



"Enriching Lives"

COUNTY OF LOS ANGELES
DEPARTMENT OF MEDICAL EXAMINER-CORONER
1104 N. MISSION RD, LOS ANGELES, CALIFORNIA 90033



Jonathan R. Lucas, M.D.
Chief Medical Examiner-Coroner

Enclosed you will find the document(s) requested. Should you have any questions or need additional information, please contact the Records Section at (323) 343-0695.

Should you wish to speak to the Deputy Medical Examiner who conducted the examination, please call (323) 343-0518 to schedule an appointment.

Sincerely,
Stephany Cerna

On behalf of

Vanessa Gastelum
Acting Chief, Public Services Division
County of Los Angeles
Department of Medical Examiner-Coroner

Accreditations:

National Association of Medical Examiners (Provisional)
California Medical Association-Continuing Medical Education
Accreditation Council for Graduate Medical Education

ANAB ISO/IEC 17025:2017 Forensic Science Testing Laboratories
Peace Officer Standards and Training Certified

12**AUTOPSY REPORT**

No.

2021-04048

ORDAZ JR., DAVID

I performed an autopsy on the body of →
 at the DEPARTMENT OF MEDICAL EXAMINER-CORONER

Los Angeles, California on MARCH 19, 2021 1100 HOURS
(Date) (Time)

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

(A) MULTIPLE GUNSHOT WOUNDS

DUE TO OR AS A CONSEQUENCE OF
(B)DUE TO OR AS A CONSEQUENCE OF
(C)DUE TO OR AS A CONSEQUENCE OF
(D)

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

MANNER OF DEATH

HOMICIDE

HOW INJURY OCCURRED

SHOT BY OTHER(S)

SURGICAL PROCEDURES

THORACOTOMY

Anatomic Summary:

- I. Gunshot wound 1.
- A. Entrance: Left leg, anterior.
 - B. Exit: Left leg, posterior.
 - C. Projectile: None.
 - D. Direction: Front to back, slightly right to left.
 - E. Path: Through intermediary bone and soft tissue.
 - F. Effect: Not immediately life threatening.
- II. Gunshot wound 2.
- A. Entrance: Right buttock.
 - B. Exit: Right hip.
 - C. Projectile: None.
 - D. Direction: Back to front; slightly left to right.
 - E. Path: Through intermediary soft tissue.
 - F. Effect: Not immediately life threatening.
- III. Gunshot wound 3.
- A. Entrance: Left buttock, medial.
 - B. Exit: None.

12**AUTOPSY REPORT**

No.

2021-04048

ORDAZ, JR., DAVID

Page 2

- C. Projectile: Projectile 5 of 8; large caliber copper jacketed lead bullet.
- D. Direction: Back to front.
- E. Path: Through sigmoid colon; terminates on serosal surface.
- F. Effect: Potentially life threatening.

IV. Gunshot wound 4.

- A. Entrance: Left buttock, lateral.
- B. Exit: None.
- C. Projectile: Projectile 6 of 8; large caliber copper jacketed bullet.
- D. Direction: Back to front.
- E. Path: Through intermediary soft tissue, terminates in left psoas muscle.
- F. Effect: Not immediately life threatening.

V. Gunshot wound 5, 10 and 11.

- A. Entrance: Left flank.
- B. Exit: None.
- C. Projectile: Projectile 3 of 8; fragment of lead.
(Note: Medical records indicate that three bullets were recovered during surgery).
- D. Direction: Left to right, upward.
- E. Path: Through spleen and stomach, terminates in thorax.
- F. Effect: Potentially life threatening.

VI. Gunshot wound 6.

- A. Entrance: Right back, medial.
- B. Exit: None.
- C. Projectile: Projectile 7 of 8; medium caliber copper jacketed lead bullet.
- D. Direction: Back to front; left to right; upward.
- E. Path: Through right lung, terminates in right humerus.
- F. Effect: Immediately life threatening.

12**AUTOPSY REPORT**

No.

2021-04048

ORDAZ, JR., DAVID

Page 3

VII. Gunshot wound 8.

- A. Entrance: Right back, upper.
- B. Exit: Right back, lateral.
- C. Re-entrance: Right posterior shoulder.
- D. Projectile: Projectile 1 of 8, medium caliber copper, jacketed lead bullet.
- E. Path: Through intermediary soft tissue, terminates in right bicep.
- F. Effect: Not immediately life threatening.

VIII. Gunshot wound 9.

- A. Entrance: Right upper chest.
- B. Exit: None.
- C. Projectile: Projectile 2 of 8; large caliber copper jacketed lead bullet.
- D. Direction: Front to back, right to left.
- E. Path: Through right lung, terminates in right chest cavity.
- F. Effect: Immediately life threatening.

IX. Large contusions of left chest, left hip, and right posterior hand.

- A. History of being struck by beanbag rounds.

X. Please see separate Toxicology Report.

CIRCUMSTANCES:

See Investigator's Report Form #3.

EXTERNAL EXAMINATION:

The body is identified by toe tags and is that of an unembalmed, refrigerated adult Hispanic male who appears about the reported age of 34 years. The body weighs 204 pounds, measures 69 inches and appears well developed and well nourished. The skin is free of scars, burns, and tattoos. Small abrasions are present on the

12**AUTOPSY REPORT**

No.

2021-04048

ORDAZ, JR., DAVID

Page 4

forehead, right medial bicep, right forearm and right leg. A small contusion is present on the upper abdomen. A focal contusion is present on the right medial forearm. A superficial laceration is present on left foot. Large focal abrasions are present on the left chest, left hip, and right posterior hand (see diagram). Rigor has presumably been altered.

The head is normocephalic and covered by brown hair. Mustache and beard are present. Examination of the eyes reveals irides that are brown in color and sclerae that are unremarkable. There are no petechial hemorrhages of the conjunctivae of the lids or the sclerae. Upper and lower teeth are present. The neck is unremarkable. There is no chest deformity. The abdomen is flat. The genitalia are those of an adult male. The extremities show no edema or needle tracks.

EVIDENCE OF THERAPEUTIC INTERVENTION:

Intravenous sites are present at the right subclavian and bilateral antecubital fossa. An endotracheal tube is present and subsequently found to be in proper position. There is evidence that the following surgical procedures have been done:

- Clam shell thoracotomy (with resultant clamp abrasion to the left axilla)
- Repair of injuries to the heart.

CLOTHING:

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

MULTIPLE GUNSHOT WOUNDS:

The following gunshot wounds are numbered arbitrarily from 1 to 12 for organizational purposes. This does not imply an opinion to the order in which these wounds were sustained. Gunshot wounds 5, 10, and 11 have been grouped due to their close proximity to each other.

12**AUTOPSY REPORT**

No.

2021-04048

ORDAZ, JR., DAVID

Page 5Gunshot wound 1:

The entrance wound is ovoid and measures $\frac{1}{2}$ x $\frac{1}{4}$ inch with a 1/16-inch circumferential marginal abrasion. The entrance wound is situated at the left anterior leg centered 55 inches from the vertex and 3 inches left of midline. There is no soot or stippling.

The exit wound is irregularly shaped and measures 1-1/2-inch. The wound exit is situated at the left posterior leg centered 58 inches from the vertex and 6 inches to the left of midline.

No projectile was recovered at autopsy.

The direction of the wound is front to back and slightly right to left.

The wound path penetrates through intermediary bone and soft tissue.

This wound is not immediately life threatening.

Gunshot wound 2:

The entrance wound is round and measures 1/8 x 1/8-inch with puckered edges. The entrance wound is situated at the right buttock centered 36 inches from the vertex and $\frac{1}{2}$ inch to the right of midline. There is no soot or stippling.

The exit wound is irregularly shaped and measures 5/8 x 5/8-inch. The wound exit is situated at the right hip centered 38 inches from the vertex and 8 inches to the right of midline.

No projectile was recovered at autopsy.

The direction of the wound is back to front and slightly left to right.

The wound path penetrates through intermediary soft tissue.

This wound is not immediately life threatening.

12**AUTOPSY REPORT**

No.

2021-04048

ORDAZ, JR., DAVID

Page 6Gunshot wound 3:

The entrance wound is round and measures $\frac{1}{4}$ x $\frac{1}{4}$ inch with a 1/8-inch circumferential marginal abrasion. The entrance wound is situated at the left medial buttock centered 32 inches from the vertex and 1-inch to the left of midline. There is no soot or stippling.

There is no exit wound.

The projectile was recovered from the serosal surface of the sigmoid colon and submitted for evidence. The projectile consists of a large caliber copper jacketed lead bullet and designated projectile 5 of 8.

The direction of the wound is back to front.

The wound path penetrates through the sigmoid colon terminating on the right serosal surface.

This wound is potentially life threatening.

Gunshot wound 4:

The entrance wound is round and measures $\frac{1}{4}$ x $\frac{1}{4}$ inch with a 1/8-inch circumferential marginal abrasion. The entrance wound is situated at the left lateral buttock centered 31 inches from the vertex and 3 inches to the left of midline. There is no soot or stippling.

There is no exit wound.

The projectile was recovered from within the left psoas muscle and submitted for evidence. The projectile consists of a large caliber copper jacketed lead bullet and designated projectile 6 of 8.

The direction of the wound is back to front.

The wound path penetrates through intermediary soft tissue and terminates in the left psoas muscle.

12**AUTOPSY REPORT**

No.

2021-04048

ORDAZ, JR., DAVID

Page 7

This wound is not immediately life threatening.

Gunshot wounds 5, 10, and 11:

The entrance wounds are situated at the left flank respectively centered 23 inches from the vertex and 5 inches to the left of midline; 23-1/2 inches from the vertex and 6 inches to the left of midline; 25-1/2 inches from the vertex and 5-1/2 inches just to left of midline. Entrance wound 5 is ovoid and measures 1/2 x 3/8-inch with a 1/16-inch circumferential marginal abrasion. Entrance wound 10 is ovoid and measures 1/4 x 3/8-inch with a 5/8-inch marginal abrasion at the 5 o'clock position at a line of hemorrhage at the 11 o'clock position measuring 5/8 inch in length. Entrance wound 11 is ovoid and measures 1/4 x 3/8-inch with a 1/16-inch circumferential marginal abrasion. None of these wounds have soot or stippling.

There is no exit wound.

A projectile was recovered from within the left chest cavity and submitted for evidence. The projectile consists of a fragment of lead and designated projectile 3 of 8. (Note: Medical records indicate that three bullets were recovered during surgery).

The direction of the wound is left to right and upward.

The wound path penetrates through the skin and stomach terminating in the thorax.

These wounds are potentially life threatening.

Gunshot wound 6:

The entrance wound is round and measures 1/4 x 1/4 inch with a 1/16-inch circumferential marginal abrasion. The entrance wound is situated at the left back centered 19 inches from the vertex and 2 inches to the left of midline. There is no soot or stippling.

There is no exit wound.

12**AUTOPSY REPORT**

No.

2021-04048

ORDAZ, JR., DAVID

Page 8

The projectile was recovered from within the heart and submitted for evidence. The projectile consists of a medium caliber copper jacketed lead bullet and designated projectile 4 of 8.

The direction of the wound is back to front and slightly left to right.

The wound path penetrates through the aorta and heart terminating within the heart.

This wound is immediately life threatening.

Gunshot wound 7:

The entrance wound is round and measures $\frac{1}{4}$ x $\frac{1}{4}$ inch with a 1/16-inch circumferential marginal abrasion. The entrance wound is situated at the right medial back centered 20-1/2 inches from the vertex and 2 inches to the right of midline. There is no soot or stippling.

There is no exit wound.

The projectile was recovered from within the right humerus and submitted for evidence. The projectile consists of a medium caliber copper jacketed lead bullet and designated projectile 7 of 8.

The direction of the wound is back to front, left to right and upward.

The wound path penetrates through the right lung and terminates within the right humerus.

This wound is immediately life threatening.

Gunshot wound 8:

The entrance wound is round and measures $\frac{3}{8}$ x $\frac{3}{8}$ -inch with a $\frac{1}{4}$ inch marginal abrasion at the 8 o'clock position. The entrance wound is situated at the right upper back centered 14-1/2 inches from the vertex and 6 inches to the right of midline. There is no soot or stippling.

12**AUTOPSY REPORT**

No.

2021-04048

ORDAZ, JR., DAVID

Page 9

The exit wound is stellate and measures 1 x $\frac{3}{4}$ inch. The wound exit is situated at the right lateral back centered 13 inches from the vertex and 8 inches to the right of midline.

The re-entrance wound is elongate and gutter shaped measuring 1- $\frac{1}{2}$ x $\frac{1}{2}$ inch with surrounding marginal abrasions. The re-entrance wound is situated at the right posterior shoulder centered 12 inches from the vertex and 9 inches to the right of midline.

The projectile was recovered from under the skin of the right bicep and submitted for evidence. The projectile consists of a medium caliber copper jacketed lead bullet and designated projectile 1 of 8.

The wound path penetrates through intermediary soft tissue and terminates under the skin of the right bicep.

This wound is not immediately life threatening.

Gunshot wound 9:

The entrance wound is round and measures $\frac{3}{8}$ x $\frac{3}{8}$ -inch with a $\frac{1}{16}$ -inch circumferential marginal abrasion. The entrance wound is situated at the left cheek centered 9 inches from the vertex and 2 inches to the left of midline. There is no soot or stippling.

There is no exit wound.

The projectile was recovered from the right temporal cortex of the brain and submitted for evidence. The projectile consists of a large caliber copper jacketed lead bullet and designated projectile 8 of 8.

The direction of the wound is front to back, upward, and left to right.

The wound path penetrates through the right frontal lobe of the brain, ricochets along the inner table of the skull, and terminates at the right parietal cortex.

This wound is immediately life threatening.

12**AUTOPSY REPORT**

No.

2021-04048

ORDAZ, JR., DAVID

Page 10Gunshot wound 12:

The entrance wound is ovoid and measures $\frac{1}{2}$ x $\frac{3}{8}$ -inch with a circumferential marginal abrasion ranging from $\frac{1}{8}$ to $\frac{1}{4}$ inch. The entrance wound is situated at the right chest centered 17 inches from the vertex and 6-1/2 inches to the right of midline. There is no soot or stippling.

There is no exit wound.

The projectile was recovered from within the right chest cavity and submitted for evidence. The projectile consists of a large caliber copper jacketed lead bullet and designated projectile 2 of 8.

The direction of the wound is front to back and right to left.

The wound path penetrates through the right lung and terminates in the right chest cavity.

This wound is immediately life threatening.

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:

The right pleural cavity contains 150 cc of blood. The left pleural cavity contains 300 cc of blood. The lungs are poorly expanded. The subcutaneous fat of the abdominal wall measures 4.5 cm. 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.

12**AUTOPSY REPORT**

No.

2021-04048

ORDAZ, JR., DAVID

Page 11SYSTEMIC AND ORGAN REVIEW

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

CARDIOVASCULAR SYSTEM:

The aorta is elastic and of even caliber throughout with vessels distributed normally from it. The thoracic and abdominal aorta are without atherosclerosis. There is no tortuosity or widening of the thoracic segment. There is no dilation of the lower abdominal segment. No aneurysm is present. The pericardial sac has been previously opened. The heart weighs 325 grams. It has a normal configuration. The right ventricle is 0.2 cm thick, the left ventricle is 1.0 cm thick, and the interventricular septum is 1.0 cm thick. The chambers are normally developed and are without mural thrombosis. The valves are thin, leafy, and competent. There is no endocardial discoloration. There are no infarcts of the myocardium. There is no abnormality of the apices of the papillary musculature. There are no defects of the septum. The great vessels enter and leave in a normal fashion. The coronary ostia are patent. There is a normal pattern of coronary artery distribution. There is no atherosclerosis of the major coronary arteries. The blood within the heart and large blood vessels is liquid.

RESPIRATORY SYSTEM:

Scant secretions are found in the bronchial passages. The mucosa is intact and pale. The lungs are subcrepitant. The left lung weighs 400 grams, the right lung weighs 350 grams. The visceral pleurae are smooth. The parenchyma is congested. The pulmonary vasculature is without thromboembolism.

12**AUTOPSY REPORT**

No.

2021-04048

ORDAZ, JR., DAVID

Page 12**GASTROINTESTINAL SYSTEM:**

The esophagus is intact throughout. The stomach is not distended. It contains no contents. The mucosa is unremarkable. Portions of tablets and capsules cannot be discerned in the stomach. The small intestine and colon are examined by inspection, palpation and multiple incisions and are unremarkable. The appendix is present. The pancreas occupies a normal position and is unremarkable.

HEPATOBIILIARY SYSTEM:

The liver weighs 1200 grams, is of average size and is brown. The capsule is intact, and the consistency of the parenchyma is soft. The cut surface is smooth. There is a normal lobular arrangement. The gallbladder is present. The wall is thin and pliable. It contains bile and no calculi.

URINARY SYSTEM:

The left kidney weighs 150 grams. The right kidney weighs 150 grams. The kidneys are normally situated and the capsules strip easily revealing surfaces that are smooth. The corticomedullary demarcation is preserved. The urinary bladder is unremarkable. It contains 300 cc of urine.

GENITAL SYSTEM:

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

HEMOLYMPHATIC SYSTEM:

The spleen weighs 100 grams and is of average size. The parenchyma is dark red. There is no increased follicular pattern. Lymph nodes throughout the body are small and inconspicuous. The bone density is not remarkable. The bone marrow of the rib is unremarkable.

12**AUTOPSY REPORT**

No.

2021-04048

ORDAZ, JR., DAVID

Page 13

ENDOCRINE SYSTEM:

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

HEAD AND CENTRAL NERVOUS SYSTEM:

There is no subcutaneous or subgaleal hemorrhage in the scalp. The external periosteum and dura mater are stripped showing fractures of the right base of the skull consistent with gunshot wound that has been previously described. There is right sided subarachnoid hemorrhage. The brain weighs 1350 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. The basal ganglia are intact. Anatomic landmarks are preserved. Cerebral contusions are present along the wound track. 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 cerebral arteries are without arteriosclerosis.

HISTOLOGIC SECTIONS:

Representative sections from various organs are preserved in one storage jar.

TOXICOLOGY:

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

12**AUTOPSY REPORT**

No.

2021-04048

ORDAZ, JR., DAVID

Page 14

PHOTOGRAPHY:

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

RADIOLOGY:

X-rays and CT scans are obtained.

WITNESSES:

Sergeant Munoz, Sergeant Martindale, Lieutenant Alfred of LASD as well as DA Investigator Franco witnessed the autopsy.

DIAGRAMS USED:

Diagram Forms #20 (x2) and 21 were used during the performance of the autopsy. The diagrams are not intended to be facsimiles.

OPINION:

The cause of death is multiple gunshot wounds. The manner of death is homicide.



LAWRENCE NGUYEN, M.D.
DEPUTY MEDICAL EXAMINER

6/24/21

DATE

LN:bbtt/mp
D:03/11/21
T:06/21/21

15

AUTOPSY CLASS: A B C Examination Only D

FAMILY OBJECTION TO AUTOPSY

Date: 3/19/21 Time: 1100 Dr. NGUYEN
(Print)

FINAL ON: 3/20/21 By: Nguyen
(Print)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

2021-04048

O-DAZ, DAVID JR

HONI

236

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

IMMEDIATE CAUSE:

(A) Multiple gunshot wounds

Rapid

Age: 34 Gender: Male Female

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

DUE TO, OR AS A CONSEQUENCE OF:

(D)

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

PRIOR EXAMINATION REVIEW BY DME

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

CASE CIRCUMSTANCES

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

TYPING SPECIMEN

TYPING SPECIMEN TAKEN BY: W
SOURCE: HEART

TOXICOLOGY SPECIMEN

COLLECTED BY: W
 HEART BLOOD STOMACH CONTENTS
 FEMORAL BLOOD VITREOUS
TECHNIQUE
 CHEST BLOOD SPLEEN
 BLOOD KIDNEY
 BILE
 LIVER
 URINE

URINE GLUCOSE DIPSTICK RESULT: 4+ 3+ 2+ 1+ 0
TOX SPECIMEN RECONCILIATION BY: SCFS

HISTOLOGY

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

TOXICOLOGY REQUESTS

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

REQUESTED MATERIAL ON PENDING CASES

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

NATURAL SUICIDE HOMICIDE
 ACCIDENT COULD NOT BE DETERMINED

If other than natural causes, HOW DID INJURY OCCUR? Shot by other(s)

WAS OPERATION PERFORMED FOR ANY CONDITION STATED ABOVE: YES NO

TYPE OF SURGERY: Thoracotomy DATE: 3/14/21

ORGAN PROCUREMENT TECHNICIAN: _____
PREGNANCY IN LAST YEAR YES NO UNK NOT APPLICABLE

WITNESS TO AUTOPSY EVIDENCE RECOVERED AT AUTOPSY
Item Description:

Sgt Munoz
Sgt Mastandrea / ASD (8) projectiles
Det. Alfred
DA Inv. Franco

NT

DME

16

2021-04048

ORDAZ, DAVID JR

HOMI

236

EXTERNAL EXAM

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

HEART Wt. 325

- Pericardium RV 0.2
- Hypertrophy Septum
- Dilation LV 1.0
- Muscle Septum 1.2
- Valves
- Coronaries 0/0/0

AORTA 4A4

VESSELS

LUNGS Wt.

- R 350
- L 400
- Adhesions
- Fluid < 15
- Atelectasis 300
- Oedema
- Congestion
- Consolidation
- Bronchi
- Nodes

PHARYNX

TRACHEA

THYROID

THYMUS

LARYNX

HYOID

ABDOMINAL WALL FAT 4.5

PERITONEUM

- Fluid
- Adhesions
- LIVER Wt. 1200
- Capsule
- Lobules
- Fibros
- G B (+)
- Calculus
- Bile ducts

SPLEEN Wt. 100

- Color
- Consistency
- Capsule
- Malpiment

PANCREAS

ADRENALS

KIDNEYS Wt.

- R 150
- L 150
- Capsule
- Cortex
- Vessels
- Pelvis
- Ureters

BLADDER 300 cc

GENITALIA

- Prostate
- Testes
- Uterus
- Tubes
- Ovaries

OESOPHAGUS

STOMACH

- Contents p

DUOD. & SM. INT.

APPENDIX (+)

LARGE INT.

ABDOM. NODES

SKELETON

- Spine
- Marrow
- Rib Cage
- Long bones
- Pelvis

SCALP

CALVARIUM

BRAIN Wt. 1350 R SAH

- Dura
- Fluid
- Ventricles
- Vessels
- Middle ears
- Other

PITUITARY (+)

SPINAL CORD

TOXICOLOGY SPECIMENS

SECTIONS FOR HISTOPATHOLOGY

MICROBIOLOGY

DIAGRAMS X-RAYS

OTHER PROCEDURES

GROSS IMPRESSIONS

Date 3/19/21
3/20/21

Time 1100
1200

Deputy Medical Examiner

20

R hair
Rr eyes
teeth good
WDM
GBM

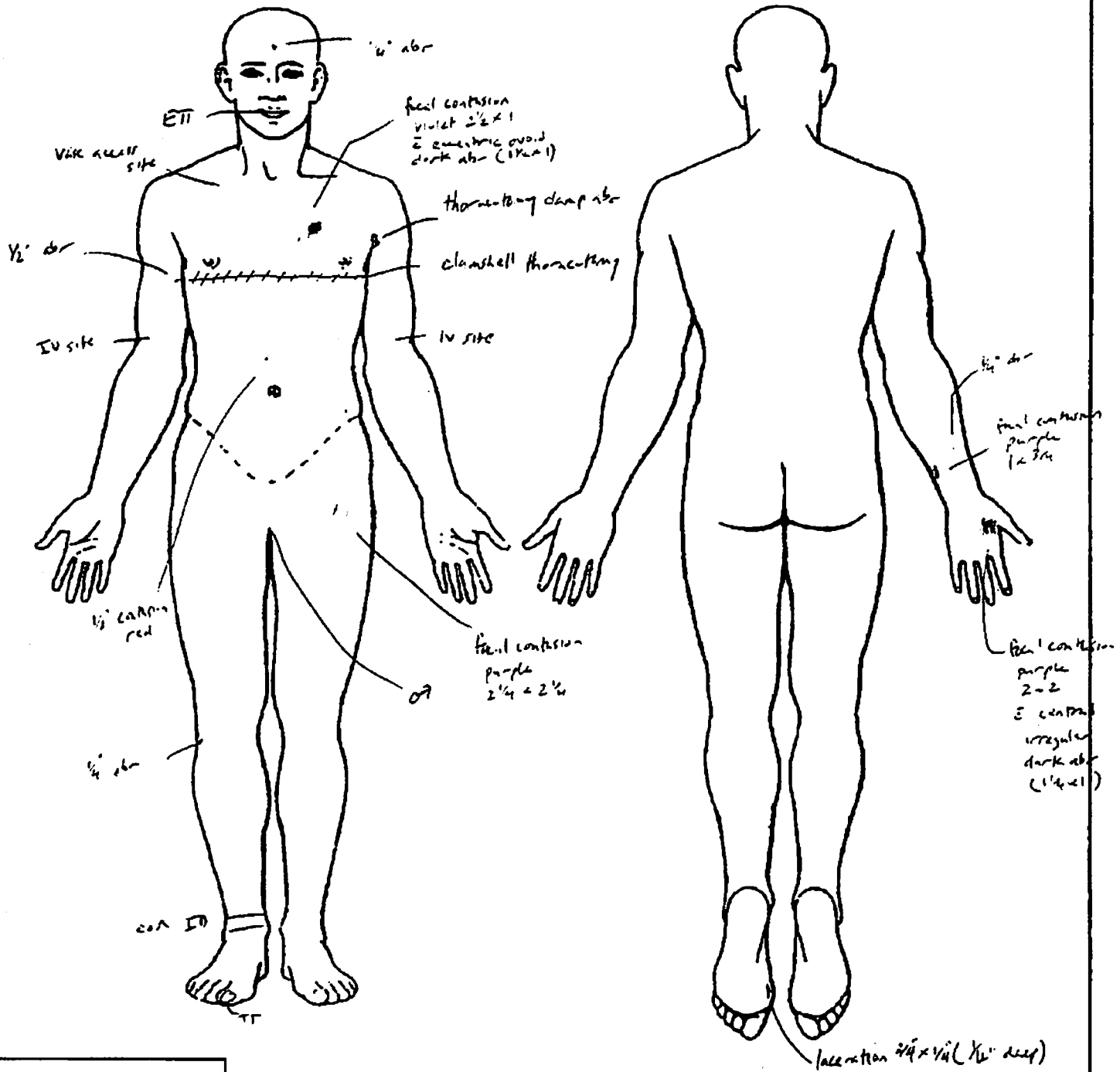
2021-04048

ORDAZ, DAVID JR

HOMI

236

GENERAL



Right Thumbprint

Date 3/20/21

[Signature] M.D.

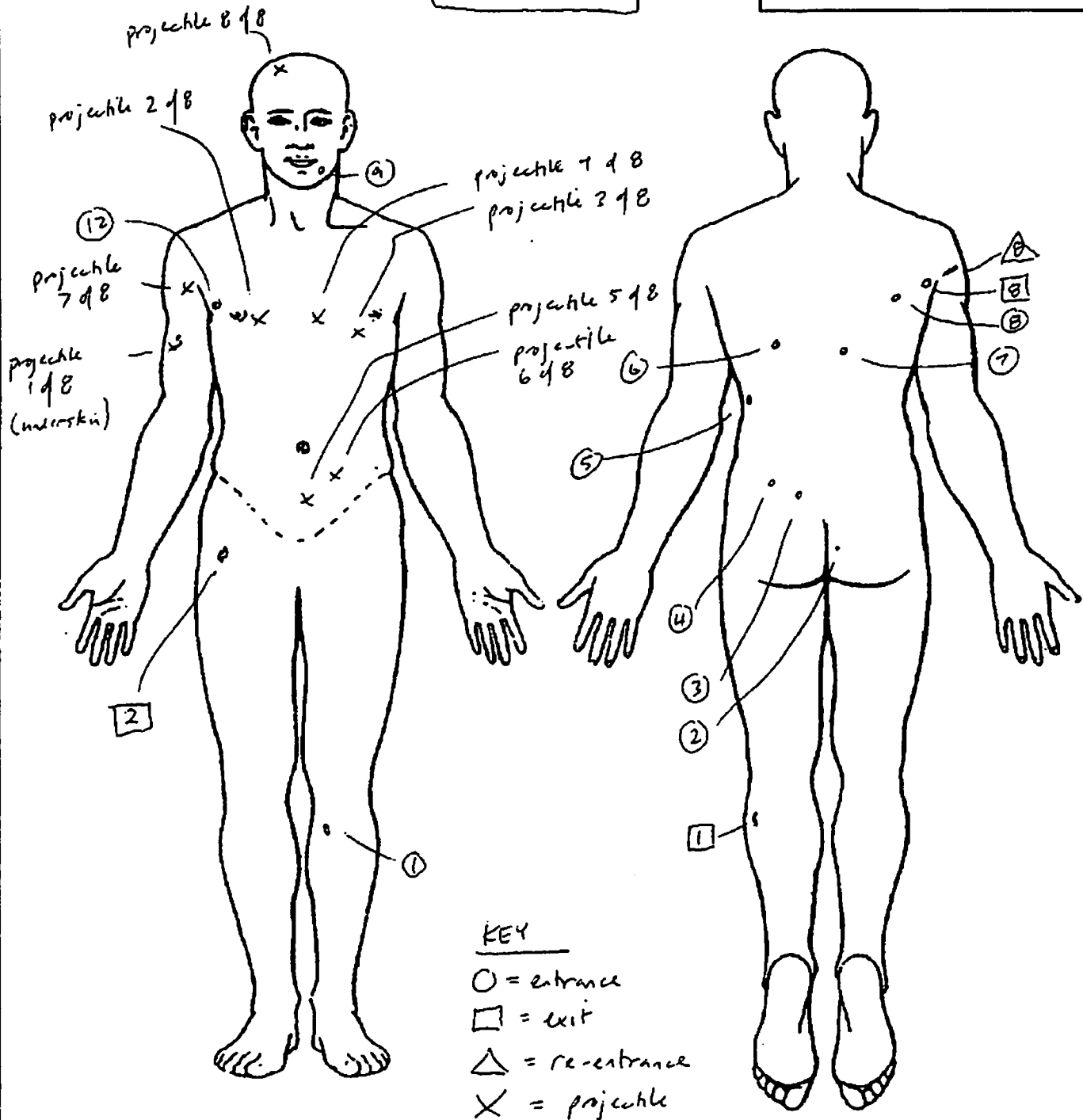
Deputy Medical Examiner

20

2021-04048

C. DAZ, J. J. J.
H041 23b

GUNSHOT WOUNDS



KEY

- = entrance
- = exit
- △ = re-entrance
- X = projectile

Date 3/24/21

[Signature]

Deputy Medical Examiner

M.D.

Right Thumbprint

21

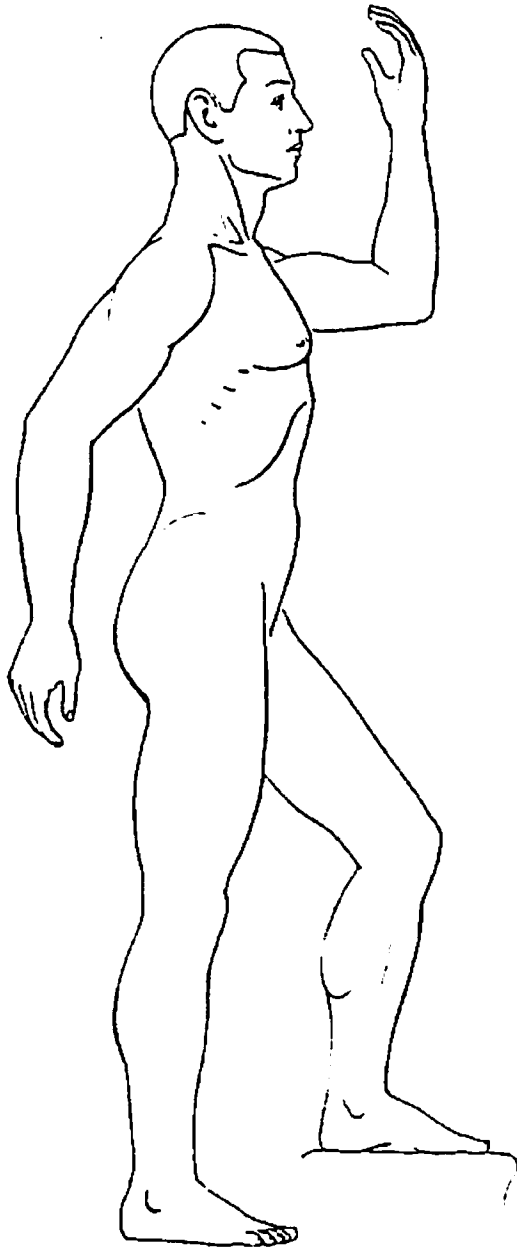
2021-04041

O 342.0A 10 11

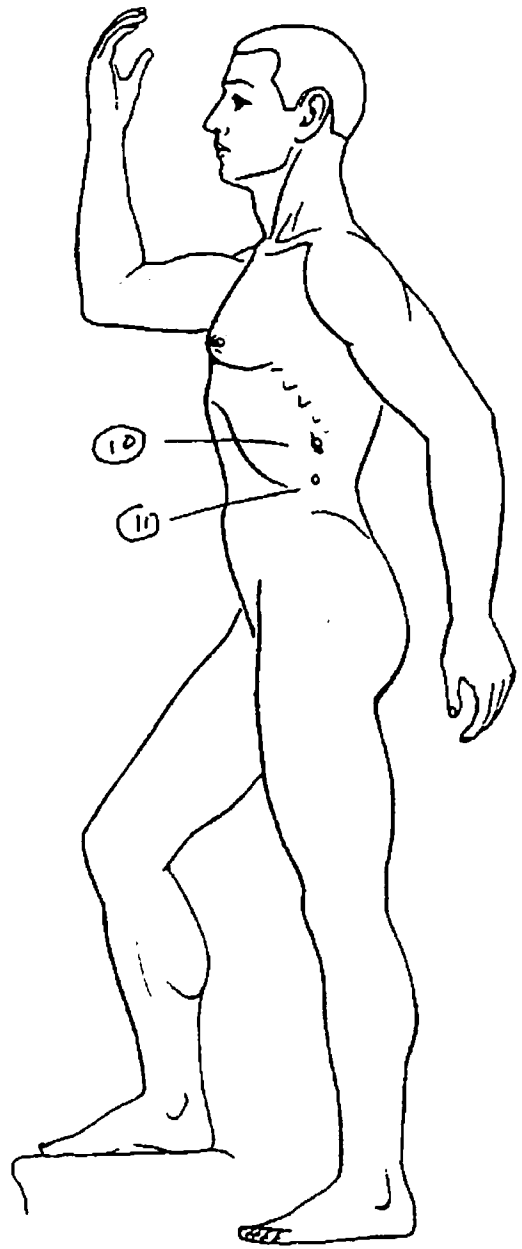
4051

21b

Gunshot wounds

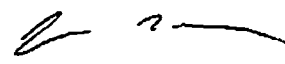


Rt



Lt

KEY
O = entrance

3/20/21

Deputy Medical Examiner M.D.



Department of Medical Examiner-Coroner, County of Los Angeles

FORENSIC SCIENCE LABORATORIES

1104 North Mission Road, Los Angeles, CA 90033



Laboratory Analysis Summary Report

Nguyen, Lawrence M.D.

Deputy Medical Examiner
1104 North Mission Road
Los Angeles, CA 90033

PendingTox

Coroner Case Number: 2021-04048 **Decedent:** ORDAZ JR., DAVID

SPECIMEN SERVICE DRUG RESULT ANALYST

Alcohol Quantitation/Confirmation

Blood, Chest

Alcohol-GC/FID-HS Ethanol Negative C Castellno

Drug Screen

Blood, Chest

ELISA-Immunoassay	Benzodiazepines	ND	J Posada
ELISA-Immunoassay	Cocaine and Metabolites	ND	J Posada
ELISA-Immunoassay	Fentanyl	ND	J Posada
ELISA-Immunoassay	Marijuana, 11-nor-Delta-9-Carboxy-THC	PP	J Posada
ELISA-Immunoassay	Methamphetamine & MDMA	PP	J Posada
ELISA-Immunoassay	Opiates, Codeine & Morphine	ND	J Posada
ELISA-Immunoassay	Opiates, Hydrocodone & Hydromorphone	ND	J Posada
ELISA-Immunoassay	Phencyclidine	ND	J Posada

Drug Screen/Confirmation

Blood, Chest

Bases-GC/NPD & or MS	Basic Drugs	ND	B Helmer
Cannabinoids-LC/MS/MS	11-nor-Delta-9-Carboxy-THC, Free	ND	M Liebl
Cannabinoids-LC/MS/MS	Delta 9-Tetrahydrocannabinol (THC), Free	ND	M Liebl
Sympath. Amines-GC/MS	Amphetamine	0.17 ug/mL	J Posada
Sympath. Amines-GC/MS	Ephedrine	ND	J Posada
Sympath. Amines-GC/MS	Methamphetamine	2.5 ug/mL	J Posada
Sympath. Amines-GC/MS	Methylenedioxymphetamine (MDA)	ND	J Posada
Sympath. Amines-GC/MS	Methylenedioxymethamphetamine (MDMA)	ND	J Posada
Sympath. Amines-GC/MS	Pseudoephedrine	ND	J Posada

Blood, Femoral

Sympath. Amines-GC/MS	Amphetamine	0.09 ug/mL	J Posada
Sympath. Amines-GC/MS	Ephedrine	ND	J Posada
Sympath. Amines-GC/MS	Methamphetamine	0.34 ug/mL	J Posada

W 7/2/21

Coroner Case Number: 2021-04048 Decedent: ORDAZ JR., DAVID

<u>SPECIMEN</u>	<u>SERVICE</u>	<u>DRUG</u>	<u>RESULT</u>	<u>ANALYST</u>
	Symphath Amines-GC/MS	Methylenedioxyamphetamine (MDA)	ND	J Posada
	Symphath Amines-GC/MS	Methylenedioxymethamphetamine (MDMA)	ND	J Posada
	Symphath Amines-GC/MS	Pseudoephedrine	ND	J Posada

NOTE: All Toxicology Specimens have "-02" label identifiers.

Legend:	ND	Not Detected	SNS	Specimen Not Suitable
g	Grams	ng/g	TNP	Test Not Performed
g%	Gram Percent	ng/mL	ug	Micrograms
Inc.	Inconclusive	PP	ug g	Micrograms per Gram
mg	Milligrams	QNS	ug/mL	Micrograms per Milliliter

The alcohol analysis was performed in accordance to California Code of Regulations "Title 17" compliance by a qualified analyst in the Forensic Toxicology Laboratory, Forensic Laboratories Division, County of Los Angeles Department of Medical Examiner - Coroner.

Enzyme-linked immunosorbent assay (ELISA) provides only a preliminary analytical result that is contingent upon a confirmatory test. A "presumptive positive" (PP) signifies a detection of a drug class and must be confirmed by additional testing for true identification and/or quantitation of specific drug(s) present in the specimen.

Per the Department's Evidence Retention Policy, the blood specimen(s) will be retained for one year (minimum) and all other specimens six months (minimum) from Postmortem Exam.

Final Review By:


 Sarah Baxton de Quintana
 Supervising Criminalist I

Date:

5/11/21

The above results relate only to the items sampled and tested and have been technically and administratively reviewed and are the opinions and conclusions of the analysts noted. The final review has been certified by the noted Toxicologist to ensure that all standard operating procedures were followed as set by the Forensic Toxicology Laboratory, Forensic Sciences Laboratory Division, County of Los Angeles Department of Medical Examiner-Coroner

COUNTY OF LOS ANGELES

CASE REPORT

OIS A Nguyen
Request Friday Autopsy

DEPARTMENT OF CORONER

1	APPARENT MOOD HOMICIDE	CASE NO 2021-04048
	SPECIAL CIRCUMSTANCES Gunshot Wound. Law Enforcement Related, Officer Involved	CRYPT 236

LAST FIRST MIDDLE ORDAZ JR., DAVID	AKA	#
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ADDRESS 166 NORTH ROWAN AVENUE	CITY LOS ANGELES	STATE CA	ZIP 90063
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SEX MALE	RACE HISPANIC-LATI	DOB 3/24/1986	AGE 34	HGT 69 in	WGT 204 lbs	EYES BROWN	HAIR BROWN	TEETH ALL NATURAL TEETH	FACIAL HAIR BEARD AND MUSTACHE	ID VIEW Yes	CONDITION FAIR
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MARK TYPE	MARK LOCATION	MARK DESCRIPTION

ID METHOD FINGERPRINTS FROM DOJ

IDENTIFIED BY NAME (PRINT) DOJ, FBI, LASD PRINTS	RELATIONSHIP	PHONE	DATE 3/15/2021	TIME 11:10
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PLACE OF DEATH / PLACE FOUND HOSPITAL LAC/USC MEDICAL CENTER	ADDRESS OR LOCATION 2051 MARENGO STREET	CITY LOS ANGELES	ZIP 90033
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PLACE OF INJURY STREET	AT WORK No	DATE 3/14/2021	TIME 14:10	LOCATION OR ADDRESS 166 NORTH ROWAN AVENUE, LOS ANGELES, CA	ZIP 90063
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DDO 3/14/2021	TIME 14:39	FOUND OR PRONOUNCED BY DR. ROSS & DR. PAQUETTE
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OTHER AGENCY INV OFFICER LASD HOMICIDE - MARTINDALE & MUNOZ	PHONE (323) 574-2963	REPORT NO 21-03539-0275-013	NOTIFIED BY NO
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TRANSPORTED BY LORENZO CERVANTES	TO LOS ANGELES FSC	DATE 3/15/2021	TIME 10:20
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FINGERPRINTS? Yes	CLOTHING No	PARPT No	MORTUARY
MED EV No	INVEST PHOTO # 15	SEAL TYPE NOT SEALED	HOSP RPT Yes
PHYS EV Yes	EVIDENCE LOG Yes	PROPERTY? No	HOSP CHART Yes
SUICIDE NOTE No	GSR NO	RCPT NO 330104	PF NO

SYNOPSIS
THE DECEDENT WAS A 34-YEAR-OLD MALE WITH A HISTORY OF DEPRESSION AND DRUG ABUSE. ON 03/14/2021 HE MADE SUICIDAL IDEATIONS TO HIS SISTER AND SUGGESTED HE WANTED TO DIE VIA SUICIDE BY COP. 9-1-1 WAS CALLED AND DEPUTIES RESPONDED. THE DECEDENT WAS SEEN PACING ON THE STREET HOLDING A KNIFE. HE WAS INSTRUCTED TO DROP THE KNIFE MULTIPLE TIMES AND DID NOT COMPLY. HE WAS STRUCK WITH LESS LETHAL BEAN BAG ROUNDS STILL WITH NO COMPLIANCE. THE DECEDENT LUNGED TOWARD DEPUTIES WHILE WIELDING A KNIFE. FOUR DEPUTIES OPENED FIRE, STRIKING THE DECEDENT. HE WAS TRANSPORTED TO LOS ANGELES COUNTY USC MEDICAL CENTER WHERE DEATH WAS PRONOUNCED WITHIN EIGHT MINUTES OF HIS ARRIVAL AT 1439 HOURS. FIFTEEN CASINGS WERE RECOVERED FROM THE SCENE. INVESTIGATORS REQUEST NOTIFICATION PRIOR TO AUTOPSY.

AIMEE EARL 636565		INVESTIGATOR	DATE 3/17/2021	REVIEWED BY 	DATE 3/17/21
			TIME 15:34		TIME

FORM #3 NARRATIVE TO FOLLOW?



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



Case Number: 2021-04048

Decedent: ORDAZ JR., DAVID

Information Sources:

- 1) Detective Munoz. Los Angeles County Sheriff's Department Homicide Bureau. 323-890-5500.
- 2) Los Angeles County USC Medical Center Medical Record # [REDACTED] 2051 Marengo Street, Los Angeles, CA 90033.
 - a. Including: Los Angeles County Fire Department Prehospital Care Report Summary Incident # LAC21080234.

Investigation:

On 03/14/2021 at 1536 hours, Security Officer Bolanos with the Los Angeles County Sheriff's Department reported this apparent homicide to the Los Angeles County Department of Medical Examiner-Coroner. On 03/15/2021 Forensic Attendant Cervantes transported the decedent to the Forensic Science Center. On 03/17/2021 I was assigned this hospital case for investigation. I reviewed the provided paramedic run sheet and limited hospital records. I conducted a telephone interview with Detective Munoz. I attempted to conduct a telephone interview with the decedent's sister, [REDACTED] however she declined an interview without a lawyer present.

A routine criminal history check showed multiple prior drug/ethanol related arrests from 2006-2019.

Location:

Injury: Street. 166 North Rowan Avenue, Los Angeles, CA 90063.

Death: Los Angeles County USC Medical Center. 2051 Marengo Street, Los Angeles, CA 90033.

Informant/Witness Statements:

On 03/17/2021 I conducted a telephone interview with Detective Munoz, and he relayed to me the following information *which is preliminary and subject to change pending an ongoing sheriff's department investigation*. On 03/14/2021 at approximately 1410 hours, the decedent was inside of a parked vehicle with his sister in front of their shared residence. The decedent was making suicidal ideations and stated he wanted to die via suicide by cop. The decedent's sister called 9-1-1. Deputies arrived on scene and the decedent was outside of the vehicle pacing in the street and holding a knife. Deputies used verbal commands for approximately ten minutes instructing the decedent to drop the knife. The decedent was non-compliant with the verbal commands and two deputies utilized a bean bag gun. They shot a total of four combined rounds of the bean bag gun at the decedent. It is unknown how many times the decedent was struck with the bean bag rounds. The decedent, then, lunged at the deputies while still wielding a knife. Four deputies opened fire toward the decedent with their duty weapons. Three deputies used 9mm Smith and Wesson handguns. One deputy used a .45 caliber Glock handgun. The decedent was struck by the gunfire and paramedics were summoned. A total of 15 casings were recovered from the scene: seven 9mm casings and eight .45 caliber casings. According to information obtained from family members, the decedent had a recent history of depression but was not taking any prescription medications. He had previously been taken on a 5-1-5-0 hold in 2007. The decedent also had a history of drug abuse.

The following information was obtained from Los Angeles County USC Medical Center Medical Record # [REDACTED]. On 03/14/2021 at 1415 hours, Los Angeles County Fire Department Squad #3 responded to 166 North Rowan Avenue in East Los Angeles. They responded to find a 34-year-old male in the back of an ambulance with cardiopulmonary resuscitative efforts in progress. The decedent had sustained multiple gunshot wounds. He had an oropharyngeal airway in place with bag valve mask ventilations being administered. Gunshot wounds were observed to the decedent's back, upper right arm, right chest, and upper right leg. The decedent was placed on a cardiac monitor and had an initial rhythm of pulseless electrical activity with



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



Case Number: 2021-04048

Decedent: ORDAZ JR., DAVID

agonal rhythm. An intraosseous line was established in his right leg and he was transported to Los Angeles County USC Medical Center for additional care.

The following information was obtained from Los Angeles County USC Medical Center Medical Record # [REDACTED]. On 03/14/2021 at 1431 hours, the decedent arrived in the emergency department of Los Angeles County USC Medical Center via ambulance. He was intubated and underwent a thoracostomy and a thoracotomy. The decedent had sustained multiple gunshot wounds. Despite resuscitative efforts, death was pronounced in the emergency room on 03/14/2021 at 1439 hours by Dr. Ross and Dr. Paquette.

Scene Description:

Coroner personnel did not visit the scene.

Evidence:

On 03/15/2021 Forensic Attendant Cervantes collected a GSR kit at 1047 hours, a fingernail kit at 1049 hours, and a hair kit at 1053 hours at the Forensic Science Center.

Body Examination:

The decedent was an adult Hispanic male observed lying supine at the Forensic Science Center. He had brown hair, brown eyes, a mustache, a beard, and natural teeth. There were no scars, markings, or tattoos observed. He was nude. Multiple apparent gunshot wounds were observed: one to his right, upper arm; one to his left armpit area (possible graze wound); one to his right, upper thigh; two to his left, lower leg; one to his left flank; and three to his back. Dark, dehydrated defects were observed to his chest and right hand. The following medical appliances were in place: an endotracheal tube, a right subclavian line, and a right intraosseous line. Sutures were observed to his chest extending laterally from flank to flank. Hospital identification bands were attached to both wrists and his right ankle.

Identification:

On 03/15/2021 at 1110 hours, the decedent was positively identified as David Ordaz Jr. (DOB: 03/24/1986) by Department of Justice fingerprint comparison.

Next of Kin Notification:

On 03/14/2021 the decedent's father and legal next-of-kin, [REDACTED] was notified of the death. On 03/17/2021 I confirmed notification with the decedent's sister, [REDACTED] via telephone.

Tissue Donation:

Tissue donation was not addressed.

Autopsy Notification:

Investigators request notification prior to autopsy. See case notes for contact information.

INVESTIGATOR EARL #636565

SUPERVISOR

03-17-2021

Date of Report

18

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

CC # _____
2021-04048

LAC USC Medical Center
NAME OF FACILITY

ADDRESS 1983 Mareno St LA CA 90033 HOSPITAL PHONE # _____

NAME OF DECEDENT Ordaz Jr., David

SOURCE OF IDENTIFICATION _____ DOB 3-24-86 AGE 34 SEX M RACE Hisp

DATE OF DEATH 3/14/2021 TIME 1439

PRONOUNCED BY Ross / Paquette MEDICAL RECORD OR PATIENT FILE # _____

ORGAN/TISSUE DONATION INFORMATION

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

NO YES IF YES WHAT WAS THEIR RESPONSE? _____

DATE ENTERED HOSPITAL 3/14/2021 TIME 1431

SELF AMBULANCE (Name or R.A. #) LA County Sg 3 PER DEATH? IN PATIENT DEATH?

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

ADMITTED BY: Ross M.D. PRIMARY ATTENDING PHYSICIAN Paquette M.D.

OFFICE PHONE # 3234096673 OFFICE PHONE # 3234096673

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

DESCRIBE INJURIES: Multiple Gun Shot wounds

CLINICAL HISTORY:

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

Intubation, thoracostomy, central access, thoracotomy, 10

WAS A BULLET OR OTHER FOREIGN OBJECTS RECOVERED? SPECIFY Bullet x3

LABORATORY: REPORT ON PATHOLOGY SPECIMENS TAKEN _____ DATE & TIME _____

LABORATORY PHONE NUMBER _____

MICROBIOLOGY CULTURE RESULTS: _____ NO _____ YES (ATTACH REPORT)

TOXICOLOGY SCREEN: _____ NO _____ YES (ATTACH REPORT)

RADIOLOGICAL STUDIES: _____ NO _____ YES (ATTACH REPORT)

REMARKS: ESPECIALLY SYMPTOMS PRECEDING AND DURING TERMINAL EPISODE

IN MY OPINION, THE CAUSE OF DEATH IS: _____

BY _____ M.D.

OFFICE PHONE # _____

-OR- _____ NURSE/HOSPITAL ADMINISTRATOR

OFFICE PHONE # _____

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

MRN: **ORDAZ, JR DAVID**
 DOB: 03/24/1986 34 Y M
 DOS: 03/14/2021 14:30
 ATT: Brandon, Caroline Tiel
 FIN: 1023649299



MRN: _____
 NA: _____
 DOB/GENDER: _____



T-76H655

FILE IN MEDICAL RECORD

PAGE 1 OF 1

TO REPORT A DEATH

76H655 (9-09)

FORM 82

GSR DATA SHEET

CORONER CASE #

2021-04048

DECEDENT'S NAME

ORDAZ JR., DAVID

Incoming Mode

HOMICIDE SUICIDE ACCIDENT UNDETERMINED OIS

INVESTIGATOR: A. EARL

COLLECTED AT: FORENSIC SCIENCE CENTER SCENE HOSPITAL

COLLECTOR: L. CERVANTES

DATE: 03/15/2021

TIME: 1047

WEAPON WAS IN DECEDENT'S: LEFT HAND RIGHT HAND UNKNOWN
 NEITHER, THE WEAPON WAS LOCATED:

FIREARM – MAKE/MODEL:

S&W 9MM AND GLOCK .45

AMMUNITION – BRAND/CALIBER:

9MM AND .45 CALIBER

DATE OF SHOOTING:

03/14/2021

AT 1410

HOURS

LOCATION OF DECEDENT: INDOORS OUTDOORS AUTOMOBILE

LOCATION SHOOTING OCCURRED:

STREET: 166 NORTH ROWAN AVENUE, LOS ANGELES, CA 90063

NUMBER OF SHOTS FIRED: 15

DECEDENT'S ACTIVITY PRIOR TO SHOOTING: LUNGING WITH KNIFE

DECEDENT'S OCCUPATION: UNKNOWN

DECEDENT'S HANDS WERE TOUCHED PRIOR TO GSR COLLECTION BY: POLICE

FAMILY PARAMEDICS HANDCUFFED BAGGED

BAGS COLLECTED OTHER: HOSPITAL PERSONNEL

NOTES/COMMENTS :

15 CASINGS RECOVERED: SEVEN 9MM AND EIGHT .45 CALIBER