LOCAL JAIL INMATE DEATH REPORT

2018

1. What was the inmate's name?

LAST	FIRST	MI
Addington	Joshua	

2. On what date did the inmate die?

MONTH	DAY	YEAR
04	01	2018

3. What was the name and location of the correctional facility involved?

Facility Name: Bayou Dorchart Correctional Ctr.

Facility City: Minden

Facility State: LA

4. What was the inmate's date of birth?

MONTH	DAY	YEAR
07	15	1977

5. What was the inmate's sex?

- (●) Male
- ( ) Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- ( ) Yes
- (●) No

7. In addition, what was the inmate's race? Please select one or more of the following racial categories:

- (●) White
- ( ) Black or African American
- ( ) American Indian or Alaska Native
- ( ) Asian
- ( ) Native Hawaiian or Pacific Islander
- ( ) Some other race

→ *Please Specify:*

8. On what date was the inmate admitted to a facility under your jurisdiction?

MONTH	DAY	YEAR
03	17	2018

9. Was the inmate being confined in your jail facility on behalf of any of the following?

PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a–c)

	YES	NO	DON'T KNOW
a. U.S. Immigration and Customs Enforcement	( )	(●)	( )
b. U.S. Marshals Service	( )	(●)	( )
c. State or federal prison, Bureau of Indian Affairs, or any other jail jurisdiction	( )	(●)	( )

10. For what offense(s) was the inmate being held?

a. DOC Transfer from Bossier Med
b. Revocation of Parole
c. Fugitive
d. Contempt of Court
e. Forgery

11. What was the inmate's legal status at time of death? *(For inmates with more than one status, report the status associated with the most serious offense.)*

- ( ) Convicted—new court commitment
- (●) Convicted—returned probation/parole violator
- ( ) Unconvicted
- ( ) Other

→ *Please Specify:*

12. Since admission, did the inmate ever stay overnight in a mental health observation unit or an outside mental health facility?

- ( ) Yes
- (●) No
- ( ) Don't Know

13. Where did the inmate die?

- ○ In a general housing unit within the jail facility or in a general housing unit on jail grounds
- ◉ In a segregation unit
- ○ In a special medical unit/infirmary within the jail facility
- ○ In a special mental health services unit within the jail facility
- ○ In a medical center outside the jail facility
- ○ In a mental health center outside the jail facility
- ○ While in transit
- ○ Elsewhere

→ *Please Specify:*

14. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?

- ◉ YES → ***CONTINUE TO Q15***
- ○ Evaluation complete—results are pending

  → ***SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH***
- ○ No evaluation is planned → ***CONTINUE TO Q15***

15. What was the cause of death? * *Please SPECIFY cause of death—it is critical information* *****

- ◉ Illness—Exclude AIDS-related deaths [*Specify*] → Diabetes · Acute Renal Failure, HTN
- ○ Acquired Immune Deficiency Syndrome (AIDS)
- ○ Accidental alcohol/drug intoxication [*Describe*] →
- ○ Accidental injury to self [*Describe*] →
- ○ Accidental injury by other (e.g., vehicular accidents during transport) [*Describe*] →
- ○ Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) [*Describe*] →
- ○ Homicide [*Describe*] →
- ○ Other cause(s) [*Specify*] →

16. Where did the incident (e.g., accident, suicide, or homicide) causing the death take place?

- ◉ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
- In the jail facility or on the jail grounds

  [PLEASE SPECIFY] →
  - ○ In the inmate's cell/room
  - ○ In a temporary holding area/lockup
  - ○ In a common area within the facility (e.g., yard, library, cafeteria)
  - ○ In a segregation unit
  - ○ In a special medical unit/infirmary
  - ○ In a special mental health services unit
  - ○ Elsewhere within the jail facility

  → *Please Specify:*
- ○ Outside the jail facility (e.g., while on work release or on work detail)
- ○ Elsewhere

→ *Please Specify:*

17. When did the incident (e.g., accident, suicide, or homicide) causing the death occur?

- ◉ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related

- ○ Morning (6 am to Noon)
- ○ Afternoon (Noon to 6 pm)
- ○ Evening (6 pm to Midnight)
- ○ Overnight (Midnight to 6 am)

18. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?

- ○ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

	YES	NO	DON'T KNOW
a. Evaluation by physician/medical staff	◉	○	○
b. Diagnostic tests (e.g., X-rays, MRI)	◉	○	○
c. Medications	◉	○	○
d. Treatment/care other than medications	◉	○	○
e. Surgery	○	◉	○
f. Confinement in special medical unit	○	◉	○

PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a–f)

19. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? *(If multiple conditions caused the death and any of the conditions were pre-existing, mark "Pre-existing medical condition.")*

- ○ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

- ◉ Pre-existing medical condition
- ○ Deceased developed condition after admission
- ○ Could not be determined

Please add any additional notes regarding this death here:

Inmate was sent earlier in the day to Minden Med. Ctr. because of her Diabetes. They sent him back to the jail. He was placed on a mat in a holding cell close to Master Control so that he could be observed. He died in the holding cell & when found, CPR was administered, but the inmate was too far gone.

THE UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF LOUISIANA

MALLORY ADDINGTON & LANDON ADDINGTON	* *	**NO. 5:18-CV-1116 – EEF - MLH (LEAD)** **NO. 5:19-CV-00411-EEF-MLH (MEMBER)**
	*	
versus	*	**JUDGE FOOTE**
	*	
BAYOU DORCHEAT CORRECTIONAL CENTER, et al.	* *	
	*	**MAGISTRATE JUDGE HORNSBY**
	*	

* *

<u>PLAINTIFFS' AMENDED COMPLAINT</u>

NOW INTO COURT, through undersigned counsel, come Plaintiffs, Mallory Addington, Landon Addington and Cody Addington, who respectfully submit this Amended Complaint and aver the following:

<u>PARTIES AND CLAIMS ALLEGED</u>

1. Plaintiffs herein are Mallory Addington, Landon Addington and Cody Addington, the surviving children of Joshua Dolan Addington who died at Bayou Dorcheat Correctional Center (BDCC) on April 1, 2018.

2. Mallory Addington and Landon Addington filed a Complaint in the lead case on August 29, 2018 ("Lead Complaint") against (1) BDCC, (2) John Lewis, in his individual and official capacity as Warden of BDCC, (3) Gary Sexton, in his individual and official capacity as Sheriff of Webster Parish and (4) Unknown Agents of BDCC and/or the Webster Parish Sheriff's Department in their individual and official capacities as employees of BDCC and/or Webster Parish Sheriff's Department.

3. On April 1, 2019, Cody Addington filed a Complaint in the member case ("Member Complaint") against the same defendants listed in paragraph 2 above. The member case and lead case were consolidated on June 5, 2019 by Order of this Court.

4. Both the Lead Complaint and Member Complaint assert wrongful death and survival actions under Louisiana law and make official capacity claims under 42 U.S.C. § 1983 against John Lewis and Gary Sexton, individual capacity claims under 42 U.S.C. § 1983 against Unknown Agents of BDCC and state law negligence claims against John Lewis, Gary Sexton and Unknown Agents of BDCC.

5. The current defendants in this matter are (1) John Lewis, in his individual and official capacity as Warden of BDCC and (2) Gary Sexton, in his individual and official capacity as Sheriff of Webster Parish.

6. Plaintiffs herein amend their Complaint to assert wrongful death and survival actions against (a) Nurse Debra Claunch, (b) Sergeant Damion Wells and (C) Dr. Frederick Heard for deliberate indifference shown by them to Joshua Addington's serious medical needs, in violation of 42 U.S.C. § 1983, the Eighth Amendment and Louisiana state law.

BACKGROUND

7. Plaintiffs incorporate all of the allegations set forth in the previously filed Lead Complaint and Member Complaint as if fully set forth herein and further allege as follows:

8. On March 17, 2018, Joshua Addington was booked into BDCC as a transfer from Bossier Medium Security Facility.

9. Upon intake, Joshua Addington was evaluated by a deputy at BDCC for his routine health screening.

10. Joshua Addington informed the deputy that he had Type II diabetes and Joshua Addington's Medical Transfer Form from Bossier Medium Security Facility indicated he was prescribed Amitriptyline in the evening and insulin twice a day.

11. BDCC's Policies and Procedures for Medical Treatment provide: "Medications will be administered according to doctor's instructions only. Corrections deputies will ensure offenders receive their medications according to doctor's instructions."

12. The Webster Parish Corrections Offender Handbook, Section "XV. Medical and Dental," part C., provided to inmates by BDCC, states that "Bayou Dorcheat Medical Officer will make initial examinations and conduct sick call. The Medical Officer is a Nurse who operates and consults with the Webster Parish Physician for obtaining prescriptions needed for medications and/or medical appointments and/or treatment…."

13. Nurse Debra Claunch came to BDCC for 34 minutes on March 17, 2018, to fill Joshua Addington's insulin syringes, but did not see or evaluate him for intake at any time.

14. Nurse Claunch did not notify Dr. Heard, the physician responsible for oversight of inmate medical care at BDCC, of Joshua Addington's transfer or his prescriptions for Amitriptyline or insulin. Nurse Claunch never obtained doctor's orders for Joshua Addington's medical care or prescription medications.

15. Based upon Joshua Addington's medical transfer form from Bossier Medium Security Facility and his intake health screening performed by a BDCC deputy, Joshua Addington was to receive insulin twice daily during his two-week incarceration at BDCC.

16. Nurse Claunch failed to ensure that BDCC corrections deputies administered insulin or Amitriptyline to Joshua Addington timely.

17. Between March 17, 2018 and March 30, 2018, Joshua Addington did not receive his prescribed four morning doses of insulin (March 18, 19, 24, 25) and ten evening doses (March 18, 19, 21, 22, 23, 26, 27, 28, 26, 30). No Amitriptyline was ever administered, nor were there any orders to discontinue the Amitriptyline.

18. BDCC's Policies and Procedures for Medical Treatment provide "The corrections deputy administering medications will make a reasonable effort to ensure offender takes medication provided" and "All medications administered by corrections deputies will be documented."

19. Moreover, corrections deputies at BDCC are required to document each time a prescribed medication is refused by, or otherwise is not administered to, an inmate.

20. Neither Nurse Claunch, Warden John Lewis, Sergeant Damien Wells or Dr. Frederick Heard ensured or confirmed that the correctional deputy dispensing medication and/or blood sugar testing equipment to Joshua Addington documented the rationale for the missed doses of insulin, including any alleged refusals.

21. Neither Nurse Claunch, Warden John Lewis, Sergeant Damien Wells or Dr. Frederick Heard ensured that a complete and uniform medical record was created or maintained for Joshua Addington.

22. Joshua Addington's blood sugar readings were not documented or maintained in any BDCC medical record, nor were any of his blood sugar readings ever communicated to or reviewed by any BDCC medical personnel.

23. On Friday, March 30, 2018, at about 8:30am, Joshua Addington was found unconscious in his dorm after suffering a hypoglycemic event.

24. Sergeant Wells notified Nurse Claunch, who was on vacation until April 3, 2018, of Joshua Addington's condition and Nurse Claunch told Sergeant Wells to call an ambulance, but never notified Dr. Frederick Heard. No medical records from BDCC were provided to the EMS personnel or Minden Medical Center for his hospital admission.

25. The paramedics took Joshua Addington to the Emergency Room at Minden Medical Center on March 30, 2018, and a correctional deputy followed in a separate vehicle.

26. Once Joshua Addington's blood sugar was stabilized, he was released at about 11:00am on March 30, 2018, and his discharge instructions were given to the correctional deputy who drove Joshua Addington back to BDCC.

27. The correctional deputy placed the discharge instructions in Nurse Claunch's mailbox for her to review upon her return from vacation, which did not occur until April 3, 2020, after Joshua Addington was deceased.

28. Dr. Heard was never notified by any BDCC personnel or Nurse Claunch of Joshua Addington's hospitalization or return to BDCC with discharge instructions.

29. None of the Minden Medical Center discharge instructions or orders, including medication orders, were reviewed or followed by BDCC personnel or staff, including Nurse Claunch, Warden John Lewis, Sergeant Damien Wells or Dr. Frederick Heard between the time of Joshua Addington's discharge and his death.

30. At 13:12 on March 30, 2018, approximately two (2) hours after he returned to BDCC from Minden Medical Center, prison records noted Joshua Addington was having problems in his dorm and was transferred to a holding cell for further observation.

31. Sergeant Wells was the officer in charge of all correctional Deputies on the A shift from March 30-April 1, 2018.

32. Sergeant Wells did not notify any medical personnel about moving Joshua Addington to a holding cell and no medical personnel evaluated Joshua Addington while he was located in the holding cell.

33. At 15:32, Joshua Addington's blood sugar reading was 154 and he had a temperature of 101.2 Fahrenheit.

34. Sergeant Wells did not relay Joshua Addington's complaint of fever to any medical personnel and Joshua Addington's fever went untreated.

35. On March 31, 2018, Joshua Addington remained in the holding cell and his blood sugar readings were 284 at 09:25, 364 at 12:43, 309 at 14:36, 274 at 17:24.

36. Joshua Addington's March 31, 2018 blood sugar readings were communicated to Sergeant Wells, but Sergeant Wells did not notify Nurse Claunch, Dr. Heard or any other medical personnel.

37. On the afternoon of March 31, 2018, Joshua Addington complained of nausea to a correctional deputy as noted in BDCC's Master Control Log.

38. A correctional deputy gave Joshua Addington an unknown medication for his nausea at 1:09pm on March 31, 2018. Neither the name of the medication nor its administration was ever documented in any BDCC medical record or MAR as required by BDCC policy.

39. BDCC Medical policy states that "Medications will be administered according to doctor's instructions only," and that "All medications administered by corrections deputies will be documented. This includes over the counter medications."

40. The BDCC deputy who administered the unknown medication for Joshua Addington's nausea did not inform any medical personnel of Joshua Addington's symptoms, nor of the administration of the unknown medication as required by BDCC policy.

41. No medical BDCC medical personnel, including Nurse Claunch or Dr. Heard, authorized or ordered the nausea medication the BDCC deputy administered to Joshua Addington on March 31, 2018 as required by BDCC policy.

42. Sergeant Wells failed to ensure the name of the medication and its administration were documented in any BDCC medical record or MAR, or that any BDCC medical personnel were notified of Joshua Addington's symptoms or the medication administration as required by BDCC policy.

43. At 2:36pm on March 31, 2018 Joshua Addington's blood sugar was 309.

44. No insulin was given in response to the blood sugar of 309, and no BDCC medical personnel, including Nurse Claunch or Dr. Heard, was notified, evaluated Joshua Addington, or provided any orders in response as required by BDCC policy.

45. At 6:15am on April 1, 2018, Joshua Addington's blood sugar reading was 366 and he asked a deputy for water because none was available in his holding cell. Sergeant Wells was aware of this reading, because the reading was documented in a BDCC "unusual occurrence report" that was reviewed and signed off by Sergeant Wells.

46. Sergeant Wells failed to ensure any BDCC medical personnel were notified of Joshua Addington's 366 blood sugar reading, including Nurse Claunch or Dr. Heard, as required by BDCC policy.

47. No insulin was given in response to the blood sugar of 366, and no BDCC medical personnel, including Nurse Claunch or Dr. Heard evaluated Joshua Addington, or provided any orders in response as required by BDCC policy.

48. At 6:15am on April 1, 2018, nearly 48 hours after his discharge from Minden Medical Center following a serious diabetic event, Joshua Addington had still not received his

prescribed insulin, or any other medications, as ordered by Minden Medical Center treating physician.

49. At 1:21pm Deputy Edwards found Joshua Addington unresponsive in his cell and tried to administer oxygen by bag valve, but there was no oxygen in the bottle.

50. At 1:55pm, paramedics announced Joshua Addington dead.

51. Despite Dr. Heard's obligation to visit BDCC weekly to provide treatment to inmates in need, Dr. Heard never evaluated Joshua Addington, reviewed his medical records or visited BDCC at all during Joshua Addington's sixteen days of incarceration at BDCC, as required by BDCC policy.

TITLE 42 U.S.C. § 1983 – EPISODIC ACTS OR OMMISSIONS

52. A prison official violates the Eighth Amendment's prohibition against cruel and unusual punishment when his or her conduct demonstrates deliberate indifference.

53. An episodic act or omission occurs when one or more officials act with deliberate indifference towards a prison policy, custom, or rule (or lack thereof) which causes actual harm to a detainee.

54. Dr. Heard acted with deliberate indifference by failing to create a policy for Nurse Claunch and other deputies regarding the intake process for inmates who arrive with chronic and/or serious health conditions.

55. Dr. Heard acted with deliberate indifference and violated BDCC's policy of weekly visits by failing to visit BDCC at all during Joshua Addington's sixteen-day incarceration.

56. Nurse Claunch acted with deliberate indifference when she failed to evaluate Joshua Addington during his March 17, 2018 intake at the prison or otherwise evaluate/treat/monitor him upon his return from Minden Medical Center.

57. Nurse Claunch acted with deliberate indifference in failing to maintain a uniform and complete medical record for Joshua Addington, despite her awareness of his serious chronic medical issues.

58. Nurse Claunch acted with deliberate indifference in failing to consult with a nutritionist or order Joshua Addington's diabetic diet upon his intake at BDCC.

59. Sergeant Wells acted with deliberate indifference in failing to notify any BDCC medical personnel regarding Joshua Addington's multiple dangerously high blood sugar readings, nausea and refusal to eat.

60. Sergeant Wells acted with deliberate indifference in failing to notify any BDCC medical personnel regarding Joshua Addington's Minden Medical Center discharge instructions and orders.

61. Nurse Claunch acted with deliberate indifference in failing to follow-up with BDCC regarding Minden Medical Center's discharge instructions and orders, knowing he had been admitted to the hospital for a life-threatening diabetic event on March 30, 2018, and knowing she would not be returning to BDCC for several days.

62. Sergeant Wells acted with deliberate indifference in failing to ensure that Joshua Addington received his insulin and other medications, as prescribed by Minden Medical Center, between the time of Joshua Addington's return to BDCC from Minden Medical Center and his death on April 1, 2018.

63. Sergeant Wells acted with deliberate indifference in failing to ensure that Joshua Addington's blood sugar levels and medication administration were completely and consistently documented.

64. Sergeant Wells, Nurse Claunch, and Dr. Heard deprived Joshua Addington of constitutionally adequate medical care, provided for in Title 42 U.S.C. § 1983, by allowing deputies to make medical decisions without a doctor's instruction or supervision.

65. Sergeant Wells, Nurse Claunch, and Dr. Heard acted with deliberate indifference in failing to follow and enforce Policy 6 in BDCC's instructional manual which stated, "Corrections deputy will follow instructions provided by medical provider and will record the information in MAR."

66. Sergeant Wells, Nurse Claunch and Dr. Heard acted with deliberate indifference in failing to ensure Joshua Addington's records were uniform and complete, resulting in sporadic and unreliable blood sugar measurements and insulin administration documentation.

67. Sergeant Wells, Nurse Claunch and Dr. Heard acted with deliberate indifference in failing to enforce and follow BDCC Medical Policy regarding administering medications, which stated: "Medications will be administered according to doctor's instructions only. Corrections deputies will ensure offenders receive their medications according to doctor's instructions"

68. Due to Sergeant Wells, Nurse Claunch and Dr. Heard's failure to comply with the above Medical Policy, Joshua Addington's diabetes was grossly and severely mismanaged.[1]

69. Sergeant Wells acted with deliberate indifference in failing to ensure his deputies followed Policy 12, which states: "deputies will remain receptive to medical needs of offenders, reporting medical problems encountered to the medical officer should the offender fail to do so."

[1] Notwithstanding this allegation, Plaintiffs also allege the unwritten "custom" of BDCC was also in violation of Joshua Addington's constitutional rights as there were no medical policies in place to provide him with adequate medical care when he experienced complications with his diabetes.

70. Due to Sergeant Wells' failure to enforce Policy 12, Nurse Claunch, the medical officer, was not notified when Joshua Addington did not receive his twice daily insulin. BDCC records provide no medical rationale for the missed doses, nor any alleged refusals by Joshua Addington.

71. BDCC Medical Policy 9 states "Medical supplies determined to be needed by the Medical Officer are to be stored and readily available at BDCC."

72. Nurse Claunch acted with deliberate indifference in failing to follow BDCC Medical Policy 9, ensuring oxygen tanks at BDCC were working and full of oxygen.

73. Nurse Claunch acted with deliberate indifference in acting (and failing to act) outside of the scope of her nursing licensure.

74. Nurse Claunch's failure to follow BDCC policies contributed to Joshua Addington's death because he was unable to receive potentially lifesaving oxygen on April 1, 2018 while waiting for the paramedics' arrival.

75. Nurse Claunch, Sergeant Wells and Dr. Heard acted with deliberate indifference to the obvious and serious medical needs of Joshua Addington and directly caused his death in violation of 42 U.S.C. § 1983, the Eighth Amendment and Louisiana law.

76. Plaintiffs have wrongful death and survival actions based on 2315.2 and 2315.1.

DAMAGES

77. As a result of the foregoing, Plaintiffs are entitled to an award of damages to include all compensatory, special, punitive and other damages as are reasonable in the premises associated with actions for wrongful death and survival, including, but not limited to:

a. Pain, suffering, anguish, distress and all other damages suffered by Joshua Addington while incarcerated at Minden Medical Center;

b. Past, present, and future emotional distress;

c. Past, present, and future mental anguish;

d. Physical pain and suffering;

e. Loss of enjoyment of life;

f. Punitive damages;

g. Attorney fees;

h. Expert witness fees,

i. Judicial interest;

j. Court costs; and

k. All other relief to which he may be entitled by law or equity.

PRAYER

WHEREFORE, Plaintiffs Mallory Addington, Landon Addington and Cody Addington, pray that after due proceedings had, there be judgment rendered in their favor and against Defendants and that they be awarded compensatory damages, punitive damages, attorneys' fees, costs, legal interest, expert witness fees, and any other relief to which they are entitled under law and equity.

Respectfully submitted,

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Please Serve:

Service on all defendants will be completed by waiver pursuant to Rule 4(d) of the FRCP.

AUTOPSY REPORT

Case No: LA150-18 **Date of Examination:** April 2, 2018

Name: ADDINGTON, Joshua

Age: 40 years **Race:** White **Sex:** Male

Investigating Agency: Webster Parish Coroner's Office

FINDINGS:

I. Acute renal failure.
   A. Urea nitrogen, 51 mg/dl.
   B. Creatinine, 1.7 mg/dl.

II. Diabetic ketoacidosis.
   A. Glucose level 231 mg/dl.
   B. Acetone detected in blood and vitreous humor.

III. Hypertensive cardiovascular disease.
   A. Cardiomegaly with left ventricular hypertrophy, 500 grams.
   B. Nephrosclerosis.

IV. No evidence of trauma.

CAUSE OF DEATH: Acute Renal Failure due to Diabetic Ketoacidosis Complicating Hypertensive Cardiovascular Disease.

OPINION:

This 40-year-old white male, Joshua Addington, died of acute renal failure due to diabetic ketoacidosis complicating hypertensive cardiovascular disease.

Investigation of the circumstances of death revealed that the decedent was an inmate at Bayou Dorcheat Correctional Center. He was found dead in his holding cell on the mattress on the floor on April 1, 2018, where there was no evidence of foul play reported. Reportedly, he was seen on March 30, 2018, at Minden Medical Center emergency department for hypoglycemia and was discharged the same day. Reportedly, he refused to take any medication and would not eat.

Autopsy demonstrated no evidence of trauma. The heart was enlarged and the kidneys showed scarring and cyst formation due to the effects of hypertension and diabetes mellitus. Toxicology detected acetone in the blood and vitreous humor. Vitreous chemistries detected a mildly elevated glucose level, 231 mg/dl and a pattern of acute renal failure. No drugs were detected.

Frank J. Peretti, M.D.
Forensic Pathologist

04-23-18/mkh

EXTERNAL EXAMINATION

Received for examination was the body of a well-developed, well-nourished, white male clad in a cut prison shirt, white prison pants and white socks. The body weighed 178 pounds, measured approximately 70 inches in length and appeared compatible with the age of 40 years. The body was cold. Rigor mortis was present and fixed to an equal degree in all extremities. Livor mortis was present and fixed on the posterior surface of the body except for the areas exposed to pressure. The scalp hair was brown-gray. The deceased wore a mustache and beard. The irides were blue-gray. The corneae were cloudy. The sclerae and conjunctivae showed no petechial hemorrhages. The external nares and oral cavity contained bloody aspiratory secretions. The teeth were natural and in poor condition. Examination of the neck revealed no external evidence of injury. The chest was unremarkable with no evidence of injury to the ribs or sternum externally. The abdomen was flat with slight greenish discoloration. The external genitalia were those of a normal adult male with postmortem drying of the scrotal sac. The lower extremities showed a few old, irregular scars. There was bilateral loss of hair growth. Ankles and feet were clean. Multiple tattoos were present on the upper extremities. No needle tracks or wrist scars were noted. A prison identification bracelet encircled the right wrist. The posterior torso was unremarkable except for a 6 inch surgical scar over the right upper back/shoulder region and multiple tattoos.

EVIDENCE OF MEDICAL ATTENTION:

Defibrillator pads were present on the front of the chest.

EVIDENCE OF INJURY:

None.

INTERNAL EXAMINATION

The subcutaneous fat layer measured up to 1 inch. No adhesions or abnormal collections of fluid were present in the body cavities. Petechiae were not present on the thoracic organs. All body organs were present in normal anatomic position and were diffusely

congested. There was no internal evidence of blunt force or penetrating injury to the thoraco-abdominal region.

CARDIOVASCULAR SYSTEM:

The pericardial surfaces were smooth and glistening. The pericardial sac contained a few milliliters of fluid. The heart was enlarged and globoid in configuration. The coronary arteries arose normally, followed the usual distribution and were widely patent, without evidence of luminal stenosis or acute thrombosis. The left ventricle was hypertrophic. The valves exhibited the usual size-position relationship and were unremarkable. The myocardium was dark red-brown with no focal lesions. The atrial and ventricular septa were intact. The aorta and its major branches arose normally, followed the usual course and were widely patent. The vena cava and its major tributaries returned to the heart in the usual distribution and were free of thrombi. The heart weighed 500 grams.

RESPIRATORY SYSTEM:

The pleural surfaces were smooth and glistening. The pulmonary arteries were normally developed, patent and without thrombus or embolus. The upper and lower airways contained an abundant amount of froth. The mucosal surfaces were unremarkable. The pulmonary parenchyma was grayish-purple and diffusely congested. The right lung weighed 850 grams; the left 700 grams.

NECK:

Examination of the soft tissues of the neck, including strap muscles, thyroid gland and large vessels revealed no abnormalities or hemorrhage. The hyoid bone and larynx were intact. The epiglottis and vocal cords were unremarkable.

ALIMENTARY TRACT:

The tongue, esophagus, stomach, small and large bowel, rectum and anus were unremarkable. The stomach contained 50 ml of greenish-black mucous. The appendix was present.

LIVER AND BILIARY SYSTEM:

The hepatic parenchyma was yellow-maroon. The gallbladder contained a few milliliters of bile. The liver weighed 1920 grams.

GENITOURINARY SYSTEM:

The cortical surfaces were red-brown and granular with a few small smooth-walled cysts filled with clear serous fluid. The cortex was unremarkable. The calyces, pelves and ureters were unremarkable. The urinary bladder was dilated with 380 ml of urine. Prostate and testes were unremarkable. The right kidney weighed 180 grams; the left 190 grams.

RETICULOENDOTHELIAL SYSTEM:

The spleen had a smooth, intact capsule covering a red-purple, firm parenchyma. The regional lymph nodes were not enlarged and appeared normal. The spleen weighed 200 grams.

ENDOCRINE AND EXOCRINE SYSTEMS:

The pituitary gland, thyroid, adrenal glands and pancreas were unremarkable.

MUSCULOSKELETAL SYSTEM:

Muscles were red-brown and within normal development. No bone or joint abnormalities were noted. The cervical, thoracic, and lumbar spine showed no obvious old fractures or other abnormalities.

CENTRAL NERVOUS SYSTEM:

The scalp showed no edema or hemorrhage. The calvarium and base of the skull showed no fractures. The dura and falx cerebri were intact. There was no epidural, subdural or subarachnoid hemorrhage present. The leptomeninges were clear. The cerebral hemispheres were symmetric and diffusely congested. The cranial nerves were

intact. The circle of Willis and related blood vessels were normal in caliber and distribution. Sections through the cerebral hemispheres, brain stem and cerebellum revealed no lesions or herniation. The spinal cord was not examined. The brain weighed 1420 grams.

AXIS
FORENSIC TOXICOLOGY

Web: www.axisfortox.com
Phone: (317) 759-4TOX

Laboratory Case Number: 3144411

Client Account: 11359 / FJP01
Physician:
Report To: Frank J. Peretti, MD
ATTN: Frank J. Peretti, MD
4719 Sugar Maple Lane
Little Rock, AR 72212-2092
FX: 1-501-313-2674

Subject's Name: ADDINGTON, JOSHUA

Agency Case #: LA150-18
Date of Death: Not Given
Test Reason: Other
Investigator: NOT INDICATED
Date Received: 04/03/2018
Date Reported: 04/09/2018

Laboratory Specimen No: 40714682
Container(s): 01:RTB Blood,HEART

Date Collected: 04/02/2018
Test(s): 70565 Drugs of Abuse Panel - Dr. Peretti

Analyte Name	Result	Concentration	Units	Therapeutic Range	Loc
» Investigator:	Not Provided				
» Pathologist:	Peretti				
» Submitting Official:	Webster				
AMPHETAMINES	Negative				
BARBITURATES	Negative				
BENZODIAZEPINES	Negative				
CANNABINOIDS	Negative				
COCAINE/METABOLITES	Negative				
FENTANYL	Negative				
METHADONE/METABOLITE	Negative				
OPIATES	Negative				
OXYCODONE/METABOLITE	Negative				
PHENCYCLIDINE	Negative				
PROPOXYPHENE/METABOLITE	Negative				
SALICYLATES	Negative				
ALCOHOL	POSITIVE				
Methanol	Negative				
Ethanol	Negative				
Acetone	POSITIVE				
Acetone, Quant		0.033	% (w/v)	Not Established	
Isopropanol	Negative				
ANALGESICS	Negative				
ANTIDEPRESSANTS	Negative				

Analyte Name	Result	Concentration	Units	Therapeutic Range	Loc
STIMULANTS	Negative				

Specimens will be kept for at least one year from the date of initial report.

AXIS
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Phone: (317) 759-4TOX

Laboratory Specimen No: 40714683 **Date Collected:** 04/02/2018
Container(s): 01:UR Urine, Random **Test(s):** 80080 Basic Drugs of Abuse, Urine

Analyte Name	Result	Concentration	Units	Therapeutic Range	Loc
AMPHETAMINES	Negative				
Amphetamine	Negative				
Methamphetamine	Negative				
MDMA	Negative				
BENZODIAZEPINES	Negative				
Temazepam	Negative				
Lorazepam	Negative				
Alprazolam	Negative				
a-OH-Alprazolam	Negative				
Nordiazepam	Negative				
Oxazepam	Negative				
7-Aminoclonazepam	Negative				
BUPRENORPHINE/METABOLITE	Negative				
Buprenorphine	Negative				
Norbuprenorphine	Negative				
CARISOPRODOL/METABOLITE	Negative				
Meprobamate	Negative				
COCAINE/METABOLITES	Negative				
Benzoylecgonine	Negative				
FENTANYL	Negative				
Fentanyl	Negative				
Norfentanyl	Negative				
METHADONE/METABOLITE	Negative				
Methadone	Negative				
EDDP	Negative				
OPIATES	Negative				
Morphine	Negative				
6-Monoacetylmorphine	Negative				
Codeine	Negative				
Hydrocodone	Negative				
Hydromorphone	Negative				
Oxycodone	Negative				
Oxymorphone	Negative				

Analyte Name	Result	Concentration	Units	Therapeutic Range	Loc
PHENCYCLIDINE	Negative				
Phencyclidine (PCP)	Negative				
TRAMADOL/METABOLITE	Negative				
Tramadol	Negative				
O-Desmethyltramadol	Negative				

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Laboratory Specimen No: 40714684 **Date Collected:** 04/02/2018
Container(s): 01:VIT_CON Vitreous,EYE **Test(s):** 32400 Electrolyte Panel, Vitreous

Analyte Name	Result	Concentration	Units	Therapeutic Range	Loc
Sodium		143	MMOL/L		(1)
Potassium		14.1	MMOL/L		(1)
Chloride		108	MMOL/L		(1)
Glucose		231	mg/dL		(1)
Urea Nitrogen		51	mg/dL		(1)
Creatinine		1.7	mg/dL		(1)
ALCOHOL	POSITIVE				
Methanol	Negative				
Ethanol	Negative				
Acetone	POSITIVE				
Acetone, Quant		0.034	% (w/v)	Not Established	
Isopropanol	Negative				

Performing Location(s):

(1) LabCorp Dublin
6370 Wilcox Road , Dublin, OH 43016-1296
Medical Director: Vincent Ricchiuti, PhD

The Specimen identified by the Laboratory Specimen Number has been handled and analyzed in accordance with all applicable requirements.

Laboratory Director

George S. Behonick, Ph.D., F-ABFT

ADDINGTON, JOSHUA
Laboratory Case #:3144411
Print Date/Time:04/09/2018, 13:45
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Case Reviewer

George S. Behonick

This individual may not have performed any of the analytical work.