

12

AUTOPSY REPORT SHORT FORM PROTOCOL

No.

I performed an autopsy on the body of
at the DEPARTMENT OF CORONER

2012-04385
JENTZSCH, ALEXANDER
ICE

249

Los Angeles, California

on 7/5/12
(Date)

7:00
(Time)

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

(A) Community Acquired Pneumonia
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
Methadone use

Anatomical Summary:

<input checked="" type="checkbox"/> As listed below <input type="checkbox"/> See form #16 under gross impressions
--

- I Pulmonary edema and congestion
- II Atrial visceral congestion
- III Tattoos
- IV See top and review reports separately submitted

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AUTOPSY REPORT

SHORT FORM PROTOCOL

No.

2012-04365
JENTISCH, ALEXANDER
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CIRCUMSTANCES (Please Print)

See Investigator's Report

EXTERNAL EXAM

Appears: Stated Middle Eastern
 Asian Black Caucasian Hispanic American Indian
Sex: Male Female Age: Appears to be the stated age of 27 years.
Height: Approx. 71 inches Weight: Approx. 184 lbs.
Embalmed: No Yes Condition: Air
Rigor: absent Livor: on sides of post

Petechial Hemorrhages: Scleral Conjunctival None
Irides: Blue Brown Gray Hazel Green
Sclerae: Icteric Normal Congested
Head Hair: Black Blonde Brown Gray/White Red
 Long Short Medium Closely Shaved
 Curly Straight Tightly Curled Wavy
Balding Is: Absent Present (Temporal Frontal Occipital)
Mustache: Absent Present **Beard:** Absent Present
Teeth: Absent Present Comment: _____
Dentures: Absent Present Comment: _____
Skin: See Diagram Comment: _____
Medical Intervention: None Present See Diagram
Comment: _____
Recent Needle Punctures: Present Absent
Scars: None Present See Diagram
Comment: _____
Tattoos: Absent Present See Diagram
Comment: _____
Deformities: Absent Present See Diagram
Comment: _____
Wrist Scars: Present Absent
Other: _____

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AUTOPSY REPORT

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INJURIES (See Diagram(s))

Foam on face or airway Absent Present

not seen at autopsy on face or trachea

INTERNAL EXAM

ABNORMAL / COMMENTS:
(Please Print)

NOT EXAMINED	EXAM IN SITU	DISSECTED	WITHIN NORMAL LIMITS		
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	TONGUE	
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	PHARYNX	
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	LARYNX / THYROID	
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	PLEURAL / PERICARDIAL CAVITIES	BLOOD PRESENT: YES <input type="checkbox"/> (Volume _____) NO <input checked="" type="checkbox"/>
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	PERITONEAL CAVITY	BLOOD PRESENT: YES <input type="checkbox"/> (Volume _____) NO <input checked="" type="checkbox"/>
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	MUSCULOSKELETAL SYSTEM	
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	HEART (WT. <u>370</u> grams)	
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	a. PERI/EPI and MYOCARDIUM	RV <u>1.3</u> cm
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	b. VALVES (TV / MV / AV / PV) and ENDOCARDIUM	LV <u>1.3</u> cm
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	c. CORONARIES INCLUDING OSTIA	SEPTUM <u>1.3</u> cm
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	d. AORTA & OTHER VESSELS	% Narrowing <u>0</u> LAD
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	RIGHT LUNG (WT. <u>550</u> grams)	<u>0</u> Right
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	LEFT LUNG (WT. <u>650</u> grams)	<u>0</u> Circumflex
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	TRACHEA / BRONCHI	<i>no ltrk at time of autopsy - see investigator report</i>
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	PULMONARY ARTERIES	
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ESOPHAGUS	

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AUTOPSY REPORT
SHORT FORM PROTOCOL

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INTERNAL EXAM - Continued

ABNORMAL / COMMENTS:
(Please Print)

NOT EXAMINED	EXAM IN SITU	DISSECTED	WITHIN NORMAL LIMITS
--------------	--------------	-----------	----------------------

STOMACH - CONTENTS: *Small amt. brownish fluid*

MEDICATIONS: ABSENT PRESENT *none seen*

INTESTINE / COLON *no air in mix.*

APPENDIX: ABSENT PRESENT

LIVER (WT. *1400* grams)

GALL BLADDER: ABSENT PRESENT

STONES: NO YES

PANCREAS

SPLEEN (WT. *180* grams)

LYMPH NODES

THYMUS

RIGHT KIDNEY (WT. *130* grams)

LEFT KIDNEY (WT. *140* grams)

BLADDER (CONTAINS *abd* URINE *yellow* COLOR)

PROSTATE

TESTES IN SCROTUM: YES NO

BREASTS *→*

UTERUS

ADNEXA

THYROID

ADRENALS

PITUITARY

SCALP

CRANIUM

MENINGES

BRAIN (WT. *1550* grams) *gyri somewhat flattened with sulcal pattern - no exudates, grossly o/w of*

a. CEREBRAL CORTEX } *no hemorrhage seen*

b. WHITE MATTER

c. BASAL GANGLIA

CEREBELLUM

BRAINSTEM

CEREBRAL VESSELS / CRANIAL NERVES

SPINAL CORD

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AUTOPSY REPORT

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INTERNAL EXAM - Continued

YES		NO	YES		NO
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

PRIOR DURING POST POST
 Photographs
 Cultures
 Fluoroscopy
 Toxicology (see Form # 15)
 X-Rays
 Cassettes (if yes, list organs)
 Clothing examination

No. of hold jars: 2

DIAGRAMS/FORMS USED: 15, 16, 20

OPINION (Please Print)

*C.O.D. Community Acquired Pneumonia
of Methadone use
mode accident*

DEPUTY MEDICAL EXAMINER:

[Signature]

DATE:

9/11/12 (cord)

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NEUROPATHOLOGY

2012-04365

JENTZSCH, ALEXANDER H.

August 23, 2012

AGE: 27 years

REFERRING DME: Susan F. Selser, M.D.

NEUROPATHOLOGY CONSULTATION NOTE:

CIRCUMSTANCES:

On June 29, 2012, the decedent move from Texas to Los Angeles to start a new job. While driving to Los Angeles, he developed what was called a head cold for which he took over-the-counter medication (not specified). He was last known to be alive at 0900 hours of July 2, 2012 when his in-laws left the residence. When they returned at 2100 hours, the decedent appeared to be sleeping. At about 0730 hours of the following morning, the decedent was found unresponsive and pronounced dead at the scene.

MICROSCOPIC DESCRIPTION:

Two (2) sections of brain removed from the ventral frontal lobe and cerebellum are stained by H&E method.

Cerebral cortical neurons in normal frontal cytoarchitecture are present in normal numbers and well-preserved appearance. There is no dropout. Glia and vasculature are inconspicuous. Subcortical white matter is unremarkable. Cerebellar folial pattern is normal. Purkinje cells are present in normal numbers in well-preserved appearance. Molecular and granule cell layers are unremarkable. A small sector of dentate nucleus is normal. Inflammation is absent.

NEUROPATHOLOGIC ASSESSMENT:

No indication of a pathologic process is found in cerebral cortex and cerebellum.

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NEUROPATHOLOGY

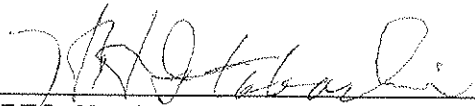
2012-04365

JENTZSCH, ALEXANDER H.

Page 2

NOTE:

Amongst the several medications found at the scene, one was gabapentin, a medication prescribed for seizure disorders. Methadone was also amongst the medications.




HIDEO H. ITABASHI, M.D.
NEUROPATHOLOGY CONSULTANT

DATE

8-28-12

HHI:am/hg:c
T-08/24/12

9.3.12 

14I performed a microscopic examination on 

SEPTEMBER 11, 2012

at THE DEPARTMENT OF CORONER

Los Angeles, California

2012-04365

JENTZSCH, ALEXANDER H.

MICROSCOPIC DESCRIPTION:

Slide 1: Sections of heart consistent with that from free and septal walls of left ventricle show focal areas of acute wavy fiber alteration and mild focal fatty infiltration. Otherwise essentially unremarkable.

Slide 2: Sections of adrenals showing postmortem autolysis artifact, otherwise unremarkable.

Slide 3: Sections of thyroid are unremarkable.

Slide 4: Sections of kidney are essentially unremarkable.

Slide 5: Section from pancreas showing fatty infiltration but otherwise essentially unremarkable except for postmortem autolysis. Section of adrenal also essentially unremarkable. Section artifact present.

Slide 6: Section of heart probably left AV junction, apparent section artifact and questionable orientation artifact. Myxoid degenerative changes apparent along the atrial endocardium. Otherwise essentially unremarkable.

Slide 7: Section of heart left AV junction appears essentially unremarkable.

Slide 8: Sections of lung showing a severe hemorrhagic pneumonia most notable in one section but also involving the two additional sections examined. There is marked congestion with intra-alveolar hemorrhage and abundant polymorphonuclear leukocytes filling alveoli as referenced rather diffusely in one of the sections examined. Abundant pigmented histiocytes with brownish granular apparent likely hemosiderin pigment also present. A few lymphocytes and histiocytes are also observed along the alveolar exudate but the inflammation appears predominantly polymorphonuclear leukocytes. Occasional small fibrin thrombi are seen in the smaller intrinsic vessels. The inflammation appears to be primarily an alveolar exudate. The interstitial areas do not appear widened.

Slide 9: Additional sections of lung showing patchy intra-alveolar exudate consistent with bronchopneumonia. The exudate appears mixed with polymorphonuclear leukocytes, lymphocytes, histiocytes and alveolar lining cells. Brownish granular pigment is evident in some of the histiocytes.

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AUTOPSY CLASS: A B C Examination Only D

FAMILY OBJECTION TO AUTOPSY

Date: 7/5/12 Time: 7⁰⁰ Dr. Silber
(Print)

FINAL ON: 9/10/12 By: Silber
(Print)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

2012-04365
JENTZSCH, ALEXANDER
ACC

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

IMMEDIATE CAUSE:

(A) Community Acquired Pneumonia

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:

Methadone use

Age: 27 Gender: Male Female

PRIOR EXAMINATION REVIEW BY DME

BODY TAGS 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: _____
SOURCE: _____

TOXICOLOGY SPECIMEN

COLLECTED BY: [Signature]
 HEART BLOOD STOMACH CONTENTS
 FEMORAL BLOOD VITREOUS

TECHNIQUE: _____
 _____ BLOOD SPLEEN
 _____ BLOOD KIDNEY
 BILE _____
 LIVER _____
 URINE _____

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

TOX SPECIMEN RECONCILIATION BY: W

HISTOLOGY

Regular (No. 2) Oversize (No. 0)
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)
Drugs on 3A

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? drug intake

WAS OPERATION PERFORMED FOR ANY CONDITION STATED ABOVE: YES NO

TYPE OF SURGERY: _____ DATE: _____

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

WITNESS TO AUTOPSY EVIDENCE RECOVERED AT AUTOPSY
Item Description: _____

clw od
per hxptra in viral culture for mpvims

N-P Swab for viral culture

9/6/12 Case reviewed. Pneumonia+++ viral vs -ve
methadone ok in H+ 3F.

9-12-12 12:00pm
Doc - Dr. Penhall
Pls to Ann Anderson to inform
Discuss with. Case note
not Avail at this time for
city

[Signature]

RESIDENT

DME

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2012-04365
JENTZSCH, ALEXANDER
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EXTERNAL EXAM

Sex m
Race M.C.
Age 21
Height 71
Weight 184
Hair brown
Eyes brown
Sclera
Teeth
Mouth
Tongue
Nose
Chest
Breasts
Abdomen
Scar
Genital
Edema
Skin
Decub

HEART Wt.

Pericard
Hypert
Dilat
Muscle
Valves
Coronar

AORTA

VESSELS

LUNGS Wt

R 550
L 650
Adhes
Fluid
Atelectasis
Oedema
Congest
Consol
Bronchi
Nodes

PHARYNX

TRACHEA

THYROID

THYMUS

LARYNX

HYOID

ABDOMINAL WALL FAT

PERITONEUM

Fluid
Adhes
LIVER Wt 1400
Caps
Lobul
Fibris
G B
Calc
Bile ducts

SPLEEN Wt

Color
Consist
Caps
Malpig

PANCREAS

ADRENALS

KIDNEYS Wt

R 130
L 140
Caps
Cortex
Vessels
Pelvis
Ureter

BLADDER

GENITALIA

Prost
Testes
Uterus
Tubes
Ovar

OESOPHAGUS

STOMACH

Contents

DUOD & SM INT

APPENDIX

LARGE INT

ABDOM NODES

SKELETON

Spine
Marrow
Rib Cage
Long bones
Pelvis

SCALP

CALVARIUM

BRAIN Wt

1550
Dura
Fluid
Ventric
Vessels
Middle ears
Other

PITUITARY

SPINAL CORD

TOXICOLOGY SPECIMENS

SECTIONS FOR HISTOPATHOLOGY

MICROBIOLOGY

DIAGRAMS X-RAYS

OTHER PROCEDURES

GROSS IMPRESSIONS

Date

7-5-12

Time

7:00

Deputy Medical Examiner



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



To: Dr. Selser
 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: 2012-04365 Decedent: JENTZSCH, ALEXANDER HERBER

<u>SPECIMEN</u>	<u>SERVICE</u>	<u>DRUG</u>	<u>RESULT</u>	<u>ANALYST</u>
Blood, Femoral				
	Bases	Doxylamine	< 0.10 ug/mL	E. Fu
	Bases	Methadone	0.35 ug/mL	E. Fu
Blood, Heart				
	Alcohol	Ethanol	Negative	M. Schuchardt
	Bases	Dextromethorphan	ND	E. Fu
	Bases	Doxylamine	< 0.10 ug/mL	E. Fu
	Bases	Methadone	0.40 ug/mL	E. Fu
	ELISA	Acetaminophen	ND	B. Ciullo
	ELISA	Barbiturates	ND	B. Ciullo
	ELISA	Cocaine and Metabolites	ND	B. Ciullo
	ELISA	Fentanyl	ND	B. Ciullo
	ELISA	Methamphetamine & MDMA	ND	B. Ciullo
	ELISA	Phencyclidine	ND	B. Ciullo
	ELISA	Salicylate	ND	B. Ciullo
	LC/MS	Gabapentin	3.0 ug/mL	J. Lintemoot
	Opiates	Codeine, Total	ND	S. Pearring
	Opiates	Hydrocodone, Total	ND	S. Pearring
	Opiates	Hydromorphone, Total	ND	S. Pearring
	Opiates	Morphine, Total	ND	S. Pearring
	Opiates	Oxycodone, Total	ND	S. Pearring
	Opiates	Oxymorphone, Total	ND	S. Pearring

[Handwritten signature]
8-12

SPECIMEN SERVICE DRUG RESULT ANALYST

Legend:

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

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

Administratively reviewed by:



Daniel T. Anderson, M.S., FTS-ABFT, D-ABC
Supervising Criminalist II
TOXICOLOGY



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



Selser, Susan M.D.

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

Pending Tox

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

Coroner Case Number: 2012-04365 **Decedent:** JENTZSCH, ALEXANDER HERBER

<u>SPECIMEN</u>	<u>SERVICE</u>	<u>DRUG</u>	<u>RESULT</u>	<u>ANALYST</u>
Blood, Heart				
	Halogenated HC's-GC/ECD	Ethchlorvynol	ND	C. Miller
	Halogenated HC's-GC/ECD	Trichlorethanol	ND	C. Miller

Legend:

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

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

Administratively reviewed by:

Daniel T. Anderson, M.S., FTS-ABFT, D-ABC
Supervising Criminalist II
TOXICOLOGY

(323) 343-8660 Danderson@coroner.lacounty.gov

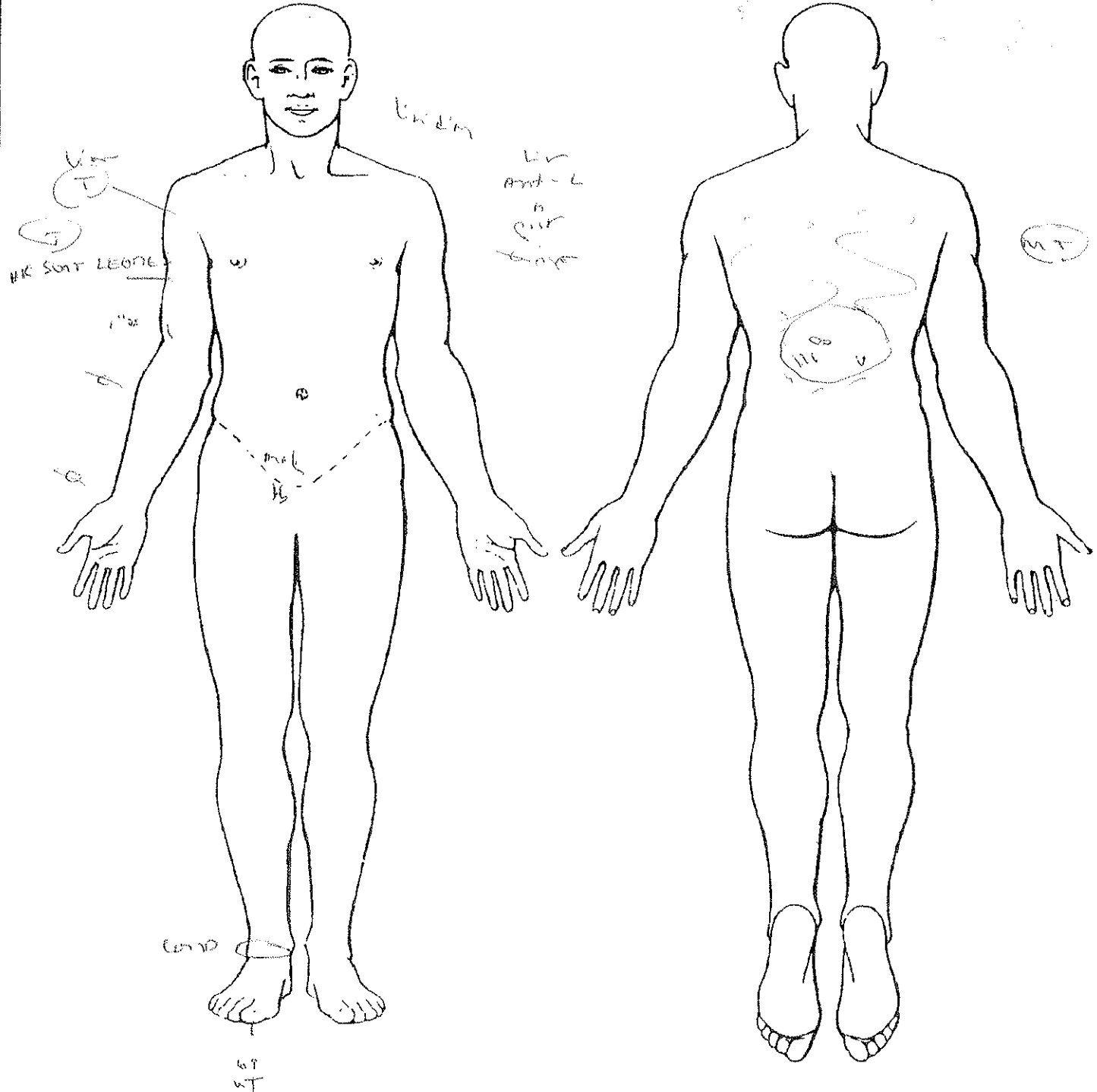
30-12

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2012-04365

JENTZSCH, ALEXANDER
ACC

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Date 7-5-12

Deputy Medical Examiner

M.D.

EDRST 1803472

CASE NO

2012-04365

CRYPT

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1

APPARENT MODE

ACCIDENT

SPECIAL CIRCUMSTANCES

LAST, FIRST MIDDLE

JENTZSCH, ALEXANDER HERBER

AKA

#

ADDRESS

901 ROSEHILL LANE

CITY

FRISCO

STATE

TEX

ZIP

75034

SEX: MALE, RACE: MIDDLE EASTE, DOB: 11/26/1984, AGE: 27, HGT: 71 in, WGT: 184 lbs, EYES: BROWN, HAIR: BLACK, TEETH: ALL NATURAL TEETH, FACIAL HAIR: BEARD AND MUSTACHE, ID VIEW: Yes, CONDITION: FAIR

MARK TYPE MARK LOCATION MARK DESCRIPTION

NOK ADDRESS CITY STATE ZIP

RELATIONSHIP: WIFE, PHONE, NOTIFIED BY, DATE: 7/3/2012, TIME: 14:00

SSN, DL ID: 34674309, STATE: TX, PENDING BY

ID METHOD: OTHER STATE DRIVER'S LICENSE

LA #, MAIN #, CI #, FBI #, MILITARY #, POB

IDENTIFIED BY NAME (PRINT) RELATIONSHIP PHONE DATE TIME

TEXAS DRIVERS LICENSE 7/3/2012

PLACE OF DEATH / PLACE FOUND: PRIVATE RESIDENCE, ADDRESS OR LOCATION: 13773 ORO GRANDE STREET, CITY: SYLMAR, ZIP: 91342

PLACE OF INJURY: No, AT WORK, DATE, TIME, LOCATION OR ADDRESS, ZIP

DOD: 7/3/2012, TIME: 08:14, FOUND OR PRONOUNCED BY: PARAMEDICS

OTHER AGENCY INV. OFFICER: LAPD MISSION HILLS - OFFICER HANDLOS, PHONE: (818) 838-9800, REPORT NO., NOTIFIED BY, NO

TRANSPORTED BY: AISHA N. SCOTT, TO: LOS ANGELES FSC, DATE: 7/3/2012, TIME: 12:00

FINGERPRINTS? Yes, CLOTHING Yes, PA RPT No, MORTUARY, MED. EV. Yes, INVEST. PHOTO # 8, SEAL TYPE, HOSP RPT No, PHYS. EV. No, EVIDENCE LOG Yes, PROPERTY? Yes, HOSP CHART No, SUICIDE NOTE No, GSR NO, RCPT. NO. 254815, PF NO.

SYNOPSIS

THIS 27-YEAR-OLD MALE HAS A HISTORY OF ACID REFLUX DISEASE; BACK PAIN (DUE TO A TRAFFIC ACCIDENT), OVERMEDICATING AND HE HAS A HIATAL HERNIA. ON JUNE 29, 2012, THE DECEDENT MOVED FROM TEXAS TO LOS ANGELES TO LIVE WITH HIS IN-LAWS AND WAS GOING TO START A NEW JOB. WHILE DRIVING TO LOS ANGELES, THE DECEDENT COMPLAINED OF HAVING A HEAD COLD WHICH HE TOOK OVER-THE-COUNTER MEDICATION. ON JULY 2, 2012 AT 0900 HOURS, THE DECEDENT WAS LAST KNOWN TO BE ALIVE BY HIS IN-LAWS WHEN THEY LEFT THE RESIDENCE FOR THE DAY. WHEN THEY RETURNED HOME AT ABOUT 2100 HOURS, THE DECEDENT WAS IN THE BEDROOM AND APPEARED TO BE SLEEPING. ON JULY 3, 2012 AT ABOUT 0730 HOURS, THE DECEDENT WAS FOUND UNRESPONSIVE IN BED BY HIS FATHER-IN-LAW, DURING A WELFARE CHECK. 911 WAS EVENTUALLY CALLED PARAMEDICS RESPONDED AND SUBSEQUENTLY PRONOUNCED DEATH AT 0823 HOURS. MEDICATION UNACCOUNTED FOR.

LISA BRANSON 434186

Lisa Branson

INVESTIGATOR

DATE: 7/4/2012, TIME: 10:33

REVIEWED BY

[Signature]

DATE: 7/4/12, TIME

FORM #3 NARRATIVE TO FOLLOW?



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



Case Number: 2012-04365

Decedent: JENTZSCH, ALEXANDER HERBER

Information Sources:

Officer Handlos – Los Angeles Police Department Mission Area Division (818) 838-9800

At scene investigation (Arrival at scene 1004 hours – Departure from scene 1108 hours).

Investigation:

This 27-year-old male has a history of acid reflux disease; back pain (due to a traffic accident), overmedicating and he has a hiatal hernia. On June 29, 2012, the decedent moved from Texas to Los Angeles to live with his in-laws and was going to start a new job. While driving to Los Angeles, the decedent complained of having a head cold which he took over-the-counter medication. On July 2, 2012 at 0900 hours, the decedent was last known to be alive by his in-laws when they left the residence for the day. When they returned home at about 2100 hours, the decedent was in the bedroom and appeared to be sleeping. On July 3, 2012 at about 0730 hours, the decedent was found unresponsive in bed by his father-in-law, during a welfare check. 911 was eventually called paramedics responded and subsequently pronounced death at 0823 hours. Medication unaccounted for.

Location:

Private Residence: 13773 Oro Grande St. Sylmar, Ca. 91342

Informant/Witness Statements:

According to Officer Handlos, On July 2, 2012 at 0900 hours, the decedent was last known to be alive by his in-laws when they left the residence for the day. When they returned home at about 2100 hours, the decedent was in the bedroom and appeared to be sleeping. On July 3, 2012 at about 0730 hours, the decedent was found unresponsive in bed by his father-in-law, during a welfare check. He took his minor son to school, returned home and then called 911. Paramedics responded and subsequently pronounced death at 0823 hours.

According to the Jeffery Evans, the decedent has a history of acid reflux disease, overmedicating himself, and a hiatal hernia. (He was known to make himself vomit and then claims he would feel better). He was a heavy smoker. He has an old history of alcohol use however stop drinking alcohol (a year ago) when he started taking pain medication for back pain due to a car accident (unknown details). He denies any suicidal threats or attempts. On 07/02/2012, the decedent complained of having a fever of 103' and took children's Motrin. (He would check his temperature throughout the day and it appeared to be about 101').

Scene Description:

The scene is a single-story family residence in the city of Sylmar. The decedent is in the bedroom located in the southeast corner of the residence. He is lying in bed on his left side with his head resting on a pillow. Paramedics recovered a bottle of medication from the blankets. LAPD Officers recovered three bottles of medication from the dresser.

Evidence:

The following bottles of medication were collected from the scene and placed into evidence: Meloxicam, Gabapentin, Hydrocodon-Acetaminophen, Methadone, Prilosec OTC, Su-Phedrine and Vicks Niquil.



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



Case Number: 2012-04365

Decedent: JENTZSCH, ALEXANDER HERBER

Body Examination:

The decedent was wearing a blue robe and gray pajama bottoms. There was froth noted to his mouth and a brown purge coming from his nose. A tattoo was noted to his back. The air temperature and his body temperature were not taken due to his cool touch. Rigor mortis easily dissipates and livor mortis was fixed.

Identification:

The decedent was visually identified by his Texas driver's license #34674309

Next of Kin Notification:

The decedent's wife, _____ was notified by other family members.

Tissue Donation:

Family to advise.

Autopsy Notification:

None requested by Law enforcement.

LISA BRANSON

CHERYL MACWILLIE

07/04/2012

Date of Report

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WAS ORIGINAL SCENE DISTURBED BY OTHERS? YES NO IF YES, NOTE CHANGES IN NARRATIVE FORM #3.

DATE 07/03/12
AMBIENT #1 _____ °F TIME _____
AMBIENT #2 _____ °F TIME _____
WATER _____ °F TIME _____

2012-04365
Jentzsch, Alexander
DOD 7/3/12
THERMOMETER # _____

LIVER TEMPERATURE #1 _____ °F TIME _____
LIVER TEMPERATURE #2 _____ °F TIME _____

DATE & TIME FOUND 7/3/12 0730 LAST KNOWN ALIVE 7/2/12 0900

APPROX. AGE 27 SEX M EST. HEIGHT 71 EST. WEIGHT 184 CLOTHED? YES NO IF YES, DESCRIBE:

blue robe, gray pajama bottoms

DESCRIPTION AS TO WHERE REMAINS FOUND AND CONTACT MATERIAL TO BODY:

Supine on bed

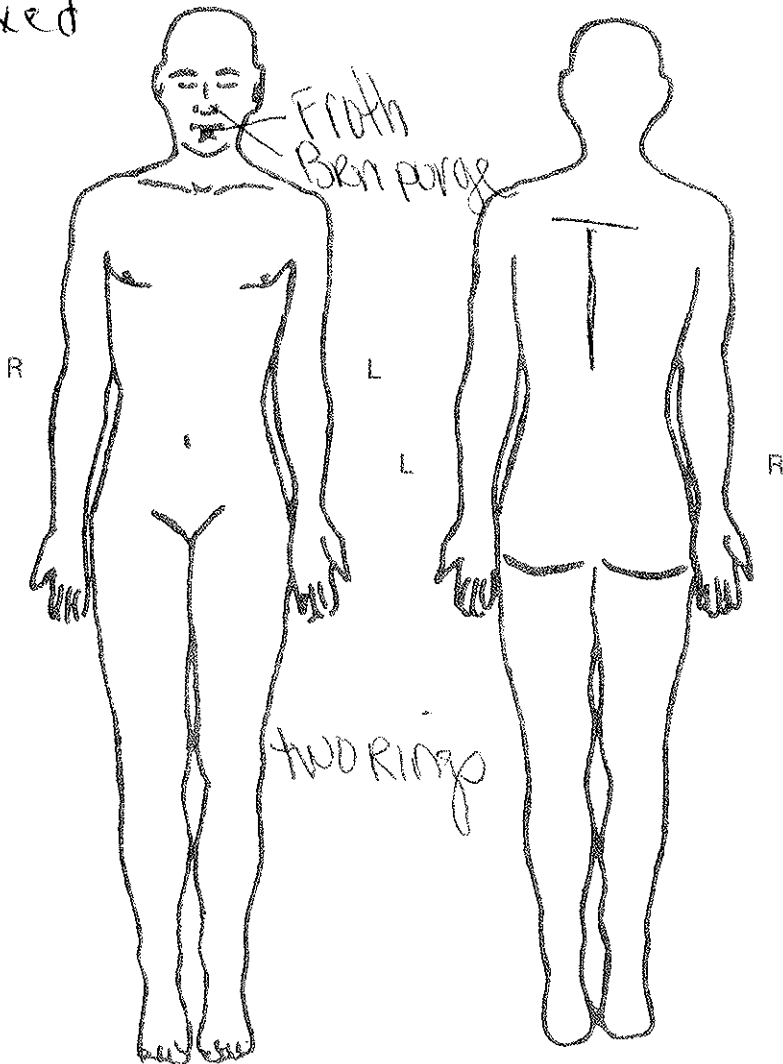
SCENE TEMPERATURE REGULATED? YES NO IF YES, THERMOSTAT SET AT _____ DEGREES F.

LIVOR MORTIS: TIME OBSERVED _____

RIGOR MORTIS: TIME OBSERVED _____

Fixed

NECK FLEXION: 4-
ANTERIOR 4-
POSTERIOR 4-
RT. LATERAL 4-
LT. LATERAL 4-
JAW 4- HIP 4-
SHOULDER 4- KNEE 4-
ELBOW 4- ANKLE 4-
WRIST 4-



SCALE
0 = ABSENT/NEGATIVE
1 +
2 +
3 +
4 = EXTREME DEGREE

USE SCALE TO DESCRIBE INTENSITY OF RIGOR MORTIS.

SHADE DIAGRAMS TO ILLUSTRATE THE LOCATION OF LIVOR MORTIS.

DESCRIBE INTENSITY OF COLORATION AND WHETHER LIVOR MORTIS IS PERMANENT OR BLANCHES UNDER PRESSURE.

BRANSON

CORONER'S INVESTIGATOR

REVIEWED BY: