

**Special Investigations and
Prosecutions Unit**

**Report on the Investigation into
The Death of Richard Gonzalez**



**Eric T. Schneiderman
NYS Attorney General**

EXECUTIVE SUMMARY

On July 8, 2015, Governor Andrew Cuomo signed Executive Order No. 147 (the “Executive Order”), appointing the Attorney General as special prosecutor “to investigate, and if warranted, prosecute certain matters involving the death of an unarmed civilian . . . caused by a law enforcement officer.” On March 16, 2016, Richard Gonzalez died following an interaction with New York City Police Department (“NYPD”) officers. Governor Cuomo subsequently issued Executive Order No. 147.6, which expressly conferred jurisdiction upon the Attorney General to investigate any potential unlawful acts or omissions by any law enforcement officers relating to Mr. Gonzalez’s death.

The interaction between Mr. Gonzalez and NYPD officers occurred in Mr. Gonzalez’s apartment building. NYPD officers were dispatched to the apartment building in response to two 911 calls by Mr. Gonzalez’s wife, Hafiza Ali-Gonzalez. During the 911 calls, Ms. Ali-Gonzalez said that Mr. Gonzalez was under the influence of drugs and was walking around the hallway outside of their apartment in his underwear with his genitals exposed. She also indicated that, if the police did not arrive soon, she intended to subdue Mr. Gonzalez by hitting him with a golf club. When the officers arrived, Mr. Gonzalez was in the apartment. The officers requested that Ms. Ali-Gonzalez move out of the apartment and into the hallway for her safety. Mr. Gonzalez followed Ms. Ali-Gonzalez into the hallway and grabbed Ms. Ali-Gonzalez. The officers freed Ms. Ali-Gonzalez from Mr. Gonzalez’s grasp, wrestled Mr. Gonzalez to the ground and handcuffed him, and then, with Emergency Medical Technicians (“EMTs”), restrained Mr. Gonzalez in a chair that is used to transport emotionally disturbed persons. Thereafter, the EMTs and officers took Mr. Gonzalez to a waiting ambulance. It became apparent to the EMTs that Mr. Gonzalez was unresponsive. They then used an automatic electronic defibrillator (“AED”) and performed CPR on Mr. Gonzalez, and an EMT and ambulance personnel continued to perform CPR on the way to the hospital.

The decedent’s wife, Ms. Ali-Gonzalez, was interviewed twice in the hours immediately following Mr. Gonzalez’s death. During these interviews, both of which were recorded, Ms. Ali-Gonzalez did not allege that she saw any officer use excessive force. In a third interview, Ms. Ali-Gonzalez said that, during Mr. Gonzalez’s interaction with the officers, she saw a police officer choke Mr. Gonzalez. Ms. Ali-Gonzalez’s claim directly contradicted her own two prior, recorded statements to law enforcement. Ms. Ali-Gonzalez’s claim also was directly rebutted by a civilian witness who is a resident of the apartment building; this witness told the Office of the Attorney General (“OAG”) that the police officers did not hit Mr. Gonzalez or grab his neck and that, in her view, the officers acted appropriately. Statements by the police officers and EMTs were consistent with this civilian witness’s account.

The findings of the Office of the Chief Medical Examiner of the City of New York (“Medical Examiner”) also are consistent with the accounts of the civilian eyewitness, the police officers, the EMTs, and Ms. Ali-Gonzalez’s own two, prior statements. The Medical Examiner found that Mr. Gonzalez’s death was caused by acute cocaine intoxication. The Medical Examiner also found no evidence of any trauma to Mr. Gonzalez’s neck. Mr. Gonzalez’s prior medical records indicate that, during the months immediately preceding his death, Mr. Gonzalez had engaged in persistent cocaine use and suffered from cardiac issues.

Based on the totality of the evidence, the OAG finds that the NYPD officers involved in this incident did not cause Mr. Gonzalez's death and, therefore, no criminal prosecutions are warranted.

STATEMENT OF FACTS¹

As described more fully below, the OAG's investigation included, among other investigative steps: (1) review of 911 calls and NYPD radio transmissions, including 911 calls made by Ms. Ali-Gonzalez; (2) interviews of civilian witnesses, including Ms. Ali-Gonzalez; (3) interviews of the police officers and EMTs who responded to the scene; (4) review of statements made by NYPD officers and civilian witnesses to other law enforcement agencies, including statements by Ms. Ali-Gonzalez; (5) review of the Medical Examiner's autopsy, microscopy, and toxicology records; and (6) review of medical records of Mr. Gonzalez for the three months immediately preceding his death.

A. 911 Calls by Ms. Ali-Gonzalez

At approximately 7:02 p.m. on March 16, 2016, Ms. Ali-Gonzalez called 911 to report that her husband, Mr. Gonzalez, "Took some crack again." She asked that someone "come and take [him]" because he was in a public hallway on the third floor of their apartment building "in his underwear with his [genitals] coming out." She noted that "this was about the fifth time" that he had engaged in this type of conduct. The call ended with Ms. Ali-Gonzalez asking, "Are you coming soon? Okay please." EMTs and police officers were dispatched; however, because of a miscommunication between the dispatcher and Ms. Ali-Gonzalez, they initially responded to an incorrect address.

Nineteen minutes later, at 7:21 p.m., Ms. Ali-Gonzalez called 911 a second time. She told the dispatcher that she had a golf club and intended to use it to hit Mr. Gonzalez if the police did not arrive soon. She reiterated that her husband had taken drugs and said that he was "going crazy." Ms. Ali-Gonzalez said that she thought her husband had consumed cocaine mixed with another substance and that somebody needed to "get here and get him." Ms. Gonzalez also told the dispatcher that her husband had moved out of the hallway and was now inside of their apartment throwing things around.

B. Accounts of Two Civilian Witnesses

One civilian witness (referred to herein as CW-1²), whom the OAG interviewed, observed Mr. Gonzalez in the hallway on the third floor of the apartment building, both prior to and after the arrival of the officers. A second civilian witness (who is related to CW-1 and spends time in

¹ None of the information referenced in this report was obtained through the use of grand jury subpoenas. Any subpoenas issued were pursuant to New York State Executive Law Section 63(8).

² Civilian witnesses whose only connection with this case was their presence in the apartment building are referred to as "CW-[]" in order to protect their identities.

the building is referred to herein as CW-2) observed Mr. Gonzalez both in the hallway prior to the arrival of the officers and on the street level as he was transported by the officers and EMTs to the ambulance in the restraint chair. CW-2 did not see the interaction between Mr. Gonzalez and the police officers in the hallway on the third floor.

1. CW-1's Statements

At the time of the incident, CW-1 lived in the same apartment complex as Mr. and Mrs. Gonzalez. During the early evening hours of March 16, 2016, she saw Mr. Gonzalez in the hallway, where two young girls (approximate ages of 5 and 7 years old) were present.³ Mr. Gonzalez was wearing only his underwear. CW-1 brought the girls into her apartment while Ms. Ali-Gonzalez tried to calm and subdue Mr. Gonzalez. Based on Mr. Gonzalez's conduct, CW-1 believed that Mr. Gonzalez was, in CW-1's words, "drugged up."

After CW-1 heard police officers arrive, she looked out of her apartment again to see what was happening with Mr. Gonzalez. She observed that the officers were trying to calm Mr. Gonzalez, but that they were having difficulty doing so. The officers eventually were able to get Mr. Gonzalez onto the floor. Notwithstanding that the officers told Mr. Gonzalez to calm down, he continued to scream at and fight with the officers as they attempted to handcuff him. At some point during this struggle, it appeared to CW-1 that Mr. Gonzalez had exerted himself, became exhausted, and passed out. Shortly thereafter, CW-1 saw EMTs arrive. The officers and EMTs put Mr. Gonzalez onto a chair and removed him from the hallway. As they were leaving, CW-1 heard an EMT state that Mr. Gonzalez's pupils were dilated and then heard a police officer state that the EMTs should give Mr. Gonzalez oxygen.

CW-1 estimated that the interaction between the officers and Mr. Gonzalez in the hallway lasted for approximately two-and-a-half to three minutes. CW-1's assessment of the incident was that the police officers, in her words, "didn't do anything wrong." When CW-1 was asked if she had observed officers punch, kick, or push down on Mr. Gonzalez too hard, she responded that the officers did not do so. CW-1 also stated that the officers were concentrating on restraining Mr. Gonzalez's hands and indicated that she did not observe any officers using force in the area of Mr. Gonzalez's neck.

CW-1 said that she had witnessed Mr. Gonzalez display erratic behavior that resulted in police intervention, three or four times in the past. CW-1 further stated that, on these occasions, Mr. Gonzalez gave the police a difficult time.

2. CW-2's Statements

CW-2, whom the OAG interviewed, lives in the same apartment complex as Mr. Gonzalez. On March 16, 2016 he went to his apartment in order to charge his cell phone and saw Mr. Gonzalez in the hallway on the third floor of the apartment building. Mr. Gonzalez was wearing only underwear. Two young girls were also in the hallway. Ms. Ali-Gonzalez was trying to calm

³ No witnesses, including Ms. Ali-Gonzalez, indicated that the two girls were in the hallway during the time that Mr. Gonzalez interacted with the police and EMTs. Therefore, and in light of their ages, the OAG did not interview the girls.

Mr. Gonzalez down and get him into their apartment. After entering his apartment briefly, CW-2 left the building; he used the stairs rather than the elevator so that he could avoid contact with Mr. Gonzalez.

When CW-2 returned to the building 15 to 20 minutes later, he saw emergency personnel carrying Mr. Gonzalez in a “stretcher-chair” toward an ambulance. CW-2 did not see the interaction between Mr. Gonzalez and the police officers in the hallway.

CW-2 noted that he had seen Mr. Gonzalez engage in erratic behavior somewhat frequently.

C. Police Officers’ Statements

On March 16, 2016, at approximately 7:23 p.m., NYPD Officers Jennifer Giannone and Agustin Lopez (“PO Giannone” and “PO Lopez”) responded to the Gonzalez residence after a report of an “Emotionally Disturbed Person” or EDP. When they arrived, Mr. Gonzalez was inside the apartment he shared with Ms. Ali-Gonzalez, and the officers could hear shouting from within. They knocked on the door, and Ms. Ali-Gonzalez opened the door holding a golf club. According to the officers, Ms. Ali-Gonzalez said that Mr. Gonzalez was high on cocaine and that she was going to hit him.

The officers could see Mr. Gonzalez inside the apartment wearing only his underwear. He ran toward the rear of the apartment, and the officers then heard the sound of breaking glass from the rear of the apartment. The officers asked Ms. Ali-Gonzalez to go into the hallway for her own safety.

From their police vehicle, Officers Dwayne Wallace and Adam Cordero (“PO Wallace” and “PO Cordero”) also heard the dispatch call regarding an EDP at the Gonzalez residence. PO Wallace recognized the address as one that he had responded to several times in the past, and he knew that Mr. Gonzalez had been difficult during his past dealings with the police. Based upon that history, POs Wallace and Cordero responded to the call as back-up to the primary officers. When they arrived, they saw POs Giannone and Lopez in the hallway speaking with Ms. Ali-Gonzalez.

At that point, according to the officers, Mr. Gonzalez came out of the apartment, entered the hallway, and wrapped his arms around Ms. Ali-Gonzalez in an attempt to bring her back into the apartment. The officers freed Ms. Ali-Gonzalez from her husband’s grasp and ultimately took Mr. Gonzalez down to the floor. Because he was attempting to kick the officers, PO Giannone held Mr. Gonzalez’s legs. PO Wallace was able to secure Mr. Gonzalez’s left wrist in a handcuff, but could not secure the other wrist, because Mr. Gonzalez locked his right arm beneath him. After a struggle, the officers were able to place Mr. Gonzalez’s right hand in a handcuff as well. Throughout the struggle, Ms. Ali-Gonzalez was standing to the side and did not interfere with the officers.

According to the officers, after handcuffing Mr. Gonzalez, they placed him on his side and recall observing that he was conscious. EMTs arrived with a chair that is used to restrain and

transport emotionally disturbed persons, and the officers helped the EMTs secure Mr. Gonzalez into the chair and then he was transferred by elevator down to a waiting ambulance. PO Lopez remained with Ms. Ali-Gonzalez for a short while before he proceeded downstairs as well.

When they arrived at the street level, PO Wallace removed Mr. Gonzalez's handcuffs and the EMTs and officers moved him from the chair to a stretcher. According to the officers (and, as described below, the EMTs), Mr. Gonzalez appeared to become unresponsive at this time. PO Wallace immediately retrieved an AED⁴ from his vehicle, which the EMTs applied to Mr. Gonzalez. PO Wallace also helped the EMTs perform CPR/chest compressions. POs Wallace and Cordero escorted the ambulance to Lincoln Hospital. According to GPS data, the ambulance left the apartment building at 7:46 p.m., approximately 23 minutes after POs Giannone and Lopez, the first officers at the scene, had arrived. POs Giannone and Lopez remained behind with Ms. Ali-Gonzalez, who told the officers that she did not want to go to the hospital.⁵

D. Emergency Medical Technicians' Statements

On March 16, 2016, shortly after 7:23 p.m., Fire Department of New York ("FDNY") EMTs Marlon Tapper and Daniel Fetchik responded to the Gonzalez residence. They were delayed in their arrival, because, due to a miscommunication between Ms. Ali-Gonzalez and the 911 dispatcher, the wrong address was initially provided to the EMTs, and they responded to an incorrect location. When they arrived in the hallway outside of the Gonzalez's apartment, officers had already subdued Mr. Gonzalez, who was lying on the ground. The EMTs and officers placed Mr. Gonzalez into a mobile chair in order to transfer him from the third floor hallway to the ground floor. EMT Tapper noted that Mr. Gonzalez was breathing heavily and EMT Fetchik described him as "in distress." EMT Tapper gave Mr. Gonzalez oxygen and Mr. Gonzalez continued to breathe; he did not speak but did make grunting noises.

When the EMTs arrived at the ambulance, PO Wallace removed Mr. Gonzalez's handcuffs, so that Mr. Gonzalez could be transferred onto a stretcher. At this point, the EMTs noticed that Mr. Gonzalez looked pale and did not have a pulse. PO Wallace retrieved an AED from his police vehicle while the EMTs commenced CPR. The EMTs "shocked" Mr. Gonzalez with the AED and then continued CPR for the duration of the drive to Lincoln Hospital.

The ambulance left the apartment complex at 7:46 p.m. and arrived at Lincoln Hospital at approximately 7:56 p.m. Hospital personnel immediately intubated Mr. Gonzalez and continued

⁴ An automated external defibrillator is a portable device that checks the heart rhythm and is capable of sending an electric shock to the heart to try to restore a normal rhythm. AEDs are used to treat sudden cardiac arrest. Most sudden cardiac arrests result from ventricular fibrillation, a rapid and unsynchronized heart rhythm, which can lead to death. The heart can sometimes be "defibrillated" to restore a normal rhythm. Sticky pads with sensors are attached to the chest of the person who is experiencing sudden cardiac arrest. The electrodes send information about the person's heart rhythm to a computer in the AED. The computer analyzes the heart rhythm to find out whether a shock (defibrillation) is advised ("shock indicated") or not ("no shock advised").
<https://www.nhlbi.nih.gov/health/health-topics/topics/aed>.

⁵ POs Giannone, Lopez, Wallace, and Cordero agreed to speak with the OAG voluntarily. Lieutenant Paul Scott, who arrived on the third floor after the officers and the EMTs had already placed Mr. Gonzalez in the restraint chair, also agreed to speak with the OAG voluntarily.

CPR. Despite these efforts, Mr. Gonzalez never regained consciousness. At approximately 8:08 p.m., Dr. Yocheved Rose pronounced Mr. Gonzalez deceased.

E. Ms. Ali-Gonzalez's Statements

As described above, Ms. Ali-Gonzalez called 911 at 7:02 p.m. and again at 7:21 p.m. At approximately 11:00 p.m., Dr. Rose notified Ms. Ali-Gonzalez that her husband had passed away. At 11:14 p.m., Ms. Ali-Gonzalez gave NYPD officers permission to search her apartment. She placed a third 911 call at approximately 12:01 a.m. on March 17, 2016, indicating that police officers were at her apartment and would not let her enter. During the 12:01 a.m. call, Ms. Ali-Gonzalez said that her husband had died earlier that evening after taking drugs. She questioned why she could not re-enter her residence, given that Mr. Gonzalez had died at the hospital, and not at the apartment. She made no allegation of excessive force during the call.

At approximately 12:28 a.m., less than five hours after Mr. Gonzalez's death, Ms. Ali-Gonzalez spoke with an Assistant District Attorney from the Bronx District Attorney's Office and, shortly thereafter at 12:46 a.m., with an investigator with the NYPD Force Investigation Unit. During these interviews (which were recorded), Ms. Ali-Gonzalez said that her husband was high on cocaine and was "trashing" their apartment, which prompted her to call the police, as she had done on several prior occasions. Regarding the events leading up to her husband's death, Ms. Ali-Gonzalez said that she did not see any member of the NYPD abuse Mr. Gonzalez, because the officers kept telling her to "move away" and so she was unable to see what was happening between her husband and the officers. However, she said that she had seen officers abuse Mr. Gonzalez in the past and, for that reason, knew they had abused him before his death that night.⁶ Ms. Ali-Gonzalez said that she did see officers checking her husband's neck, but, during these two interviews, she did not allege that any officers choked or strangled Mr. Gonzalez.

In a subsequent meeting with the OAG five days after the incident, Ms. Ali-Gonzalez gave an account that was inconsistent with her prior statements. She stated that she had witnessed an officer "choking" her husband in the hallway after he had been handcuffed. Ms. Ali-Gonzalez further said that the police officers "killed him right in front of me."⁷

F. Medical Examiner's Reports

Mr. Gonzalez's body was autopsied by Dr. Michael Greenberg, a New York City Medical Examiner at approximately 10:00 p.m. on March 18, 2016 (approximately thirty-six hours after the death).⁸ Mr. Gonzalez was 54 years old, measured 69 inches tall, and weighed 192 pounds. His gross external examination revealed numerous scars. There were also a number of small abrasions (i.e., cuts) and contusions (i.e., bruises) mainly localized to his hands and fingers. He also had two small contusions on his left leg.

⁶ The OAG requested complaints by Ms. Ali-Gonzalez to the NYPD's Civilian Complaint Review Board ("CCRB"), and the CCRB informed the OAG that it had no such complaints.

⁷ When the OAG asked Ms. Ali-Gonzalez why she did not allege, during her two recorded interviews, that she observed officers use excessive force during the incident, Ms. Ali-Gonzalez offered no explanation.

⁸ The autopsy is attached hereto.

The internal examination showed that Mr. Gonzalez's neck was "without trauma" and that his upper airway was "patent" (i.e., open and unobstructed). The internal examination also showed that Mr. Gonzalez had fractured ribs and chest wall hemorrhages; the Medical Examiner indicated that these injuries were consistent with the application of CPR by noting that the injuries were: "status post attempted resuscitation." Finally, the internal examination located a bullet in Mr. Gonzalez's left thigh and diagnosed a remote (i.e., non-recent) gunshot wound.

The Medical Examiner sent samples of Mr. Gonzalez's bodily fluids to a lab for toxicological analysis. Mr. Gonzalez's blood and urine contained pure cocaine as well as cocaine metabolites and levamisole, a substance used to dilute cocaine in order to increase its volume for sale to users.

Dr. Greenberg ruled Richard Gonzalez's cause of death as "acute cocaine intoxication" and deemed the manner of death to be: "Accident (substance abuse)."

G. Medical Records of Richard Gonzalez

The OAG reviewed medical records for Mr. Gonzalez for the three months preceding his death. Between December 25, 2015 and March 16, 2016, Mr. Gonzalez was seen at Lincoln Hospital five times (excluding the evening of his death). Four of those visits dealt with incidents and behavior related to cocaine abuse. Mr. Gonzalez also suffered from cardiac issues.

ANALYSIS

Based on the totality of the evidence, the OAG finds that the NYPD officers involved in this incident did not cause Mr. Gonzalez's death and that, therefore, no criminal prosecutions are warranted. With the exception of Ms. Ali-Gonzalez's statement to the OAG that she saw officers choking Mr. Gonzalez, all of the evidence strongly supports the conclusion that Mr. Gonzalez's drug use, and not police misconduct, was the cause of his death.

This evidence includes:

- Ms. Ali-Gonzalez's statements during her two 911 calls that Mr. Gonzalez was under the influence of crack cocaine and was in a public hallway in his underwear with his genitals exposed;
- CW-1's observations that Mr. Gonzalez was in his underwear and appeared to be under the influence of a drug and that the police officers "didn't do anything wrong" and, in any event, did not strangle Mr. Gonzalez; and
- Medical records showing Mr. Gonzalez's prior drug use and prior cardiac conditions.

Most significantly, the Medical Examiner found no evidence of any trauma to Mr. Gonzalez's neck, and Ms. Ali-Gonzalez herself – in two recorded statements – stated that she did not see any police officer physically abuse Mr. Gonzalez.⁹

⁹ Wrestling Mr. Gonzalez to the ground in order to handcuff him was clearly justified given Mr. Gonzalez's conduct, including grabbing Ms. Ali-Gonzalez and resisting against the officers. See generally Graham v. Connor, 490 U.S. 386, 394-396 (1989)(claims of excessive force are weighed pursuant to an "objective reasonableness" standard); Koeiman v. City of New York, 36 A.D.3d 451 (1st Dept. 2007) (wrestling defendant to the floor after he assaulted another person and resisted officers' efforts to restrain him was objectively reasonable).

RECOMMENDATION

Ms. Ali-Gonzalez made highly disturbing allegations of police misconduct in this case; she claimed that police officers strangled and killed her husband in front of her. Ms. Ali-Gonzalez's 911 calls, civilian witness statements, EMT and police officer statements, autopsy and toxicology reports, and Mr. Gonzalez's medical history show that Mr. Gonzalez's drug use, and not police misconduct, was the cause of his death. Indeed, Ms. Ali-Gonzalez's own prior, recorded interview statements are consistent with the other evidence in this case. But indisputably, digital video evidence would have greatly facilitated the OAG's investigation. Accordingly, we use its absence here, as we have previously, as an opportunity to again recommend that police agencies and policy makers work toward outfitting as many officers and vehicles as possible with body-worn and dashboard cameras. In making this recommendation, we note that the NYPD is in the process of developing an extensive body-worn camera program

Agencies that have adopted body-worn camera programs note many benefits, including: the documentation of evidence, enhanced officer training, the prevention and/or resolution of citizen complaints, transparency, and performance and accountability.¹⁰ Dashboard cameras also have proven to be similarly beneficial to officers, law enforcement agencies, and members of the public alike.¹¹ Moreover, at a time when police-civilian encounters are increasingly recorded by members of the public, body-worn and dashboard cameras provide the additional benefit of ensuring that events are captured from as many perspectives as possible.¹²

In many jurisdictions, law enforcement agencies seek to incorporate this type of technology, but find the costs involved to be prohibitive. Not only do the cameras themselves cost money, but there are enormous expenses associated with storing the data as well as training the officers in how cameras are to be used. For that reason, we direct this recommendation not only to law enforcement agencies, but to the policy makers who determine and dictate funding priorities.

Finally, we recognize that the use of cameras should be undertaken only after the development, with community input, of explicit, fair and workable protocols that address privacy concerns, determine how long to store data, and dictate how much of that data to share with the public, among many other issues. These are genuine issues that warrant careful review.¹³ These issues should not, however, stand as barriers to progress.

¹⁰ <https://www.justice.gov/iso/opa/resources/472014912134715246869.pdf>

¹¹ http://www.policechiefmagazine.org/magazine/index.cfm?fuseaction=display&article_id=358

¹² No video reorder or camera can capture the exact perspective of the officer behind the wheel of a vehicle or engaged in a foot chase. See, e.g., <http://www.nytimes.com/interactive/2016/04/01/us/police-bodycam-video.html>

¹³ See, e.g., <http://inpublicsafety.com/2015/01/body-worn-cameras-benefits-and-best-practices-for-police/>; <https://www.justice.gov/iso/opa/resources/472014912134715246869.pdf>.

**OFFICE OF CHIEF MEDICAL EXAMINER
OF THE CITY OF NEW YORK**

STATE OF NEW YORK)
)
COUNTY OF NEW YORK) SS.:

CERTIFICATION AS A BUSINESS RECORD

I have been delegated by Barbara A. Sampson, M.D.-Ph.D., Chief Medical Examiner, to certify and authenticate records of the Office of Chief Medical Examiner of the City of New York ("OCME") pursuant to Rule 4518 of the New York Civil Practice Law and Rules.

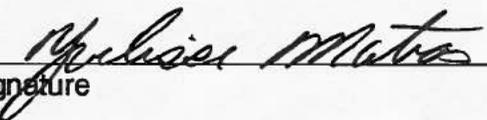
OCME has been ordered to produce certified copies of documents concerning decedent,
Richard Gonzalez **ME # B16-1321**

OCME is a governmental office organized under the New York City Charter § 557 and the New York City Administrative Code §§17-201 – 17-206. All records contained in its Records Department concerning this matter are maintained in OCME's regular course of business. OCME medical examiner files contain autopsy records generated by OCME staff in the regular course of their business, as well as documents received from other sources which are relevant to the particular case.

The copies provided here represent all the documents contained in the above-cited OCME medical examiner case file.

I have examined the original records maintained by OCME's Records Department and I have compared the copies provided here to the originals from which they were photocopied, and I attest that the records bearing this certification and authentication are a true and correct copy of the original records so described and are accurate and genuine.

I have affixed the official seal of the Office of Chief Medical Examiner of the City of New York to certify these copies as genuine and as business records of the Records Department of the Office of Chief Medical Examiner.



Signature

Yvelisse Matias

Print Name

Clerical Associate IV

Title

May 06, 2016

Date

[Seal of the Office of Chief Medical Examiner]



**OFFICE OF CHIEF MEDICAL EXAMINER
CITY OF NEW YORK**



REPORT OF AUTOPSY

Name of Decedent: Richard Gonzalez

M.E. Case #: B16-001321

Autopsy Performed by: Michael J. Greenberg, M.D. Date of Autopsy: March 18, 2016

FINAL DIAGNOSES

- I. ACUTE COCAINE INTOXICATION (SEE TOXICOLOGY REPORT)**
- II. GUNSHOT WOUND OF LEFT LOWER EXTREMITY, REMOTE**
 - A. PROJECTILE RECOVERED, LEFT THIGH**
- III. STATUS POST ATTEMPTED RESUSCITATION**
 - A. BILATERAL ANTERIOR RIB FRACTURES**

CAUSE OF DEATH:

ACUTE COCAINE INTOXICATION

MANNER OF DEATH:

ACCIDENT (SUBSTANCE ABUSE)

THIS IS A TRUE COPY
Office of Chief Medical Examiner
This record cannot be released without
prior consent from the Office of Chief
Medical Examiner, New York City, N.Y.

Yvelisse Matias y.m.
5/6/16

**OFFICE OF CHIEF MEDICAL EXAMINER
CITY OF NEW YORK**

REPORT OF AUTOPSY

CASE NO. B16-001321

I hereby certify that I, Michael J. Greenberg, M.D., City Medical Examiner - II, have performed an autopsy on the body of Richard Gonzalez, on the 18th day of March, 2016, commencing at 10:00 a.m., in the Queens Mortuary of the Office of Chief Medical Examiner of the City of New York. This autopsy was performed in the presence of Drs. Rafael Garcia, Carolyn Kappen, and Jeremy Stuelpnagel.

IDENTIFICATION:

Seal number: 34966

Hospital identification bracelet on right wrist (reading "Russell, Unknown Male")

Hospital tag on right great toe (reading "Russell, Unknown Male")

OCME identification tags (2) on right great toe

EXTERNAL EXAMINATION:

The body is of a well-developed, well-nourished, average-framed, 5' 9", 192 lb Hispanic man whose appearance is consistent with the given age of 54 years. The straight brown and white hair measures up to 2". The mustache measures up to 1/4" and the beard measures up to 1/8". The nose and facial bones are intact. The eyes have brown irides and the conjunctivae are without hemorrhage, petechiae, or jaundice. The oral cavity has natural teeth in moderate repair, several of which are missing, with dental bridges in place in the upper gingiva. The oral mucosa is atraumatic. The torso and extremities are unremarkable. There is a 1/4" x 1/4" pedunculated skin tag of the upper right back. The fingernails are short and do not extend beyond the finger tips. The external genitalia are of a normal uncircumcised man.

SCARS: There is a 12" vertical midline laparotomy scar. There is a 4-3/4" diagonal scar extending upward and to the right from the upper half of the laparotomy scar. There is a 2-1/2" x 2" oval scar of the left lower quadrant of the abdomen. There is a 1-1/4" scar of the dorsal right wrist. There is a 1" scar of the volar left forearm. There is a 1-1/2" scar of the dorsal left hand. There is a 3/4" x 1/2" oval scar of the anterior right thigh. There is a 1-1/2" scar of the anterior right knee. There is a 1-1/2" scar of the dorsal right foot. There is a 2" scar of the anterior left knee. There is a 2-1/2" x 3/4" scar of the anterior left knee.

TATTOOS: There is an amateur, monochromatic tattoo of the right clavicular region,

reading "I love my wife..." There is an amateur, monochromatic tattoo of the left clavicular region, reading "Ernestine Gonzalez." There is a professional, polychromatic tattoo of the right arm, depicting a cat. There is an amateur, monochromatic tattoo of the left arm, reading "CRYSTAL." There is an amateur, monochromatic tattoo of the dorsal penis, depicting an unrecognizable design.

POSTMORTEM CHANGES: There is marked symmetrical rigor mortis of the upper and lower extremities, neck, and jaw. Lividity is pink, unfixed, and posterior. The body is cool following refrigeration.

THERAPEUTIC PROCEDURES: In place are an endotracheal tube, an intraosseous infusion needle in the left shoulder, intravenous catheters in each antecubital fossa, a pulse oximeter transducer on the left second finger, and electrocardiogram leads on the torso.

INJURIES, EXTERNAL AND INTERNAL: There is a 1/2" x 1/4" abrasion on the dorsomedial right wrist. 1/2" x 3/8" pink contusion of the dorsal right hand. There are two 1/8" x 1/8" abrasions of the dorsomedial fingers of the right hand, one each on the fourth and fifth fingers. There is a 1/4" x 1/8" abrasion of the medial left wrist. There is a 1-1/4" x 1" pink contusion of the dorsomedial left hand. There is a 3-1/2" x 1" purple contusion of the dorsal left hand. There are multiple parallel linear abrasions of the volar left wrist, ranging from 1/2" to 1". There is a 7/8" x 3/4" purple contusion of the anterior left thigh, with yellow edges. There is a 1/4" x 1/4" purple contusion of the posterolateral left leg.

Subcutaneous examination of the torso and extremities reveals the following foci of hemorrhage: a 1-1/2" x 3/4" hemorrhage of the medial left wrist; a 2" x 1" hemorrhage of the right elbow; and a 2" x 1-1/2" hemorrhage of the lateral left thigh.

There are hemorrhages of the chest wall, as follows: a 3-1/2" x 2-1/2" hemorrhage over the lateral right chest wall, overlying the third through fifth ribs; a 4" x 2" hemorrhage over the posterolateral right chest wall, overlying the ninth and tenth ribs; and a 4" x 3" hemorrhage over the anterior left chest wall, overlying the fourth and fifth ribs. There are anterior fractures of the right second through fourth ribs and the left second through fifth ribs (comment: status post attempted resuscitation).

Gunshot wound of left lower extremity, remote: A markedly deformed, partially flattened, non-jacketed projectile is recovered from the soft tissue of the medial left thigh, approximately 43" from the top of the head. A smaller fragment of projectile is

recovered from the soft tissue just anterior to the left femur. The projectile and fragment are submitted into Evidence.

INTERNAL EXAMINATION:

Body Cavity: The organs are in their normal situs. The pleural and peritoneal cavities contain no fluid or hemorrhage. There are numerous adhesions of the small and large intestine, which can be easily broken.

Head: The scalp has no contusion. The skull has no fracture. There is no epidural, subdural, or subarachnoid hemorrhage. The brain weighs 1300 gm and is normal size and shape. The cerebral hemispheres are symmetrical with the usual patterns of sulci and gyri. The leptomeninges are thin and glistening. The cerebral vessels are without aneurysms or atherosclerosis. The cranial nerves are normally distributed. The white and gray matter, deep nuclei, and ventricles are unremarkable. There are no focal lesions. The brainstem and cerebellum have the usual patterns on cut surface.

Neck: The cervical vertebrae, hyoid bone, tracheal and laryngeal cartilages, and paratracheal soft tissues are without trauma. The upper airway is patent.

Cardiovascular System: The heart weighs 380 gm and has a normal distribution of right dominant coronary arteries without atherosclerotic stenosis. The myocardium is homogeneous, dark red, and firm without pallor, hemorrhage, softening, or fibrosis. The left ventricle wall is 1.2 cm and the right is 0.3 cm thick. The endocardial surfaces and four cardiac valves are unremarkable. The aorta is without atherosclerosis. The venae cavae and pulmonary arteries are without thrombus or embolus.

Respiratory System: The right lung weighs 870 gm and the left weighs 960 gm. The red, foamy parenchyma is without masses, hemorrhages, or consolidations. The bronchi are unremarkable.

Liver, Gallbladder, and Pancreas: The liver weighs 1810 gm and has an intact capsule and brown parenchyma without fibrous or slippery texture. The gallbladder contains approximately 25 cc of yellow bile without stones. The pancreas shows normal lobulation, color, and texture.

Spleen and Lymph Nodes: The spleen weighs 230 gm and has an intact capsule. The red and white pulp, and consistency are unremarkable. There are no enlarged lymph nodes.

Genitourinary System: The right kidney weighs 180 gm and the left weighs 230 gm. Each kidney has a smooth red-brown surface and an unremarkable architecture and vasculature. The ureters maintain uniform caliber into an unremarkable bladder, which contains approximately 50 cc of urine. The prostate is not enlarged. The testes are unremarkable.

Endocrine System: The pituitary, thyroid, and adrenal glands are normal color, size, and consistency.

Digestive System: The esophagus and gastroesophageal junction are unremarkable. The stomach contains approximately 350 cc of dark green fluid with partially digested food particles. The gastric mucosa, small intestine, and large intestine are unremarkable. The vermiform appendix is present.

Musculoskeletal System: The vertebrae, clavicles, sternum, and pelvis are without fracture. The musculature is normally distributed and unremarkable.

TOXICOLOGY: Specimens of heart blood, femoral blood, bile, urine, gastric contents, brain, liver, and vitreous humor are submitted for toxicologic analysis. A separate report will be issued.


Michael J. Greenberg, M.D.
City Medical Examiner - II

Final: 4/22/16

**THE CITY OF NEW YORK
OFFICE OF CHIEF MEDICAL EXAMINER
520 FIRST AVE
NEW YORK, NY 10016
FORENSIC TOXICOLOGY LABORATORY**

Deceased: Richard Gonzalez	Laboratory No.: FT16-01160	M.E. Case No.: B16-001321
Autopsy by: Dr. Greenberg		Date of Autopsy: 3/18/2016
Specimens received: Femoral Blood X Bile X Urine X Gastric Contents X Brain X Liver X Vitreous Humour X Other (specify): Blood (Heart)		
Specimens received in laboratory by: Tanya Nellpa		Date Received 3/21/2016

Equivalents: 1.0 mg/L = 1000 ng/mL = 0.1 mg/dL

1.0 mg/Kg = 1000 ng/g = 1.0 mcg/g

RESULTS

Page 1 of 1

BLOOD (Femoral)

Ethanol 0.01 g% (HSGC)
 Levamisole 0.25 mg/L (GC)
 Benzoyllecgonine 1255 ng/mL (LC/MS)
 Cocaine 1082 ng/mL (LC/MS)
 Ethylbenzoyllecgonine <50 ng/mL (LC/MS)
 Levamisole - detected (GC/MS)
 Morphine, oxymorphone, oxycodone, hydromorphone, hydrocodone - not detected (LC/MS)
 Codeine, 6-monoacetylmorphine - not detected (LC/MS)
 Barbiturates, benzodiazepines, methadone, cannabinoids - not detected (IA)
 Sympathomimetic amines - not detected (GC/MS)

URINE

Benzoyllecgonine, cocaine, ethylbenzoyllecgonine - detected (LC/MS)
 Morphine, oxymorphone, oxycodone, hydromorphone, hydrocodone - not detected (LC/MS)
 Codeine, 6-monoacetylmorphine - not detected (LC/MS)
 Sympathomimetic amines - not detected (GC/MS)

VITREOUS HUMOUR

Glucose 29 mg/dL (CA)
 Ethanol - not detected (HSGC)

This report has an associated Forensic Toxicology case file.

Definitions of terms used in this report can be located at <http://www.nyc.gov/ocme>

CT = Color Test	GC/MS = Gas Chromatography/ Mass Spectrometry
GC = Gas Chromatography	LC = Liquid Chromatography
CA = Chemistry Analyzer	IA = Immunoassay
TLC = Thin Layer Chromatography	< = Less than
UV/VIS = Ultraviolet/Visual Spectrophotometry	HS = Head Space
LC/MS = Liquid Chromatography/ Mass Spectrometry	

Signed: _____

Elizabeth Marker
Dr. Elizabeth Marker

Assistant Director, Forensic Toxicology Laboratory

Date: 4/18/2016

AT 4/19/16

NAME OF DECEDENT: Gonzalez, Richard

M.E. CASE #: B-16-001321

MEDICAL EXAMINER: DR. Greenberg, Michael

DATE OF DEATH: 03/16/2016

HOMICIDE PRISONER MVA (Driver/Operator) OTHER RUSH _____

TODAY'S DATE: 03/18/2016

COMPONENTS OF MEDICOLEGAL CASE RECORD NEEDED	FOR CERTIFICATION	FOR FILE COMPLETION
TOXICOLOGY REPORT	✓	
HISTOLOGY SLIDES		
NEUROPATHOLOGY OR CARDIAC PATHOLOGY		
REPORT(S): <input type="checkbox"/> POLICE <input type="checkbox"/> FIRE MARSHAL <input type="checkbox"/> MJ		
CULTURES: <input type="checkbox"/> BLOOD <input type="checkbox"/> TB <input type="checkbox"/> OTHER: _____		
CONSULTANTS <input type="checkbox"/> ANTHRO <input type="checkbox"/> RADIOLOGY <input type="checkbox"/> OTHER: _____		
HOSPITAL OR MEDICAL RECORDS		
INFANT DEATH SCENE INVESTIGATION		
OTHER: _____		

For Pediatric Cases: Is there suspicion of abuse at this time? YES NO
If yes, Call 1 (800) 635-1522

AUTOPSY INVENTORY

CONSULT SERVICE	<input type="checkbox"/> BRAIN <input type="checkbox"/> HEART <input type="checkbox"/> ANTHRO	X-RAYS: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PHOTOS: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
HISTOLOGY:	STOCK JAR(S): <u>1</u> 2 3 4	BOTTLE(S) REQUESTING SLIDES: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	1 2 3		
MICROBIOLOGY	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	SPECIMEN SOURCE	OTHER STUDIES:		
EVIDENCE	<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> CLOTHING	<input checked="" type="checkbox"/> BALLISTICS X <u>1</u> (#) <input type="checkbox"/> PERSONAL PROPERTY	<input type="checkbox"/> OTHER: _____		
FBIO	<input checked="" type="checkbox"/> BLOOD <input type="checkbox"/> HAIR SCALP-PUBIC	<input type="checkbox"/> SWABS O-A-V <input type="checkbox"/> RNA LATER	<input type="checkbox"/> BONE <input type="checkbox"/> FINGERNAILS <input type="checkbox"/> OTHER		
FBIO SEXUAL ASSAULT KIT	ORAL SWABS/SMEAR	BUCCAL SPECIMEN	TRACE EVIDENCE	CLOTHING/UNDERWEAR	DEBRIS
	DRIED SECRETIONS AND/OR BITE MARKS	FINGERNAIL SCRAPINGS/CLIPPINGS	PULLED HEAD HAIRS	PUBIC HAIR COMBINGS	PULLED PUBIC HAIRS
	PERIANAL AND ANAL SWABS AND SMEAR	VULVAR OR PENILE SWABS AND SMEAR	VAGINAL SWABS AND SMEAR	CERVICAL SWABS AND SMEAR	OTHER

SIGNATURE: 

Greenberg, Michael



NYC
Office of Chief
Medical Examiner

FORENSIC TOXICOLOGY REQUEST FORM

FT16-01160

TOX

16-08900-001

Type: Bld
Source: Femoral
Instance#: 1



B16001321

M.E. CASE #: B-16-001321			DATE OF DEATH: 03/16/2016 8:08 PM	
NAME OF DECEDENT: Gonzalez, Richard			Age 54 Years	Race Hispanic
MEDICAL EXAMINER: Dr. Greenberg, Michael			M X	F
INDICATED: <input type="checkbox"/> NO <input type="checkbox"/> YES			ME EXAM DATE: 03/18/2016	
			<input checked="" type="checkbox"/> YES BASIC	
			<input checked="" type="checkbox"/> YES COMPREHENSIVE	

MANNER OF DEATH HOMICIDE SUICIDE ACCIDENT NATURAL THERAPEUTIC COMPLICATION UNDETERMINED PENDING

SAMPLES SUBMITTED:

BLOOD FEMORAL ^{84g} HEART ^{15g} CAVITY SUBDURAL OTHER

BILE ^{29g} URINE ^{40g} GASTRIC CONTENTS ^{82g} BRAIN ^{135g} LIVER ^{129g} DECOMP FLUID OTHER:

VITREOUS ^{~4ml blood/membrane} CHEMISTRY REQUEST

Na K Cl VUN/Cr Glucose Other: _____

BRIEF CASE DETAILS
Subma above (cocaine?)
police custody.

PRISONER
 MOTOR VEHICLE COLLISION DRIVER

DECOMP

DURATION OF HOSPITALIZATION: < 10 minutes

SUSPECTED DRUGS/MEDICATIONS:

ETOK TN 3.21.16

SIGNATURE: Greenberg, Michael



OFFICE OF CHIEF MEDICAL EXAMINER
THE CITY OF NEW YORK



AUTOPSY NOTES

NAME OF DECEDENT: Gonzalez, Richard

M.E.# B-16-001321

(8) ♀ SKIN COLOR: W WD/WN: 11 HEIGHT: 5 FT 9 IN WEIGHT 192 LB AGE: 54
HAIR: TXTR Str CLR White 2 IN M 1/4 IN B 1/8 IN EYES: IRIDES brn CONJ HTS TEETH/ORAL nat several mcs

TORSO: ANT Scars POST 110 GENITALIA: + 0 td EXTREMITIES: UPPER fair LOWER scars
RIGOR MORTIS: abd, sym LIVOR MORTIS: FNF gnl pair TEMPERATURE: Cool

Scars: see down

Tattoos: see down

Clothing: 0

Therapeutic Procedures: ETT, osseous Lt shoulder IV Bk CF, pulse ox - left 2-
ECG lead Lt upper chest artery finger

Injuries: see down

Hosp: "Russell, Unknown Male"
R+ wrist
R+ toe
OCME - R- toe x 2

Head
Brain 1300 gm
Neck
Cavities 1
Vessels 1
Heart 380 gm
L.V. 1.2 cm rv 2-3
R-Lung 870 gm
L-Lung 960 gm
Liver 1810 gm
Bile - 25 ml yellow
Pancreas
Spleen 230 gm
Lymph nodes
Thymus: Y/N
R-Kidney 180 gm
L-Kidney 230 gm
Urine - 50 ml
Gonads
Endocrine
Digestive Tract all horns
Gastric - 300 ml dk green
App Y/N food
Musc-Skel

Sub a of entire larynx (Plugging):
2 x 1/2 Lt thigh

DIAGNOSES: 1 1/2 x 3/4 med Lt wrist
2 x 1 Rt elbow

Rib Fr (CPR):

Rt 2-4 all anterior
Lt 2-5

S.I.A - ant frs: Rt dark wall 3/2 x 2 1/2 over ht 3-5
Rt posterior dark wall 4 x 2 over 9, 10
Lt dark wall 4-3 over 4, 5

Examined by: Greenberg, Michael

Date: 3.18.16 Time: 10:00 AM PM

