AUTOPSY REPORT

No. 2020-00798

I performed an autopsy on the body of

at

the DEPARTMENT OF MEDICAL EXAMINER-CORONER

DOE #5, JANE (LATER IDENTIFIED AS) BRYANT, GIANNA

Los Angeles, California

on JANUARY 28, 2020 0930 HOURS

(Time)

From the anatomic findings and pertinent history I ascribe the death to:

(A) BLUNT TRAUMA

DUE TO OR AS A CONSEQUENCE OF

(B)

DUE TO OR AS A CONSEQUENCE OF

DUE TO OR AS A CONSEQUENCE OF

(D)

OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH

MANNER OF DEATH

ACCIDENT

HOW INJURY OCCURRED

COMMERCIAL HELICOPTER CRASH, PASSENGER

Anatomic Summary:

- I. Blunt force traumatic injuries.
 - A. Traumatic amputation, right leg.
 - B. Traumatic near amputation, left leg.
 - C. Multiple abrasions, contusions and lacerations involving the head, torso, upper and lower extremities.
 - D. Multiple fractures, variably displaced, involving the head (severe), ribs, pelvis, left clavicle, upper and lower extremities.
 - E. Lacerations.
 - 1. Forehead-scalp, 13 inches
 - a. Multiple facial and skull fractures, variably displaced and focally comminuted.
 - b. No residual brain tissue identified within calvarium.
 - c. Transected upper cervical cord.
 - 2. Descending aorta(x2), below left subclavian artery ostium, proximal 2.5 cm, distal 4.2 cm.
 - 3. Heart lacerations
 - a. Base of aortic valve cusps, 3.3 cm.
 - b. Interventricular septum, focally full thickness, 5.0 cm.
 - 4. Lung, left lower lobe, 10 cm with near transection.
 - Liver, right lobe, 14cm with markedly pulverized parenchyma.

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- 6. Spleen, multiple lacerations, largest 7cm with focally pulverized parenchyma
- 7. Kidney, left, 5.5 cm
- F. Hemoperitoneum, estimated 300 cc
- II. See separate Toxicology Report.

INJURY DATE:

01/26/2020

HOSPITAL DATE:

None

CIRCUMSTANCES:

See Investigator Narrative Report.

EXTERNAL EXAMINATION:

The body is identified by arm band and is that of an unembalmed female adolescent who appears about the reported age of 13 years. The body weighs 115 pounds, measures an estimated 52 inches (per Form 1) in the setting of traumatic injuries and appears well nourished. The general appearance of the skir is as diagramed on Form 20. No scars or thermal injuries are identified. Wrist scars are absent. Tattoos are not present. Rigor has presumably been abolished. Livor mortis is faint, dependent and fixed. The head is asymmetric due to traumatic injuries and covered by long black curly hair. Mustache and beard are absent. Both eye globes are displaced posteriorly and laterally, have brown irides and sclera that are anicteric. There are no petechial hemorrhages of the conjunctiva, lids, or sclera. Scant blood is present in the oronasal passages. Upper and lower teeth are natural and focally displaced due to traumatic injuries. Dentures are not

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present. The chest is slightly asymmetrical with multiple palpable fractures most prominent on the left anterior side. There is no increased anterior-posterior diameter. The abdomen is not unusual. The genitalia are female and unremarkable. The extremities show multiple traumatic injuries to be described below. No extremity pitting edema, nontherapeutic punctures, or needle tracks are present.

EVIDENCE OF THERAPEUTIC INTERVENTION:

There is no evidence of any previous recent hospitalization and no medical appliances are present at the time of examination. There is no evidence of old surgery. There has not been postmortem intervention for organ procurement.

EVIDENCE OF TRAUMATIC INJURY: See Diagram Forms 20, 27 and 28.

External Injuries:

There are multiple abrasions involving the head, torso, upper and lower extremities as diagramed. There are areas of contusion to the anterior torso, face, right upper extremity, and bilateral proximal anterior lower extremities. There's a 13 inch full thickness laceration at the forehead extending to the frontal parietal scalp with irregular borders. There is a small laceration to the anterior right ear in the area of the crux of the helix and tragus measuring 5/16 inch. There is a laceration to the posterior right ear measuring 1-1/4 inch and up to 1/16 inch deep. There is a laceration to the posterior left ear measuring 1 inch and up to less than 2/16 inch deep. There is a large open displaced fracture at the left hip, the skin defect measures 18 inches with visible displaced left posterior pelvis bone fragment. There is a 6-1/2 inch open displaced fracture to the right anterior thigh with exposed protruding proximal femur. There is traumatic amputation of the right leg below the knee with fragmented soft tissue and exposed ends of the proximal tibia and fibula. There

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is traumatic near amputation of the left leg, mid portion, with focal skin and underlying soft tissue attachment measuring approximately 1 inch at it's narrowest point and exposed tibia and fibula fractures. There is a full thickness laceration measuring 2-3/4 inches at the lateral aspect of the left leg, proximal to the near amputation. There is an additional laceration at the left posterior medial thigh proximal to the knee measuring 1-3/4 inches.

Internal Injuries:

Underlying the large laceration to the forehead and scalp there are multiple comminuted and displaced skull fractures most prominent at the basilar skill with scant calvarium fragments present. No residual brain tissue is identified within the calvarium. The dura is displaced and has multiple lacerations. The transected upper cervical cord is visible within the foramen magnum. Photographs of these injuries were taken tableside. There are multiple palpable facial fractures involving the nasal bridge, periorbital bones, bilateral maxilla, and bilateral mandible. There are multiple variably displaced bilateral rib fractures involving the left anterior ribs 2 - 4, left posterior ribs 1 - 6, right posterior paraspinal ribs 1 - 12, and left posterior lateral ribs 1 - 3. The lateral aspect of left clavicle is fractured and moderately displaced. There is a closed displaced fracture of the right humerus. There is a closed displaced palpable fracture at the left wrist. There is a closed palpable displaced fracture of the left forearm. There are multiple bilateral displaced pelvic fractures. There is a closed displaced fracture of the left femur.

Examination of the heart reveals a laceration to the interventricular septum measuring 5.0 cm in greatest dimension and the laceration is focally full thickness. There is a 3.3 cm laceration at the base of the aortic valve cusps. There are two lacerations of the descending aorta below the left subclavian artery ostium. The proximal laceration measures 2.5 cm and the more distal laceration measures 4.2 cm. There is a large laceration of the left lung lower lcbe measuring approximately 10 cm with

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near transection of the lobe. There is a large liver laceration of the right lobe measuring approximately 14 cm with marked pulverized liver parenchyma. The spleen has multiple lacerations, the largest measures 7 cm with near transection and focal pulverized parenchyma. There is a laceration of the left kidney measuring 5.5 cm. There is hemoperitoneum present measuring an estimated 300cc. Photographs of representative injuries were taken tableside.

Additional tissue identified by DNA testing was later reviewed via photograph on 4-29-20 consisting of a traumatically amputated right leg.

CLOTHING:

The body was not clothed and I inspected the clothing which can be described as follows:

A black zip front jacket with hood, the label reads "Drifit" size small, there is a "2" on the left upper arm. A black and white sleeveless shirt, the back reads "Bryant 2" and the front reads "Mamba 2". One black and white sock. A pair of black and white shorts with no label at the waist band. A pair of black underwear, the label reads "Tucker and Tate 10/12". A black and white sports bra.

INITIAL INCISION:

The body cavities are entered through the standard Y shaped incision. A coronal incision was not required due to traumatic injuries. No form material is present in the mouth, upper airway, and trachea.

NECK:

The neck organs are removed en block with the tongue. There are no abnormalities of the gingiva, lips, or oral mucosa except for previously described injuries. There is no edema

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of the larynx. The hyoid bone, larynx, and superior horns of the thyroid cartilage are intact and without fractures. No hemorrhages present in the adjacent throat organs, investing fascia, strap muscles, thyroid, or viscera fascia. There are no prevertebral fascial hemorrhages. The tongue when sectioned shows no trauma.

CHEST/ABDOMINAL CAVITIES:

There's no free blood, fluid, or adhesions within the pleural cavities. Scant patchy blood coats the surfaces more on the left than on the right. The parietal pleura are unremarkable except for previously described injuries. The lungs are fully expanded. Soft tissue of the thoracic and abdominal walls are well preserved. The subcutaneous fat of the abdominal wall measures 2.0 cm. The breasts are examined in the usual manner and show no abnormality. The organs of the abdominal cavity have a normal arrangement and none are absent. There is an estimated 300 cc of predominantly liquid blood present. The peritoneal cavities are without evidence of peritonitis. There are no adhesions.

SYSTEMIC AND ORGAN REVIEW

The following observations are limited to findings other than injuries which are described above.

MUSCULOSKELETAL SYSTEM:

No abnormalities of the visualized bony framework or muscles are present in the areas uninvolved by previously described injuries.

CARDIOVASCULAR SYSTEM:

The aorta is elastic and of even caliber throughout with vessels distributed normally from it. The thoracic aorta has

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rare lipid streaking and mild atherosclerosis. There is no tortuosity or widening of the thoracic segment. The abdominal aorta has rare lipid streaking and mild atherosclerosis. There is no dilation of the lower abdominal segment. No aneurysm is present. The major branches of the aorta show no abnormality. Within the pericardial sac there is a minimal amount of serosanguineous fluid. The heart weighs 350 grams. It has a normal configuration. The right ventricle measures 0.3 cm in thickness. The left ventricle measures 1.3 cm in thickness and the septum is 1.3 cm in thickness. The chambers are normally developed and are without mural thrombosis. The valves are thin, leafy, and competent. The circumferences of the valve rings are: Tricuspid valve 10.7 cm, pulmonic valve 5.8 cm, mitral valve 9.3 cm, and aortic valve 5.7 cm. The epicardium, endocardium and myocardium are unremarkable except for previously described injuries. The ductus arteriosus cannot be probed. The coronary ostia are unremarkable. There is normal pattern of coronary artery distribution. There are no atherosclerotic plaques of the major coronary arteries. The blood within the heart and large blood vessels is scant liquid (drops).

RESPIRATORY SYSTEM:

The upper and lower bronchial passages are unremarkable on the right and contain scart blood in the lower respiratory passages on the left. The mucosa is unremarkable. The lungs are atelectatic and there is dependent congestion. The right lungs weighs 350 grams and the left lungs weighs 275 grams. The lungs are unremarkable except for previously described injuries. The pulmonary vasculature is without thrombi embolism.

GASTROINTESTINAL SYSTEM:

The esophagus is intact throughout. The stomach is not distended. It contains an estimated 20 cc of tan partially digested food contents. The mucosa is unremarkable. Tablets and capsules cannot be discerned in the stomach. The external and in situ appearance of the small intestine and colon are

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unremarkable. The small intestine and colon are opened along the antimesenteric border revealing unremarkable mucosa and contents. The appendix is present and unremarkable. The pancreas occupies a normal position, there is no necrosis or trauma. The parenchyma is lobular and firm and the pancreatic ducts are not ectatic and there's no parenchymal calcifications.

HEPATOBILIARY SYSTEM:

The liver weighs 1125 grams, is of average size, and is red-brown. The liver parenchyma is unremarkable except for previously described injuries. There is a normal lobular arrangement. The gallbladder is present. The wall is thin and pliable and contains liquid bile and no calculi. There is no obstruction or dilation of the extrahepatic ducts. The periportal lymph nodes are not enlarged.

URINARY SYSTEM:

Left kidney weighs 100 grams, right kidney 90 grams. The kidneys are normally situated and the capsules strip easily revealing a surface that is pale. The corticomedullary demarcation is preserved. The pyramids are unremarkable. The peripelvic fat is not increased. The individualized ureters are without dilatation or obstruction and pursue their normal course. The urinary bladder is slightly contracted and contains no urine.

GENITAL SYSTEM: (FEMALE)

The uterus is symmetrical and the uterine cavity is not enlarged. The endometrium is not thickened. The cervix and vagina have a normal appearance for the age. The fallopian tubes and ovaries are unremarkable for the age.

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HEMOLYMPHATIC SYSTEM:

The spleen weighs 80 grams. The spleen is unremarkable except for previously described injuries. Lymph nodes throughout the body are small and inconspicuous. The bone is not remarkable. The bone marrow of the rib is red and moist.

ENDOCRINE SYSTEM:

The thyroid is unremarkable. The parathyroid glands are not identified. The adrenal glands are unremarkable. The thymus is not identified. The pituitary gland is not identified secondary to traumatic injuries.

SPECIAL SENSES:

The eyes are not dissected. The middle and inner ear are not dissected.

HEAD AND CENTRAL NERVOUS SYSTEM:

Please see previously described injury to the scalp, multiple skull fractures and dura lacerations. No brain tissue is identified within the cranial vault. The cerebral arteries and cranial nerves are not identified.

SPINAL CORD:

The entire cord is not dissected. The superior portion of the cervical cord is transected secondary to truama and visible within the foramen magnum, photographed.

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HISTOLOGIC SECTIONS:

Representative sections from various organs were preserved in one storage jar in 10% formalin. No sections are submitted for slides.

TOXICOLOGY:

Bile, blood, liver tissue, stomach contents, muscle, and vitreous humor have been submitted to the lab and a comprehensive screen is requested. Two vacuum intact purple topped tubes were collected as a typing specimens.

PHOTOGRAPHY:

At scene photographs are available and were reviewed prior to examination. Photographs have been taken prior to and during the course of the autopsy. Photographs taken tableside include injuries to the dura, calvarium, transected upper cervical cord, liver laceration, left lung laceration, spleen laceration, left kidney lacerations, heart lacerations, and aorta lacerations.

RADIOLOGY:

The body is fluoroscoped and 22 x-rays are taken. A CT scan was also performed.

WITNESSES:

None.

DIAGRAMS USED:

Diagram Forms 16, 20, 27, and 28 were used during the performance of the autopsy. The diagrams are not intended to be facsimiles nor are they drawn to scale.

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OPINION:

The cause of death is attributed to blunt trauma. The rapidly fatal injuries include transection of the upper cervical cord, severe skull fractures, and avulsion of the brain. The toxicology studies are negative. The manner of death is deemed accident.

MARTINA KENNEDY, D.O.D DEPUTY MEDICAL EXAMINER 4-29-20

DATE

MK: qeb

D: 01/29/2020 10:58:00 T: 02/04/2020 10:53:00

COUNTY OF LOS ANGELES MEDICAL REPOR	27
AUTOPSY CLASS: WA B C Examination Only D FAMILY OBJECTION TO AUTOPSY Date: 1-76-7020 pr. Lemnedy FINAL ON: 1-28-20 by: Lemnedy Print DEATH WAS CAUSED BY: (Enter only one cause per line for A, B, C, and D) IMMEDIATE CAUSE: (A) Blunt truling DUE TO, OR AS A CONSEQUENCE OF: (B) DUE TO, OR AS A CONSEQUENCE OF: (C)	APPROXIMATE INTERNAL BETWEEN ONSET AND DEATH YCAPI PRIOR EXAMINATION REVIEW BY DME OF SUPPLY AND O
DUE TO, OR AS A CONSEQUENCE OF: (D) OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF	☐ EMBALMED ☐ DECOMPOSED ☐ >24 HRS IN HOSPITAL
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NATURAL SUICIDE HOMICIDE	SOURCE: COULTY
ACCIDENT COULD NOT BE DETERMINED	COLLECTED BY: Vennedy
WAS OPERATION PERFORMED FOR ANY CONDITION STATED ABOVE: YES TYPE OF SURGERY:	NO THE BLOOD OFFLEEN BLOOD OF SPILEEN BLOOD OF KIDNEY ENTA
ORGAN PROCUREMENT SECHNICIAN: MOLING	URINE GLUCOSE DIPSTICK RESULT: 4+ 3+ 2+ 1+ 0 TOX SPECIMEN RECONCILIATION BY:
PREGNANCY IN LAST YEAR DYES NO WINK NOT APPLICA	ABLE HISTOLOGY
□ WITNESS TO AUTOPSY □ EVIDENCE RECOVERED AT AUTOPSY Item Description:	Aegular (No Oversize (No Histopath Cut: Autopsy Lab
FORMLONLY.	FORM 3A:
1. Yafen	REQUESTED MATERIAL ON PENDING CAS
dictated	☐ POLICE REPORT ☐ MED HISTORY ☐ TOX FOR COD ☐ HISTOLOGY ☐ MICROBIOLOGY ☐ INVESTIGATION ☐ MICROBIOLOGY ☐ EYE PATH, CON ☐ CONSULT ON: ☐ BRAIN SUBMITTED ☐ DME TO CUT
DME	☐ CRIMINALISTICS ☐ GSR ☐ SEXUAL ASSAULT ☐ OTHER

89700-0505 DOE 5. JANE ACC

5-5

M-normal = unremarkable Sex female Race Black

Photod

Age Height

Weight 115 lbs
Hair Black long curly

Eyes Brown Solera cunicheric Teeth natural

Mouth FX

Tongue Nose FY Chest

Breasts Ø Abdomen Ø Scar Hone 10 Genitals female Edema B Skin see Form 20

Decubitus none HEART Wt. 3509 RV 03 T/0.7 Septum 13 P 5.8 LV 1.7 h 9.7 Pericardium Ø Hypertrophy & Dilation D LV 1.3 1917
Muscle 1V5 Jackin Septum 4 5:7
Valves AN Inc. 3.32m

AORTA Pare inplo streaks VESSELS Ø

Atelectasis +

Oedema Congestion dependent Consolidation Ø

Bronchi P Nodes

PHARYNX Ø TRACHEA O NO SOST

THYROID & THYMUS NOT IP

LARYNX & Cocutatremoval Csuphornout

ABDOMINAL WALL FAT ZOCM

PERITONEUM 300CC

Adhesions & R-6,5,5

1ac @ 19cm Capsule Lobules macerated. parenchyma Fibros GB 119

Calculus

Bile ducts SPLEEN Wt. 500) multiacs E near ection (9) Color Consistency

Capsule Malpigment
PANCREAS & BL

KIDNEYS Wt.

R 90 L 100 lac \$5 cm (P) Capsule *

Cortex pale Vessels Pelvis

Ureters of empty.

GENITALIA Prostate

Testes Uterus Tubes Ovaries

LUNGS Wt.

R 350

L 275 V DCM lac hear transection OESOPHAGUS P

Adhesions P

Adhes

DUOD. & SM. INT. & APPENDIX Present & LARGE INT. ABDOM. NODES

SKELETON Spine

See FORM Marrow Rib Cage Long bones Pelvis

see Farm Fluid Ventricles

Vessels -Middle ears Other

PITUITARY NOT ID

SPINAL CORD sup cord (cervical tx)

TOXICOLOGY SPECIMENS CAULTY, EDTA + Z, Muscle, Inven, bile, gastric, UH

SECTIONS FOR HISTOPATHOLOGY 1 Storage jus

MICROBIOLOGY

DIAGRAMS 20, 27, 28 X-RAYS (22) CT SCAN performed

OTHER PROCEDURES (rep)photo's of injuries

GROSS IMPRESSIONS See FORM 12

Date

1-28-2020

Time 0930 Deputy Medical Examiner



Department of Medical Examiner-Coroner, County of Los Angeles

FORENSIC SCIENCE LABORATORIES

1104 North Mission Road, Los Angeles, CA 90033

Laboratory Analysis Summary Report

Kennedy, Martina M.D.

Deputy Medical Examiner 1104 North Mission Road Los Angeles, CA 90033



☐ PendingTox

Coroner Case Number: 2020-00798 Decedent: BRYANT, GIANNA

SPECIMEN	SERVICE	DRUG	RESULT	ANALYST
Alcohol Qu	antitation/Confirm	ation		
Blood, Cavi		The Post of the Po		
	Alcohol-GC/FID-HS	Ethanol	Negative	C. Castellino
Drug Scree	n			
Blood, Cavi	ty			
	ELISA-Immunoassay	Benzodiazepines	ND	J. Posada
	ELISA-Immunoassay	Cocaine and Metabolites	ND	J. Posada
	ELISA-Immunoassay	Fentanyl	ND	J. Posada
	ELISA-Immunoassay	Marijuana:11-nor-Delta-9-Carboxy-THC	ND	J. Posada
	ELISA-Immunoassay	Methamphetamine & MDMA	ND	J. Posada
	ELISA-Immunoassay	Opiates: Codeine & Morphine	ND	J. Posada
	ELISA-Immunoassay	Opiates: Hydrocodone & Hydromorphone	ND	J. Posada
	ELISA-Immunoassay	Phencyclidine	ND	J. Posada
Drug Scree	n/Confirmation			
Blood, Cavi	ty			
	Bases-GC/NPD &/or MS	Basic Drugs	ND	R. Cabrera
EDTA Blood	1			
	Carbon Monoxide-CO-Ox	Carboxyhemoglobin	< 10 % Saturation	I. Lee

Coroner Case Number: 2020-00798 Decedent: BRYANT, GIANNA

SPECIMEN SERVICE

DRUG

RESULT

ANALYST

NOTE: AKA Jane Doe #5. EDTA Blood source indicated as Cavity Blood.

Leger	id:			curity Dio	ou.	
g g% Inc.	Grams Gram Percent Inconclusive Milligrams	ng/g ng/mL PP ONS	Not Detected Nanograms per Gram Nanograms per Milliliter Presumptive Positive	SNS TNP ug ug/g	Specimen Not Suitable Test Not Performed Micrograms Micrograms per Gram	
The sleet	Later A 3	X.10	Quantity Not Sufficient	ug/mL	Micrograms per Milliliter	

The alcohol analysis was performed in necordance to California Code of Regulations "Title 17" compliance by a qualified analyst in the Forensic Toxicology Laboratory, Forensic Laboratories Division, County of Los Angeles Department of Medical Examiner - Coroner,

Enzyme-linked immunosorbant assay (ELISA) provides only a preliminary analytical result that is contingent upon a confirmatory (est. A "presumptive positive" (PP) signifies a detection of a drug class and must be confirmed by additional testing for true identification and/or quantitation of specific drug(s) present in the specimen.

Per the Department's Evidence Retention Policy, the blood specimen(s) will be retained for one year (minimum) and all other specimens six months (minimum) from Autopsy.

Final Review By:

Date:

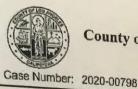
Sarah Buxton de Quintana Supervising Criminalist I

The above results relate only to the items sampled and tested and have been technically and administratively reviewed and are the opinions and conclusions of the analysts noted. The final review has been certified by the noted Taxicologis to ensure that all standard operating procedures were followed as set by the Forensic Taxicology Laboratory, Forensic Sciences Laboratory Division, County of Los Angeles Department of Medical Examiner-Coroner.

DEPARTMENT OF CORONER	2020-00798 AME: DOE #5, JANE 1/26/2020	Page 1 of 1	Pharmacy Phone/ Comments NEWPORT CENTER PHARMACY 9496401320	Investigator:	Date: 1/29/2020
	CASE # 2020-00798 DECEDENT'S NAME:		Physician MISRA, A.		
			Rx Directions		**************************************
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	15 10000		Number		
	NATIONAL STATE		Date of Issue		
ANGELES		1	Rx Number		Description
COUNTY OF LOS ANGELES	3A		Drug Name XOPENEX HFA		Paraphernalia Description

	APPARENT N	CODE			CASE	REPORT				medy
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	SPECIAL CR	CUVSTANCES								2020-00798
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ST. FIRST MIDDLE										S-2
DOE #5, J	ANE						AKA			#
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				IRGENES	LOCAT	TONOR ADDRESS	ES RD., CALAB.	CALABAS	AS	
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County of Los Angeles, Department of Coroner Investigator's Narrative

Decedent: BRYANT, GIANNA



Information Sources:

- Aircraft Accident Investigation Report, National Transportation Safety Board, Washington D.C.
- 2. On scene investigation

Investigation:

Initial reports indicate that on 01/26/2020 at approximately 0945 hours multiple witnesses called 911 reporting that a helicopter had crashed into the foothills of the Santa Monica mountains above Las Virgenes Road in the City of Calabasas. Deputies from the Los Angeles County Sheriff's Department and personnel from the Los Angeles County Fire Department responded to the scene. Upon arrival to the scene nine decedents were located and pronounced dead at 1010 hours by Los Angeles County Fire Department personnel.

On 01/26/2020 at 1338 hours Officer Rodriguez from the Los Angeles County Sheriff's Department-Homicide Bureau called to report this multi-decedent helicopter crash fatality to Investigator Jeffrey Guilmette at the Los Angeles County Department of the Medical Examiner-Coroner. I was assigned this Special Operations Response Team (SORT) field case at 1400 hours by Acting Supervisor Anthony Lopez. I arrived on scene at approximately 1620 hours and cleared the scene at approximately 1930 hours. On 01/26/2020 the following SORT team members responded to the scene for a coordinated search and decedent removal:

M. Lee #605743, L. Cervantes #639654, P. Ngayan #531611, B. Kim #602036, E. Napoles #465129, M. Gutierrez #479704, R. Estrada #486093, R. Gonzalez #503064, J. Fallot #644073.

On 01/27/2020 at approximately 0630 hours I returned to the scene and cleared the scene at approximately 1600 hours. On 01/27/2020 the following SORT Team Members returned to the scene for a continued coordinated search and decedent removal:

M. Lee #605743, L. Cervantes #639654, P. Ngayan #531611, B. Kim #602036, E. Napoles #465129, M. Gutierrez #479704, R. Estrada #486093, R. Gonzalez #503064, J. Fallot #644073. F. Fernandez #486349, M. Molina #421452.

Forensic Attendant P. Ngayan transported all decedents to the Forensic Science Center.

Also present at the scene were Chief B. Elias, Captain E. Tauscher and Dr. J. Lucas

Location:

Place of Injury/Death: Mountainside, 4232 Las Virgenes Road, Calabasas, CA 91303.

Informant/Witness Statements:

A review of a report issued by the National Transportation Safety Board revealed the following information:

On 01/26/2020 at 0945 hours a Sikorsky S-76B helicopter, N72EX, collided with hilly terrain near the city of Calabasas. The helicopter held 8 passengers and a pilot who were all killed on impact. The Sikorsky was in an 8-passenger seat configuration with two pilot stations up front and eight passengers in the rear, separated by a bulkhead with sliding acrylic windows. Passenger seating was 2 four-occupant divans, one facing forward and the other rearward. A main impact crater measuring 24 feet by 15 feet in diameter was observed with the main wreckage noted to be about 127 feet along a 347° true bearing from the impact crater. The helicopter was destroyed by impact forces and fire with the entire fuselage/cabin and both engines subjected to a post-crash fire.



County of Los Angeles, Department of Coroner Investigator's Narrative

Case Number: 2020-00798

Decedent: BRYANT, GIANNA



Scene Description:

The scene is mountainous, vegetation covered terrain located east of 4232 Las Virgenes Road in the City of Calabasas. Due to the size of the scene a stake was placed at a central point located 34°8'14" N and 118°41'33" W. What appeared to be an initial point of impact designated by a remains were located approximately 120 feet south of the designated central stake. What appeared to be a white and blue helicopter tail piece printed with "Sikorsky" was located down a western slope from the initial point of impact. The helicopter wreckage, personal property and human remains were spread in a cone shape across the area starting at the initial point of impact and spreading toward the north stopping at the north side of a ravine. A designated hiking/bicycle path was located surrounding the scene.

Evidence:

The following medical evidence was collected for this case, a Xopenex inhaler. This evidence was itemized onto a Form 3A and deposited into the Forensic Science Center medical evidence.

Body Examination:

The decedent is a juvenile Black female observed lying on her right side on the vegetation covered ground in a ravine located on the north side of the above described scene. She was approximately 30 feet below the designated hiking/bike path at GPS coordinates 34°8′14″ N and 118°41′32″ W. She was wearing a black and white shirt, black hooded sweatshirt, black shorts, black underwear, one black sock, and a white and gray bra. She has black hair, brown eyes and natural teeth. Upon external examination I observed significant trauma to the top of her skull and her bilateral lower legs.

Identification:

The decedent was positively identified as Gianna Bryant (DOB: 05/01/2006) via DNA.

Next of Kin Notification:

Chief B. Elias provided telephonic notification of the decedent's death to decedent.

Tissue Donation:

Not addressed.

Autopsy Notification:

No exam request was noted.

KRISTINA MCGUIRE #547544

02/13/2020

Date of Report

STERRIZOR