

12

AUTOPSY REPORT

No. 2018-08709
 PORTER, KIMBERLY
 ANTWINETTE

I performed an autopsy on the body of



at THE DEPARTMENT OF MEDICAL EXAMINER-CORONER

Los Angeles, California on November 16, 2018 1000
(Date) (Time)

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

(A) Lobar 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:

Anatomical Summary:

- I. Bilateral pleural purulent effusions
- II. Bilateral pleuritis, acute
- III. Right lower lung lobar pneumonia
- IV. Pulmonary edema, marked
- V. Small bowel ischemic necrosis, patchy
- VI. Uterine serosal leiomyoma
- VII. Blunt trauma, extremities
 - a. Left bicep contusion
- VIII. Early decomposition changes

CIRCUMSTANCES:

Please see Investigator's Report.

EXTERNAL EXAMINATION:

The body is identified by toe tags and is that of an unembalmed refrigerated adult female who appears the reported age of 47 years. The body measures 69 inches, weighs 144 pounds, and is normally developed. Hydration and nutritional status are grossly normal. Examination of the skin no evidence of jaundice. Scars: lower abdomen horizontally oriented scar, and mid abdomen vertically oriented scar. Tattoos: not identified. Rigor mortis is absent. Livor mortis is not appreciated due to natural skin pigmentation.

The head is normal in size and shape. The scalp hair is black. There is no temporal or vertex balding. Mustache is absent. Beard is absent. Examination of the eyes reveals irides that appear to be brown and sclerae that are white. The conjunctivae are not congested. The oronasal passages are unobstructed. There is no foam in the nares or oral cavity. There is bright red blood of the nostrils. Upper and lower teeth are present. Frenulae and oral mucosa are intact.

There is no chest deformity. There is no increased anterior-posterior diameter. The abdomen is flat. The genitalia are those of an adult female. The external genitalia are without trauma or lesions.

EVIDENCE OF THERAPEUTIC INTERVENTION:

There is a puncture wound of the posterior aspect of the right hand. There has not been post mortem intervention for organ procurement.

POST MORTEM CHANGES:

There is green discoloration of the lower abdomen.

EVIDENCE OF INJURY:

Blunt trauma, extremities

1. Left bicep the purple contusion, 3 x 1"

INITIAL INCISION:

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

NECK:

The neck organs are removed en bloc with the tongue. 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:

There are bilateral breast implants. There are bilateral pleural purulent brown effusions. Pleural fibrous adhesions are absent. The parietal pleurae are intact and show left anterior patchy areas of fibrinopurulent tan material. Soft tissues of the thoracic and abdominal walls are well-preserved. The organs of the abdominal cavity have a normal arrangement and none are absent. Ascites is not present. The peritoneal cavity is without evidence of peritonitis. There are no adhesions.

SYSTEMIC AND ORGAN REVIEW:

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

MUSCULOSKELETAL SYSTEM:

No abnormalities of the uninjured bony framework or muscles are identified.

CARDIOVASCULAR SYSTEM:

12

AUTOPSY REPORT

No. 2018-08709
PORTER, KIMBERLY
ANTWINETTE

Page 4

The thoracic and abdominal aorta have no 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 major branches of the aorta show no abnormality. Within the pericardial sac there is a minimal amount of serous fluid.

The heart weighs 325 grams. It has a normal configuration. The cardiac silhouette is not globular and the myocardium is not flabby. The right ventricle is 0.2 cm, the interventricular septum is 1.5 cm in thickness, and the left ventricle is 1.5 cm in thickness. The chambers are normally developed and are without mural thrombosis. The valves are thin, leafy, and competent. No cardiac valve vegetations are present. There is no endocardial discoloration. 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 ductus arteriosus cannot be probed. The coronary ostia are patent, located at or below the sinotubular junction and are relatively centrally located within their respective sinuses. The coronary artery distribution is right dominant. Serial sectioning of the coronary arteries show no atherosclerosis.

RESPIRATORY SYSTEM:

Scant secretions are found in the upper respiratory and lower bronchial passages. The visceral pleurae of the left lung shows diffuse, encasing left lower lung lobe fibrinopurulent tan exudates. The right lung shows similar findings of the left lower lung lobe, but to a lesser degree. The mucosa is intact and pale. The right lung weighs 900 grams and the left lung weighs 850 grams. The pulmonary parenchyma is dark red-purple and the cut surfaces exude a marked amount of blood and frothy fluid. There are patchy areas of consolidation of the right lower lung lobe. The pulmonary vasculature is without thromboembolism. There is no evidence of pulmonary infarction.

GASTROINTESTINAL SYSTEM:

12

AUTOPSY REPORT

No. 2018-08709
PORTER, KIMBERLY
ANTWINETTE

Page 5

The esophagus is intact throughout. Esophageal varices are not present. The stomach contains approximately 80 cc of brown fluid (cannot identify types of food). There are patchy small bowel ischemic changes. The mucosa is unremarkable. The small intestine and colon are unremarkable. The appendix is present. The pancreas occupies a normal position. There is no necrosis or trauma. There is no evidence of pancreatic fibrosis or of pancreatitis.

HEPATOBIILIARY SYSTEM:

The liver weighs 2600 grams, and is red-brown. The capsule is intact and the consistency of the parenchyma is firm. The cut surface is smooth. There is no evidence of cirrhosis. There is a normal lobular arrangement. The gallbladder is present. The wall is thin and pliable. It contains a moderate amount of bile and no calculi.

URINARY SYSTEM:

The right kidney weighs 200 grams and the left kidney 200 weighs grams. The kidneys are normally situated and the capsules strip easily revealing a surface that is smooth and glistening. The corticomedullary demarcation is preserved. The pyramids are not remarkable. The peripelvic fat is not increased. The ureters are without dilation or obstruction and pursue their normal course. The urinary bladder is unremarkable. It contains 10 mL of urine that is positive for THC.

GENITAL SYSTEM:

The uterus is symmetrical and the uterine cavity is not enlarged. There is a serosal pedunculated firm mass of the uterine fundus that measures 2 cm in greatest dimension. The fallopian tubes are unremarkable. The endometrium is within normal limits. The cervix and vagina have a normal appearance for the age. The ovaries are normal for the age.

HEMOLYMPHATIC SYSTEM:

The spleen weighs 250 grams. The capsule is intact. The parenchyma is dark red and soft. There is no increased follicular pattern. The bone is not remarkable. The bone marrow of the rib is unremarkable.

ENDOCRINE SYSTEM:

The thyroid, adrenal, and pituitary glands are unremarkable. The parathyroid glands are not identified. The thymus is the usual appearance for the age.

SPECIAL SENSES:

The eyes are not dissected. The middle and inner ear are not dissected.

HEAD AND CENTRAL NERVOUS SYSTEM:

There is no subcutaneous, subgaleal, or subperiosteal hemorrhage in the scalp. The external periosteum and dura mater are stripped showing no fractures of the calvarium or base of the skull. There are no tears of the dura mater. There is no epidural, subdural or subarachnoid hemorrhage.

The brain weighs 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. There is no softening, discoloration, or hemorrhage of the white matter. The basal ganglia are intact. Anatomic landmarks are preserved. Cerebral contusions are not present. The ventricular system has a normal appearance 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.

SPINAL CORD:

The cord is not dissected.

EVIDENCE COLLECTION:

12

AUTOPSY REPORT

No. 2018-08709
PORTER, KIMBERLY
ANTWINETTE

Page 7

No evidence collected.

HISTOLOGIC SECTIONS:

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

HISTOLOGIC KEY:

A1-A2: Right lower lung lobe
A3-A4: Left lower lung lobe

TOXICOLOGY:

Samples of heart blood, femoral blood, urine, and vitreous are submitted to the laboratory. An EDTA tube is collected for blood typing.

Aerobic and anaerobic blood cultures were collected. Left lung cultures were collected. Nasopharyngeal swabs for viral testing were also collected.

SPECIAL PROCEDURES:

None.

PHOTOGRAPHY:

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

RADIOLOGY:

Postmortem computed tomography of the head, neck, chest, abdomen, and pelvis was performed. Examination of the lungs show diffuse infiltrates with the bilateral pleural effusions (greatest on the left). There is no evidence of injury contributing to or causing death.

WITNESSES:

There were no witnesses.

12

AUTOPSY REPORT

No. 2018-08709
PORTER, KIMBERLY
ANTWINETTE

Page 8

DIAGRAMS USED:

Diagram form #20 was used during the performance of the autopsy. Coroner diagrams are not intended to be facsimiles nor are they drawn to scale.

SUMMARY & OPINION:

This 47-year-old woman, Kimberly Antoinette Porter, died of lobar pneumonia.

According to reports, Ms. Porter was reportedly not feeling well with flulike symptoms for approximately four days. She recently visited Africa, but returned approximately one month prior to death. On 11-7-2018 she was experiencing throat pain and called a physician to request azithromycin. She was seen by a physician on 11-12-2018 who noted she had cold/flu-like symptoms including nasal congestion, sweats, mild cough, body aches, and sore throat. She had a temperature of 102 degrees Fahrenheit with, flu and strep throat test being negative. She was given Toradol by intramuscular route and was given intravenous fluids including saline and vitamins. Ms. Porter called this physician the following day (11-13-2018) and explained she had no appetite. A nurse visited and gave her more saline solution with vitamins. The next day (11-14-2018) she complained to the physician of a streak of blood in her phlegm. She also received a massage. She was watching television with people, and subsequently went to bed. She was later found unresponsive, and was pronounced dead at the scene.

Autopsy revealed fibrinopurulent effusions (infectious fluid) of the chest cavities, and pleuritic (infection on the surface of the lungs). There was also evidence of lobar pneumonia (lung infection).

Blood cultures were polymicrobial (see separate report).

Lung cultures and did not grow bacteria (see separate report).

12

AUTOPSY REPORT

No. 2018-08709
PORTER, KIMBERLY
ANTWINETTE

Page 9

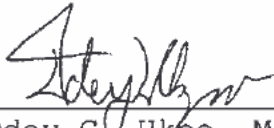
Nasopharyngeal swabs were negative for viruses (see separate report).

Postmortem toxicology was unremarkable (see separate report).

Vitreous chemistry was unremarkable (see separate report).

Lobar pneumonia (pneumonia) is an infection of the lung caused by bacteria. Immune cells invade the air spaces (where oxygen is taken in), and this is accompanied with necrosis (death of cells). Pneumonia decreases the lungs ability to take in oxygen, and over time it can cause sudden death.

The manner of death is natural.



Odey C. Ukpo, M.D., M.S.
Senior Deputy Medical Examiner

1-25-19

Date

14

I performed a microscopic examination on →
January/4/2019

THE DEPARTMENT OF MEDICAL EXAMINER-CORONER

Los Angeles, California

No. 2018-08709
PORTER, KIMBERLY
ANTWINETTE

Diagnoses:

- I. **Right lower lung lobar pneumonia**
- II. **Left lung pleuritis, acute**

Microscopic description:

Lungs

Sections of the right lower lung lobe show subtotal necrosis with dense intra alveolar neutrophils with karryorrhectic debris, and extravasation of intact red blood cells. Hyaline membranes are also identified. Occasional intra alveolar bacterial colonies. The sections of the left lower lung lobe show intra alveolar cellular debris, and occasional bacterial colonies with no vital reaction, consistent with post mortem overgrowth. The left lower lung lobes show pleural neutrophils with occasional bacterial colonies (consistent with post mortem overgrowth) and fibrinous exudates.

Grams stands of the right lower lung lobe show the bacterial colonies to be negative. A GMS stain shows positivity in bacterial colonies, and macrophage intracellular organisms.

Slide Key:

A1-A2: Right lower lung lobe

A3-A4: Left lower lung lobe

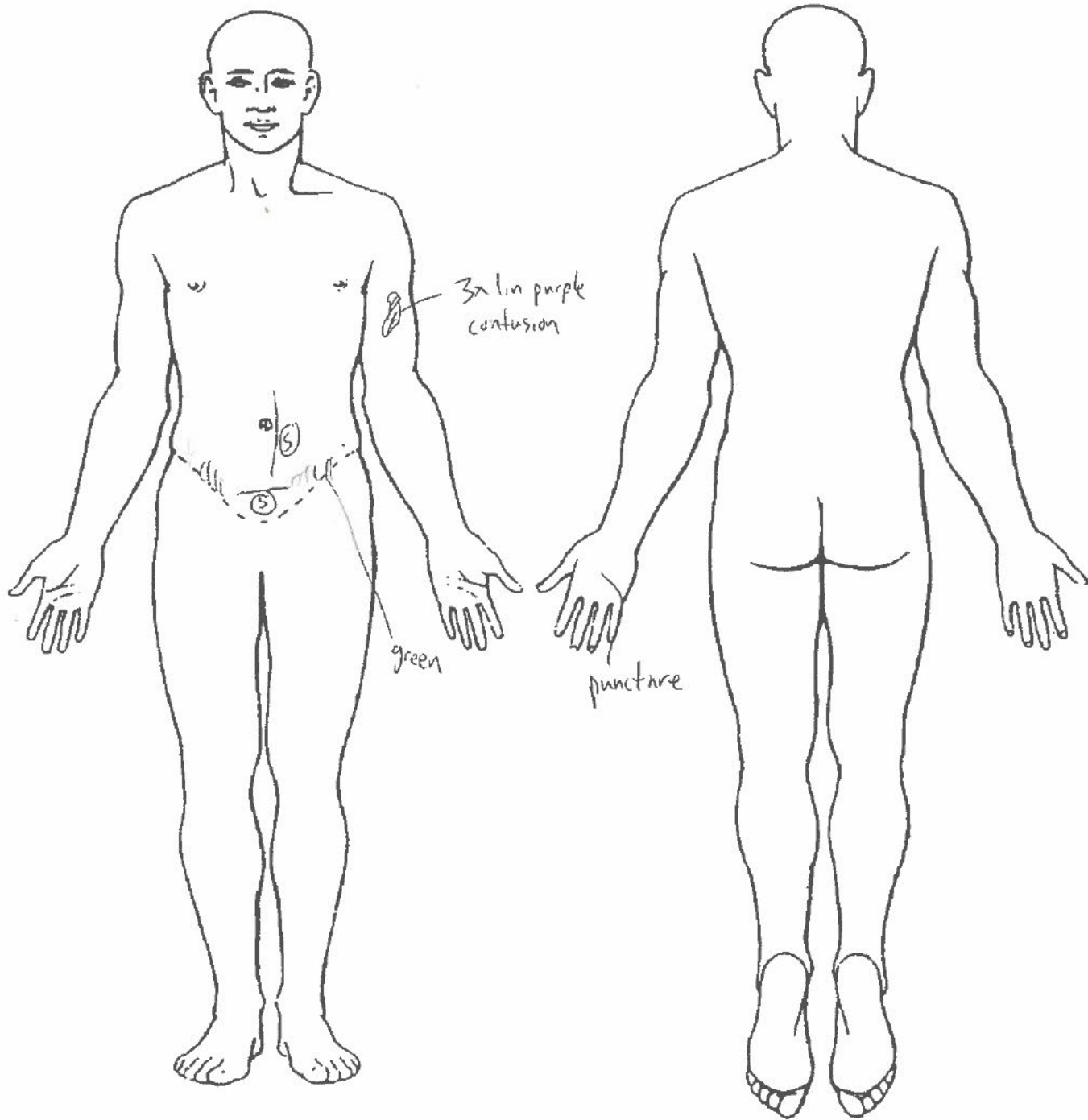


Odey C. Ugo, M.D., M.S.
Deputy Medical Examiner

1-4-19
Date:

20

2018-08709
PORTER, KIMBERLY
NAT 45



Right Thumbprint

Ⓢ = Scar

Date 11-16-18
[Signature]
 Deputy Medical Examiner M.D.

16

2018-08709

PORTER, KIMBERLY

NAT

45

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
- Hypertrophy
- Dilation
- Muscle
- Valves
- Coronaries \emptyset

RV
Septum 1.5
LV 1.5
Septum

AORTA

VESSELS

LUNGS Wt.

- R 900
 - L 850
 - Adhesions
 - Fluid
 - Atelectasis
 - Oedema
 - Congestion
 - Consolidation
 - Bronchi
 - Nodes
- fibrino purulent exudates of visceral pleura*
R 300 mL purulent fluid
(L) 500 mL purulent fluid
patchy RLL consolidation

PHARYNX

TRACHEA

THYROID

THYMUS

LARYNX

HYOID

ABDOMINAL WALL FAT

PERITONEUM

- Fluid
- Adhesions
- LIVER Wt. 2600
- Capsule
- Lobules
- Fibros
- G B (+)
- Calculus
- Bile ducts
- SPLEEN Wt. 250
- Color
- Consistency
- Capsule
- Malpignent

PANCREAS

ADRENALS

KIDNEYS Wt.

- R 200
- L 200
- Capsule
- Cortex
- Vessels
- Pelvis
- Ureters

BLADDER 10 mL

GENITALIA

- Prostate
- Testes
- Uterus
- Tubes
- Ovaries

OESOPHAGUS

STOMACH

- Contents 80 mL

DUOD. & SM. INT.

APPENDIX (+)

LARGE INT.

ABDOM. NODES

SKELETON

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

SCALP

CALVARIUM

BRAIN Wt. 1356

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

PITUITARY

SPINAL CORD

TOXICOLOGY SPECIMENS

SECTIONS FOR HISTOPATHOLOGY

A1-A2 RLL

A3-A4 LLL

MICROBIOLOGY

DIAGRAMS

X-RAYS

OTHER PROCEDURES

GROSS IMPRESSIONS

Date

11-16-18

Time

1030

Deputy Medical Examiner

Stacy Johnson

15

AUTOPSY CLASS: A B C Examination Only D

FAMILY OBJECTION TO AUTOPSY

Date: 11-16-18 Time: 1030 Dr. Odey Ukpo
(Print)

FINAL ON: 1-25-19 By: Odey Ukpo
(Print)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

2018-08709

PORTER, KIMBERLY
NAT

45

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

IMMEDIATE CAUSE:

(A) Lobar pneumonia

Days

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:

Age: 47 Gender: Male Female

PRIOR EXAMINATION REVIEW BY DME

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

CASE CIRCUMSTANCES

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

TYPING SPECIMEN

TYPING SPECIMEN TAKEN BY: Gonzalez
SOURCE: heart blood

TOXICOLOGY SPECIMEN

COLLECTED BY: Gonzalez
 HEART BLOOD STOMACH CONTENTS
 FEMORAL BLOOD VITREOUS
TECHNIQUE: int
 _____ BLOOD SPLEEN
 _____ BLOOD KIDNEY
 BILE EDTA heart blood
 LIVER _____
 URINE _____

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

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)
vitreous chemistry

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? _____

WAS OPERATION PERFORMED FOR ANY CONDITION STATED ABOVE: YES NO

TYPE OF SURGERY: _____ DATE: _____

ORGAN PROCUREMENT TECHNICIAN: R Gonzalez
 PREGNANCY IN LAST YEAR YES NO UNK NOT APPLICABLE
 WITNESS TO AUTOPSY EVIDENCE RECOVERED AT AUTOPSY
Item Description:

Blood cultures x 2
Nasal pharyngeal swabs
Lung culture

[Signature]
DME

RESIDENT



Department of Medical Examiner-Coroner, County of Los Angeles

FORENSIC SCIENCE LABORATORIES

1104 North Mission Road, Los Angeles, CA 90033



Laboratory Analysis Summary Report

Ukpo, Odey M.D.

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

PendingTox

Coroner Case Number: 2018-08709 **Decedent:** PORTER, KIMBERLY ANTWINETTE

<u>SPECIMEN</u>	<u>SERVICE</u>	<u>DRUG</u>	<u>RESULT</u>	<u>ANALYST</u>
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Alcohol Quantitation/Confirmation

Blood, Heart

Alcohol-GC/FID-HS	Ethanol	Negative	M. Schuchardt
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Drug Screen

Blood, Heart

ELISA-Immunoassay	Barbiturates	ND	D. P. Cruz
ELISA-Immunoassay	Cocaine and Metabolites	ND	D. P. Cruz
ELISA-Immunoassay	Fentanyl	ND	D. P. Cruz
ELISA-Immunoassay	Methamphetamine & MDMA	ND	D. P. Cruz
ELISA-Immunoassay	Opiates: Codeine & Morphine	ND	D. P. Cruz
ELISA-Immunoassay	Opiates: Hydrocodone & Hydromorphone	ND	D. P. Cruz
ELISA-Immunoassay	Phencyclidine	ND	D. P. Cruz

Drug Screen/Confirmation

Blood, Heart

Bases-GC/NPD &/or MS	Basic Drugs	ND	B. Ciuollo
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Vitreous

iSTAT	Electrolytes and Glucose	Done	D. Mason
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Legend:

g	Grams	ND	Not Detected	SNS	Specimen Not Suitable
g%	Gram Percent	ng/g	Nanograms per Gram	TNP	Test Not Performed
Inc.	Inconclusive	ng/mL	Nanograms per Milliliter	ug	Micrograms
mg	Milligrams	PP	Presumptive Positive	ug/g	Micrograms per Gram
		QNS	Quantity Not Sufficient	ug/mL	Microgram 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.

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.

Final Review By:


Sarah Buxton de Quintana
Supervising Criminalist I

Date: 1/4/19

The above results have been technically and administratively reviewed and are the opinions and conclusions of the analysis 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.

OCU 1-11-19

Patient Test Result Report

Patient Name: - Patient ID: 2018.08709.1
Gender: - Test Time: 01/03/2019 12:42 PM
DOB: - Operator ID: 3
Specimen Type: OTHR Panel: CHEM8+
Device Model: i-STAT1 Device Serial No: 373835
Upload Time: 01/03/2019 02:00 PM Transfer Time: -
Instrument Comment: -

010319ADM

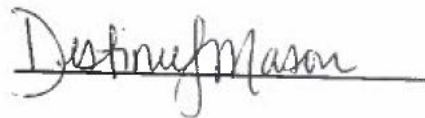
Test	Flag	Result	Unit	Reference Range	\bar{x}
Na		124	mmol/L	138 - 146	125
K	H	>9.0	mmol/L	3.5 - 4.900	790
Cl		102	mmol/L	98 - 109	102
BUN		24	mg/dL	8 - 26	24
Crea		0.6	mg/dL	0.600 - 1.299	0.7
Glu	L	<20	mg/dL	70 - 105	<20

Total number of records: 1

Report Created By:

Signature:

sdq



COPY
DM 01/03/2019

01/03/2019ADM

USC-Autopsy non-LACUSC Cases

Department of Pathology

1104 N. Mission Road
Los Angeles, CA 90033-

Phone: (323) 409-7148 Fax: (323) 441-8147

Lab Director: Ira A. Shulman, M.D. CLIA: 05D0543401



Patient: **porter, kimberly antwinette**
MRN: 101447675
FIN: 1014052904
DOB/Age/Sex: 1/15/1950 68 years Female
Location: USC-Autopsy

Admit Date: 11/19/2018
Discharge Date:
Ordering Physician: Ukpo,Odey C
Accession: 30-18-323-04803

Bacteriology

Procedure: Wound Culture with Gram Stain¹ Accession: 30-18-323-04803

Source: Wound Collected Date/Time: 11/19/2018 15:55 PST
Body Site: Lung L Received Date/Time: 11/19/2018 16:02 PST
Free Text Source: UC-2018-08709-- swab rec'd Start Date/Time: 11/19/2018 16:02 PST
ORDERING PHYSICIAN: Ukpo,Odey C

*****FINAL REPORTS*****

Final Report
Verified Date/Time: 11/21/2018 11:10 PST
No growth at 48 hours.

*****STAINS*****

Gram Stain
Verified Date/Time: 11/19/2018 19:54 PST
<1+ polymorphonuclear leukocytes

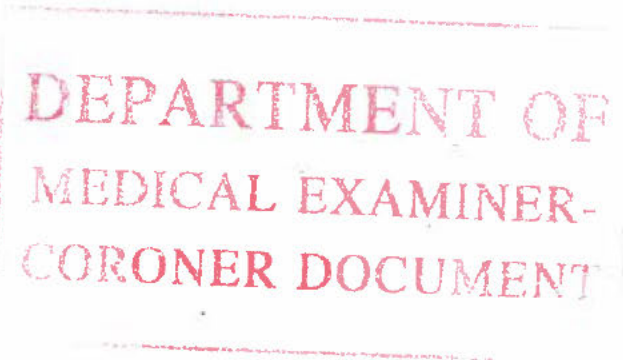
Cell debris

Red Blood Cells

No organisms observed.

Performing Locations

*1: This test was performed at:
LAC+USC Medical Center Laboratory, Ira A. Shulman MD, Laboratory Director, CLIA
Certificate 05D0543401, 1200 N. State Street, Los Angeles, CA, 90033-1083, US, (323)
409-7148



ER 11/21/18

USC-Autopsy non-LACUSC Cases
Department of Pathology
1104 N. Mission Road
Los Angeles, CA 90033-
Phone: (323) 409-7148 Fax: (323) 441-8147
Lab Director: Ira A. Shulman, M.D. CLIA: 05D0543401



Patient: **porter, kimberly**
MRN: 101445816
FIN: 1014030744
DOB/Age/Sex: 12/15/1970 47 years Female
Location: USC-Autopsy
Admit Date: 11/16/2018
Discharge Date: 11/16/2018
Ordering Physician: Ribe, James K
Accession: 30-18-320-03915

Bacteriology

Procedure: Blood Culture **
Source: Blood Autopsy
Body Site: Bld Autopsy
Free Text Source:
ORDERING PHYSICIAN: Ribe, James K
Accession: 30-18-320-03915
Collected Date/Time: 11/16/2018 13:56 PST
Received Date/Time: 11/16/2018 13:52 PST
Start Date/Time: 11/16/2018 13:52 PST

AMENDED REPORTS

Amended Report
Verified Date/Time: 11/20/2018 15:34 PST
Fusobacterium necrophorum Isolated from Anaerobic Blood Bottle
Clostridium species, not C perfringens Isolated from Aerobic Blood Bottle
Enterococcus faecalis Isolated from Aerobic Blood Bottle
Citrobacter species Isolated from Aerobic Blood Bottle

Performing Locations

*1: This test was performed at:
LAC+USC Medical Center Laboratory, Ira A. Shulman MD, Laboratory Director, CLIA
Certificate 05D0543401, 1200 N. State Street, Los Angeles, CA, 90033-1083, US, (323)
409-7148

DEPARTMENT OF
MEDICAL EXAMINER-
CORONER DOCUMENT

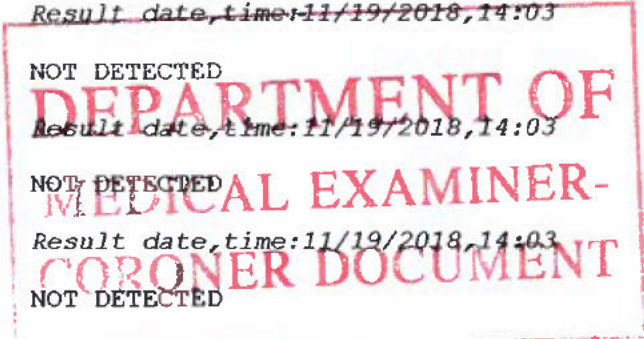
CR 11/21/18

COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
 PUBLIC HEALTH LABORATORY - 12750 ERICKSON AVENUE, DOWNEY, CA 90242
 NICOLE M. GREEN, PhD, D(ABMM), DIRECTOR (562) 658-1330

NAME: PORTER, KIMBERLY ANTWINETTE LOC: L.A. COUNTY CORONERS OFFICE
 PATIENT ID# LACCO-201808709 DOB: 12/15/1970 AGE: 47Y SEX: F
 REQ'D BY: REFERRED

COLLECTED: 11/16/2018 UNK RECEIVED: 11/16/2018 15:15
 ACC. NO.: F28626 Order Comment: ODEY UKPO, CORONER

TEST NAME	TEST RESULTS	REFERENCE RANGE
Multiplex Respiratory Panel	PCR w/Reflex	
SPECIMEN DESCRIPTION	NASAL PHARYNGEAL SWAB	
	Result date,time:11/19/2018,08:29	
Adenovirus	NOT DETECTED Result date,time:11/19/2018,14:03	NDETEC
Coronavirus 229E	NOT DETECTED Result date,time:11/19/2018,14:03	NDETEC
Coronavirus HKU1	NOT DETECTED Result date,time:11/19/2018,14:03	NDETEC
Coronavirus NL63	NOT DETECTED Result date,time:11/19/2018,14:03	NDETEC
Coronavirus OC43	NOT DETECTED Result date,time:11/19/2018,14:03	NDETEC
Human Metapneumovirus	NOT DETECTED Result date,time:11/19/2018,14:03	NDETEC
Human Rhinovirus/ Enterovirus	NOT DETECTED Result date,time:11/19/2018,14:03	NDETEC
Influenza A	NOT DETECTED Result date,time:11/19/2018,14:03	NDETEC
Influenza B	NOT DETECTED Result date,time:11/19/2018,14:03	NDETEC
Parainfluenza Virus 1	NOT DETECTED Result date,time:11/19/2018,14:03	NDETEC
Parainfluenza Virus 2	NOT DETECTED Result date,time:11/19/2018,14:03	NDETEC
Parainfluenza	NOT DETECTED	NDETEC



CR 11-28-18

COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
 PUBLIC HEALTH LABORATORY - 12750 ERICKSON AVENUE, DOWNEY, CA 90242
 NICOLE M. GREEN, PhD, D(ABMM), DIRECTOR (562)658-1330

NAME: PORTER, KIMBERLY ANTWINETTE LOC: L.A. COUNTY CORONERS OFFICE
 PATIENT ID# LACCO-201808709 DOB: 12/15/1970 AGE: 47Y SEX: F
 REQ'D BY: REFERRED

COLLECTED: 11/16/2018 UNK RECEIVED: 11/16/2018 15:15
 ACC. NO.: F28626 Order Comment: ODEY UKPO, CORONER

TEST NAME	TEST RESULTS	REFERENCE RANGE
Multiplex Respiratory Panel	PCR w/Reflex (CONTINUED) Result date, time: 11/19/2018, 14:03	
Parainfluenza Virus 3	(CONTINUED) Result date, time: 11/19/2018, 14:03	NDETEC
Virus 3	Result date, time: 11/19/2018, 14:03	
Parainfluenza Virus 4	NOT DETECTED Result date, time: 11/19/2018, 14:03	NDETEC
Respiratory Syncytial Virus	NOT DETECTED Result date, time: 11/19/2018, 14:03	NDETEC
Bordetella pertussis	NOT DETECTED Result date, time: 11/19/2018, 14:03	NDETEC
Chlamydia pneumoniae	NOT DETECTED Result date, time: 11/19/2018, 14:03	NDETEC
Mycoplasma pneumoniae	NOT DETECTED Result date, time: 11/19/2018, 14:03	NDETEC

Additional Comments

The FilmArray Respiratory (RP) panel is a qualitative, multiplex, nucleic acid-based test capable of the simultaneous detection and identification of multiple viruses and bacteria directly from nasopharyngeal samples obtained from individuals with signs and/or symptoms of respiratory infection. This test is intended as an aid in the diagnosis of specific agents of respiratory illness, and results are meant to be used in conjunction with other clinical, laboratory, and epidemiologic data. Positive results do not rule out co-infection with other organisms not included on the panel, and the agent detected may not be the definitive cause of disease. Rarely, multiple analytes may be detected. If four or more distinct organisms are detected in a specimen, an additional

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REQ'D BY: REFERRED

COLLECTED: 11/16/2018 UNK RECEIVED: 11/16/2018 15:15
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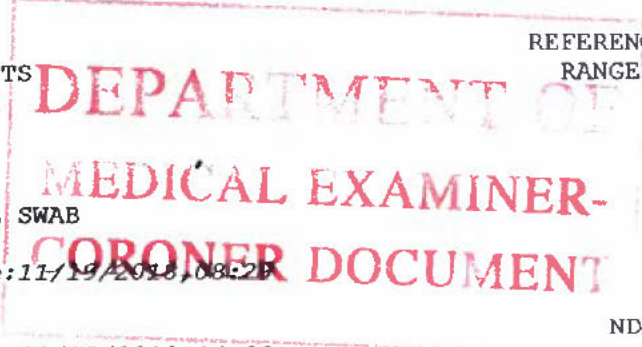
TEST NAME	TEST RESULTS	REFERENCE RANGE
Multiplex Respiratory Panel PCR w/Reflex	(CONTINUED)	
	Result date, time: 11/19/2018, 14:03	
Additional Comments	(CONTINUED)	
	Result date, time: 11/19/2018, 14:03	
	sample may be requested to confirm polymicrobial result. This test does not differentiate Rhinovirus and Enterovirus. Additional testing is required for Influenza subtyping. This test is not intended to be used to monitor treatment and results do not necessarily detect live organisms. For equivocal results, please submit additional specimen.	
	Result date, time: 11/19/2018, 14:03	

TEST NAME	TEST RESULTS	REFERENCE RANGE
INFLUENZA A AND B VIRUS BY RT PCR		
Specimen Source	NASOPHARYNGEAL SWAB	
	Result date, time: 11/20/2018, 11:12	
INFLUENZA A RNA	NOT DETECTED	NDETEC
	Result date, time: 11/27/2018, 13:59	
INFLUENZA B RNA	NOT DETECTED	NDETEC
	Result date, time: 11/27/2018, 13:59	
Interpretation	NEGATIVE FOR INFLUENZA A AND B VIRUS	
	Result date, time: 11/27/2018, 13:59	

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NAME: PORTER, KIMBERLY ANTWINETTE LOC: L.A. COUNTY CORONERS OFFICE
PATIENT ID# LACCO-201808709 DOB: 12/15/1970 AGE: 47Y SEX: F
REQ'D BY: REFERRED

COLLECTED: 11/16/2018 UNK RECEIVED: 11/16/2018 15:15
ACC. NO.: F28626 Order Comment: ODEY UKPO, CORONER



TEST NAME	TEST RESULTS	REFERENCE RANGE
Multiplex Respiratory Panel	PCR w/Reflex	
SPECIMEN DESCRIPTION	NASAL PHARYNGEAL SWAB	
	<i>Result date,time:11/19/2018,08:28</i>	
Adenovirus	NOT DETECTED <i>Result date,time:11/19/2018,14:03</i>	NDETEC
Coronavirus 229E	NOT DETECTED <i>Result date,time:11/19/2018,14:03</i>	NDETEC
Coronavirus HKU1	NOT DETECTED <i>Result date,time:11/19/2018,14:03</i>	NDETEC
Coronavirus NL63	NOT DETECTED <i>Result date,time:11/19/2018,14:03</i>	NDETEC
Coronavirus OC43	NOT DETECTED <i>Result date,time:11/19/2018,14:03</i>	NDETEC
Human Metapneumovirus	NOT DETECTED <i>Result date,time:11/19/2018,14:03</i>	NDETEC
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Influenza A	NOT DETECTED <i>Result date,time:11/19/2018,14:03</i>	NDETEC
Influenza B	NOT DETECTED <i>Result date,time:11/19/2018,14:03</i>	NDETEC
Parainfluenza Virus 1	NOT DETECTED <i>Result date,time:11/19/2018,14:03</i>	NDETEC
Parainfluenza Virus 2	NOT DETECTED <i>Result date,time:11/19/2018,14:03</i>	NDETEC
Parainfluenza	NOT DETECTED	NDETEC

UKPO

CR 11/20/18

COUNTY OF LOS ANGELES - DEPARTMENT OF PUBLIC HEALTH
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Chlamydomphila pneumoniae	NOT DETECTED Result date, time: 11/19/2018, 14:03	NDETEC
Mycoplasma pneumoniae	NOT DETECTED Result date, time: 11/19/2018, 14:03	NDETEC

DEPARTMENT OF
 MEDICAL EXAMINERS
 CORONER DOCUMENT

Additional Comments

The FilmArray Respiratory (RP) panel is a qualitative, multiplex, nucleic acid-based test capable of the simultaneous detection and identification of multiple viruses and bacteria directly from nasopharyngeal samples obtained from individuals with signs and/or symptoms of respiratory infection. This test is intended as an aid in the diagnosis of specific agents of respiratory illness, and results are meant to be used in conjunction with other clinical, laboratory, and epidemiologic data. Positive results do not rule out co-infection with other organisms not included on the panel, and the agent detected may not be the definitive cause of disease. Rarely, multiple analytes may be detected. If four or more distinct organisms are detected in a specimen, an additional

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PATIENT ID# LACCO-201808709 DOB: 12/15/1970 AGE: 47Y SEX: F
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COLLECTED: 11/16/2018 UNK RECEIVED: 11/16/2018 15:15
ACC. NO.: F28626 Order Comment: ODEY UKPO, CORONER

TEST NAME TEST RESULTS REFERENCE RANGE
Multiplex Respiratory Panel PCR w/Reflex

(CONTINUED)
Result date, time: 11/19/2018, 14:03

Additional
Comments

(CONTINUED)
Result date, time: 11/19/2018, 14:03
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Result date, time: 11/19/2018, 14:03

DEPARTMENT OF
MEDICAL EXAMINERS
CORONER DOCUMENT

Bkpo

COUNTY OF LOS ANGELES

CASE REPORT

DEPARTMENT OF CORONER

1	APPARENT MODE NATURAL	CASE NO 2018-08709
	SPECIAL CIRCUMSTANCES Media Interest	CRYPT

LAST, FIRST MIDDLE PORTER, KIMBERLY ANTWINETTE	AKA	#
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ADDRESS 10317 WOODBRIDGE ST	CITY TOLUCA LAKE	STATE CA	ZIP 91602
SEX FEMALE	RACE APPEARS BLACK	DOB 12/15/1970	AGE 47
HGT 69 in.	WGT 144 lbs.	EYES BROWN	HAIR BLACK
TEETH ALL NATURAL TEETH	FACIAL HAIR NONE	ID VIEW Yes	CONDITION FAIR

MARK TYPE IMPLANTS	MARK LOCATION BOTH BREASTS	MARK DESCRIPTION
PIERCINGS	BOTH EARS	

NOK	ADDRESS	CITY	STATE	ZIP
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RELATIONSHIP SON	PHONE	NOTIFIED BY	DATE 11/15/2018	TIME
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SSN	DL ID	STATE CA	PENDING BY
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ID METHOD
CALIFORNIA DRIVER'S LICENSE

LA #	MAIN #	CI #	FBI #	MILITARY #	POB
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IDENTIFIED BY NAME (PRINT) CAL-PHOTO	RELATIONSHIP	PHONE	DATE 11/15/2018	TIME 15:00
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PLACE OF DEATH / PLACE FOUND RESIDENCE	ADDRESS OR LOCATION 10317 WOODBRIDGE ST	CITY TOLUCA LAKE	ZIP 91602
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PLACE OF INJURY	AT WORK No	DATE	TIME	LOCATION OR ADDRESS **	ZIP
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DOD 11/15/2018	TIME 11:40	FOUND OR PRONOUNCED BY LA FD ENG 76 LEON & PUGLUSIE
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OTHER AGENCY INV. OFFICER LAPD NORTH HOLLYWOOD - OFCR VILLANUEV (818) 374-9550	PHONE	REPORT NO. 2159	NOTIFIED BY	NO
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TRANSPORTED BY	TO LOS ANGELES FSC	DATE	TIME
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FINGERPRINTS? No	CLOTHING Yes	PAR RPT No	MORTUARY
MED. EV. No	INVEST. PHOTO # 35	SEAL TYPE NOT SEALED	HOSP RPT No
PHYS. EV. No	EVIDENCE LOG No	PROPERTY? Yes	HOSP CHART No
SUICIDE NOTE No	GSR NO	RCPT. NO. 273593	PF NO

SYNOPSIS
 THE DECEDENT WAS A 47-YEAR-OLD WOMAN WITH NO KNOWN MEDICAL HISTORY OTHER THAN RECENT FLU-LIKE SYMPTOMS. SHE WAS TREATED WITH ANTIBIOTICS AND SALINE WITH VITAMINS. DUE TO WORSENING SYMPTOMS, SHE WAS EXAMINED BY A PHYSICIAN AT HER HOME ON 11/12/2018. ON 11/14/2018, SHE STATED SHE WAS FEELING BETTER AND RECEIVED A MASSAGE THAT DAY. SHE WAS LAST KNOWN TO BE ALIVE AT APPROXIMATELY 2330 HOURS. ON 11/15/2018 AT APPROXIMATELY 1130 HOURS, SHE WAS FOUND UNRESPONSIVE IN BED BY HER HOUSEMATES. 9-1-1 WAS DIALED AND FIREFIGHTERS/PARAMEDICS RESPONDED TO THE SCENE. DEATH WAS DETERMINED AT 1140 HOURS. THERE WAS NO KNOWN HISTORY OF DRUG ABUSE OR ALCOHOLISM. NO SIGNS OF TRAUMA. FOUL PLAY IS NOT SUSPECTED.

MICHELLE LEE 605743		INVESTIGATOR	DATE 11/15/2018	REVIEWED BY 	DATE 11/16/18
			TIME 19:19		TIME

FORM #3 NARRATIVE TO FOLLOW?



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



Case Number: 2018-08709

Decedent: PORTER, KIMBERLY ANTWINETTE

Information Sources:

- 1) Detective Peteque #27723, Los Angeles Police Department Valley Bureau Homicide, (818) 374-9550
- 2) [REDACTED] M.D., [REDACTED]

Investigation:

On 11/15/2018 at 1305 hours, Officer Villanueva #42223 from Los Angeles Police Department North Hollywood division called K. Slone at the Los Angeles County Department of Medical Examiner-Coroner to report this apparent natural death. It was reported that the decedent was found unresponsive bed by family members. 9-1-1 was dialed and death was determined at the scene. There was no known medical history other than recent cold/flu-like symptoms for the past few days. An in-house physician prescribed antibiotics and IV fluids. There was no known history of drugs or alcohol use. "PMD [REDACTED]"

I was assigned this field call by Lieutenant Smith on 11/15/2018 at approximately 1316 hours. I arrived on scene at approximately 1410 hours and departed from the scene at approximately 1633 hours. Foul play is not suspected.

The decedent's fingerprint return and a routine search of the Los Angeles County Consolidated Criminal History Report System revealed no drug or alcohol-related offenses.

Forensic Attendant M. Sierra and Coroner Investigator Trainee L. Darabedian transported the decedent from the scene to the Forensic Science Center.

Location:

Death: Residence, 10317 Woodbridge Street, Toluca Lake, CA 91602

Informant/Witness Statements:

I spoke with Detective Peteque at the scene and he related the following information:

The decedent lived in the residence at the above location with her two minor children, as well as with her friend and friend's daughter. The decedent's god-daughter, who was visiting the decedent, had been staying at the residence since 11/12/2018.

The decedent had no pertinent medical history. However, she developed flu-like symptoms approximately four days ago and was treated by a "house call" physician. She was administered a saline solution with vitamin mixture by a nurse. The decedent did not have a primary medical physician and the last time she was believed to have been examined by a physician was approximately two years ago when she "had bloodwork done". She also traveled to an unspecified location in Africa and returned home approximately one month ago. She did not have any health complaints at the time she returned from her trip.

On the evening of 11/14/2018, the decedent stated she "felt better" and received a deep tissue massage from her god-daughter. She then watched movies with family members and went to bed at approximately 2330 hours.

The following morning at approximately 0830 hours, the god-daughter awoke beside the decedent and observed her to be sleeping. She did not attempt to rouse her. The god-daughter then left for work. At approximately 1130 hours, the decedent was found unresponsive in her bed by her housemates. 9-1-1 was dialed and firefighters/paramedics from Engine 76 of the Los Angeles Fire Department responded to the scene. Firefighters/paramedics found the decedent

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



Case Number: 2018-08709

Decedent: PORTER, KIMBERLY ANTWINETTE

lying supine in bed and "rolled" her to a prone position to assess her back side. They then returned her to a supine position and death was determined at 1140 hours by paramedics Leon #36023 and Puglusie #11299.

I spoke with [REDACTED] at the scene and he related the following information:

On 11/07/2018, the decedent contacted [REDACTED] with complaints of sore throat lasting two days. He prescribed a "Z-pack" at that time.

On 11/10/2018, her condition had not improved. A nurse responded to the residence at the above location and administered a saline solution with vitamins to the decedent.

On 11/12/2018, [REDACTED] responded to the residence. Upon examination of the decedent, she was noted to have cold/flu-like symptoms, including nasal congestion, "sweats", mild cough, body aches, and sore throat. She also had a fever of 102 F. Her blood pressure and oxygen results were within normal limits. Influenza swab and strep test results were reportedly negative. His diagnosis for the decedent at this time was "viral flu-like illness". He administered an intramuscular injection of 60 mg of Toradol to the decedent's gluteal region. She was given another 1 liter saline-vitamin solution.

On 11/13/2018, the decedent reported to [REDACTED] that she had no appetite. She was administered another mixture of saline with vitamins by the nurse.

On 11/14/2018, the decedent spoke with [REDACTED] via the telephone and reported her temperature was 96 F. However, she also noted a "mild streak of blood with phlegm" while she was coughing that day. She then received a massage and stated she felt "better".

Despite feeling poorly, she continued to consume food and liquids "a little bit" throughout the period of her illness.

Per [REDACTED] the decedent had no other pertinent medical or surgical history. She was not taking any prescription medications. She consumed alcohol on rare occasions and had no known history of drug abuse. Her family medical history was unknown.

Scene Description:

The scene was a well-furnished, moderately well-organized master bedroom at the northeast end of a two-story, multi-bedroom house in a residential area at the above location. A bed was noted along the south wall of the room. Multiple unopened or partially empty bottles of water, Pedialyte, and sports drinks were noted on a nightstand east of the bed, and also on a dresser. Cups containing what appeared to be tea and water, a box marked "Azithromycin tablets", and a partially empty bottle of Tylenol were also noted on the nightstand east of the bed. Bowls containing what appeared to be tomato soup were noted in the room. A partially empty bottle of zolpidem tartrate, which was not prescribed to the decedent, was noted in a drawer in the master bathroom.

The decedent was observed lying supine in the bed, partially on her right side, with her head to the south and feet to the north. The right side of her face was resting against a pillow. The right arm was bent with the right hand resting against her right cheek. The left arm was also bent and resting against her left side with her left hand near the right side of her abdomen. The right leg was slightly bent and resting on the bed. The left leg was extended straight out and resting over her right leg.

Evidence:

No evidence was collected for this case.



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



Case Number: 2018-08709

Decedent: PORTER, KIMBERLY ANTWINETTE

Body Examination:

The decedent was an adult, Black woman who appeared to be the reported 47 years of age with black hair, brown eyes, and apparent natural teeth.

Congestion was noted to the sclerae. Upon palpation of the anterior neck region, a small amount of blood was noted issuing from the right nare. A small amount of white, frothy sputum was also noted issuing from the mouth.

What appeared to be a contusion was noted to the left upper arm. Multiple small, red dots and what appeared to be a small contusion were noted to the right upper arm. What appeared to be small contusions were also noted to the bilateral posterior upper legs.

Piercings were noted to the bilateral ears. Implants were noted to the bilateral breasts. A vertical line of discoloration was noted extending from the upper abdomen to the groin region.

The back was unremarkable. No other scars, marks, or apparent signs of trauma were noted.

Rigor was noted to be a 3 throughout the body. Lividity was fixed and appeared to be consistent with the decedent's position upon my arrival.

Identification:

The decedent was positively identified as Kimberly Antwinette Porter with date of birth 12/15/1970 by comparison to her California driver's license via Cal-Photo.

Next of Kin Notification:

The decedent's son [REDACTED], was notified of the death by other family members. The decedent was not married. I spoke with Detective Peteque at the scene and he confirmed this information.

Tissue Donation:

Organ/tissue procurement was not addressed with the family.

Autopsy Notification:

No exam notification was requested.

MICHELLE LEE

SUPERVISOR

11/15/2018

Date of Report