



Sonoma County Sheriff's Department

BILL COGBILL
Sheriff-Coroner

RICH SWEETING
Assistant Sheriff
Law Enforcement Division

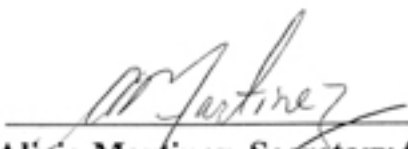
LINDA SUVOY
Assistant Sheriff
Detention Division

DATE: April 11, 2008
TO: North Bay Bohemian
REGARDING: JEREHMAH WILLIAMS CHASS
CASE NUMBER: 07-0335

Enclosed please find a copy of the following reports regarding the above case:

- ☒ Death Certificate and/or Amendment to Death Certificate
- ☒ Investigative Report
- ☒ Autopsy Report
- ☒ Toxicology Report

Should you have any questions, please contact the Coroner's Office at (707) 565-5070.



Alicia Martinez, Secretary for:
Detective Sergeant Mitch Mana, Chief Deputy Coroner

State of California
County of Sonoma

In the Matter of the Investigation of the Death of)	Before
JEREMIAH WILLIAMS CHASS)	
Deceased)	Bill Cogbill
		Sheriff-Coroner

I, Bill Cogbill, Sheriff-Coroner of the County of Sonoma, State of California, in Santa Rosa, on the 25th day of February, 2008 having made investigation into the cause of death of Jeremiah Williams Chass and after hearing the testimony adduced, do say:

That I find that the deceased Jeremiah Williams Chass was a native of MA aged about 16 years; and that he came to his death on the 12th day of March, 2007 at Driveway of Own Residence: 1474 High School Road, Sebastopol, State of California, by:

Multiple Gunshot Wounds

All of which I certify by this investigation in writing by me, signed this 25th day of February, 2008.



Sheriff-Coroner of the County of Sonoma,
State of California

PHYSICIAN/CORONER'S AMENDMENT

DEATHS AFTER 1-1994

NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

USE BLACK INK ONLY

STATE FILE NUMBER

1.1

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

PART I INFORMATION TO LOCATE RECORD

NAME AS IT APPEARS ON RECORD	1. NAME—FIRST (GIVEN) JEREMIAH	2. MIDDLE WILLIAMS	3. LAST (FAMILY) CHASS	4. SEX M
ADDITIONAL INFORMATION TO LOCATE RECORD	5. DATE OF EVENT—MM/DD/CCYY 03/12/2007	6. CITY OF OCCURRENCE SEBASTOPOL	7. COUNTY OF OCCURRENCE SONOMA	

PART II STATEMENT OF CORRECTIONS

8. CERTIFICATE ITEM NUMBER	9. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	10. INFORMATION AS IT SHOULD APPEAR
107A	INVESTIGATION PENDING	MULTIPLE GUNSHOT WOUNDS
107AT	-	SECS.
119	PENDING INVESTIGATION	HOMICIDE
120		NO
121		03/12/2007
122		0850
123		DRIVEWAY OF OWN RESIDENCE
124		DECEDENT WAS INVOLVED IN VIOLENT CONFRONTATION AND ASSAULT WITH SHERIFF'S DEPUTIES, WHO SHOT THE DECEDENT WITH THEIR DEPARTMENTAL HANDGUNS.
125		1474 HIGH SCHOOL ROAD, SEBASTOPOL, CA 95472

LIST ONE
ITEM
PER LINE

I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

DECLARATION
OF
CERTIFYING
PHYSICIAN
OR CORONER

11. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER ► LESLIE COMRACK	12. DATE SIGNED—MM/DD/CCYY 02/25/2008	13. TYPED OR PRINTED NAME AND TITLE/DEGREE OF CERTIFIER DEPUTY CORONER		
14. ADDRESS—STREET AND NUMBER 3336 CHANATE ROAD		15. CITY SANTA ROSA	16. STATE CA	17. ZIP CODE 95404

STATE/LOCAL
REGISTRAR
USE ONLY

18. OFFICE OF VITAL RECORDS OR SIGNATURE OF LOCAL REGISTRAR ►	19. DATE ACCEPTED FOR REGISTRATION—MM/DD/YY
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SONOMA COUNTY SHERIFF'S DEPARTMENT

2796 Ventura Avenue

Santa Rosa, CA 95403 (707) 565-5070

SONOMA COUNTY SHERIFF-CORONER INVESTIGATIVE REPORT

Page 1 of 4

<input checked="" type="checkbox"/> Case <input type="checkbox"/> No Case		INVESTIGATION INFORMATION		CASE NUMBER: 07-0335	
DATE RECEIVED: 3/12/2007		TIME RECEIVED: 19:23		REPORTED BY: Sonoma County Sheriff's Dispatch	
<input type="checkbox"/> Natural	<input checked="" type="checkbox"/> Homicide	<input type="checkbox"/> Suicide	<input type="checkbox"/> Teen Suicide	<input type="checkbox"/> Accident	<input type="checkbox"/> Undetermined
<input type="checkbox"/> SIDS	<input type="checkbox"/> Work Related	<input type="checkbox"/> Indigent			
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Under 14 Yrs.	<input type="checkbox"/> Out of County	<input type="checkbox"/> Hospital Less Than 24 Hrs	<input checked="" type="checkbox"/> Residence	<input type="checkbox"/> Home Hospice
Hospital: <input type="checkbox"/> E.D. <input type="checkbox"/> O.R./Recovery <input type="checkbox"/> ICU <input type="checkbox"/> In Patient		<input type="checkbox"/> Lic. Care Fac.	<input type="checkbox"/> SDC	<input type="checkbox"/> Other Location	<input checked="" type="checkbox"/> Autopsy
<input type="checkbox"/> Co-Sign	<input type="checkbox"/> Inspection	<input type="checkbox"/> Private Post	<input checked="" type="checkbox"/> Contract Removal	<input checked="" type="checkbox"/> Det. Response	<input checked="" type="checkbox"/> X-Rays <input type="checkbox"/> Donor <input checked="" type="checkbox"/> Tox
PERSONAL INFORMATION					
Decedent's Name: (First): JEREHMAIAH (Middle): WILLIAMS (Last): CHASS					
DOB: 04/02/1990	Age: 16	Race: White/African American	Sex: M	Hair: Black	Eyes: Brown SSN: -
Driver's Lic. #: D7968483		State: CA	Other I.D.:		
Address:		City: Sebastopol	State: CA	Phone Number:	
Occupation: Student		Marital Status: Never Married			
Next of Kin:		same as above			Phone:
Relationship	Date notified: 03/12/2007	Time notified: 0902	Notified by: Medic 761 Paramedic Chris Matthies		
DEATH INFORMATION					
Date: 3/12/2007	Time: 0902	Location: Own Residence	Address: 1474 High School Road		City: Sebastopol
<input type="checkbox"/> Found <input checked="" type="checkbox"/> Pronounced dead by: Medic 761 Paramedic Chris Matthies					
Address:		City:	State:	Phone:	
Last seen or known alive, date: 03/12/2007		time: 0850			
If injury, date:		time:	Place:		
Witness(es) to injury:					
Jurisdiction: Santa Rosa Police Department		Representative: Det. Eric Goldschlag		Case #: 07-4402	
SCENE INFORMATION					
Arrival date: 03/12/2007	time: 1935	<input type="checkbox"/> No Response	Temp/Weather cond: Outdoors; approximately 70 degrees F. +/-		
Condition of scene:					
Driveway of rural residence, with blue Dodge minivan in front of residence. Address located on long country lane, with common access to other residences.					
Position and condition of body: Decedent was supine on ground, lying perpendicular to driver's side rear passenger area of vehicle. Clothing was cut away to expose torso, lifesaving apparatus was still in place. Numerous defects/wounds visible in chest, right arm and legs. Handcuff attached to left wrist. Rigor mortis was present, and lividity was consistent with body					
Identifying features: Identified by family members on scene.					
Clothing description: Removed by SRPD Crime Scene Investigators as evidence.					
Property removed: None by Coroner's Office				<input type="checkbox"/> Property record attached	
Residence sealed, date:		time:	Released to:		
If vehicle involved: <input type="checkbox"/> Driver <input type="checkbox"/> Motorcyclist <input type="checkbox"/> Cyclist <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Airbag <input type="checkbox"/> Seatbelt <input type="checkbox"/> Helmet					
<input type="checkbox"/> Skateboard <input type="checkbox"/> Motorized Wheelchair <input type="checkbox"/> ATV					
Make:	Model:	Lic Plate:	Vehicle disposition:		
Weapon description: .357 revolver and .45 cal semi-automatic handgun			Weapon disposition: collected by SRPD		
Photos by: Det. Leslie Comrack		<input type="checkbox"/> Polaroid <input type="checkbox"/> 35mm <input type="checkbox"/> Video <input checked="" type="checkbox"/> Digital	Disposition: CD in case file		

MEDICAL INFORMATION

Primary physician: Unknown		Phone number:		Date last seen:	
Other physician:		Phone number:		Who will sign D.C. Coroner	
Diagnosis:					
Medical history: report of 'mental breakdown' in December 2006, resulting in erratic behavior.					
Surgical procedures					
Medications:					
Tobacco history <input type="checkbox"/>		Alcohol history: <input type="checkbox"/>		Illicit drugs: <input type="checkbox"/> Drug history:	
Cardiac history: <input type="checkbox"/> Unk <input type="checkbox"/> None <input type="checkbox"/> Hypertension <input type="checkbox"/> Arrhythmia's		<input type="checkbox"/> Heart attacks		Heart attack(s) date(s):	
<input type="checkbox"/> Cardiac surgery <input type="checkbox"/> Bypass <input type="checkbox"/> Specific heart disease		Disease:			
Cardiac:					
<input type="checkbox"/> Diabetes Mellitus Type:		<input type="checkbox"/> Stroke Stroke date(s):			
<input type="checkbox"/> Cancer Of what:		When diagnosed:			
Other disease(s) and condition(s):					

HOSPITAL INFORMATION

Hospital:			
Arrival date:	time:	Method of transportation:	<input type="checkbox"/> AdmissionBlood
<input type="checkbox"/> Donor Bank notified	Date:	Time:	Donor Bank name

MORTUARY INFORMATION

Where body stored: <input checked="" type="checkbox"/> CMF Other:	Mortuary: Pleasant Hill
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NARRATIVE

Scene:

This death occurred at 1474 High School Road, Sebastopol. As this incident involved two Deputies in a fatal altercation with the decedent, the Officer Involved Shooting protocol was invoked, and Santa Rosa Police Department responded to investigate the incident. The scene was maintained as an active crime scene, with monitored ingress/egress by Santa Rosa Police Department.

Body:

The decedent was found lying supine on the ground in the driveway, perpendicular to the driver's side rear passenger area of the family minivan. Airway apparatus and monitor patches were still in place. The decedent's clothing had been cut away and was opened to expose his torso, which had visible defects/wounds on his chest, stomach, right arm, and both legs. A handcuff was attached to the decedent's left wrist. The decedent was cold to the touch, rigor mortis was present, and lividity was appropriate to the decedent's body position. The decedent's clothing was collected for evidence by Santa Rosa Police Department, and his body was rolled to the side to photograph his back. There was a noticeable lump in the middle back, near the spine, and another on the left side rib cage, which appeared to be the presence of foreign bodies underneath the surface layers of the skin.

The decedent's chest showed an oblong defect between the nipples. There were two additional circular defects above the nipple line. An oblong defect was on the decedent's stomach area, above and to the

right of the decedent's navel. There were three circular punctures/tears on the right arm in the inside elbow, forearm, and near the wrist. An oblong defect was on the decedent's right hip, right front thigh, right rear thigh, and near the right knee. There was also a circular defect near the left knee. The decedent had been wearing a blue sweatshirt, brown T-shirt, blue jeans, brown plaid boxer shorts, and white socks, all of which were collected as evidence.

J&S Mortuary Removal Service responded to the scene, with attendants Perry Keaton and Fred Straub. They placed the decedent in a black biohazard body bag, and I followed them to the County Morgue Facility in order to maintain chain of custody. Upon our arrival, I secured the biohazard bag with a zip-tie lock, numbered 015862, through the zipper pulls on the bag. I placed strips of tape on either side of both zippers, recording the coroner's case number, decedent's name (J. Chass), and my initials on each.

An examination has been scheduled with a staff Pathologist of the Forensic Medical Group.

Investigation:

On 03/12/2007 at 1500 hours, I was informed of an Officer Involved Shooting by Sonoma County Sheriff's Dispatch. They reported that two Deputies had responded to 1474 High School Road, Sebastopol for a family disturbance, in which a 16 year old male (the decedent) was violent and out of control. The decedent was reported to be chanting repetitively, screaming, and threatening his younger sibling. When the Deputies tried to subdue him and take him into custody, the decedent struggled and fought violently, injuring the Deputies. The decedent was shot by the Deputies with their service weapons, and the Officer Involved Shooting protocol was invoked, with Santa Rosa Police Department acting as the investigating agency.

At approximately 1923 hours, I was paged to respond to the scene. I arrived at 1935 hours, and met with Santa Rosa Police Detective Chris Schwartz. He briefed me regarding the incident, stating the decedent had been a good son until he suffered a 'mental breakdown' in December. His behavior became unpredictable, violent, and frightening. On this date, the decedent had been acting strange, and the family was trying to take him to the doctor for a mental health evaluation. The family got into their van (CA license 4SFK152), and the decedent came out with a knife, threatening to kill his 6 year old brother. The parents were able to get out of the van, but the decedent was initially holding the 6 year old and threatening to kill him when the Deputies arrived. The incident evolved quickly, and the Deputies tried to restrain and subdue the decedent inside the van, allowing the 6 year old to escape to his parents, in front of the garage. The decedent fought wildly, kicking and striking the Deputies, particularly around their faces. One Deputy thought the decedent may have stabbed him, and drew his service weapon (a .357 revolver), firing. The second Deputy also fired his duty weapon, a .45 cal. semi-automatic handgun. The decedent stopped fighting, and became limp. Medic 761 was staged nearby, and responded to the scene. They placed the decedent on the surface of the driveway and assessed him, pronouncing him deceased at the scene at 0902 hours.

I observed as the clothing was collected from the decedent, and photographed the decedent. J&S Mortuary Removal Service arrived, and the body was transported from the scene. I followed the body to the morgue facility to maintain the chain of evidence, and secured the body bag via a zip-tie lock and tape. The body was placed in the refrigerated morgue.

I requested full body X-rays of the decedent prior to the autopsy.

Nothing further to report at this time.

On 02/11/2008 I became aware that this office had not received a copy of the investigative summary prepared by Santa Rosa Police Department regarding this case. The report was requested, and received by this office on 02/14/2008 for attachment to this investigation.

In preparation for finalizing this case, I reviewed the documents for accuracy. I noted the death certificate recorded the decedent's true and correct name as Jeremiah Williams Chass. I saw the decedent's CA driver's license had been issued under the name spelling of Jeremiah Williams Chass, which was the spelling utilized during the course of the investigation. In order to maintain continuity with the death

certificate, this report was amended, and I requested the autopsy report be amended to reflect the spelling alteration of the decedent's name. I received the amended autopsy report on 02/24/2008. Dr. Arthur dated the report 05/10/2007, reflecting the completion of the original report, and 02/21/2008, reflecting the spelling amendment. The contents of the report were not altered or amended.

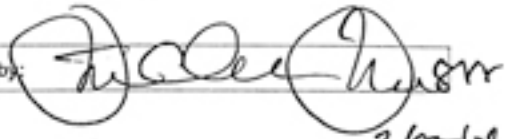
I reviewed the final autopsy report, prepared by Dr. Kelly Arthur. Dr. Arthur concluded that death was caused by multiple gunshot wounds. I amended the death certificate to reflect Dr. Arthur's findings. Please see her report for a detailed description of her examination of the decedent.

I reviewed the case summary prepared by Det. Eric Goldschlag of Santa Rosa Police Department. Det. Goldschlag provided an overview of the events from 03/12/2007, in which the decedent was involved in a violent confrontation with law enforcement. The decedent was shot by Deputies, and died at the scene. Please see Santa Rosa Police Department's report for the complete scope of their investigation.

I am classifying the manner of this death as a homicide.

This case is closed. There is nothing further to report.

Additional Contacts:

Detective Det. Leslie Comrack	Date: 3/13/2007	Time: 0120	Approved by: 
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2/25/08
Det. Sgt. M. Mana



Forensic Medical Group, Inc.

www.fmg-inc.com

1860 Pennsylvania Ave. Ste 150
Fairfield, California 94533

Brian L. Peterson M.D.
Mark A. Super M.D.
Arnold R. Josselson, M.D.

Ikechi O. Ogan, M.D.
Gregory D. Reiber, M.D.
Kelly A. Arthur, M.D.

☒ AUTOPSY

☐ EXTERNAL EXAMINATION

NAME: CHASS, JEREHMAH WILLIAMS

CASE NO. 07-0335
(SON07-089)

POSTMORTEM DATE: 03-14-2007

TIME: 0845

PLACE OF DEATH: Residence, 1474 High School Rd.
Sebastopol, California

DATE: 03-12-2007
TIME: 0902

AGE: 16

SEX: Male

RACE: African American

AUTOPSY FINDINGS:

1. Multiple gunshot wounds:
 - A. Eleven gunshot wounds of body including three of anterior torso, three of right upper extremity, four of right lower extremity and one of left lower extremity.
 - i. Six penetrating gunshot wounds with projectiles recovered.
 - ii. Five perforating gunshot wounds (through and through).
 - iii. Torso wounds possibly representing re-entry wounds from extremities.
 - B. Injuries of heart, left lung, esophagus, aorta, thoracic spinal cord, stomach and right internal iliac artery.
 - C. Associated injuries of bilateral hemothoraces, hemopericardium, hemoperitoneum, focal fractures of sternum, vertebral T8-9 and right pelvis.
 - D. Varying trajectories through body.
 - E. Indeterminate range of fire.
2. Blunt force injuries:
 - A. Contusions, face and left upper extremity.
 - B. Abrasions, face, left upper extremity and proximal forelegs.
3. Early decompositional changes.
4. History that the deceased was shot by law enforcement officer(s).

CAUSE OF DEATH: Multiple Gunshot Wounds (seconds).

Kelly A. Arthur
KELLY A. ARTHUR, M.D.
Forensic Pathologist

KAA/wg
D: 03-14-2007
T: 03-17-2007

F: 5/10/07, 2/24/08

RECEIVED

FEB 21 2008

The autopsy is conducted at the Sonoma County Sheriff-Coroner's Morgue Facility in Santa Rosa, CA, beginning at 0845 hours on March 14, 2007. Witnesses include E. Goldschlag, J. Turner, K. Esch and A. Cooper (Santa Rosa Police Department), B. Waner and D. Urton (Sonoma County District Attorney's Office), A. Vernon (Sonoma County Sheriff's Department), C. Norick (Forensic Assistant) and M. Winthor (Intern).

EXTERNAL EXAMINATION:

The body is received in a white plastic sheet and is additionally contained within a black zipped body bag. The black body bag has an identification strip of tape affixed inscribed "Chass, Jeremiah 07-0335 LC". The zippers of the body bag are held together with blue plastic lock 015862 flanked by inscribed strips of tape. An identification tag is on the right great toe. Total body postmortem x-rays are taken and reviewed prior to examination. An identification photograph is taken. Fingerprints and palm prints are taken after the autopsy.

When first viewed, the body is nude. One cuff of a pair of white-metal handcuffs is around the base of the left hand; the other cuff is fastened but not on the body. No jewelry is on the body.

The body is that of a normally developed, slender, dark-skinned adolescent male whose appearance is compatible with the recorded age of 16 years. His body, nude, weighs 127 pounds (51.6 kg) and measures 71 inches (180 cm) in length. The body is cold subsequent to refrigeration, rigor mortis is absent, and lividity is reduced in amount on the back of the body where it is red-purple and nearly fixed. External preservation is fair in the absence of embalming. Light green discoloration is in the lower abdominal quadrants.

There is a full head of brown wavy scalp hair, maximally ½ inch in length. There is no moustache or beard. Facial hair is pubescent. The irides are brown and the corneas are slightly cloudy. The conjunctival surfaces are pale and without petechiae. The ears, nose and lips are normally developed. The teeth are natural and in very good condition. No bony crepitation is palpated over the facial structures or skullcap. The neck is long, symmetrical and normally developed. The trachea is roughly in the midline. The chest is normally developed. The abdomen is scaphoid. The external genitalia are that of an uncircumcised adolescent male with bilaterally descended testicles. Pubic and axillary hair distribution is full. The back and buttocks are normally developed. The extremities are normally developed and symmetrical. Extremity hair is moderate in amount. The fingernails are of short to medium length and are fairly-groomed. The toenails are unremarkable. There are gunshot wounds of the anterior torso, right upper and both lower extremities, to be described.

IDENTIFYING MARKS AND SCARS:

A ¾ inch irregular scar is on the right medial inferior knee. A 1 inch irregular scar is on the left lateral inferior knee.

EVIDENCE OF THERAPY:

An endotracheal tube emerges from the mouth, terminating in the distal trachea. EKG pads are on the torso.

EVIDENCE OF INJURY:

MULTIPLE GUNSHOT WOUNDS: The following gunshot wounds are numbered without respect to potential chronology or severity of injury, as encountered during postmortem examination. The anterior torso gunshot wounds may represent re-entry wounds associated with extremity gunshot wounds.

GUNSHOT WOUND OF RIGHT UPPER CHEST (GSW #1):

Entrance: The right upper chest, 2 ¼ inches to the right of anterior midline and 15 inches below the top of the head, has a 3/8 inch round gunshot wound of entrance with circumferential red-brown marginal abrasion, eccentric and up to ½ inch wide from the 6 to 2 o'clock positions. No soot or stippling is on the skin.

Injuries: The bullet perforates the right anterior chest wall between ribs 2 and 3 medially, base of the heart causing a gaping defect of the atria, pulmonary trunk and ascending aorta, and the left upper lobe of lung.

Associated Injuries: The gunshot wound is associated with bilateral hemothoraces where the left chest cavity contains 750 ml of liquid blood and the right contains 400 ml of liquid blood. There is a 20 ml residual hemopericardium.

Recovery: An intact moderately-deformed large caliber partially-jacketed bullet is recovered from the left lung.

Path: The direction of the bullet is front to back, right to left and downward.

Range: The range of fire is indeterminate based on autopsy findings. Refer to separate clothing analysis if applicable.

GUNSHOT WOUND OF LEFT UPPER CHEST (GSW #2):

Entrance: The left medial upper chest, ½ inch to the left of anterior midline and 15 ½ inches below the top of the head, has a ¼ inch round gunshot wound of entrance with a circumferential red-brown marginal abrasion averaging 1/8 inch. No soot or stippling is on the skin.

Injuries: The bullet perforates the anterior chest wall through the upper sternum, base of the heart through the atria and great vessels, esophagus, descending thoracic aorta and left side of vertebral body T8 before perforating the spinal cord and coming to rest in subcutis of the midline back.

Associated Injuries: The gunshot wound contributes to bilateral hemothoraces and a residual hemopericardium, as previously described.

Recovery: A moderately deformed medium caliber partially-jacketed bullet is recovered from subcutis of the midline mid back adjacent to vertebra T9.

Path: The direction of the bullet is front to back, downward and very slightly left to right.

Range: The range of fire is indeterminate based on autopsy findings. Refer to separate clothing analysis if applicable.

GUNSHOT WOUND OF RIGHT LOWER CHEST (GSW #3):

Entrance: The right lower chest, 3 inches to the right of anterior midline and 25 inches below the top of the head, has a ¼ inch round gunshot wound of entrance with an eccentric vertically-oriented oval red-brown marginal abrasion to 3/8 inch wide superiorly. Vague spotty red contusion surrounds the entrance wound. No soot or stippling is on the skin.

Injuries: The bullet perforates the right anterior body wall just beneath the costal margin, stomach, left lateral hemidiaphragm and left lower lateral chest wall between ribs 10 and 11 before coming to rest in subcutis of the left lateral chest.

Path: The direction of the bullet is right to left, back to front and slightly down to up.

Range: The range of fire is indeterminate based on autopsy findings. Refer to separate clothing analysis if applicable.

GUNSHOT WOUND OF RIGHT LATERAL PROXIMAL THIGH (GSW #7):

Entrance: The right lateral proximal thigh, 33 ½ inches below the top of the head, has a 7/16 inch round gunshot wound of entrance with circumferential red-brown marginal abrasion. No soot or stippling is on the skin.

Injuries: The bullet perforates the right proximal thigh and right inferior pelvis through the internal iliac artery. The right superior pubic ramus has a focal fracture. The peritoneal cavity contains 1.1 liters of liquid blood.

Recovery: A moderately deformed large caliber partially-jacketed bullet is recovered from the right pelvis.

Path: The direction of the bullet is upward and right to left.

Range: The range of fire is indeterminate based on autopsy findings. Refer to separate clothing analysis if applicable.

GUNSHOT WOUND OF RIGHT LATERAL DISTAL THIGH (GSW #8):

Entrance: The right lateral distal thigh, 44 ½ inches below the top of the head, has a 7/16 inch round gunshot wound of entrance with circumferential red-brown marginal abrasion to ¼ inch wide from the 4 to 6 o'clock positions. No soot or stippling is on the skin.

Injuries: The bullet perforates the right thigh without fracturing the femur.

Exit: The right anterior mid thigh, 40 inches below the top of the head, has a ½ inch vertical oval exit wound with irregular margins.

Path: The direction of the bullet is back to front, upward and right to left.

Range: The range of fire is indeterminate based on autopsy findings. Refer to separate clothing analysis if applicable.

GUNSHOT WOUND OF RIGHT FORELEG (GSW #9):

Entrance: The right anterior proximal foreleg, 60 inches below the top of the head, has a ¼ inch round gunshot wound of entrance with circumferential pink marginal abrasion widest to 1/8 inch inferiorly. No soot or stippling is on the skin.

Injuries: The bullet perforates the right foreleg fracturing the tibia.

Recovery: Two fragments of lead, one large and the other small and one fragment of yellow-metal jacket are recovered from the right lateral inferior knee, visible externally 53 inches below the top of the head.

Path: The direction of the bullet is front to back, upward and left to right.

Range: The range of fire is indeterminate based on autopsy findings. Refer to separate clothing analysis if applicable.

GUNSHOT WOUND OF LEFT LATERAL KNEE (GSW #10):

Entrance: The left lateral knee, 52 inches below the top of the head, has a 7/16 inch round gunshot wound of entrance with circumferential pink abrasion widest to 3/16 inch inferiorly. No soot or stippling is on the skin.

Injuries: The bullet perforates subcutis and superficial musculature of the left distal lateral thigh.

Exit: The left lateral distal thigh, 50 inches below the top of the head, has a 3/8 inch irregular oval exit wound with darkening and drying of the margins.

Path: The direction of the bullet is upward.

Range: The range of fire is indeterminate based on autopsy findings. Refer to separate clothing analysis if applicable.

GUNSHOT WOUND OF RIGHT POSTERIOR THIGH (GSW #11):

Entrance: The right posterior distal thigh, 43 inches below the top of the head, has a 7/16 inch round gunshot wound entrance with a thin rim of circumferential red-brown marginal abrasion. No soot or stippling is on the skin.

Injuries: The bullet penetrates into the right distal thigh.

Recovery: The right lateral superior knee, 53 inches below the top of the head, has a visible and palpable projectile in subcutis. The projectile is an intact partially-separated large caliber bullet and partial-metal jacket

Path: The direction of the bullet is back to front, downward and left to right.

Range: The range of fire is indeterminate based on autopsy findings. Refer to separate clothing analysis if applicable.

BLUNT FORCE INJURIES:

A 1/8 inch faint pink-red contusion is on the left nasal bridge. A ¼ inch red-tan abrasion is on the left superior nostril. A ¾ inch red-white deep abrasion is on the right medial chest at the level of the nipples. A 1 inch tan-brown abrasion is on the left lateral buttocks. A 1 ½ inch red contusion containing a ½ inch brown abrasion is on the left ulnar elbow. A 1 ¾ x ¾ inch vertical tan-brown brush abrasion with vertical markings is on the left ulnar proximal forearm. A ½ inch tan-pink horizontal oval abrasion is on the left dorsal mid forearm. A 4 x 1 inch vertical faint red-pink contusion is along the left radial mid to distal forearm. A ½ inch oval tan-pink abrasion is on the left dorsal wrist. Two red abrasions, 1/8 inch each, are on the left radial index finger, one over the metacarpal interphalangeal joint and the other over the proximal interphalangeal joint. A 2 inch faint discontinuous red horizontal linear abrasion is on the right anteromedial proximal foreleg. A ¼ inch red-tan abrasion is on the right anterior mid foreleg. A ¾ inch brown abrasion with horizontal brush markings is on the left lateral proximal thigh. A ¼ inch red-brown abrasion is on the left inferomedial knee.

These injuries, having once been described, will not be repeated.

INTERNAL EXAMINATION:

The body is examined using the standard Y-shaped thoraco-abdominal and posterior scalp incisions.

BODY CAVITIES:

The thoracic and abdominal organs are in their normal anatomic positions. The pleural, pericardial, and peritoneal cavities contain no adhesions. Intra-abdominal and visceral fat is sparse. Subcutaneous fat of the anterior abdominal wall measures approximately ¼ inches.

HEAD:

The scalp, subscalpular area, and skull are unremarkable. The dura and dural sinuses are unremarkable. There are no epidural, subdural, or subarachnoid hemorrhages. The leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical with an unremarkable gyral pattern. The cranial nerves are unremarkable. The blood vessels at the base of the brain show no atherosclerosis. The brain weighs 1370 grams. Sections through the cerebral hemispheres, cerebellum, and brainstem reveal normal internal architecture. There are no hemorrhages in the deep white matter or the basal ganglia. The cerebral ventricles contain no blood.

NECK:

The soft tissues, strap muscles, and prevertebral fascia are unremarkable. The hyoid bone and larynx are intact. The cervical vertebral column is unremarkable.

CARDIOVASCULAR SYSTEM:

See previous description. The intimal surface of the thoracic and abdominal aorta is free of atherosclerosis. The aorta and its major branches and the great veins are normally distributed. The pericardium and epicardium are smooth and glistening. The heart weighs 240 grams. The coronary arterial system has the usual origins and distributions, without evidence of natural disease. The endocardium is smooth. There are no thrombi in the cardiac chambers. The foramen ovale is closed. The atrial and ventricular septa are normally formed. The atrioventricular valves are unremarkable. The myocardium is dark red-brown and firm, and there are no focal scars.

RESPIRATORY SYSTEM:

See previous description. The upper airway is unobstructed. The mucosa of the larynx and trachea is smooth and tan-pink, without petechiae. The lungs show normal lobation, and the pleural surfaces are smooth and shiny. The right lung weighs 220 grams and the left lung weighs 190 grams. The pulmonary arteries contain no emboli and show no fatty streaking. The mucosa of the major bronchi is unremarkable. Sectioning the lungs discloses a red-blue, moderately congested parenchyma without masses.

HEPATOBIILIARY SYSTEM:

The 1000 gram liver is normally shaped and covered by a smooth, glistening, intact capsule. The parenchyma has a uniform consistency; it is dark red-brown and has no focal lesions. The porta hepatis is unremarkable. The gallbladder contains approximately 10 ml of orange thin bile and no calculi. The extrahepatic biliary ducts are unremarkable.

DIGESTIVE SYSTEM:

See previous description. The tongue is unremarkable externally and on sectioning. The esophageal mucosa is gray-white. The stomach contains less than 10 ml of tan thin liquid and no food particles. There are no identifiable tablets, capsules, or pill fragments. The gastric mucosa has normal rugal folds and there are no ulcers. The small and large intestines are unremarkable externally. The appendix is present and unremarkable. The pancreas is unremarkable externally and on sectioning.

GENITOURINARY SYSTEM:

The renal capsules strip with ease, revealing smooth cortical surfaces. The right kidney weighs 100 grams and the left kidney weighs 100 grams. The cortices are of normal thickness and the corticomedullary junctions are distinct. The calyces, pelves, and ureters are unremarkable. The urinary bladder contains approximately 20 ml of clear yellow urine. The mucosa is white-pink and smooth. The prostate gland is unremarkable.

ENDOCRINE SYSTEM:

The pituitary, thyroid, and adrenal glands are unremarkable externally and on sectioning.

RETICULOENDOTHELIAL SYSTEM:

The 60 gram spleen is covered by a smooth, blue-gray, intact capsule. The parenchyma is dark red. The lymph nodes are unremarkable.

MUSCULOSKELETAL SYSTEM:

See previous description. The clavicles, ribs and remainder the extremities, pelvis and vertebral column have no visualized or palpable fractures. Skeletal muscle is dark red. The diaphragm shows no evidence of natural disease.

SPECIMENS FOR HISTOLOGY:

Representative sections of the major organs are retained in formalin.

SPECIMENS FOR TOXICOLOGY:

Vitreous humor, bile, abdominal blood and right chest blood are collected and retained. An aliquot of right chest blood is submitted for toxicology analysis.

POSTMORTEM RADIOGRAPHY:

Postmortem x-rays of the entire head, body and extremities are taken and reviewed prior to autopsy. These show the projectiles described in the "Multiple Gunshot Wounds" section of this report.

EVIDENCE COLLECTED:

The handcuffs, fingernail clippings, scalp hair standards, swabs of the face, blood (one gray top from the right chest cavity, one yellow and one purple top from the abdominal cavity) and the recovered projectile elements are released to Santa Rosa Police Department.



CENTRAL VALLEY
TOXICOLOGY, INC.

Case Name:

TOXICOLOGY NUMBER: CVT-07-3909

Chass, Jeremiah

Specimen Description: 5.5 ml (R) chest blood (gray top vial) labeled "Chass, Jeremiah; SCCMF; 07-0335; 3/14/07; C Norick"

Delivered by

Date

Received by

Date

GSO

16-Mar-07

Bill Posey

16-Mar-07

Request:

Complete Drug Screen

07-0335

Requesting Agency

Report To

Sonoma Co. Sheriff/Coroner

Sonoma Co. Sheriff/Coroner

Attn: Sgt. Mitch Mana

Attn: Records

3336 Chanate Road

3336 Chanate Road

Santa Rosa CA 95404

Santa Rosa CA 95404

RESULTS

Specimen: (R) Chest Blood Sample

Complete Drug Screen: No common acidic, neutral or basic drugs detected.

No blood Ethyl Alcohol detected.

B. L. Posey

March 26, 2007

Analyst

RECEIVED

MAR 30 2007

B.L. POSEY
S.N. KIMBLE
Directors

1580 Tollhouse Road
Clovis, California 93611
Phone (559) 323-9940
Fax (559) 323-7502