



**MARGARET MIMS
SHERIFF-CORONER**
3333 E. American Avenue, Suite G
Fresno, CA 93725

Fresno Coroner Case # 22-03.331

INVESTIGATION

Upon the Body of

ISABEL DE LA TORRE

Before

Imron Ramos, Deputy Coroner

At

Community Regional Medical Center
2823 Fresno Street
Fresno, CA 93721

On

March 26, 2022



Fresno County Sheriff-Coroner's Office

3150 E. Jefferson Ave.
Fresno, CA 93725
(559) 600-3400

Report of Postmortem Examination

Decedent: Isabel Delatorre Case #: 22-03.331
Age: 35 Years Exam Date/Time: 3/27/2022 0940 hours
Sex: Female Exam Type: Autopsy
Pathologist: Angellee Chen, MD, JD Attended by: D. Inabnit (Clovis PD)

Cause of Death	Positional and compressional asphyxia
due to	Prone restraint
Other	Acute methamphetamine intoxication, excited delirium, drug-induced psychosis, dog bites
Manner	Homicide

Findings and Diagnoses

- I. Positional and compressional asphyxia
 - A. Evidence of positional asphyxia
 1. Decedent restrained in prone position with wrists handcuffed behind back and legs pressed against backs of thighs
 2. Multiple small round contusions of the lower legs
 - B. Evidence of compressional asphyxia
 1. Decedent restrained by application of body weight to backs of shoulders for at least 3 ½ minutes
 2. Extensive confluent hemorrhages within soft tissues across upper back
 3. Hemorrhage within soft tissues along left lateral surface of the lower chest
 4. Hemorrhage within soft tissues of mid back and mid thoracic paravertebral soft tissues
 5. Hemorrhage within soft tissues of the central lower back
 6. Hemorrhage within soft tissues along lateral left mid back

7. Focal hemorrhage within soft tissues of superomedial left buttock
 8. Hemorrhage within soft tissues along right and left hips
 9. History of rhabdomyolysis
 - a. History of acute kidney injury
- C. Cerebral anoxia
1. Decedent went unresponsive during restraint
 2. History of GCS 3 and respiratory rate of 6 breaths per minute on EMS arrival at scene
 3. History of GCS 3 and ventilator-dependent respiratory failure upon arrival at hospital
- II. Acute methamphetamine intoxication
- A. Antemortem blood toxicology
1. Methamphetamine 3.7 mg/L
 2. Amphetamine 0.13 mg/L
- B. Excited delirium
1. Drug-induced agitation and impairment of attention
- C. Drug-induced psychosis and paresthesia
1. Reported history of fornication
- III. Dog bites
- A. History of interaction with police canine
- B. Multiple patterned puncture wounds, lacerations, and parallel patterned abrasions consistent with dog bites
1. Lacerations
 - a. Occipital scalp
 - b. Left ear
 - c. Left cheek and left side of mouth
 - d. Top of left shoulder
 - e. Back of left shoulder
 - f. Left axilla x 4
 - i. Blue purple ecchymosis of the posterior left axilla
 2. Patterned parallel linear abrasions
 - a. Left cheek
 - b. Upper back
 - c. Left upper chest
 - d. Left shoulder
- IV. Other injuries
- A. Two patterned pairs of parallel linear abrasions of the posterior scalp
- B. Contusion of the lateral left lower chest
- C. Hemorrhage within soft tissues along posteromedial wall of left pleural cavity
- D. Faint patterned impression with partial zigzag configuration of the lateral left mid back

- V. Transgenderism (female-to-male)*
 - A. Biologic female
 - B. Status post bilateral subcutaneous mastectomies
 - C. Reported history of testosterone therapy
- VI. Right iliac vein thrombus
- VII. Pulmonary congestion and edema
- VIII. Gastritis
- IX. Mild hepatic steatosis

Circumstances

The decedent is a 35-year-old White female with a history of drug use who reportedly complained of feeling things crawling on her skin and began screaming and banging her head against a wall in her residence. When law enforcement personnel arrived, the decedent was on the floor of her bathroom writhing and screaming. She did not respond to law enforcement attempts to communicate with her. When the decedent came out of the bathroom, she was subdued by a police canine, then was restrained on the floor in a prone position with weight on her back and her legs pressed against the backs of her thighs. Her wrists were handcuffed behind her back. A few minutes later, the decedent went unresponsive. When emergency medical personnel arrived, the decedent had a respiratory rate of 6 per minute and a GCS of 3. During transport to a hospital, her blood pressure decreased to 60/46. At the hospital, the decedent was diagnosed with drug-induced psychosis, dog bites, ventilator-dependent respiratory failure, rhabdomyolysis, and acute kidney injury. A urine drug screen was positive for amphetamine. She died approximately 24 hours after the incident.

Presentation: The body is examined at the Fresno County Sheriff-Coroner's Office at 3150 E. Jefferson Ave., Fresno, CA 93725.

Clothing and Personal Effects: A white plastic bag with the body contains a pair of black denim pants, which have been cut; a gray MK belt; and a pair of black Aeropostale socks.

Evidence of Medical Intervention: The wrists are bound at the front of the body by a white cloth strap. The ankles are bound by another white cloth strap.

* This report refers to the decedent as female and uses pronouns "she" and "her" in reference to her biological sex and not her gender.

An endotracheal tube extends from the mouth and is secured with a strap around the lower face. The tip of the tube is in the lumen of the trachea. An orogastric tube extends into the lumen of the stomach.

A triple-lumen catheter is inserted into the left side of the neck. Focal hemorrhage is within the soft tissues of the left side of the neck underlying the insertion site.

A laceration of the occipital scalp is held closed with sutures. A laceration of the left ear is held closed with sutures. A laceration to the left of the mouth is held closed with sutures. A laceration on the back of the left shoulder is held closed with staples. Two small lacerations on the lateral left upper chest are held closed with staples. Four lacerations within the left axilla are held closed with staples.

An intravenous catheter is inserted into the distal right arm. A gauze pad taped to the right antecubital region covers a needle puncture wound. An intravenous catheter is inserted into the radial side of the right wrist. A gauze pad taped to the back of the left hand covers a needle puncture wound. A double-lumen catheter is inserted into the right inguinal region. A gauze pad taped to the left inguinal region covers three needle puncture wounds.

A white hospital identification band bearing the name "COTTON, H" and MR#: 03082081 is around the left wrist. A white hospital identification band bearing the decedent's name and the same MR# is around the left ankle. A yellow tag bearing similar information is attached to the left great toe.

A clear plastic bag with the body contains three tubes of antemortem blood.

Tattoos: The body has multiple tattoos that are photographed and described on a body diagram. Most are black.

A black tattoo of a left hand giving a thumbs-up sign is lateral to the left eye. "Sonia" is inscribed across the upper chest just below the neck.

A crown with a ribbon across the bottom that has the inscription "Mafioso" is on the lateral surface of the right arm. Below the ribbon is what looks like the letters "EL." An illegible inscription and the name "Sonia" are tattooed on the lateral surface of the proximal right forearm. "Stay, Down" is inscribed on the anterior surface of the mid right forearm. "Mi Quenida Esposa Sonia" is inscribed sideways on the back of the proximal left forearm. Mickey Mouse is tattooed on the back of the distal right forearm.

"DG" is inscribed on the anterior surface of the distal left arm. A jester cap is on the proximal left forearm. A tattoo of Marvin the Martian riding a hover board and pointing a gun is on the back of the proximal left forearm. A flower and the inscription "Sonia" are on the anterior surface of the distal left forearm. A Playboy bunny with "Lil One" inscribed below it is on the back of the distal left forearm. A faded tattoo that looks like the inscription "Sonia" is on the back of the proximal phalanx of the left ring finger.

External Examination

The body is that of a well-developed, well-nourished, 65-inch, 173-pound, light-complexioned masculine-appearing female who appears consistent with her reported age of 35 years. Rigor mortis is moderate. Minimally blanchable pink livor mortis is distributed along the posterior surface of the body. No postmortem decomposition changes are present. The body has acute injuries that are described in the EVIDENCE OF INJURY section. A white tag bearing the decedent's name is attached to the left great toe.

The scalp has normally distributed short, straight, black hair that is approximately 0.8 cm in average length at the top of the head. The face has no mustache, a soul patch, and short beard stubble. The irides are brown and the pupils are 0.5 cm in diameter. The corneas are clear. The sclerae are white and the conjunctivae are markedly edematous. The eyes have no petechiae. The ears have no drainage. The right ear has no acute injuries. The earlobes are pierced. The nostrils have no drainage. A small amount of clear fluid is in the nasal cavities. The nasal septum is intact. The lips are slightly pale. Clear fluid is in the oral cavity. The teeth are natural and in good condition. The neck has no visible acute injuries.

The chest is symmetric. A 6.0 cm oblique linear scar is on the medial left upper chest. The breasts are relatively flat. A circular scar is around the margin of each areola. A linear surgical scar extends downward from each axilla and continues horizontally across the mid chest along the inferior aspect of each breast. The abdomen is moderately protuberant. Short hair stubble is on the abdomen and the pubic region. The external genitalia are those of a normally developed female. The back has no deformity. An oval dark brown nevus is on the lateral left upper back. Several small punctate scars are on the upper back. The lower half of the back has no conspicuous acute injuries. The buttocks are unremarkable. Liquid brown feces drains from the rectum.

The upper extremities are symmetrically developed and have no angular deformities. A 1.2 cm ovoid scar is on the top of the right shoulder. The right arm is unremarkable. A 10.5 cm slightly curved linear scar is on the proximal left arm. No conspicuous acute injuries are on the forearms or wrists. The hands have no deformities. The right hand has unremarkable short fingernails. The left hand has irregular, rough, thickened, fingernails with slight yellow discoloration. The thighs are unremarkable. A 1.3 cm oblique linear scar is on the right knee overlying the superolateral part of the patella. The left leg has no conspicuous acute injuries. The feet have no deformities. The bottoms of the feet are clean. The toenails are thickened and have slight brown discoloration and fine cracks.

Evidence of Injury

Evidence of canine interaction

Three short linear puncture wounds that are 1.8 cm to 2.5 cm apart, a broad dark pink abrasion, and multiple short linear abrasions that are 0.5 cm in average length are on the left temporo-occipital scalp. Hemorrhage is within the underlying soft tissues of the scalp.

A patterned injury that consists of four closely spaced short pink linear and small rectangular abrasions aligned in a 3.0 cm slight horizontal arc are on the lower occipital scalp. Below the injury is a prominent horizontal skin crease. On the opposite side of the skin crease is another patterned injury that consists of six short linear abrasions aligned in an approximately 6.0 cm slight downward horizontal arc. Hemorrhage is within the underlying soft tissues of the occipital scalp.

A 0.8 cm very superficial horizontal linear abrasion is above the mid portion of the left eyebrow. The left ear has an approximately 4.0 cm laceration that begins on the upper part of the helix and extends down the back of the ear. There is focal red-purple discoloration of the skin on the back of the upper part of the left helix. The left cheek has a patterned injury that consists of four to five parallel short vertical linear abrasions that are approximately 0.4 cm apart arranged in two parallel rows. A punctate puncture wound is within the linear abrasion at the medial end of the upper row of linear abrasions, and another punctate puncture wound is within the linear abrasion at the lateral end of the lower row of linear abrasions. The puncture wounds are 2.3 cm apart.

A pinpoint superficial abrasion is on the left side of the dorsum of the nose. A few punctate and irregular linear abrasions are adjacent to the left nasolabial crease. A 1.2 cm angular laceration and a 0.3 cm abrasion are lateral to the left corner of the mouth.

A patterned injury that consists of three superficial parallel linear abrasions is on the left side of the lower jaw. Another patterned injury that consists of three parallel short linear superficial pink abrasions is on the left side of the chin.

Eight parallel linear abrasions and superficial lacerations that are approximately 0.6 cm apart are on the lateral left upper chest. A 1.1 cm linear laceration is above the left nipple. A series of six short parallel linear abrasions that are approximately 0.7 cm apart are on a 4.3 x 2.0 cm area of the left upper chest superomedial to the left nipple. A 3.7 cm red linear abrasion is lateral to the left nipple. A 2.1 cm slightly curved linear red abrasion is superomedial to the left nipple, and a 2.1 cm vertical red linear abrasion is below the left nipple. A series of six closely spaced parallel superficial linear abrasions is on the left mid chest inferomedial to the left nipple.

Multiple superficial short linear abrasions and superficial linear lacerations are on the right upper back. In two areas, the abrasions have a pattern of closely spaced parallel lines.

Patterned injuries that consist of multiple sets of two to five closely spaced parallel linear abrasions or superficial linear lacerations are on the medial superior surface of the left shoulder. The parallel lines are up to 0.5 cm apart. A 1.7 cm linear laceration that is up to 0.2 cm deep is on the anterior superior surface of the left shoulder. A 3.5 cm oblique red linear abrasion and a 7.0 cm linear red abrasion are on the lateral superior surface of the left shoulder. A 1.5 cm laceration is on the back of the left shoulder. A 4.0 cm linear abrasion and a 5.3 cm linear abrasion are on the back of the left shoulder.

A 1.2 cm superficial linear laceration is on the left anterior axillary fold. Four linear lacerations that are 3.5 cm, 3.0 cm, 2.5 cm, and 2.3 cm, respectively, and a patterned injury that consists of five closely spaced short parallel linear superficial abrasions are within the left axilla. Two dark purple contusions are also within the left axilla adjacent to the posterior axillary fold. One of the purple contusions has a pattern of short parallel lines.

Blunt Force Injuries

Head and Neck

A pair of vertically oriented, approximately 2.7 cm, slightly irregular parallel linear pink abrasions is on the upper occipital scalp. At the inferior end of the abrasions is a 2.5 x 1.8 cm inverted V-shaped laceration. A pair of approximately 4.0 cm horizontally oriented parallel linear pink abrasions that are approximately 1.0 cm apart are on the mid occipital scalp. Focal hemorrhage is within the soft tissues of the left parieto-occipital scalp.

A 2.0 cm broad pink abrasion is on the undersurface of the tip of the chin.

Torso

Focal hemorrhage is within the soft tissues of the chest wall along the left lateral surface of the lower chest. Focal hemorrhage is within the soft tissues along the posterior wall of the left pleural cavity overlying the medial left 8th and 9th ribs.

A faint patterned impression with a focal zigzag configuration is on the lateral left mid back.

A wide band of confluent hemorrhage is within soft tissues of the upper back extending from the back of the left shoulder to the back of the right shoulder. Hemorrhage is within soft tissues of the left lateral surface of the lower chest. A large focus of hemorrhage is within the soft tissues of the central lower back overlying the lumbar spine. Focal

hemorrhage is within the soft tissues of the medial left upper buttock overlying the sacrum. Hemorrhages are within the soft tissues of the right and left hip.

Extremities

A 2.0 cm broad pink-red abrasion and a 4.7 cm oblique superficial linear scratch are on the anterior surface of the left shoulder. A 5.0 cm pink contusion is on the back of the left elbow.

Multiple pink contusions that are approximately 3.0 cm in average dimension are on the right knee. Multiple pink contusions up to 2.3 cm are on the medial surface of the distal right leg. A punctate superficial abrasion is on the top of the right foot just proximal to the 2nd toe.

Internal Examination

The following description is primarily limited to findings other than the previously described injuries.

Chest and Abdominal Walls and Body Cavities: The anterior abdominal wall has an average of 3.4 cm of subcutaneous adipose tissue. The clavicles, the ribs, the sternum, and the pelvis have no conspicuous fractures. Approximately 275 mL of serous fluid is in the right pleural cavity, and approximately 250 mL of serous fluid is in the left pleural cavity. The pericardial cavity has no abnormal fluid collection. Approximately 400 mL of serous fluid is in the peritoneal cavity. The body cavities have no conspicuous fibrous adhesions. The pericardium and the diaphragm are intact. The peritoneal soft tissues are edematous.

Cardiovascular System: The heart weighs 375 grams. It has abundant epicardial adipose tissue. The coronary arteries are small in caliber and have rare intermittent atheromatous plaques without calcification. The left anterior descending coronary artery has at least 50% luminal narrowing within the proximal segment. A diagonal branch of the left anterior descending coronary artery has an atheromatous plaque within the proximal segment that narrows approximately 80% of the vessel lumen. The right coronary artery and the left circumflex coronary artery appear widely patent.

The epicardium is smooth and glistening. The myocardium is red-brown and firm. It has no conspicuous focus of pallor or softening and no visible fibrous scars. The endocardium is thin and transparent. There is no ventricular dilatation or hypertrophy. The foramen ovale is not patent and the heart has no mural thrombus.

The atrioventricular and semilunar valves are morphologically normal. The free edges of the mitral valve leaflets are slightly thickened. The rest of the heart valves are thin and pliable. The chordae tendineae are normal in length and thickness.

The aorta has no atherosclerosis, significant dilatation, or aneurysmal dissection. A small organized thrombus is in the lumen of the right iliac vein.

Respiratory System: The right lung weighs 695 grams; the left lung weighs 665 grams. Both lungs are moderately expanded. The pleural surfaces are smooth and glistening and have very little anthracotic pigment. The lungs have soft, dark red-purple, markedly congested parenchyma, and no masses, granulomas, or conspicuous purulent exudates. The lumina of the tracheobronchial tree are patent. The main pulmonary arteries are patent. The tracheobronchial and bronchopulmonary lymph nodes are not enlarged.

Gastrointestinal System: The esophagus has a congested light tan mucosa. The lumen is empty. The stomach contains approximately 70 mL of thick, light brown, partially liquefied food. No pills are seen. The gastric mucosa has diffuse superficial pinpoint mucosal hemorrhages and shallow folds. The small intestine and the colon have no obstructions, masses, or conspicuous diverticula. The vermiform appendix has no evidence of inflammation.

Hepatobiliary System: The liver weighs 1820 grams. The capsule is smooth and glistening. The hepatic parenchyma is brown-orange and fatty. The liver has no lacerations, masses, nodules, or fibrosis. The gallbladder has a thin wall and a dark green-brown velvety mucosa with yellow cholesterolosis. It contains a moderate amount of green-brown viscous bile and has no stones.

Reticuloendothelial System: The spleen weighs 77 grams and has no lacerations. It has a smooth thin capsule and unremarkable dark red-brown parenchyma.

Genitourinary System: The right kidney weighs 180 grams; the left kidney weighs 195 grams. The kidneys have no lacerations. The renal surfaces are smooth. Both kidneys have unremarkable red-brown cortices, well-defined corticomedullary junctions, and no masses or cysts. The renal calices are unremarkable. The renal arteries are patent. The ureters are normal in caliber. The urinary bladder has an unremarkable light tan mucosa and is empty.

The right ovary has a 2.7 cm thin-walled cyst filled with watery fluid. The left ovary has a hemorrhagic cyst. The fallopian tubes are unremarkable. The uterus is retroverted. It is symmetric and not enlarged. It has a smooth serosal surface. The myometrium is not thickened and has no nodules. The endometrium is diffusely congested. The cervix and the vagina are unremarkable.

Endocrine System: The thyroid gland is relatively symmetric and not enlarged. It has red-brown lobular parenchyma and no nodules. The pancreas has tan coarsely lobular parenchyma and no masses. The adrenal glands have thin golden-yellow cortices, unremarkable light gray medullae, and no masses or intraparenchymal hemorrhages.

Neck: The soft tissues of the right side of the neck have no conspicuous hemorrhages. The thyroid cartilage and the hyoid bone are intact. The laryngeal mucosa has a punctate focus of hemorrhage and is otherwise unremarkable. The

aryepiglottic folds are edematous. The lumen of the larynx is patent. The tongue has no bite marks or intramuscular hemorrhages. No hemorrhage is within the soft tissues along the anterior surface of the lower cervical vertebrae.

Head and vertebral column: There are no subgaleal hemorrhages. No hemorrhages are within the temporalis muscles. The calvaria and the base of the skull have no fractures. The dura mater is unremarkable and the leptomeninges are thin and transparent. There is no epidural, subdural, or subarachnoid hemorrhage or exudate.

The brain weighs 1360 grams. It is surrounded by clear cerebrospinal fluid. The cerebral hemispheres are symmetric. The cerebral gyri are not conspicuously flattened or narrowed. The brain has clearly defined gray and white matter regions and no conspicuous contusions, intraparenchymal mass lesions, hemorrhages, or focal areas of softening. No conspicuous blood is in the lateral ventricles or the fourth ventricle. The brainstem and the cerebellum are unremarkable. The arteries at the base of the brain have no conspicuous atherosclerosis or aneurysms. The pituitary gland is not enlarged.

The anterior surface of the vertebral column is unremarkable.

Microscopic Examination

Heart	No significant histopathologic lesion.
Lung	Acute and chronic bronchitis. Focal acute pneumonia. Focal organizing pneumonia.
Liver	Mild mixed microvesicular and macrovesicular steatosis. Mild mononuclear cell infiltrate within portal tracts.
Kidney	No significant histopathologic lesion.

Toxicology

See toxicology report.

Conclusion

Based on a review of the available medical records, circumstantial information, including scene photographs and bodycam video provided by the Clovis Police Department, the findings on postmortem examination of the body, and toxicology studies performed on hospital blood samples from the decedent, it is my opinion that Isabel Delatorre, a 35-year-old female, died of positional and compressional asphyxia due to prone restraint, with contributory factors of acute methamphetamine intoxication, excited delirium, drug-induced psychosis, and dog bites.

The decedent died from asphyxia, or insufficient oxygen to the body, which results in hypoxic brain injury and respiratory acidosis from the build-up of carbon dioxide. The asphyxia resulted from a combination of inadequate breathing and increased demand for oxygen. Most significantly, the decedent was restrained in a prone position with her hands restrained behind her back, with weight on her back, and her legs pressed against the backs of her thighs. This position can make it difficult for people to breathe, particularly individuals who are obese. Although the decedent was not obese, her body mass index is 28.8, which is considered overweight. The decedent was in this position for about 3 ½ minutes. During this time, she went unresponsive.

Emergency medical personnel noted that the decedent had a GCS of 3, indicating severe brain injury, from the time they arrived at her residence. Her respiratory rate was 6 per minute, which is abnormally slow.

Toxicology studies performed on hospital blood samples revealed a high concentration of methamphetamine in the decedent's blood. This concentration of methamphetamine by itself would not be lethal in a person with a history of methamphetamine use due to development of significant tolerance over time. However, methamphetamine is a central nervous system stimulant that results in increased heart rate and oxygen demand. An increased demand for oxygen will increase the likelihood of fatal asphyxia in a person who has limited ability to breathe.

The decedent was reportedly experiencing a sensation of something under her skin, or formication, which can result from methamphetamine intoxication. Although unpleasant, this drug reaction would not have been itself lethal. However, the methamphetamine-induced psychosis is included as a contributory factor since it initiated the chain of events that resulted in the decedent's death.

Excited delirium as used here refers to a methamphetamine-induced excited state accompanied by an acute onset of agitation and disturbance in attention whereby, although conscious, the decedent was unable to logically communicate and respond to questions and statements by first responders.

The dog bites, although severe, are not lethal. The dog bites are included as a contributory factor in the decedent's death because of the significant role that the canine interaction played in escalating the intensity of the situation and taking the decedent down. The canine interaction and dog bites would have caused excitement, fear, pain, and anxiety, which would have resulted in increased heart rate and oxygen demand.

The manner of death is classified as homicide. As used here, homicide occurs when death results from a volitional act committed by another person to cause fear, harm, or death. Here, the homicide manner of death is based on the purposeful use of dangerous restraint techniques, the decision to use aggressive canine activity to subdue the decedent, and continued restraint of the decedent in the prone position with weight applied to her back and restraint of her legs after she was handcuffed. The homicide

classification as used in this case does not contemplate or imply whether any person's actions were or were not appropriate under the circumstances.

Angellee Chen

7/19/2022

Angellee Chen, M.D., J.D.
Forensic Pathologist

Date



MARGARET MIMS
Sheriff-Coroner
3333 E. American Avenue, Suite G
Fresno, CA 93725

Fresno, California, 03/26/2022 00:19:00)
)
 IN THE MATTER OF INVESTIGATION HELD)
)
 UPON THE BODY OF ISABEL DE LA TORRE)
)
 DECEASED.....))

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Initial Report:

On 03/26/2022 at 0031 hours, while on duty at the Fresno County Sheriff Coroner's Office, I received a telephone call from Fresno County Sheriff Dispatch requesting I make contact with A. Broggi a Registered Nurse in the Intensive Care Unit at Community Regional located at 2823 Fresno Street in Fresno, CA. I spoke with Nurse Broggi, who stated the decedent was identified by her sister, Blanca Tapia, as Isabel De La Torre, a 35-year-old Mexican American female whose death was determined by Dr. M. Sidhu at 0019 hours.

Circumstances:

I made contact with Nurse Broggi who provided initial information. Nurse Broggi, advised the decedent reportedly used Phencyclidine (PCP) and told a friend that she felt things crawling on her skin. Nurse Broggi, stated on 03/24/2022, the Clovis Police Department was called along with a K9 unit to her residence located at 222 W. Alamos Avenue #204C. Officer's heard screaming from outside the home and made contact with the deceased in her restroom. Nurse Broggi, noted the friend who called 911 was present at the home. Officer's first contact was her banging her head against a wall/cabinet in the restroom. She shut the door to the restroom when officers approached. Officers planned to place the decedent on a 5150 hold. Nurse Broggi, advised the deceased exited the bathroom and assaulted an officer. The K-9 went to aid the Officer. The decedent sustained superficial bite injuries to the top of her face and chest. EMS transferred her to the hospital. En route to CRMC she became unresponsive with a Glasgow Coma Scale of 3.

Nurse Broggi, stated the decedent arrived to the emergency department with resuscitative efforts in progress and intubated. She had a positive urine drug screen for methamphetamines. During her hospital course, she continued to decline and went into multi-organ failure. With a grim prognosis, family made her "Do not resuscitate" and medical staff removed her intubation tube on 03/26/2022. She expired shortly after.

Scene Description and Body Examination:

R&R Transport transported the decedent from the hospital to the Fresno County Sheriff-Coroner's Office where Dr. Chen performed an autopsy examination and bodily fluids were drawn for toxicological testing.

No scene response or body examination.

Next of Kin Notification:

Dr. M. Sidhu made death notification to sister, Blanca Tapia and significant other, Sonia Miranda at CRMC in the ICU.

Additional Information:

Clovis Police Department Case number, 22-16321.

Multiple Clovis Police Department body camera videos was obtained and reviewed.

Medical records were obtained and reviewed.

Cause and Manner of Death:

Positional and compressional asphyxia due to prone restraint is listed as the immediate cause of death, with other conditions contributing to death but not resulting in the underlying cause listed as acute methamphetamine intoxication, excited delirium, drug-induced psychosis and dog bites.

Manner of death Homicide.

Toxicology:

Central Valley Toxicology INC determined the decedent to have a negative blood alcohol level with a positive methamphetamine blood drug screen. For further details please refer to the toxicology reports provided by Central Valley Toxicology INC.

Incident Information:

The decedent died as a result of injuries sustained when restrained by law enforcement, which occurred on 03/25/2022 at 0005 hours, at her own residence located at 222 W Alamos Avenue #204C in Clovis, CA.

Disposition and Property:

Reade & Sons Funeral Home INC. handled the funeral arrangements at the request of the decedent's sister, Blanca Tapia. No property was received by the Fresno County Sheriff-Coroner's Office.

Imron Ramos, DEPUTY CORONER