701 REQ'D BY: REFERRED

COLLECTED:03/11/2010 UNK RECEIVED:03/11/2010 18:00
ACC. NO.:F37956 SUM. ACC. NO.:DR.CAMLLO
TEST NAME
LUMINEX STAG
RESPIRATORY VIRNG
PANEL MULTIPLEX OCR

INFLUENZA A

INFLUENZA A SUBTYPE HI

INFLUENZA A SUBTYPE HS

INFLUENZA B

RSV SUBTYPE A

RSV SUBTYPE B

PARAINFLUENZA 1

PARAINFLUENZA 2

PARAINFLUENZA 3

HUMAN
METAPNEUMOVIRUS

RHINOVIRUS

ADENOVIRUS

TEST TAME PANDEMIC AND SEASONAL INFLUENZA

REFERENCE
HST RESULT
RANGE

NOT DETECTED Result date,time:04/07/2010,15:24

NOT DETECTED
Result date,time:04/07/2010,15:24
NOT DETECTED
Result date,time:04/07/2010,15:24
NOT DETECTED
Result date,time:04/07/2010,15:24
NOT DETECTED
Result date,time:04/07/2010,15:24
NOT DETECTED
Result date,time:04/07/2010,15:24
NOT DETECTED
Result date,time:04/07/2010,15:24
NOT DETECTED
Result date,time:04/07/2010,15:24
NOT DETECTED
Result date, time:04/07/2010,15:24

NOT DETECTED DEPARTMENNOE
Result date,time:04/07/2010,15:24 Result date, time:04/07/2010, $15: 24 \mathrm{OONER}$
NOT DETECTED Result date,time:04/07/2010,15:24

NOT DETECTED
Result date,time:04/07/2010,15:24
TEST RESULT
REFERENCE RANGE

MAIM, COREY
CLIENT REPORT

CONTINUED
PAGE 1 ACCOUNT NO.:LACCO PRINT DATE \& TIME: 04/08/2010 07:52

TO:LOS PMEELES COUNTV CORONER E8/Apr/10 09:36 Page 3 of 4
COUNTY OE LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
PUBLIC HEALTH LABORATORY - 12750 ERICKSON AVENUE, DOWNEY, CA 90242
MARY BETH DUKE, M.S., ACTING DIRECTOR (562)658-1330
NAMS: HATM, COREY
LOC: L.A. COUNTY CORONERS OEEICE PAMIENT ID* INCCO-201001701 DOB: 12/23/1971 AGE: 3BY SEX: M REQ'D BY: REFERRED

```
COLLECTED:03/11/2010 UNK RECEIVED:03/11/2010 18:00
```

ACC. NO.: 37956 SUBM. ACC. NO.:DR.CAMLLO

EY RCR

SPECIMEN
DESCRIPTION

OTHER
NASOPHARYNX
Result date,time:03/12/2010,10:23

INFLUENZA A ANALYZED BY ABI 7500 EAST DX

PANDEMIC INFLUENZA A AND SEASONAL INFLUENZA A NOT DETECTED BY RT-PCR. Result date,time:03/12/2010,14:21

ADDITIONAL COMMENTS

THE CONEIRMING TEST RESULTS WERE OBTAINED USING CDC REAGENTS PROVIDED UNDER AN EMERGENCY USE AUTHORIZATION (EUA). PLEASE REFER TO THE FDA EACTSHEETS REGARDING THIS EUA TEST.

PLEASE SEE LINK TO FACT SHEETS REGARDING SWINE INFLUENZA TEST INTERPRETATION: http://www.fda.gov/cdrh/emergency/panel-factsheet1.html and http://www. fda.gov/cdrh/emergency/panel-factsheet2.html. Result date, time:03/12/2010,14:21

RHEERHNCS

```
HEST NHMN
    SEASONAT INHIUENEA B
    BY PCR
```


## SPECIMEN

 DESCRIPTIONINFLUENZA B ANALYZED BY ABI 7500 EAST DX
DESCRIPTION

OTHER NASOPHARYNX Result date,time:03/18/2010;15:33
INELUENZA B VIRUS NOT DETECTED Bi RT-PCR
ADDITIONAL
COMMENTS
THE CONEIRMING TEST RESULTS WERE OBTAINED USING CDC REAGENTS PROVIDED UNDER AN EMERGENCY USE AUTHORIZATION (EUA). PLEASE REFER TO THE FDA FACTSHEETS REGARDING THIS EUA TEST.

PLEASE SEE LINK TO EACT SHEETS REGARDING SWINE INFLUENZA TEST INTERPRETATION: http://www.fda.gov/cdrh/emergency/panel-factsheet1.html and http://www.fda.gov/cdrh/emergency/panel-factsheet2.html. Result date,time:03/18/2010,15:33

END OF REPORT
PAGE 2
ACCOUNT NO.:LACCO PRINT DATE \& TIME: 04/08/2010 07:52

TEST RESUETT RANGE

NAME: HATM, COREY PNTIENT ID\# LACCO-201001701 REQ'D BY: REFERRED

DOB: 12/23/1971
LOC: L.A. COUNTY CORONERS OFFICE
AGE: 38Y SEX: M

COLLECTED: 03/11/2010 UNK RECEIVED:03/11/2010 18:00
ACC. NO.:F37956 SUBM. ACC. NO.: DR.CAMLLO
THST SNM
RANDEMIC AND
SMASONA INHIUENEA
BY ECR

SPECIMEN
DESCRIPTION

OTHER
NASOPHARYNX
Result date,time:03/12/2010,10:23

INFLUENZA A
ANALYZED BY ABI
7500 EAST DX
PANDEMIC INFLUENZA A AND SEASONAL INFLUENZA A NOT DETECTED BY RT-PCR. Result date,time:03/12/2010,14:21

ADDITIONAL
COMMENTS
THE CONFIRMING TEST RESULTS WERE OBTAINED USING CDC REAGENTS PROVIDED UNDER AN EMERGENCY USE AUTHORIZATION (EUA). PLEASE REFER TO THE FDA FACTSHEETS REGARDING THIS EUA TEST.

PLEASE SEE LINK TO FACT SHEETS REGARDING SWINE INFLUENZA TEST INTERPRETATION: http://www.fda.gov/cdrh/emergency/panel-factsheet1.html and http://www.fda.gov/cdrh/emergency/panel-factsheet2.html. Result date,time:03/12/2010,14:21
TEST NAME
SEASONAL IMELUENEA B
BY PCR

SPECIMEN
DESCRIPTION

OTHER
NASOPHARYNX
Result date,time:03/18/2010,15:33

INFLUENZA B ANALYZED BY ABI 7500 EAST DX

INFLUENZA B VIRUS NOT DETECTED BY RT-PCR

ADDITIONAL COMMENTS

THE CONFIRMING TEST RESULTS WERE OBTAINED USING CDC REAGENTS PROVIDED UNDER AN EMERGENCY USE AUTHORIZATION (EUA). PLEASE REFER TO THE FDA EACTSHEETS REGARDING THIS EUA TEST.
please see link to fact sheets regarding swine influenza test


RGTEREACE RANGE

TEST RESULT

> Result date,time:03/18/2010,15:33

CLIENT REPORT

PRINT DATE \& TIME: 03/23/2010
07:52

- TdiL's fMEELES CONNTY CORONER 23/Mar/10 07:52 Pase 3 of 4

COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
PUBLIC HEALTH LABORATORY - 12750 ERICKSON AVENUE, DOWNEY, CA 90242
MARY BETH DUKE, M.S., ACTING DIRECTOR (562) 658-1330
Nowe: HATM,COREY RAMIENT ID\# Hacco-201001701 DOB: 12/23/1971 AGE: 38Y SEX: M REQ'D BY: REFERRED

## COLLECTED: 03/11/2010 UNK

RECEIVED: 03/11/2010 18:00
ACC. NO.:F37956 SUBM. ACC. NO.:DR.CAMLLO


BY PCR

ADDITIONAL COMMENTS
(CONTINUED)

Result date,time:03/18/2010,15:33
INTERPRETATION: http://www.fda.gov/cdrh/emergency/panel-factsheet1.html and http://www.fda.gov/cdrh/emergency/panel-factsheet2.html.

Result date,time:03/18/2010,15:33

## DEPARTMENT OF CORONER DOCUMENT



# DEPARTMENT OF CORONER DOCUMENT 

## END OF REPORT

ACCOUNT \#: 9058
CONFIDENTIAL SUMMARY REPORT

HAMM, COREY CC-201001701 CC CORONERS CASE M 12/23/1971

To:LOS PNEELES CONNTY CORONER 22/Mar/10 88:34 Page 2 of 2
COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH PUBLIC HEALTH LABORATORY - 12750 ERICKSON AVENUE, DOWNEY, CA 90242 MARY BETH DUKE, M.S., ACTING DIRECTOR (562) 658-1330


F37956 COLJ: 03/11/2010 UNKNOWN REC: 03/11/2010 18:00 PHYS: REFERRED
DR.CAMLLO
PANDEMIC AND SEASONAL INFLUENZA BY PCR
SPECIMEN DESCRIPTION OTHER
NASOPHARYNX
INFLUENZA A ANALYZED BY ABL 7500 FAST DX
PANDEMIC INFLUENZA A AND SEASONAL INFLUENZA A NOT DETECTED BY RT-PCR.
ADDITIONAL COMMENTS THE CONFIRMING TEST RESULTS WERE OBTAINED USING CDC REAGENTS PROVIDED UNDER AN EMERGENCY USE AUTHORIZATION (EUR). please refer to the fda factsheets REGARDING THIS EUR TEST.

PLEASE SEE LINK TO FACT SHEETS REGARDING SWINE INFLUENZA TEST INTERPRETATION: http://www. fda.gov/cdrh/emergency/panelfactsheet1.html and http://www.fda.gov/cdrh/emergency/panelfactsheet2.html.

SEASONAL INFLUENZA B BY PER
SPECIMEN DESCRIPTION OTHER
NASOPHARYNX
INFLUENZA B ANALYZED BY ABL 7500 EAST DX
INFLUENZA B VIRUS NOT DETECTED BY RT-PCR
ADDITIONAL COMMENTS THE CONFIRMING TEST RESULTS WERE OBTAINED USING CDC REAGENTS PROVIDED UNDER AN EMERGENCY USE AUTHORIZATION (EVA). PLEASE REFER TO THE FDA FACTSHEETS REGARDING THIS EUR TEST.

PLEASE SEE LINK TO FACT SHEETS REGARDING SWINE INFLUENZA TEST INTERPRETATION: http://www.fda.goy/cirh/emergency/panel-
 factsheet2.h MORONER DOCUMENT

MAIM, COREY INTERIM REPORT

ACCOUNT NO: TACO
REPORT DATE AND TIME: 03/22/2010 08:33

END OF REPORT
PAGE 1


TO:LOS ANELES COUNTY CORONER 19/Mar/10 11:65 Page 3 of 4

NAMS: HAIM, COREY 2010-170) LOC: L.A. COUNTY CORONERS OFFICE PAPIENT ID* INACCO-20IOOHEO1 DOB: 12/23/1971 AGE: 3BY SEX: M REQ'D BY: REFERRED

COLLECTED: 03/11/2010

## UNK

RECEIVED:03/11/2010 18:00
ACC. NO.: F37956
SUBM. ACC. NO.:


ADDITIONAL COMMENTS
(CONTINUED)
Result date,time:03/18/2010, 15:33
INTERPRETATION: http://www.fda.gov/cdrh/emergency/panel-fact.sheet.1.ht.ml and h.ttp://www.fda.gov/cdrh/emergency/panel-factsheet2.html. Result date,time:03/18/2010,15:33

## DEPARTMENT OF CORONER DOCUMENT

END OF REPORT
PAGE 2
ACCOUNT NO. :LACCO PRINT DATE \& TIME: 03/19/2010 07:52


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

COMPLETE ALL LINES. USE INK. IF UNKNOWN OR NOT APPLICABLE. so state.

Providence Saint Joseph Medical Center NAME OF FACILITY

ADDress 501 South Buena Vista St, Burbank, CA 915A8 NE (818) 847-4043
NAME OF DECEDENT HALM, COREY I
 pronounced by Dr Biren Pamela c medical aecordor patient file " N0000 44826

emergency room patient
ORGAN/TISSUE DONATION INFORMATION
was the next-of-kin approached regarding organ/tissue donation?
$\square$ hospital in patient NO YES $\square$ IF YES WHAT WAS THEIR RESPONSE?
 ADMITTED AV $\qquad$ M.D.

PHONE ${ }^{\prime}$ $\qquad$ inJuries DATE PLACE $\qquad$ cause (TRAFFIC, FALL, ETC.) describe injuries: No Injuries Noted.
clinicalmistory: per Ems (RA-60) patiant was presaribad Haldol 60 tabs om 3-9-10Empty Bottle found at Bedside.
SURGICAL PROCEDURES: STATE TYPE, DATE, TIME AND RESULTS OF ANY OPERATION OR AMPUTATION PERFORMED
ACCT N008283194
$03 / 10 / 10$
 HALM, COREY I $38 / \mathrm{M}$ Siren MD, Pamela C N. ED MR NOOOO44826 DOB 12/23/71

## WAS A BULLET OR OTHER FOREIGN OBJECT RECOVERED: SPECIFY

```
LABORATORY: SPECIFY SPECIMENS TAKEN DATE TIME
```


## LABORATORY RESULTS:

RETAIN LABORATORY SPECIMENS
X-RAY REPORT:

REMARKS: ESPECIALLY SYMPTOMS PRECEDING AND DURING TERMINAL EPISODE
in my opinion. the insmediate cause of death is: $\qquad$

BY $\qquad$ м.D.
-O RD
PHONE

