



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

Fresno Coroner Case # 16-01.222

INVESTIGATION

Upon the Body of

JOHN PAUL LANG

Before

Loretta Andrews, Deputy Coroner

At

Community Regional Medical Center
2823 Fresno Street
Fresno, CA 93721

On

January 20, 2016



By: Lt. Mark Padilla, Commander

FRESNO SHERIFF - CORONER - AUTOPSY REPORT

Case: 16-01.222
Name: LANG, John Paul
Age: 51-year-old male
Date of Death: 01/20/2016; 1548 hours
Date Performed: 01/21/2016; 1240 hours
Performed At: Fresno County Morgue
Performed By: Michael J. Chambliss, M.D.
Permission for Autopsy: Loretta Andrews, Deputy Coroner
Present at Autopsy: Detective Tony Rivera, Fresno Police Department
Detective Ken Dodd, Fresno Police Department
Lee Wilding, Fire Investigator, Fresno Fire Department
Cathy Ens, I. Bureau Technician, Fresno Police Department

SCENE INVESTIGATION:

Deputy Coroner Loretta Andrews responded to the hospital emergency room to gather information and examine the body (see her report for details).

EXTERNAL PHOTOGRAPHS AND EVIDENCE COLLECTION:

Photographs are taken at the autopsy by Dr. Chambliss and Cathy Ens for identification purposes plus documentation of pathology and evidence of injury.

The body is received in a white body bag. A cut black short sleeve cotton T-shirt and cut blue jeans are noted beneath the body inside the body bag. These were removed and examined on a separate table. No tears are noted in the black T-shirt which would correspond to stab wounds on the body. Brown paper bags cover the hands secured by tape.

Two knives were brought to the autopsy by Fresno Police for me to examine before starting the autopsy.

One is a Japanese kitchen knife (Santoku-style) with a Granton edge. This knife has a point measuring 3/4" in width and tip of the knife (first third of the blade) measuring 1" in width. The maximum width of this knife near the heel of the blade is 1-3/4". The knife has a black handle measuring 4-1/2" in length and the overall blade length is 7".

The second knife is a serrated bread knife with the point measuring less than 1/2" in width leading to a tip (first third of blade) measuring 1/2" in width. The maximum width of the blade at the heel measuring 1". The knife has a black handle measuring 5" in length and the blade measures 10" in length. It again has a serrated edge.

When comparing the knives with the appearance of the stab wounds, depth of the wounds, the injury to the sternum and front of the heart, the serrated bread knife could produce all three wounds without difficulty. The size of the lowest stab wound and associated internal wound course is inconsistent with the dimensions of the Japanese kitchen knife.

PERSONAL EFFECTS:

The body is received unclothed and has multiple sites of attempted medical treatment. Soot is present over the face along the upper lip near the nostrils, the top and bottom of the feet plus the hands. No thermal burns are seen. No personal effects accompany the body.

IDENTIFICATION:

The subject is a well-developed, well-nourished adult Caucasian male weighing 167 pounds and measuring 68" in length. He appears to be the recorded age of 51 years. Moderate to well-developed rigor mortis is noted equally in the arms, legs and neck region. Postmortem lividity is evident in the back surface of the body except in the areas of blanching.

GENERAL APPEARANCE:

Soot is present over the face, the top and bottom of the feet and the hands. No additional areas of soot are noted on the arms, torso or rest of the legs.

The left anterior chest has three penetrating stab wounds which actually perforate through the anterior chest wall. The breasts are normal male. No additional injuries are noted to the chest region. Signs of medical treatment are noted. The abdomen is flat, soft and depressible in all areas. No injuries or scars are seen.

Soot is noted over the hands. The nails are short and dirty. The arms have normal symmetrical muscle development without injuries.

The external genitalia show a normal circumcised penis and the testicles are normally situated. The genitalia is unremarkable.

All toes are present where prominent soot is noted over the top and bottom of the feet. The nails are short to medium length. The legs have symmetrical normal muscle development and no injuries are noted.

The back surface of the body has lividity without additional findings.

TATTOOS:

None.

SCARS:

None.

EVIDENCE OF INJURY:

I. MULTIPLE STAB WOUNDS OF THE CHEST (TOTAL OF THREE).

There are three stab wounds on the left anterior chest between the breast and the sternum. The wounds are located between 50" and 52-1/2" from the left heel and from the midline out to 2" left. The wounds all perforate the anterior chest wall. They range in size from 1/2" in length up to 1-3/4" in length. The two smaller wounds are roughly 1/8" in width with the largest wound over 1/2" in width.

A. STAB WOUND # 1 (TOP): One (1) inch x 1/8 inch width

This wound is slightly angulated with a sharp end and a somewhat blunted opposite end. There is noticeable bruising of the skin around the wound with moderate tension of the skin so that the opening gaps slightly. No hilt abrasion is seen.

LOCATION: 52-1/2" from the left heel in the midline.

WOUND COURSE: perforates the sternum at the left fourth rib level, perforates the anterior surface of the pericardial sac and perforates the upper front of the right ventricle of the heart. The heart wound is linear and measures less than 1/4". The inside of the heart is free of injury. The pericardial sac contains less than 50 ml of liquid blood.

DIRECTION: Front to back, slight midline to left and essentially horizontal.

B. STAB WOUND #2 (MIDDLE): 1-3/4" x over 1/4" width

This wound has a slightly horizontal orientation with the sharp end near the sternum and the opposite end blunted. The skin near the sharp end has minimal bruising.

LOCATION: 50-1/2" from the left heel and 2" left of midline.

WOUND COURSE: perforates the sternum at the junction of the left fifth rib, produces a pinpoint hole in the front of the pericardial sac before creating a superficial scrape over the front of the lower right ventricle (heart). The wound does not enter the heart and measures less than 1/8" in maximum size.

DIRECTION: Front to back, midline to the left and slightly downward.

C. STAB WOUND #3 (LOWEST): 1/2" long x 1/8" width

The wound has a sharp angle (estimated 70-80 degree) with bruising of the surrounding skin. The lower end appears sharp with an opposite blunted end.

LOCATION: 50" from the left heel in the midline.

WOUND COURSE: skin, soft tissues and muscles of the front of the chest before penetrating the front of the sternum near the 5th rib. It does not go completely through the sternum.

DIRECTION: Front to back almost directly.

In summary, two of the stab wounds enter the anterior chest region by perforating the front of the sternum with only one perforating the anterior wall of the right ventricle. A small amount of blood is present in the sac surrounding the heart.

When opening the thoracic cavity, 900-1000cc of liquid blood is noted with a collapsed left lung. There are bilateral anterior rib fractures plus sternal fractures associated with the resuscitation process. Some blood in the cavity is from resuscitation.

II. FINDINGS CONSISTENT WITH SMOKE INHALATION:

1. Soot is noted over the skin of the upper lip near the nostrils.
2. Soot covers the tongue and the mucosa of the larynx with mild redness of the epiglottic mucosa.

3. Soot is noted over the mucosa of the middle to lower segments of the trachea extending into both main and proximal bronchi of the lungs.
4. An autopsy blood sample was sent to check for the presence of carbon monoxide. The carbon monoxide level was elevated to 31% saturation.

EVIDENCE OF ATTEMPTED MEDICAL TREATMENT:

1. The anterior ribcage has multiple bilateral fractures; left side greater than right. These rib fractures are associated with blood in the left thoracic cavity as stated above. The right thoracic cavity is empty.
2. The resuscitation process fractured the sternum in two locations; one is at the junction of the left fifth rib where the second stab wound is located.
3. An endotracheal tube is noted in the mouth.
4. A chest tube is in place on the right side.
5. Multiple gauze bandages and tape cover the three chest stab wounds.
6. An intraosseous infusion apparatus is in place in the lower right leg below the knee.
7. A soft tip subcutaneous catheter (ostomy) is located in the left lower lateral chest wall.
8. A needle puncture site is seen in the left elbow crease with an IV line in place.
9. A white hospital identification band is present on the left wrist.

INTERNAL EXAMINATION:

The usual autopsy incision is made. Areas of hemorrhage surround the stab wounds of the anterior chest wall.

BODY CAVITIES: (See **EVIDENCE OF INJURY**). The left thoracic cavity contains liquid blood as previously stated. The right thoracic cavity and the abdominal cavity show no blood. The left lung is collapsed. The right lung is well expanded. Both leaflets of the diaphragm are intact. All organs are normally situated.

NECK ORGANS: (Findings consistent with smoke inhalation).

RESPIRATORY SYSTEM: The lungs have a dark pink to light red appearance with no injuries seen. Soot is present in the main and bilateral middle bronchi. The pulmonary arteries and veins are normal. The parenchyma is fairly well preserved.

CARDIOVASCULAR SYSTEM: (See **EVIDENCE OF INJURY**). The heart has injuries of the right ventricle. A small amount of blood is seen in the pericardial sac. The chambers of the heart are normal size. The aorta is normal. The valves are normal.

HEPATOBIILIARY SYSTEM: The liver has a diffuse brown appearance without injuries or significant findings. The gallbladder and biliary tract are normal.

HEMOLYMPHATIC SYSTEM: The spleen is normal. No lymphadenopathy is seen.

GASTROINTESTINAL SYSTEM: The esophagus is normal. The stomach contains less than 100 mL of brown liquid with a normal mucosa. The gastric contents are saved. The small and large intestines are normal. The appendix is normal.

GENITOURINARY SYSTEM: The kidneys are normal size with a small solitary cortical cyst of the right kidney which is benign. The kidneys otherwise have a similar appearance. The urinary bladder is empty with a normal bladder mucosa. The prostate gland is normal.

MUSCULOSKELETAL SYSTEM: (See **EVIDENCE OF INJURY**) The anterior sternum shows three stab wounds. The thoracic spine shows scoliosis. No additional significant skeletal injuries or findings are seen.

CENTRAL NERVOUS SYSTEM: The scalp and skull are normal. No subdural or epidural blood is seen. The brain shows no injury. The meninges are transparent. The floor of the skull is normal. Cut surfaces of the brain show normal gray and white matter.

ORGAN WEIGHTS:

Heart = 426 gm.	Liver = 1322 gm.	Spleen = 139 gm.
Right lung = 434 gm.	Right kidney = 166 gm.	Pancreas = 169 gm.
Left lung = 193 gm.	Left kidney = 178 gm.	Brain = 1399 gm.

MATERIALS SAVED FOR PATHOLOGY:

Representative tissue sections of the internal organs are taken and saved.

MATERIALS SAVED FOR TOXICOLOGY:

Blood, vitreous humor and gastric contents. A separate tube of blood is sent off to test for carbon monoxide. Additional samples of blood are saved in the morgue freezer.

PATHOLOGIC DIAGNOSES:

1. Findings consistent with smoke inhalation:
 - a. Soot is present along the upper lip adjacent to the nostrils.
 - b. Soot is present over the tongue and mucosa of the larynx with mild redness of the epiglottic mucosa.
 - c. Soot covers the mucosa of the middle to lower segments of the trachea extending into both lungs.
 - d. An autopsy blood sample has a carbon monoxide level of 31% saturation.
2. Additional toxicology studies are negative for alcohol, amphetamines, barbiturates, cocaine, cannabinoids, benzodiazepines, opiates and phencyclidine.
3. Multiple stab wounds of the chest:
 - a. Two stab wounds perforate the sternum with one passing through the front wall of the heart; second wound scrapes the front wall of the heart.
 - b. One wound enters the sternum but does not go through it.
 - c. Associated with 50cc of blood in the pericardial sac
4. Left chest cavity with 900-1000cc of liquid blood from resuscitation.

CAUSE OF DEATH:

- A. Inhalation of smoke and soot.
- B. Fire.

OTHER CONDITIONS:

Multiple stab wounds.

OPINION:

From the autopsy findings and present investigation, it is my opinion the manner of death is suicide. *MJC*

Michael J. Chambliss MD

MICHAEL J. CHAMBLISS, M.D.

Forensic Pathologist

MJC - 132722089 - rb - 029

d: 05/02/2016

t: 05/02/2016

St. Louis University Toxicology Laboratory Report
6059 N. Hanley Road, Berkeley, Missouri 63134

Name: LANG, JOHN

Age:

Race:

Tox # 2016-0505

Sex:

Requesting Agency: FRESNO COUNTY CORONER
(Agency Case No.: 16-01-222)

=====

Blood:

CO:

CARBON MONOXIDE: _____ 31% SATURATED

Comments: Cut-off values available upon request

=====

Requested by: DR. CHAMBLISS

Date: 01/21/16

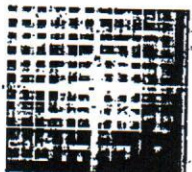
Received in Lab:

Date/Time: 02/02/16//09:00 AM

Report by: DR. CHRISTOPHER LONG

Date/Time: 02/22/2016//06:34 AM

Christopher Long



Toxicology Report

TRMC-Mineral King Laboratory, 880 E. Merritt Ave., STE 107-108, Tulare, CA 93274

Phone: (559) 685-3456 Fax: (559) 685-8745

Directors: Gary Walter M.D. - Jue-Rong Zhang M.D. Ph.D - Sharon Fong C.L.S.



Collected By: Dr. Chambliss

Date/Time Collected: 1/21/2016 14:45

Date/Time Received: 1/22/2016 09:10

Completion date: 1/29/2016 15:21

Name/DOB: LANG, JOHN (00/00/00)

Accession #: 1600559

Case Number: 16-01.222

FRESNO COUNTY SHERIFF CORONER

3333 E. American #G

Fresno, CA 93725

(559) 600-3400

Specimen Type: BLOOD

GRAY TOP/PERIPHERAL BLOOD

Blood Alcohol {by GC} Results- - Units in % (g/100mL)

Approved by: SM

TESTED BY: SM

TEST DATE: 1/28/16

Blood Alcohol (Ethanol)= 0.00

%

Alcohol testing performed on gray top tube (containing preservative and anti-coagulant), unless otherwise specified.

Legal limit 0.08% for motor vehicle operation.

I certify, under penalty of perjury, under the laws of the state of California, that the attached blood alcohol analysis was performed during the regular course of my duties, and is a true and correct copy thereof. I further certify that I am an approved FORENSIC ALCOHOL ANALYST or SUPERVISOR by the state of California, that I am qualified to perform this analysis pursuant to Title 17 of the California Code of Regulations, and that the equipment used in arriving at the result was in proper working order at the time the analysis was performed and that the recording of the result was done at the time of the analysis. The lab accepted policy and procedures for Forensic Alcohol Analysis have been accepted by the State of CA and were followed during this analysis.

Signature: 

Toxicology Report

TRMC-Mineral King Laboratory, 880 E. Merritt Ave., STE 107-108, Tulare, CA 93274
Phone: (559) 685-3456 Fax: (559) 685-8745
Directors: Gary Walter M.D. - Jue-Rong Zhang M.D. Ph.D - Sharon Fong C.L.S.



Collected By: Dr. Chambliss
Date/Time Collected: 1/21/2016 14:45
Date/Time Received: 1/22/2016 09:10
Completion date: 1/22/2016 16:27

Name/DOB: **LANG, JOHN** (00/00/00)
Accession #: 1600558
Case Number: 16-01.222

FRESNO COUNTY SHERIFF CORONER
3333 E. American #G
Fresno, CA 93725
(559) 600-3400

Specimen Type: **BLOOD**

CORONER BOTTLE/PERIPHERAL BLOOD

Blood Drug Screen {by ELISA} Results

Approved by: SC

Amphetamines	Negative
Barbiturates	Negative
Cannabinoids	Negative
Cocaine (Metabolite)	Negative
Benzodiazepines	Negative
Opiates	Negative
Phencyclidine	Negative

Accession #: 1600558/1

This report continues... (Final)

Reviewed by: 

Toxicology Report

TRMC-Mineral King Laboratory, 880 E. Merritt Ave., STE 107-108, Tulare, CA 93274

Phone: (559) 685-3456 Fax: (559) 685-8745

Directors: Gary Walter M.D. - Jue-Rong Zhang M.D. Ph.D - Sharon Fong C.L.S.



Collected By: Dr. Chambliss

Date/Time Collected: 1/21/2016 14:45

Date/Time Received: 1/22/2016 09:10

Completion date: 1/22/2016 16:27

Name/DOB: LANG, JOHN (00/00/00)

Accession #: 1600558

Case Number: 16-01.222

Specimen Type: BLOOD

FRESNO COUNTY SHERIFF CORONER

3333 E. American #G

Fresno, CA 93725

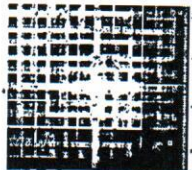
(559) 600-3400

MKL ELISA Drug Screen Limits of Detection[1]

Approved by: [1]

PANEL	THRESHOLD
Amphetamines	5 ng/mL
Methamphetamines	5 ng/mL
Barbiturates	5 ng/mL
Cocaine	10 ng/mL
Benzodiazepines	5 ng/mL
Opiates	5 ng/mL
PCP	5 ng/mL
THC	5 ng/mL

A cut-off of 10 ng/mL was adopted and validated by MKL to ensure the detection of all true positives.



Toxicology Report

TRMC-Mineral King Laboratory, 880 E. Merritt Ave., STE 107-108, Tulare, CA 93274

Phone: (559) 685-3456 Fax: (559) 685-8745

Directors: Gary Walter M.D. - Jue-Rong Zhang M.D. Ph.D - Sharon Fong C.L.S.



Collected By: Dr. Chambliss

Date/Time Collected: 1/21/2016 14:45

Date/Time Received: 1/22/2016 09:10

Completion date: 2/19/2016 11:27

Name/DOB: **LANG, JOHN** (00/00/00)

Accession #: 1600560

Case Number: 16-01.222

Specimen Type: **BLOOD**

FRESNO COUNTY SHERIFF CORONER

3333 E. American #G

Fresno, CA 93725

(559) 600-3400

LAV TOP #1/PERIPHERAL BLOOD/SEND OUT TO DR. LONG FOR HBCO

Carbon Monoxide Shipping

Approved by: SF

Carbon Monoxide Shipping

Specimen Shipped

Specimen shipped



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

Fresno, California, 01/20/2016 15:48:00

IN THE MATTER OF INVESTIGATION HELD

UPON THE BODY OF JOHN PAUL LANG

DECEASED.....)

OoOOoo

While on duty at the Fresno Sheriff Coroner's Office, I received a call at about 1606 hours January 20, 2016 from Mayra Negrete, a nurse at Community Regional Medical Center in Fresno. She was reporting a death that occurred in the emergency department. The decedent was temporarily identified as John Doe 1-3-16. He was later identified as John Lang via fingerprint. The decedent was a 51 year old Caucasian male. He was pronounced deceased by Dr. Caiafa at 1548 hours on January 20, 2016.

Per information received from Negrete, the decedent arrived at the hospital at about 1541 hours via ambulance with CPR in progress. Hospital staff continued rescue efforts, but were not able to resuscitate the decedent.

Negrete stated the decedent was involved in a house fire. As he was being removed from the house, firefighters saw that he had multiple stab wounds to his chest. When Paramedic Castro of American Ambulance arrived on scene, the decedent was pulseless and non-breathing with CPR already in progress. Paramedic Castro saw that the decedent had 3 wounds to the chest with minimal bleeding. She performed a bilateral needle thoracostomies to the decedent's chest before transporting the decedent to the hospital.

Negrete said the decedent was found to have soot in his airway. She did not have any additional information about the circumstances leading to his death.

Based on this information Lt. Padilla and I responded to CRMC. We arrived at about 1655 hours. The decedent was supine on the gurney. He had been placed in a body bag prior to my arrival. He was not wearing any clothing. I saw that he had been intubated and had a thoracotomy to his right chest. He also had a large bandage to his chest with a significant amount of blood on his chest. I pulled the bandages back and saw that he had 3 wounds to his chest. I did not see any other signs of injury or trauma on him.

I placed his hands in brown paper bags, to preserve any possible evidence before his body was transported to the Fresno Sheriff Coroner's Office.

I was also contacted by Detective Tony Rivera (# 1146) with Fresno Police Department. He stated the scene of the incident was at 648 N Van Ness. Lt. Padilla and I also responded to the scene. We arrived at about 1834 hours and met with Detective Rivera. He stated the Fresno Fire Department was south of the scene on an unrelated call. A passerby (who was not identified to me) saw the smoke coming from the front of the decedent's residence. The passerby called 911 notified the firefighters who were down the street.

Upon the arrival of the Fresno Fire Department, they tried to enter through the front door. It was barricaded shut. They then moved to the door on the north side of the house. This door was also barricaded shut. They were eventually able to get this door open. As the firefighters made their way into the decedent's house, they found him in the back of the house. As the decedent was being carried out, they noticed blood on his chest and later saw that they appeared to be stab wounds.

Detective Rivera said the decedent had multiple surveillance cameras outside if his house and would be looking into any possible video footage. Based on his preliminary investigation nobody was seen coming or going into the decedent's residence and the residence was well secured.

Fire Investigators at the scene said the fire began in the front room of the house. The decedent used an unknown flammable product.

As I conducted my investigation, I saw the living room where the fire originated. There were various burned items that were strewn about. I saw that the front door had been cut away. I saw that there were 2x4 pieces of wood that were affixed to the wall and a portion of the remaining door. The house was very unkept. There was a mattress on the floor with a small amount of blood. In the kitchen area, (where the decedent was found) there was also a small amount of blood on the floor by the door. I saw that the door in the kitchen (which led to the back yard) had been secured with 2x4 pieces of wood. The wood had been removed by the Fresno Fire Department prior to my arrival. I also saw a plank of wood over an adjacent kitchen window.

On a later date Detective Rivera stated the cameras to the exterior of the decedent's house were functioning just prior to the arrival of the fire department. The decedent had cameras to the inside of his house. These cameras were functioning until a day prior to his death. The inside footage shows the decedent sitting in the living room area of the house with a large knife. The decedent displayed the knife in front of the camera and took it to another room. The decedent later approached the camera and appeared to turn it off. There wasn't any additional footage after this time.

Detective Rivera also provided a copy of the video from the firefighter's helmet camera. The video showed that it was very difficult to gain entry into the decedent's home. The fence outside was secure and the doors were not easily opened, even with an ax. (Refer to FPD case # 16-4815 for further information.)

The decedent was taken to the Fresno Sheriff Coroner's Office where Dr. Michael Chambliss performed an autopsy and submitted samples for toxicological evaluation. Per Dr. Chambliss' findings, the decedent died as a result of inhalation of smoke and soot due to fire.

Toxicology results were negative for drugs and alcohol.

The decedent's manner of death was determined to be a suicide. The incident occurred at 648 N Van Ness in Fresno at an unknown hour on January 20, 2016.

The decedent's family was notified of his death by the Fresno Police Department.

The Fresno Sheriff Coroner's Office did not receive any property.

The decedent's disposition was handled by Palm La Paz Funeral & Cremations at the request of his family.

LORETTA ANDREWS, DEPUTY CORONER