

# Exhibit 2

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF MARYLAND  
NORTHERN DIVISION**

JENNEL BLACK, et al.

Plaintiffs,

v.

THOMAS WEBSTER IV, et al.

Defendants.

\* \* \* \* \*

Civil Action No. 1:20-cv-03644-CCB

**DECLARATION OF DR. FRANCISCO DIAZ**

Declarant, Dr. Francisco Diaz, and makes the following averments under the penalties of perjury and upon personal knowledge:

1. I am over the age of 18 and competent to testify.
2. My *curriculum vitae* is attached hereto as Exhibit A.
3. I have reviewed the following documents in this matter: The Autopsy Report, (attached as Exhibit B), the Toxicology Report (attached as Exhibit C) and the Bodyworn Camera “BWC” video)
4. It is my opinion that the cause of death for Anton Black is homicide by asphyxia due to physical restraint by the Defendant Officers, not an accident.
5. It is my opinion that asphyxia does not require force to the neck area, choking or the application of anyone’s full body weight to another.
6. It is my opinion that being forcibly restrained in a prone position for several minutes can cause asphyxiation.
7. In this case, the handcuffing and later shackling of Anton while keeping his chest pressed against the ground - as opposed to turning him on his side to allow him to breathe – and holding his legs in a position similar to hogtying caused asphyxiation.
8. I disagree with Defendants’ interpretation of the scientific evidence. Specifically, I disagree that the concept of compression asphyxia as a cause of arrest-related or custodial death has been thoroughly debunked. It is well-settled in medical science that death can be caused by asphyxia due to physical restraint.
9. It is my opinion that Anton died because Defendant Officers forcibly restrained him

in a prone position for approximately six minutes in total, and five minutes after he was handcuffed, folding his legs towards the sky in a manner that further compromised his ability to breathe very similar to hog-tying.

10. In my opinion, the pressure and positioning prevented Anton from being able to breathe, depriving him of the oxygen necessary for his brain and heart to function correctly, which led to Anton's death.
11. It is my opinion that Anton's death was not caused by myocardial bridging or anomalous right coronary artery.
12. It is my opinion that a flail chest injury is not necessary to cause death by asphyxia. A flail chest injury is a life-threatening medical condition that occurs when a segment of the rib cage breaks due to trauma and becomes detached from the chest wall.
13. Further, my opinion is that Anton's history of bipolar disorder did not contribute to his death.
14. Based on well-recognized and accepted standards of forensic pathology, Drs. Alexander and Fowler, the State Medical Examiners, should have concluded that anomalous right coronary artery was present, rather than incorrectly finding that anomalous right coronary artery caused Anton's death.
15. All the opinions stated above are to a reasonable degree of medical and scientific certainty.

*I hereby swear and affirm under the penalty of perjury that the foregoing statements are true and accurate base upon my personal knowledge.*



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Dr. Francisco Diaz

04/05/2021

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Date

# Exhibit A

**Francisco J. Diaz, MD, FCAP FASCP**

**CURRENT CLINICAL AND ADMINISTRATIVE POSITIONS**

**Chief Medical Examiner**

Office of the Chief Medical Examiner, Washington, DC.

Dates: February 2021-Present

**Medical Director and Deputy Chief Medical Examiner.**

Office of the Chief Medical Examiner. Washington, DC.

Dates: June- 2017-2021

**Duties:** Directing Forensic Pathology, Death Investigation, Anthropology, Histology, Mortuary and Imaging divisions.

**ADVISORY POSITION**

**United States Department of Justice**

Advisor for International Criminal Investigative Training Assistance Program (**ICITAP**). 2018-Present.

**FORMER CLINICAL POSITIONS**

**Assistant Medical Examiner:** *Office of the Medical Examiner, Wayne County, Michigan.*

*Dates:* July 2001-July 2017.

Performed 8000 post-mortem examinations. Testified in Circuit Court and Federal Court on approximately 400 occasions.

**Deputy Medical Examiner:** *Office of the Medical Examiner, Washtenaw County, Michigan.*

*Dates:* January 2015-July 2017.

Performed post-mortem examinations when the office needed coverage.

**FORENSIC PATHOLOGY TRAINING**

**Office of the Chief Medical Examiner. City and County of Philadelphia.**

Philadelphia, Pennsylvania.

Academic affiliation: *Medical College of Pennsylvania (Now Drexel).*

Dates: 1999-2001

## **Francisco J. Diaz, MD, FCAP FASCP**

### **ANATOMIC PATHOLOGY TRAINING**

Conemaugh Memorial Medical Center, Johnstown, Pennsylvania in affiliation with Temple University.

Dates: 1995-1999.

### **MEDICAL SCHOOL**

Instituto Tecnológico de Santo Domingo.

Santo Domingo, Dominican Republic.

Graduated: 1989.

### **LICENSURES**

- **Michigan** (4301077331). 2001-2024
- **Pennsylvania** (MD066707L). 1998-2022
- **Ohio** (35.129958). 2016-2021
- **District of Columbia** (045148) 2017-2022
- **Dominican Republic** (206-91) 1991-Present

### **CERTIFICATIONS**

-*American Board of Pathology: **Anatomic Pathology**  
**Forensic Pathology***

-Educational Commission for Foreign Medical Graduates (**ECFMG**)

-Federal Licensing Examination (**FLEX**).

### **ACADEMIC APPOINTMENTS**

**Clinical Assistant Professor:** George Washington University School of Medicine.  
Washington, DC.

Dates: July 2017-Present

**Assistant Professor, Clinical track:** University of Michigan School of Medicine

Dates: January 2012-2017.

**Francisco J. Diaz, MD, FCAP FASCP**

***Pathology Residency site coordinator:***

- Georgetown University Hospital
- George Washington University Hospital
- Howard University Hospital
- National Institute of Health (NIH)

**Dates:** 2017-Present

***Pathology Residency site coordinator:***

- Henry Ford Hospital Pathology Residency.
- St. John Hospital Pathology Residency
- Beaumont Hospital Pathology Residency

**Dates:** 2010-2017

***Instructor Pathology Residency Program***

- Detroit Medical Center Pathology Residency
- University of Michigan Pathology Residency

**Dates:** 2010-2017

***Adjunct Clinical Preceptor***

Kirkville Osteopathic School of Medicine

**Dates:** 2009-2017

***Medical Student teaching***

-Coordinator for Georgetown medical school.

Dates: 2017-Present.

-Instructor for rotating medical students:

Wayne State School of Medicine 2001-present

Michigan State Osteopathic Medical School 2001-present

Kirkville Osteopathic Medical School. 2001-present

-University of Michigan School of Medicine

Second year lecture in Cardiovascular Pathology

2014-2017

## **Francisco J. Diaz, MD, FCAP FASCP**

### ***Hospital Privileges***

-University of Michigan Health System. (UMHS)

Dates: 2012- 2017

### **MEMBERSHIPS**

- College of American Pathologists (CAP), *Fellow*
- National Association of Medical Examiners (NAME), *Fellow*
- American Society for Clinical Pathology (ASCP), *Fellow*
- American Academy of Forensic Sciences, *Member*
- American Medical Association, *Member*
- International Association of Coroners and Medical Examiners, *Member*
- Spanish Society Forensic Pathology (SEPAF), Spain. *Member*

### **EDITORIAL BOARDS AND PEER REVIEW**

- American Journal of Forensic Medicine and Pathology. Peer reviewer. June 2018-Present.
- Journal of Emerging Forensic Sciences Research. University of Windsor, Ontario, Canada. 2016-Present.
- Dovemed.com. Medical advisory board member and guest contributor. 2015- Present.

### **ADVISORY BOARD MEMBERSHIPS**

#### **Wayne State University**

Detroit, Michigan. Eugene Applebaum School of Pharmacy and health sciences  
Pathologist assistant program. 2016-2020.

#### **Baker College**

Allen Park, Michigan. School of Allied Health. Medical laboratory technician.  
2016-2017.



## **Francisco J. Diaz, MD, FCAP FASCP**

### **NATIONAL COMMITTEE POSITIONS**

- **Board of director member**, National Association of Medical Examiners (NAME) 2021
- **Membership and Credentials**. National Association of Medical Examiners (NAME), 2014-2020
- **Government Affairs**. National Association of Medical Examiners (NAME). 2014-Present. Chair 2020-Present.
- **ISO Transition**. 2019-Present.
- **Deaths in Custody**. National Association of Medical Examiners (NAME). 2014-2017.

### **NATIONAL LEADERSHIP, COLLEGE OF AMERICAN PATHOLOGISTS**

-Training at college of American Pathologists (CAP):

**Engaged leadership academy (ELN)**

-College of American Pathologists (CAP), Member of engaged leader network

### **REGIONAL LEADERSHIP POSITIONS**

-Michigan Association of Medical Examiners (MAME).  
Executive Committee, Member at large.  
2016-2017.

### **LOCAL/REGIONAL COMMITTEE POSITIONS**

- Detroit/Wayne County Drug Surveillance Group.
- Wayne County child death review team.  
2005-2017.

### **INVITED INTERNATIONAL PRESENTATIONS**

-Guest speaker. Society of Legal Medicine of Morocco. 1<sup>st</sup> Virtual international meeting.  
Management of COVID cases in Washington, DC. June 20, 2020.

-Guest speaker. Death in Custody a comprehensive international conversation. University of Ottawa and Office of the Medical Examiner. Washington, DC. June 2020.

**Francisco J. Diaz, MD, FCAP FASCP**

- Guest speaker. Spanish Society of Anatomic Pathology (SEAP) and Spanish society of forensic Pathology (SEPAF). Deaths in Custody, the North American Perspective. Granada, Spain. May 22, 2019.
- Guest speaker. University of Ottawa. III annual conference of forensic and pediatric pathology. NAME position paper on Deaths in Custody. **Ottawa, Canada.** June 16, 2018.
- Guest speaker. VIII Congreso Internacional de Medicina Legal y Ciencias Forenses. "Gunshot wounds:" 1. On decomposed bodies. 2. General overview. **Panama City, Panama.** October 6, 2017.
- Guest speaker at IX curso de Verano de Medicina Forense. **Universidad La Rioja. Logroño, Spain.** "Gunshot wounds: 1. Cranial injuries. 2. Entrance and Exit wounds." September 29, 2017.
- Guest speaker at XXXI Jornadas Medico Legales. **Punta Arenas. Costa Rica.** "Advances of Forensic Pathology in North America." August 25, 2017.  
  
"Roundtable discussion on sudden cardiac death."  
August 27, 2017.
- Guest speaker at Spanish Society of Anatomic Pathology (**SEAP**)  
And Spanish society of forensic pathology (SEPAF)  
"Evaluation of gunshot wounds in decomposed and burned bodies  
"Evaluation of wounds produced by high power rifles"  
**Valencia, Spain.** May 2017.
- Current trends in drug related deaths.  
Keynote speaker.  
Forensic science conference.  
University of **Windsor. Ontario, Canada.** April 7, 2017
- Elderly Homicide in Wayne County, Michigan. A 20 year retrospective study.  
Galician Forensic Society. **Ourense, Galicia, Spain.**  
October 16, 2015.

**Francisco J. Diaz, MD, FCAP FASCP**

-Drug related deaths in southeastern Michigan.

Spanish Society of Anatomic Pathology, Biennial meeting. May 20-23, 2015. **Santander, Spain.**

-Fibromyalgia as a cause of death.

Spanish Society of Anatomic Pathology. Biennial meeting. May 20-23, 2015. **Santander, Spain.**

-Sudden Deaths in Sports in a Medical Examiner Setting.

Presentation before the biennial meeting of the European Association for Cardiovascular. Pathology. **Cadiz, Spain.** October 2012.

**INVITED NATIONAL/ REGIONAL/LOCAL PRESENTATIONS**

-Guest speaker at Washington regional transplant community (WRTC) 5<sup>th</sup> Synergy Symposium: November 3, 2017.

-Guest speaker at George Washington school of forensic sciences. Mount Vernon campus October 31, 2017.

-Guest speaker at Wayne State University School of mortuary sciences.  
"The drug epidemic" June 2017.

-Guest speaker at Wayne State University "41<sup>st</sup> Medico legal seminar"  
Current trends in drug related deaths.  
Dearborn, Michigan. May 2017.

-Keynote speaker at Pennsylvania coroner's association annual meeting.  
Johnstown, Pennsylvania. March 2017.

-Keynote speaker at FBI regional training seminar.  
"Autopsy and death investigations".  
Dearborn, Michigan. November 2016.

-Guest speaker at Michigan association of Medical Examiners (MAME) annual meeting.  
"Recovery of anatomic specimens at a Detroit warehouse".  
November 2016.

**Francisco J. Diaz, MD, FCAP FASCP**

- Guest speaker at Forensic Nurse seminar. Wayne County. "Deaths in Custody" September 2016.
- Guest speaker at Wayne State University. Mortuary and forensic sciences school. "Medicolegal systems of investigation. July 6, 2016.
- Guest speaker at Wayne State University Death Investigation Seminar. "BackPage murders and human trafficking" April 2016.
- Guest speaker at School of Liberal Arts. Henry Ford College. March 2016.
- Keynote Speaker at Annual Pennsylvania Coroner's Law Enforcement Seminar. March 2013. Johnstown, PA.
- Keynote speaker for the annual meeting of the Funeral Consumer Information Society. Michigan chapter. April 2012.
- Death in Custody: The Wayne County Experience. Annual conference of the College of Forensic Examiners. Orlando, FL. 2006.

**REGIONAL ACADEMIC SPEAKING ENGAGEMENTS**

- Georgetown Hospital department of Pathology Lecture to Pathology residency program. "Forensic Pathology for the AP boards". July 24, 2017.
- Mount Sinai Medical Center department of Pathology. Lecture to Pathology residency program. "Forensic Pathology for the AP boards". March 10, 2017.
- Mount Sinai Medical Center department of Pathology. Lecture to Pathology residency program. "Forensic Pathology for the AP boards". April 6, 2018.

**LOCAL ACADEMIC SPEAKING ENGAGEMENTS**

- Wayne County Medico-legal annual death investigation course. "Time of death". 09/2001.
- Wayne County Medico-legal annual death investigation course "Drowning" September 2002.
- Wayne County Medico-legal annual death investigation course. "Time of death" and

**Francisco J. Diaz, MD, FCAP FASCP**

"Drowning. October 2003.

-Wayne County Medico-legal annual death investigation course. "Sharp force injuries" 10/ 2005.

-Wayne County Medico-legal annual death investigation course. "Deaths in custody". 10/ 2006.

-Wayne County Medico-legal annual death investigation." The medical examiner. 10/ 2007.

-Wayne County Medico-legal annual death investigation course "Time of death". October 2008.

-Wayne County Medico-legal annual death investigation course. "Drowning". September 2009.

-Wayne County Medico-legal annual death investigation course. "Deaths in custody". 09/ 2010.

-Wayne County Medico-legal annual death investigation course  
"Deaths in custody" and time of death" September 2011.

-Wayne County Medico-legal annual death investigation course. "Deaths in Custody". 09/ 2012.

-Wayne County Medico-legal annual death investigation course. "Deaths in Custody and Time of death" October 2013.

-Wayne County Defense Bar Association. "Overview of Medico-legal death investigation". 2004, 2007, 2011.

-Hospice Nurse Seminar at the Medical Examiner`s Office. May 2015.

-University of Detroit Forensic Odontology Course. "Forensic Pathology" 2004.

-Advances in Forensic Medicine and Pathology. University of Michigan  
"Demographics of drug deaths". Ann Arbor, MI. May, 2015.

-Wayne County Medico-legal annual death investigation course. "Deaths in custody". 11/ 2015.

-Advances in Forensic Medicine and Pathology. University of Michigan.  
"Interagency cooperation on the recovery of anatomic specimens. May 2016.

-4<sup>th</sup> District Community Justice Advisory Network. "Heroin and Opioid Awareness and Prevention Forum". December 5, 2017. Washington, DC.

-5<sup>th</sup> District Community Justice Advisory Network. "Heroin and Opioid Awareness and Prevention Forum" 01/2018 and 02/2018. Washington, DC.

## **Francisco J. Diaz, MD, FCAP FASCP**

### **COVID RELATED VIRTUAL SPEAKING ENGAGEMENTS**

- Forensic Medicine Society of Morocco. June 2020.
- International Red Cross (Mexico). July 2020.
- Institute of Legal Medicine, Panama. September 2020.
- Respiratory care society, Indonesia. September 2020.
- Institute of Legal Medicine. Chile. October 2020.

### **PEER REVIEWED PUBLICATIONS**

- Autopsies in suspected SARS-CoV-2. Journal of Legal Medicine, Spain. May 2020. <https://doi.org/10.1016/j.reml.2020.05.002>  
Rafael Bañon Gonzalez, Silvia Carnicero Caceres, Ma Paz Suarez-Mier, **Francisco J. Diaz.**
- Comparison of the causes of death and wounding patterns in urban firearm-related violence and civilian public mass shooting events.  
Maghami S, Hendrix C, Matecki M, Mahendran K, Amdur R, Mitchell R, **Diaz F**, Estroff J, Smith ER, Shapiro G, Sarani B.J Trauma Acute Care Surg. 2020 Feb;88(2):310-313. doi: 10.1097/TA.0000000000002470.
- An 8-year retrospective study on suicides in Washington, DC. Cuchara, B and **Diaz FJ.** The American Journal of Forensic Medicine and Pathology, March 2020- Volume 41, issue 1. P 18-26.
- Nonrheumatoid Fibrinous Pericarditis: A Medical Examiner Algorithm for the Diagnosis of Viral Myocarditis and Use of Molecular Diagnostic Techniques.  
Gupta, J., Furman, J., Kesha, J., **Diaz, F**, & Schmidt, CJ. *The American Journal of Forensic Medicine and Pathology*, 40 (1):77-80, March 2019.

**Francisco J. Diaz, MD, FCAP FASCP**

- Cardiac involvement in sarcoidosis deaths in Wayne County, Michigan. A 20-year retrospective study.  
Milad Webb, Kyle Conway, Martin Ishikawa and **Francisco Diaz**. Acad Forensic Pathol. September, 2018.
- National Association of Medical Examiners (NAME) position paper:  
Recommendations for the definition, investigation, postmortem examination and reporting of deaths in custody.  
Mitchell, R. **Diaz, F.** Goldfogel, G. Fajardo, M. Fiore, S. Henson, T. Jorden, M. Kelly, S. Luzi, S. Quinn, M. Wolf, D. Acad Forensic Pathol. 2017 7(4): 604-618
- Basal ganglion hemorrhage as complication of diethylene glycol ingestion.  
Gupta A. **Diaz FJ.** Lal A. Sung L, Aaron, C.  
Am J forensic Med Pathol. 38(1):39-42, March 2017.
- Commode Cardia-Death by Valsalva maneuver: A case series.  
Fisher-Hubbard A, Kesha K, **Diaz FJ**, Njiwaji C.  
J Forensic Sci, November 2016, Vol. 61, No. 6
- Fibromyalgia: Comorbidity or a psychosomatic symptom of depression leading to the abuse of opioids?  
**Diaz FJ**, Njiwaji C, Sung L. Acta Medica International. 2016;3(1):107-110
- Fatal Liver Cyst Rupture Due to Anabolic Steroid use: A case presentation.  
**Diaz FJ**, Hansma P, Njiwaji C.  
Am J Forensic Med Pathol. March 2016. Vol 37. Issue 1. Pp 21-22.
- Cohabitation with the dead: Unusual cases from the Wayne County Office of the Medical Examiner.  
Loewe C, **Diaz F**, Hargreaves A. The Forensic Examiner Journal. Winter edition. 2015.
- Takayasu arteritis of the coronary arteries presenting as sudden death in a white teenager.  
Hlavaty L, **Diaz F**, Sung L. Am J Forensic Med Pathol. 09/ 2015. Vol 36. 221-223.

**Francisco J. Diaz, MD, FCAP FASCP**

- Agonal thrombi at autopsy.  
Hansma, P; Powers, S, **Diaz, F**. Am J forensic Med Pathol. 09/2015. Vol 36. Pg 141-144.
- Sudden infant death due to hypertrophic cardiomyopathy in two siblings of Arab Descent  
Gupta A, **Diaz FJ**, Rabah R, Schmidt, CJ. Arch Pathol Lab Med vol 137. Page 1471.
- Unusual cases of asphyxia  
**Diaz, FJ** Loewe, C. The Forensic Examiner Journal. Winter 2009 edition. Pages 38-41.
- Fatal Pitbull maulings in Detroit.  
Loewe, C, **Diaz FJ**, Bechinski, J. Am J forensic Med Pathol . 2007 Dec; 28(4):356-60.
- LAP-banding obesity: a case of stomach perforation, peritonitis, and death.  
Loewe C, **Diaz FJ**, Jackson A. Am J Forensic Med Pathol. 2005 Sep; 26 (3):297-301.
- Death caused by myocarditis in Wayne County, Michigan: a 9-year retrospective study.  
**Diaz FJ**, Loewe C, Jackson A: Am J Forensic Med Pathol. 2006 Dec; 27 (4):300-3.
- Nitric oxide synthase as a marker in colorectal carcinoma  
Lagares-Garcia JA, Moore RA, Collier B, Heggere M, **Diaz F**, Qian F.  
Am Surg. 2001 Jul;67(7):709-13.
- Colonoscopy in octogenarians and older patients.  
Lagares-Garcia JA, Kurek S, Collier B, **Diaz F**, Schilli R, Richey J, Moore  
Surg Endosc. 2001 Mar; 15(3):262-5.
- Axillary lymph node dissection in breast cancer: an evolving question?  
Lagares-Garcia JA, Garguilo G, Kurek S, LeBlond G, **Diaz F**.  
Am Surg. 2000 Jan; 66(1):66-71



**Francisco J. Diaz, MD, FCAP FASCP**

## **Books**

***Spitz and Fisher`s Medicolegal investigation of death. 5<sup>th</sup> edition. 2020.***  
***Charles C Thomas, Publisher. 2020.***

- Co-editor
- Contributing author.

### **Atlas of Forensic Anthropology, correlation with Forensic Pathology**

Edited by Arazandi Sciences. Donostia-Gipuzkoa. Spain. 2020.

Coordinated by Fernando Serrulla, MD, PhD.

Contributing author.

### **Book Chapter**

**Armas de Fuego y Ciencias Forenses. (Firearms and Forensic Sciences).**

Chapter 9. Pathology, radiology and anthropology of firearms injuries.

Edited by Galician Association of Legal Medicine.

Santiago de Compostela, Spain. 2019.

### **OTHER PUBLICATIONS**

Elderly Homicide: 20 year retrospective study in Wayne County, Michigan, USA.

Medicina Y Psicologia Forense del Anciano.

Edited by Asociacion Galega de Medicos Forenses. Ourense, Spain.

VI congress report. October, 2015. **Diaz FJ.** Pages 69-78.

Gunshot wounds: entrance and exits based on type of weapon and ammunition

Gunshot wounds to the head: General characteristics

Undecimo curso de Patologia forense. Universidad de La Rioja.

Logroño, Spain. September 2017. **Diaz FJ.** Pages 183-207.

Evaluation of sharp force injuries.

Duodécimo curso de Patologia Forense. Universidad de La Rioja.

Logroño, Spain. September 2019. **Diaz FJ.** Pages 166-184.

**Francisco J. Diaz, MD, FCAP FASCP**

**PRESENTATIONS AND ABSTRACTS**

**MENINGITIS AS A CAUSE OF DEATH IN A MEDICAL EXAMINER SETTING.** BREANNA CUCHARA, ARIEL VIRAMONTES AND FRANCISCO J DIAZ.

72<sup>ND</sup> ANNUAL MEETING OF THE AMERICAN ACADEMY OF FORENSIC SCIENCES. ANAHAIM, CA. FEBRUARY 2020.

**CAUSES OF DEATH AND WOUNDING PATTERNS IN FIREARM-RELATED VIOLENCE IN WASHINGTON DC.** C. S. Hendrix<sup>1</sup>, M. Matecki<sup>1</sup>, S. Maghami<sup>1</sup>, K. Mahendran<sup>1</sup>, R. Mitchell<sup>2</sup>, **F. Diaz**<sup>2</sup>, J. Estroff<sup>1</sup>, E. R. Smith<sup>3</sup>, G. Shapiro<sup>3</sup>, B. Sarani<sup>1</sup> <sup>1</sup>George Washington University School Of Medicine And Health Sciences, Surgery, Washington, DC, USA <sup>2</sup>George Washington University School Of Medicine And Health Sciences, Pathology, Washington, DC, USA <sup>3</sup>George Washington University School Of Medicine And Health Sciences, Emergency Medicine, Washington, DC, USA.

Abstract presented at 2019 Academic Surgical Congress. Houston, TX.

**Interagency Cooperation in the Recovery of Human Cremains and Human Remains**

*Rebecca Wood, MFS; Francisco J. Diaz, MD*

71<sup>st</sup> Annual meeting of the American Academy of Forensic Sciences (AAFS). Baltimore, Maryland. February 2019.

**A Ten-Year Retrospective Study of Risk Factors Associated With Deaths Due to Pulmonary Emboli in Washington, DC**

*Breanna M. Cuchara, MFS; Francisco J. Diaz, MD; Sasha Breland, MD*

71<sup>st</sup> Annual meeting of the American Academy of Forensic Sciences (AAFS). Baltimore, Maryland. February 2019.

**An Eight-Year Retrospective Study on Suicides in Washington, DC**

*Breanna M. Cuchara, MFS; Francisco J. Diaz, MD*

71<sup>st</sup> Annual meeting of the American Academy of Forensic Sciences (AAFS). Baltimore, Maryland. February 2019.

**A Five-Year Retrospective Study on Suicide and the Use of Antidepressants in Washington, DC**

*Breanna M. Cuchara, BS\*; Francisco J. Diaz, MD*

70<sup>th</sup> Annual meeting of the American Academy of Forensic Sciences (AAFS). Seattle, Washington. February 2018.

**Francisco J. Diaz, MD, FCAP FASCP**

**Deaths in Custody. Incarcerated. Investigation, autopsy protocol, death certification and surveillance and media and public relations.**

**Francisco J. Diaz, MD** and Tanisha Henson, MFS.

Presentation at National Association of Medical Examiners (NAME) interim meeting.  
New Orleans, LA. February 2017.

**Non-Rheumatoid Fibrinous Pericarditis: A Medical Examiner Quest with an update on Myocarditis and Use of Molecular Diagnostic Techniques.**

Avneesh Gupta, MD; Kilak Kesha, MD; **Francisco J. Diaz, MD**; Carl J. Schmidt, MD

Presentation at the American Academy of Forensic Sciences.  
Las Vegas, Nevada. February 2016.

**Interagency cooperation in the recovery of anatomic specimens.**

**Diaz F**, Larsen L, Sung L, Schmidt, C

Presentation at the annual meeting of the National Association of Medical Examiners (NAME). Charlotte, North Carolina. October 2015.

**Multiple Self-Inflicted Gunshot Wounds: Case Series with Review of Literature**

Avneesh Gupta, MD; Puneet Setia, MD; Vera Mendes-Kramer, MA;

Andrea M. Jackson, BA; Kilak Kesha, MD; **Francisco J. Diaz, MD**

Platform presentation and abstract at the American Academy of Forensic Sciences. Orlando, Florida. February 2015.

**Fibromyalgia: The nature of its involvement in death.**

**Diaz, F**, Sung L.

Platform presentation and abstract. National Association of Medical Examiners (NAME). Annual meeting. Portland, Oregon. September 2014.

**Ruptured aneurysm, MDMA use and intercourse.**

Hansma P, **Diaz F**.

Platform presentation and abstract. National Association of Medical Examiners (NAME). Annual meeting. Portland, Oregon. September 2014.

**A case of fatal hemoperitoneum due to liver cyst rupture in user of anabolic steroids.**

Hansma P, **Diaz F**.

Abstract: National Association of Medical Examiners (NAME) annual meeting.  
Portland, Oregon. September 2014.

**Francisco J. Diaz, MD, FCAP FASCP**

**Agonal thrombi at autopsy.**

Hansma P, Powers S, **Diaz F.**

Abstract: National Association of Medical Examiners (NAME) annual meeting. Portland, Oregon. September 2014.

**Trends in suicide: An 11-year retrospective review from the Wayne County Medical Examiner's Office.**

Gupta A, Mendes-Kramer V, Jackson A, Szymanski L, **Diaz FJ.**

Platform presentation and abstract. American Academy of Forensic Sciences. Annual meeting. Seattle, Washington. February 2014.

**Commode Cardia-Death by Valsalva maneuver: A case series.**

Fisher-Hubbard A, Kesha K, **Diaz FJ**, Njiwaji C.

Platform presentation and abstract. American Academy of Forensic Sciences. Annual meeting. Seattle, Washington. February 2014.

**Significance of Suicide Note in forensic autopsies: An 11-year retrospective Review in Wayne County and Monroe County, MI.**

Gupta A, Mendes-Kramer V, Jackson A, Singh S, **Diaz FJ.**

Platform presentation and abstract. American Academy of Forensic Sciences. Annual meeting. Seattle, Washington. February 2014.

**Significance of Suicide Note in forensic autopsies: An 11-year retrospective Review in Wayne County and Monroe County, MI.**

Gupta A, Lal A, Sung, L, **Diaz FJ.**

Abstract presented at the annual meeting of the National Association of Medical Examiners (NAME). Milwaukee, Wisconsin. October 2013.

**Sudden Deaths in Sports in a Medical Examiner Setting.**

**Diaz FJ** and Schmidt CJ.

Presentation at the European Association for Cardiovascular Pathology. Cadiz, Spain. October 2012.

**Lorazepam Intoxication. Presentation before the American Academy of Forensic**

**Diaz FJ**, Marinetti L, Isenhardt D.

Sciences (AAFS). Chicago, IL. February 2003.

## **Francisco J. Diaz, MD, FCAP FASCP**

### **MODERATOR AT NATIONAL MEETINGS**

Session moderator. Pathology/Biology section. 71<sup>ST</sup> Annual meeting of the American Academy of Forensic Sciences (AAFS). Baltimore, Maryland. February 2019.

Session moderator. Pathology/Biology section. 70<sup>th</sup> Annual meeting of the American Academy of Forensic Sciences (AAFS). Seattle, Washington. February 2018.

Session moderator. Pathology/Biology section. 68<sup>th</sup> Annual meeting of the American Academy of Forensic Sciences (AAFS). Las Vegas, Nevada. February 2016.

### **Publications on digital media**

- “My take on the rise of opiate related deaths”. Dovemed.com. November 2015.
- “Death of Prince: A forensic pathologist perspective Dovemed.com. June 2016.
- “Sudden cardiac deaths of young athletes”. Dovemed.com. February 2017.
- “The forensic pathologist as an expert witness. Theexpertinstitute.com blog. 11/ 2016.

### **AWARDS**

-**Spirit of Detroit** award, Detroit city Council resolution. 2003

-**Angel of Mercy** award (SOSAD). 2003

-**Best presentation** award. Galician association of forensic physicians.  
Ourense, Galicia, Spain. October 2015.

-**US Office of the Attorney General**. Criminal division award. December 2018

**Francisco J. Diaz, MD, FCAP FASCP**

# Exhibit B

Name: **ANTON MILBERT L. BLACK**Case Number: **18-11079**POST MORTEM EXAMINATION REPORT  
OFFICE OF THE CHIEF MEDICAL EXAMINER  
STATE OF MARYLAND

PAGE

1

An autopsy was performed on the body of **ANTON MILBERT L. BLACK** at the Office of the Chief Medical Examiner for the State of Maryland on the 16<sup>th</sup> day of **September 2018**.

### **EXTERNAL EXAMINATION**

The body was that of a well-developed, well-nourished, adult black male. The body was received unclad. The body weighed 159 pounds, was 5'9" in length and appeared compatible with the reported age of 19 years. The body was cool. Rigor was fully fixed in the extremities and jaw. Fixed purple livor mortis was on the posterior surfaces of the body, except in areas exposed to pressure. The scalp hair was black, curly, and arranged in moderately long braids. Facial hair consisted of a black mustache and tuft of hair on the chin. The irides were brown. The corneae were slightly clouded. The conjunctivae were slightly congested with a few petechiae on the right lateral bulbar conjunctivae. Two hemorrhages, 1/8" and 1/16", were on the left lower lateral bulbar conjunctiva. Otherwise the sclerae were white. Bloody fluid was at the mouth and nares. The external auditory canals were free of foreign material and abnormal secretions. The nasal skeleton was palpably intact. The lips were normally formed. The anterior teeth were natural and in adequate condition. No oral petechiae were noted. No petechiae were on the facial skin. The neck organs were in the midline position and appeared normally formed. The chest was unremarkable. The abdomen was flat. Small scars were on the back and extremities. The upper and lower extremities were symmetrical and without absence of digits. The fingernails were short, clean, trimmed and intact. No tattoos were identified. The external genitalia were those of an adult circumcised male. The testicles were bilaterally descended within a dried scrotum. The posterior torso was without note. The anus was unremarkable.

### **EVIDENCE OF THERAPY**

Evidence of medical intervention included: an orotracheal tube; defibrillator pads on the chest; bilateral chest tubes; a decompression catheter in the right side of the top of the chest; a peripheral intravenous catheter in the right antecubital fossa; and a peripheral intravenous catheter in the posterior right hand. Multiple red-brown abrasions, up to 1-7/8", on the mid-chest were consistent with injuries due to resuscitative efforts.

### **EVIDENCE OF INJURY**

#### **I. BLUNT FORCE TRAUMA**

A 1/2 x 3/8" red abrasion was on the right side of the forehead. A 1/8" red abrasion was on the left side of the forehead. Multiple red abrasions, up to 1/4", were on the nose. A 1/2 x 3/16" red-purple abraded contusion was on the lateral left upper eyelid. A 1/16" red abrasion was just lateral of the left eye. A 1-1/2 x 5/8" red-tan abrasion was on the right side of the face. A 3/16" red abrasion was just below the left naris of the nose. Multiple red abrasions, up to 1/4", were just below the left corner of the mouth. Two red abrasions, each 1/4", were on the right lateral inner upper lip. Multiple red abrasions, up to 1/2", were on the left lateral inner upper lip. Multiple red abrasions, up to 3/16", were on the right lateral inner lower lip. A 1/8" red abrasion was on the left lateral lower lip. A 3/16" red abrasion was on the left medial inner lower lip. A 3/4 x 1/8" area of red-purple abraded contusion was on the left lateral



Name: **ANTON MILBERT L. BLACK**Case Number: **18-11079**POST MORTEM EXAMINATION REPORT  
OFFICE OF THE CHIEF MEDICAL EXAMINER  
STATE OF MARYLAND

PAGE

2

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inner lower lip. A 3/8 x 1/4" red-purple abraded contusion and a 1/8" purple contusion were on the right buccal mucosa.

Two brown abrasions, each 1/16", were on the helix of the left ear. Multiple red abrasions and purple contusions, up to 1/2", were on the inner aspect of the left ear. Multiple red abrasions and purple contusions, up to 1/8", were just behind the left ear and on the adjacent posterolateral neck. A 3/8 x 1/4" red-purple abraded contusion was on the left anterior base of the neck. A 1/8" red abrasion was on the left posterior neck.

Multiple linear brown crusted abrasions, up to 7/8", were on the right upper back. Multiple linear brown crusted abrasions, up to 1/2", and purple contusions, up to 1/8", were on the left upper back. Cut-downs were performed along the posterior neck, back and extremities. A 2-1/2 x 2" area of subcutaneous hemorrhage was on the mid upper back; no underlying muscle hemorrhage, contusion or other injury was noted, and no fractures were noted. A 1-1/2 x 1" area of subcutaneous hemorrhage was on the mid upper lumbar area; no underlying muscle hemorrhage, contusion or other injury was noted.

A few purple contusions, up to 3/16", were on the anterior right shoulder. Multiple purple contusions, up to 1", were on the medial right arm. Multiple linear red abrasions, up to 3/8", were on the posteromedial right forearm. A 1/16" brown abrasion was on the posterolateral right wrist.

Two red abrasions, 1-1/2 x 1/2" and 1 x 1/8", were on the top of the left shoulder. Multiple linear red abrasions, up to 3/8", were on the posteromedial distal left forearm. A 5/16 x 3/16" red-purple abraded contusion was on the posteromedial left wrist. Three red abrasions, each 1/16", were on the posterior left hand. A 1/8" brown abrasion was on the posterior left hand. A 1/8" purple contusion with adjacent 1/8" red abrasion was on the posterior left middle finger. A 1/8" red abrasion was on the posterior left index finger. Cut-downs of the wrists revealed no hemorrhage, contusions, or other abnormalities within the soft tissues and muscles of the wrists.

A 2-1/2 x 3/4" red abrasion was on the anterolateral right thigh. A 3/4 x 1/4" red abrasion was in the anterior right knee. A 3/8 x 1/4" red abrasion was on the medial right ankle. Two brown crusted abrasions, 1/8" and 1/4", were on the top of the right foot. Multiple brown crusted abrasions, up to 3/16", were on the top of the left foot. Cut-downs of the ankles revealed no hemorrhage, contusions, or other abnormalities within the soft tissues and muscles of the ankles.

## **II. TASER**

A TASER dart without attached wire was in the left buttock; a 1-1/4" segment of the dart extended out from the skin of the buttock. When removed from the buttock, the dart consisted of a 1" long base with attached 1/2" barbed end. The taser wound in the left buttock consisted of a 1/16" puncture mark with two linear red abrasions, each 1/2", arranged in a semicircular pattern along the medial edge. A 1/8" x 1/8" purple contusion was just lateral to the puncture mark. A 1 x 1/4" pressure mark extended superomedially from the puncture wound. The hemorrhagic wound track of the dart extended 1/2" through the subcutaneous tissue and was associated by a 1-7/8 x

Name: <b>ANTON MILBERT L. BLACK</b>	POST MORTEM EXAMINATION REPORT OFFICE OF THE CHIEF MEDICAL EXAMINER STATE OF MARYLAND	PAGE 3
Case Number: <b>18-11079</b>		

3/4" area of fascial hemorrhage on the underlying muscle of the buttock. Sectioning of the muscle revealed hemorrhage on the surface of the muscle, but not extending into the substance of the muscle.

### INTERNAL EXAMINATION

#### BODY CAVITIES:

The body was opened by the usual thoraco-abdominal incision and the chest plate was removed. No adhesions or abnormal collections of fluid were in any of the body cavities. All body organs were in the normal anatomic position.

#### HEAD: (CENTRAL NERVOUS SYSTEM)

The scalp was reflected. The calvarium of the skull was removed. The dura mater and falx cerebri were intact. There was no epidural or subdural hemorrhage. Further description of the brain, dura and spinal cord will be given within the "**Neuropathology Report**". The brain weighed 1400 grams.

#### NECK:

A layered anterior neck dissection revealed no hemorrhage, contusion or other abnormalities within the strap muscles, soft tissues and large vessels of the anterior neck. The hyoid bone and larynx were intact. A posterior neck dissection revealed no hemorrhage, contusion or other abnormalities within the soft tissues or muscles of the posterior neck; the bony elements of the posterior neck were intact.

#### CARDIOVASCULAR SYSTEM:

Further description of the heart will be given within the "**Cardiovascular Pathology Report**". The aorta and its major branches arose normally, followed the usual course and were widely patent, free of significant atherosclerosis and other abnormality. The vena cava and its major tributaries returned to the heart in the usual distribution and were free of thrombi. The heart weighed 390 grams.

#### RESPIRATORY SYSTEM:

The upper airways were clear of debris and foreign material; the mucosal surfaces were smooth, yellow-tan and unremarkable. The pleural surfaces were smooth, glistening and unremarkable. The pulmonary parenchyma was red-purple and congested, exuding mild amounts of blood and frothy fluid; no focal lesions were noted. The pulmonary arteries were normally developed, patent and without thrombus or embolus. The right lung weighed 520 grams; the left 340 grams.

#### LIVER & BILIARY SYSTEM:

The hepatic capsule was smooth, glistening, intact, and covered a dark red-brown parenchyma with no focal lesions noted. The gallbladder contained 20 mL of green-brown, mucoid bile; the mucosa was velvety and unremarkable. The extrahepatic biliary tree was patent, without evidence of calculi. The liver weighed 1710 grams.

#### ALIMENTARY TRACT:

The tongue exhibited no evidence of recent injury. The esophagus was lined by a gray-white, smooth mucosa. The gastric mucosa was arranged in the usual rugal folds and the lumen contained 200 mL of dark brown liquid.

Name: ANTON MILBERT L. BLACK	POST MORTEM EXAMINATION REPORT OFFICE OF THE CHIEF MEDICAL EXAMINER STATE OF MARYLAND	PAGE 4
Case Number: 18-11079	DO NOT DUPLICATE	

The gastric mucosa was diffusely congested, but no ulcers or perforations were noted. The small and large bowels were unremarkable. The pancreas had a normal pink-tan lobulated appearance and the ducts were clear. The appendix was unremarkable.

#### **GENITOURINARY SYSTEM:**

The renal capsules were smooth and thin, semi-transparent and stripped with ease from the underlying smooth, red-brown cortical surfaces. The cortices were sharply delineated from the medullary pyramids, which were red-purple and unremarkable. The calyces, pelves and ureters were unremarkable. The urinary bladder contained 20 mL of yellow urine; the mucosa was gray-tan and smooth. The prostate gland was without note. The right kidney weighed 150 grams; the left 150 grams.

#### **RETICULOENDOTHELIAL SYSTEM:**

The spleen had a smooth, intact capsule covering a red-purple, soft parenchyma; the lymphoid follicles were unremarkable. The regional lymph nodes appeared normal. The spleen weighed 120 grams.

#### **ENDOCRINE SYSTEM:**

The thyroid and adrenal glands were unremarkable.

#### **MUSCULOSKELETAL SYSTEM:**

Muscle development was normal. No bone or joint abnormalities were noted. The neck was stable on internal palpation. No fractures were noted within the ribs or spine. Cut-downs were performed along the back, and no hemorrhage, contusions or other abnormalities were noted, except as previously described; no fractures were noted. Cut-downs were performed along the upper and lower extremities; no hemorrhage, contusions or other abnormalities were noted. No hemorrhage, contusions or other abnormalities were noted within the wrists or ankles.

### **MICROSCOPIC EXAMINATION**

**Lungs:** Sections of the lungs showed congestion, edema and intra-alveolar hemorrhage. Scattered clumps of bacteria without an associated inflammatory response likely represent post-mortem overgrowth. Mild, mostly chronic inflammation was around some airways, and increased mucus was noted within some airways; asthmatic type changes were not prominent.

**Airways:** Sections of the trachea and mainstem showed focal submucosal congestion and hemorrhage.

**Liver:** A section of the liver showed no significant histopathology.

**Kidney:** A section of a kidney showed autolysis and congestion.

**Pancreas:** A section of the pancreas showed focal autolysis and no significant histopathology.

**Stomach:** Sections of the stomach showed congestion and focal chronic inflammation.

**Spleen:** A section of the spleen showed no significant histopathology.

**Adrenal Gland:** A section of an adrenal gland showed no significant histopathology.

**Skin:** A section of the skin from the left buttock at the site of the TASER dart showed focal submucosal hemorrhage.

Name: **ANTON MILBERT L. BLACK**POST MORTEM EXAMINATION REPORT  
OFFICE OF THE CHIEF MEDICAL EXAMINER  
STATE OF MARYLAND

PAGE

Case Number: **18-11079**

5

**DO NOT DUPLICATE****PATHOLOGIC DIAGNOSES**

- I. Anomalous Right Coronary Artery Arising from Single Common Ostium above Left Coronary Sinus of Valsalva
- II. Myocardial Tunneling, Mid Left Anterior Descending Coronary Artery, 18 mm long and up to 7 mm deep
- III. Abrasions and Contusions of the Head, Back and Extremities
- IV. Taser Probe within Left Buttock
- V. Petechiae and Hemorrhages of the Eyes
- VI. Pulmonary Congestion, Edema and Hemorrhage
- VII. Chronic Gastritis
- VIII. History of Bipolar Disorder




Name: <b>ANTON MILBERT L. BLACK</b>	POST MORTEM EXAMINATION REPORT OFFICE OF THE CHIEF MEDICAL EXAMINER STATE OF MARYLAND	PAGE  6
Case Number: <b>18-11079</b>		

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OPINION:

This 19-year-old black male, **ANTON MILBERT L. BLACK**, died of **SUDDEN CARDIAC DEATH** due to **ANOMALOUS RIGHT CORONARY ARTERY AND MYOCARDIAL TUNNELING OF THE LEFT ANTERIOR DESCENDING CORONARY ARTERY**. A significant contributing condition was bipolar disorder. Per report, on 9/15/18 at ~ 7:10 pm law enforcement received a phone call that a man was physically restraining a child. Upon arrival at ~ 7:13 pm, an officer arrived at the scene and saw the decedent restraining a child. The officer asked the decedent to release the child which he did. The decedent then ran away. He was pursued and ~ 2 minutes later he entered an auto and locked the doors. An officer used a baton to break the driver's side window. The officer reportedly fired a TASER through the broken window, but the TASER was described as having no effect. The decedent exited the auto and became involved in a physical altercation with officers. The decedent was placed prone on a handicap ramp leading to a residence. Three officers and a civilian were involved in restraining the decedent. A video of the incident shows an officer lying across the decedent's back at one point. One officer stated that he assisted in restraining the decedent by placing his knees on the decedent's shoulder, with his right knee on the left shoulder blade area at one point. Handcuffs were applied. Approximately 3 minutes after the physical altercation started, the decedent told his mother that he loves her. Approximately 4 minutes later officers applied leg restraints; the decedent was noted by officers to not be actively struggling after the application of the leg restraints. Approximately 1 minute after the legs were restrained, the decedent was noted to be unresponsive, but breathing and with a pulse. Officers rolled him on his side and then placed him in a sitting position. Approximately 2 minutes later his mother noted that "he is turning dark". Officers then removed the hand cuffs, placed him on his back, and started CPR (~ 11 minutes after the physical altercation started). Emergency medical services responded to the scene and continued CPR (including use of a LUCAS device). He was transported to a hospital, but died despite resuscitative efforts. There was no evidence (based on a review of officer interviews and a video of the incident) that the decedent was physically struck by officers, or had force applied to his neck. Reportedly, he may have recently smoked "spice". Per his medical record, he had recently been involuntarily hospitalized and diagnosed with bipolar disorder. No other medical history was reported. Based on a review of the investigation and autopsy findings, it is likely that the stress of his struggle contributed to his death. However, no evidence was found that restraint by law enforcement directly caused or significantly contributed to the decedent's death; in particular, no evidence was found that restraint led to the decedent being asphyxiated. The manner of death is best certified as **accident**.

  
Russell Alexander, M.D.  
Assistant Medical Examiner

  
David R. Fowler, M.D.  
Chief Medical Examiner

Date signed: 11/23/19  
RA/mwj/cs

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OFFICE OF THE CHIEF MEDICAL EXAMINER  
STATE OF MARYLAND

DATE

11/23/19

NEUROPATHOLOGY REPORT

**Name:** Anton Milbert L. Black **Case #:** 18-11079  
**Sex:** Male **Age:** 19  
**Race:** African American **Medical Examiner:** Dr. Alexander  
**Date of Death:** September 15, 2018

**MACROSCOPIC EXAMINATION** of October 10, 2018

**Brain Weight:** 1600 grams (fixed)

**Dura:** Free of hemorrhage. Superior sagittal sinus is patent.

**Brain:** The cerebral hemispheres are symmetrical, the gyral pattern is normal, and the leptomeninges are translucent. At the base of the brain, blood vessels are free of atherosclerosis or malformation. Cranial nerves are normal. The brainstem and cerebellum are externally within normal limits. External examination of the brain reveals no recent or remote trauma.

On coronal sections, the cerebral hemispheres are symmetrical. The cortical gyri are normally developed. The cortex is of normal thickness and well-demarcated from subjacent white matter. The volume and myelination of the white matter are normal. The corpus callosum and anterior commissure are of normal caliber. Basal ganglia, thalamus and hypothalamus are normal. The ventricular system is of normal shape and size. Hippocampal formations and entorhinal cortices are normal. In the midbrain, the aqueduct is patent and the substantia nigra is normally pigmented for age. Pons has no abnormality of the tegmentum or basis. Medulla is normal. The cerebellum shows normal folia, white matter, and deep nuclei.

**Spinal Cord:** The entire spinal cord, measuring 23.0 cm in length, is available for examination. The dura is free of hemorrhage. External examination of the cord and horizontal sections are unremarkable.

**Summary:**

1. Normal brain.
2. Normal spinal cord.

**Comment:** This specimen shows no sign of remote or recent trauma. Microscopic sections are pending.

24 October 2018  
**Date signed**

**Official Document**  
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*Juan C. Troncoso*  
**Juan C. Troncoso, M.D.**  
**Neuropathologist**

cs

*11/10/19*

**NEUROPATHOLOGY REPORT**

**Name:** Anton Milbert L. Black

**Case #:** 18-11079

**Date of Death:** September 15, 2018

**Medical Examiner:** Dr. Alexander

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**MICROSCOPIC EXAMINATION of November 8, 2018**

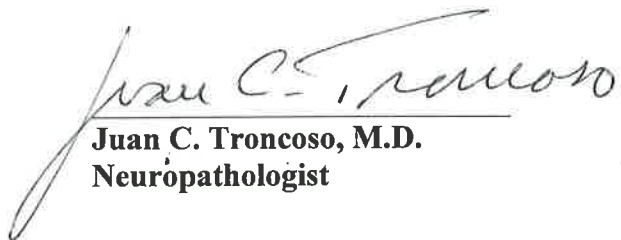
Microscopic sections of the superior frontal cortex, basal ganglia, hippocampal formation, medulla, cerebellum and spinal cord show no abnormality.

In the cerebellum there is postmortem autolysis.

11/15/2018

Date signed

**Official Document**  
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**From File**

  
**Juan C. Troncoso, M.D.**  
**Neuropathologist**

CS

 11/10/29



CVPath Institute, Inc.

REPLY TO  
ATTENTION OF

Russell Alexander, M.D.  
Office of the Chief Medical Examiner  
900 West Baltimore Street  
Baltimore, MD 21223

PATIENT IDENTIFICATION

CAP 5105  
BLACK, Anton Milbert L.  
18-11079 RV/ns/rjk  
November 1, 2018

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FINAL DIAGNOSIS

**DIAGNOSIS: 18-11079 Autopsy, heart:**

- 1. Anomalous right coronary artery arising from single common ostium above left coronary sinus of Valsalva**
- 2. Myocardial tunnel, mid LAD, 18 mm long and up to 7 mm deep**

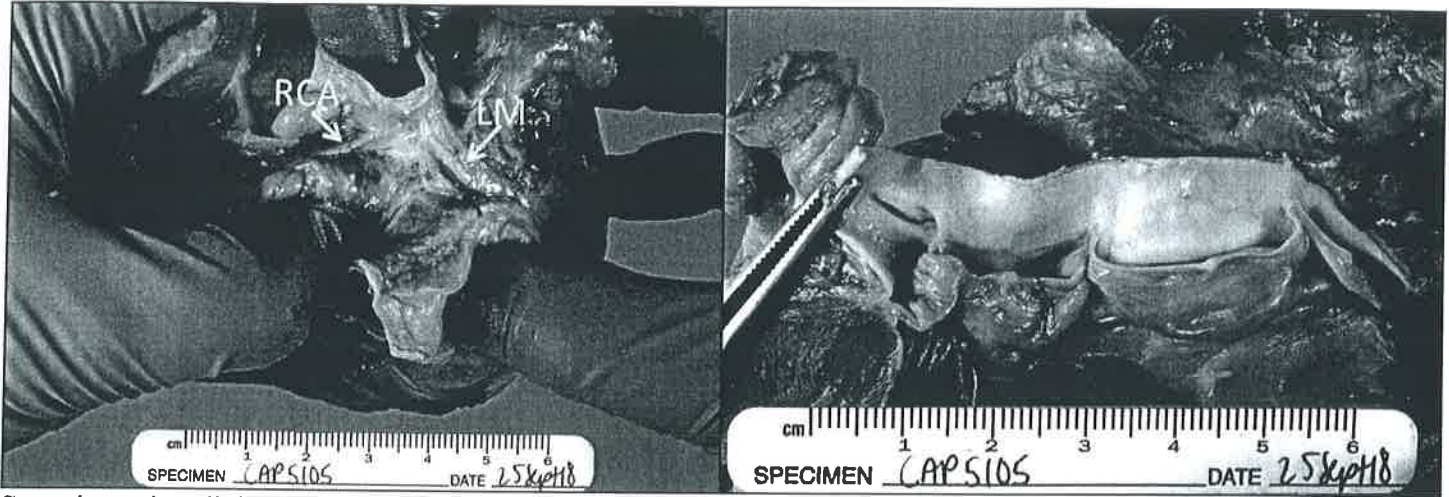
History: 19 year old black male, 5'9", 159 lbs., was reportedly involved in possible child abduction; police were called, chased the subject on foot, then tazed and handcuffed him; placed in seated position leaning against a wall and went into cardiac arrest.

Heart: Received formalin fixed, 380 grams; normal epicardial fat with rare epicardial hemorrhage (2-5mm) overlying the anterior left ventricle at mid to apex level; closed foramen ovale; normal cardiac chamber dimensions: left ventricular cavity diameter 37 mm, left ventricular free wall thickness 12 mm, ventricular septum thickness 12 mm, right ventricle thickness 3 mm; left atrial endocardial fibrosis; fenestration of the right coronary cusp (RCC); myxomatous thickening of all three aortic valve leaflets with mild LCC/RCC and RCC/NCC commissural fusion; no gross myocardial fibrosis or necrosis; histologic sections show unremarkable myocardium without inflammation, necrosis or cardiomyopathic features

Coronary arteries: Anomalous take-off of the right coronary artery from a slit-like common left coronary ostium; right dominance; 18 mm span of mid left anterior descending (MLAD) tunneling into the left ventricular myocardium up to 7 mm deep; no gross atherosclerosis; a section of the tunneled mid LAD shows histologically normal artery

Conduction system: The sinoatrial node and sinus nodal artery are unremarkable. The compact atrioventricular (AV) node, penetrating bundle and left bundle branch are intact without inflammation, increased fat or proteoglycan. There is no dysplasia of the AV nodal artery. There are no discernible accessory conduction pathways.





Superior epicardial view of right coronary artery (RCA) and left main coronary artery (LM) arising from a common ostium; opened aortic root shows single ostium at level of sinotubular junction above left coronary sinus of Valsalva

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*Renu Virmani*  
Renu Virmani, M.D.  
President, CVPath Institute

Blocks made: 6 (5 heart, 1 coronary artery)  
Slides made: 7 (6 H&E, 1 Movat)  
Case received: September 21, 2018  
Case completed: November 1, 2018

*12/12/18*

# Exhibit C

OFFICE OF THE CHIEF MEDICAL EXAMINER  
STATE OF MARYLAND  
900 W. BALTIMORE STREET  
BALTIMORE, MD 21223

# TOXICOLOGY

## REPORT OF FINDINGS

Case # **18-11079**  
Deceased Name  
If Previous Unknown  
Medical Examiner  
Autopsied by  
Jurisdiction

Lab # **18-4390**  
**Black, Anton Milbert L.**  
**Russell Alexander M.D.**  
**Russell Alexander M.D.**  
**Talbot**

Specimen Submitted	Test	Results	
Blood Femoral	Volatiles	Ethanol	Negative
Urine	Drug Test (comprehensive)		Negative
Blood Heart	Drug Test (Individual)	Alkaline Extractable Drugs	Negative
Blood Heart	NMS Labs	Synthetic Cannabinoids	UFT

18-11079

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### Additional Toxicology 01/23/19

Toxicologist **Rebecca Phipps**

Digitally Signed 01/23/19

Medical Examiner

**Russell Alexander M.D.**

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Wednesday, January 23, 2019

Page 1 of 1

OFFICE OF THE CHIEF MEDICAL EXAMINER  
STATE OF MARYLAND  
900 W. BALTIMORE STREET  
BALTIMORE, MD 21223

# TOXICOLOGY

## REPORT OF FINDINGS

Case # **18-11079**      Lab # **18-4390**  
Deceased Name      **Black, Anton Milbert L.**  
If Previous Unknown  
Medical Examiner      **Russell Alexander M.D.**  
Autopsied by      **Russell Alexander M.D.**  
Jurisdiction      **Talbot**

Specimen Submitted	Test	Results
Blood Femoral	Volatiles	Ethanol Negative
Urine	Drug Test (comprehensive)	Negative

18-11079

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Toxicologist **Rebecca Phipps**

Digitally Signed 09/20/18

Medical Examiner

**Russell Alexander M.D.**

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Tuesday, January 08, 2019

Page 1 of 1