AUTOPSY REPORT

No.

2010-07538

CHASEN, RONNIE SUE

I performed an autopsy on the body of the DEPARTMENT OF CORONER

Los Angeles, California on NOVEMBER 17, 2010 @ 0910 HOURS (Date) (Time)

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

MULTIPLE GUNSHOT WOUNDS

DUE TO, OR AS A CONSEQUENCE OF

B)

DUE TO, OR AS A CONSEQUENCE OF

(C)

DUE TO, OR AS A CONSEQUENCE OF

D)

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

Anatomical Summary:

- I. Sixty-four year old female shot while driving, managed to drive about 1/4 mile before low impact collision with a pole; surgical intervention unsuccessful.
- II. Gunshot wound #1, of back, penetrating, not rapidly fatal:
 - A. Entry: Right upper back, 12-1/2 inches from top of head, 4 inches right of posterior midline, uniform round defect.
 - 1. No soot or stippling.
 - B. Direction: Right to left, slightly back to front, minimally down.
 - C. Path: Back soft tissues, left scapula, posterior left shoulder, left arm.
 - D. Exit: None.
 - E. Projectile (#1/2): Medium caliber copper jacketed bullet from left arm; recovered 11/17/10 @ 1125, to evidence safe at 1355.
- III. Gunshot wound #2, of right arm and back, perforating, fatal.
 - A. Entry: Right later shoulder, 11 inches from top of head, 8 inches right of midline.
 - 1. No soot or stippling; uniform round defect.

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- B. Direction: Right to left, slightly front to back, and slightly down.
- C. Path: Head of right humerus shattered, right to left back.
- D. Exit: Left upper back, 13 inches from top of head, 5 inches right of midline.
- E. Projectile: None.
- IV. Gunshot wound #3, of chest, penetrating, rapidly fatal:
 - A. Entry: Right anterior shoulder, 12 inches from top of head, 6-3/4 inches right of midline.
 - 1. No soot or stippling.
 - 2. Irregular round defect.
 - B. Direction: Right to left, down, slightly front to back.
 - C. Path: Right anterior shoulder at humerus, anterior chest wall, right rib #3, right upper lung lobe, pericardium, heart (right atrium, tricuspid valve, right ventricle), inferior pericardium with lacerated liver, no abdominal penetration.
 - D. Exit: None.
 - E. Projectile: (#2/2): Medium caliber bullet core from pericardium on 11/17/10 at 1128; lead and copper jacket fragments from right shoulder and chest wall; all to evidence safe at 1355.
 - F. Clinically, massive right hemothorax and hemopericardium.
 - V. Gunshot wound #4, of chest wall, reperforating, not rapidly fatal:
 - A. Entry: Right chest, 17 inches from top of head, 6 inches right of midline.
 - 1. No soot or stippling.

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- B. Exit: Right chest, 17 inches from top of head, 1 inch right of midline.
- C. Reentry: Left chest, 17 inches from top of head, 1 inch left of midline.
- D. Reexit: Left flank, 18-1/2 inches from top of head, 6-1/2 inches left of midline.
- E. Direction: Right to left, minimally front to back, minimally down.
- F. Path: Chest wall skin, muscles, fat; no cavity penetration.
- G. Projectile: None.

VI. Additional injuries:

- A. Abrasion with punctate laceration, left chest, probably gunshot wound fragment or other intermediate object fragment related.
- B. Punctate to small round abrasions, non-stipple, back of right hand, focally with surrounding ecchymoses.

VII. Surgical changes:

- A. Bilateral thoracotomies.
- B. Attempted repair of right pericardium, auricle of right atrium.

VIII. See Toxicology Report.

INJURY DATE: 11/16/10 at 0027 hours

HOSPITAL DATE: 11/16/10

DATE OF DEATH: 11/16/10, 0112 hours (time pronounced dead)

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CIRCUMSTANCES:

See Investigator's Report.

DESCRIPTION OF GUNSHOT WOUNDS:

Gunshot wounds are numbered arbitrary for purposes of the autopsy and do not represent a chronological order in which wounds were received. All wound measurements are taken with the body in anatomic position.

Gunshot wound #1:

Entry: The entry of gunshot wound #1 is located at the right upper back at 12-1/2 inches from the top of head and 4 inches right of posterior midline. It is a uniform round wound measuring 5/16 inches with a circumferential marginal abrasion which is a maximal of 3/32 inches. There is no soot or stippling around this wound.

Direction: The direction of wound #1 is right to left, slightly back to front and minimally downwards.

Path: The path of the wound involves the soft tissues at the right side of the back. The wound track crosses midline and there is perforation of the left scapula and the tissues continue through the posterior left shoulder, subsequently entering into the posterior left axillary region and projectile terminating in the left arm. There is associated ecchymoses at the left axillary region.

Exit: There is no exit to wound #1.

Projectile: The projectile of gunshot wound #1 is labeled projectile #1 of 2. It consists of a medium caliber copper jacketed bullet recovered from the left arm on 11/17/10 at 1125 hours. It is placed in a projectile envelope and submitted to the evidence safe on 11/17/10 at 1355 hours.

Opinion: Gunshot wound #1 of the back is a penetrating, not rapidly fatal wound.

Gunshot wound #2:

Entry: The entry of gunshot wound #2 is located at the right lateral shoulder at 11 inches from top of head and 8 inches

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right of midline. With the body on the autopsy table, the wound is 2 inches anterior to table top. It is a round uniform wound measuring 1/4 inch and there is an eccentric marginal abrasion up to 1/8 inch from the 6 to 12 o'clock aspect of the wound. No soot or stippling are seen around this wound.

Direction: The direction of gunshot wound #2 is right to left, slightly front to back and slightly downwards.

Path: The path of wound #2 involves the head of the right humerus which is extensively shattered. The wound track then continues from the right side of the back towards the left side of the back and subsequently exits at the left upper back.

Exit: The exit of wound #2 is at the left upper back at 13 inches from the top of head and 5 inches right of midline. It is a stellate $3/8 \times 3/8$ inch wound.

Projectile: No projectile is recovered in association with this wound at time of autopsy.

Opinion: Gunshot wound #2 of the right arm and back is a perforating, fatal wound due to the extensive trauma to the right humerus bone with associated hemorrhage.

Gunshot wound #3:

Entry: The entry of gunshot wound #3 is located at the anterior aspect of the right shoulder, 12 inches from the top of head and 6-3/4 inches right of midline. With the body on the autopsy table the wound is 4 inches anterior to table top. It is an irregular round somewhat atypical wound measuring $3/4 \times 5/8$ inch. There is an eccentric marginal abrasion from the 6 to 3 o'clock aspect which is a maximal of 1/8 inch. No soot or stippling is seen around this wound.

Direction: The direction of wound #3 is right to left, downwards and slightly front to back.

Path: The path of this wound begins at the right anterior shoulder where there is fracturing of the head of the right humerus anteriorly. The wound track then continues through the chest wall. There is associated hemorrhage in the anterior chest wall with numerous projectile fragments. There is also noted to be a perforation with fracture of the right anterior rib #3. The wound track then continues through the lung on the right side, at the right upper lobe towards the edge. The wound

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track then continues through the pericardium and subsequently there is perforation of the heart. Injury to the heart includes the auricle of the right atrium, continues through the tricuspid valve and subsequently perforates through the right ventricle. The wound track then causes a superficial laceration with ecchymoses of the inferior pericardium and also is associated with a laceration at the liver however there is no penetration into the abdominal cavity and the projectile terminates in the pericardium.

Exit: There is no exit to wound #3.

Projectile: The projectile of gunshot wound #2 is labeled #2 of 2. It consists of a medium caliber bullet core which is recovered from the pericardium. This core is recovered on 11/17/10 at 1128 hours. Also recovered are copper jacket and lead fragments from the right shoulder, right chest wall and anterior chest wall. The bullet core and fragments are all placed into one projectile evidence envelope and subsequently submitted to the evidence safe on 11/17/10 at 1355 hours.

Associated findings: Clinically, there was described to be massive hemothorax in the right chest cavity as well as abundant blood in the pericardial sac. Surgical changes have been noted to the pericardium and heart.

Opinion: Gunshot wound #3 of the chest is a penetrating, rapidly fatal wound due to internal hemorrhage.

Gunshot wound #4:

Entry: The entry of gunshot wound #4 is located at the right chest at 17 inches from the top of head and 6 inches right of midline. It is a round 3/8 inch defect. There is eccentric marginal abrasion from the 4 to 2 o'clock aspect which measures a maximal of 5/16 inches at the 9 o'clock aspect. No soot or stippling are seen around this wound.

Exit: The initial exit of wound #4 is located at the right chest at 17 inches from the top of head and 1 inch right of midline. It is a polygonal $5/8 \times 3/8$ inch wound with a 3/8 inch rim of ecchymoses. No soot or stippling is seen around this wound.

Reentry: The reentry of gunshot wound #4 is at the left chest at 17 inches from the top of head and 1 inch left of midline. It is an irregular round wound measuring 7/16 inches. There is eccentric marginal abrasion from the 1 to 4 o'clock aspect

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measuring up to 3/32 inches. No soot or stippling are seen around this wound. The wound is 6 inches anterior to table top.

Reexit: The reexit of gunshot wound #4 is located at the left upper flank at 18-1/2 inches from the top of head, 6-1/2 inches left of midline and 2 inches anterior to table top. As the left breast is pushed medially the wound can extend up to 4 inches anterior to table top. The wound is $3/8 \times 1/8$ inch elliptical.

Path: The path of the wound involves the right chest wall as well as the left chest wall. No penetration into the chest cavities are noted.

Direction: The direction of the wound is right to left, minimally front to back and minimally downwards.

Projectile: No projectile is recovered in association with this wound at time of autopsy.

Opinion: Gunshot wound #4 of the chest wall perforates the right chest wall and subsequently the left chest wall and is not a rapidly fatal wound.

ADDITIONAL INJURIES:

At the left chest there is an oval abrasion measuring $5/16 \times 3/16$ inches. Centrally there is a very small punctate central laceration. This may be an injury related to a projectile fragment or a intermediate object fragment.

There are punctate to small round abrasions ranging from less than 1/32 inch up to 1/8 inch at the back of the right hand and extending towards the right wrist. Focally there is some surrounding ecchymoses. This does not appear to be stippling. This also may represent intermediate object fragment injuries.

CLOTHING:

The clothing consists of dark blue dress jacket and pants. There is one blouse. There is one pink underwear. There is one bra. Stockings are present. An undershirt is present. The clothing is noted to have bloodstains and perforations consistent to the gunshot wound injuries to the body. The clothing appears to have been torn by emergency responders. There is no visually identifiable gunshot wound residue noted.

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EVIDENCE OF THERAPEUTIC INTERVENTION:

Endotracheal tube is present and in proper position within the trachea. Bilateral separate thoracotomy incisions are noted along the upper flanks. Intravenous puncture site is noted at the right and left antecubital fossa. Vascular line is present in the right groin. Hospital tag is present at the left toe. There has been surgical intervention of a thoracotomy with attempted repair of the pericardium and the auricle of the heart. There has not been postmortem intervention for organ procurement.

IDENTIFYING FEATURES:

The body is identified by Coroner's tags, 2010-07538 Ronni Chasen. No tattoos are noted on the body. There are scars at the hips, both on the right side and the left side both measuring about 5 inches. X-rays show bilateral hip orthopedic hardware.

EXTERNAL EXAMINATION:

The body is identified by toe tags and is that of an unembalmed, refrigerated adult female Caucasian who appears about the reported age of 64 years. The body weighs 145 pounds, measures 62 inches and is fairly well nourished. The skin shows gunshot wound injuries, additional injuries, scars and therapeutic changes as described above. There are no tattoos. Rigor mortis is slight to moderate in the lower extremities and livor mortis is fixed posteriorly.

The head is covered by light brown, blond and gray hair measuring up to 8 inches, slightly wavy with no balding. Facial hair is absent.

Examination of the eyes reveals irides that appear to be light green in color and sclerae that are white. There are no petechial hemorrhages of the conjunctivae of the lids or the sclerae. Oronasal passages are unobstructed by foreign material. Upper and lower teeth are present and intact. The neck is unremarkable for dismobility or crepitation.

There is no increased anterior-posterior diameter of the chest. The abdomen is flat, wide and without any prominent obesity. The genitalia are those of an older adult female and the external genitalia are without trauma or lesions. The extremities show no prominent edema, non-traumatic joint deformity or needle tracks.

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There is some abnormal mobility of the right arm due to the gunshot wound related trauma.

INITIAL INCISION:

The body cavities are entered through the standard coronal and standard Y-shaped incisions.

NECK:

The neck organs are removed en bloc with the tongue. There is no trauma to the gingiva, lips or oral mucosa. There is no edema of the larynx. Hyoid bone and larynx are intact and without fractures. There is no anterior strap muscle hemorrhage. There are no prevertebral cervical fascial hemorrhages. The tongue when sectioned shows no trauma.

CHEST/ABDOMINAL CAVITY:

The left chest cavity has 5 cc of sanguinous fluid. The right chest cavity has less than 3 cc of dilute sanguinous fluid. The lungs are partly collapsed. Soft tissues of the thoracic and abdominal wall are well preserved. The subcutaneous fat of the abdominal wall measures 1-1/2 inches. Breasts are visually examined and appear to be pendulous and there is surrounding gunshot wound related injury and ecchymoses. Organs of the abdominal cavity have a normal arrangement and none are absent. There is no significant fluid collection and no evidence of peritonitis. Minimal focal peritubal adhesions are present.

SYSTEMIC AND ORGAN REVIEW

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

MUSCULOSKELETAL SYSTEM:

No non-traumatic abnormalities of the bony framework or muscles are present.

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CARDIOVASCULAR SYSTEM:

The aorta is elastic and of even caliber throughout with vessels distributed normally from it. The thoracic aorta has minimal atherosclerosis and the abdominal aorta has mild atherosclerosis. No tortuosity or widening is noted. There is no significant calcification and no evidence of any aneurysms or dilations. The major branches of the aorta show no abnormality.

Within the pericardial sac there is minimal fluid. Surgical change to the pericardial sac has been described above. The heart weighs 310 grams. Surgical changes have been noted above. The right ventricle is 0.3 cm thick and the left ventricle is 1.4 cm thick. Valves are thin leafy and competent except for the tricuspid valve which has injury and described above. Circumferences of the valve rings are: pulmonic and aortic 7.5, mitral 10.2 and tricuspid 12.1. There is no unusual endocardial discoloration. There are no infarcts of the myocardium. is no scarring of the papillary musculature. Great vessels enter and leave in a normal fashion. Coronary ostia are widely patent and there is a left dominant pattern of coronary artery distribution. There is focal segmental atherosclerosis with up to 40% occlusion of the anterior descending branch of the left coronary artery. The right coronary artery and circumflex artery have less than 10% occlusion. There are no thrombosis. There is no blood remaining within the heart.

RESPIRATORY SYSTEM:

Scant hemorrhagic secretions are found in the lower bronchial passages. The mucosa is intact and pale. Lungs are atelectatic. There is some slight dependent congestion. The left lung weighs 250 grams and right lung 260 grams. The visceral pleura are generally smooth. Parenchyma shows minimal focal congestion and hemorrhage otherwise no prominent consolidations are seen. There is focal hemorrhage related to the gunshot wound. Pulmonary vasculature is without thromboembolism.

GASTROINTESTINAL SYSTEM:

The esophagus is intact. The stomach is intact and it contains 500 cc of pink food emulsion and noodle-like food material. Portions of tablets and capsules cannot be discerned in the stomach. The small intestine and colon are opened along the antimesenteric border and no luminal blood or lesions are noted.

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The appendix is present and unremarkable. Pancreas is in the usual position and there is no necrosis or trauma. Parenchyma is lobular and firm and pancreatic ducts are not ectatic and there is no parenchymal calcification.

HEPATOBILIARY SYSTEM:

The liver weighs 1350 grams. Focal laceration in relation to the gunshot wound is present at the dome. Otherwise the cut surface is smooth and there is a normal lobular arrangement with no evidence of any fibrosis or cirrhosis. The intact gallbladder has 5 cc of tan bile and no calculi. Periportal lymph nodes are not enlarged.

URINARY SYSTEM:

The left kidney weighs 110 grams as does the right kidney. They are normally situated and the capsules strip easily revealing smooth surfaces. The corticomedullary demarcation is preserved. The pyramids are unremarkable and the peripelvic fat is not increased. Ureters are without dilation and obstruction and pursue their normal course. The urinary bladder has no urine.

GENITAL SYSTEM (FEMALE):

The uterus is atrophic but symmetrical and the uterine cavity is not enlarged. Endometrium is flat and tan. Fallopian tubes are unremarkable except for a small area of peritubal adhesion and a small peritubal cyst. Ovaries are atrophic, normal for age.

HEMOLYMPHATIC SYSTEM:

The spleen weighs 70 grams and is intact and unremarkable. Lymph nodes throughout the body are small and inconspicuous. The bone substance and bone marrow are unremarkable.

ENDOCRINE SYSTEM:

The thyroid gland and adrenal glands are unremarkable. The thymus is not identified. Pituitary gland is unremarkable.

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SPECIAL SENSES:

The eyes, middle and inner ear are not dissected.

HEAD AND CENTRAL NERVOUS SYSTEM:

There is no subcutaneous or subgaleal hemorrhage in the scalp. The external periosteum and dura mater are stripped showing no fractures of the calvarium or base of skull. There are no tears of the dura mater. There is no epidural, subdural or subarachnoid hemorrhage. The brain weighs 1400 grams and leptomeninges are thin and transparent. There is a normal convolutionary pattern and uniform cortical gray thickness upon sectioning. Cerebral hemispheres are symmetrical with no softening discoloration or hemorrhage of the white or gray matter. Anatomic landmarks are preserved and there are no cerebral contusions. The ventricular system, pons, medulla, cerebellum, cranial nerves and arteries are all unremarkable. Cerebral arteries have minimal atherosclerosis.

SPINAL CORD:

The entire cord is not dissected. Based on the trajectories of the gunshot wounds, there is no injury to the spinal cord.

HISTOLOGIC SECTIONS:

Representative sections from various organs are preserved in one storage jar in 10% formalin.

TOXICOLOGY:

Two tubes of femoral blood, one tube of cerebral vein blood, one EDTA tube of left chest blood, two containers of stomach contents, vitreous, bile and liver have been submitted to the lab. A comprehensive screen was requested.

PHOTOGRAPHY:

Photographs have been taken prior to the course of the autopsy. Photographs are also taken during autopsy which include probe photographs. The probe photographs are made prior to autopsy

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examination and merely represent a probable trajectory based on external examination. Final determination of trajectory and path is dependent on actually conducting the internal portion of the autopsy examination.

RADIOLOGY:

Nine x-rays are obtained. Radiolucencies consistent with the recovered projectiles, and bilateral orthopedic hip hardware are noted on the x-rays.

WITNESSES:

Detectives Coulter, Hyon and Detective Sergeant Publicker all from the Beverly Hills Police Department witnessed the autopsy on 11/17/10.

DIAGRAMS USED:

Diagram Forms #16, #20 (6), 21, 22, 27, 43 (2) were used during the performance of the autopsy. The diagrams are not intended to be facsimiles.

OPINION:

The cause of death is due to multiple gunshot wounds. There are a total of four gunshot wounds to the body. One of the gunshot wounds, gunshot wound #4, enters and exits the body twice. Gunshot wound #2 is fatal due to extensive injury to the right humerus bone with associated hemorrhage. Gunshot wound #3 is the most rapidly fatal wound due to injury of the heart and internal hemorrhage. No gunshot residues are visually identified around any of the entry wounds. There is no evidence of any fatal blunt force injury to the body. The manner of death is homicide.

RAFFI S. DJABOURIAN, M.D. DEPUTY MEDICAL EXAMINER

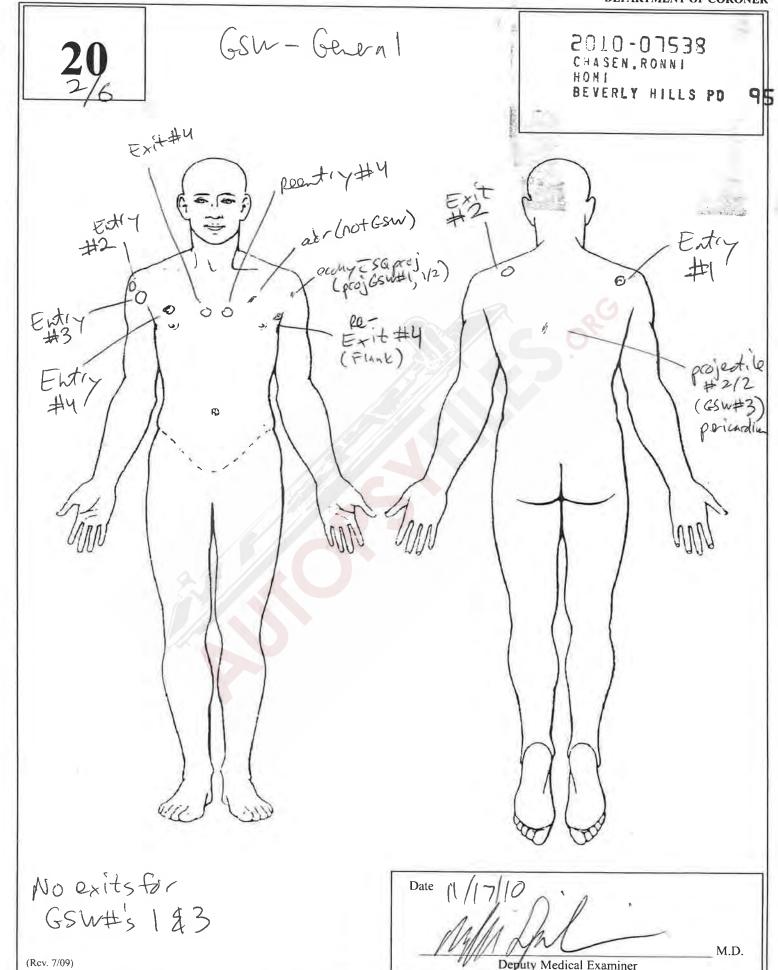
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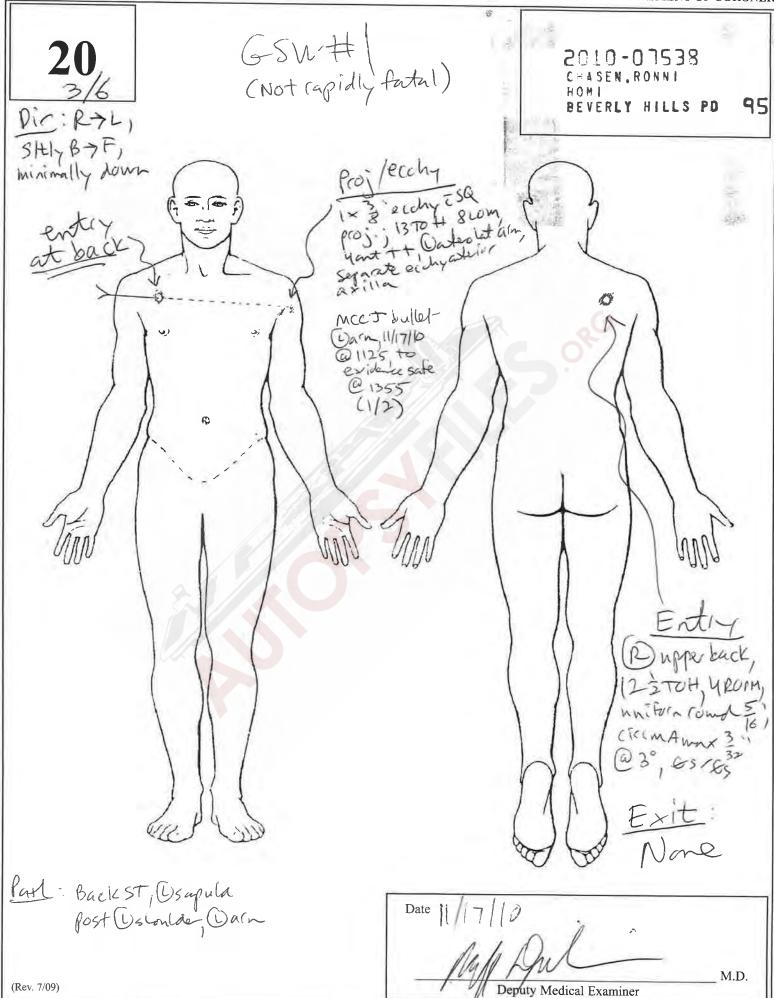
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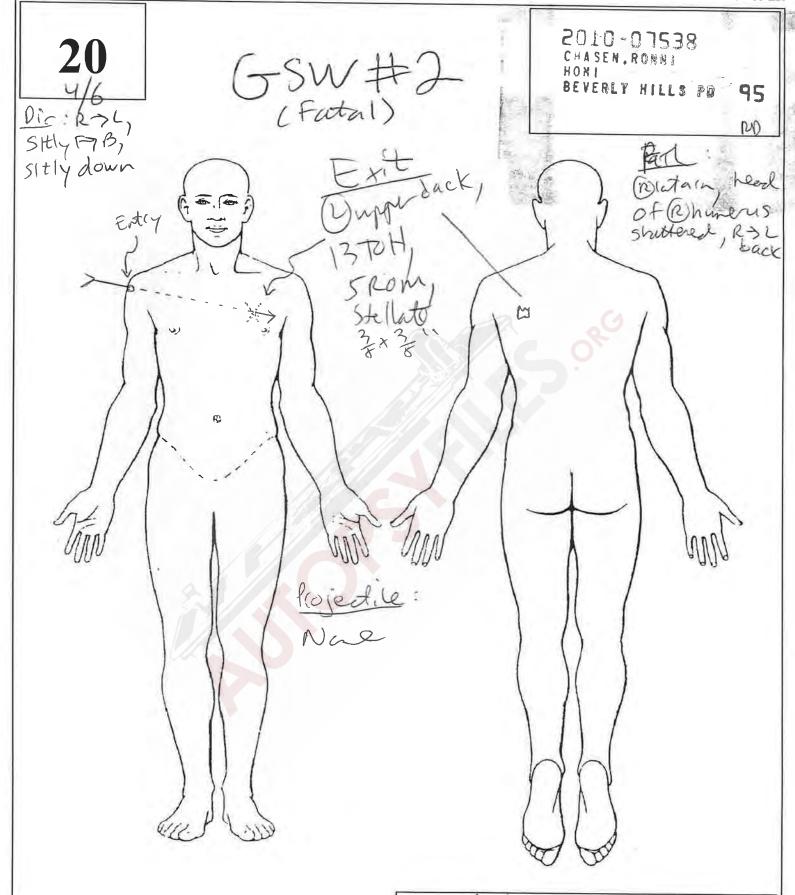
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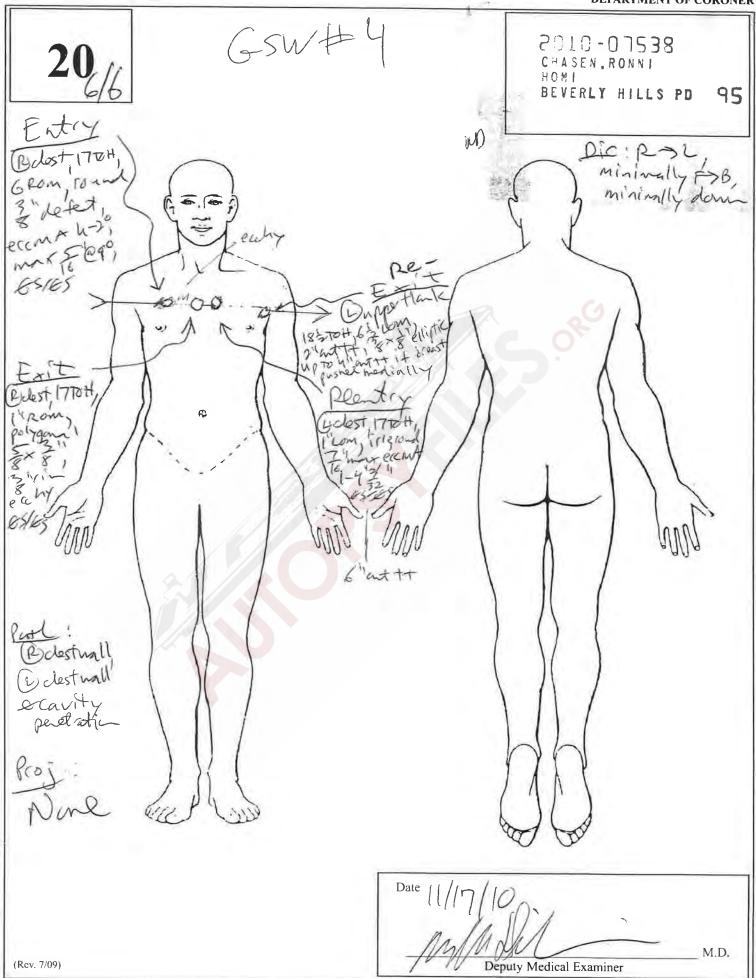


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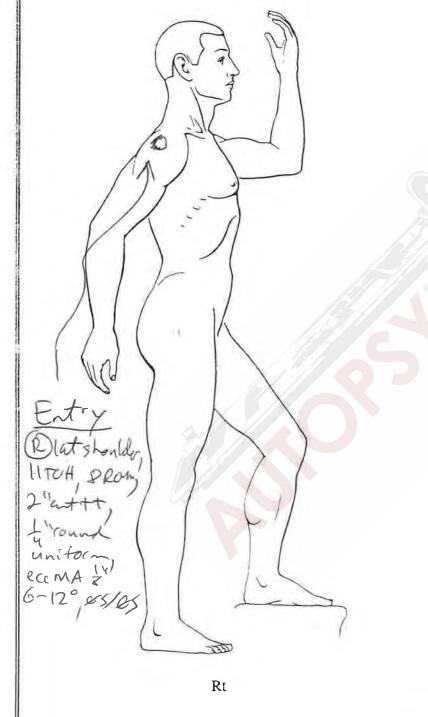
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(Rev. 7/09)



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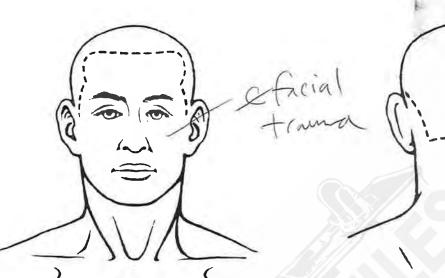


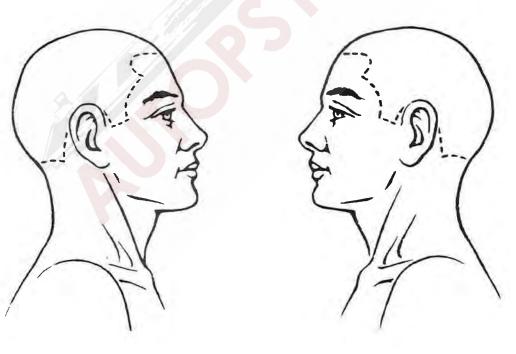
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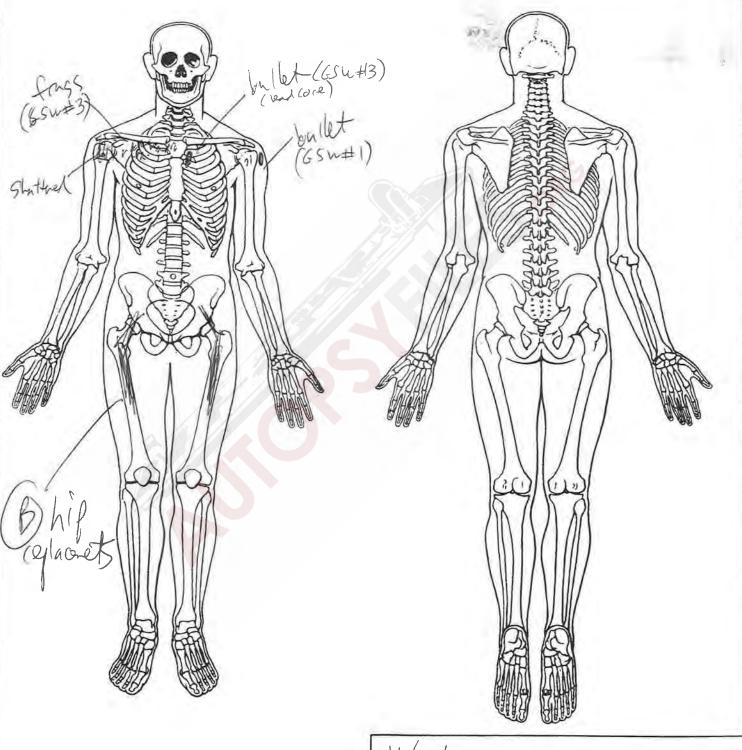




Date 11/17/10
Deputy Medical Examiner

M.D.

2010-07538
CHASEN.RONNI
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BEVERLY HILLS PD 95



11/17/10

Deputy Medical Examiner

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MISCELLANEOUS WORK SHEET

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Deputy Medical Examiner

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MISCELLANEOUS WORK SHEET

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Deputy Medical Examiner

RESIDENT

☐ SEXUAL ASSAULT ☐ OTHER

☐ CRIMINALISTICS

☐ GSR

2010-07533 CARRA RONAL ROME BURGELY SILLS PO OF

EXTERNAL EXAM Sex F Race Age 6 Height 6 Weight (45 Hair Eyes Sclera Teeth Mouth Tongue Nose Chest **Breasts** Abdomen Scar Genital Edema Skin Decub 30 HEART Wt. 30 Pericard 5 June 1 RV 0.3 Hypert GS1 LV 1.4 Dilat Septum Muscle Valves VA7.5 m 10.2 T12. | Coronar LADYO RIC 210 Codmings AORTA CHOCH VESSELS benefit or Jugulapess LUNGS WE L 250 Adhes Fluid 6500 @ 43 ccdilsmg. Atelectasis((b) Oedema ♥ G S W Consol -

PERITONEUM Fluid Adhes min pertuial LIVER Wt 13分 Caps Lobul focal lac **Fibros** GBCalc Bile ducts -6 SPLEEN Wt 70 Color Consist Caps Malpig **PANCREAS** ADRENALS 4 **KIDNEYS Wt** 110 Caps Cortex Vessels (Pelvis Ureter BLADDER EWILL GENITALIA -Prost Testes-Uterus \ Tubes Ovar / OESOPHAGUS & Contents & noodle 1/12 food small DUOD & SM INTO APPENDIX DEST ABDOM NODES SKELETON Spine sports Marrow Rib Cage CSW Long bones (1) hower us 650 Pelvis %

OF SCALP CONT CALVARIUM & **BRAIN Wt** Dura Fluid Ventric Vessels Middle ears Other **PITUITARY** SPINAL CORD NO - ecord perts TOXICOLOGY SPECIMENS Blood (2fem) cordent, IEDTA (Colst) SECTIONS FOR HISTOPATHOLOGY Sto get 1 **MICROBIOLOGY** DIAGRAMS (6,20(6),21,22,73,43(2) X-RAYS Q Byrasr4sighif (cee for - 27 OTHER PROCEDURES

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Deputy Medical Examiner
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ABDOMINAL WALL FAT



Department of Coroner, County of Los Angeles

FORENSIC SCIENCE LABORATORIES





To:

Dr. Djabourian

Deputy Medical Examiner

PendingTox

The following results have been technically and administratively reviewed and are the opinions and interpretations of the Analyst:

Coroner Case Number: 2010-07538 Decedent: CHASEN, RONNI SUE

SPECI	IMEN SERV	<u>ICE</u>	<u>DRUG</u>		RESULT	ANALYST			
Blood,	*								
	Alcohol		Ethanol		Negative	S. DeQuintana			
	Bases		Basic Drugs		ND	E. Fu			
	ELISA		Barbiturates		ND	J. Lintemoot			
	ELISA		Carboxy-THC		ND	J. Lintemoot			
	ELISA		Cocaine and Metabolites		ND	J. Lintemoot			
	ELISA		Fentanyl		ND	J. Linternoot			
	ELISA		Methamphetamine & MDM	A	ND	J. Lintemoot			
	ELISA		Opiates: Codeine & Morphi	ne	ND	J. Lintemoot			
	ELISA		Opiates: Hydrocodone & Hy	dromorphone	ND	J. Lintemoot			
	ELISA		Phencyclidine		ND	J. Lintemoot			
NOTE:	: Blood* = Cer	ebral Vein Blo	od.						
Legend:		mg/dL	Milligram per Deciliter	QNS	Quantity Not Sufficient				
g	Grams mg/L		Milligram per Liter TNP		Test Not Performed				
g%	Gram Percent	ND	Not Detected ug		Micrograms				
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mg Milligrams ng/mL			Nanograms per Milliliter	ug/mL	Microgram per Milliliter	icrogram per Milliliter			

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

Administratively reviewed by:

Dadon

Daniel T. Anderson, M.S., FTS-ABFT, D-ABC Supervising Criminalist II TOXICOLOGY

Report Date: Thursday, December 02, 2010 Laboratory Accreditation: ASCLD-LAB Page 1 of 1

COUNTY OF	LOS AN	GELES					CA	ISE KEP	ORI			D	EPARTMENT OF CORONER
		APPAREN	T MODE	IOI.	AICID:	F							CASE NO
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County of Los Angeles, Department of Coroner Investigator's Narrative



Case Number: 2010-07538 Decedent: CHASEN, RONNI SUE

Information Sources:

Detective Coulter, Beverly Hills Police Department (310) 285-2147, Report #10-6804 Cedars-Sinai Medical Center, (310) 423-5000, Medical Record #080-271-587 Beverly Hills Fire Department Emergency Medical Service Report #QD 22624 2

Investigation:

On 11/16/10 at 0414 hours Detective Coulter reported this homicide (gunshot) death to Lieutenant Larry Dietz of the Forensic Science Center. He reported that an unknown suspect(s) fired multiple shots into a vehicle. The driver of the vehicle was struck by gunfire multiple times and then crashed her vehicle. She was transported to the hospital and pronounced dead. The decedent was transported to the Forensic Science Center by Coroner Forensic Attendant Alex Perez on 11/16/10 at 1215 hours. Coroner Lieutenant Cheryl MacWillie assigned me this hospital case on at 1415 hours.

Location:

Injury: Vehicle- Intersection of Sunset Boulevard and Whittier Drive, Beverly Hills, CA 90210 Death: Cedars-Sinai Medical Center- 8700 Beverly Boulevard, Los Angeles, CA 90048

Informant/Witness Statements:

I spoke with Detective Coulter via telephone. He told me that on 11/16/10 between midnight and 0030 hours the decedent had left a movie premier alone. Per her office staff she appeared in good spirits and nothing was abnormal when she left the party. While she was stopped at a red light at the intersection of Sunset Boulevard and Whittier Drive and unknown vehicle pulled up and someone fired approximately 4 gunshots into her vehicle. All witnesses report hearing 4 gunshots. After being struck by gunfire and she then made a left turn and drove for approximately a quarter mile before she crashed her car into a pole. She was transported to the hospital and pronounced dead at 0112 hours. Only the right passenger seat and right side windows were damaged by gunfire. One bullet was recovered from her back while at the hospital and is possibly a 9 mm hollow point. No shell casings recovered. No live rounds were recovered. No weapon was recovered. No suspect in custody.

According to the medical record provided by Cedars-Sinai Medical Center, the decedent presented to the emergency room via ambulance on 11/16/10 at 0055 hours status post multiple gunshot wounds and motor vehicle collision into a light post. She was intubated upon arrival. At 0100 hours a thoracotomy procedure and open cardiac massage were performed. Operative findings noted a gunshot wound through her heart, through the right-sided pulmonary vein, through the right lung, and approximately 2 liters of blood in the right chest. She had no vital signs and CPR was stopped. Death pronounced at 0112 hours. Her hands were bagged as requested by Beverly Hills Police Department. At 0120 hours a bullet was found on the backboard after she was rolled. 2 gunshot wounds to the back were also noted. The bullet was released to Beverly Hills Police Department.

According to the EMS report, on 11/16/10 at 0030 hours Beverly Hills Fire Department Engine 2 was dispatched to (location not listed), arriving at 003(last number not listed). They found the decedent with an altered level of consciousness after a traffic accident with possible gunshot wounds. Glasgow Coma Scale 3. Blood pressure 0/0, pulse 0, respiration 4, oxygen 88%. One round of epinephrine was given. The decedent was transported to the hospital via ambulance arriving at 0058 hours.





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



Case Number: 2010-07538 Decedent: CHASEN, RONNI SUE

Scene Description:

Scene not visited by Coroner personnel.

Evidence:

Coroner Forensic Attendant Alex Perez collected a fingernail kit, hair kit, and GSR Kit #C5902 and booked them at the Forensic Science Center. Coroner Criminalist Jaime Lintemoot collected a sexual assault kit, pubic hair kit, and collected the clothing. See criminalist report.

Body Examination:

The decedent was an adult, Caucasian female viewed at the Forensic Science Center, processing room, she was nude. An endotracheal tube, hard collar, left and right antecubital IVs, and a right femoral line were in place. She had a hospital ID band to her left wrist. There were bilateral thoracotomy incisions. There were 3 apparent gunshot wounds to the right breast/chest area with purple bruising. There was a possible graze wound to the left upper chest. There were 2 apparent gunshot wounds to the right shoulder. There was an apparent gunshot wound to the right upper back and the left upper back. There was a blue green bruising to the left inner upper arm. There are approximately 6 inch well healed scars to each hip. No other signs of trauma were seen. No tattoos.

Identification:

I identified the decedent by her Cal-Photo image as Ronni Chasen on 11/16/10 at 1600 hours.

Next of Kin Notification:

Detective Coulter verified that the decedent's brother, by hospital staff on 11/16/10 at approximately 0200 hours.

Tissue Donation:

I did not approach the family regarding donation.

Autopsy Notification:

Detective Coulter requests 2 hour post n	otification. See case notes for number.
	A CMaellilla
COURTNEY MORROW	SUPERVISOR
11/16/10	

Date of Report