

**12****AUTOPSY REPORT**No.  
2020-00798DOE #5, JANE  
(LATER IDENTIFIED AS)  
BRYANT, GIANNAI performed an autopsy on the body of →  
at the DEPARTMENT OF MEDICAL EXAMINER-CORONERLos Angeles, California on JANUARY 28, 2020 0930 HOURS  
(Date) (Time)From the anatomic findings and pertinent history I ascribe the death to:

(A) BLUNT TRAUMA

DUE TO OR AS A CONSEQUENCE OF

(B)

DUE TO OR AS A CONSEQUENCE OF

(C)

DUE TO OR AS A CONSEQUENCE OF

(D)

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

MANNER OF DEATH

ACCIDENT

HOW INJURY OCCURRED

COMMERCIAL HELICOPTER CRASH, PASSENGER

*Anatomic Summary:*

- I. Blunt force traumatic injuries.
  - A. Traumatic amputation, right leg.
  - B. Traumatic near amputation, left leg.
  - C. Multiple abrasions, contusions and lacerations involving the head, torso, upper and lower extremities.
  - D. Multiple fractures, variably displaced, involving the head (severe), ribs, pelvis, left clavicle, upper and lower extremities.
  - E. Lacerations.
    1. Forehead-scalp, 13 inches
      - a. Multiple facial and skull fractures, variably displaced and focally comminuted.
      - b. No residual brain tissue identified within calvarium.
      - c. Transected upper cervical cord.
    2. Descending aorta(x2), below left subclavian artery ostium, proximal 2.5 cm, distal 4.2 cm.
    3. Heart lacerations
      - a. Base of aortic valve cusps, 3.3 cm.
      - b. Interventricular septum, focally full thickness, 5.0 cm.
    4. Lung, left lower lobe, 10 cm with near transection.
    5. Liver, right lobe, 14cm with markedly pulverized parenchyma.

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6. Spleen, multiple lacerations, largest 7cm with focally pulverized parenchyma
7. Kidney, left, 5.5 cm
- F. Hemoperitoneum, estimated 300 cc

II. See separate Toxicology Report.

INJURY DATE:

01/26/2020

HOSPITAL DATE:

None.

CIRCUMSTANCES:

See Investigator Narrative Report.

EXTERNAL EXAMINATION:

The body is identified by arm band and is that of an unembalmed female adolescent who appears about the reported age of 13 years. The body weighs 115 pounds, measures an estimated 52 inches (per Form 1) in the setting of traumatic injuries and appears well nourished. The general appearance of the skin is as diagramed on Form 20. No scars or thermal injuries are identified. Wrist scars are absent. Tattoos are not present. Rigor has presumably been abolished. Livor mortis is faint, dependent and fixed. The head is asymmetric due to traumatic injuries and covered by long black curly hair. Mustache and beard are absent. Both eye globes are displaced posteriorly and laterally, have brown irides and sclera that are anicteric. There are no petechial hemorrhages of the conjunctiva, lids, or sclera. Scant blood is present in the oronasal passages. Upper and lower teeth are natural and focally displaced due to traumatic injuries. Dentures are not

present. The chest is slightly asymmetrical with multiple palpable fractures most prominent on the left anterior side. There is no increased anterior-posterior diameter. The abdomen is not unusual. The genitalia are female and unremarkable. The extremities show multiple traumatic injuries to be described below. No extremity pitting edema, nontherapeutic punctures, or needle tracks are present.

#### EVIDENCE OF THERAPEUTIC INTERVENTION:

There is no evidence of any previous recent hospitalization and no medical appliances are present at the time of examination. There is no evidence of old surgery. There has not been postmortem intervention for organ procurement.

EVIDENCE OF TRAUMATIC INJURY: See Diagram Forms 20, 27 and 28.

#### External Injuries:

There are multiple abrasions involving the head, torso, upper and lower extremities as diagramed. There are areas of contusion to the anterior torso, face, right upper extremity, and bilateral proximal anterior lower extremities. There's a 13 inch full thickness laceration at the forehead extending to the frontal parietal scalp with irregular borders. There is a small laceration to the anterior right ear in the area of the crux of the helix and tragus measuring 5/16 inch. There is a laceration to the posterior right ear measuring 1-1/4 inch and up to 1/16 inch deep. There is a laceration to the posterior left ear measuring 1 inch and up to less than 2/16 inch deep. There is a large open displaced fracture at the left hip, the skin defect measures 18 inches with visible displaced left posterior pelvis bone fragment. There is a 6-1/2 inch open displaced fracture to the right anterior thigh with exposed protruding proximal femur. There is traumatic amputation of the right leg below the knee with fragmented soft tissue and exposed ends of the proximal tibia and fibula. There

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is traumatic near amputation of the left leg, mid portion, with focal skin and underlying soft tissue attachment measuring approximately 1 inch at it's narrowest point and exposed tibia and fibula fractures. There is a full thickness laceration measuring 2-3/4 inches at the lateral aspect of the left leg, proximal to the near amputation. There is an additional laceration at the left posterior medial thigh proximal to the knee measuring 1-3/4 inches.

**Internal Injuries:**

Underlying the large laceration to the forehead and scalp there are multiple comminuted and displaced skull fractures most prominent at the basilar skull with scant calvarium fragments present. No residual brain tissue is identified within the calvarium. The dura is displaced and has multiple lacerations. The transected upper cervical cord is visible within the foramen magnum. Photographs of these injuries were taken tableside. There are multiple palpable facial fractures involving the nasal bridge, periorbital bones, bilateral maxilla, and bilateral mandible. There are multiple variably displaced bilateral rib fractures involving the left anterior ribs 2 - 4, left posterior ribs 1 - 6, right posterior paraspinal ribs 1 - 12, and left posterior lateral ribs 1 - 3. The lateral aspect of left clavicle is fractured and moderately displaced. There is a closed displaced fracture of the right humerus. There is a closed displaced palpable fracture at the left wrist. There is a closed palpable displaced fracture of the left forearm. There are multiple bilateral displaced pelvic fractures. There is a closed displaced fracture of the left femur.

Examination of the heart reveals a laceration to the interventricular septum measuring 5.0 cm in greatest dimension and the laceration is focally full thickness. There is a 3.3 cm laceration at the base of the aortic valve cusps. There are two lacerations of the descending aorta below the left subclavian artery ostium. The proximal laceration measures 2.5 cm and the more distal laceration measures 4.2 cm. There is a large laceration of the left lung lower lobe measuring approximately 10 cm with

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near transection of the lobe. There is a large liver laceration of the right lobe measuring approximately 14 cm with marked pulverized liver parenchyma. The spleen has multiple lacerations, the largest measures 7 cm with near transection and focal pulverized parenchyma. There is a laceration of the left kidney measuring 5.5 cm. There is hemoperitoneum present measuring an estimated 300cc. Photographs of representative injuries were taken tableside.

Additional tissue identified by DNA testing was later reviewed via photograph on 4-29-20 consisting of a traumatically amputated right leg.

**CLOTHING:**

The body was not clothed and I inspected the clothing which can be described as follows:

A black zip front jacket with hood, the label reads "Dri-fit" size small, there is a "2" on the left upper arm. A black and white sleeveless shirt, the back reads "Bryant 2" and the front reads "Mamba 2". One black and white sock. A pair of black and white shorts with no label at the waist band. A pair of black underwear, the label reads "Tucker and Tate 10/12". A black and white sports bra.

**INITIAL INCISION:**

The body cavities are entered through the standard Y shaped incision. A coronal incision was not required due to traumatic injuries. No foreign material is present in the mouth, upper airway, and trachea.

**NECK:**

The neck organs are removed en block with the tongue. There are no abnormalities of the gingiva, lips, or oral mucosa except for previously described injuries. There is no edema

of the larynx. The hyoid bone, larynx, and superior horns of the thyroid cartilage are intact and without fractures. No hemorrhages present in the adjacent throat organs, investing fascia, strap muscles, thyroid, or viscera fascia. There are no prevertebral fascial hemorrhages. The tongue when sectioned shows no trauma.

#### CHEST/ABDOMINAL CAVITIES:

There's no free blood, fluid, or adhesions within the pleural cavities. Scant patchy blood coats the surfaces more on the left than on the right. The parietal pleura are unremarkable except for previously described injuries. The lungs are fully expanded. Soft tissue of the thoracic and abdominal walls are well preserved. The subcutaneous fat of the abdominal wall measures 2.0 cm. The breasts are examined in the usual manner and show no abnormality. The organs of the abdominal cavity have a normal arrangement and none are absent. There is an estimated 300 cc of predominantly liquid blood present. The peritoneal cavities are without evidence of peritonitis. There are no adhesions.

#### SYSTEMIC AND ORGAN REVIEW

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

#### MUSCULOSKELETAL SYSTEM:

No abnormalities of the visualized bony framework or muscles are present in the areas uninvolved by previously described injuries.

#### CARDIOVASCULAR SYSTEM:

The aorta is elastic and of even caliber throughout with vessels distributed normally from it. The thoracic aorta has

rare lipid streaking and mild atherosclerosis. There is no tortuosity or widening of the thoracic segment. The abdominal aorta has rare lipid streaking and mild atherosclerosis. There is no dilation of the lower abdominal segment. No aneurysm is present. The major branches of the aorta show no abnormality. Within the pericardial sac there is a minimal amount of serosanguineous fluid. The heart weighs 350 grams. It has a normal configuration. The right ventricle measures 0.3 cm in thickness. The left ventricle measures 1.3 cm in thickness and the septum is 1.3 cm in thickness. The chambers are normally developed and are without mural thrombosis. The valves are thin, leafy, and competent. The circumferences of the valve rings are: Tricuspid valve 10.7 cm, pulmonic valve 5.8 cm, mitral valve 9.3 cm, and aortic valve 5.7 cm. The epicardium, endocardium and myocardium are unremarkable except for previously described injuries. The ductus arteriosus cannot be probed. The coronary ostia are unremarkable. There is normal pattern of coronary artery distribution. There are no atherosclerotic plaques of the major coronary arteries. The blood within the heart and large blood vessels is scant liquid (drops).

#### RESPIRATORY SYSTEM:

The upper and lower bronchial passages are unremarkable on the right and contain scant blood in the lower respiratory passages on the left. The mucosa is unremarkable. The lungs are atelectatic and there is dependent congestion. The right lungs weighs 350 grams and the left lungs weighs 275 grams. The lungs are unremarkable except for previously described injuries. The pulmonary vasculature is without thrombi embolism.

#### GASTROINTESTINAL SYSTEM:

The esophagus is intact throughout. The stomach is not distended. It contains an estimated 20 cc of tan partially digested food contents. The mucosa is unremarkable. Tablets and capsules cannot be discerned in the stomach. The external and in situ appearance of the small intestine and colon are

unremarkable. The small intestine and colon are opened along the antimesenteric border revealing unremarkable mucosa and contents. The appendix is present and unremarkable. The pancreas occupies a normal position, there is no necrosis or trauma. The parenchyma is lobular and firm and the pancreatic ducts are not ectatic and there's no parenchymal calcifications.

#### HEPATOBIILIARY SYSTEM:

The liver weighs 1125 grams, is of average size, and is red-brown. The liver parenchyma is unremarkable except for previously described injuries. There is a normal lobular arrangement. The gallbladder is present. The wall is thin and pliable and contains liquid bile and no calculi. There is no obstruction or dilation of the extrahepatic ducts. The periportal lymph nodes are not enlarged.

#### URINARY SYSTEM:

Left kidney weighs 100 grams, right kidney 90 grams. The kidneys are normally situated and the capsules strip easily revealing a surface that is pale. The corticomedullary demarcation is preserved. The pyramids are unremarkable. The peripelvic fat is not increased. The individualized ureters are without dilatation or obstruction and pursue their normal course. The urinary bladder is slightly contracted and contains no urine.

#### GENITAL SYSTEM: (FEMALE)

The uterus is symmetrical and the uterine cavity is not enlarged. The endometrium is not thickened. The cervix and vagina have a normal appearance for the age. The fallopian tubes and ovaries are unremarkable for the age.



#### HEMOLYMPHATIC SYSTEM:

The spleen weighs 80 grams. The spleen is unremarkable except for previously described injuries. Lymph nodes throughout the body are small and inconspicuous. The bone is not remarkable. The bone marrow of the rib is red and moist.

#### ENDOCRINE SYSTEM:

The thyroid is unremarkable. The parathyroid glands are not identified. The adrenal glands are unremarkable. The thymus is not identified. The pituitary gland is not identified secondary to traumatic injuries.

#### SPECIAL SENSES:

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

#### HEAD AND CENTRAL NERVOUS SYSTEM:

Please see previously described injury to the scalp, multiple skull fractures and dura lacerations. No brain tissue is identified within the cranial vault. The cerebral arteries and cranial nerves are not identified.

#### SPINAL CORD:

The entire cord is not dissected. The superior portion of the cervical cord is transected secondary to trauma and visible within the foramen magnum, photographed.

HISTOLOGIC SECTIONS:

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

TOXICOLOGY:

Bile, blood, liver tissue, stomach contents, muscle, and vitreous humor have been submitted to the lab and a comprehensive screen is requested. Two vacuum intact purple topped tubes were collected as a typing specimens.

PHOTOGRAPHY:

At scene photographs are available and were reviewed prior to examination. Photographs have been taken prior to and during the course of the autopsy. Photographs taken tableside include injuries to the dura, calvarium, transected upper cervical cord, liver laceration, left lung laceration, spleen laceration, left kidney lacerations, heart lacerations, and aorta lacerations.

RADIOLOGY:

The body is fluoroscoped and 22 x-rays are taken. A CT scan was also performed.

WITNESSES:

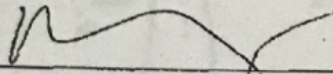
None.

DIAGRAMS USED:

Diagram Forms 16, 20, 27, and 28 were used during the performance of the autopsy. The diagrams are not intended to be facsimiles nor are they drawn to scale.

OPINION:

The cause of death is attributed to blunt trauma. The rapidly fatal injuries include transection of the upper cervical cord, severe skull fractures, and avulsion of the brain. The toxicology studies are negative. The manner of death is deemed accident.



MARTINA KENNEDY, D.O.  
DEPUTY MEDICAL EXAMINER

4-29-20

DATE

MK:geb

D: 01/29/2020 10:58:00

T: 02/04/2020 10:53:00

20

2020-00198  
DOE 5, JANE  
ACC

S-2

/// = abrasion  
// = contusion

broken, ankeric displaced  
both globes

large lacerations  
exposed dura & meninges  
lacerations, scarred  
bone fragments and spinal  
column protrudes into cavity,  
photon, no discernible  
brain tissue, transected upper  
cervical cord

laceration 1" facial thickness  
2 1/4"

long, curly black hair pony tail & black hair tie

laceration 1 1/4" partial thickness 1/16"

laceration 5 1/2"

Multi displaced facial fx

hypermobile shoulder

large full thickness displaced laceration 18" post pelvis fx

closed displaced fx

purple contusion

closed displaced fx yellow band 11/2020-00775"

open displaced fracture, femur

full thickness laceration 1 3/4"

displaced fx

traumatic amputation

full thickness laceration 2 1/4" near complete traumatic amputation focal skin/st attachment 1" at narrowest point fx tibia/fib

pink purple contusion white polish

Date 1-25-2020

M.D.

Deputy Medical Examiner

Right Thumbprint

27

INTERNAL INJURIES

2020-00798

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ACC

S-2

Fx = fracture

Ⓞ aort  
Fx 2→4

Variably displaced fractures

displaced Fx

closed displaced joint

closed displaced Fx

closed palpable Fx

closed displaced Fx

displaced fractures

closed displaced Fx

open displaced traumatic amputation

open displaced Fx

Fx 1→6

Fx 1→12

Fx 1→5, 1→11, 1→3

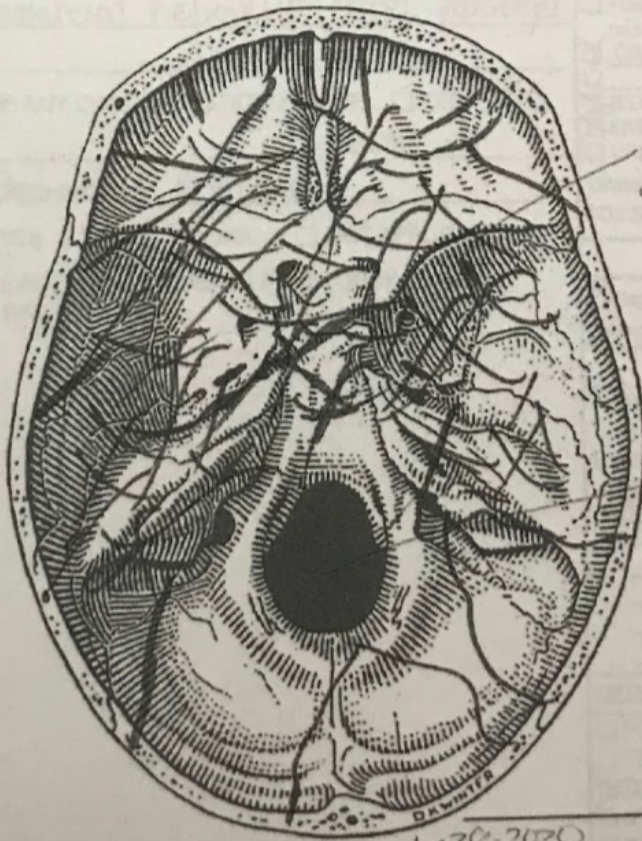
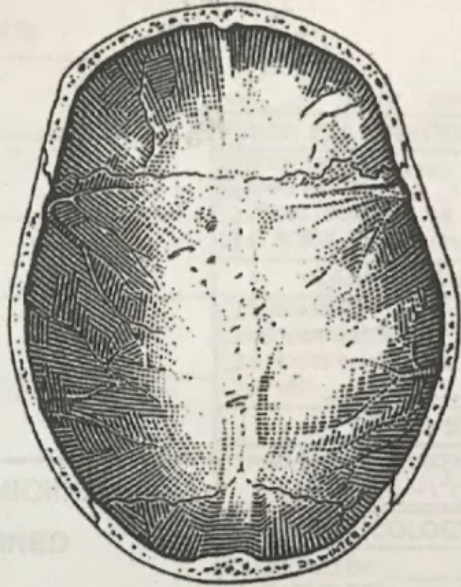
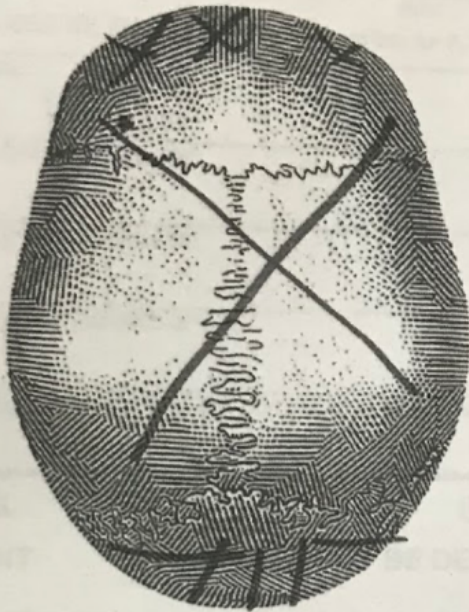
SOFT TISSUE INJURIES

- 1) aorta laceration x 2  
↑ 2.5cm  
↓ 4.2cm
- 2) aortic valve laceration 3.3cm
- 3) IVS, heart, 5.0cm focal full thickness
- 4) Lung ↓ lobe laceration 10cm
- 5) Liver laceration, ⊙ lobe 14cm
- 6) Spleen lacerations largest 7cm
- 7) ⊙ Kidney laceration, 5.5cm

1-25-2020

M.D.

Deputy Medical Examiner



markedly comminuted displaced fractures, photo'd

transected upper cervical cord photo'd

1-28-2020

Deputy Medical Examiner

M.D.

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AUTOPSY CLASS:  A  B  C  Examination Only D

FAMILY OBJECTION TO AUTOPSY

Date: 1-28-20 Time: 0930 Dr. Kennedy  
(Print)

FINAL ON: 1-28-20 By: Kennedy  
(Print)

DEPARTMENT OF MEDICAL EXAMINER-CORONER

2020-00798

DOE 5, JANE

ACC

s-2

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

rapid

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

IMMEDIATE CAUSE:

(A) Blunt trauma

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

DUE TO, OR AS A CONSEQUENCE OF:

(D)

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

Age: IDP Gender: Male  Female

PRIOR EXAMINATION REVIEW BY DME

- |  |                                       |
|--|---------------------------------------|
| <input checked="" type="checkbox"/> BODY TAG                         | <input type="checkbox"/> CLOTHING     |
| <input checked="" type="checkbox"/> X-RAY (No. <u>0 CT SCAN 22</u> ) | <input type="checkbox"/> FLUORO.      |
| <input type="checkbox"/> SPECIAL PROCESSING TAG                      | <input type="checkbox"/> MED. RECORDS |
| <input type="checkbox"/> AT SCENE PHOTOS (No. _____)                 |                                       |

CASE CIRCUMSTANCES

- |  |  |
|--|--|
| <input type="checkbox"/> EMBALMED              |  |
| <input type="checkbox"/> DECOMPOSED            |  |
| <input type="checkbox"/> > 24 HRS IN HOSPITAL  |  |
| <input type="checkbox"/> OTHER: _____ (Reason) |  |

TYPING SPECIMEN

TYPING SPECIMEN TAKEN BY: Kennedy  
SOURCE: cavity

TOXICOLOGY SPECIMEN

COLLECTED BY: Kennedy  
 HEART BLOOD  STOMACH CONTENTS  
 FEMORAL BLOOD  VITREOUS

TECHNIQUE:  
 cavity BLOOD  SPLEEN  
 BILE BLOOD  KIDNEY  
 LIVER  cavity EDTA  
 URINE  muscle

URINE GLUCOSE DIPSTICK RESULT: 4+ 3+ 2+ 1+ 0

TOX SPECIMEN RECONCILIATION BY: ELPS

HISTOLOGY

Regular (No. 1)  Oversize (No. \_\_\_\_\_)  
Histopath Cut:  Autopsy  Lab

TOXICOLOGY REQUESTS

FORM 3A:  YES  NO  
 NO TOXICOLOGY REQUESTED  
SCREEN  C  H  T  S  D  
 ALCOHOL ONLY  
 CARBON MONOXIDE  
 OTHER (Specify drug and tissue)  
Marijuana

REQUESTED MATERIAL ON PENDING CASE

- |   |   |
|---|---|
| <input type="checkbox"/> POLICE REPORT          | <input type="checkbox"/> MED HISTORY    |
| <input type="checkbox"/> TOX FOR COD            | <input type="checkbox"/> HISTOLOGY      |
| <input checked="" type="checkbox"/> TOX FOR R/O | <input type="checkbox"/> INVESTIGATIONS |
| <input type="checkbox"/> MICROBIOLOGY           | <input type="checkbox"/> EYE PATH. CONS |
| <input type="checkbox"/> RADIOLOGY CONS.        |   |
| <input type="checkbox"/> CONSULT ON: _____      |   |
| <input type="checkbox"/> BRAIN SUBMITTED        |   |
| <input type="checkbox"/> NEURO CONSULT          | <input type="checkbox"/> DME TO CUT     |
| <input type="checkbox"/> CRIMINALISTICS         |   |
| <input type="checkbox"/> GSR                    | <input type="checkbox"/> SEXUAL ASSAULT |
|   | <input type="checkbox"/> OTHER          |

RESIDENT

DME

WHITE - File Copy

CANARY - Forensic Lab

PINK - Certification

GOLDENROD - DME

(Rev. 9)

Form only.

dictated

16

2020-00798

DOE 5, JANE

ACC

S-2

(P) = photo  
⊕ = normal = unremarkable

EXTERNAL EXAM

Sex female  
Race black  
Age  
Height  
Weight 115 lbs  
Hair black long curly  
Eyes brown  
Sclera anicteric  
Teeth natural  
Mouth fx  
Tongue  
Nose fx  
Chest  
Breasts ⊕  
Abdomen ⊕  
Scar none ID  
Genitals female  
Edema ⊕  
Skin see FORM 20  
Decubitus none

HEART Wt. 350g

Pericardium ⊕  
Hypertrophy ⊕  
Dilation ⊕  
Muscle 1/5 lac 5.0 cm focal PT  
Valves 1/4 lac 3.3 cm  
Coronaries ⊕  
RV 0.3 T 10.7  
Septum 1/3 P 5.8  
LV 1.3 M 9.5  
Septum A 5.7

AORTA

VESSELS

LUNGS Wt.

R 350  
L 275 ↓ 10cm lac near transection  
Adhesions ⊕  
Fluid scant < 5cc each  
Atelectasis +  
Oedema  
Congestion dependent  
Consolidation ⊕  
Bronchi ⊕  
Nodes ⊕

PHARYNX

TRACHEA

THYROID

THYMUS

LARYNX

HYOID

ABDOMINAL WALL FAT 20cm

PERITONEUM

Fluid est 300cc

Adhesions ⊕

LIVER Wt. 1125g

Capsule

Lobules

Fibros

GB 1/9

Calculus

Bile ducts

SPLEEN Wt. 50g

Color

Consistency

Capsule

Malpigment

PANCREAS

ADRENALS

KIDNEYS Wt.

R 90

L 100

Capsule

Cortex pale

Vessels

Pelvis

Ureters

BLADDER

GENITALIA

Prostate

Testes

Uterus

Tubes

Ovaries

OESOPHAGUS

STOMACH

Contents

DUOD. & SM. INT.

APPENDIX

LARGE INT.

ABDOM. NODES

SKELETON

Spine

Marrow

Rib Cage

Long bones

Pelvis

SCALP

CALVARIUM

BRAIN Wt.

Dura

Fluid

Ventricles

Vessels

Middle ears

Other

PITUITARY

NOT ID

SPINAL CORD

sup cord (cervical tx) ⊕

TOXICOLOGY SPECIMENS

Cavity, EDTA x2, muscle,

liver, bile, gastric, vit

SECTIONS FOR HISTOPATHOLOGY

(storage) jar

MICROBIOLOGY

DIAGRAMS

20, 27, 28

X-RAYS (22)

CT scan performed

OTHER PROCEDURES

(rep) photo's of injuries

GROSS IMPRESSIONS

See FORM 12

Date 1-28-2020 Time 0930 Deputy Medical Examiner [Signature]





Department of Medical Examiner-Coroner, County of Los Angeles

**FORENSIC SCIENCE LABORATORIES**

1104 North Mission Road, Los Angeles, CA 90033

**Laboratory Analysis Summary Report**



Kennedy, Martina M.D.

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

PendingTox

**Coroner Case Number:** 2020-00798    **Decedent:** BRYANT, GIANNA

<u>SPECIMEN</u>	<u>SERVICE</u>	<u>DRUG</u>	<u>RESULT</u>	<u>ANALYST</u>
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**Alcohol Quantitation/Confirmation**

Blood, Cavity

Alcohol-GC/FID-HS	Ethanol	Negative	C. Castellino
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**Drug Screen**

Blood, Cavity

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

**Drug Screen/Confirmation**

Blood, Cavity

Bases-GC/NPD &/or MS	Basic Drugs	ND	R. Cabrera
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EDTA Blood

Carbon Monoxide-CO-Ox	Carboxyhemoglobin	< 10 % Saturation	I. Lee
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Coroner Case Number: 2020-00798 Decedent: BRYANT, GIANNA

SPECIMEN   SERVICE                      DRUG                      RESULT                      ANALYST

NOTE: AKA Jane Doe #5. EDTA Blood source indicated as Cavity Blood.

**Legend:**

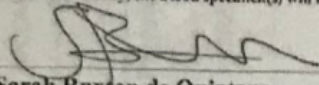
g	Grams	ND	Not Detected	SNS	Specimen Not Suitable
g%	Gram Percent	ng/g	Nanograms per Gram	TNP	Test Not Performed
Inc.	Inconclusive	ng/mL	Nanograms per Milliliter	ug	Micrograms
mg	Milligrams	PP	Presumptive Positive	ug/g	Micrograms per Gram
		QNS	Quantity Not Sufficient	ug/mL	Micrograms per Milliliter

The alcohol analysis was performed in accordance to California Code of Regulations "Title 17" compliance by a qualified analyst in the Forensic Toxicology Laboratory, Forensic Laboratories Division, County of Los Angeles Department of Medical Examiner - Coroner.

Enzyme-linked immunosorbant assay (ELISA) provides only a preliminary analytical result that is contingent upon a confirmatory test. A "presumptive positive" (PP) signifies a detection of a drug class and must be confirmed by additional testing for true identification and/or quantitation of specific drug(s) present in the specimen.

Per the Department's Evidence Retention Policy, the blood specimen(s) will be retained for one year (minimum) and all other specimens six months (minimum) from Autopsy.

Final Review By:

  
Sarah Buxton de Quintana  
Supervising Criminalist I

Date: 2/21/20

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



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



Case Number: 2020-00798

Decedent: BRYANT, GIANNA

**Scene Description:**

The scene is mountainous, vegetation covered terrain located east of 4232 Las Virgenes Road in the City of Calabasas. Due to the size of the scene a stake was placed at a central point located just north of what appears to be the main fuselage. The GPS coordinates of the stake were 34°8'14" N and 118°41'33" W. What appeared to be an initial point of impact designated by a disturbance to the soil and vegetation and various helicopter parts, personal property and human remains were located approximately 120 feet south of the designated central stake. What appeared to be a white and blue helicopter tail piece printed with "Sikorsky" was located down a western slope from the initial point of impact. The helicopter wreckage, personal property and human remains were spread in a cone shape across the area starting at the initial point of impact and spreading toward the north stopping at the north side of a ravine. A designated hiking/bicycle path was located surrounding the scene.

**Evidence:**

The following medical evidence was collected for this case, a Xopenex inhaler. This evidence was itemized onto a Form 3A and deposited into the Forensic Science Center medical evidence.

**Body Examination:**

The decedent is a juvenile Black female observed lying on her right side on the vegetation covered ground in a ravine located on the north side of the above described scene. She was approximately 30 feet below the designated hiking/bike path at GPS coordinates 34°8'14" N and 118°41'32" W. She was wearing a black and white shirt, black hooded sweatshirt, black shorts, black underwear, one black sock, and a white and gray bra. She has black hair, brown eyes and natural teeth. Upon external examination I observed significant trauma to the top of her skull and her bilateral lower legs.

**Identification:**

The decedent was positively identified as Gianna Bryant (DOB: 05/01/2006) via DNA.

**Next of Kin Notification:**

Chief B. Elias provided telephonic notification of the decedent's death to [REDACTED] decedent.

**Tissue Donation:**

Not addressed.

**Autopsy Notification:**

No exam request was noted.

KRISTINA MCGUIRE  
#547544

SUPERVISOR

02/13/2020

Date of Report



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



Case Number: 2020-00798

Decedent: BRYANT, GIANNA

**Information Sources:**

1. Aircraft Accident Investigation Report, National Transportation Safety Board, Washington D.C. 20594.
2. On scene investigation

**Investigation:**

Initial reports indicate that on 01/26/2020 at approximately 0945 hours multiple witnesses called 911 reporting that a helicopter had crashed into the foothills of the Santa Monica mountains above Las Virgenes Road in the City of Calabasas. Deputies from the Los Angeles County Sheriff's Department and personnel from the Los Angeles County Fire Department responded to the scene. Upon arrival to the scene nine decedents were located and pronounced dead at 1010 hours by Los Angeles County Fire Department personnel.

On 01/26/2020 at 1338 hours Officer Rodriguez from the Los Angeles County Sheriff's Department-Homicide Bureau called to report this multi-decedent helicopter crash fatality to Investigator Jeffrey Guilmette at the Los Angeles County Department of the Medical Examiner-Coroner. I was assigned this Special Operations Response Team (SORT) field case at 1400 hours by Acting Supervisor Anthony Lopez. I arrived on scene at approximately 1620 hours and cleared the scene at approximately 1930 hours. On 01/26/2020 the following SORT team members responded to the scene for a coordinated search and decedent removal:

M. Lee #605743, L. Cervantes #639654, P. Ngayan #531611, B. Kim #602036, E. Napoles #465129, M. Gutierrez #479704, R. Estrada #486093, R. Gonzalez #503064, J. Fallot #644073.

On 01/27/2020 at approximately 0630 hours I returned to the scene and cleared the scene at approximately 1600 hours. On 01/27/2020 the following SORT Team Members returned to the scene for a continued coordinated search and decedent removal:

M. Lee #605743, L. Cervantes #639654, P. Ngayan #531611, B. Kim #602036, E. Napoles #465129, M. Gutierrez #479704, R. Estrada #486093, R. Gonzalez #503064, J. Fallot #644073, F. Fernandez #486349, M. Molina #421452.

Forensic Attendant P. Ngayan transported all decedents to the Forensic Science Center.

Also present at the scene were Chief B. Elias, Captain E. Tauscher and Dr. J. Lucas

**Location:**

Place of Injury/Death: Mountainside, 4232 Las Virgenes Road, Calabasas, CA 91303.

**Informant/Witness Statements:**

A review of a report issued by the National Transportation Safety Board revealed the following information:

On 01/26/2020 at 0945 hours a Sikorsky S-76B helicopter, N72EX, collided with hilly terrain near the city of Calabasas. The helicopter held 8 passengers and a pilot who were all killed on impact. The Sikorsky was in an 8-passenger seat configuration with two pilot stations up front and eight passengers in the rear, separated by a bulkhead with sliding acrylic windows. Passenger seating was 2 four-occupant divans, one facing forward and the other rearward. A main impact crater measuring 24 feet by 15 feet in diameter was observed with the main wreckage noted to be about 127 feet along a 347° true bearing from the impact crater. The helicopter was destroyed by impact forces and fire with the entire fuselage/cabin and both engines subjected to a post-crash fire.