



OFFICE OF THE MEDICAL EXAMINER
701 W. Jefferson St.
Phoenix, AZ 85007

REPORT OF AUTOPSY

DECEDENT: Carol Anne Gotbaum

CASE: 07-05669

DATE OF EXAMINATION: 10/02/2007

TIME: 0800 Hours

PERSONS PRESENT AT EXAMINATION:

Medicolegal Observers: Phoenix Police Department Personnel Lieutenant Eric Edwards #4514 Legal Department, Sergeant Jim Gallagher #6166, and Detective Joe Petrosino #2529; and Mr. Manning's Attorney Investigator J. Slivka #1554530

PATHOLOGICAL DIAGNOSES

- I. Asphyxia by hanging.
 - A. Ligature abrasion of right neck.
 - B. Patterned livor over anterior neck.
 - C. Focal hemorrhage of right neck strap muscles.
 - D. No petechiae noted.
 - E. Abrasion of left scapula.
 - F. Nylon socks on feet.
 - G. No deep neck organ trauma or injury.

- II. Acute alcohol and prescription medication intoxication.
 - A. History of alcohol abuse.
 - I. Acute alcohol intoxication.
 - B. History of depression.
 - I. Use of antidepressant medications with intoxication.

PATHOLOGIC DIAGNOSES CONTINUED (next page)

CAUSE OF DEATH: Asphyxia due to hanging

OTHER: Acute ethanol and prescription medication intoxication

MANNER: Accident

11/8/07
Date Signed


ANN L. BUCHOLTZ, MD
MEDICAL EXAMINER

PATHOLOGIC DIAGNOSES CONTINUED

- III. Status post cardiopulmonary resuscitation.
 - A. Aspiration of gastric material.
- IV. In police custody.
 - A. Handcuff abrasions of wrists.
 - B. Contusions of right arm, right elbow.

REPORTED CIRCUMSTANCES OF DEATH

This 45-year-old female was in custody at the Sky Harbor Airport detention area following a confrontation in the airport. She was found unresponsive in the cell with the handcuffs near her neck area. Resuscitative efforts were unsuccessful and she was pronounced dead at the scene on 9/28/07 at 1529 hours.

Authorization for autopsy is by Maricopa County on 10/2/07 at 0800 hours.

EXTERNAL EXAMINATION

The body is received in a zippered body pouch secured by evidence seal number 3733079.

IDENTIFICATION

The body is identified by the officers through their investigation. Photograph(s) and fingerprints of the deceased are obtained.

GENERAL DESCRIPTION

The body is submitted in a sealed white plastic body bag. The seal reads 3733079. Upon opening the bag, the clothing is appropriately positioned. The shirt has been pulled to the upper torso. Nylon hose socks are present on both feet. A blood pressure cuff is surrounding the left arm. Small amount of brown liquid exudes from the mouth. Blood is adherent to the right arm from where an intravenous line was present. The outer shirt is bunched up underneath the armpit. Lying on the right upper arm is a loose button with adherent strings. Examination of the shirt shows four buttons that are missing on the left front of the shirt with tears where the buttons were. Adherent to the right front shirt is an additional button with adherent threads. The button on the arm is collected as "Button from Shirt." The second loose button adherent to the shirt is collected and labeled "Button #2 from Shirt." Fingernail cuts and scrapes are obtained. Upon removing the defibrillator pads and electrocardiographic pads impressions are left in the skin where they were adherent and where the electrical connections were lying across the chest. Above the left breast is a furrow consistent with the internal portion of the bra of the tank top. Patterned livor areas are present on each of the shoulders,

consistent with the straps of the tank top. Green discoloration is seen in the right lower quadrant of the abdomen and is consistent with early decomposition change.

CLOTHING AND PERSONAL EFFECTS

1. A white tank top.
2. A white button shirt, unbuttoned.
3. A pair of blue jeans, zipped and fastened.
4. A pair of black underwear.
5. Two beige hose socks.
6. No jewelry is present.
7. No handbag is present.

EXTERNAL EVIDENCE OF MEDICAL THERAPY

1. Defibrillator pads are adherent in the following locations: one to the right upper chest and one to the left lateral chest. The defibrillator pads are collected and labeled as "Defibrillator Pads."
2. Electrocardiographic pads are present in the following locations: one on the left abdomen, one on the right abdomen, one on the right shoulder, one on the left shoulder. The electrocardiographic pads are collected and labeled as "EKG pads."
3. An IV tape is adherent to the right antecubital fossa but no intravenous line.
4. Blood pressure cuff surrounds the left upper arm.

EXTERNAL EXAMINATION

The body is that of an unembalmed young Caucasian female, measuring 67-1/2 inches long and weighing 123 pounds. Rigor mortis is present in the jaw, upper and lower extremities. Lividity is present posteriorly and is fixed. There is congestion on the upper mid torso to the head. Brown freckles are on the face. No petechiae are seen.

HEAD

The brown with red hair is 16 inches long. There is no palpable trauma to the scalp. The forehead is symmetrical. The eyebrows are brown. Irides are blue with the pupils equal at 0.4 cm. The surrounding sclerae are mildly congested but without petechiae or hemorrhages. No hemorrhages are seen on the upper or lower inner eyelids. The medial canthi are unremarkable. The nose is in the midline. The nares are unremarkable. There is a small amount of adherent gastric material to the nose and mouth. The face is without trauma. The teeth are natural and in a good state of repair. The teeth are not loose. The oral mucosal is without trauma. No petechiae are seen. Deeper pink pigmentation is present at the base of the teeth and on the upper lips. No petechiae are seen on the lips. The lower face is without trauma. The ears are symmetrical and pierced once in each of the earlobes. There is no trauma to the ears or behind the ears.

NECK

The trachea is in the midline. The lower neck is without trauma. The left and posterior neck are spared of injury. The ligature abrasion pattern is most visible on the right neck and has an upward deviation towards the right ear. The actual impression on the neck begins below the mandibular angle just anterior to the right ear, measuring 3-1/4 inches below the right ear canal. The most upward deviated portion measures 2-1/4 inches below the right ear canal. The ligature abrasion and impression consists of two parallel hypopigmented curvilinear lines. The most superior one measures 1-1/2 inches long by 1/16 inch wide. The inferior impression measures 3/4 inch long by 1/16 inch wide. This tram-track impression is separated by an area of pallor measuring 1/4-inch wide. At the anterior margin of the impression is a slightly dried yellow-red abrasion measuring 3/8 x 3/8 inch and also has a slight indentation of the skin. Over the anterior neck, in the area above the thyroid cartilage are no fewer than five patterned impressions on the skin in a spiral-type stepwise pattern across the anterior neck with the most superior portion under the right anterior chin and deviating downward under the left anterior chin. These impressions measure up to 1/4 inch long by 1/16 inch wide and are separated by pallor measuring up to 1/8 inch in width and are consistent with the chain impression on the skin (see photographs).

CHEST

The chest is protuberant. The breasts are symmetrical without masses. The superior shoulders are without injury. The right and left lateral chest are without injury. In the left axilla is a single pink 1/16-inch in diameter mole.

ABDOMEN

The abdomen is flat. The umbilicus is well healed. In the right lower quadrant is green discoloration consistent with early decomposition change. Superior to the symphysis is red pigmentation and a faint 4-inch healed scar. The red area is in the area of the elastic from the underwear. The right and left lateral abdomen are without trauma.

GENITALIA

The genitalia are those of a normal adult female. The mucosa is without injury. The pubic hair is brown.

LOWER EXTREMITIES

The lower extremities are symmetrical with the normal number of digits, bilaterally. The toenails are short and evenly trimmed. The soles of the feet are clean. A small amount of adherent polish is present on the toenails. Brown freckles and pigmentation are present on the legs extending from the upper thighs to the ankles. On the right lower knee is a 1 x 3/4-inch pink-tan contusion. The remainder of the right knee is without injury. The ankle areas are without contusions. On the right lower leg is a faint blue-

purple 1 x 1/2-inch contusion. On the right medial malleolus is a 1/16 x 1/16-inch red abrasion. The right lateral malleolus is without injury.

On the left lateral thigh is a 1/4 x 1/4-inch brown pigmented area. On the left medial knee is a brown-tan 1/2 x 1/2-inch contusion. On the left medial knee near the patella is a pink-tan 1 x 1-inch contusion. On the left medial lower leg just inferior to the knee is a 3/8 x 3/8-inch contusion. The left lateral malleolus is without injury. On the left anterior medial lower leg is a faint tan 1 x 3/8-inch pigmented area which may be a healing contusion or just pigmentation of the skin. On the left medial lower leg is a faint pink 1/2 x 1/4-inch contusion. On the left posterior thigh is a vertical 1-1/4-inch healed scar. At the base of the left buttock is a tan 1/4 x 1/4-inch pressure area.

UPPER EXTREMITIES

The upper extremities are symmetrical with the normal number of digits, bilaterally. The fingernails are long and evenly trimmed without tearing. In the right axilla are 1/4-inch long axillary hairs. On the right upper arm closest to the axilla are two pink contusions each measuring 1/4 x 1/4 inch with underlying 1 x 1/2-inch blue-purple contusions. On the right upper arm in the biceps area and extending towards the elbow are five oval purple contusions ranging in size from 1/4 x 1/4 inch to 1 x 1 inch and are arranged in a curvilinear pattern suggestive of a handprint. On the right elbow extending towards the antecubital fossa is a coalescent 1-1/2 x 2-1/4 inch purple contusion. On the right elbow is a triangular 1/2 x 1/4-inch red-tan abrasion. On the right posterior arm just inferior to the elbow is a blue-purple 1-1/2 x 1-inch contusion. On the right posterior arm on the midportion are two pink-purple contusions, one measuring 1/2 x 1/2 inch and the other 1 x 1 inch. On the right posterior wrist just above the medial ulnar is a pink 2-1/4 x 1-1/4-inch contusion. On the right posterior lateral wrist over the radius and posterior hand is a purple-pink 2-1/4 x 1-inch contusion. On the right posterior medial hand just distal to the wrist is a pink 2-1/4 x 1-1/4-inch contusion. On the right posterior ring finger knuckle and base of the little finger knuckle is a purple-gray 2 x 1-inch contusion. On the right antecubital fossa is the single puncture at the adherent IV tape site and is consistent with medical resuscitative efforts. On the right forearm is a purple-gray 1 x 1/2-inch contusion with an adjacent faint pink 1/4 x 1/4-inch contusion. On the right medial wrist over the ulnar prominence is a pale red curved area between the contusions; it measures 1 inch at its widest and 1/4 inch at its narrowest portion. On the anterior right wrist, no contusions or patterned abrasions are identified. Brown freckle-like pigmented areas seen on the right forearm and posterior arms are consistent with the pigmentation seen on the remainder of the body.

The left upper arm shows no trauma. On the left lateral upper arm is a faint gray-tan 1/2 x 1/2-inch contusion. On the left elbow is a pink-red 8 x 1/16-inch abrasion. On the left posterior mid arm are two pink-purple contusions each measuring 1 x 1 inch. On the left posterior wrist are three pink-purple contusions each measuring up to 3/4 x 3/4 inch. Over the left medial posterior wrist is a pink-purple 1-1/2 x 1-1/2-inch contusion. On the left posterior hand at the base of the thumb is a pink-purple 1-1/2 x 1-3/4-inch contusion. On the left anterior wrist is a pink-tan 3/4 x 1/2-inch

contusion. On the left posterior wrist are two faint curved areas of pallor within the contusions measuring up to 1/4-inch wide and up to 2 inches long and are consistent with impressions from handcuffs. On the left forearm is a purple 2-1/4 x 1-1/4-inch contusion. On the left medial forearm is a pink-purple 3/4 x 1/2-inch contusion. The left antecubital fossa is unremarkable. There is a brown pigmented area on the left posterior arm.

BACK AND BUTTOCKS

The back is symmetrical. On the base of the left inferior scapula is a faint red-brown curved near vertical abrasion measuring 1-1/4 x 1/2 inch. It is adjacent to the left tank top strap mark. The right shoulder and remainder of the back are without trauma. The sacral area is unremarkable. The anus is unremarkable. The buttocks show the patterned lividity.

INTERNAL EXAMINATION

BODY CAVITIES

The midline abdominal fat measures 1 cm. There is no fluid in either pleural cavity. The pleural surfaces are smooth and glistening. The right and left upper lobes nearly meet in the midline; the lower lobes do not. There is a normal amount of clear yellow fluid present in the pericardial sac. No petechiae are noted over the anterior pericardium. There is no fluid in the peritoneal cavity. The peritoneal surfaces are smooth and glistening.

CARDIOVASCULAR SYSTEM

The weight of the heart is 325 grams. The epicardium is smooth and glistening. The myocardium is red-brown and firm without infarcts. The right ventricle measures 0.3 cm; the left ventricle measures 1.5 cm. The tricuspid, pulmonic, mitral and aortic valves all have their normal appearances without adherent vegetations or obvious congenital anomalies. The tricuspid valve measures 13 cm; pulmonic valve 8.4 cm; mitral valve 11 cm; aortic valve 6.9 cm. The mural endocardium is unremarkable. A fenestrated band extends from the superior portion of the right atrium to the inferior portion on the posterior wall of the right atrium near the entrance of the coronary sinus. The foramen ovale is closed. The coronary arteries have a normal anatomic distribution. The right coronary, left anterior descending, and left circumflex coronary arteries show minimal atherosclerosis. No recent thrombi are seen. The left main coronary artery has a normal take off without acute angle. The aorta has a normal appearance with minimal atherosclerosis. The large vessels enter and leave the heart in a normal anatomic distribution. No thrombi are noted.

RESPIRATORY TRACT

The larynx and trachea are without erosions. Brown mucoid liquid is present throughout the tracheobronchial tree and is similar to the gastric material adherent to the mouth. The bronchi are without tumor. The mucoid debris extends into the mid distal right and left bronchi past the carina. The right lung weighs 575 grams; the left lung weighs 575 grams. The lungs have their usual number of lobes and have congested red-brown parenchyma without tumor, granulomas or inflammation. The pleural surfaces are without petechiae. The vessels are without emboli or plaque. The hilar lymph nodes are of normal size and appearance.

LIVER

The liver weighs 1750 grams. The capsule is intact. The parenchyma is congested red-brown without tumor, granulomas or infarcts. No cirrhosis is seen. The gallbladder contains bile without stones.

GASTROINTESTINAL TRACT

The esophagus is without erosions or tumor. The stomach contains 300 cc of brown partially digested food and liquid. The rugal folds are without hemorrhage or ulceration. The gastric mucosa is autolyzed, tan-gray. The small and large bowel have their normal anatomic relationships and are without perforations or abnormalities. The appendix is present and unremarkable.

HEMATOPOIETIC SYSTEM

The spleen weighs 100 grams. The capsule is intact. The parenchyma is red-brown without granulomas or infarcts. Systemic lymph nodes are of normal size and appearance.

GENITOURINARY TRACT

The right kidney weighs 100 grams; the left kidney weighs 125 grams. The cortical surfaces are smooth and glistening with normal lobulations. The parenchyma is red-brown without tumor, infarcts or cysts. The collecting systems are without tumor or obstruction. The bladder is of normal size and contains 20 cc of cloudy yellow urine.

REPRODUCTIVE TRACT

The uterus is without tumor. The endometrium and myometrium are of normal thickness. The cervix is without erosions. The vagina is without trauma. The left fallopian tube and ovary are unremarkable. The right ovary and fallopian tube are not identified.

ENDOCRINE SYSTEM

The adrenal glands are without tumor or nodules. The thyroid gland is without tumor or nodules. The pancreas is autolyzed, tan-brown and unremarkable. The pituitary is unremarkable. Upon sectioning, the breasts exude milky material bilaterally.

MUSCULOSKELETAL SYSTEM

Anterior dissection of the torso shows no subcutaneous hemorrhage. The green discoloration in the right lower quadrant is consistent with decomposition change. The ribs, spine, sternum, and pelvis are without fracture or tumor. The internal musculature is without hemorrhage.

NECK

The neck muscles are intact. There is focal indentation of the skin of the right neck in the area of the overlying abrasion. The right sternocleidomastoid muscle contains a near vertical 1/2-inch long by 1/4-inch wide contusion in the area underneath the abrasion of the neck. There is an adjacent near vertical 3/8-inch vertical length by 1/16 inch in width hemorrhage of the right sternocleidomastoid muscle adjacent to the previously described contusion. There is focal hemorrhage of the underside of the left sternohyoid muscle. The left lateral strap muscles are without intramuscular hemorrhage or abnormalities. A layer-by-layer anterior neck dissection is done and demonstrates the previously described hemorrhages. Upon removing the trachea, there is a right retrotracheal and esophageal contusion measuring 3/4 inch long by 3/8 inch wide and is located in the area of the right neck abrasion. The left portion of the retrotracheal area is free of hemorrhage.

A posterior neck layer-by-layer dissection is performed. There is no hemorrhage noted in the left posterior neck. In the right posterior neck in the area of the splenius muscle and the posterior portion of the sternocleidomastoid muscle is a 3/4 inch long by 3/8 inch wide hemorrhage. The remainder of the musculature is free of hemorrhage.

The hyoid bone, thyroid cartilage, and cricoid cartilages are also free of fracture of hemorrhage. Postmortem x-rays are obtained of this region after the neck tissues are removed. Upon opening the thyroid cartilage it is flexible however it is not fractured and was not fractured during the examination. There is food material in the aryepiglottic folds. The brown discoloration of the entire tracheobronchial tree is also present in the upper tracheal region. The epiglottis is free of edema. The mucosa is intact. The vocal cords are free of tumor and erosions. The tongue is without intramuscular hemorrhage. Examination of the palate shows no abnormalities or obstruction. The adenoids and tonsils are not prominent. The uvula is of normal size. There are no palpable fractures either anteriorly or posteriorly of the cervical spine. AP and lateral x-rays of the neck are obtained prior to the dissection.

SKULL AND CRANIAL CONTENTS

The brain weighs 1350 grams. There are two contusions on the posterior scalp measuring up to 1/2 x 1/4 inch. The skull is intact without fractures. There are no epidural, subdural or subarachnoid hemorrhages seen. The cerebral and cerebellar hemispheres are symmetrical. The meninges are smooth and glistening. The gyri and sulci have their normal anatomic relationships and are without edema. The Circle of Willis is unremarkable without aneurysm formation or vascular abnormalities. The brainstem is intact without hemorrhage. The cerebellum is symmetrical and unremarkable.

Following brain fixation, the brain is sectioned on 10/24/07. Multiple coronal sections reveal no internal hemorrhages, recent or old infarcts or contusions. No tumor is seen. Sections of brain stem show it to be intact without hemorrhage. The ventricles are of normal size and are symmetrical. The cerebellum is without hemorrhage or abnormalities.

MICROSCOPIC EXAMINATION (Appended November 2, 2007)

Heart: Sections of heart and conduction system show normal myofibers, and neuromuscular components without inflammation or necrosis. A single area of microscopic myofiber loss with minimal lymphocyte response is seen.

Lungs: Sections of lung show normal alveoli without inflammation or atypia. The vessels and bronchi are unremarkable.

Liver: Sections of liver show a normal lobular architecture with mild sinusoidal congestion. The portal triads are unremarkable.

Spleen: Sections of spleen show mild to moderate congestion but otherwise contain normal hematopoietic elements.

Kidney: Sections of kidney show occasional obsolescent glomeruli. Residual glomeruli have a normal cellularity. The tubules are unremarkable. The vessels are unremarkable.

Bladder: Sections are without inflammation or atypia.

Adrenals: Sections of adrenal gland are unremarkable.

Thyroid: Sections of thyroid gland are unremarkable.

Breast: Section of breast show dilated ducts with intraluminal pink material; numerous glands are aggregated within fibroadipose tissue.

Uterus/ovary: Sections show autolysis but are otherwise unremarkable.

Pancreas: Sections of pancreas are autolyzed.

Pituitary: Sections show normal architecture. Within the anterior pituitary is a small follicle formed by basophilic staining cells.

Brain: Sections of brain are without hemorrhage or atypia. Rare (1-2 areas in 19 slides) show mild lymphocytic perivascular cuffing.

Skin: Sections of right and left wrist and right upper arm show normal epidermis with subcutaneous acute hemorrhage.

Neck muscles: Sections of tissue on the right thyroid cartilage and right strap muscles show acute hemorrhage in the connective tissue between neuromuscular bundles.

Esophagus: Sections of right esophagus show normal squamous mucosa and muscularis with acute interstitial hemorrhage.

POSTMORTEM CULTURE RESULTS (Maricopa Medical Center)

Blood culture: No growth final.

Cerebrospinal fluid culture: No growth final.

Lung culture:

Right: Very light growth of normal respiratory flora.

Left: No growth final.

Electrolytes [vitreous] (ARUP laboratories)

Sodium (Na) = 132 mEq/L

Chloride (Cl) = 106 mEq/L

Potassium (K) = 20.5 mEq/L

Urea nitrogen = 12 mg/dL

Creatinine = 0.4 mg/dL

Glucose = <0.2 mg/dL

SCENE CONSULT

On 10/2/07 at approximately 1600 hours, Barbara Powell, Forensic Photographer, and myself were escorted by Detective Joe Petrosino to the Sky Harbor Airport detention area. This scene visitation was requested by myself so that I could further understand the relationship of the handcuffs, leg iron, and the officer's observations of the decedent. The observations were first reviewed with the officer who placed the decedent in the cell. She reviewed her observations and discussed placement of the decedent in the cell with her hands behind her back and the leg iron cuff attached to the I-bolt by one end of the leg iron. The other portion of the leg iron cuff was secured between the arm cuffs over the chain area. When she left the cell, the decedent was

verbalizing and had been somewhat confrontational with verbalization and yelling to them during the arrest. The decedent continued to make sound, including yelling, and was difficult for officers to converse with. The door was closed by the arresting officer. The scenario was then reviewed with the arresting officer who also was the finder of the decedent. He described the scenario of the arrest, and that the decedent when initially contacted was not wearing shoes but was wearing some nylon-like slippers which match the ones that were on the decedent at the time of autopsy. He discussed how she was not helpful to go with them in the airport and was difficult to navigate across the carpet. However when they were on the non-carpeted flooring, the decedent slid easily on her stocking feet even though she locked up her legs. She was not noted to be overheated, complaining of a medical condition or hallucinating. She appeared agitated, difficult and noncompliant with instructions. She was then turned over to the female officer for the search and placement into the holding cell. The finding officer then went through the description of how the decedent continued to make noise in the cell. A short time later, he discovered her in the cell after she had become quiet and found her in what he thought was initially a sleeping position. He described her facing the wall, her hands together in the front near the left side of her neck. He does not recall seeing the position of the leg iron chain, however her hair was loose about her shoulders and it would have been easy for it not to have been observed. She was seated in a near sitting position with her legs out towards the doorway area, with the hands under the left side of the face and her face to the wall. When she wasn't responsive he called for assistance and uncuffed the hands. He is not able to recall how the leg iron chain was in relationship to the decedent. He laid her on the floor and when he initially began cardiopulmonary resuscitation there was no evidence of aspiration about the mouth. It was during the cardiopulmonary resuscitation progress that the decedent regurgitated and it was necessary for him to clear the airway. During the visitation, the EKG printouts for the automatic defibrillators were also given to me for review. I arrived back at the office at approximately 1830 hours.

OPINION

Based on the autopsy findings and investigative history, as available to me, it is my opinion that Carol Anne Gotbaum, a 45-year-old Caucasian female, died as a result of asphyxia by hanging. Contributing factors were acute ethanol and prescription medication intoxication.

The manner of death is accident.

ALB/svp
D10/2/07
T10/8/07

MARICOPA COUNTY OFFICE OF THE MEDICAL EXAMINER

REPORT OF TOXICOLOGICAL EXAMINATION

Case Number: 07-05669
Decedent: CAROL ANNE GOTBAUM
Date Submitted: 10/02/2007
Report Date: 11/08/2007

Specimens Collected: VITREOUS A, VITREOUS B, VITREOUS C, LEFT LUNG, RIGHT LUNG, CARDIAC BLOOD, INFERIOR VENA CAVA BLOOD A, BLOT/FILTER PAPER, INFERIOR VENA CAVA BLOOD B, CARDIAC BLOOD A, CARDIAC BLOOD B, BILE A, BILE B, URINE A, URINE B, GASTRIC A, GASTRIC B, CEREBROSPINAL FLUID, BRAIN A, BRAIN B, LIVER A, LIVER B, KIDNEY A, KIDNEY B

Medical Examiner: ANN L. BUCHOLTZ, MD

RESULTS*:

Vitreous: Positive for
Ethyl alcohol 0.18 g%
None detected for methanol, isopropanol and acetone

Inferior Vena
Cava Blood: Positive for
Ethyl alcohol 0.24 g%
Citalopram 1.06 mg/L**
Desmethylocitalopram 0.28 mg/L (citalopram metabolite)**
Duloxetine 0.15 mg/L***
Dextromethorphan
Diphenhydramine
Chlorpheniramine
Ibuprofen
None detected for methanol, isopropanol, acetone, amphetamine, methamphetamine, phencyclidine, cocaine, benzoylecgonine, methadone, morphine, codeine, benzodiazepines, barbiturates, phenothiazines, tricyclic antidepressants, fentanyl, salicylates and acetaminophen

Gastric: Positive for
Ethyl alcohol 0.84 g%
Methanol 5 mg%
None detected for isopropanol, acetone, amphetamine, methamphetamine, phencyclidine, cocaine, methadone, codeine, antihistamines, phenothiazines, and tricyclic antidepressants

CONTINUED

ALB
11/8/07


Urine: Positive for
Ethyl alcohol 0.16 g%
Citalopram
Desmethylcitalopram (citalopram metabolite)
Dextromethorphan
Diphenhydramine
Chlorpheniramine
None detected for methanol, isopropanol, acetone, amphetamine, methamphetamine, phencyclidine, cocaine, methadone, codeine, phenothiazines, and tricyclic antidepressants

Brain: Positive for
Ethyl alcohol 0.12 g%
Citalopram 3.55 mg/kg**
Desmethylcitalopram 0.31 mg/kg (citalopram metabolite)**
Duloxetine 2.69 mg/kg***
Dextromethorphan
Diphenhydramine
Chlorpheniramine
None detected for methanol, isopropanol, acetone, amphetamine, methamphetamine, phencyclidine, cocaine, methadone, codeine, phenothiazines, and tricyclic antidepressants

*If results are not listed for any specimen(s), that/those specimen(s) is/are deemed to be on "HOLD"

**Quantitation performed by MedTox, St. Paul, MN

***Quantitation performed by Nat. Medical Service (NMS), Willowgrove, PA



Norman A. Wade
Laboratory Director

Jurisdictional Agency: PHOENIX PD
By:ogm; Tox. 1/2000; DAWN:

AIB
4/8/07