



CONTRA COSTA COUNTY OFFICE OF THE SHERIFF - CORONER CORONER'S REPORT



CLASSIFICATION: Suicide/Gunshot CASE: 17-3676
DECEDENT: BARBOA JEFFREY DARRELL
Last *First* *Middle*
DATE REPORTED: 08/02/2017 TIME REPORTED: 2127 HOURS
DATE OF DEATH : 08/02/2017 TIME OF DEATH : 1731 HOURS
AKA: _____ Other I.D.: _____
DOB: 10/11/1972 AGE: 44 YEARS (UNDER 1 YEAR: _____ MONTHS _____ DAYS)
SEX: Male RACE: Hispanic EST HGT: 5-6 EST WGT: 185
HAIR: Black EYES: Hazel SOCIAL SEC#: _____
USUAL ADDRESS: _____
CITY STATE ZIP: Benicia, CA PHONE#: _____
IDENTIFIED BY: Detective Cubit DATE: 08/02/2017 TIME: _____ HOURS
ADDRESS and PHONE#: Richmond PD

(510) 620-6933
OTHER INVESTIGATING AGENCY: Richmond PD
AGENCY FILE#: 17-10042 ASSIGNED OFFICER: Det Cubit

NEXT OF KIN

NAME OF LEGAL NEXT OF KIN

RELATIONSHIP TO DECEASED

DOB

ADDRESS: _____

RESIDENCE PHONE #: _____

OTHER PHONE#: _____

AUTHORIZED ALTERNATE NEXT OF KIN

RELATIONSHIP TO DECEASED

DOB

ADDRESS: _____

RESIDENCE PHONE #: _____

OTHER PHONE#: _____

LEGAL NOK NOTIFIED BY: _____

AGENCY: Richmond PD

NOTIFIED DATE: 08/02/2017 TIME: 2300 HOURS HOW: In Person

REPORTED BY DEPUTY CORONER:

T. Biggs

DECEDENT: BARBOA, JEFFREY DARRELL **CASE #:** 17-3676

FUNERAL HOME

F. D. O. C.: Passalacqua Funeral Home

ADDRESS, PHONE: 901 W. 2nd Street, Benicia, CA 94510
(707) 745-3130

PLACE OF DEATH

LOCATION: Public Roadway
(i.e., Residence/Hospital - ER or IP/ Public or Private Roadway, etc.,)

ADDRESS: Richmond Parkway IFO Bella Vista Apartments

CITY and STATE: Richmond, CA 94806 CORONER'S SEAL? No

PRONOUNCED AND / OR DETERMINED BY: [REDACTED] / AMR

REPORTED BY: Det. Cubit PHONE #: 510-620-6933

DECEASED DISCOVERED BY: PHONE #:

ADDRESS:

BODY REMOVED TO: Morgue ORDERED BY: Biggs

MEDICAL HISTORY

REGULAR PHYSICIAN: PHONE #:

ADDRESS:

DATE LAST SEEN: MEDICAL NUMBER:

MEDICAL HISTORY:

DECEDENT: BARBOA, JEFFREY DARRELL **CASE #:** 17-3676

INJURY INFORMATION

DATE OF INJURY: 08/02/2017 TIME OF INJURY: 1720 HOURS

LOCATION OF INJURY: Public Roadway

(i.e., Residence/ Hospital -ER or IP / Public or Private Roadway, etc.,)

ADDRESS INJURY OCCURRED: Richmond Parkway IFO Bella Vista Apartments
Richmond, CA 94806

MAP LOCATION: AT WORK: No

HOW INJURY OCCURRED: Multiple Gunshot Wounds

IF APPLICABLE, TYPE OF GUN AND/OR WEAPONS: _____

VEHICLE MAKE, MODEL, YEAR, LIC#: _____

MV STATUS: _____ REG. TO: _____

ADDRESS: _____

TOWED TO: ORDERED BY: _____

WITNESSES: (NAME, ADDRESS, TELEPHONE)

1. _____
2. _____
3. _____
4. _____

IDENTIFIABLE INFORMATION

(i.e. scars, marks, tattoos)

INVESTIGATIVE REPORT

CASE#: 17-3676

Date: 08/02/2017 Time: 2331 Hours

On 8/2/17, at about 2127 hours, I was contacted by Detective Cubit with the Richmond Police Department regarding the death of Jeffrey Balboa, a 44 year old male.

Detective Cubit told me the following: This is an officer involved shooting and an ongoing investigation. The information available at this time is preliminary.

At about 1718 hours, Richmond PD was advised of a pursuit by Vallejo PD that was entering their city. The driver and sole occupant of the vehicle being pursued, was a robbery suspect, and this had originated in the City of Vallejo. The driver exited Interstate 80 onto westbound Richmond Parkway. At some point a collision occurred between a Vallejo PD vehicle and the suspect vehicle. The suspect vehicle came to a stop in the roadway at Richmond Parkway, in front of the entrance to the Bella Vista Apartments, located at 3400 Richmond Parkway. The driver exited the vehicle and faced officers. The driver was armed with a large fixed blade edged weapon, was given numerous commands to drop the weapon and go to the ground. The driver advanced towards the officers with the weapon raised, and numerous officers fired their weapons.

The decedent collapsed and was unresponsive. EMS responded and death was determined at about 1731 hours by Paramedic [REDACTED] with AMR [REDACTED]

Detective Cubit said that this is a joint investigation between Vallejo PD, Richmond PD, the Contra Costa District Attorney's Office, and the Contra Costa County Sheriff's Crime Lab.

Based on the available information, I assumed jurisdiction of the remains and responded to the scene. This scene is a major city street that has two lanes in each direction (general east/west at this location), separated by a raised concrete divider. There were numerous Vallejo PD patrol vehicles in the roadway, and a white sedan that the decedent was driving. The decedent was located in the roadway near the driver's side of the vehicle. The decedent had numerous visible gunshot wounds to the head, torso, lower body, and all extremities.

I photographed the scene and removed the remains to the morgue where they were weighed, tagged, x-rayed, and stored.

Deputy T. Biggs

INVESTIGATIVE REPORT

CASE#: 17-3676

Date: 08/04/2017 Time: 1239 Hours

A representative from the Contra Costa County Sheriff's Crime Lab signed for, and received, the decedent's property.

The decedent's identity was verified via his fingerprints to [REDACTED].

Deputy T. Biggs

Date: 08/04/2017 Time: 1531 Hours

A representative from Passalacqua Chapel presented a release signed by the next of kin, [REDACTED]. I released the remains.

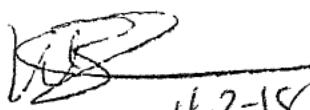
Deputy T. Biggs

Date: 03/28/2018 Time: 1300 Hours

On 3/28/2018, at 0900 hours, a Coroner's Inquest was conducted regarding the death of Jeffrey Darrell Barboa. The 12 person jury was sworn in and after hearing testimony, made the following 8-4 verdict: The decedent's death was due to "Suicide."

The manner of death will be changed to reflect the jury's findings, and an amendment to the death certificate will be completed.

Deputy K. Hoffman


4-2-18

APPROVED BY SUPERVISOR: _____

OFFICE OF THE SHERIFF-CONTRA COSTA COUNTY
CORONER'S DIVISION



DAVID O. LIVINGSTON, SHERIFF-CORONER

NAME: BARBOA, JEFFREY DARRELL

AUTOPSY REPORT 2017-3676

POSTMORTEM AT: CENTRAL MORGUE, MARTINEZ, CALIFORNIA

DATE: 08/03/17 TIME: 1100 HR.

PLACE OF DEATH: RICHMOND, CALIFORNIA

DATE: 08/02/17 TIME: 1731 HR.

AUTOPSY FINDINGS

1. Multiple perforating, penetrating and graze gunshot wounds of head, torso and extremities.
2. Multiple skeletal, visceral and soft tissue injuries, with extensive hemorrhages (hemothoraces, hemopericardium and hemoperitoneum), see text of report.
3. Multiple intact and fragmented projectiles recovered: (with different features and characteristics):
 - A. Different calibers of projectiles.
 - B. Jacketed and unjacketed projectiles.
 - C. Multiple fragments of copper jacketing and lead core, all recovered.
4. Polypharmacy (Urine screen positive for methamphetamines and amphetamines).
5. Polypharmacy (autopsy blood tests positive for methamphetamines and amphetamines).
6. Reportedly shot by law enforcement after vehicle chase and confrontation (decedent allegedly was armed with a machete, and advanced on law enforcement).

**CAUSE OF DEATH: MULTIPLE GUNSHOT WOUNDS OF HEAD, TORSO AND EXTREMITIES
(MINUTES)**

DATE: 1.22.18

IOO/AVH

IKECHI O. OGAN, M.D.
FORENSIC PATHOLOGIST

Identification is by a Contra Costa County coroner's left great toe tag, bearing the decedent's name, case number and investigator's name (Biggs).

CLOTHING

The decedent is clad in a partially cut-off multi-colored (blue and white) shirt, blue jean trousers, black belt with metallic buckle, multi-colored ankle high socks and navy-blue canvas running shoes.

Property recovered off the body consists of two single dollar bills in the front left jean pocket, and white headphone, from around his neck.

EVIDENCE OF MEDICAL INTERVENTION

A bloodstained bandage is around the head, and a length of black elastic tubing is wrapped around the left upper arm as a tourniquet. A second length of black rubber (tourniquet) is adjacent to the right arm but not on it.

TRACE EVIDENCE

(Recovered prior to autopsy). Two fragments of metal (one lead and one copper) were recovered from the jeans trousers prior to autopsy. No other trace material was recovered.

TATTOOS/SCARS/DISTINGUISHING FEATURES

There are tattoos as follows:

1. Left upper arm- A Koi goldfish, etc.
2. Left forearm, medial- Asian lettering.
3. Right upper arm - Asian lady in a kimono, holding a flower.
4. Right forearm, medially- Asian lettering.

EVIDENCE OF INJURY

EXTERNAL AND INTERNAL INJURIES

GUNSHOT WOUNDS

The decedent has multiple gunshot wounds. According to the history, the decedent was shot by law enforcement officers (police, with at least five officers discharging approximately 50 gunshots. These officers were firing different calibers of weapons. There are at least 30 individual gunshot wounds distributed over the head, torso and extremities. The wounds are multi-directional and there is no evidence of close range firing seen on the skin around any of the wounds. Due to the multiplicity of the gunshot wounds, several wound paths intersect one another, and it is impossible to separate each wound from the other. The wounds are also described in groups due to the difficulty in individually isolating each wound. Multiple projectiles of different calibers are recovered. The wounds are labeled and described without regard to the sequence of occurrence.

A. GUNSHOT WOUNDS OF THE HEAD

GUNSHOT WOUND #1: There is a gunshot wound on the right temple. This entrance wound is present 3" below the top of the head and 3" to the right of the midline. The wound measures 1" in diameter and is surrounded by a concentric abrasion collar. There is no evidence of close range firing seen on the skin. The wound path continued by fracturing the temporal skull and enters the calvarium. The projectile fractures the skull base (anterior fossa) and exits the head through the left nostril. No projectile is recovered from this wound.

GUNSHOT WOUND #2: There is a gunshot wound on the left cheek. This gaping gunshot wound is located 6" below the top of the head and 2" to the left of the anterior midline. The wound measures 4" diameter on the left cheek and is triangular in its shape. A partial abrasion collar is on the left cheek in the 6 to 12 o'clock positions. The wound path continues into the cheek causing a gaping wound, then enters the neck. The projectile lacerates the major blood vessels on that side of the neck, then terminating in the soft tissues where a medium caliber and deformed projectile is recovered. There are injuries to the facial bones (fractured mandible and maxilla) with lacerations of the great blood vessels on the left side of the neck (jugular and carotid). The recovered projectile is given to investigating officers.

B. NECK

There is a gunshot wound on the right side of the lower neck. This gunshot wound is present 8" below the top of the head and 3" to the right of the anterior midline. The wound measures $\frac{1}{2}$ " in diameter and is surrounded by a concentric abrasion collar. The bullet enters the neck by fracturing the right clavicle and perforates the thyroid gland, thyroid cartilage, trachea, esophagus, prior to terminating at the base of the neck where a medium caliber projectile is recovered. There is infiltrating hemorrhage and tissue destruction along this wound path and the injuries are as noted.

C. LEFT CHEST

There is a cluster of three gunshot wounds on the left chest. All three gunshot wounds are located between 12" and 15" below the top of the head and 3" to 5" to the left of the anterior midline. Each wound measures $\frac{1}{2}$ " in diameter and is surrounded by a concentric abrasion collar. All three projectiles fracture ribs then enter the chest where they puncture the left lung, pericardium, heart and cause fractures of posterior ribs, as they exit.

D. RIGHT CHEST

There is a cluster of four gunshot wounds on the right chest. All four gunshot wounds are located between 10" to 14" below the top of the head, and from 3" to 5" to the right of the anterior midline. Each wound measures $\frac{1}{2}$ " in diameter and is surrounded by a concentric abrasion collar. The wounds enter the chest by fracturing multiple ribs then perforate the right lung. There is infiltrating hemorrhage and tissue destruction. Multiple projectiles are recovered from the ends of these wound paths.

E. UPPER ABDOMEN

There is a gunshot wound located on the midline upper abdomen. This entrance gunshot wound is present 18" below the top of the head in the midline. The wound measures $\frac{1}{2}$ " in diameter and is surrounded by an eccentric abrasion collar. There is a very light pattern of stippling around this wound up to a diameter of 1" consistent with shattered fragments of glass hitting the skin. The wound shows no other evidence of close range firing. The projectile enters the abdomen causing puncture wounds of the diaphragm, liver and transverse colon. There is infiltrating hemorrhage and tissue destruction, and the injuries are as noted above. The recovered projectile is handed over to investigating officers.

F. LEFT SIDE OF ABDOMEN

on the left side of the abdomen. Both wounds are present between 20" and 24" below the top of the head and 4" to the left of the anterior midline. Each wound measures $\frac{1}{2}$ " in diameter and is surrounded by a concentric abrasion collar. There is no evidence of close range firing seen on the skin. Both projectiles enter the abdomen causing puncture wounds of the diaphragm, liver, spleen, mesentery and transverse colon. There is infiltrating hemorrhage and tissue destruction, and the injuries are as mentioned. Both projectiles are recovered and handed over to investigating officers.

G. RIGHT SIDE FO ABDOMEN

There are two gunshot wounds located on the right upper quadrant of the abdomen. Both gunshot wounds are present between 22" and 24" below the top of the head and 3" to 4" to the right of the anterior midline. Both wounds appear atypical and each measure 1 1/2" in diameter. They are surrounded by contusions up to a diameter of 3". The wound paths continue into the abdomen causing puncture wounds of the liver, diaphragm, mesentery, small and large bowel. There is infiltrating hemorrhage and tissue destruction and both projectiles are recovered and handed over to investigating officers.

H. RIGHT THIGH

There are two gunshot wounds on the anterior right thigh. Both wounds are located 28" and 24" (respectively) above the right sole. Each wound measure 1/2" in diameter and is surrounded by a concentric abrasion collar. There is no evidence of close range firing (gunpowder soot and stippling) seen on the skin around either of these wounds. Both projectiles enter the thigh causing fractures of the femur, and lacerations of the femoral vessels. There is infiltrating hemorrhage and tissue destruction along the wound paths. Both projectiles are recovered.

I. RIGHT LOWER THIGH

There is a cluster of five gunshot wounds right on the right lower thigh, right knee and upper leg. These wounds are present between 20" and 12" above the sole. Each of these wounds measure 1/2" in diameter and is surrounded by a concentric abrasion collar. There is no evidence of close range firing seen on the skin around any of these wounds. The projectiles cause multiple fractures of the femur, patella, tibia and fibula, in addition to extensive vascular damage of the large blood vessels. All projectiles are recovered from the ends of the wound paths and given to the investigating officers.

J. BACK OF LEFT THIGH

There are three gunshot wounds on the back of the left thigh. These wounds are located between 30" and 24" above the sole. Each wound measures 1/2" in diameter and is surrounded by concentric abrasion collar. There is no evidence of close range firing seen on the skin around any of these wounds. The projectiles cause multiple fractures of the femur. There is infiltrating hemorrhage and tissue destruction along the wound paths. All projectiles are recovered and given to the investigating officers.

K. GUNSHOT WOUND OF LEFT CALF

There is a single gunshot wound on the left calf. This wound is present 15" above the sole. There is no evidence of close range firing seen on the skin around the wound. The wound measures 1/2" in diameter and is surrounded by a concentric abrasion collar. The wound path continues into the back of the leg causing fractures of the tibia and fibula with extensive vascular damage and soft tissue injury. The projectile is recovered from the end of the wound path and given to investigating officers.

L. BACK OF RIGHT THIGH

There is a single gunshot wound on the back of the right thigh. This entrance wound is present 24" above the sole. The wound measures 1/2" in diameter and is surround by a concentric abrasion collar. There is no evidence of close range firing seen on the skin around this wound. The wound path continues into the thigh causing multiple fractures of the thigh bone (femur) vascular damage and soft tissue injury. The projectile is recovered from the end of the wound path and given to investigating officers.

M. LEFT LOWER LEG

There are two gunshot wounds located on the left shin. Both wounds are present 8" above the sole and each measures ½" in diameter. They are surrounded by a concentric abrasion collar. The wound paths continue into the leg causing fractures of the tibia and fibula. There is infiltrating hemorrhage and tissue destruction along these wound paths and the injuries are as mentioned. The recovered projectiles are handed over to investigating officers.

N. LEFT SIDE OF BACK

There is a gunshot wound located on the left shoulder. This entrance gunshot wound is located 12" below the top of the head and 3" to the left of the posterior midline. The wound measures ½" in diameter and is surrounded by a concentric abrasion collar. There is no evidence of close range firing (gunpowder soot and stippling) seen on the skin around this entrance wound. The wound path continues into the chest by fracturing the posterior ribs and the scapula. The projectile punctures the left lung, pericardium, heart and fractures ribs. There is infiltrating hemorrhage and tissue destruction along these wound paths. A medium caliber jacketed and deformed projectile is recovered from this wound path and handed over to investigating officers.

O. RIGHT UPPER EXTREMITY

There are three gunshot wounds located on the right upper extremity. These are located at the shoulder, mid-arm and forearm. All three wounds measure ½" in diameter and are surrounded by concentric abrasion collars. There is no evidence of close range firing seen on the skin around this wound. All three projectiles travel into the upper extremity causing multiple fractures of the humeral head, scapular, humeral shaft, radius and ulnar. The highest and lowest of these wounds are perforating injuries which terminate at exits wounds located posteriorly while the middle injury causes multiple fractures of the humerus then terminated in the arm from where a medium caliber jacketed and deformed projectile is recovered.

P. LEFT UPPER EXTREMITY

There are four gunshot wounds located on the left upper extremity. The wounds are on the thumb, wrist, forearm and hand. The gunshot wounds on the thumb, hand and wrist are perforating wounds and no projectiles are recovered from these injuries. All cause multiple fractures of the small bones of the hands, perforates tendons and other soft tissues. The gunshot wound on the forearm causes fractures of the radius and ulnar then terminates within the hand where a medium caliber jacketed and deformed projectile is recovered.

Q. GRAZE GUNSHOT WOUNDS

There are graze gunshot wounds on the right shoulder, right buttock, right upper thigh and left shin. These injuries are all limited to soft tissue damage, and no projectiles are recovered.

R. SUMMARY OF INJURIES

1. Fractures of dome of skull.
2. Fractures of base of skull.
3. Gaping soft tissue injuries of cheek (with extensive vascular damage).
4. Transection of great blood vessels on left side of neck (jugular and carotid).
5. Comminuted fractures of left radius and ulnar.
6. Comminuted fractures of right radius and ulnar.
7. Comminuted fractures of right shoulder joint (humerus, scapular and ligaments).
8. Comminuted fracture of right humeral head.
9. Comminuted fracture of right humeral shaft.
10. Comminuted fracture of right knee (patella, tibia and fibula).

11. Comminuted fractures of left tibia and fibula.
12. Multiple anterior and posterior rib fractures.
13. Perforated pericardium, heart and aorta.
14. Perforated lungs.
15. Perforated diaphragm (multiple).
16. Perforated liver (multiple).
17. Perforated stomach, small and large bowel, and mesentery.
18. Multiple fractures of pelvis.
19. Perforated stomach, spleen and pancreas.
20. Hemopericardium, bilateral hemothoraces and hemoperitoneum.

SUMMARY OF RECOVERED PROJECTILES

1. Copper jacketed bullet from right chest.
2. Copper jacketed bullet from descending aorta.
3. Copper jacketed bullets (two) from right side of back.
4. Copper jacketed bullet from left side of back.
5. Copper jacketed bullet from left hip.
6. Copper jacketed bullet from right lower back.
7. Copper jacketed bullet from right buttock (2).
8. Copper fragment and lead core fragment, (both from right and left pelvis.)
9. Copper fragment from right forearm.
10. Copper jacketed bullet from right side chest.
11. Copper jacketed bullet from right upper thigh.
12. Copper jacketed bullet from right upper thigh.
13. Copper jacketed bullet from from right shoulder.
14. Copper jacketed bullet from neck.
15. Copper jacketed bullet from left shoulder.
16. Copper jacketed bullet from right lower leg.
17. Bullet from upper right leg.
18. Bullet from left forearm.
19. Bullet from back of neck.
20. Bullet from left thigh.
21. Bullet from right hip.
22. Bullet from left elbow.

FRAGMENTS OF PROJECTILES RECOVERED

1. Copper fragments from left forearm.
2. Lead fragment from right thigh.
3. Lead fragments from upper right thigh.
4. Lead fragment from back of left leg.
5. Lead fragment from right heel.
6. Bullet fragment from left forearm.
7. Bullet fragment from trousers.
8. Bullet fragment from right buttock.
9. Bullet fragment from upper right leg.
10. Bullet fragment from upper left leg.
11. Lead fragments from left pelvis.

NOTE: ADDITIONAL RECOVERED OBJECTS

1. Fused two pennies driven into soft tissues of right thigh.
2. Deformed nickel driven into soft tissue of upper right leg.

Apart from the injuries described above, the rest of the autopsy findings are as follows:

EXTERNAL EXAMINATION

The unembalmed and fresh body is that of a normally developed, well-nourished but short and muscular Hispanic male, appearing about the reported age of 44 years. The body measures 5' 6" and weighs 185 pounds. The head is symmetrical and the scalp is covered by short dark brown hair of male distribution. There is no facial hair. The irides are hazel and the pupils are round, equal and fixed. The sclerae and conjunctivae are unremarkable. The facial features, oral cavity and tongue are unremarkable and native dentition is in poor repair. The neck is symmetrical, and the trachea is in the midline. The chest is appropriate for age and sex. The abdomen is rounded and soft while the external genitalia are those of an adult male. The decedent has extensive gunshot wound injuries but otherwise the trunk, extremities and overall skeletal anatomy are unremarkable. Rigor mortis is present, waning and easily overcome while livor mortis is dependent posteriorly, and fixed.

INTERNAL EXAMINATION

The body is examined using the usual Y-shaped thoracoabdominal and posterior scalp incisions.

BODY CAVITIES:

There are bilateral hemothoraces, hemopericardium and hemoperitoneum. There are no significant fibrous pleural adhesions although both lungs are moderately anthracotic. The perforated pericardium is thin and translucent and encloses bloody fluid. There are no pericardial adhesions. The peritoneal cavity contains bloody fluid and shows fibrous adhesions between loops of bowel and mesentery. The diaphragm is otherwise unremarkable and the viscera are in their usual anatomic locations. The subcutaneous fat in the abdominal wall measures 1' to 1 ½", maximally.

HEAD:

(See also section in injuries). The reflected scalp, calvaria and base of the skull are unremarkable. On opening the calvaria, there are bilateral epidural, subdural, subarachnoid and parenchymal hemorrhage. The leptomeninges are thin and delicate and the symmetrical brain weighs 1300 grams. The tentorium and falx are intact. The gyri and sulci are symmetrical and there is no other evidence of softening, infarction, malformations or brainstem herniation through foramen magnum. Multiple coronal sections through the cerebrum show no abnormalities. The cerebellum, midbrain, pons and medulla are unremarkable. The vessels at the base of the brain have an unremarkable configuration and show no atherosclerosis. The dura is stripped and reveals no abnormalities at the base of the skull. The orbital roofs are unremarkable. There are fractures of the skull as described previously although the brain appears intact. The projectile that entered the calvarium did not puncture the brain itself. There are multiple facial fractures.

NECK:

(See also section in injuries). There are no abnormalities are noted in the anterior strap muscles, hyoid bone, laryngeal cartilages, or cervical vertebral column.

CARDIOVASCULAR SYSTEM:

(See also section in injuries). The 400 gram heart has a normal configuration. The coronary arteries arise normally and follow a normal distribution. The coronary arteries show no significant atherosclerosis. The epicardium is perforated and the pericardium contains blood due to a gunshot injury. The myocardium away from this injury has the usual reddish-brown color and firm consistency. The left ventricle wall thickness is 1.8 cm while the right ventricle wall thickness is 6 mm. The chambers of both ventricles and the cardiac valves are unremarkable. The papillary muscles and chordae tendineae are unremarkable. The aorta is perforated in several places but otherwise is unremarkable. The aorta shows no atherosclerosis

RESPIRATORY SYSTEM:

(See also section in injuries). The larynx and trachea show wounds as described previously, but are otherwise unremarkable and have the usual configuration. The tracheobronchial tree contains profuse frothy bloody fluid. Both lungs are punctured by multiple gunshot wounds and there is partial collapse of each lung. The right lung weighs 450 grams, and the left lung weighs 400 grams. Dissection of the lungs confirm the wound paths and reveal the hemorrhages but is otherwise unremarkable. The cut surface ooze profuse frothy bloody fluid. The pulmonary vessels are widely patent and contain no thromboemboli.

GASTROINTESTINAL TRACT:

(See also section in injuries). The oral cavity is unremarkable. The esophagus, stomach, small and large bowel are perforated by multiple gunshot wounds. The appendix is present. The gastric contents consist of < 100 ml of brownish late digested food material.

HEPATOBILIARY SYSTEM:

(See also section in injuries). The 1350 gram liver is perforated in multiple places. Away from the injuries the parenchyma has a lighter yellowish color due to mild fatty infiltration. The consistency is firm but greasy. The cut surface shows no lesions apart from the fatty infiltration and gunshot wounds. The gallbladder contains approximately 10 ml of viscous greenish-brown bile without stones. The extrahepatic biliary system is patent.

PANCREAS:

(See also section in injuries). The pancreas is perforated but otherwise unremarkable. Sectioning shows tan and glistening parenchyma without focal lesions.

ENDOCRINE SYSTEM:

The thyroid and the adrenal glands are unremarkable.

HEMATOPOIETIC SYSTEM:

(See also section in injuries). The 180 gram spleen is perforated by gunshot wounds but otherwise unremarkable. Away from the injuries the parenchyma has the usual soft red pulp. The lymph nodes are unremarkable and the thymus is atrophic.

URINARY SYSTEM:

(See also section in injuries). The right and left kidneys weigh 140 grams and 150 grams, respectively. The renal capsules strip with difficulty revealing scarred cortices which are pale due to exsanguination. Sectioning reveals

good corticomedullary differentiation and normal renal pelvis. The ureters and bladder have a normal configuration, and the bladder contains approximately 100 cc of golden urine. The bladder mucosa is normal.

REPRODUCTIVE SYSTEM:

The prostate gland and testicles are unremarkable.

MUSCULOSKELETAL SYSTEM:

(See also section in injuries). There are multiple gunshot wounds (head, torso and extremities.) These show multiple intersecting pathways in the body causing skeletal, visceral, soft tissue and vascular injuries. The skeleton and joints are unremarkable although there are multiple fractures. There are no congenital malformations. Incision into samples of skeletal muscle reveals no gross abnormalities.

SPECIMENS FOR HISTOLOGY:

Representative sections of the major organs are retained.

SPECIMENS FOR TOXICOLOGY:

Vitreous humor, urine, cardiac blood and peripheral blood are obtained.

Urine screen test performed during autopsy is positive for methamphetamines and amphetamines.

Appropriate samples are submitted for alcohol and drugs of abuse testing.

ADDITIONAL PROCEDURES:

Multiple radiographs are obtained before and during the autopsy. They reveal and confirm the multiple projectiles seen. All are recovered. They are of differing calibers, some have jackets and others do not.

Multiple photographs are taken by the attending criminalist during the autopsy.

The body is evaluated for trace evidence by the criminalist. Additionally, the body is accessed visually for trace evidence by the pathologist.

PRESENT:

S. Jagoda, Pathologist's Assistant
N. Tusel, Crime Lab, Contra Costa County Sheriff's Office
B. Grove, District Attorney's Office
K. Cubit, Police Officer, Richmond Police Department
C. Crain, Crime Scene Investigator, Richmond Police Department
B. Chebot, Richmond Police Department
J. Mertz, Criminalist, Richmond Police Department
T. Chalk, Captain, Contra Costa County Sheriff's Office



NMS Labs
3701 Welsh Road, PO Box 433A, Willow Grove, PA 19090-0437
Phone: (215) 657-4900 Fax: (215) 657-2972
e-mail: nms@nmslabs.com
Robert A. Middleberg, PhD, F-ABFT, DABCC-TC, Laboratory Director

CONFIDENTIAL

Toxicology Report

Report Issued 08/10/2017 07:06

To: 10449

Contra Costa Sheriff's Office - Coroner Division -

1960 Muir Road - 1st Floor
Martinez, CA 94553

Patient Name BARBOA, JEFFREY
Patient ID 17-3676
Chain 11925261
Age 44 Y DOB 10/11/1972
Gender Male
Workorder 17241374

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Positive Findings:

Compound	Result	Units	Matrix Source
Amphetamine	250	ng/mL	001 - Peripheral Blood
Methamphetamine	77	ng/mL	001 - Peripheral Blood

See Detailed Findings section for additional information

✓ Seen
1/18/18
IOC

Testing Requested:

Analysis Code	Description
8051B	Postmortem, Basic, Blood (Forensic)

Specimens Received:

ID	Tube/Container	Volume/ Mass	Collection Date/Time	Matrix Source	Miscellaneous Information
001	Gray Top Tube	10 mL	08/03/2017 11:15	Peripheral Blood	
002	Gray Top Tube	89 mL	08/03/2017 11:15	Peripheral Blood	

All sample volumes/weights are approximations.

Specimens received on 08/04/2017.





CONFIDENTIAL

Workorder 17241374
Chain 11925261
Patient ID 17-3676

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Detailed Findings:

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Amphetamine	250	ng/mL	5.0	001 - Peripheral Blood	LC-MS/MS
Methamphetamine	77	ng/mL	5.0	001 - Peripheral Blood	LC-MS/MS

Other than the above findings, examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.

Reference Comments:**1. Amphetamine - Peripheral Blood:**

Amphetamine (Adderall, Dexedrine) is a Schedule II phenethylamine CNS-stimulant. It is used therapeutically in the treatment of narcolepsy and obesity and also in the treatment of hyperactivity in children. Amphetamine has a high potential for abuse. When used in therapy, initial doses should be small and increased gradually. In the treatment of narcolepsy, amphetamine is administered in daily divided doses of 5 to 60 mg. For obesity and children with attention deficits, usual dosage is 5 or 10 mg daily.

Following a single oral dose of 10 mg amphetamine sulfate, a reported peak blood concentration of 40 ng/mL was reached at 2 hr. Following a single 30 mg dose to adults, an average peak plasma level of 100 ng/mL was reported at 2.5 hr. A steady-state blood level of 2000 - 3000 ng/mL was reported in an addict who consumed approximately 1000 mg daily.

Overdose with amphetamine can produce restlessness, hyperthermia, convulsions, hallucinations, respiratory and/or cardiac failure. Reported blood concentrations in amphetamine-related fatalities ranged from 500 - 41000 ng/mL (mean, 9000 ng/mL). Amphetamine is also a metabolite of methamphetamine, benzphetamine and selegiline.

2. Methamphetamine - Peripheral Blood:

d-Methamphetamine is a DEA schedule II stimulant drug capable of causing hallucinations, aggressive behavior and irrational reactions. Chemically, there are two forms (isomers) of methamphetamine: l- and d-methamphetamine. The l-isomer is used in non-prescription inhalers as a decongestant and has weak CNS-stimulatory activity. The d-isomer has been used therapeutically as an anorexigenic agent in the treatment of obesity and has potent CNS-, cardiac- and circulatory-stimulatory activity. Amphetamine and norephedrine (phenylpropanolamine) are metabolites of methamphetamine. d-Methamphetamine is an abused substance because of its stimulatory effects and is also addictive.

A peak blood concentration of methamphetamine of 20 ng/mL was reported at 2.5 hr after an oral dosage of 12.5 mg. Blood levels of 200 - 600 ng/mL have been reported in methamphetamine abusers who exhibited violent and irrational behavior. High doses of methamphetamine can also elicit restlessness, confusion, hallucinations, circulatory collapse and convulsions.

*In this case, the level of methamphetamine determined has not been differentiated according to its isomeric forms. Differentiation of the isomers of methamphetamine is available upon request.

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded one (1) year from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed.

Workorder 17241374 was electronically signed on 08/10/2017 06:29 by:

Paul Miller,
Certifying Scientist



CONFIDENTIAL

Workorder 17241374
Chain 11925261
Patient ID 17-3676

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Analysis Summary and Reporting Limits:

All of the following tests were performed for this case. For each test, the compounds listed were included in the scope. The Reporting Limit listed for each compound represents the lowest concentration of the compound that will be reported as being positive. If the compound is listed as None Detected, it is not present above the Reporting Limit. Please refer to the Positive Findings section of the report for those compounds that were identified as being present.

Acode 50010B - Amphetamines Confirmation, Blood (Forensic) - Peripheral Blood

-Analysis by High Performance Liquid Chromatography/
TandemMass Spectrometry (LC-MS/MS) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Amphetamine	5.0 ng/mL	Methamphetamine	5.0 ng/mL
Ephedrine	5.0 ng/mL	Norpseudoephedrine	5.0 ng/mL
MDA	5.0 ng/mL	Phentermine	10 ng/mL
MDEA	10 ng/mL	Phenylpropanolamine	5.0 ng/mL
MDMA	5.0 ng/mL	Pseudoephedrine	5.0 ng/mL

Acode 8051B - Postmortem, Basic, Blood (Forensic) - Peripheral Blood

-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Amphetamines	20 ng/mL	Fentanyl / Acetyl Fentanyl	0.50 ng/mL
Barbiturates	0.040 mcg/mL	Methadone / Metabolite	25 ng/mL
Benzodiazepines	100 ng/mL	Methamphetamine / MDMA	20 ng/mL
Buprenorphine / Metabolite	0.50 ng/mL	Opiates	20 ng/mL
Cannabinoids	10 ng/mL	Oxycodone / Oxymorphone	10 ng/mL
Cocaine / Metabolites	20 ng/mL	Phencyclidine	10 ng/mL

-Analysis by Headspace Gas Chromatography (GC) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Acetone	5.0 mg/dL	Isopropanol	5.0 mg/dL
Ethanol	10 mg/dL	Methanol	5.0 mg/dL

**Contra Costa County
Coroner's Office**

VERDICT OF CORONER'S JURY

In the matter of the inquest on the body of **Jeffrey Darrell Barboa**,
Before Hearing Officer Matthew Guichard.

Inquisition was taken on this date in Contra Costa County, State of California on the body of the above named person, at which time and place a duly summoned Coroner's Jury was sworn to inquire into the circumstances attending said death, and in what manner, where and when said death occurred.

We, the members of the Coroner's Jury, certify that our verdict is as follows:

Name of Deceased: **Jeffrey Darrell Barboa**

Sex: M Age: 44 Race: Hispanic

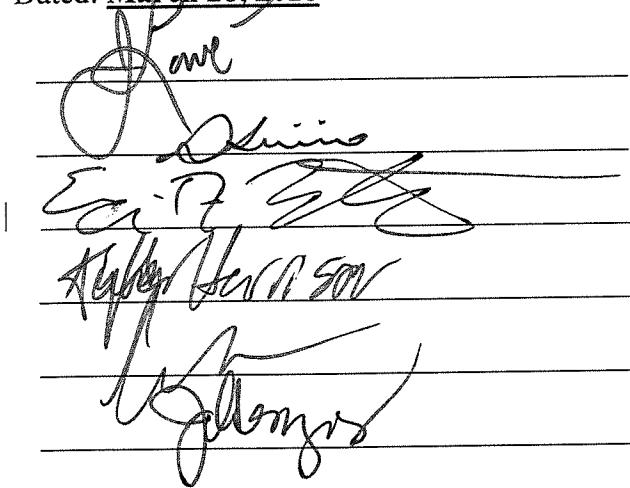
Date of Death: **August 2, 2017** Time of Death: **1731 hours**

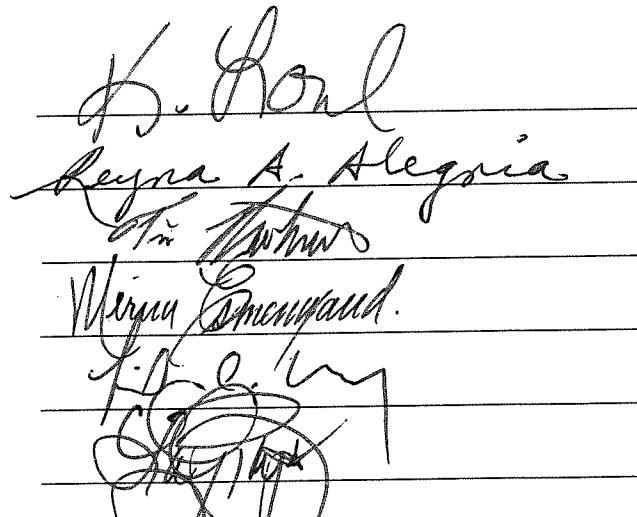
Place of Death: **Richmond Parkway IFO Bella Vista Apartments, Richmond, CA 94806**

Medical Cause of Death: **Multiple Gunshot Wounds of Head, Torso, and Extremities**

Death was caused by: **Suicide**

Dated: **March 28, 2018**

A series of five handwritten signatures in black ink, each consisting of a first name and a last name, arranged vertically. From top to bottom, the names are: K. Karl, Reyna A. Alegria, Tim Johnson, Miriam Encinaud, and T. Hoffman.

A large, stylized handwritten signature in black ink, appearing to read "S. Livingston".

Approved: **David O. Livingston, Sheriff-Coroner
Contra Costa County**

By 
Kevin Hoffman

(Govt. C. 27491.6;27491.7;27504)
Deputy Sheriff-Coroner

