



"Enriching Lives"

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



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

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

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

Sincerely,  
Stephany Cerna  
On behalf of  
Vanessa Gastelum  
Acting Chief, Public Services Division  
County of Los Angeles  
Department of Medical Examiner-Coroner

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**Accreditations:**

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

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

*Law and Science Serving the Community*

**12**

**AUTOPSY REPORT**

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

No.  
2019-05778  
SIMPSON, JAMAAL MICHAEL

Los Angeles, California on August 4, 2019 at 1225 hours  
(Date) (Time)

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

(A) Gunshot wounds

DUE TO OR AS A CONSEQUENCE OF

(B)

DUE TO OR AS A CONSEQUENCE OF

(C)

DUE TO OR AS A CONSEQUENCE OF

(D)

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

Anatomic Summary:

- I. Twenty-one year-old man who was shot after he fired a gun at a law enforcement officer.
- II. Gunshot wound #1, gunshot wound of the neck.
  - A. Entry: Right side of the neck.
  - B. Soot/stippling: None.
    - 1. Range of fire: Indeterminate.
  - C. Path: Skin of the right side of the neck, soft tissue, right common carotid artery and right internal jugular vein, impacts C4/C5, and soft tissue.
  - D. Exit: None.
  - E. Projectile: Deformed bullet from the left neck soft tissue.
  - F. Direction: Right to left and downward.
- III. Gunshot wound #3, gunshot wound of the chest.
  - A. Entry: Left upper chest.
  - B. Soot/stippling: None.
    - 1. Range of fire: Indeterminate.
  - C. Path: Skin of the left upper chest, soft tissue, sternum, aorta, right mainstem bronchus, upper lobe of the right lung, right rib 5 (ricochet), and soft tissue.
  - D. Exit: None.
  - E. Projectile: Deformed bullet from the right back soft tissue.
  - F. Direction: Left to right and front to back.

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- IV. Gunshot wound #4, gunshot wound of the chest.
- A. Entry: Left side of the chest.
  - B. Soot/stippling: None.
    - 1. Range of fire: Indeterminate.
  - C. Path: Skin of the left side of the chest, soft tissue, heart, lower lobe of the right lung, right rib 9, soft tissue, and skin of the right side of the back.
  - D. Exit: Right side of the back.
  - E. Projectile: None.
  - F. Direction: Left to right and front to back.
- V. Gunshot wound #5, gunshot wound of the chest.
- A. Entry: Left lower chest.
  - B. Soot/stippling: None.
    - 1. Range of fire: Indeterminate.
  - C. Path: Skin of the left lower chest, soft tissue, left rib 4, heart (graze), and upper lobe of the left lung.
  - D. Exit: None.
  - E. Projectile: Deformed bullet from the upper lobe of the left lung.
  - F. Direction: Front to back and upward.
- VI. Please see below for descriptions of other gunshot wounds.
- VII. Please see separate toxicology report.

**CIRCUMSTANCES:**

Please see coroner investigator's report.

**IDENTIFYING FEATURES:**

The body is identified by coroner tags, 2019-05778, Jamaal Simpson. No surgical scars are identified. No tattoos are identified.

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Page 3**DESCRIPTION OF GUNSHOT WOUNDS:**

The gunshot wounds are diagrammed on forms #22, 20 (2), and 23. The numbering of wounds is for descriptive purposes only and is not intended to imply the sequence or severity of injuries. All measurements and wound track directions are performed in the standard anatomic position at all times. Coroner diagrams are not intended to be facsimiles nor are they drawn to scale.

**GUNSHOT WOUND #1, GUNSHOT WOUND OF THE NECK:**

**Entry:** Involving the right side of the neck, 19.2 cm below the top of the head and 12.8 cm circumferentially right of anterior midline, is an entrance gunshot wound consisting of a 2 x 1.4 centimeter defect with an up to 0.3 cm wide crescentic marginal abrasion from 9 o'clock to 1 o'clock.

**Soot/stippling:** Soot, gunpowder stippling, and unburned gunpowder particles are not identified on the skin surrounding the wound.

**Path:** The hemorrhagic wound track sequentially perforates the skin of the right side of the neck, soft tissue, right common carotid artery/right internal jugular vein, impacts cervical vertebra 4 and 5, and soft tissue, with the bullet coming to rest in the soft tissue of the left side of the neck.

**Exit:** None.

**Projectile:** A deformed bullet is recovered from the soft tissue of the left side of the neck.

**Direction:** Right to left and downward.

**Associated findings:** Transection of the right common carotid artery and right internal jugular vein.

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Page 4**GUNSHOT WOUND #2, GRAZE GUNSHOT WOUND OF THE RIGHT SHOULDER:**

Involving the right shoulder, 26.3 cm below the top of the head and 15.2 cm right of anterior midline, is a gunshot wound consisting of a 5.6 x 1.2 cm superficial abrasion.

**Soot/stippling:** Soot, gunpowder stippling, and unburned gunpowder particles are not identified on the skin surrounding the wound.

**Projectile:** None.

**Direction:** Indeterminate.

**GUNSHOT WOUND #3, GUNSHOT WOUND OF THE CHEST:**

**Entry:** Involving the left upper chest, 37.5 cm below the top of the head and 3.6 cm left of anterior midline, is an entrance gunshot wound consisting of a 0.9 cm diameter defect with a 0.1 cm wide crescentic marginal abrasion from 1 o'clock to 4 o'clock.

**Soot/stippling:** Soot, gunpowder stippling, and unburned gunpowder particles are not identified on the skin surrounding the wound.

**Path:** The hemorrhagic wound track sequentially perforates the skin of the left upper chest, soft tissue, sternum, aorta, right mainstem bronchus, upper lobe of the right lung, right rib 5 (ricochet), and soft tissue of the right back, with the bullet coming to rest in the soft tissue of the right side the back.

**Exit:** None.

**Projectile:** A deformed bullet is recovered from the soft tissue of the right side of the back.

**Direction:** Left to right and front to back.

**Associated findings:** Fracture of the sternum, perforation of the aorta, perforation of the right mainstem bronchus, perforation of the upper lobe of the right lung, fracture of right rib 5, left hemothorax, and right hemothorax.

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Page 5**GUNSHOT WOUND #4, GUNSHOT WOUND OF THE CHEST:**

**Entry:** Involving the left side of the chest, 44.4 cm below the top of the head and 4.6 cm left of anterior midline, is an entrance gunshot wound consisting of a 0.7 cm diameter defect with an up to 0.2 cm wide crescentic marginal abrasion from 12 o'clock to 4 o'clock.

**Soot/stippling:** [Soot, gunpowder stippling, and unburned gunpowder particles are not identified on the skin surrounding the wound.

**Path:** The hemorrhagic wound track sequentially perforates the skin of the left side of the chest, soft tissue, heart, lower lobe of the right lung, right rib 9, soft tissue, and skin of the right side of the back.

**Exit:** Involving the right side of the back, 46 cm below the top of the head and 10.5 cm right of the posterior midline, is an exit gunshot wound consisting of a 1.1 x 1.3 cm irregular defect.

**Projectile:** None.

**Direction:** Left to right and front to back.

**Associated findings:** Perforation of the heart, perforation of the lower lobe of the right lung, fracture of right rib 9, left hemothorax, and right hemothorax.

**GUNSHOT WOUND #5, GUNSHOT WOUND OF THE CHEST:**

**Entry:** Involving the left lower chest, 51 cm below the top of the head and 6.5 cm left of anterior midline, is an entrance gunshot wound consisting of a 2.1 x 2 cm irregular defect.

**Soot/stippling:** Soot, gunpowder stippling, and unburned gunpowder particles are not identified on the skin surrounding the wound.

**Path:** The hemorrhagic wound track sequentially perforates the skin of the left lower chest, soft tissue, left rib 4, heart (graze), and upper lobe of the left lung, with the projectile coming to rest in the upper lobe of the left lung.

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Page 6**Exit:** None.**Projectile:** A deformed bullet is recovered from the upper lobe of the left lung.**Direction:** Front to back and upward.**Associated findings:** Fracture of left rib 4, laceration of the heart, perforation of the upper lobe of the left lung, and left hemothorax.**GUNSHOT WOUND #6, GUNSHOT WOUND OF THE LATERAL LEFT CHEST:****Entry:** Involving the lateral aspect of the left side of the chest, 54.9 cm below the top of the head and 19.3 cm circumferentially left of the anterior midline, is an entrance gunshot wound consisting of a 2.3 x 1.7 cm irregular defect.**Soot/stippling:** Soot, gunpowder stippling, and unburned gunpowder particles are not identified on the skin surrounding the wound.**Path:** The hemorrhagic wound track sequentially perforates skin of the lateral aspect of the left side of the chest and soft tissue.**Exit:** None.**Projectile:** A deformed bullet is recovered from the soft tissue of the left side of the back.**Direction:** Front to back and upward.**GUNSHOT WOUND #7, GUNSHOT WOUND OF THE LEFT HIP:****Entry:** Involving the proximal aspect of the posterior left thigh, 97 cm below the top of the head and 6.8 cm left of the posterior midline of the left thigh, is an entrance gunshot wound consisting of a 0.5 cm defect with an up to 0.3 cm wide crescentic marginal abrasion from 2 o'clock to 11 o'clock.

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**Soot/stippling:** Soot, gunpowder stippling, and unburned gunpowder particles are not identified on the skin surrounding the wound.

**Path:** The hemorrhagic wound track sequentially perforates the skin of the proximal aspect of the posterior left thigh, soft tissue, left femur, and soft tissue, with the bullet coming to rest in the soft tissue of the anterior right thigh/hip region.

**Exit:** None.

**Projectile:** A deformed bullet is recovered from the anterior aspect of the left hip/thigh region (92.8 cm below the top of the head and 13.6 cm left of the anterior midline).

**Direction:** Back to front, upward, and leftward.

**Associated findings:** Fracture of the left femur.

**GUNSHOT WOUND #8, GUNSHOT WOUND OF THE LEFT THIGH:**

**Entry:** Involving the medial aspect of the left thigh, 110.3 cm below the top of the head and 18.5 cm right of anterior midline of the left thigh, is an entrance gunshot wound consisting of 1.3 x 0.7 cm ovoid defect with an up to 0.3 cm wide crescentic marginal abrasion from 7 o'clock to 12 o'clock.

**Soot/stippling:** Soot, gunpowder stippling, and unburned gunpowder particles are not identified on the skin surrounding the wound.

**Path:** The hemorrhagic wound track sequentially perforates the skin of the medial aspect of the left thigh, soft tissue, and skin of the anteromedial aspect of the left thigh.

**Exit:** Involving the anteromedial aspect of the left thigh, 108.2 cm below the top of the head and 9.6 cm right of anterior midline of the left thigh, is an exit gunshot wound consisting of a 2.2 x 1.2 cm irregular defect.

**Projectile:** None.

**Direction:** Leftward, back to front, and upward.



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Page 8**GUNSHOT WOUND #9, GUNSHOT WOUND OF THE DISTAL LEFT THIGH:**

**Entry:** Involving the distal aspect of the left thigh, 127 cm below the top of the head and 7.1 cm right of anterior midline of the left knee, is an entrance gunshot wound consisting of a 0.8 x 0.6 cm ovoid defect with a 1 cm wide crescentic marginal abrasion from 7 o'clock to 8 o'clock.

**Soot/stippling:** Soot, gunpowder stippling, and unburned gunpowder particles are not identified on the skin surrounding the wound.

**Path:** The hemorrhagic wound track sequentially perforates the skin of the distal aspect of the left thigh, soft tissue, and skin of the distal aspect of the left thigh.

**Exit:** Involving the distal aspect of the left thigh, 117.9 cm below the top of the head and 1.2 cm left of the anterior midline of the left thigh, is an exit gunshot wound consisting of a 3.7 x 1.7 cm defect.

**Projectile:** None.

**Direction:** Leftward and upward.

**GUNSHOT WOUND #10, GRAZE GUNSHOT WOUND OF THE LEFT KNEE REGION:**

Involving the left knee region, centered 135.8 cm below the top of the head and 3.2 cm left of anterior midline of the left leg, is a gunshot wound consisting of a 12.6 x 1.1 cm superficial abrasion.

**Soot/stippling:** Soot, gunpowder stippling, and unburned gunpowder particles are not identified on the skin surrounding the wound.

**Projectile:** None.

**Direction:** Indeterminate.

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**GUNSHOT WOUND #11, GUNSHOT WOUND OF THE RIGHT UPPER EXTREMITY:**

**Entry:** Involving the posterior aspect of the right forearm, 11.9 cm distal to the elbow and 4.7 cm right of the posterior midline of the right forearm, is an entrance gunshot wound consisting of 0.7 cm diameter defect with an up to 0.3 cm wide crescentic marginal abrasion from 2 o'clock to 7 o'clock.

**Soot/stippling:** Soot, gunpowder stippling, and unburned gunpowder particles are not identified on the skin surrounding the wound.

**Path:** The hemorrhagic wound track sequentially perforates the skin of the posterior aspect of the right forearm, soft tissue, (probable graze of the right radius), soft tissue, skin of the anterior aspect of the proximal right forearm, skin of the anterior aspect of the distal right arm, and soft tissue, with the projectile coming to rest in the soft tissue of the right arm.

**Exit:** Involving the anterior aspect of the proximal right forearm, 3.4 cm distal to the elbow and 1 cm right of the anterior midline of the right forearm, is an exit gunshot wound consisting of a 3.2 x 1.5 cm defect.

**Reentry:** Involving the anterior aspect of the distal right arm, 3.3 cm proximal to the elbow and 0.2 cm left of the anterior midline of the right arm, is a reentry gunshot wound consisting of a 1.3 x 1.6 cm defect within a 3.1 x 2 cm abrasion.

**Re-exit:** None.

**Projectile:** A deformed bullet is recovered from the soft tissue of the right arm (14.9 cm proximal to the elbow and 6.4 cm left of the posterior midline of the right arm).

**Direction:** Upward and leftward.

**GUNSHOT WOUND #12, GRAZE GUNSHOT WOUND OF THE RIGHT TRICEPS REGION:**

**Entry:** Involving the right triceps region, centered 7.4 cm proximal to the elbow and 5.2 cm right of the posterior midline of the right arm, is a gunshot wound consisting of a 13.4 x 4.2 cm laceration.

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**Soot/stippling:** Soot, gunpowder stippling, and unburned gunpowder particles are not identified on the skin surrounding the wound.

**Projectile:** None.

**Direction:** Indeterminate.

**GUNSHOT WOUND #13, GUNSHOT WOUND OF THE LEFT UPPER EXTREMITY:**

**Entry:** Involving the posterior aspect of the left forearm, 4 cm distal to the elbow and 4.6 cm left of the posterior midline of the left forearm, is an entrance gunshot wound consisting of a 1.4 x 0.8 cm ovoid defect.

**Soot/stippling:** Soot, gunpowder stippling, and unburned gunpowder particles are not identified on the skin surrounding the wound.

**Path:** The hemorrhagic wound track sequentially perforates the skin of the posterior aspect of the left forearm, soft tissue, distal aspect of the left humerus, skin of the posterior aspect of the left elbow (partial exit), and soft tissue, with bullet fragments coming to rest in the posterior aspect of the left elbow and soft tissue of the left arm.

**Exit:** Involving the posterior aspect of the left arm, 1.5 cm proximal to the elbow and 1.4 cm left of the posterior midline of the left arm, is a partial exit wound consisting of a 2.3 x 1.2 cm defect.

**Projectile:** A deformed jacket fragment is recovered from the posterior aspect of the left elbow. A deformed core fragment is recovered from the left arm (16.7 cm proximal to the elbow and 2.2 cm right of the posterior midline of the left arm).

**Direction:** Upward and slightly rightward.

**GUNSHOT WOUND #14, GUNSHOT WOUND OF THE LEFT ARM:**

**Entry:** Involving the posterolateral aspect of the left arm, 17.3 cm distal to the left shoulder and 5.3 cm left of the posterior

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midline of the left arm, is an entrance gunshot wound consisting of a 0.9 x 0.7 cm ovoid defect with an up to 0.4 cm wide crescentic marginal abrasion from 3 o'clock to 8 o'clock as well as a 1.6 x 0.9 cm abrasion at 11 o'clock to 2 o'clock.

**Soot/stippling:** Soot, gunpowder stippling, and unburned gunpowder particles are not identified on the skin surrounding the wound.

**Path:** The hemorrhagic wound track sequentially perforates the skin of the posterolateral aspect of the left arm and soft tissue, with the bullet coming to rest in the soft tissue of the left axillary region.

**Exit:** None.

**Projectile:** A deformed bullet is recovered from the soft tissue of the left axillary region.

**Direction:** Upward and rightward.

**GUNSHOT WOUND #15, GUNSHOT WOUND OF THE DISTAL LEFT FOREARM:**

**Entry:** Involving the distal aspect of the left forearm, 2.6 cm proximal to the wrist and 3.1 cm right of the posterior midline of the left forearm, is an entrance gunshot wound consisting of 0.9 x 0.6 cm ovoid defect.

**Soot/stippling:** Soot, gunpowder stippling, and unburned gunpowder particles are not identified on the skin surrounding the wound.

**Path:** The hemorrhagic wound track sequentially perforates the skin of the distal aspect of the left forearm, soft tissue, left radius, soft tissue, and skin of the distal aspect of the left forearm.

**Exit:** Involving the distal aspect of the left forearm, 6.2 cm proximal to the wrist and 5.7 cm left of the posterior midline of the left forearm, is an exit gunshot wound consisting of a 1.3 x 1.5 cm defect.

**Projectile:** None.

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**Direction:** Leftward.

**Associated findings:** Fracture of the left radius.

**GUNSHOT WOUND #16, GUNSHOT WOUND OF THE DISTAL LEFT FOREARM:**

**Entry/Exit:** Involving the distal aspect of the left forearm, 6.4 cm proximal to the wrist and 1.3 cm right of the posterior midline of the left forearm, is an entrance/exit gunshot wound consisting of a 2 x 1.3 cm defect.

**Soot/stippling:** Soot, gunpowder stippling, and unburned gunpowder particles are not identified on the skin surrounding the wound.

**Path:** The hemorrhagic wound track sequentially perforates the skin of the distal aspect of the left forearm, soft tissue, left radius, soft tissue, and skin of the distal aspect of the left forearm.

**Exit/Entry:** Involving the distal aspect of the left forearm, 2.5 cm proximal to the wrist and 3.9 cm left of the posterior midline of the left forearm, is an entrance/exit gunshot wound consisting of a 1.6 x 1.3 cm defect.

**Projectile:** None.

**Direction:** Indeterminate.

**Note:** It is unclear which wound is the entry and which is the exit.

**GUNSHOT WOUND #17, GUNSHOT WOUND OF THE RIGHT HAND:**

Involving the lateral aspect of the right ring finger is a gunshot wound consisting of a 2.3 x 1 cm defect. Also part of this gunshot wound is a 0.5 x 0.2 cm laceration of the medial aspect of the right middle finger.

**Soot/stippling:** Soot, gunpowder stippling, and unburned gunpowder particles are not identified on the skin surrounding the wound.

**Projectile:** None.

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**Direction:** Indeterminate.

**CLOTHING:**

The decedent's clothing has been removed prior to autopsy, and the clothing is examined separately. The clothing demonstrates blood staining and multiple defects.

**EVIDENCE OF THERAPEUTIC INTERVENTION:**

The following findings include only those present at the time of autopsy and do not include medical therapeutic devices removed prior to autopsy. At the time of autopsy, there is no evidence of recent medical therapeutic intervention. Organ and tissue procurement have not been performed.

**EXTERNAL EXAMINATION:**

Please see previously described gunshot wounds.

The body is identified by coroner tags and ankle band and is that of an unembalmed, refrigerated adult Black man who appears about the reported age of 21 years. Based on coroner form #1 data, the body is 182 pounds and 71 inches in length. Hydration and nutritional status are grossly unremarkable. Rigor mortis is present. Livor mortis is indiscernible.

The head is normocephalic, and the scalp is covered by short black hair. Facial hair consists of a thin mustache and a patch of hair on the chin. Examination of the eyes reveals irides that appear brown and sclerae that are unremarkable. There are no petechial hemorrhages of the conjunctivae of the eyelids or sclerae. The oronasal passages are unobstructed. Frenulae and oral mucosae are intact. Upper and lower teeth are present. Manipulation of the neck demonstrates no abnormal mobility or crepitus.

There is no increased anterior-posterior dimension of the chest. The abdomen is not distended. Genitalia are those of an adult man, and the penis appears uncircumcised. The external genitalia are

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without trauma or lesions. Examination of the anus reveals no hemorrhage or trauma.

**INITIAL INCISION:**

The body cavities are entered through the standard coronal and Y-shaped incisions.

**NECK:**

Please see previously described gunshot wounds.

The neck organs are removed en bloc with the tongue. The gingivae and oral mucosae are without trauma or lesions. The tongue, when sectioned, shows no trauma. Blood is present within the mouth, pharynx, larynx, and trachea. There is no prominent edema of the larynx or epiglottis. There is hemorrhage of the soft tissues of the neck in association with gunshot wound #1. Hyoid bone and larynx are intact and without fracture.

**CHEST/ABDOMINAL CAVITY:**

Please see previously described gunshot wounds.

Soft tissues of the thoracic and abdominal walls are well-preserved. The subcutaneous fat of the thoracic wall is 0.5 cm in thickness, and the subcutaneous fat of the abdominal wall is 1.0 cm in thickness. The right pleural cavity contains 1000 mL of blood and blood clot, and the left pleural cavity contains 300 mL of blood and blood clot. There are no pleural adhesions.

No abdominal adhesions are present. Ascites is not present. No free blood is present within the peritoneal cavity. There is no evidence of previous abdominal surgery. The overall general arrangement of the abdominal organs is unremarkable, and none are absent. There is no overt evidence of peritonitis.

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**SYSTEMIC AND ORGAN REVIEW**

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

**MUSCULOSKELETAL SYSTEM:**

Please see previously described gunshot wounds.

Excluding gunshot wounds, no overt, non-traumatic abnormalities of the bony framework or musculature are identified.

**CARDIOVASCULAR SYSTEM:**

Please see previously described gunshot wounds.

The aorta demonstrates a defect associated with gunshot wound #3. The aorta is otherwise elastic and of even caliber throughout, with vessels distributed normally from it. No aortic atherosclerosis is identified. The proximal portions of the major branches of the aorta are unremarkable. There is no tortuosity or widening of the thoracic segment. There is no dilatation of the lower abdominal segment. No aneurysm is present.

The pericardial sac contains a small amount of blood. The heart is 300 grams and has an unremarkable silhouette. The heart demonstrates defects associated with gunshot wounds #4 and 5. Coronary ostia are widely patent, and the coronary artery distribution is right dominant. In situ serial sectioning of the coronary arteries demonstrates no significant atherosclerosis. No intravascular coronary artery thrombi are identified. The tricuspid valve demonstrates lacerations associated with gunshot wound #4; otherwise, the valves are thin, leafy, and competent. No cardiac valve vegetations are identified. Circumferences of the valve rings are: tricuspid 12.5 cm, pulmonic 7.3 cm, mitral 9.9 cm, and aortic 5.8 cm.

Excluding gunshot wounds, the consistency of the myocardium is unremarkable. With respect to direction of flow, the overall chamber configuration is unremarkable, and the chambers are without



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mural thrombosis. The right ventricle is 0.4 cm in thickness, the interventricular septum is 1.1 cm in thickness, and the left ventricle is 1.3 cm in thickness. The great vessels enter and leave in a normal fashion. The ductus arteriosus is obliterated. The heart and large blood vessels contain only a very small amount of blood.

**RESPIRATORY SYSTEM:**

Please see previously described gunshot wounds.

The right lung is 250 grams, and the left lung is 275 grams. Blood is present throughout portions of the grossly visible bronchopulmonary tree. The respiratory mucosa appears pale and intact. Hilar lymph nodes are unremarkable. Sectioning of the lungs reveals parenchyma that is pink-tan, and the cut surfaces exude no significant fluid or blood. A deformed bullet is present within the upper lobe of the left lung. No regions of consolidation are identified. The pulmonary vasculature is without thromboembolism. There is no evidence of prior pulmonary infarction.

**GASTROINTESTINAL SYSTEM:**

The esophagus is intact throughout. No dilated blood vessels are visualized at the distal end of the esophagus. The stomach is minimally distended, and it contains approximately 10 mL of maroon liquid with a few small particles (specific types of food are not recognized). No tablets, capsules, or portions thereof are identified within the stomach or stomach contents. The gastric mucosa is unremarkable. The small intestine and colon are opened along their entire length and examined. The small intestine contains a small amount of tan semi-liquid stool. The large intestine contains a small amount of brown semi-solid stool. The appendix is unremarkable. The pancreas occupies a normal position and is without trauma or hemorrhage. The parenchyma is lobular and has an unremarkable consistency. No pancreatic fibrosis is identified.

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Page 17**HEPATOBIILIARY SYSTEM:**

The liver is 1500 grams and brown. The capsule is intact and the liver has an overall unremarkable gross architecture. Sectioning of the liver demonstrates smooth cut surfaces and an unremarkable parenchymal consistency. No fibrosis is identified grossly. The gallbladder has a thin and pliable wall; it contains a small amount of yellow-tan bile and no calculi. Periportal lymph nodes are unremarkable.

**URINARY SYSTEM:**

The kidneys are normally situated, and the capsules separate with ease to reveal smooth and glistening cortical surfaces. The right kidney is 100 grams, and the left kidney is 100 grams. Sectioning of the kidneys reveals pallor with otherwise unremarkable parenchyma. Peripelvic fat is not increased. The ureters are without dilatation or obstruction. The urinary bladder appears moderately distended; it contains 180 mL of pale yellow urine.

**GENITAL SYSTEM:**

The prostate gland is unremarkable, without enlargement or nodularity. Both testes are within the scrotum, without trauma, and unremarkable.

**HEMOLYMPHATIC SYSTEM:**

The spleen is 50 grams and has an intact capsule. The parenchyma is maroon and has an unremarkable consistency. No increased follicular pattern is identified. Lymph nodes throughout the body are small and inconspicuous. The bone marrow of the rib is unremarkable. The thymus is involuted.

**ENDOCRINE SYSTEM:**

The pituitary gland, thyroid gland, and adrenal glands are unremarkable. Parathyroid glands are not identified.

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Page 18**SPECIAL SENSES:**

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

**HEAD AND CENTRAL NERVOUS SYSTEM:**

There is no subcutaneous, subgaleal, or subperiosteal hemorrhage of the scalp. The dura mater is removed, 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 is 1400 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 symmetric. There is no softening, discoloration, or hemorrhage of the white matter. The basal ganglia are intact. Anatomic landmarks are preserved. Cerebral contusions are not identified. The ventricular system is unremarkable and without dilatation or distortion. Pons, medulla, and cerebellum are unremarkable. There is no evidence of uncal or cerebellar herniation. Vessels at the base the brain have an unremarkable distribution and are without aneurysm. The cerebral arteries demonstrate no significant arteriosclerosis.

**SPINAL CORD:**

The entire cord is not dissected. The superior portion of the cervical cord is examined through the foramen magnum and is unremarkable.

**RETAINED TISSUE:**

Representative sections from various organs are preserved in two storage containers containing 10% formalin.

**TISSUE SECTIONS FOR MICROSCOPIC EVALUATION:**

No tissue is submitted for microscopic examination.

**12****AUTOPSY REPORT**

No.

2019-05778

SIMPSON, JAMAAL MICHAEL

Page 19**TOXICOLOGY:**

Chest blood is collected in a vacuum-intact EDTA purple top tube and submitted to the lab as a typing specimen. Chest blood, femoral blood, bile, liver tissue, urine, stomach contents, and vitreous humor are collected and submitted to the lab. A " C " screen is requested; screening for tetrahydrocannabinol and benzodiazepines is also requested.

**EVIDENCE:**

Nine projectiles are recovered during the autopsy (two projectiles from the left arm are from the same gunshot wound; one was a jacket fragment and the other was a core fragment).

**PHOTOGRAPHY:**

Thirteen scene photographs are reviewed prior to the performance of this autopsy. The body is photographed in the photography studio prior to autopsy.

**RADIOGRAPHY:**

Twenty radiographs and a computed tomography scan are reviewed and demonstrate findings compatible with those previously described.

**WITNESSES:**

Detective Blagg, of the Los Angeles County Sheriff's Department, and Investigator Van Dixhorn, of the Los Angeles County District Attorney Office, are present for this autopsy.

**DIAGRAMS AND FORMS USED:**

Diagrams/forms #16, 22 (1), 20 (3), and 23 (1) are used during the performance of this autopsy. Coroner diagrams are not intended to be facsimiles nor are they drawn to scale.

**12****AUTOPSY REPORT**

No.

2019-05778

SIMPSON, JAMAAL MICHAEL

Page 20**SUMMARY AND OPINION:**

This 21 year-old man, Jamaal Michael Simpson, was shot after he fired a gun at a law enforcement officer. His death was pronounced at the scene.

The autopsy demonstrated multiple gunshot wounds.

Gunshot wound #1 was a gunshot wound of the neck which entered through the skin of the right side of the neck, passed through the soft tissue, right common carotid artery/right internal jugular vein, (impacted cervical vertebra 4 and 5), and soft tissue, with the bullet coming to rest in the soft tissue of the left side of the neck. A deformed bullet was recovered from the soft tissue of the left side of the neck.

Gunshot wound #2 was a graze gunshot wound of the right shoulder, and the gunshot wound consisting of a superficial abrasion.

Gunshot wound #3 was a gunshot wound of the chest which entered through the skin of the left upper chest, passed through the soft tissue, sternum, aorta, right mainstem bronchus, upper lobe of the right lung, right rib 5 (ricochet), and soft tissue of the right back, with the bullet coming to rest in the soft tissue of the right side the back. A deformed bullet was recovered from the soft tissue of the right side of the back.

Gunshot wound #4 was a gunshot wound of the chest which entered through the skin of the left side of the chest, passed through the soft tissue, heart, lower lobe of the right lung, right rib 9, and soft tissue, and exited through the skin of the right side of the back.

Gunshot wound #5 was a gunshot wound of the chest which entered through the skin of the left lower chest, passed through the soft tissue, left rib 4, heart (graze), and upper lobe of the left lung, with the projectile coming to rest in the upper lobe of the left lung. A deformed bullet was recovered from the upper lobe of the left lung.

Gunshot wound #6 was a gunshot wound of the lateral left chest which entered through the lateral aspect of the left side of the

**12****AUTOPSY REPORT**

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chest and passed through the soft tissue, with the bullet coming to rest in the soft tissue of the left side of the back. A deformed bullet was recovered from the soft tissue of the left side of the back.

Gunshot wound #7 was a gunshot wound of the left hip which entered through the skin of the proximal aspect of the posterior left thigh, passed through the soft tissue, left femur, and soft tissue, with the bullet coming to rest in the soft tissue of the anterior right thigh/hip region. A deformed bullet was recovered from the anterior aspect of the left hip/thigh region.

Gunshot wound #8 was a gunshot wound of the left thigh which entered through the skin of the medial aspect of the left thigh, passed through the soft tissue, and exited through the skin of the anteromedial aspect of the left thigh.

Gunshot wound #9 was a gunshot wound of the distal left thigh which entered through the skin of the distal aspect of the left thigh, passed through the soft tissue, and exited through the skin of the distal aspect of the left thigh.

Gunshot wound #10 was a graze gunshot wound of the left knee region, and the gunshot wound consisted of a superficial abrasion.

Gunshot wound #11 was a gunshot wound of the right upper extremity which entered through the skin of the posterior aspect of the right forearm, passed through the soft tissue, (probable graze of the right radius), exited through the skin of the anterior aspect of the proximal right forearm, reentered through the skin of the anterior aspect of the distal right arm, and passed through the soft tissue, with the projectile coming to rest in the soft tissue of the right arm. A deformed bullet was recovered from the soft tissue of the right arm.

Gunshot wound #12 was a graze gunshot wound of the right triceps region, and the gunshot wound consisted of a large laceration of the skin and muscle.

Gunshot wound #13 was a gunshot wound of the left upper extremity which entered through the skin of the posterior aspect of the left forearm, passed through the soft tissue, distal aspect of the left

**12****AUTOPSY REPORT**

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humerus, skin of the posterior aspect of the left elbow (partial exit), and soft tissue, with bullet fragments coming to rest in the posterior aspect of the left elbow and soft tissue of the left arm. A partial exit wound was present, involving the posterior aspect of the left arm. A deformed jacket fragment was recovered from the posterior aspect of the left elbow, and a deformed core fragment was recovered from the soft tissue of the left arm.

Gunshot wound #14 was a gunshot wound of the left arm which entered through the skin of the posterolateral aspect of the left arm and passed through the soft tissue, with the bullet coming to rest in the soft tissue of the left axillary region. A deformed bullet was recovered from the soft tissue of the left axillary region.

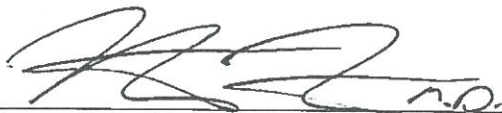
Gunshot wounds #15 and 16 were gunshot wounds of the distal left forearm which resulted in fractures of the left radius.

Gunshot wound 17 was a gunshot wound of the right hand which resulted in a defect of the right ring finger and a laceration of the right middle finger.

Gunshot wound #1 was fatal due to perforation of the right common carotid artery and right internal jugular vein. Gunshot wound #3 was fatal due to perforation of the aorta, right mainstem bronchus, and upper lobe of the right lung. Gunshot wound #4 was fatal due to perforation of the heart and lower lobe of the right lung. Gunshot wound #5 was fatal due to laceration of the heart and perforation of the upper lobe of the left lung.

No soot or stippling was identified in association with any of gunshot wounds; therefore, the range of fire is indeterminate

The cause of death is gunshot wounds. Based on the history, circumstances, and/or autopsy, as I currently know them, the manner of death is homicide.



Matthew J. Miller, M.D.  
Deputy Medical Examiner

8-4-19  
Date

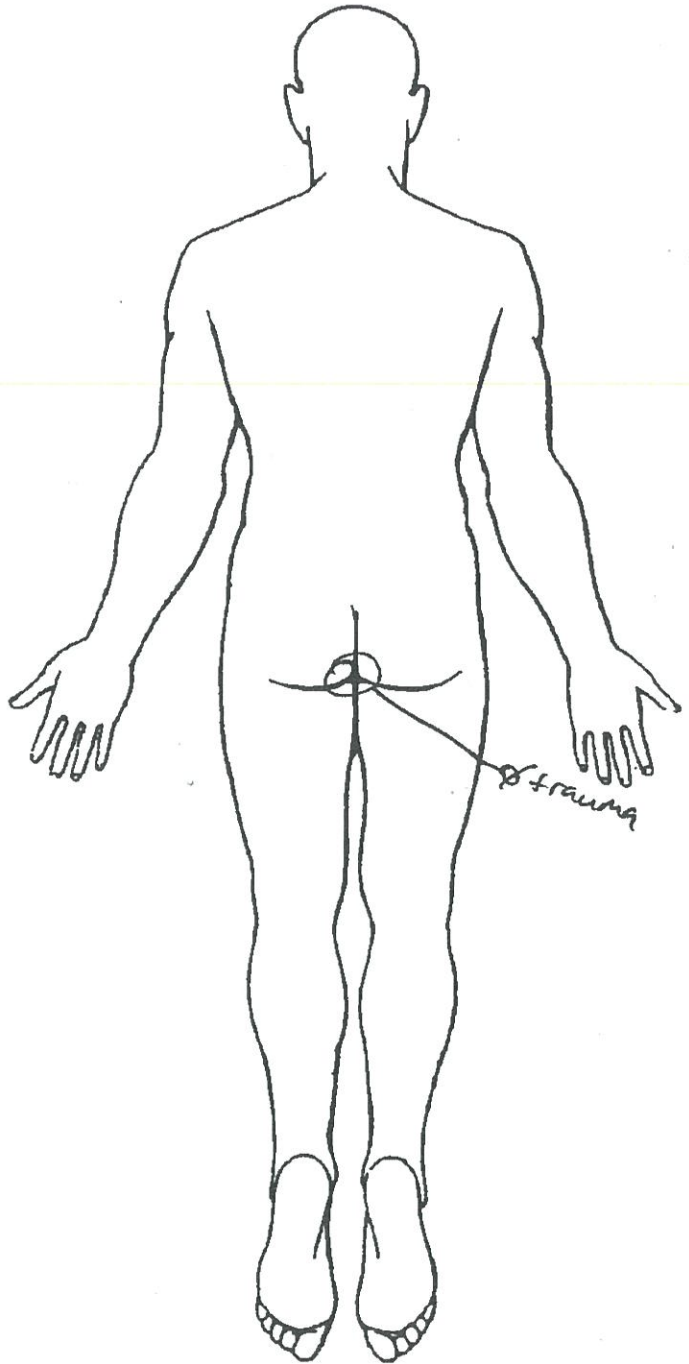
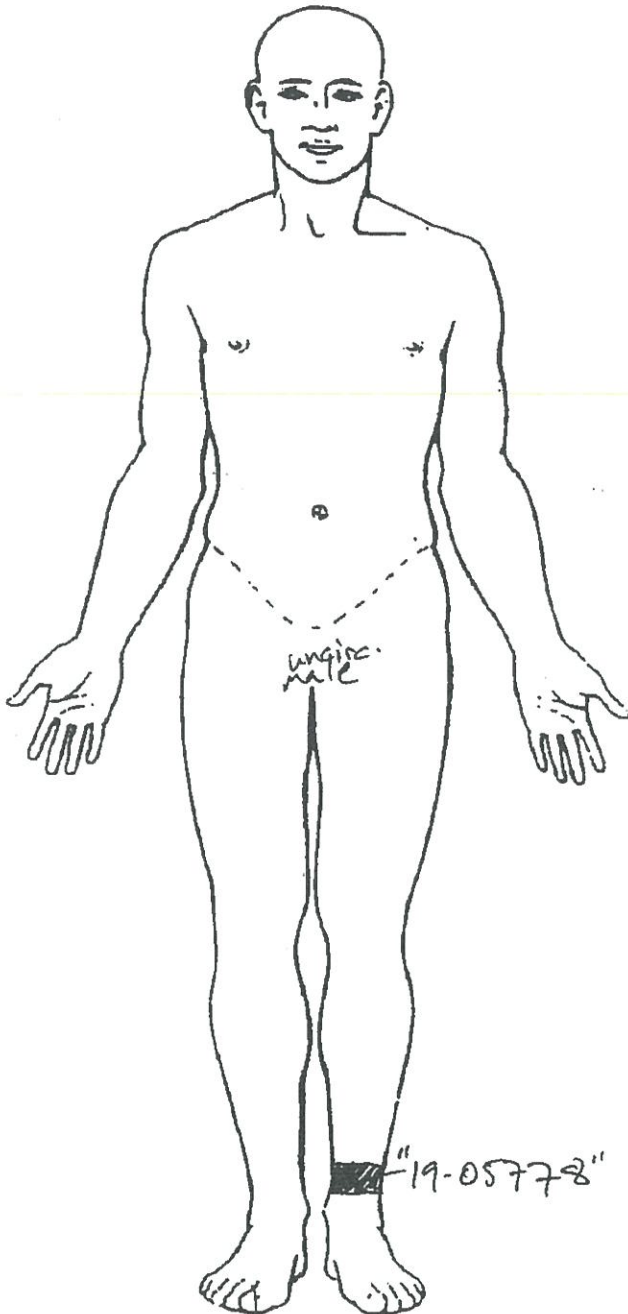
#20 1 of 3

20  
1 of 5 total

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HOMI

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Tag compatible & paperwork

Date 8-4-19

*[Signature]*  
 Deputy Medical Examiner (Miller) M.D.

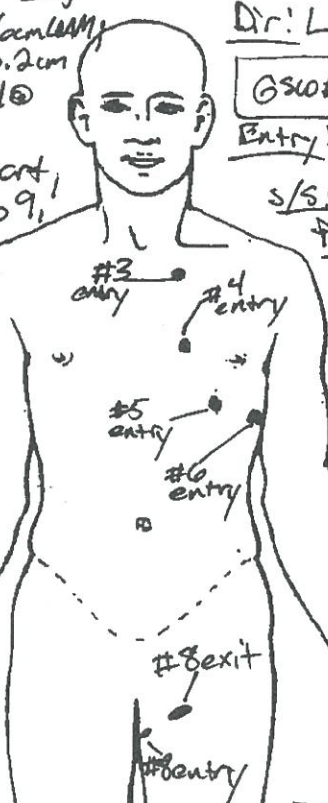


#20 of 3  
**20**  
3rd of 5 total

GSW #3  
Entry: 3.7cm TOH, 3.6cm LOAM; 0.7cm dia c  
0.1cm cresc. MA 1-4  
S/S:  $\emptyset$   
Path: Sk, ST, sternum, Ao, R main stem bronchus,  
RUL, Ribs (ricochet), ST  
Exit:  $\emptyset$   
Proj: Deformed bullet R back  
Dir: L  $\rightarrow$  R, F  $\rightarrow$  B

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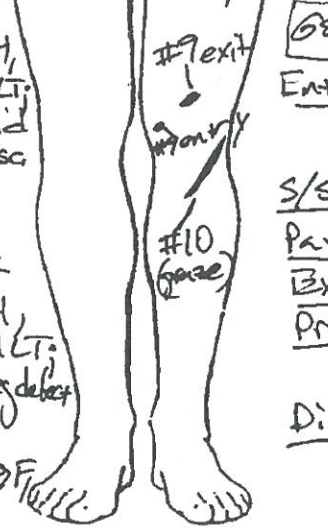
GSW #4  
Entry: 4.4cm TOH, 4.6cm LOAM;  
0.7cm dia c 0.2cm  
cresc. MA 12-4  
S/S:  $\emptyset$   
Path: Sk, ST, heart,  
RUL, Ribs 9,  
ST, Sk  
Exit: 4.6cm TOH,  
10.5cm  
ROAM;  
1.1 x 1.3cm  
irreg defect  
Proj:  $\emptyset$   
Dir: L  $\rightarrow$  R,  
F  $\rightarrow$  B



GSW #5  
Entry: 5.1cm TOH, 6.5cm LOAM;  
2.1 x 2cm irreg defect  
S/S:  $\emptyset$   
Path: Sk, ST, L ribs,  
heart (graze),  
LUL  
Exit:  $\emptyset$   
Proj: Deformed  
bullet LUL  
Dir: F  $\rightarrow$  B,  $\uparrow$

GSW #6  
Entry: 5.4cm TOH,  
19.3cm LOAM;  
2.3 x 1.7cm irreg  
defect  
S/S:  $\emptyset$   
Path: Sk, ST  
Exit:  $\emptyset$   
Proj: Deformed  
bullet L  
back  
Dir: F  $\rightarrow$  B,  $\uparrow$

GSW #8  
Entry: 11.3cm TOH,  
18.5cm ROAM LT;  
1.3 x 0.7cm oval  
c 0.3cm cresc  
MA 7-12  
S/S:  $\emptyset$   
Path: Sk, ST, Sk  
Exit: 10.8cm TOH,  
9.6cm ROAM LT;  
2.2 x 1.2cm irreg defect  
Proj:  $\emptyset$   
Dir: Leftward, B  $\rightarrow$  F,  
 $\uparrow$



GSW #7  
Entry: 9.7cm TOH, 6.8cm ROAM LT;  
0.5cm defect c 0.3cm cresc  
MA 2-11  
S/S:  $\emptyset$   
Path: Sk, ST, L femur, ST  
Exit:  $\emptyset$   
Proj: Deformed bullet from  
L hip/thigh (9.8cm TOH,  
13.6cm LOAM)  
Dir: B  $\rightarrow$  F,  $\uparrow$ , leftward

GSW #9  
Entry: 12.7cm TOH,  
7.1cm ROAM LT;  
0.8 x 0.6 cm oval  
defect c 1cm cresc  
MA 7-8  
S/S:  $\emptyset$   
Path: Sk, ST, Sk  
Exit: 11.7cm TOH, 6.2cm  
LOAM LT; 3.7 x 1.7cm  
defect  
Proj:  $\emptyset$   
Dir: Leftward,  $\uparrow$

GSW #10  
135.8cm TOH, 3.2cm LOAM LL;  
12.6 x 1.1cm abr (graze wound)  
S/S:  $\emptyset$   
Proj:  $\emptyset$   
Dir: indet.  
(Rev. 9/13)

Date 8-4-19  
  
Deputy Medical Examiner (Miller) M.D.

#20 3 of 3

20

#4 of 5 total

GSC#11

Entry: 11.9cm distal to elbow, 4.7cm ROPMRF; 0.7cm dia defect; 0.3cm cross. MA 2-70

Path: Sk, ST, prob. graze R radius, ST, Sk, Sk, ST

S/S: ~~Ø~~

Exit: 3.4cm distal to elbow, 1cm ROPMRF; 3.2x1.5cm defect

Re-entry: 3.3cm prox to elbow 0.2cm LOAMRA; 1.3x1.6cm defect within 3.1x2cm abrad

Re-exit: ~~Ø~~

Proj: Deformed bullet from R arm (1.4cm prox to elbow, 6.7cm LOPMRA)  
Dir: ↑, leftward

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GSC#14

Entry: 17.3cm distal to L shoulder, 5.3cm LOPMLA; 0.9x0.7cm ovoid defect; 0.4cm cross. MA 3-80; 1.6x0.9cm abrad 11-20

S/S: ~~Ø~~

Path: Sk, ST

Exit: ~~Ø~~

Proj: Deformed bullet L axilla; ST  
Dir: ↑, rightward

GSC#12

7.4cm prox to elbow, 5.2cm ROPMRA; 13.4x4.2cm lac (graze wound)

S/S: ~~Ø~~

Proj: ~~Ø~~

Dir: indet.

#12

#14 entry

#13 partial exit

#13 entry

#11 entry

1.7x0.6cm abrad

as stab exit lac

#11 re-entry

#11 exit

GSC#13

Entry: 4cm distal to elbow, 4.6cm LOPMLF; 1.4x0.8cm ovoid defect

S/S: ~~Ø~~

Path: Sk, ST, <sup>M284-19</sup> 1.5cm distal humerus, Sk (partial exit), ST

Exit: 1.5cm prox to elbow, 1.4cm LOPMLA; 2.3x1.2cm defect (partial exit)

Proj: Deformed jacket fragment from post. L elbow; core fragment from L arm (1.6cm prox to elbow, 2.2cm ROPMLA)

Dir: ↑, rightward

Date 8-4-19

*[Signature]*

Deputy Medical Examiner

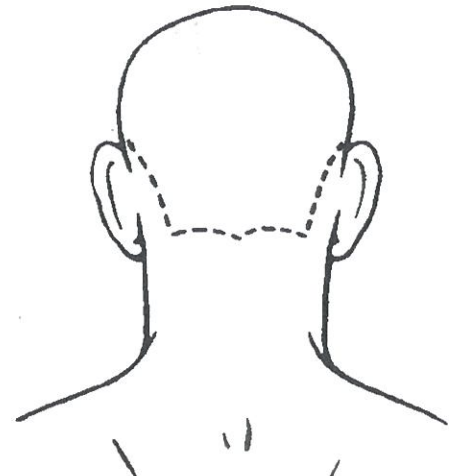
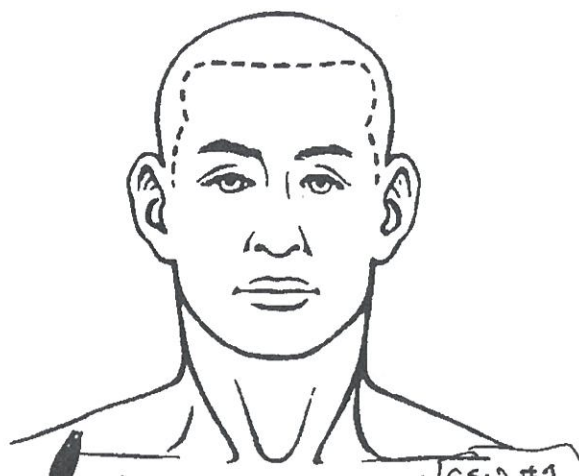
M.P. Miller

#22 1 of 1  
**22**  
2 of 5 total

GSW #2  
26.3cm TOH, 15.2cm R OAM; 5.6 x 1.2cm ab  
(graze wound)  
S/S:  $\emptyset$   
Proj:  $\emptyset$  Dir: indef.

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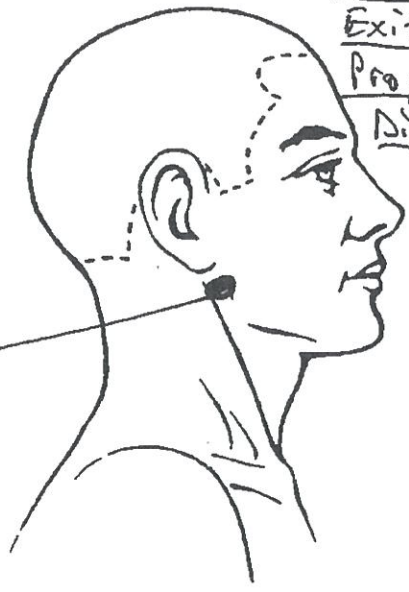


GSW #2

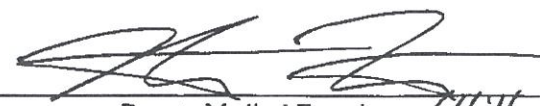
GSW #1

Entry: 19.2cm TOH, 12.8cm c R OAM; 2 x 1.4cm defect  $\Sigma$   
up to 0.3cm cresc. MA 9-1  $\odot$   
S/S:  $\emptyset$   
Path: Sk, ST, R common carotid/R IJV, impacts C4/S, ST  
Exit:  $\emptyset$   
Proj: Deformed bullet  
Dir: C neck  
R  $\rightarrow$  L,  $\downarrow$

GSW #1  
entry



Date 8-4-19

  
Deputy Medical Examiner (Miller) M.D.

#23 / of 1  
**23**  
#5 of 5 total

GSO# 15

Entry: 2.6cm prox to wrist, 3.1cm ROPMLF;  
0.9x0.6cm ovoid defect

S/S:  $\emptyset$   
Path: SK, ST, L radius, ST, SK

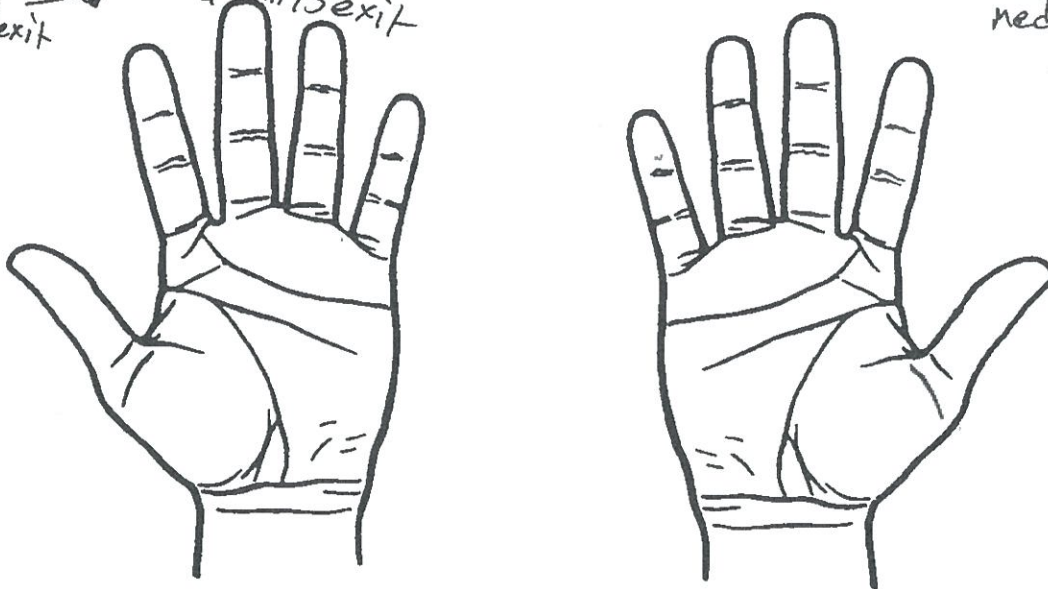
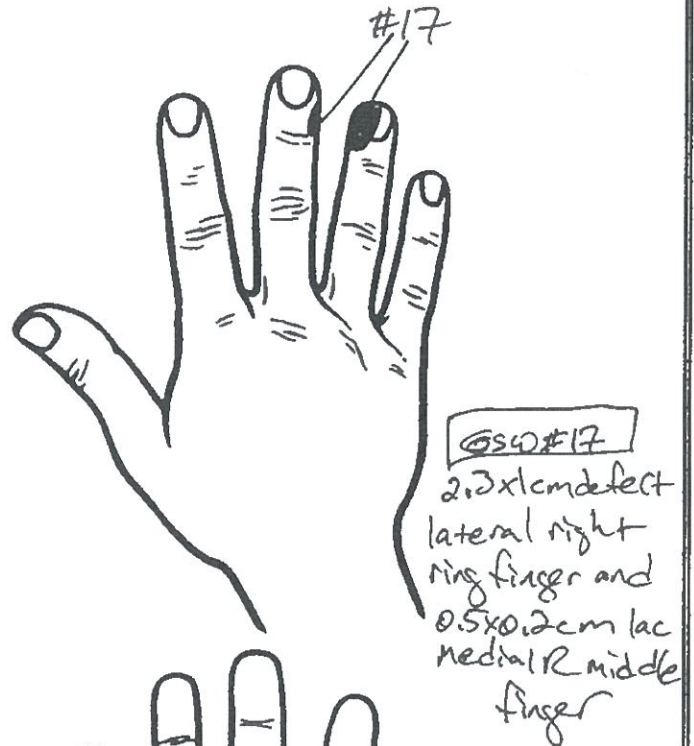
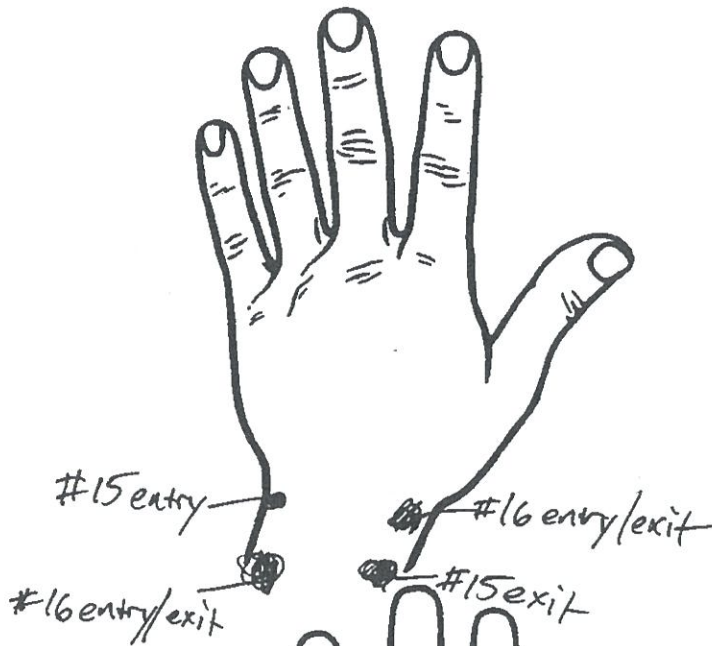
Exit: 6.2cm prox to wrist, 5.7cm LOPMLF;  
1.3x1.5cm defect

Proj:  $\emptyset$   
Dir: leftward

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GSO#16

Entry/Exit: 6.4cm prox to wrist, 1.3cm ROPMLF; 2x1.3cm defect

S/S:  $\emptyset$

Path: SK, ST, L radius, ST, SK

Exit/Entry: 2.5cm prox to wrist, 3.9cm LOPMLF;  
1.6x1.3cm defect

Proj:  $\emptyset$

Dir: indet.

8-1-19

*[Signature]* M.D.  
Deputy Medical Examiner *[Signature]*

15

AUTOPSY CLASS:  A  B  C  Examination Only D

FAMILY OBJECTION TO AUTOPSY

Date: 8-4-19 Time: 1725 Dr. Matt Miller (Print)

FINAL ON: 8-4-19 By: Matt Miller (Print)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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

IMMEDIATE CAUSE:

(A) Gunshot wounds

rapid

Age: 21 Gender: Male Female

DUE TO, OR AS A CONSEQUENCE OF:

(B)

PRIOR EXAMINATION REVIEW BY DME

BODY TAG  CLOTHING  
 X-RAY (No. 20+CT)  FLUORO  
 SPECIAL PROCESSING TAG  MED. RECORDS  
 AT SCENE PHOTOS (No. 13)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

CASE CIRCUMSTANCES

DUE TO, OR AS A CONSEQUENCE OF:

(D)

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

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

TYPING SPECIMEN

NATURAL  SUICIDE  HOMICIDE

ACCIDENT  COULD NOT BE DETERMINED

TYPING SPECIMEN TAKEN BY: M2/TM  
SOURCE: Chest blood EDTA

If other than natural causes, HOW DID INJURY OCCUR? Shot by other person with handgun.

TOXICOLOGY SPECIMEN

COLLECTED BY: M2/TM  
 HEART BLOOD  STOMACH CONTENTS  
 FEMORAL BLOOD  VITREOUS  
TECHNIQUE  
 Chest BLOOD  SPLEEN  
 BLOOD  KIDNEY  
 BILE   
 LIVER   
 URINE

WAS OPERATION PERFORMED FOR ANY CONDITION STATED ABOVE:  YES  NO

TYPE OF SURGERY: DATE:

ORGAN PROCUREMENT  TECHNICIAN: T. Morris

PREGNANCY IN LAST YEAR  YES  NO  UNK  NOT APPLICABLE

WITNESS TO AUTOPSY  EVIDENCE RECOVERED AT AUTOPSY  
Item Description: 9 projectiles

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

HISTOLOGY

Regular (No. 2)  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)  
• tetrahydrocannabinol  
• Benzodiazepines

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

RESIDENT

DME

16

Key: u = unremarkable, Ø = no (and/or) none

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EXTERNAL EXAM

Sex male  
Race black  
Reported Age 21  
Weight 180#  
Height 71"  
Hair black, short  
Eyes brown  
Sclerae u  
Teeth u  
Mouth u  
Tongue u  
Nose u  
Chest GSWs  
Abdomen u  
Scar Ø surgical  
Genital uncirc. male  
Edema Ø  
Skin GSWs  
Decub Ø GSWs  
HEART Wt 300g  
Pericard GSW  
Hypert Ø  
Dilat Ø  
Muscle GSW  
Valves AC of TV  
Coronar u

thin must. 1  
patch of chin  
hair

RV 0.4cm  
IVS 1.1cm  
LV 1.3cm  
T 12.5cm  
P 7.3cm  
M 9.9cm  
A 5.8cm

Clot/lig min. lbs  
AORTA GSW  
VESSELS GSW R carotid  
LUNGS Wt

R 250g  
L 275g  
Adhes Ø 234-19  
Fluid 100ml - 1000ml blood right  
Atelectasis 300ml left  
Edema Ø  
Congest Ø  
Consistency u  
Bronchi blood  
Nodes u

PHARYNX blood  
TRACHEA blood  
THYROID u  
THYMUS involuted  
LARYNX blood  
HYOID u  
CHEST WALL FAT 0.5cm  
ABDOMINAL WALL FAT 1.0cm

PERITONEUM

Fluid Ø  
Adhes Ø  
LIVER Wt 1500g  
Caps u  
Color brown  
Fibros Ø  
GB (+) u, smy-t  
Calc Ø  
Bile ducts u  
SPLEEN Wt 50g  
Color maroon  
Consist u  
Caps u  
Malpig Ø

PANCREAS u  
ADRENALS u  
KIDNEYS Wt

R 100g  
L 100g  
Caps u  
Cortex u  
Vessels u  
Pelvis u  
Ureter u

BLADDER 180ml pale yellow

GENITALIA  
Prost u  
Testes 2ly u

ESOPHAGUS u  
STOMACH

Contents 10ml mason + particles  
Mucosa u

DUOD & SM INT 8m tan s-ly  
APPENDIX (+) u

LARGE INT sm brown s-solid  
ABDOM NODES u

SKELETON  
Spine u  
Marrow u  
Rib Cage GSWs  
Long bones L femur fx  
Pelvis u

RIGOR (+)  
LIVOR indizern.

SCALP Ø trauma

CALVARIUM Ø  
BRAIN Wt 1400g

Dura u  
Fluid clear  
Ventric u  
Vessels u  
Pituitary u  
Other

SPINAL CORD

TOXICOLOGY SPECIMENS  
See form #15

SLIDE KEY

MICROBIOLOGY

EVIDENCE  
9 projectiles

DIAGRAMS  
forms 20(3), 22(1), 23(1)

X-RAYS  
CT + 20

OTHER PROCEDURES

Date 8-4-2019 Time 1225-1651 Deputy Medical Examiner [Signature] (Miller)



Department of Medical Examiner-Coroner, County of Los Angeles

**FORENSIC SCIENCE LABORATORIES**

1104 North Mission Road, Los Angeles, CA 90033

**Laboratory Analysis Summary Report**



Miller, Matthew M.D.

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

PendingTox

**Coroner Case Number:** 2019-05778    **Decedent:** SIMPSON, JAMAAL MICHAEL

SPECIMEN    SERVICE    DRUG    RESULT    ANALYST

**Alcohol Quantitation/Confirmation**

Blood, Chest				
	Alcohol-GC/FID-HS	Ethanol	0.097 g%	M. Schuchardt
Blood, Femoral				
	Alcohol-GC/FID-HS	Ethanol	* TNP	M. Schuchardt
Vitreous				
	Alcohol-GC/FID-HS	Ethanol	0.123 g%	M. Schuchardt

**Drug Screen**

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

**Drug Screen/Confirmation**

Blood, Chest				
	Bases-GC/NPD &/or MS	Basic Drugs	ND	R. Cabrera
	Cannabinoids-LC/MS/MS	11-nor-Delta-9-Carboxy-THC, Free	Present	M. Liebl
	Cannabinoids-LC/MS/MS	Delta 9-Tetrahydrocannabinol (THC), Free	24 ng/mL	M. Liebl
	Cocaine-GC/MS	Benzoylcegonine	0.26 ug/mL	D. P. Cruz
	Cocaine-GC/MS	Cocaethylene	ND	D. P. Cruz
	Cocaine-GC/MS	Cocaine	ND	D. P. Cruz
	Sympath Amines-GC/MS	Amphetamine	ND	J. Posada
	Sympath. Amines-GC/MS	Methamphetamine	ND	J. Posada

Reviewed  
*[Signature]*  
Matthew J. Miller, M.D.  
9-16-19

*[Signature]*

**Coroner Case Number: 2019-05778 Decedent: SIMPSON, JAMAAL MICHAEL**

<u>SPECIMEN</u>	<u>SERVICE</u>	<u>DRUG</u>	<u>RESULT</u>	<u>ANALYST</u>
	Symphath. Amines-GC/MS	Methylenedioxyamphetamine (MDA)	ND	J. Posada
	Symphath. Amines-GC/MS	Methylenedioxymethamphetamine (MDMA)	ND	J. Posada
<b>Blood, Femoral</b>				
	Cannabinoids-LC/MS/MS	11-nor-Delta-9-Carboxy-THC, Free	* TNP	M. Liebl
	Cannabinoids-LC/MS/MS	Delta 9-Tetrahydrocannabinol (THC), Free	* TNP	M. Liebl
	Cocaine-GC/MS	Benzoylcegonine	0.23 ug/mL	D. P. Cruz
	Cocaine-GC/MS	Cocaethylene	QNS	D. P. Cruz
	Cocaine-GC/MS	Cocaine	QNS	D. P. Cruz
	Symphath. Amines-GC/MS	Amphetamine	ND	J. Posada
	Symphath. Amines-GC/MS	Methamphetamine	ND	J. Posada
	Symphath. Amines-GC/MS	Methylenedioxyamphetamine (MDA)	ND	J. Posada
	Symphath. Amines-GC/MS	Methylenedioxymethamphetamine (MDMA)	ND	J. Posada
<b>Urine</b>				
	Symphath. Amines-GC/MS	Amphetamine	0.03 ug/mL	J. Posada
	Symphath. Amines-GC/MS	Methamphetamine	0.04 ug/mL	J. Posada
	Symphath. Amines-GC/MS	Methylenedioxyamphetamine (MDA)	ND	J. Posada
	Symphath. Amines-GC/MS	Methylenedioxymethamphetamine (MDMA)	ND	J. Posada

NOTE: The Toxicology Laboratory only received specimens with "-02" label identifiers.\*Test not performed due to insufficient specimen volume.

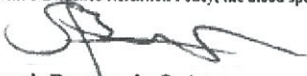
**Legend:**

	ND	Not Detected	SNS	Specimen Not Suitable	
g	Grams	ng/g	Nanograms per Gram	TNP	Test Not Performed
g%	Gram Percent	ng/mL	Nanograms per Milliliter	ug	Micrograms
Inc.	Inconclusive	PP	Presumptive Positive	ug/g	Micrograms per Gram
mg	Milligrams	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 immunosorbant 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: 9/6/19

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

Reviewed  
  
 Matthew J. Miller, M.D.  
 9-16-19



A Miller

COUNTY OF LOS ANGELES

CASE REPORT

DEPARTMENT OF CORONER

1	APPARENT MODE <b>HOMICIDE</b>	CASE NO 2019-05778
	SPECIAL CIRCUMSTANCES Gunshot Wound, Officer Involved	CRYPT 127

LAST FIRST MIDDLE <b>SIMPSON, JAMAAL MICHAEL</b>	AKA #
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ADDRESS 535 W. EL SEGUNDO #118	CITY LOS ANGELES	STATE CA	ZIP
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SEX MALE	RACE APPEARS BLACK	DOB 4/23/1998	AGE 21	HGT 71 in.	WGT 182 lbs.	EYES BROWN	HAIR BLACK	TEETH ALL NATURAL TEETH	FACIAL HAIR UNSHAVEN	ID VIEW Yes	CONDITION FAIR
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MARK TYPE	MARK LOCATION	MARK DESCRIPTION
		NONE OBSERVED



IDENTIFIED BY NAME (PRINT) PRINTS	RELATIONSHIP	PHONE	DATE 8/1/2019	TIME 12:35
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PLACE OF DEATH / PLACE FOUND STREET	ADDRESS OR LOCATION 7121 BRYNHURST AVE.	CITY LOS ANGELES	ZIP 90043
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PLACE OF INJURY STREET	AT WORK No	DATE 8/1/2019	TIME 01:00	LOCATION OR ADDRESS 7121 BRYNHURST AVE., LOS ANGELES, CA	ZIP 90043
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DOD 8/1/2019	TIME 01:18	FOUND OR PRONOUNCED BY LAFD
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OTHER AGENCY INV OFFICER LASD HOMICIDE - BLAGG & LAWLER	PHONE (323) 890-5500	REPORT NO 019-06618-0399-013	NOTIFIED BY	NO
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TRANSPORTED BY GILBERT STEWART	TO LOS ANGELES FSC	DATE 8/1/2019	TIME 10 48
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FINGERPRINTS? Yes	CLOTHING Yes	PARPT No	MORTUARY
MED. EV. No	INVEST PHOTO # 13	SEAL TYPE	HOSP RPT No
PHYS EV. Yes	EVIDENCE LOG Yes	PROPERTY? No	HOSP CHART No
SUICIDE NOTE No	GSR NO	RCPT NO 311402	PF NO

SYNOPSIS  
 Detectives report that on 08/01/19 deputies were attempting to pull over a vehicle when the decedent jumped out of the vehicle and began running. One deputy followed him in foot pursuit during which the decedent turned and fired at the deputy. The deputy returned fire, striking the decedent multiple times. LAFD determined death on scene. Weapons and casings were collected prior to my arrival. Detectives request 2-hour notification prior to autopsy - see case notes for confidential contact information.

BRENDA SHAFER 459893	INVESTIGATOR	DATE 8/2/2019	TIME 06:08	REVIEWED BY <i>[Signature]</i>	DATE 8/2/2019	TIME 1555
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FORM #3 NARRATIVE TO FOLLOW?



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



Case Number: 2019-05778

Decedent: SIMPSON, JAMAAL MICHAEL

**Information Sources:**

LASD/Homicide Division, Detective Blagg and Detective Lawler.



On-Scene Investigation.

**Investigation:**

On 08/01/19 at 0209 hours Security Officer Jimenez reported this case to our office. The scene was ready for my response and I was assigned this field call at 0840 hours. I arrived on scene at 0945 hours and concluded my scene investigation at 1030 hours. Forensic Attendant Stewart arranged for the transportation of the body to the Forensic Science Center.

A fingerprint submission through the Livescan system returned a record with the United States Department of Justice, Federal Bureau of Investigations indicating an arrest history for robbery and an outstanding warrant with Santa Ana Sheriff.

**Location:**

Injury and death occurred on a residential street located at 7121 Brynhurst Ave in Los Angeles.

**Informant/Witness Statements:**

Detective Blagg reports that on 08/01/19 at 0100 hours deputies were attempting to conduct a traffic stop when the decedent jumped out of the vehicle and began running. One deputy engaged in a foot pursuit during which the decedent turned and fired one shot from a 40-caliber handgun at the deputy. The deputy returned fire with a 9 mm Glock, 20 rounds fired. Los Angeles City Fire responded and paramedics determined death on scene at 0118 hours. Detective Blagg reports that all weapons and casings were collected prior to my arrival.

**Scene Description:**

The scene is a residential street, hours are daylight, and weather conditions are hot (80's). The street runs north/south and there are parked vehicles line both sides. The body is seen lying on the pavement in the middle of the street. I observed no casings, weapons, or yellow evidence markers. Two vehicles parked on the east side of the street, near the body, exhibited bullet holes. When the body was rolled over I observed an expended bullet embedded into the pavement and another on top of the pavement. A cell phone and wallet were in the decedent's front pants pocket – collected by detectives.

**Evidence:**

At the scene I utilized a GSR kit, collected nail swabs, and hair standards which were later booked into evidence at the Forensic Science Center.

**Body Examination:**

The body was observed lying supine on the asphalt ground. It was that of an adult male with multiple gunshot wounds to the chest, hand, arm, legs, and face. What appeared to be a tourniquet bandage was noted to the upper left arm. He was handcuffed with the hands under the right side of the body – Detective Blagg requested the handcuffs be removed for collection. He was wearing blue jeans, white socks, black shoes, a brown belt, a black shirt, gray underwear, and a multicolored shirt. Rigor mortis was full throughout the body and lividity was not observed.



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



Case Number: 2019-05778

Decedent: SIMPSON, JAMAAL MICHAEL

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**Identification:**

The body was identified after a submission of fingerprints through the Livescan system.

**Next of Kin Notification:**

On scene I spoke with [REDACTED] who relayed that the decedent was not married and had no children. On 08/01/19 I telephonically spoke with [REDACTED] who confirmed that he was aware of the death of his son.

**Autopsy Notification:**

Detective Blagg, Detective Lawler and DA Investigator Dixhorn request notification prior to autopsy. See case notes for confidential contact information.

BRENDA SHAFER

ACTING SUPERVISOR

08/02/2019

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Date of Report

**FORM 82**

**GSR DATA SHEET**

**CORONER CASE #**

2019-05778

**DECEDENT'S NAME**

SIMPSON, JAMAAL

Incoming Mode

HOMICIDE    SUICIDE    ACCIDENT    UNDETERMINED    OIS

INVESTIGATOR: SHAFER

COLLECTED AT:  FORENSIC SCIENCE CENTER    SCENE    HOSPITAL

COLLECTOR: SHAFER

DATE: 08/01/19

TIME: 1000

WEAPON WAS IN DECEDENT'S:  LEFT HAND    RIGHT HAND    UNKNOWN  
 NEITHER, THE WEAPON WAS LOCATED: MOVED PRIOR TO MY ARRIVAL

FIREARM – MAKE/MODEL:

40-CALIBER & 9MM

AMMUNITION – BRAND/CALIBER:

UNK

DATE OF SHOOTING:

08/01/19

AT 0100

HOURS

LOCATION OF DECEDENT:  INDOORS    OUTDOORS    AUTOMOBILE

LOCATION SHOOTING OCCURRED:

RESIDENTIAL STREET

NUMBER OF SHOTS FIRED: 20+

DECEDENT'S ACTIVITY PRIOR TO SHOOTING: UNKNOWN

DECEDENT'S OCCUPATION: UNKNOWN

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

FAMILY    PARAMEDICS    HANDCUFFED    BAGGED

BAGS COLLECTED    OTHER:

NOTES/COMMENTS :