

**ORANGE COUNTY SHERIFF-CORONER**

**1071 W. Santa Ana Blvd.**

**Santa Ana, CA 92703**

**Michael S. Carona, Sheriff-Coroner**

**DECEDENT: JIMENEZ, Gerber Amigdael**

**CASE NUMBER: 06-03559-MU**

**AGE: 21 Years**

**DOB: 4/3/1985**

**SEX: Male**

**RACE: Hispanic**

**PLACE OF DEATH: Mission Hospital Regional Medical Center**

**DATE/TIME OF DEATH: 06/12/2006 8:25**

**AUTOPSY DATE/TIME: 06/14/2006 11:05**

**PLACE OF AUTOPSY: Sheriff-Coroner Forensic Science Center  
1071 W. Santa Ana Blvd.  
Santa Ana, CA 92703**

**AUTOPSY ATTENDANTS: Annette McCall, OCSD  
Gary Jackson, OCSD  
Joe Gaul, OCSD  
Dina Mauger, OCDA  
Alana R. Hoesch, OCCO  
Sandra A. Brown, OCCO**

**CAUSE OF DEATH: Multiple gunshot wounds**

**OTHER CONDITIONS: None**

**MANNER: Homicide**

**CERTIFICATE ISSUED: 6/14/2006**

**AMENDMENT: 10/31/2006**



A handwritten signature in black ink, appearing to read "Joseph I. Cohen", written over a horizontal line.

**Joseph I. Cohen, M.D.  
Forensic Pathologist**

**ORANGE COUNTY SHERIFF-CORONER**

**1071 W. Santa Ana Blvd.**

**Santa Ana, CA 92703**

**Michael S. Carona, Sheriff-Coroner**

**DECEDENT: JIMENEZ, Gerber Amigdael**

**CASE NUMBER: 06-03559-MU**

**AGE: 20 Years**

**DOB: 10/3/1985**

**SEX: Male**

**RACE: Hispanic**

**PLACE OF DEATH: Mission Hospital Regional Medical Center**

**DATE/TIME OF DEATH: 06/12/2006 8:25**

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Dina Mauger, OCDA  
Alana R. Hoesch, OCCO  
Sandra A. Brown, OCCO**

**CAUSE OF DEATH: Pending Investigation**

**OTHER CONDITIONS:**

**MANNER: Pending**

**CERTIFICATE ISSUED: 6/14/2006**

**AMENDMENT:**



**Joseph I. Cohen, M.D.  
Forensic Pathologist**

**ORANGE COUNTY SHERIFF-CORONER  
AUTOPSY REPORT**

**JIMENEZ, Gerber Amigdael**

**06-03559-MU  
Page 2**

**DIAGNOSES:**

- I. Perforating gunshot wound to right upper chest, with:
  - A. Subcutaneous and intramuscular hemorrhage.
- II. Penetrating gunshot wound to mid-right chest with:
  - A. Perforation of right lung.
  - B. Hemothorax.
  - C. Small bullet fragment recovered.
- III. Penetrating gunshot wound to mid-upper abdomen, with:
  - A. Perforations of liver, stomach, intestines.
  - B. Hemoperitoneum.
  - C. Bullet recovered.
- IV. Penetrating gunshot wound to left lower abdomen, with:
  - A. Perforations of small intestine.
  - B. Hemoperitoneum.
  - C. Bullet recovered.
- V. Penetrating gunshot wound to lower left back, with:
  - A. Perforation of lower cervical spine.
  - B. Spinal epidural hemorrhage.
  - C. Bullet recovered.
- VI. Penetrating gunshot wound to posterior left thigh, with:
  - A. Subcutaneous and intramuscular hemorrhage.
  - B. Bullet recovered.
- VII. Perforating gunshot wound to right hand.
- VIII. Status post resuscitative efforts.
- IX. Contused abrasion of nose.
- X. Abrasion of chin, small.
- XI. Abrasions, right lateral torso.
- XII. Healing abrasion, right leg.

**CAUSE OF DEATH:      MULTIPLE GUNSHOT WOUNDS.**

 08-26-06

Joseph I. Cohen, M.D., Forensic Pathologist

**ORANGE COUNTY SHERIFF-CORONER  
AUTOPSY REPORT**

**JIMENEZ, Gerber Amigdael**

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"I hereby certify that I, Joseph I. Cohen, M.D., Chief Forensic Pathologist of Riverside County, California, have performed an autopsy on the body of Gerber Amigdael Jimenez on the 14th day of June, 2006, commencing at 10:05 AM in the office of the Orange County Sheriff-Coroner."

**EXTERNAL EXAMINATION:** The body is that of a well-developed, well-nourished, 72-inch, 173-pound tan-skinned man whose appearance is consistent with the stated age of 20 years.

The scalp hair is black, wavy, and measures 1 to 1-1/2 inches in length. The irides appear brown and the conjunctivae are free of petechiae, jaundice, or hemorrhage. The oral cavity has natural teeth in good condition. There are no injuries to the buccal mucosa. The genitalia are those of a normal, adult man.

There are two toe tags affixed to the right great toe. A 1/2-inch horizontal scar is on the dorsum of the left hand at the junction of the thumb and index finger. There is slight edema of the lower aspects of the legs. The hands were bagged prior to receipt of the decedent. The fingernails are short with focal accumulations of dirt. Gunshot wound injury to the right hand is described below. There are no scars on the wrists. The posterior neck, back, and buttocks are unremarkable, except for a gunshot wound injury to the lower back which is described below. There are no injuries to the perianal area. There is a scar on the inferior aspect of the right knee. There is slight dried blood on the left knee.

**POSTMORTEM CHANGES:** Rigor mortis is moderate and symmetrical in the extremities. Livor mortis is barely perceptible on the posterior aspects of the body, and the body is cool.

**CLOTHING:** There is no clothing on the body at the time of examination.

**THERAPEUTIC PROCEDURES:** There are electrocardiograph pads on the anterior aspect of the left shoulder and left flank. An endotracheal tube is in

 08-26-06

Joseph I. Cohen, M.D., Forensic Pathologist

# ORANGE COUNTY SHERIFF-CORONER AUTOPSY REPORT

JIMENEZ, Gerber Amigdael

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place through the mouth. There is a horizontally situated, stapled thoracotomy incision on the right side of the chest below the level of the nipple. There are two thoracostomy tubes in place over the right costal margin. There is a recent, sutured laparotomy incision extending from the xiphoid region to the suprapubic area. Intravascular catheters are in place on both antecubital areas. There are two intravascular catheters in place on the right femoral area and a triple lumen intravascular catheter is in place on the left femoral area. A Foley catheter is in place.

Subsequent dissection reveals surgical repairs of the right lung, small intestine, stomach, and sigmoid colon. By history, a bullet was recovered from the surgeons in the operating room and submitted to law enforcement.

**INJURIES, EXTERNAL AND INTERNAL:** A 3/4-inch contused abrasion is on the nose. A 1/2-inch barely perceptible abrasion is on the right side of the chin. On the right lateral aspect of the torso are three punctate abrasions. There is a horizontal, slender healing abrasion across the anterior and medial aspects of the mid-right leg.

There are multiple gunshot wounds to the body, including five penetrating wounds and two perforating wounds. The gunshot wounds are lettered for descriptive purposes only; no sequence is implied by the lettering system. Directions of travel of projectiles are stated based on the normal anatomic position as a reference. One of the projectiles was recovered in the operating room during resuscitative efforts, and four are recovered from the autopsy examination. All bullets are large caliber, deformed, jacketed projectiles. These are submitted to law enforcement.

**A. PERFORATING GUNSHOT WOUND (A) TO RIGHT UPPER CHEST:**

There is a perforating gunshot wound (A) to the right upper chest, 15 inches below the top of the head and 2 inches to the right of midline. The 1/4-inch oval perforation has a 1/8-inch margin of abrasion which is most prominent on the medial aspect of the perforation. There is no fouling or stippling of the adjacent skin.



Joseph I. Cohen, M.D., Forensic Pathologist

**ORANGE COUNTY SHERIFF-CORONER  
AUTOPSY REPORT**

**JIMENEZ, Gerber Amigdael**

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After perforating the skin, the bullet passed sharply to the right, causing subcutaneous and intramuscular hemorrhage without entering the pleural cavity.

The exit defect is 15-1/2 inches below the top of the head and 8 inches to the right of midline, consisting of a 1/2-inch irregular defect with no margin of abrasion. The exit perforation on the posterior axillary region has no fouling or stippling of the adjacent skin.

The direction of travel is left-to-right and front-to-back.

No bullets or fragments are recovered.

**B. PENETRATING GUNSHOT WOUND (B) TO MID-RIGHT CHEST:**

There is a penetrating gunshot wound (B) to the mid-right chest, 18 inches below the top of the head and 2-1/2 inches to the right of midline. The perforation consists of a 1/4-inch circular defect with a 1/16-inch circumferential margin of abrasion. There is no fouling or stippling of the adjacent skin.

After perforating the skin, the bullet perforated the right lung, causing a hemothorax. Approximately 500 cc of serosanguineous liquid are in the right pleural cavity.

There is a 3/4-inch slit-like defect with no margin of abrasion on the mid-right back, 19-1/2 inches below the top of the head and 6-3/4 inches to the right of midline. A small bullet fragment is recovered from the site of lodgement. By history, the bullet lodged in the 6th intercostal space and was recovered.

The direction of travel is front-to-back and slightly left-to-right.

**C. PENETRATING GUNSHOT WOUND (C) TO MID-UPPER ABDOMEN:**

There is a penetrating gunshot wound (C) to the mid-upper abdomen, adjacent to the xiphoid region, 22-1/2 inches below the top of the head on the midline. The 1/4-inch oval perforation has a 1/16-inch circumferential margin of abrasion. There is no fouling or stippling of the adjacent skin.

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Joseph I. Cohen, M.D., Forensic Pathologist

**ORANGE COUNTY SHERIFF-CORONER  
AUTOPSY REPORT**

**JIMENEZ, Gerber Amigdael**

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After perforating the skin, the bullet perforated the anterior edge of the left lobe of the liver, stomach, and intestines. This injury contributed to a hemoperitoneum.

The bullet lodged in the right psoas muscle and caused right perinephric hemorrhage.

The direction of travel is front-to-back, downward and barely perceptible left-to-right.

A large caliber, deformed, jacketed bullet is recovered and retained.

**D. PENETRATING GUNSHOT WOUND (D) TO LEFT LOWER ABDOMEN:**  
There is a penetrating gunshot wound (D) to the left lower quadrant of the abdomen, 30-1/2 inches below the top of the head and 3/4-inch to the left of midline. The 1/4-inch oval defect has a 1/16-inch margin of abrasion which is most prominent on the superolateral aspect of the defect. There is no fouling or stippling of the adjacent skin.

After perforating the skin, the bullet perforated multiple loops of small intestine and the distal colon. There is marked pelvic soft tissue hemorrhage. Approximately 250 cc of serosanguineous liquid are in the peritoneal cavity due to the gunshot wounds. The site of lodgement is deep within the pelvic cavity, just in front of the sacrum.

The direction of travel is front-to-back and slightly downward.

A large caliber, deformed, jacketed bullet is recovered and retained.

**E. PENETRATING GUNSHOT WOUND (E) TO LEFT LOWER BACK:**  
There is a penetrating gunshot wound (E) to the left lower back, 24-3/4 inches below the top of the head and 1-inch to the left of midline. The 1/4-inch circular/oval perforation has a 1/4-inch margin of abrasion which is most prominent on the inferolateral aspect of the defect. There is no fouling or stippling of the adjacent skin.

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Joseph I. Cohen, M.D., Forensic Pathologist

**ORANGE COUNTY SHERIFF-CORONER  
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**JIMENEZ, Gerber Amigdael**

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Page 7**

After perforating the skin, the bullet passed rightward, perforating the posterior aspect of the lower thoracic vertebrae. The projectile did not perforate the spinal cord; however, there is epidural hemorrhage associated with the injury. The bullet did not enter the peritoneal cavity or retroperitoneum.

The site of lodgement is within the right thoracic paravertebral region, adjacent to the spine. A large caliber, deformed, jacketed bullet is recovered and retained.

The direction of travel is slightly back-to-front and left-to-right.

**F. PENETRATING GUNSHOT WOUND (F) TO POSTERIOR LEFT THIGH:**  
There is a penetrating gunshot wound (F) to the posterior aspect of the distal left thigh, 19 inches above the base of the heel, consisting of a 1/4-inch oval defect having a 1/4-inch margin of abrasion most prominent on the inferomedial aspect of the defect. There is no fouling or stippling of the adjacent skin.


After perforating the skin, the bullet passed back-to-front and sharply upward through the left thigh.

The site of lodgement is within subcutaneous tissue of the anterolateral aspect of the proximal left thigh, and associated with a 4-inch adjacent skin contusion. A large caliber, deformed, jacketed bullet is recovered and retained.

The direction of travel is back-to-front, sharply upward, and slightly right-to-left.

**G. PERFORATING GUNSHOT WOUND (G) TO RIGHT HAND:**  
There is a perforating gunshot wound (G) to the hypothenar aspect of the right hand, consisting of a 1/4-inch oval/irregular defect having a barely perceptible margin of abrasion. There is no fouling or stippling of the adjacent skin.

After perforating the skin of the palm, the bullet exited the ulnar aspect of the right hand where there is a 1-inch irregular, stellate defect with no margin of abrasion.

 08-26-06

Joseph I. Cohen, M.D., Forensic Pathologist



**ORANGE COUNTY SHERIFF-CORONER  
AUTOPSY REPORT**

**JIMENEZ, Gerber Amigdael**

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No bullet or fragments are recovered.

The direction of travel, based on the normal anatomic position as a reference, is front-to-back.

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

**INTERNAL EXAMINATION:**

**BODY CAVITIES:** The organs are in the usual situs. Evidence of surgical repair was mentioned above. The surfaces are smooth and glistening.

**HEAD:** The scalp is atraumatic. There are no skull fractures and there is no epidural, subdural, or subarachnoid hemorrhage. The 1660-gram brain has normal-appearing gyri and sulci. The leptomeninges are smooth, delicate, and transparent, and the leptomeningeal vessels are normal. The arteries at the base of the brain are free of atherosclerosis. The cranial nerves have normal distributions. The surfaces of the brainstem and cerebellum are unremarkable.

The cortical gray matter, subcortical and deep white matter, deep gray nuclei, and ventricles are normal. The cerebrospinal fluid is clear. Horizontal sections of the brainstem and cerebellum are unremarkable.

**NECK:** The cervical vertebrae, hyoid, tracheal and laryngeal cartilages, and paratracheal soft tissues are normal. The upper airway is not obstructed. The tongue is unremarkable.

**CARDIOVASCULAR SYSTEM:** The aorta and branches are free of atherosclerosis. The vena cavae and pulmonary arteries have no thrombus or embolus.

The 340-gram heart has a normal distribution of patent, right-dominant coronary arteries. The epicardial vessels are unremarkable. The myocardium is uniformly

 08-26-06

Joseph I. Cohen, M.D., Forensic Pathologist

**ORANGE COUNTY SHERIFF-CORONER  
AUTOPSY REPORT**

**JIMENEZ, Gerber Amigdael**

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red-brown without hemorrhage, softening, or pallor. The left ventricle wall thickness measures 1.2 cm. The endocardial surfaces, heart valves, chordae tendineae and papillary muscles are normal.

**RESPIRATORY SYSTEM:** The right lung weighs 410 grams, and the left lung, 620 grams. The right lung is atelectatic and shows evidence of surgical manipulation and repair. The parenchyma is dark red and moderately wet without consolidation. The right lung is red and wet without consolidation. The bronchi are not obstructed. The vessels have no thrombus or embolus.

**LIVER, GALLBLADDER, PANCREAS:** The 1320-gram liver has a smooth capsule. The parenchyma is red-brown and moist; the bile ducts are unremarkable. The gallbladder contains approximately 10 cc of dark green viscid bile without stones. The pancreas is uniformly tan-gray and has a normal lobular appearance.

**HEMIC AND LYMPHATIC SYSTEMS:** The 140-gram spleen has a smooth, intact capsule. The parenchyma is plum-colored and moist with slightly distinct follicles. There are no lymph node enlargements. The thymus is atrophic. The bone marrow of the ribs and clavicles is unremarkable.

**GENITOURINARY SYSTEM:** The right kidney weighs 150 grams, and the left kidney, 180 grams. The cortices are smooth and the parenchyma is slightly pale with demarcated corticomedullary junctions. The vessels are unremarkable. The calyces and pelves are empty, opening into ureters which maintain uniform caliber, and open into an unremarkable, empty urinary bladder.

The prostate and testes are unremarkable.

**ENDOCRINE SYSTEM:** The pituitary is unremarkable. The thyroid and adrenals are normal.

 08-26-06

Joseph I. Cohen, M.D., Forensic Pathologist

**ORANGE COUNTY SHERIFF-CORONER  
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**JIMENEZ, Gerber Amigdael**

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**DIGESTIVE SYSTEM:** The esophagus is unremarkable. The stomach contains 50 cc of reddish-brown liquid and shows evidence of surgical repair. There are no visible pills or pill fragments. The small and large intestines, and appendix are unremarkable, except where noted previously.

**MUSCULOSKELETAL SYSTEM:** The musculature is well-developed and normally distributed. Injury to the axial skeleton was noted above.

Routine specimens are submitted for possible toxicologic evaluation.

Routine sections are submitted for microscopic evaluation.

Full body radiographs and photographs are obtained.

Handwritten signature of Joseph I. Cohen, dated 08-26-06.

Joseph I. Cohen, M.D., Forensic Pathologist



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**Orange County Sheriff-Coroner**  
**Forensic Science Services / Toxicology Laboratory**  
**Report of Toxicological Examination**

**FR NUMBER:** 06-48699

**CORONER CASE NUMBER:** 06-03559MU

**NAME OF DECEASED:** JIMENEZ, Gerber Amigdael

**INVESTIGATOR:** MURINE / COHEN

**AGE:** 20 Year(s) **SEX:** Male

**SPECIMENS SUBMITTED:** ☒ Postmortem Blood ☐ Brain ☐ Stomach Contents ☐ Urine  
☒ Antemortem Samples ☐ Liver ☐ Vitreous Humor ☐ Peripheral Blood

*Other Specimens:*

**BLOOD RECEIVED BY:** Lehman

**FROM:** Fleckstein

**TISSUE RECEIVED BY:**

**FROM:**

Page 1 of 1

**Findings**

Drug	Matrix	Method	Result	Scientist
Lidocaine, Lidocaine metabolite	Postmortem Blood	GC/NPD-GC/MS	Detected	MJS
Lidocaine	Postmortem Blood	GC/FID-GC/MS	Detected	RDB

**Analyses**

Drug	Matrix	Method	Result	Scientist
Ethanol/Volatiles	Postmortem Blood	Headspace/GC	None Detected	JAH
Barbiturates	Postmortem Blood	Immunoassay	Negative	IBC
Cocaine and/or Metabolite	Postmortem Blood	Immunoassay	Negative	IBC
Phenethylamines	Postmortem Blood	Immunoassay	Negative	IBC
Opiates	Postmortem Blood	Immunoassay	Negative	IBC
Cannabinoids	Postmortem Blood	Immunoassay	Negative	IBC
Alkaline Drugs	Postmortem Blood	GC/NPD-GC/MS	See Findings/Remarks	MJS
Weak Acid/Neutral Drugs	Postmortem Blood	GC/FID-GC/MS	See Findings	RDB
Ethanol/Volatiles	Antemortem Blood	Headspace/GC	None Detected	DTE/QT

**Remarks**

The lidocaine metabolite was identified using a literature reference.

LIMS

TR

AR

Forensic Scientist: STANFORD

Jul 10 2006

X

**Orange County Sheriff-Coroner**  
**Forensic Science Services / Toxicology Laboratory**  
**Report of Toxicological Examination**

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*Other Specimens:*

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**FROM:** Fleckstein

**TISSUE RECEIVED BY:**

**FROM:**

---

**S U P P L E M E N T A L**

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*Findings*

Drug	Matrix	Method	Result	Scientist
None Detected				

*Analyses*

Drug	Matrix	Method	Result	Scientist
Benzodiazepines	Postmortem Blood	LC/MS/MS	None Detected	RLK

LIMS

TR

RLK

AR

DOB  
7-31-06

Forensic Scientist: May Stanford STANFORD

Jul 31 2006

7/31/06



**Laboratory Practice, Inc.**  
MEDICAL REFERENCE LABORATORY  
10301 Bolsa Ave., #204  
Westminster, CA 92683  
(714) 775-9000 • FAX (714) 531-1861  
Toll Free (866) 837-7722

**RFF MEDICAL GROUP**  
1240 STATE COLLEGE #135  
ANAHEIM, CA. 92806

PATIENT NAME

**JIMENEZ, GERBER**

DOB

SEX

ID NO

ACCESSION NO.

**06-03559-MU**

**99184290**

DRAWN DATE

RECEIVED DATE

TIME

REPORT DATE

TIME

**06/14/06 06/14/06 06/15/06 11:06**

PAGE

**1**

RESULTS

NORMAL

ABNORMAL

**SMA 20**

GLUCOSE	L	20	MG/DL	70 - 105
BUN (S)	10		MG/DL	7.0 - 25.0
CREAT. (S)	L	0.5	MG/DL	0.6 - 1.3
BUN/CREATININE	20			5.0 - 28.0
SODIUM	H	151	MEQ/L	135 - 146
POTASSIUM	H	17.8	MEQ/L	3.5 - 5.3
CHLORIDE	H	126	MEQ/L	98 - 113
CALCIUM	L	7.2	MG/DL	8.2 - 10.0
PHOSPHORUS	H	7.1	MG/DL	2.5 - 5.0
SGOT (AST)	H	385	IU/L	13 - 39
SGPT (ALT)	25		IU/L	7 - 52
ALKALINE PHOSPH.	L	1	IU/L	34 - 104
LDH	H	2679	IU/L	140 - 271
BILIRUBIN TOTAL	L	0.0	MG/DL	0.30 - 1.00
URIC ACID	L	0.8	MG/DL	3.3 - 8.7
CO2 TOTAL	L	7	MEQ/L	21 - 31

**\* \* \* OUT OF LIMITS RECAP \* \* \***

GLUCOSE	L	20	MG/DL	70 - 105
CREAT. (S)	L	0.5	MG/DL	0.6 - 1.3
SODIUM	H	151	MEQ/L	135 - 146
POTASSIUM	H	17.8	MEQ/L	3.5 - 5.3
CHLORIDE	H	126	MEQ/L	98 - 113
CALCIUM	L	7.2	MG/DL	8.2 - 10.0
PHOSPHORUS	H	7.1	MG/DL	2.5 - 5.0
SGOT (AST)	H	385	IU/L	13 - 39
ALKALINE PHOSPH.	L	1	IU/L	34 - 104
LDH	H	2679	IU/L	140 - 271
BILIRUBIN TOTAL	L	0.0	MG/DL	0.30 - 1.00

**CONTINUED ON NEXT PAGE**

DIRECTORS AND PATHOLOGIST:

PARVIZ BAHADORI, Ph.D., BCCLD(ABB)  
KHODADAD MEHRAEIN, M.D., PATHOLOGIST



**Laboratory Practice, Inc.**  
MEDICAL REFERENCE LABORATORY  
10301 Bolsa Ave., #204  
Westminster, CA 92683  
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Toll Free (866) 837-7722

**RFF MEDICAL GROUP**  
1240 STATE COLLEGE #135  
ANAHEIM, CA. 92806

PATIENT NAME

**JIMENEZ, GERBER**

DOB

SEX ID NO.

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**99184290**

DRAWN DATE

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TIME

REPORT DATE

TIME

**06/14/06 06/14/06**

**06/15/06 11:06**

PHYSICIAN

PAGE

**2**

RESULTS

NORMAL

ABNORMAL

URIC ACID  
CO2 TOTAL

L 0.8  
L 7

MG/DL  
MEQ/L

3.3 - 8.7  
21 - 31

\* \* \* CALL SUMMARY \* \* \*

**FINAL REPORT**

DIRECTORS AND PATHOLOGIST

PARVIZ BAHADORI, Ph.D.; BCLD(ABB)  
KHODADAD MEHRAEIN, M.D. PATHOLOGIST





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**RFF MEDICAL GROUP**  
**1240 STATE COLLEGE #135**  
**ANAHEIM, CA. 92806**

PATIENT NAME

**JIMENEZ, GERBER**

DOB

SEX ID NO.

ACCESSION NO.

**06-03559-MU**

**99184291**

DRAWN DATE

RECEIVED DATE

TIME

REPORT DATE

TIME

**06/14/06 06/14/06 06/15/06 11:06**

PHYSICIAN

PAGE

**1**

RESULTS

NORMAL

ABNORMAL

**GLUCOSE**

**H 154**

**MG/DL**

**70 - 105**

**\* \* \* OUT OF LIMITS RECAP \* \* \***

**GLUCOSE**

**H 154**

**MG/DL**

**70 - 105**

**\* \* \* CALL SUMMARY \* \* \***

**FINAL REPORT**

DIRECTORS AND PATHOLOGIST:

PARVIZ BAHADORI, Ph.D.; BCLD(ABB)  
KHODADAD MEHRAEIN, M.D. PATHOLOGIST

County of Orange, Health Care Agency, Public Health Laboratory  
1729 W. Seventeenth Street, Santa Ana, CA 92706  
Douglas F. Moore, Ph.D., Laboratory Director

jic  
337

PATIENT #: 06-03559-MU                      SEX: M AGE: 20                      BIRTHDATE:

PATIENT NAME & ADDR: JIMENEZ GERBER AMIGDAEL

SHERIFF-CORONER  
ATTN: LESLEY TREJO  
1071 W SANTA ANA BLVD 714  
SANTA ANA, CA 92703

LAB NUMBER: 06.VS.02739  
DATE TAKEN: 06/14/06  
DATE RECV'D: 06/15/06  
SPEC. SOURCE: Blood  
SPEC. TYPE:

SUBMITTOR NUMBER                      14

----- (FOLD LINE) -----

TESTS REQUESTED: HEPATITIS B SURFACE ANTIGEN    HEPATITIS C ANTIBODY

RESULTS:

\*\*\*\*\*FINAL RESULTS\*\*\*\*\*

Final Date 06/20/06  
HEPATITIS C ANTIBODY NOT DETECTED BY EIA

\*\*\*\*\*FINAL RESULTS\*\*\*\*\*

Final Date 06/29/06  
SPECIMEN TOO HEMOLYZED FOR HBsAg  
CONFIRMATION TESTING.

JB

07/05/06  
JB

County of Orange, Health Care Agency, Public Health Laboratory  
1729 W. Seventeenth Street, Santa Ana, CA 92706  
Douglas F. Moore, Ph.D., Laboratory Director

272

PATIENT #: 06-03559-MU SEX: M AGE: 20 BIRTHDATE:

PATIENT NAME & ADDR: JIMENEZ GERBER AMIGDAEL

SHERIFF-CORONER  
ATTN: LESLEY TREJO  
1071 W SANTA ANA BLVD 714  
SANTA ANA, CA 92703

LAB NUMBER: 06.VS.02739  
DATE TAKEN: 06/14/06  
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SPEC. SOURCE: Blood  
SPEC. TYPE:

SUBMITTOR NUMBER 14

(FOLD LINE)

TESTS REQUESTED: HEPATITIS B SURFACE ANTIGEN HEPATITIS C ANTIBODY

RESULTS:

\*\*\*\*\*FINAL RESULTS\*\*\*\*\*

Final Date 06/20/06  
HEPATITIS C ANTIBODY NOT DETECTED BY EIA

W

replied  
W