



Countywide Services Agency

Department of Coroner

Kimberly D. Gin, Coroner
Jason P. Tovar, M.D., Chief Forensic
Pathologist

Navdeep S. Gill, County Executive
Nancy Newton, Assistant County Executive
Bruce Wagstaff, Interim Chief Deputy County
Executive

County of Sacramento

April 27, 2018

Sacramento Police Department
5770 Freeport Boulevard
Sacramento, CA 95822

Attn: Sergeant Jeffrey Shiraishi

Sergeant Shiraishi,

The reports for the decedent, Stephon Clark, are attached to this letter. In light of the erroneous information that was released from the private autopsy and in an effort to ensure that we got the facts correct, the autopsy conducted by Dr. Su was reviewed by Sacramento County Coroner Chief Forensic Pathologist Jason Tovar and Sacramento County Coroner pathologists, Dr. Brian Nagao and Dr. Katherine Raven. All three doctors concur with Dr. Su's findings and have signed the autopsy report with Dr. Su. In addition, I sought independent review from forensic pathologist, Dr. Gregory Reiber. His independent report concurs with Dr. Su's findings and is included. He also reviewed the findings of the second autopsy in his report. All five doctors are board certified forensic pathologists and combined have over fifty years of experience in the field of forensic pathology.

I also sought confirmation of toxicology results from the Sacramento County District Attorney's (DA) Crime lab and the Sacramento County Coroner's contracted lab, NMS. The DA Crime Lab sent samples to their contracted lab, Central Valley Toxicology for further testing as well. All the results are attached with the reports.

Thank you for being patient as I took extra steps in this process to ensure that the facts presented by my office are true facts backed by scientific evidence.

Respectfully,

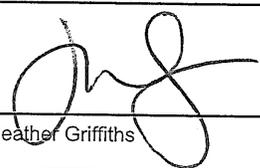
Kimberly Gin
Coroner

CC: State of California Department of Justice
Sacramento County District Attorney's Office





**SACRAMENTO COUNTY
CORONER**

CLASSIFICATION	1 Final Classification Homicide		2 Case No. 18-01644		3 Deputy Assigned Marcus Kelln		4a Date of Death 3/18/2018		4b Found?		
	5 Name First: STEPHON		6 Name Middle: ALONZO		7 Name Last: CLARK		8a Time of Death 21:42		8b Fnd/Est/Unk:		
DECEDENT PERSONAL DATA	9 Sex Male		10 Race Black			11 Date of Birth 8/10/1995		12 Age 22 Years		13 Marital Status Never Married	
	14 Usual Address 7572 29TH STREET										
RESIDENCE	15 City Sacramento					16 County Sacramento		16a State CA		17 Zip Code 95822	
	18 Remains identified by or how identified FEARNE, Erica Fingerprints										
RELATIVES	CLARK, Se'Quette Mother										
	CLARK, Stephen Father										
PLACE OF DEATH	21 Place of Death RESIDENCE - OWN										
	22 Street Address 7572 29TH STREET										
	23 City Sacramento					24 County Sacramento			25 Zip 95822		
	26 Death Reported By KOPPINGER, KRISTA										
REMAINS						27 Removed To Coroner Yes		28 Type of Medical Examination Homicide			
CAUSE OF DEATH	29 Cause Multiple gunshot wounds										
	due to:										
	due to:										
OTHER SIGNIFICANT CONDITIONS	30 None										
	31 Manner of Death Homicide		32 Place of Injury RESIDENCE - OWN			33 At Work? No		34a Date of Injury 3/18/2018		34b Fnd/Est/Unk	
INJURY INFORMATION	35 Address or Location 7572 29TH STREET						36a Time of Injury 21:26		36b Fnd/Est/Unk		
	37 City Sacramento					38 County Sacramento			39 Zip Code 95822		
	40 Describe how injury occurred DECEDENT WAS SHOT BY LAW ENFORCEMENT OFFICER(S)										
	41										
CASE SUMMARY	See Page 2										
					Deputy		 Heather Griffiths		Date Signed		4/26/2018



**SACRAMENTO COUNTY
CORONER**

Final Case Summary

As required by Government Code, Section 27491, an inquiry was made into the death of the subject of this report. It was determined by an investigation that an autopsy would be necessary to establish the cause of death. An autopsy was performed and revealed the above cause of death. Based on the known circumstances and cause of death, the manner of death is Homicide.



County of Sacramento

Department of Coroner
4800 Broadway, Suite 100
Sacramento, CA 95820-1530

Kimberly D. Gin
Coroner

Autopsy

External Examination

NAME: CLARK, STEPHON A.

CASE NO. 18-01644

POSTMORTEM DATE: 03/20/18

TIME: 10:55

INVESTIGATOR: Marcus Kelln

AUTOPSY FINDINGS:

- I. Gunshot wound #1 of neck:
 - A. Entry: Right lateral neck
 1. No soot
 2. No stippling
 - B. Exit: Left lateral neck
 - C. Path of entry: Skin, posterior neck
 - D. Projectile: None
 - E. Direction: Right to left, slightly downward and front to back.
 - F. Associated injuries:
 1. Perforation of the soft tissue of posterior neck

- II. Gunshot wound #2 of right arm:
 - A. Entry: Right lateral posterior arm
 1. No soot
 2. No stippling
 - B. Exit: None
 - C. Path of entry: Skin, right humerus
 - D. Projectile #1/5: One deformed copper jacketed metal bullet at the right arm
 - E. Direction: Right to left and downward
 - F. Associated injuries:
 1. Penetration of the right arm
 2. Comminuted fracture of the right humerus

- III. Gunshot wound #3 of back:
 - A. Entry: Right back/scapular area
 1. No soot
 2. No stippling
 - B. Exit: None
 - C. Path of entry: Skin, left scapula
 - D. Projectile #2/5: One deformed copper jacketed metal bullet at the left scapula
 - E. Direction: Right to left, slightly upward and back to front
 - F. Associated injuries:
 1. Penetration of the soft tissue of back
 2. Perforation of the left scapula

- IV. Gunshot wound #4 of chest:
 - A. Entry: Right lateral chest at axillary area
 1. No soot
 2. No stippling
 - B. Exit: None



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Kimberly D. Gin
Coroner

-
- C. Path of entry: Skin, right lateral 3rd rib, upper lobe of right lung, left anterior 2nd rib
 - D. Projectile #3/5: One deformed copper jacketed metal bullet at the left lateral chest wall
 - E. Direction: Right to left, slightly back to front and upward
 - F. Associated injuries:
 - 1. Fractures of the right 3rd rib and the left 2nd rib
 - 2. Perforation of the upper lobe of right lung with right hemothorax
- V. Gunshot wound #5 of back:
- A. Entry: Right lateral back
 - 1. No soot
 - 2. No stippling
 - B. Exit: Left lateral chest
 - C. Path of entry: Skin, right 7th rib, lower lobe of right lung, thoracic aorta, left ventricle of heart, lower lobe of left lung, left 5th intercostal space (ICS), skin
 - D. Projectile: None
 - E. Direction: Right to left, slightly upward and back to front
 - F. Associated injuries:
 - 1. Fractures of the right 7th rib
 - 2. Perforation of the lower lobe of right lung with right hemothorax
 - 3. Laceration of the thoracic aorta
 - 4. Laceration of the left ventricle of heart
 - 5. Perforation of the lower lobe of left lung with left hemothorax
- VI. Gunshot wound #6 of back:
- A. Entry: Right back/flank area
 - 1. No soot
 - 2. No stippling
 - B. Exit: None
 - C. Path of entry: Skin, posterior right 10th and 11th ribs, thoracic spine at T12
 - D. Projectile #4/5: One deformed copper jacketed metal bullet and fragments collected at the thoracic spine (T12)
 - E. Direction: Right to left, horizontal and slightly back to front
 - F. Associated injuries:
 - 1. Penetration of the soft tissue of the right paraspinal area.
 - 2. Fractures of the posterior right 10th and 11th ribs.
 - 3. Fracture of the right pedicle of thoracic spine (T12) with epidural hemorrhage of the lower thoracic cord.
- VII. Gunshot wound #7 of left thigh:
- A. Entry: Left anterior thigh
 - 1. No soot
 - 2. No stippling
 - B. Exit: Left lateral buttock
 - C. Path of entry: Skin, soft tissue of left thigh
 - D. Projectile #5/5: One deformed copper jacketed metal bullet within the underwear outside of body
 - E. Direction: Front to back and upward
 - F. Associated injuries:
 - 1. Perforation of the soft tissue of left thigh



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VIII. Toxicology:

- A. From Laboratory of Forensic Services, there is positive for ethanol (0.08%), cocaine metabolite, cannabinoids, codeine, alprazolam and etizolam in femoral blood. And, codeine and hydrocodone are positive in urine specimen.
- B. From NMS Labs, there is positive for ethanol (0.09%), cannabinoids, codeine, alprazolam, etizolam, nicotine, hydrocodone and promethazine in femoral blood.

CAUSE OF DEATH: Multiple gunshot wounds

A handwritten signature in cursive script, appearing to read "Keng Su".

Keng-Chih Su, M.D.
Forensic Pathologist/Neuropathologist
April 26, 2018

Case has been also reviewed by:

A handwritten signature in cursive script, appearing to read "Katherine Raven".

Katherine Raven, M.D.
Forensic Pathologist

A handwritten signature in cursive script, appearing to read "Brian Nagao".

Brian Nagao, M.D.
Forensic Pathologist

A handwritten signature in cursive script, appearing to read "Jason Tovar".

Jason Tovar, M.D.
Chief Forensic Pathologist

4/26/18

WITNESSES:

SPD Det. B. Alonso (#803), CSI R. Lindner (#538) and K. Louie (#6384) witnessed.

IDENTIFICATION:

The body is received in a body bag that is locked with a red plastic lock bearing the inscription "310776". A Sacramento County Coroner's identification tag attached to the body bag zipper has the inscription "18-01644 CLARK, STEVANTE" (later identified as CLARK, STEPHON A.).

EVIDENCE OF MEDICAL INTERVENTION:

The following are present, and are in proper position: EKG pads at chest and abdomen. There has not been organ procurement.

CLOTHING:

1. Black hoodie coat with multiple tears including: one at the right lower neck, one at the left lower neck, four at the right back, four at the left back, and one at the right lateral arm.
2. White T-shirt with multiple tears including: four at the right back, four at the left back, and one at the right lateral arm.
3. Black pants with one tear at the left anterior thigh.
4. Grey underwear with one tear at the right inguinal area.
5. Pair of white sports shoes.
6. Pair of white socks.
7. Metal rings including: one at the right little finger, one at the left middle finger and one at the left little finger.

EVIDENCE OF EXTERNAL TRAUMATIC INJURY AND ASSOCIATED INTERNAL TRAUMATIC INJURY:

Gunshot wounds are numbered for purposes of the autopsy and do not represent a chronological order in which wounds are received. All wound measurements are taken with the body in anatomic position unless otherwise stated.

I. Gunshot wound #1 of the neck:

Entry: The entrance wound is located at the right lateral neck, 8 inches below the top of the head and 1-1/2 inch inferior to the right external auditory meatus. The entrance wound is round and measures 1/4 inch in diameter. There is peripheral dark red abrasion surrounding the entrance hole measuring 1/16 inch in width. There is no soot or stippling on the skin.

Exit: The exit wound is located at the left lateral neck, 9 inches below the top of the head, 2-1/2 inch inferior and 1 inch posterior to the left external auditory meatus. The exit wound is irregular and measures 1/2 x 3/8 inch. There is no peripheral dark red abrasion surrounding the exit hole.

Path of entry: The wound track begins at the skin of right lateral neck, perforates the soft tissue of posterior neck, and exits at the left lateral neck.

Projectile: None.

Direction: Right to left, slightly downward and front to back.

Associated injuries:

1. Perforation of the soft tissue of posterior neck.

II. Gunshot wound #2 of the right arm:

Entry: The entrance wound is located at the right lateral posterior arm, 8 inches below the top of the head and close to the top of shoulder. The entrance wound is oval and measures 3/8 x 1/4 inch. There is peripheral dark red abrasion surrounding the entrance hole measuring 1/16 inch in width. There is no soot or stippling on the skin.

Exit: None.

Path of entry: The wound track begins at the skin of right arm, fractures and terminates at the right humerus.

Projectile (#1/5): One deformed copper jacketed metal bullet is collected at the right arm.

Direction: Right to left and downward.

Associated injuries:

1. Penetration of the right arm.
2. Comminuted fracture of the right humerus.

III. Gunshot wound #3 of the back:

Entry: The entrance wound is located at the right back/scapular area, 14 inches below the top of the head and 5-1/2 inches to the right of the midline. The entrance wound is oval and measures 1/2 x 3/8 inch. There is peripheral dark red abrasion surrounding the entrance hole measuring 1/16 inch in width. There is no soot or stippling on the skin.

Exit: None.

Path of entry: The wound track begins at the skin of right back/scapular area, penetrates the soft tissue of back, perforates and terminates at the left scapula.

Projectile (#2/5): One deformed copper jacketed metal bullet is collected at the left scapula.

Direction: Right to left, slightly upward and back to front.

Associated injuries:

1. Penetration of the soft tissue of back.
2. Perforation of the left scapula.

IV. Gunshot wound #4 of the chest:

Entry: The entrance wound is located at the right lateral chest at axillary area, 15 inches below the top of the head and between the middle and posterior axillary lines. The entrance wound is oval and measures 1/2 x 1/4 inch. There is peripheral dark red abrasion surrounding the entrance hole measuring 1/16 inch in width. There is no soot or stippling on the skin.

Exit: None.

Path of entry: The wound track begins at the skin of right lateral chest at axillary area, perforates the right lateral 3rd rib, upper lobe of right lung, left anterior 2nd rib, and terminates at the left lateral chest wall.

Projectile (#3/5): One deformed copper jacketed metal bullet is collected at the left lateral chest wall.

Direction: Right to left, slightly back to front and upward.

Associated injuries:

1. Fractures of the right 3rd rib and the left 2nd rib.
2. Perforation of the upper lobe of right lung with right hemothorax (measuring 75 ml of liquid blood).

V. Gunshot wound #5 of the back:

Entry: The entrance wound is located at the right lateral back, 19-1/2 inches below the top of the head and at the posterior axillary line. The entrance wound is oval and measures 1/2 x 3/8 inch. There is peripheral dark red abrasion surrounding the entrance hole measuring 1/16 inch in width. There is no soot or stippling on the skin.

Exit: The exit wound is located at the left lateral chest, 18 inches below the top of the head and at the middle axillary line. The exit wound is irregular and measures 1/2 x 1/4 inch. There is no peripheral dark red abrasion surrounding the exit hole.

Path of entry: The wound track begins at the skin of right lateral back, perforates the right 7th rib and lower lobe of right lung, lacerates the thoracic aorta and left ventricle of heart, perforates the lower lobe of left lung and left 5th intercostal space, and exits at the left lateral chest.

Projectile: None.

Direction: Right to left, slightly upward and back to front.

Associated injuries:

1. Fractures of the right 7th rib.
2. Perforation of the lower lobe of right lung with right hemothorax (estimated 75 ml of liquid blood).
3. Laceration of the thoracic aorta.
4. Laceration of the left ventricle of heart, measuring 4 x 2 cm.
5. Perforation of the lower lobe of left lung with left hemothorax (estimated 750 ml of liquid blood).

VI. Gunshot wound #6 of the back:

Entry: The entrance wound is located at the right back/flank area, 20 inches below the top of the head and 4 inches to the right of the midline. The entrance wound is oval and measures 1/2 x 3/8 inch. There is peripheral dark red abrasion surrounding the entrance hole measuring 1/16 inch in width. There is no soot or stippling on the skin.

Exit: None.

Path of entry: The wound track begins at the skin of right back/flank area, fractures the posterior right 10th and 11th ribs, and terminates at the thoracic spine at T12.

Projectile (#4/5): One deformed copper jacketed metal bullet and fragments are collected at the thoracic spine (T12).

Direction: Right to left, horizontal and slightly back to front.

Associated injuries:

1. Penetration of the soft tissue of the right paraspinal area.
2. Fractures of the posterior right 10th and 11th ribs.
3. Fracture of the right pedicle of thoracic spine (T12) with epidural hemorrhage of the lower thoracic cord.

VII. Gunshot wound #7 of the left thigh:

Entry: The entrance wound is located at the left anterior thigh, 24 inches above the bottom of the left heel. The entrance wound is round and measures 5/16 inch in diameter. There is no peripheral dark red abrasion surrounding the entrance hole. There is no soot or stippling on the skin.

Exit: The exit wound is located at the left lateral buttock, 32 inches above the bottom of the left heel. The exit wound is irregular and measures 3/4 x 5/16 inch. There is no peripheral dark red abrasion surrounding the exit hole.

Path of entry: The wound track begins at the skin of left anterior thigh, perforates the soft tissue of left thigh, and exits at the left lateral buttock.

Projectile (#5/5): One deformed copper jacketed metal bullet is collected within the underwear outside of the body.

Direction: Front to back and upward.

Associated injuries:

1. Perforation of the soft tissue of left thigh.

EXTERNAL EXAMINATION:

Injuries are described previously. The body is identified by toe tags and is that of an unembalmed refrigerated, adult male who appears about the reported age of 22 years. The body weighs 156 pounds, measures 68 inches, and is well-nourished (Body Mass Index/BMI= 23.7, Obesity= BMI of 30 or greater). Wrist scars are absent. Tattoos are present including: Letters of "Beloved" and unknown figure at the right arm. Rigor mortis is present. Livor mortis is absent.

The head is normocephalic and covered by black hair. There is no balding and the hair can be described as 1/4 inches in length and tightly curled. Mustache is present. Beard is absent. Examination of the eyes reveals irides that appear to be brown in color and sclerae that are unremarkable. There are no petechial hemorrhages of the lids and/or sclera. The oronasal passages are unobstructed. Upper and lower teeth are present. Dentures are absent. There is no chest deformity. There is no increased anterior-posterior diameter. The abdomen is not unusual. The genitalia are those of an adult male. The penis appears uncircumcised. The external genitalia are without trauma or lesions. The extremities show no edema, non-therapeutic punctures or needle tracks.

INTERNAL EXAMINATION

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

INITIAL INCISION:

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

NECK:

The neck organs are removed en bloc with the tongue. No lesions are present nor is trauma of the gingiva, lips or oral mucosa demonstrated. There is no edema of the larynx. Both hyoid bone and larynx are intact and without fractures. No hemorrhage is present in the adjacent throat organs, investing fascia, strap muscles, thyroid or visceral fascia. There are no prevertebral fascial hemorrhages. The tongue when sectioned shows no trauma.

CHEST/ABDOMINAL CAVITY:

Injuries are described previously. The lungs are poorly expanded. Soft tissues of the thoracic and abdominal walls are well preserved. The subcutaneous fat of the abdominal wall measures 3/4 inches. The organs of the abdominal cavity have a normal arrangement and none is absent. The peritoneal cavity is without evidence of peritonitis. There are no adhesions.

SYSTEMIC AND ORGAN REVIEW**MUSCULOSKELETAL SYSTEM:**

No abnormalities of the bony framework or muscles are present.

CARDIOVASCULAR SYSTEM:

Injuries are described previously. The thoracic aorta has no atherosclerosis. There is no tortuosity or widening of the thoracic segment. The abdominal aorta has no atherosclerosis and no calcifications. There is no dilation of the lower abdominal segment. No aneurysm is present.

The heart weighs 310 grams. It has a normal configuration. The right ventricle is 0.3 cm thick, the left ventricle is 1.7 cm thick, and the septum is 1.8 cm thick. The chambers are normally developed and are without mural thrombosis. The valves are thin, leafy and competent. The circumference of the valve rings are: Mitral valve 9.5 cm, aortic valve 5.0 cm, tricuspid valve 10.5 cm, and pulmonic valve 7.0 cm. There is no abnormality of the apices of the papillary musculature. The great vessels enter and leave in a normal fashion. The ductus arteriosus is obliterated. The coronary ostia are widely patent. There is a normal pattern of coronary artery distribution. There is no coronary atherosclerosis. The blood within the heart and large blood vessels is liquid and scanty.

RESPIRATORY SYSTEM:

Injuries are described previously. Scant mucus secretions are found in the upper and lower bronchial passages. The mucosa is intact and pale. The lungs are pale. The left lung weighs 280 grams. The right lung weighs 290 grams. The parenchyma is focally hemorrhagic. The pulmonary vasculature is without thromboembolism.

GASTROINTESTINAL SYSTEM:

The esophagus is intact throughout. The stomach is not distended. It contains about 310 cc of watery fluid. The mucosa shows unremarkable. Portions of tablets and capsules are not seen in the stomach. The small intestine and colon are opened along the anti-mesenteric border and no mucosal lesions are present with liquid green/brown stool. The pancreas occupies a normal position. There is no trauma. The parenchyma is lobular and soft. The pancreatic ducts are not ectatic and there is no parenchymal calcification.

HEPATOBIILIARY SYSTEM:

The liver weighs 1040 grams, is of average size and is red-brown. The capsule is intact and the consistency of the parenchyma is soft. The cut surface is smooth. There is a normal lobular arrangement. The gallbladder is present. The wall is thin and pliable. It contains about 15 cc of bile and no calculi. There is no obstruction or dilation of the extrahepatic ducts. The periportal lymph nodes are not enlarged.

URINARY SYSTEM:

The left kidney weighs 100 grams. The right kidney weighs 100 grams. The kidneys are normally situated and the capsules strip easily revealing a surface that is tan-red and smooth. The corticomedullary demarcation is preserved. The pyramids are not remarkable. The peripelvic fat is not increased. The ureters are without dilation or obstruction and pursue their normal course. The urinary bladder is unremarkable. It contains about 75 cc of clear urine.

GENITAL SYSTEM:

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

HEMOLYMPHATIC SYSTEM:

The spleen weighs 70 grams. The capsule is smooth. The parenchyma is dark red. There is no increased follicular pattern. Lymph nodes throughout the body are small and inconspicuous. The bone is unremarkable. The bone marrow of the rib is unremarkable.

ENDOCRINE SYSTEM:

The thyroid is unremarkable. The parathyroid glands are not identified. The adrenals are unremarkable. The thymus is not identified. The pituitary gland is of normal size.

SPECIAL SENSES:

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

HEAD AND CENTRAL NERVOUS SYSTEM:

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

The brain weighs 1500 grams. The leptomeninges are thin and transparent. A normal convolutionary pattern is observed. Coronal sectioning demonstrates a uniformity of cortical gray thickness. The cerebral hemispheres are symmetrical. There is no softening, discoloration, or hemorrhage of the white matter. The basal ganglia are intact. Anatomic landmarks are preserved. Cerebral contusions are not present. The ventricular system has a normal appearance without dilation or distortion. The pons, medulla and cerebellum are unremarkable. There is no evidence of uncal or cerebral herniation. Vessels at the base of the brain have a normal pattern of distribution. There are no aneurysms. Cranial nerves are intact, symmetrical and normal in size, location and course. The cerebral arteries are without arteriosclerosis.

SPINAL CORD:

The superior portion of the cervical spinal cord is examined through the foramen magnum and is unremarkable.

HISTOLOGIC SECTIONS:

Representative sections of various organs are preserved in one storage jar in 10% formalin. No sections are submitted for slides.

TOXICOLOGY:

Chest blood, femoral blood, liver tissue, bile, gastric contents, urine, and vitreous humor have been obtained.

SPECIAL PROCEDURES:

Blood is obtained for DNA.

PHOTOGRAPHY:

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

DIAGRAMS:

Four diagrams were used during the performance of the autopsy. The diagrams are not intended to be a facsimile and are not drawn to scale.

RADIOLOGY:

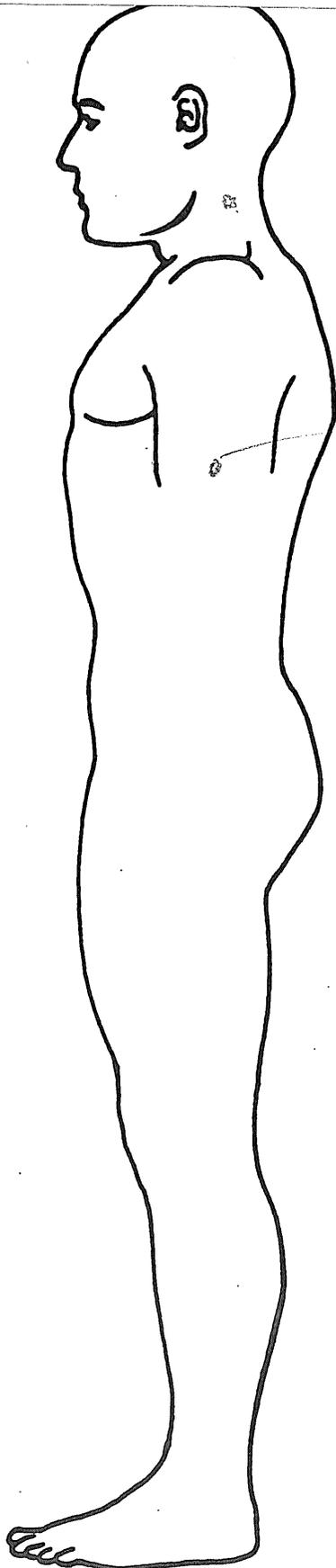
X-rays are obtained and reveal the radiopacity consistent with the recovered projectiles.

EVIDENCE:

Hair (head) and nail scrapings are collected on 3/19/2018 (one day prior to autopsy). Five metal bullets are collected during autopsy.

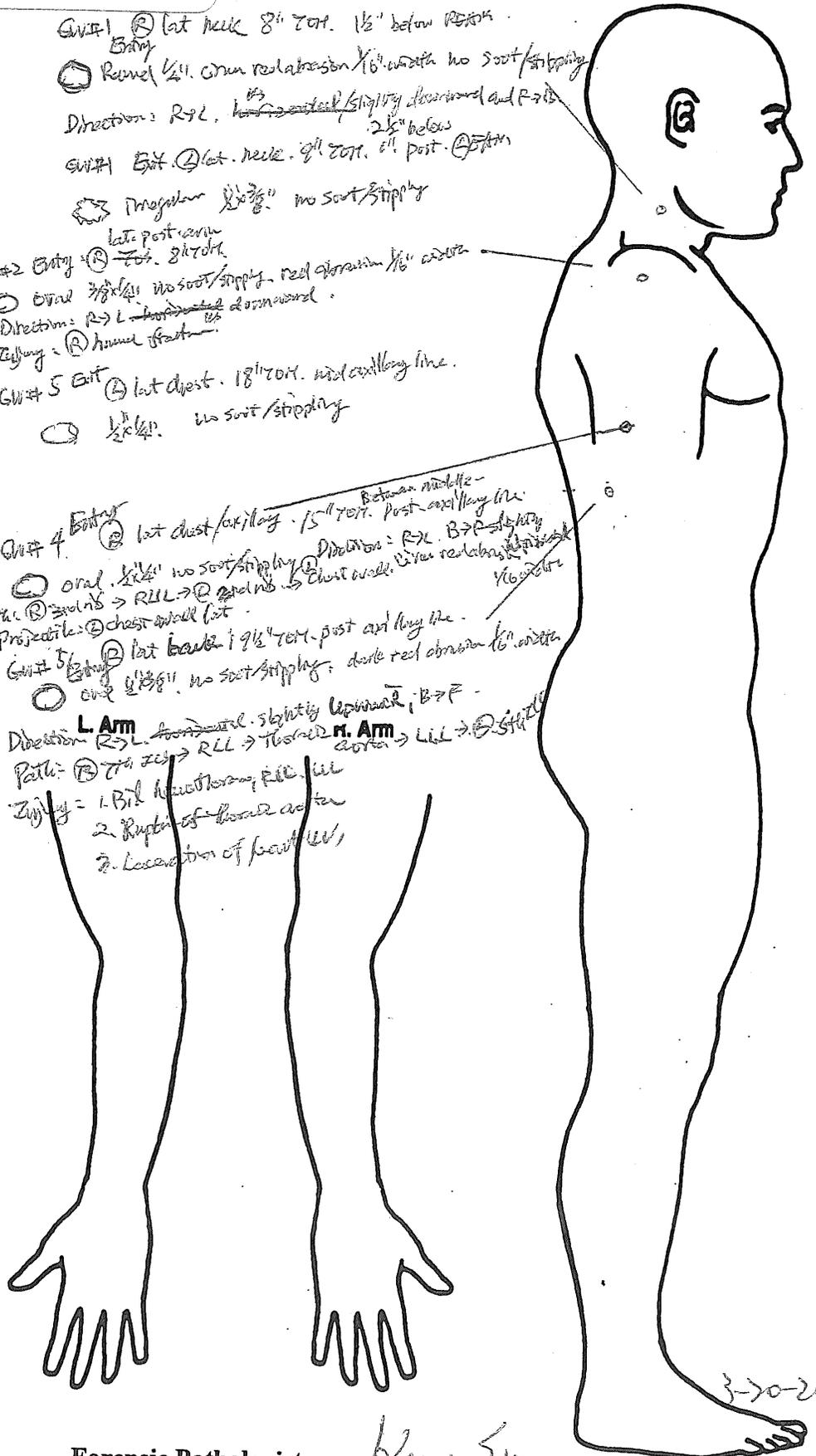
Gunshot Wounds

Case Number: _____



Gun # 1 Entry: (A) lat neck 8" TOT. 1/2" below RSTN.
 (B) Round 1/2". crown retraction 1/6" width no soot/stippling
 Direction: R to L. ~~horizontal~~ slightly downward and R to L
 2 1/2" below
 Gun # 2 Entry: (A) lat neck. 9" TOT. 1" post. (B) Entry
 (C) Irregular 1/2 x 3/8" no soot/stippling
 late post. crown
 7/8" 8 1/2 TOT.
 (D) crown 3/8 x 1/4" no soot/stippling. red abrasion 1/6" width
 Direction: R to L. ~~horizontal~~ downward.
 Zigzag: (A) humeral fracture
 Gun # 5 Entry: (A) lat chest. 18" TOT. mid axillary line.
 (B) 1/2 x 1/4". no soot/stippling

Gun # 4 Entry: (A) lat chest/axillary. 15" TOT. Post axillary line.
 (B) oval 1/2 x 1/4" no soot/stippling. Direction: R to L. B to P slightly
 Path: (B) axils -> RLL -> (C) axils -> chest wall. crown retraction 1/6" width
 Projectile: (A) chest wall lat.
 Gun # 3 Entry: (A) lat back 1 1/2" TOT. post axillary line.
 (B) oval 1/2 x 3/8" no soot/stippling; dark red abrasion 1/6" width
 Direction: R to L. ~~horizontal~~ slightly upward; B to P -
 Path: (A) T10 -> RLL -> T10 -> thoracic aorta -> LLL -> (B) still
 Zigzag = 1. Bil humeral fracture, RLL, LLL
 2. Rupture of thoracic aorta
 3. Location of heart (L),



Forensic Pathologist: _____, M.D.

Kenny Su

3-20-2018

CASE FILE
SACRAMENTO COUNTY CORONER

18-01644

Type: Homicide

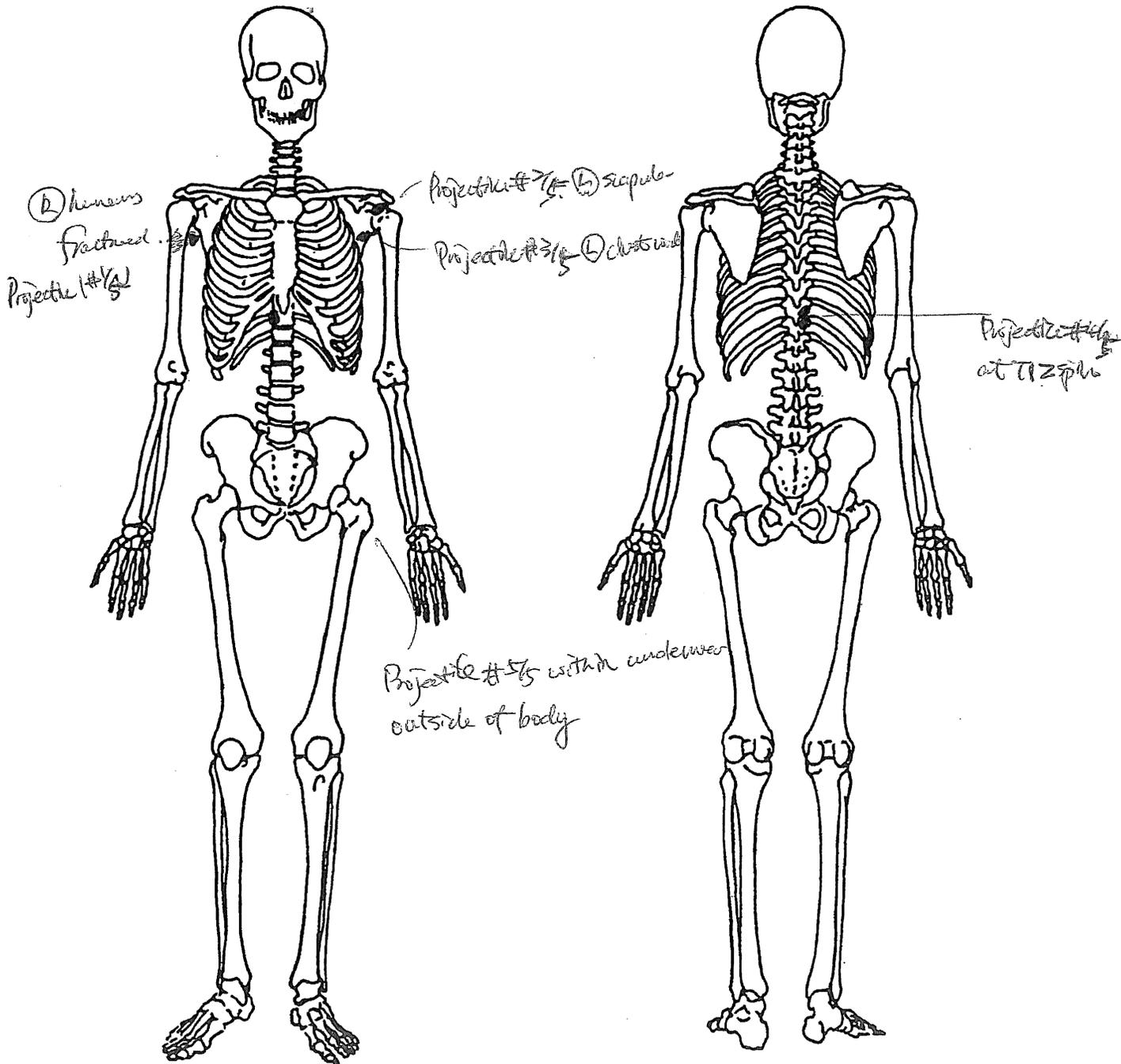
CLARK, STEPHON A.

Doctor: SU, Kenny

22 Years

Male

Deputy: KELLN, Marcus



CASE FILE
SACRAMENTO COUNTY CORONER

18-01644

LARK, STEPHON A.

2 Years

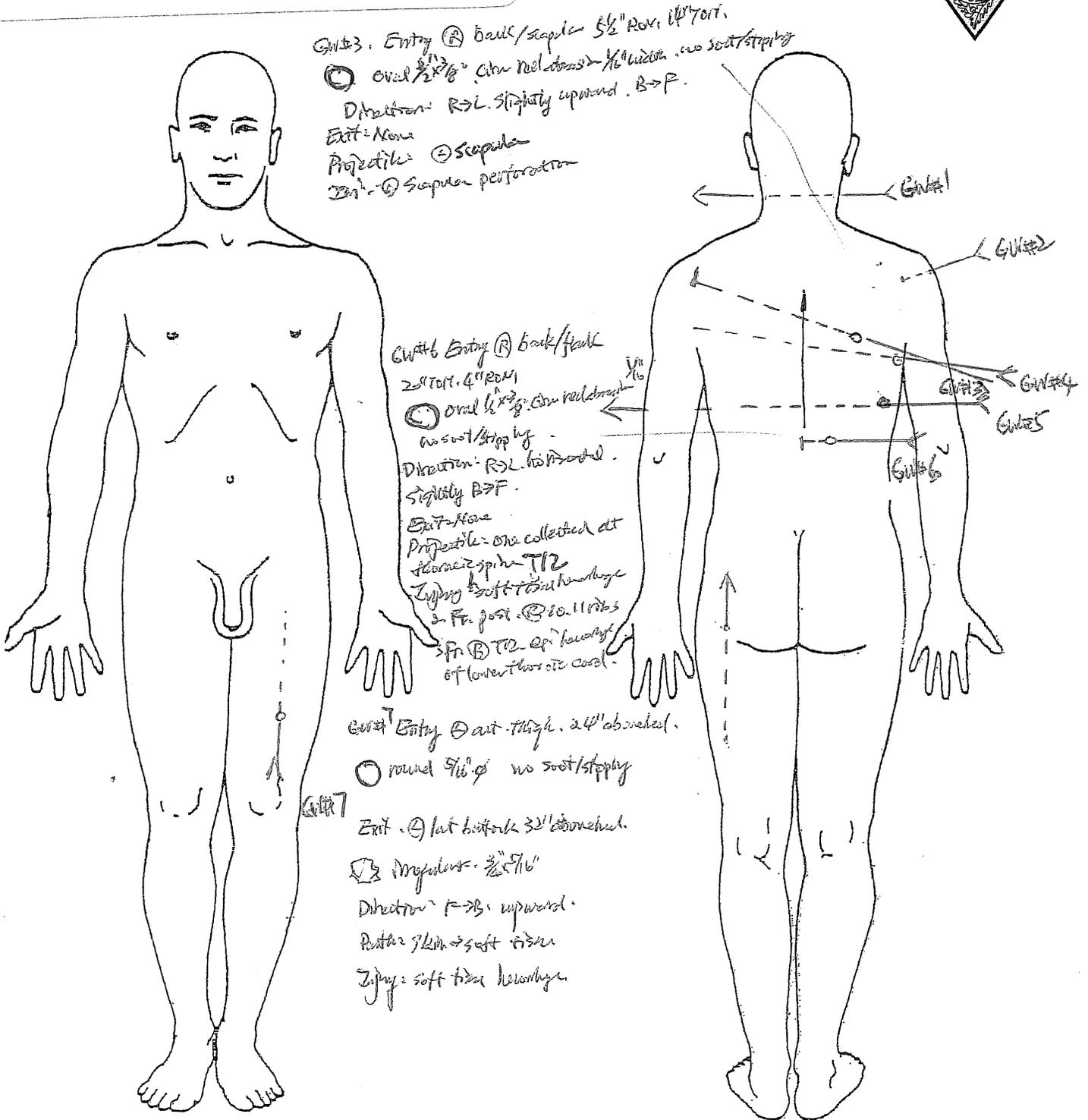
Male

Type: Homicide

Doctor: SU, Kenny

Deputy: KELLN, Marcus

Gunsnot wounds.



Forensic Pathologist: Kenny Su 3-20-2018

**CASE FILE
SACRAMENTO COUNTY CORONER**

18-01644

Type: Homicide

CLARK, STEPHON A.

Doctor: SU, Kenny

22 Years

Male

Deputy: KELLN, Marcus

General



Dark pools

tightly curled. 1/4" length. no holding
 favor irides, no petellum
 Mucosa ok
 Teeth present
 mistaken no beard.
 French ok.

Tattoo
 "Beloved"

Andrew Seal

156 lbs
 68"
 BMI = 23.7

- Clothing:
- 1. Black coat - XL @ back, XL @ arm
 - 2. Black pants - tank @ waist, @ thigh
 - 3. White socks (x2)
 - 4. White sport shoes (x2)
 - 5. Metal rings - one at @ little finger, one at @ middle, one at @ little finger
 - 6. Gray underwear - Tank @ @ inguinal area
 - 7. White t-shirt - x2 @ back, x2 @ back, x1 @ left arm

Tag 310776
 18-01644
 Clark, Stephon A. (later identified
 as Clark, Stephon A.)

3-20-2018

Forensic Pathologist:

Kenny Su



NMS Labs

CONFIDENTIAL

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Robert A. Middleberg, PhD, F-ABFT, DABCC-TC, Laboratory Director

Toxicology Report

Report Issued 04/23/2018 11:03

Patient Name CLARK, STEPHON
Patient ID 18-01644
Chain 18104157
Age 22 Y DOB 08/10/1995
Gender Male
Workorder 18104157

To: 117C
Sacramento County Coroner
Attn: Kim Gin/Pathology
4800 Broadway, Suite 100
Sacramento, CA 95820

Page 1 of 6

Positive Findings:

Table with 4 columns: Compound, Result, Units, Matrix Source. Rows include Ethanol, Blood Alcohol Concentration (BAC), Cotine, Nicotine, Alprazolam, Alpha-Hydroxyalprazolam, Codeine - Free, Hydrocodone - Free, Delta-9 Carboxy THC, Delta-9 THC, Promethazine, Etizolam.

See Detailed Findings section for additional information

Testing Requested:

Table with 2 columns: Analysis Code, Description. Row: 8052B Postmortem, Expanded, Blood (Forensic)

Tests Not Performed:

Part or all of the requested testing was unable to be performed. Refer to the Analysis Summary and Reporting Limits section for details.

Specimens Received:

Table with 5 columns: ID, Tube/Container, Volume/Mass, Collection Date/Time, Matrix Source, Miscellaneous Information. Row: 001 Gray Top Tube, 6.25 mL, 03/20/2018 10:55, Femoral Blood

All sample volumes/weights are approximations.
Specimens received on 04/10/2018.

KS 4/23/2018

Detailed Findings:

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Ethanol	91	mg/dL	10	001 - Femoral Blood	Headspace GC
Blood Alcohol Concentration (BAC)	0.091	g/100 mL	0.010	001 - Femoral Blood	Headspace GC
Cotinine	Positive	ng/mL	200	001 - Femoral Blood	LC/TOF-MS
Nicotine	Positive	ng/mL	100	001 - Femoral Blood	LC/TOF-MS
Alprazolam	90	ng/mL	5.0	001 - Femoral Blood	LC-MS/MS
Alpha-Hydroxyalprazolam	33	ng/mL	5.0	001 - Femoral Blood	LC-MS/MS
Codeine - Free	200	ng/mL	5.0	001 - Femoral Blood	LC-MS/MS
Hydrocodone - Free	5.9	ng/mL	5.0	001 - Femoral Blood	LC-MS/MS
Delta-9 Carboxy THC	300	ng/mL	5.0	001 - Femoral Blood	LC-MS/MS
Delta-9 THC	22	ng/mL	0.50	001 - Femoral Blood	LC-MS/MS
Ethanol	Confirmed	mg/dL	10	001 - Femoral Blood	Headspace GC
Promethazine	8.1	ng/mL	5.0	001 - Femoral Blood	LC-MS/MS
Etizolam	7.2	ng/mL	4.0	001 - Femoral Blood	LC-MS/MS

Other than the above findings, examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.

Reference Comments:

- Alpha-Hydroxyalprazolam (Alprazolam Metabolite) - Femoral Blood:
 Alpha-Hydroxyalprazolam is an active metabolite of alprazolam. It has approximately 66% of the potency of the parent drug. It is typically present at concentrations less than 10% of the parent.
- Alprazolam (Xanax®) - Femoral Blood:
 Alprazolam is a DEA Schedule IV second-generation benzodiazepine, which is effective at very low doses. It shares the actions of other benzodiazepines in the management of anxiety disorders and short-term relief of anxiety associated with depressive symptoms. Alpha-hydroxyalprazolam is an active metabolite of alprazolam. Common CNS-depressant side effects of alprazolam include drowsiness and fatigue. For anxiety, daily doses of 0.8 to 4 mg are effective whereas for phobic and panic disorders, 6 to 9 mg daily is recommended.

 Reported therapeutic plasma concentrations of alprazolam are proportional to dose given: 3 mg/day produced steady-state levels of 30 ng/mL; 6 mg/day, 60 ng/mL; and 9 mg/day, 100 ng/mL.

 In reported cases involving driving under the influence, alprazolam concentrations ranged from 8 - 640 ng/mL. Alcohol greatly enhances the activity of benzodiazepines.

 Reported blood concentrations of alprazolam in alprazolam-related fatalities ranged from 100 - 400 ng/mL (mean, 200 ng/mL). In combination with other central nervous system depressants such as ethyl alcohol, alprazolam can become toxic at low concentrations.
- Codeine - Free - Femoral Blood:
 Codeine is a DEA Schedule III narcotic analgesic with central nervous system depressant activity. An adult therapeutic regimen for codeine is 30 to 60 mg four to six times daily as needed. Morphine is a demethylated metabolite of codeine. Hydrocodone is also a reported metabolite of codeine. Reported peak plasma levels of codeine averaged 134 ng/mL at 1 hr. following a single 60 mg oral dose of codeine phosphate. Plasma morphine concentration reached a peak of 7 ng/mL.

 Concentrations in excess of the therapeutic level may cause drowsiness and mental clouding including impairment of coordination, judgment, alertness and response time. Signs seen with excessive use of this substance may include hypotension, convulsions, coma and respiratory failure. Reported blood concentrations of free codeine in codeine-related fatalities range from 1000 - 8800 ng/mL.



Reference Comments:

4. Cotinine (Nicotine Metabolite) - Femoral Blood:

Cotinine is a metabolite of nicotine and may be encountered in the fluids and tissues of an individual as a result of tobacco exposure.

Anabasine is a natural product occurring in tobacco, but not in pharmaceutical nicotine and a separate test for anabasine in urine can be used to distinguish tobacco from pharmaceutical nicotine use.

The reported qualitative result for this substance was based upon a single analysis only. If confirmation testing is required please contact the laboratory.

5. Delta-9 Carboxy THC (Inactive Metabolite) - Femoral Blood:

Delta-9-THC is the principle psychoactive ingredient of marijuana/hashish. Delta-9-carboxy-THC (THCC) is the inactive metabolite of THC. The usual peak concentrations in serum for 1.75% or 3.55% THC marijuana cigarettes are 10 - 101 ng/mL attained 32 to 240 minutes after beginning smoking, with a slow decline thereafter. The ratio of whole blood concentration to plasma concentration is unknown for this analyte. THCC may be detected for up to one day or more in blood. Both delta-9-THC and THCC may be present substantially longer in chronic users. THCC is usually not detectable after passive inhalation.

6. Delta-9 THC (Active Ingredient of Marijuana) - Femoral Blood:

Marijuana is a DEA Schedule I hallucinogen. Pharmacologically, it has depressant and reality distorting effects. Collectively, the chemical compounds that comprise marijuana are known as Cannabinoids.

Delta-9-THC is the principle psychoactive ingredient of marijuana/hashish. It rapidly leaves the blood, even during smoking, falling to below detectable levels within several hours. Delta-9-carboxy-THC (THCC) is the inactive metabolite of THC and may be detected for up to one day or more in blood. Both delta-9-THC and THCC may be present substantially longer in chronic users.

THC concentrations in blood are usually about one-half of serum/plasma concentrations. Usual peak levels in serum for 1.75% or 3.55% THC marijuana cigarettes: 50 - 270 ng/mL at 6 to 9 minutes after beginning smoking, decreasing to less than 5 ng/mL by 2 hrs.

7. Ethanol (Ethyl Alcohol) - Femoral Blood:

Ethyl alcohol (ethanol, drinking alcohol) is a central nervous system depressant and can cause effects such as impaired judgment, reduced alertness and impaired muscular coordination. Ethanol can also be a product of decomposition or degradation of biological samples. The blood alcohol concentrations (BAC) can be expressed as a whole number with the units of mg/dL or as a decimal number with units of g/100 mL which is equivalent to % w/v. For example, a BAC of 85 mg/dL equals 0.085 g/100 mL or 0.085% w/v of ethanol.

8. Etizolam - Femoral Blood:

Etizolam is a benzodiazepine drug that is used as a novel psychoactive substance. It is reported to have CNS depressant properties and shares anticonvulsant, muscle relaxant, hypnotic, anxiolytic and sedative effects with other benzodiazepines. It is not approved for use in the United States, but is available in some other countries.

Average peak plasma concentrations following a single 0.5 mg and 1 mg dose were reported to be 8.3 ng/mL and 17 - 21 ng/mL (extensive and poor metabolizers, respectively) approximately 1 hour after dosing, respectively. Chronic oral administration of 1 mg daily resulted in an average steady-state plasma concentrations of 9.3 ng/mL. Reported half-lives are 7 - 15hours.

A post-mortem femoral blood concentration of 86 ng/mL was reported along with other drugs following an apparent suicidal ingestion. In a second case of intentional overdose a post-mortem blood concentration of 260 ng/mL was reported; the individual drowned in a bathtub.

The blood to plasma ratio is not known.

9. Hydrocodone - Free (Vicodin®; Zohydro®) - Femoral Blood:

Hydrocodone is a DEA Schedule II semisynthetic narcotic analgesic. It is similar to codeine in analgesic activity and is also widely used in cough syrups for its antitussive activity. This compound is reported to be highly addictive. For relief of pain, hydrocodone, as the bitartrate salt, is only available in oral form in combination with non-opiate drugs, e.g., acetaminophen. Active metabolites of hydrocodone include hydromorphone and hydrocodol (dihydrocodeine). Normal adult oral dosages range from 5 to 10 mg every 4 to 6 hr. Hydrocodone has also been demonstrated to be a metabolite of codeine.



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Workorder 18104157
Chain 18104157
Patient ID 18-01644

Page 4 of 6

Reference Comments:

After a single oral administration of 10 mg, mean peak serum levels of 20 ng/mL were reported at 1.5 hr; levels dropped to 7 ng/mL at 8 hr.

Hydrocodone is reported to be more toxic than codeine. In overdose, it produces the same manifestations as other opiates including: drowsiness, sedation, respiratory depression, coma and death. In reported overdosage, post-mortem blood levels ranged from 130 - 7000 ng/mL.

10. Nicotine - Femoral Blood:

Nicotine is a potent alkaloid found in tobacco leaves at about 2 - 8% by weight. It is also reportedly found in various fruits, vegetables and tubers, e.g., tomatoes and potatoes, but at a smaller per weight fraction. As a natural constituent of tobacco, nicotine is found in all commonly used smoking or chewing tobacco products. It is also in smoking cessation products. Nicotine has been used as a pesticide, although not as widely since the advent of more effective agents.

Nicotine is extensively metabolized; the primary reported metabolite is the oxidative product cotinine. Many factors influence the levels found in an individual, including: frequency of use; amount of nicotine exposed to; route of administration; etc.

Toxic effects of nicotine overdose include nausea, vomiting, dizziness, sweating, miosis, EEG and ECG changes, tachycardia, hypertension, respiratory failure, seizures and death. Death from nicotine exposure usually results from either a block of neuromuscular transmission in respiratory muscles or from seizures.

Anabasine is a natural product occurring in tobacco, but not in pharmaceutical nicotine. A separate test for anabasine in urine can be used to distinguish tobacco from pharmaceutical nicotine use.

The reported qualitative result for this substance was based upon a single analysis only. If confirmation testing is required please contact the laboratory.

11. Promethazine (Phenergan®) - Femoral Blood:

Promethazine is an ethylamino-derivative of phenothiazine used for its antihistaminic, antiemetic, and sedative effects. It generally produces CNS depression at the usual therapeutic range; however, promethazine also can produce CNS stimulation or it may be added to other substances and used in the treatment of allergies and management of motion sickness. Oral doses usually range from 25 to 150 mg per day.

Following a single 50 mg oral administration of promethazine in 20 younger men, the average peak serum concentration of 29 ng/mL (range 6-99) occurred at 3.3 hours. Promethazine has a blood / plasma ratio of 0.6 - 0.7.

Postmortem blood concentrations of promethazine in fatalities due to promethazine overdose were reported to be between 1800 and 12000 ng/mL. Promethazine may exhibit postmortem redistribution.

Substance(s) known to interfere with the identity and/or quantity of the reported result: Promazine, Chlorpromazine.

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded one (1) year from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed.

Workorder 18104157 was electronically signed on 04/23/2018 10:41 by:

Ayako Chan-Hosokawa, M.S., D-ABFT-FT
Forensic Toxicologist



Analysis Summary and Reporting Limits:

All of the following tests were performed for this case. For each test, the compounds listed were included in the scope. The Reporting Limit listed for each compound represents the lowest concentration of the compound that will be reported as being positive. If the compound is listed as None Detected, it is not present above the Reporting Limit. Please refer to the Positive Findings section of the report for those compounds that were identified as being present.

Acode 50012B - Benzodiazepines Confirmation, Blood (Forensic) - Femoral Blood

-Analysis by High Performance Liquid Chromatography/ TandemMass Spectrometry (LC-MS/MS) for:

Table with 4 columns: Compound, Rpt. Limit, Compound, Rpt. Limit. Lists various benzodiazepines and their reporting limits.

Acode 50014B - Cocaine and Metabolites Confirmation, Blood (Forensic) - Femoral Blood

-Analysis by Gas Chromatography/Mass Spectrometry (GC/MS) for:

Table with 4 columns: Compound, Rpt. Limit, Compound, Rpt. Limit. Lists Cocaine and Benzoylecgonine with their reporting limits.

Acode 50016B - Opiates - Free (Unconjugated) Confirmation, Blood (Forensic) - Femoral Blood

-Analysis by High Performance Liquid Chromatography/ TandemMass Spectrometry (LC-MS/MS) for:

Table with 4 columns: Compound, Rpt. Limit, Compound, Rpt. Limit. Lists various opiates and their reporting limits.

Acode 52198B - Cannabinoids Confirmation, Blood (Forensic) - Femoral Blood

-Analysis by High Performance Liquid Chromatography/ TandemMass Spectrometry (LC-MS/MS) for:

Table with 4 columns: Compound, Rpt. Limit, Compound, Rpt. Limit. Lists Delta-9 THC and its reporting limit.

Not Reported: 11-Hydroxy Delta-9 THC: Test was canceled due to [Interfering Substance].

Acode 52250B - Alcohols and Acetone Confirmation, Blood (Forensic) - Femoral Blood

-Analysis by Headspace Gas Chromatography (GC) for:

Table with 4 columns: Compound, Rpt. Limit, Compound, Rpt. Limit. Lists Acetone, Ethanol, Isopropanol, and Methanol with their reporting limits.



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Workorder 18104157
Chain 18104157
Patient ID 18-01644

Page 6 of 6

Analysis Summary and Reporting Limits:

Acode 52456B - Promethazine Confirmation, Blood (Forensic) - Femoral Blood

-Analysis by High Performance Liquid Chromatography/ TandemMass Spectrometry (LC-MS/MS) for:

Table with 4 columns: Compound, Rpt. Limit, Compound, Rpt. Limit. Row 1: Promethazine, 5.0 ng/mL

Acode 52493B - Designer Benzodiazepines Confirmation, Blood (Forensic) - Femoral Blood

-Analysis by High Performance Liquid Chromatography/ TandemMass Spectrometry (LC-MS/MS) for:

Table with 4 columns: Compound, Rpt. Limit, Compound, Rpt. Limit. Rows: Clonazolam (10 ng/mL), Etizolam (4.0 ng/mL), Delorazepam (10 ng/mL), Flubromazolam (4.0 ng/mL), Diclazepam (10 ng/mL)

Acode 8052B - Postmortem, Expanded, Blood (Forensic) - Femoral Blood

-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for:

Table with 4 columns: Compound, Rpt. Limit, Compound, Rpt. Limit. Rows: Barbiturates (0.040 mcg/mL), Salicylates (120 mcg/mL), Cannabinoids (10 ng/mL)

-Analysis by Headspace Gas Chromatography (GC) for:

Table with 4 columns: Compound, Rpt. Limit, Compound, Rpt. Limit. Rows: Acetone (5.0 mg/dL), Isopropanol (5.0 mg/dL), Ethanol (10 mg/dL), Methanol (5.0 mg/dL)

-Analysis by High Performance Liquid Chromatography/Time of

Flight-Mass Spectrometry (LC/TOF-MS) for: The following is a general list of compound classes included in this screen. The detection of any specific analyte is concentration-dependent. Note, not all known analytes in each specified compound class are included. Some specific analytes outside these classes are also included. For a detailed list of all analytes and reporting limits, please contact NMS Labs.

Amphetamines, Anticonvulsants, Antidepressants, Antihistamines, Antipsychotic Agents, Benzodiazepines, CNS Stimulants, Cocaine and Metabolites, Hallucinogens, Hypnotosedatives, Hypoglycemics, Muscle Relaxants, Non-Steroidal Anti-Inflammatory Agents, Opiates and Opioids.

18-002357 (0001)



Sacramento County District Attorney's Office

ANNE MARIE SCHUBERT
District Attorney

Stephen J. Grippi
Chief Deputy

Michael A. Neves
Assistant District Attorney

Edward M. Pollock
Laboratory Director

March 23, 2018

Sacramento County Coroner
4800 Broadway, Suite 100
Sacramento, CA 95820

LAB NO: 18-002357
REQUEST NO: 0001
AGENCY NO: COR-18-001644



NAME: Clark, Stephon A

Blood Alcohol Report

Submission: 001

Source: Clark, Stephon A

Sample Type: blood

Ethanol Result: 0.08 %

Date Received: 3/21/2018

Date Analyzed: 3/22/2018

Origin: femoral

Kristine Myhre

Kristine Myhre, Criminalist
Forensic Alcohol Analyst

March 22, 2018

Date

Allyson Avina

Technical Reviewer
Allyson Avina, Criminalist

Date

3/23/2018

Kristel Suchland

Administrative Reviewer
Kristel Suchland, Supervising Criminalist

Date

3/23/2018

LABORATORY OF FORENSIC SERVICES
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This report contains the results and conclusions of the signing analyst.
Supporting examination documentation is maintained in the case file.

KS 3/27/18

Compliance Statements

Uncertainty of the mean concentration (Estimated Uncertainty) is expressed as an expanded uncertainty in accordance with ISO/IEC 17025:2005 at an approximate 99.7% level of confidence using a coverage factor of $k=3$.

Per California Code of Regulations, Title 17:

- The reported result is the truncated mean of the replicate analytical results.

Analysis and Measurement Uncertainty

Instrumentation: Headspace Gas Chromatography

<u>Component</u>	<u>Replicate 1</u>	<u>Replicate 2</u>	<u>Mean Concentration</u>	<u>Estimated Uncertainty</u>
Ethanol	0.089	0.090	0.0895	± 0.003

All concentrations are expressed as % (W/V) unless otherwise noted.

18-002357 (0002)



Sacramento County District Attorney's Office

ANNE MARIE SCHUBERT
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Assistant District Attorney

Edward M. Pollock
Laboratory Director

March 27, 2018

Sacramento County Coroner
4800 Broadway, Suite 100
Sacramento, CA 95820

LAB NO: 18-002357
REQUEST NO: 0002
AGENCY NO: COR-18-001644



NAME: Clark, Stephon A

Toxicology Report

Submission: 001

Source: Clark, Stephon A

Sample Type: blood

Date Received: 3/21/2018

Origin: femoral

Drug Classes Evaluated

acidic drugs, basic drugs, amphetamine, benzodiazepines, benzoylecgonine (cocaine metabolite), carisoprodol, methadone, methamphetamine, opiates, oxycodone, zolpidem, tetrahydrocannabinols.

Drugs Confirmed	Concentration	Estimated Uncertainty (99.7% confidence at k=3)	Analyst
delta-9-THC	16 ng/mL	± 3 ng/mL	Nakayama, Matthew
11-hydroxy-THC	2.3 ng/mL	± 0.5 ng/mL	Nakayama, Matthew
11-nor-9-carboxy-THC	236 ng/mL	±54 ng/mL	Nakayama, Matthew
benzoylecgonine (cocaine metabolite)	60 ng/mL	±11 ng/mL	Toms, Michael
codeine	120 ng/mL	±16 ng/mL	Triebold, Craig
alprazolam	82 ng/mL	±16 ng/mL	Buckman, Karen
etizolam	5.8 ng/mL	± 0.5 ng/mL	Buckman, Karen

Testing indicates that nicotine, diphenhydramine, and promethazine may be present. A portion of the sample will be sent to Central Valley Toxicology for additional testing.

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us 3/27/18

Matthew Nakayama

Matthew Nakayama, Criminalist

March 27, 2018

Date

Craig Triebold

3/27/2018

Technical Reviewer

Date

Craig Triebold, Criminalist

Michael Toms

3/27/2018

Administrative Reviewer

Date

Michael Toms, Supervising Criminalist

18-002357 (0005)



Sacramento County District Attorney's Office

ANNE MARIE SCHUBERT
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Edward M. Pollock
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March 29, 2018

Sacramento County Coroner
4800 Broadway, Suite 100
Sacramento, CA 95820

LAB NO: 18-002357
REQUEST NO: 0005
AGENCY NO: COR-18-001644



NAME: Clark, Stephon A

Toxicology Report

Submission: 005

Source: Clark, Stephon A

Date Received: 3/23/2018

Sample Type: urine

Drug Classes Evaluated

amphetamine, benzodiazepines, benzoylecgonine (cocaine metabolite), carisoprodol, methadone, methamphetamine, opiates, oxycodone, zolpidem, tetrahydrocannabinols.

Drugs Confirmed

Analyst

codeine

Toms, Michael

hydrocodone

Toms, Michael

NOTE:

Presumptive testing indicates tetrahydrocannabinols, benzodiazepines, and benzoylecgonine (cocaine metabolite) may be present. These drug classes were confirmed in the femoral blood submission (001); therefore, no confirmations were performed on submission 005.

Michael Toms, Supervising Criminalist

March 28, 2018

Date

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This report contains the results and conclusions of the signing analyst.
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KS 3/29/18

Sara Porter
3/29/2018

Technical Reviewer
Sara Porter, Criminalist

Date

Kristel Suchland
3/29/2018

Administrative Reviewer
Kristel Suchland, Supervising Criminalist

Date

18-002357 (0004)



Sacramento County District Attorney's Office

ANNE MARIE SCHUBERT
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Michael A. Neves
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Edward M. Pollock
Laboratory Director

March 29, 2018

Sacramento County Coroner
4800 Broadway, Suite 100
Sacramento, CA 95820

LAB NO: 18-002357
REQUEST NO: 0004
AGENCY NO: COR-18-001644



NAME: Clark, Stephon A

Toxicology Report

Submission: 004

Source: Clark, Stephon A

Sample Type: other

Date Received: 3/23/2018

Origin: vitreous fluid

Drug Classes Evaluated

amphetamine, benzodiazepines, benzoylecgonine (cocaine metabolite), carisoprodol, methadone, methamphetamine, opiates, oxycodone, zolpidem, tetrahydrocannabinols.

Drugs Confirmed	Concentration	Estimated Uncertainty (99.7% confidence at k=3)	Analyst
alprazolam	32 ng/mL	± 6 ng/mL	Triebold, Craig

Craig Triebold, Criminalist

March 29, 2018

Date

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Supporting examination documentation is maintained in the case file.

VS 3/29/18

Matthew Nakayama

3/29/2018

Technical Reviewer

Date

Matthew Nakayama, Criminalist

Michael Toms

3/29/2018

Administrative Reviewer

Date

Michael Toms, Supervising Criminalist

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18-002357 (0003)



Sacramento County District Attorney's Office

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Chief Deputy

Michael A. Neves
Assistant District Attorney

Edward M. Pollock
Laboratory Director

March 29, 2018

Sacramento County Coroner
4800 Broadway, Suite 100
Sacramento, CA 95820

LAB NO: 18-002357
REQUEST NO: 0003
AGENCY NO: COR-18-001644



NAME: Clark, Stephon A

Toxicology Report

Submission: 003

Source: Clark, Stephon A

Sample Type: other

Date Received: 3/23/2018

Origin: liver

Drug Classes Evaluated

amphetamine, benzodiazepines, benzoylecgonine (cocaine metabolite), carisoprodol, methadone, methamphetamine, opiates, oxycodone, zolpidem, tetrahydrocannabinols.

Drugs Confirmed	Concentration	Estimated Uncertainty <small>(99.7% confidence at k=3)</small>	Analyst
alprazolam	(qualitative)		Triebold, Craig
etizolam	(qualitative)		Triebold, Craig
codeine	(qualitative)		Triebold, Craig

Presumptive testing indicates that tetrahydrocannabinols may be present. Confirmation was not performed since tetrahydrocannabinols were already reported in the femoral blood (Submission 001).

Craig Triebold, Criminalist

March 29, 2018

Date

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Handwritten initials and date: 3/29/18

Matthew Nakayama

3/29/2018

Technical Reviewer

Date

Matthew Nakayama, Criminalist

Michael Toms

3/29/2018

Administrative Reviewer

Date

Michael Toms, Supervising Criminalist

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This report contains the results and conclusions of the signing analyst.
Supporting examination documentation is maintained in the case file.

18-002357 (0006)



Sacramento County District Attorney's Office

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Michael A. Neves
Assistant District Attorney

Edward M. Pollock
Laboratory Director

April 6, 2018

Sacramento County Coroner
4800 Broadway, Suite 100
Sacramento, CA 95820

LAB NO: 18-002357
REQUEST NO: 0006
AGENCY NO: COR-18-001644



NAME: Clark, Stephon A

Toxicology Report AMENDED REPORT

Submission: 006

Source: Clark, Stephon A

Sample Type: blood

Date Received: 3/28/2018

Origin: chest blood

Drug Classes Evaluated

amphetamine, benzodiazepines, benzoylecgonine (cocaine metabolite), carisoprodol, methadone, methamphetamine, opiates, oxycodone, zolpidem, tetrahydrocannabinols.

Drugs Confirmed	Concentration	Estimated Uncertainty (99.7% confidence at k=3)	Analyst
codeine	12 ng/mL	± 2 ng/mL	Triebold, Craig

Presumptive testing indicates that tetrahydrocannabinols and benzodiazepines may be present. These drug classes were confirmed in the femoral blood (Submission 001), so they were not confirmed in the chest blood sample (Submission 006).

NOTE:

This report supersedes 18-002357-0006, which was released on March 29, 2018. The report has been amended to reflect the correct sample origin (chest blood).

LABORATORY OF FORENSIC SERVICES
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This report contains the results and conclusions of the signing analyst.
Supporting examination documentation is maintained in the case file.

103 4/6/18

Craig Triebold

Craig Triebold, Criminalist

April 6, 2018

Date

Karen J. Buckman

4/6/2018

Technical Reviewer
Karen Buckman, Criminalist

Date

Kristel Suchland

4/6/2018

Administrative Reviewer
Kristel Suchland, Supervising Criminalist

Date

18-002357 (0006)



Sacramento County District Attorney's Office

ANNE MARIE SCHUBERT
District Attorney

Stephen J. Grippi
Chief Deputy

Michael A. Neves
Assistant District Attorney

Edward M. Pollock
Laboratory Director

March 29, 2018

Sacramento County Coroner
4800 Broadway, Suite 100
Sacramento, CA 95820

LAB NO: 18-002357
REQUEST NO: 0006
AGENCY NO: COR-18-001644



NAME: Clark, Stephon A

Toxicology Report

Submission: 006

Source: Clark, Stephon A

Sample Type: blood

Date Received: 3/28/2018

Origin: heart

Drug Classes Evaluated

amphetamine, benzodiazepines, benzoylecgonine (cocaine metabolite), carisoprodol, methadone, methamphetamine, opiates, oxycodone, zolpidem, tetrahydrocannabinols.

Drugs Confirmed	Concentration	Estimated Uncertainty (99.7% confidence at k=3)	Analyst
codeine	12 ng/mL	± 2 ng/mL	Triebold, Craig

Presumptive testing indicates that tetrahydrocannabinols and benzodiazepines may be present. These drug classes were confirmed in the femoral blood (Submission 001), so they were not confirmed in the cardiac blood sample (Submission 006).

Craig Triebold, Criminalist

March 29, 2018

Date

LABORATORY OF FORENSIC SERVICES
4800 Broadway, Suite 200 - Sacramento, CA 95820
(916) 874-9240 FAX (916) 321-2230

www.sacda.org

This report contains the results and conclusions of the signing analyst.
Supporting examination documentation is maintained in the case file.

122 3/29/18

Karen J Buckman

3/29/2018

Technical Reviewer
Karen Buckman, Criminalist

Date

Kristel Suchland

3/29/2018

Administrative Reviewer
Kristel Suchland, Supervising Criminalist

Date



Case Name:

Clark,

TOXICOLOGY NUMBER:

CVT-18-4932

Stephon A.
4 ml blood labeled "18-002357; 001-01-A; SPD; SPD-18-082449; KCM; 3/29/18"

Specimen Description:

Delivered by Federal Express **Date** 30-Mar-18 **Received by** Bill Posey **Date** 30-Mar-18

Request: Complete Drug Screen

Agency Case # 18-002357-001-01-A

Requesting Agency

Sacramento Co. District Attorney
Laboratory of Forensic Services
4800 Broadway, Ste. 200
Sacramento CA 95820

Report To

Sacramento Co. District Attorney
Laboratory of Forensic Services
4800 Broadway, Ste. 200
Sacramento CA 95820

Specimen: Blood Sample

RESULTS

Complete Drug Screen: Ethyl Alcohol, Cocaine metabolite, Levamisole, and Opiate detected.
No other common acidic, neutral or basic drugs detected.

Blood Ethyl Alcohol = 0.08 grams%

Cocaine = Negative
Benzoyllecgonine = 0.05 mg/L
Ecgonine Methyl Ester = Negative
Cocaethylene = Negative

Levamisole = Present

(Free) Codeine = 0.12 mg/L
(Free) Morphine = Negative
(Free) 6MAM = Negative

Blood Benzoyllecgonine Ranges
Effective Level: Non Active
Potentially Toxic: (1 - 10 mg/L)

(Free) Blood Codeine Ranges
Effective Level: (0.01 - 0.10 mg/L)
Potentially Toxic: (> 0.200 mg/L)

B. L. Posey

April 05, 2018

B.L. POSEY
S.N. KIMBLE
Directors

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

KS 4/5/18



Case Name:

Clark,

TOXICOLOGY NUMBER:

CVT-18-5374

Stephon A.

Specimen Description:

1 ml femoral blood (gray top vial) labeled "Clark, Stephon A; 2018-03-20; 18-01644; 549873; 18-002357-001-01; IE; 3-22-18; KJB; 3/22/18; KCM; 3/22/18; MT; 3/24/18; MN; 03/25/18; KJB; 3/26/18; KCM; 3/29/18; KCM; 4/9/18"

Delivered by

Federal Express

Date

10-Apr-18

Received by

Bill Posey

Date

10-Apr-18

Request: Specific Drug Assay (Alprazolam & Promethazine)

Agency Case # 18-002357-001-01

Requesting Agency

Sacramento Co. District Attorney
Laboratory of Forensic Services
4800 Broadway, Ste. 200
Sacramento CA 95820

Report To

Sacramento Co. District Attorney
Laboratory of Forensic Services
4800 Broadway, Ste. 200
Sacramento CA 95820

Specimen: Femoral Blood Sample

RESULTS

Specific Drug Screen/Confirmation:

Promethazine by LCMS = Negative

Promethazine by LCMS-TOF = Negative

Specific Drug Screen/Confirmation/Level:

Alprazolam by LCMS-TOF = Positive

Alprazolam = 0.076 mg/L

Blood Alprazolam Ranges

Effective Level: (0.005 - 0.1 mg/L)

Potentially Toxic: (0.1 - 0.4 mg/L)

B. L. Posey

April 13, 2018

B.L. POSEY
S.N. KIMBLE
Directors

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KS 4/17/18