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Attorneys for Plaintiffs

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

JESSE HERNANDEZ et al., on behalf of
themselves and all others similarly situated,

Plaintiffs,

v.

COUNTY OF MONTEREY; MONTEREY
COUNTY SHERIFF'S OFFICE;
CALIFORNIA FORENSIC MEDICAL
GROUP, INCORPORATED, a California
corporation; and DOES 1 to 20, inclusive,

Defendants.

Case No. CV 13 2354 BLF

**EXHIBITS 56 TO 60 TO THE
DECLARATION OF CARA E.
TRAPANI IN SUPPORT OF
PLAINTIFFS' MOTION TO
ENFORCE THE SETTLEMENT
AGREEMENT AND WELLPATH
IMPLEMENTATION PLAN**

Judge: Hon. Beth Labson Freeman
Date: August 24, 2023
Time: 9:00 a.m.
Crtrm.: 3

Exhibit 56

EXHIBIT FILED
UNDER SEAL

Exhibit 57

EXHIBIT FILED
UNDER SEAL

Exhibit 58

EXHIBIT FILED
UNDER SEAL

Exhibit 59



Monterey County Sheriff's Office

CORONER DIVISION

1414 Natividad Road, Salinas CA 93906

Tel. (831) 755-3792

Fax (831) 755-3800



Decedent: [REDACTED]

Case #: 2022-01063

CLASSIFICATION	MANNER OF DEATH: Natural		SUB MANNER OF DEATH: Other		DEPUTY CORONER: Detective Randal Dyck	
	TYPE OF MEDICAL EXAMINATION Autopsy				DATE OF DEATH: 11/12/2022	TIME OF DEATH: 0428
DECEDENT PERSONAL DATA	NAME: [REDACTED]					
	MARITAL STATUS: Never Married					
	AGE: 29 years	DATE OF BIRTH: [REDACTED]	PLACE OF BIRTH: California	HEIGHT: 75"	WEIGHT: 209 lb	HAIR: Brown
	SEX: Male	TEETH:	RACE: Caucasian	EYES: Blue		
	SSN: [REDACTED]					
SCARS, MARKS, TATTOOS:						
RESIDENCE	ADDRESS: [REDACTED]					
PLACE OF DEATH	PLACE: Hospital - Natividad Medical Center				COUNTY: Monterey	
	ADDRESS: 1441 Constitution Blvd, Salinas, Monterey, CA, USA, 93906					
REPORTING INFORMATION	DEATH REPORTED BY: [REDACTED] RN		AGENCY: Natividad Medical Center		DATE: 11/12/2022	Time: 0612
	REPORT RECEIVED BY: County Communications			REMOVED FROM SCENE TO: County Morgue		
CAUSE OF DEATH	IMMEDIATE CAUSE: Hyponatremia DUE TO: Acute Water Intoxication DUE TO: Psychogenic Polydipsia DUE TO: Schizophrenia					
OTHER SIGNIFICANT CONDITIONS	None					
INJURY INFORMATION	PLACE OF INJURY:		INJURY AT WORK:	DATE OF INJURY:	TIME OF INJURY:	ESTIMATED:
	ADDRESS OF INJURY:					
	INJURY DESCRIPTION:					
	INVESTIGATING AGENCIES: Monterey County Sheriff Department-FG2206731					
IDENTIFICATION	IDENTIFICATION METHOD: Hospital Identification			IDENTIFIED BY: [REDACTED] RN		
NOTIFIED	NAME: [REDACTED]			RELATIONSHIP: Mother		
	ADDRESS: [REDACTED]					
	NOTIFIED BY: Det. Randal Dyck	HOW NOTIFIED: By Phone		DATE: 11/12/2022	TIME: 1630	
ADDITIONAL INFORMATION	PATHOLOGIST: Dr. Venus Azar MD			FUNERAL HOME: Grissom's Chapel & Mortuary		

Randal M. Dyck

Detective Randal Dyck

Investigator

Diana Schumacher

Detective Diana Schumacher

Investigating Supervisor

Deceased: [REDACTED]
Date of Death: November 12, 2022

Coroner's Report
Case Number: 2022-01063



Office of the Sheriff
County of Monterey
Coroner Division



PERSONS CONTACTED:

[REDACTED] RN
Natividad Medical Center
1441 Constitution Boulevard
Salinas, CA 93906
(831) 755-6268

Kevin Monahan, sheriff's sergeant
Stefan Skoff, deputy sheriff
Jesus Reyes, sheriff's detective
Cindy Culver, forensic evidence technician
Monterey County Sheriff's Office
1414 Natividad Road
Salinas, CA 93906
(831) 755-3700

REFERENCES:

Medical Records:

- Natividad Medical Center
- Wellpath

Central Valley Toxicology report # CVT-22-7666

Monterey County Sheriff's Office report FG06731

Narrative:

On November 12, 2022 at about 0428 hours, [REDACTED] died in the Emergency Department at Natividad Medical Center. He had been transported emergently from Monterey County Jail after being found unresponsive in his cell. Medical staff reported the death to Monterey County Communications and requested contact by the on-call coroner detective.

At 0612 hours, I received a page from Monterey County Communications. I contacted [REDACTED] RN by telephone. I was told the following. [REDACTED] had been found unresponsive. CPR was initiated and he was transported to NMC where he was pronounced dead a short time later. [REDACTED] had minor injuries to his lower legs. He otherwise did not appear to be injured. A deputy sheriff was standing by with the [REDACTED]. I

Detective Randal Dyck

rd

Deceased: [REDACTED]
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told Nurse [REDACTED] could be moved from the Trauma Room to another room as I would be extended getting to the hospital as I had another case ahead of this one.

I contacted Sergeant Kevin Monahan at the Monterey County Jail. I advised him I had another case I had to respond to ahead of this case. He told me [REDACTED] had been in H-pod cell [REDACTED] which is a two-person cell. [REDACTED] was the only person assigned and in the cell. He was discovered on a health and welfare check which are conducted [REDACTED] in that housing unit. [REDACTED] was against the wall opposite the door with his head at a funny angle. [REDACTED] had been unclothed at the time of his discovery. A small pool of blood was under his legs. Sgt. Monahan estimated the pool of blood to be about 12-14 inches in diameter, not an exsanguination quantity of blood. [REDACTED] had been writing on the wall in his blood. He told me [REDACTED] had been stabbed a few weeks prior to his death. He told me Professional Standards and forensic evidence technicians were en route for investigation. I told him I would be by the jail later.

I arrived at the hospital at about 1020 hours. [REDACTED] had been moved to room 8 a curtain partitioned treatment area within the Emergency Department. Deputy Stefan Skoff had [REDACTED] under his observation. Sheriff's Office forensic evidence technicians had been there and photographed [REDACTED]. I began my investigation with digital photographs. I later uploaded the images to coroner storage for safekeeping. [REDACTED] had been covered with a blanket. Upon removing the blanket, I found [REDACTED] unclothed. A strap restrained endotracheal tube protruded from his mouth. A blood pressure cuff was on the right bicep. An intravenous catheter had been placed in the right antecubital fossa. A hospital identification bracelet was on the right wrist. Two defibrillator pads, a pacing pad, and four EKG pads were on the torso. An intraosseous catheter had been established in the right tibia. A pulse-oximeter was on the left index finger. A small laceration was present on the bilateral anterior lower legs associated with dried blood. The blood had been smeared up onto the right thigh. I did not consider these to be life threatening injuries.

J.K. Mortuary Transport Service was contacted for removal as per coroner contract. Pedro Estrada responded. Estrada transported [REDACTED] to the Monterey County Morgue pending postmortem examination and toxicology studies.

I proceeded to the jail where I met with Sgt. Monahan. He told me the jail cell had been cleaned as crime scene investigators and professional standards had been there already. I asked again about the size of the pool of blood. He held up his hands making a circle that was about 12 to 14 inches as he had earlier described. He gave me a small bag of clothing, black pants, gray shirt, brown sandals, and gray underwear. There was also a check made out to [REDACTED] for \$22.75 from the County of Monterey Prisoner Trust Fund.

Detective Randal Dyck

rd

Deceased: [REDACTED]
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I checked jail records for [REDACTED] emergency contact. It was his mother, [REDACTED] I went to her address in [REDACTED] Nobody was home. I called her phone number and left a message for her to contact me regarding [REDACTED] At 1630 hours she called me back I told her that [REDACTED] had died. I explained he would be examined on the coming Monday, and he could be released to a funeral home after the examination.

I contacted Health Information Management at Natividad Medical Center. I requested and received medical records for [REDACTED] There was no record for [REDACTED] being treated for a stab wound on October 20, 2022. I provided the medical records to Dr. Azar for her use in determining cause and manner of death.

A postmortem examination was ordered as per California Government Code Section 27491. Coroner's Forensic Pathologist Dr. Venus Azar M.D. conducted it on November 14, 2022 at 1300 hours at the Monterey County Morgue. (Please refer to Dr. Azar's postmortem examination report for specific details). It was determined [REDACTED] died as a result of hyponatremia due to acute water intoxication due to psychogenic polydipsia due to schizophrenia. Conditions contributing to the death were: no other conditions cited contributory in this death.

Central Valley Toxicology conducted toxicology studies. Results: a femoral blood sample tested negative for Ethyl Alcohol as well as other common acidic, neutral, and basic drugs. A vitreous humor panel was requested on December 5, 2022. The results were 117 mmol/L Sodium, greater than 9.0 mmol/L Potassium, 108 mmol/L Chloride, and less than 20 mg/dL Glucose.

On December 6, 2022 I contacted Wellpath, the Monterey County Jail medical provider. They provided me with a copy of [REDACTED] medical record. I learned [REDACTED] injuries on October 20, 2022 were minor. They had been cleaned and dressed and he was not sent out of the facility. The only medications he had been administered while in jail were ibuprofen and a t-dap injection, both at the time of his stabbing. He did not appear to be receiving psychiatric medication that I could see.

On December 15, 2022 I contacted Health Information Management at Community Hospital of the Monterey Peninsula. I requested and received medical records from prior visits to the hospital. I provided those records to Dr. Azar for her use in determining cause and manner of death.

I had prepared a pending investigation death certificate so the family could proceed with final disposition. The family chose Grissom's Chapel and Mortuary. After receiving an autopsy report I amended the death certificate listing the causes as provided by Dr. Azar. I certified this as a natural death.

Detective Randal Dyck

rd

Deceased: [REDACTED]
Date of Death: November 12, 2022

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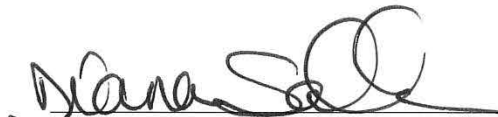
CONCLUSION:

In view of the information listed above, as well as the information received from the pathologist, it is concluded this was a death of natural causes and origin, as classified by the World Health Organization Manual of the International Classification of Diseases, Injuries, and Causes of Death (Vol. 1, ICD, 9th Revision). No further investigation is warranted by the Coroner's Office.

CASE CLOSED


Randal Dyck, Deputy Coroner

January 31, 2023
Date


Nicholas Kennedy Coroner Supervisor

2.01.2023
Date

Detective Randal Dyck

rd



Monterey County Sheriff's Office
Coroner Division
1414 Natividad Road Salinas, CA 93906



Postmortem Examination

☒ **Autopsy**

☐ **External Examination**

Name: [REDACTED]

Case No.: 2022-01063

Postmortem Date: November 14, 2022

Time: 1:00 PM

Date of Death: November 12, 2022

Time of Death: 4:28 AM

Age: 29

Sex: Male

Ht: 75 in.

Wt: 209 lbs.

Race/Ethnicity: White

Investigator: Detective Randal Dyck

AUTOPSY FINDINGS:

1. Pulmonary edema, very marked, with pleural effusions.
2. Blunt force trauma.
 - a. Cutaneous abrasions, contusions, and minor lacerations.
 - b. Subcutaneous contusion hematoma, upper back.
 - c. Rib fractures, right anterior 4 and 5, status-post resuscitative chest compressions.
3. Toxicology negative for drugs and alcohol.
4. Hyponatremia (vitreal sodium 117 mmol/L; expected 135-150 mmol/L).

CAUSE OF DEATH: Hyponatremia (hours)

DUE TO: Acute water intoxication (hours)

DUE TO: Psychogenic polydipsia (hours)

DUE TO: Schizophrenia (years)

MANNER OF DEATH: Natural

COMMENT: The decedent was a jail inmate found unresponsive, pulseless, and apneic in his single cell within a puddle of water two to three hours after he was last seen alive and without complaints. He underwent resuscitative chest compressions using a mechanical compression device and bag valve mask ventilation and transport to an emergency department. He arrived at the hospital in cardiorespiratory arrest, underwent endotracheal intubation and suctioning of copious airway fluid, was found to have no cardiac activity on echocardiogram and pronounced dead shortly after arrival. A postmortem drug screen was negative. Analysis of the vitreal humor was significant for an abnormally low level of sodium (hyponatremia), which leads to vomiting, confusion, seizures, coma, and death, and may be caused by drinking water excessively (acute water intoxication). Compulsive water drinking is known as psychogenic polydipsia and is seen in mental disorders like schizophrenia. The decedent had a history of schizoaffective disorder with suicidal ideations and attempts (in March of 2021 he was held on a 5150 psychiatric hold after threatening to cut himself and others around him with a broken bottle while walking in and out of road traffic and in 2013 he attempted suicide by swallowing dish soap).

Venus Azar, M.D.

PRELIMINARY EXAMINATION: The body is received in a white plastic pouch, labeled with the decedent's name and coroner case number. When first viewed, the decedent is unclad and is lying on a transport tarp.

EXTERNAL EXAMINATION

The body is that of a normally developed, well-nourished white man, whose appearance is consistent with the recorded age of 29 years. Rigor mortis is present in the jaw and extremities. Livor mortis is fixed and involves the face, upper chest, and bilateral upper extremities, and is focally associated with red-purple petechial tardieu spots, and involves the posterior, dependent body surfaces with exception of blanched pressure points.

The head has scalp abrasions described under "Evidence of Injury". The scalp hair is brown and approximately 6" long. The face is symmetrical. The eyelids are atraumatic and exhibit clusters of red tardieu spots bilaterally, right greater than left. The right upper and lower conjunctiva exhibit tardieu spots. The left conjunctiva and the bilateral sclerae are free of petechia or tardieu spots. The irides are blue with equally dilated pupils. The nose is atraumatic and has a few 1/16" red acneiform lesions. A few red acneiform lesions are on the right cheek and on the chin. A mustache and beard are present. The lips and frenula are atraumatic. The teeth are in poor repair. The external ears are atraumatic.

The neck has a few acneiform skin lesions and shows no evidence of injury. The chest has several acneiform skin lesions. There is a contusion of the right lower chest described under "Evidence of Injury". The abdomen is without evidence of injury or palpable masses. The external genitalia are atraumatic, and of a normally developed circumcised penis and scrotum that contains two testes. The back exhibits a few acneiform skin lesions, and no evidence of injury. The buttocks and anus are atraumatic.

The upper extremities are normally formed, bilaterally symmetrical, and without evidence of injury. The fingernails are long and smooth, with exception of the right middle fingernail which is focally irregular on its margin, and the right thumbnail, which extends to the fingertip. The lower extremities exhibit minor skin lacerations and abrasions described under "Evidence of Injury". A few acneiform skin lesions are on the right thigh. A small scab is on the right medial ankle.

EVIDENCE OF MEDICAL THERAPY: A strap restrained endotracheal tube covered with a white nitrile glove is in the mouth. Two defibrillator pads are on the body, located on the right upper chest and on the left lower lateral chest-abdomen-back. Four EKG pads are on the body, located on the midline chest, left upper chest, and the bilateral abdomen. An oximeter is on the left index finger. A blood pressure cuff is on the right arm. A taped catheter is in the right antecubital forearm. A hospital identification band labeled with the decedent's name is on the right wrist. An intraosseous trocar is in the right leg. Bloodstained gauze is under the right leg. A circular imprint is on the presternal chest and is consistent with an external chest compression device.

IDENTIFYING MARKS AND SCARS: A nearly 1" long, up to 1/8" wide ellipse-shaped scar is on the right paramidline chest above the breast line. A 1/2" horizontal linear scar is on the right anterior wrist. A 1" linear scar surrounded by retention suture scars is on the right lateral distal forearm.

EVIDENCE OF INJURY: A 1 1/4 x 1/2" red abrasion-contusion is on the left paramidline parietal scalp. A 3 1/4" long, 1/4-1" red abrasion is on the midline-right frontal scalp. A 1 1/4 x 3/4" red contusion is on the right paramidline lower chest. A 1/4" diameter ovoid red abrasion, a 5/16" skin laceration

with an inferior $\frac{1}{4} \times \frac{1}{4}$ " red abrasion and an adjacent lateral $2 \frac{1}{2} \times$ up to $\frac{3}{4}$ " red contusion, a more inferiorly located $\frac{5}{16}$ " diameter ovoid red abrasion, a $3 \times$ up to $\frac{1}{8}$ " curvilinear red abrasion, and a $1 \frac{1}{2}$ " thin linear red abrasion are on the left anterior leg. A $\frac{9}{16}$ " skin laceration with an adjacent more lateral $\frac{5}{16} \times \frac{1}{4}$ " red abrasion is on the right anterior leg. A $\frac{1}{4}$ " thin linear red abrasion and a $\frac{1}{16}$ " red abrasion are on the right knee. A $\frac{3}{16}$ " diameter red abrasion is on the top of the right foot proximal to the 5th toe. A $3 \times 2 \times 1 \frac{1}{2}$ " subcutaneous hematoma is in the left to midline upper back just below the neck. There are fractures of the right anterior 4th and 5th ribs associated with mild surrounding soft tissue hemorrhage.

INTERNAL EXAMINATION

BODY CAVITIES: The pericardium and pericardial space are unremarkable. The pleural cavities each contains approximately 200 ml of yellow serous fluid and are without exudates or adhesions. The peritoneal cavity is unremarkable.

NECK: The superficial and deep muscles of the neck are unremarkable and show no evidence of injury. The tongue is without injury. The thyroid gland is bilaterally symmetrical, soft, fleshy, and without lesions. The hyoid bone, thyroid, and cricoid cartilages are intact with no adjacent soft tissue hemorrhages. The larynx and trachea are unremarkable with no intraluminal obstructive lesions. There are no prevertebral fascial hemorrhages or underlying cervical vertebral fractures present.

CARDIOVASCULAR SYSTEM: The heart weighs 500 grams. The epicardium is smooth and intact. The cardiac contour is unremarkable. The coronary arteries follow their usual anatomic pathways and are widely patent and unremarkable. The myocardium is homogeneously red-brown, firm, and without any evidence of infarcts or focal lesions. The left and right ventricles measure approximately 1.5 and 0.4 cm in thickness, respectively. The chambers are unremarkable. The endocardium, chordae tendinae, and papillary muscles are unremarkable. The valves are intact and unremarkable. The aorta and its major branches follow the normal anatomical pathways and are unremarkable. The venae cavae and major veins are intact and unremarkable.

RESPIRATORY SYSTEM: The right and left lungs weigh 1150 and 1050 grams, respectively. Both lungs have smooth pleural surfaces and a dark red-purple, subcrepitant, congested, and marked edematous parenchyma without consolidation, necrosis, hemorrhage, neoplasm, or apparent emphysema. The tracheobronchial tree has an unremarkable mucosa and contains frothy edema fluid. The pulmonary vessels are patent and have a yellow-tan, smooth intima without thromboemboli.

HEPATOBIILIARY SYSTEM: The liver weighs 2150 grams and has an intact capsule. The parenchyma is red-brown, firm, and without any lesions seen on the cut surface. The gallbladder contains approximately 2 ml of bile and no intraluminal calculi. The gallbladder wall and mucosa are unremarkable. The biliary tract is intact and unremarkable.

HEMATOPOIETIC SYSTEM: The spleen weighs 375 grams and the capsule is intact. On sectioning, the parenchyma is unremarkable, with an indistinct white pulp and no masses or fibrosis. The thymus has been replaced by adipose tissue and is unremarkable. The thoracoabdominal and cervical lymph nodes are not enlarged. The visualized bone marrow is unremarkable.

ENDOCRINE SYSTEM: The pituitary gland is unremarkable. The adrenal glands are unremarkable, with uniform yellow cortices surrounding red-brown medullary centers. The

pancreas is pink-tan, well-lobulated, slightly autolyzed, and without cysts, masses, fibrosis, hemorrhage, or necrosis.

GASTROINTESTINAL SYSTEM: The esophagus, stomach, and duodenum show an unremarkable mucosa, wall, and serosa. The jejunum, ileum, appendix, and colon are intact and unremarkable. The mesentery is unremarkable. The stomach contains approximately 300 ml of watery-mucoid tan-green-brown fluid with a small green apple fragment.

GENITOURINARY SYSTEM: The right and left kidneys weigh 175 and 200 grams, respectively. The renal capsules are intact and strip with ease. The cortices are congested, smooth, and unremarkable. The corticomedullary junctions are well-demarcated and the pyramids and papillae are unremarkable. The calyces and pelves are not dilated and the ureters are patent to the bladder, which contains 100 ml of yellow urine. The bladder mucosa and wall are unremarkable.

MUSCULOSKELETAL SYSTEM: The pectoral muscles and the abdominal muscles are without injury. The ribcage has fractures of the right anterior 4th and 5th ribs associated with mild surrounding soft tissue hemorrhage. The vertebrae are without fractures or deformities. The subcutaneous tissues and musculature of the posterior neck, back and sacral buttocks are examined, revealing a 3 x 2 x 1 ½" subcutaneous contusion hematoma of the left to midline upper back.

HEAD AND CENTRAL NERVOUS SYSTEM: Reflection of the scalp reveals a 5 x 4 ½" contusion of the right to midline frontal scalp extending to the right parietal scalp, and a 2 ¼ x 1 ½" contusion of the right occipital scalp. The bilateral subscalp has scattered tardieu spots. The skull is without fractures. There is no epidural, subdural or subarachnoid hemorrhage. The brain weighs 1650 grams and has bilaterally symmetrical cerebral and cerebellar hemispheres and brainstem. The vessels at the base of the brain are unremarkable. On step-sectioning, the cerebral cortices, subcortical and deep white matter, ventricles, basal ganglia, thalami, midbrain, pons, medulla, and uppermost cervical spinal cord are bilaterally symmetrical and without injury or lesions.

HISTOLOGY SPECIMENS:	Representative sections of major organs and subcutaneous back hematoma are retained.
TOXICOLOGY SPECIMENS:	Vitreous humor, femoral blood, urine.
EVIDENCE COLLECTED:	Exemplar hair and blood spot.
RADIOGRAPHS:	None.
ATTENDEES:	Cindy Culver and Jesus Reyes.
AUTOPSY TECHNICIAN:	Hilleary Ekberg assisted by Alana Ramirez.



Case Name: [REDACTED]		TOXICOLOGY NUMBER: CVT-22-7666	
Specimen Description: 9 ml femoral blood, 3.25 ml vitreous humor & 27 ml urine each labeled 'J. [REDACTED] 2022-01063; RD; DOD 11/12/2022; P; Dr Venus Azar; autopsy 11/14/2022; 1300 hrs"			
Delivered by GLS	Date 16-Nov-22	Received by Pedro Ayala	Date 16-Nov-22
Request: Vitlytes		Agency Case # 2022-01063	
Requesting Agency Monterey Co. Sheriff-Coroner Attn: Fiscal Dept. 1414 Natividad Road Salinas CA 93906		Report To Monterey Co. Sheriff-Coroner Attn: Investigator Dyck 1414 Natividad Road Salinas CA 93906	

Specimen: Femoral Blood Sample

RESULTS

Complete Drug Screen: No common acidic, neutral or basic drugs detected.
 No Ethyl Alcohol detected.

**** 05 December 2022; Additional Testing; Second Report ****

Specimen: Vitreous Humor Sample

Vitreous Panel: Sodium = 117 mmol/L
 Potassium > 9.0 mmol/L
 Chloride = 108 mmol/L
 Glucose < 20 mg/dL

Eduardo Espiritu, PhD

December 12, 2022

EDUARDO ESPIRITU
 Director

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

Exhibit 60

EXHIBIT FILED
UNDER SEAL