



Alameda County Sheriff's Office
 Gregory J. Ahern, Sheriff / Coroner
 Coroner's Bureau, 2901 Peralta Oaks Ct, Oakland, CA 94605
 (510) 382-3000 / (510) 382-3033 (fax)

Coroner Investigator's Report

CALL INFO	NAME OF DECEASED (LAST, FIRST MIDDLE) DEMING JR, Johnathon Patrick			TENTATIVE ID UNIDENTIFIED <input type="checkbox"/> <input type="checkbox"/>		CASE NUMBER 2015-02088		
	REPORTED BY Katherine Martin		REPORTED BY PHONE NO. (510) 537-1234		REPORTING AGENCY Eden Medical Center		REFERENCE NUMBER 15-24571	
	INVESTIGATOR Karen Easting		CALL DATE AND TIME 7/5/2015 05:15		CASE TYPE Removal Case			
	DATE AND TIME OF DEATH 7/5/2015 04:53		DATE OF BIRTH 1/29/1996	AGE 19 Years	GENDER Male	RACE Caucasian/White	MARITAL STATUS Never Married	VET? <input type="checkbox"/>
DECEDENT	HGT 69	WGT 184	EYE COLOR Hazel	HAIR COLOR Brown	OCCUPATION Musician	EMPLOYER		
	Preliminary Summary **OIS - Pleasanton Police** of a 19 year old male at Eden Medical Center. On 7/5/15, Deming Jr. was involved in a confrontation with Pleasanton Police. Officers responding to a burglar alarm activation in a business came into contact with Deming Jr. and after a confrontation which involved a K9 and less lethal deployment, Deming Jr. was shot multiple times. NOK notified. **Contact PPD Detective B. Stocking and Detective Chin, one hour prior to autopsy. **							
	LOCATION OF DEATH: Eden Medical Center LOD TYPE Hospital - ER/OP							
DEATH	ADDRESS (STREET, CITY, STATE, ZIP) 20103 Lake Chabot Road Castro Valley CA 94546			COUNTY Alameda				
	Manner Homicide	Death Certificate Signed By:						
	Cause A	Bullet wounds of the head and abdomen					Interval	Hours
	Cause B						Interval	
	Cause C						Interval	
	Cause D						Interval	
Other Significant Conditions		None						
NOTIFICATION	LEGAL NEXT OF KIN John Deming		RELATIONSHIP Father		TELEPHONE NO. [REDACTED]			
	NOTIFIED BY		METHOD In Person		DATE AND TIME 7/5/2015 00:00			
	IDENTIFICATION METHOD Finger Prints		DATE AND TIME 7/9/2015 08:25					
INCIDENT	LOCATION OF INCIDENT Specialty Sales Classics			AT WORK <input type="checkbox"/>				
	ADDRESS (STREET, CITY, STATE, ZIP) 4321 First Street Pleasanton CA 94566			COUNTY Alameda		DATE AND TIME OF INCIDENT		
	INVESTIGATING AGENCY Pleasanton Police Department		INV. AGENCY PHONE NUMBER		OFFICER B. Stocking			
	FUNERAL HOME Beddingfield Funeral Service		BODY RELEASED TO FUNERAL HOME ON 7/10/2015 15:45					
DISP	Full Autopsy <input checked="" type="checkbox"/>		Partial Autopsy <input type="checkbox"/>		Inspection <input type="checkbox"/>		Record Review <input type="checkbox"/>	
	Inspection w/Specimen <input type="checkbox"/>		EXAM BY Paul W. Hermann					



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Investigator Narrative

Decedent: DEMING JR, Johnathon Patrick
Case Number: 2015-02088
Investigator: Karen Easling

First Call Information:

On Sunday, July 5, 2015, about 0515 hours. Eden Medical Center Nurse K. Martin called to report the death of a John Doe, later identified as 19 year old Johnathon Patrick Deming Jr. Deming Jr. was shot during a confrontation with Pleasanton Police Department officers. Paramedics Plus #4205 responded to the scene and transported Deming Jr. to the emergency room at Eden Medical Center. Deming Jr. was taken to the operating room where his condition declined and death was pronounced by Doctor L. Phillips at 0453 hours. (KE#1917)

Medical Summary:

According to Detective B. Stocking #269 and his preliminary investigation the following occurred: At about 0208 hours, officers were dispatched to a car dealership on a report of a burglary alarm activation. The dispatcher called the business and an unknown person picked up the phone. The dispatcher could hear yelling and glass breaking in the background. Officers arrived on scene and Deming Jr. would not respond to their verbal commands. At about 0223 hours, Deming Jr. was inside the business when he threw a floor car jack through the front window. Details are unclear at this point, but during the confrontation, a K-9 dog was released, less lethal bean bags were deployed and a Taser was used. At some point Deming Jr. exited through the back of the business and was involved in an altercation with an officer. During the altercation the officer fired from his handgun striking Deming Jr. in the face and abdomen. According to dispatch records, shots were fired at 0235 hours.

Two specimen containers containing tissue and a bullet were given to me by attending nurses. I (Easling) went to the hospital lab and collected three vials of intake specimens. (KE#1917)

Description of the Death/ Injury Scene:

Deming Jr. was shot behind Specialty Sales Classics, a car dealership located at 4321 First Street in Pleasanton. He was transported to Eden Medical Center in Castro Valley where his death was pronounced. (KE#1917)

Body Identification:

The decedent was identified based on indicia found at the scene. I ran Deming Jr.'s information through the DOJ Cal-Photo database and located a DMV record with an image of Johnathon Patrick Deming Jr. The photograph was taken several years ago, but the general description matched the decedent. (KE#1917)



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The mobile Blue Check identification device was used in an attempt to positively identify the decedent. The fingerprints were not located in the system. (KE#1917)

On Thursday, July 09, 2015, I (Sgt. Baron) spoke on the telephone with John Deming who is the decedent's father. I asked John if his son had any identifiable scars, marks or tattoos on his body. John stated his son had a tattoo for the symbol of water on his upper left arm. He described the tattoo and I confirmed the decedent in this case had the same tattoo in the area described. (HB#2017)

About 2030 hours, I (Sergeant Wilson) received via fax a confirmation letter from the Central Identification Bureau. The letter indicated the fingerprints associated with this case, were a match to California Department of Motor Vehicles number F4337329, Johnathan Patrick Deming Jr with DOB 01/29/1996. (PW#1494)

Next of Kin Investigation:

On Sunday, July 5, 2015, I (Easling) spoke with Detective B. Stocking regarding notifying Deming Jr.'s next of kin. Detective Stocking asked that their department be permitted to notify his next of kin after they were positive on his identification.

On Monday, July 6, 2015, I contacted Deming Jr.'s father, John Deming, to confirm he had been notified of his son's death. According to John, his son was never married and has no children. Deming Jr.'s legal next of kin are his parents John Deming and Linda Stasi. (KE#1917)

Other Agency Reports:

Detective B. Stocking of the Pleasanton Police Department will be the primary investigator for this case with a report number of 15-24571. (KE#1917)

Property and Evidence:

Coroner's Receipt # 36114 was issued for this case. All of Deming Jr.'s property and clothing had been removed by medical personnel prior to my arrival. Pleasanton Police officers collected the clothing and property as evidence. (KE#1917)

Coroners Fees:

As of Sunday, July 5, 2015, the only Coroner's Bureau fees are body removal (\$254.00) and body preparation (\$67.00) for a total of \$321.00.

All Coroner fees have been paid in full. (KE#1917)

Other Investigative Details/ Supplemental Information:

On Sunday, July 5, 2015, about 0605 hours, Deputy C. Frazier and I arrived in the emergency room at Eden Medical Center. I was directed by nursing staff to Deming Jr.'s location in the



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Operating Room. I saw Deming Jr. face up on a hospital bed with no clothing on and medical therapy in place. I conducted a general visual examination of Deming Jr. and saw what appeared to be gunshot wounds to his face and abdomen. Pleasanton Police Officer J. Chin performed a gunshot residue (GSR) test on both of Deming Jr.'s hands. After the test was complete, I placed paper bags over his hands and secured them in place with zip ties. I took photographs to document Deming Jr.'s injuries and he was moved to a gurney and into the Coroner's van for transportation back to the Coroner's Bureau.

At about 0730 hours, Deputy Frazier and I arrived at the location of the incident in Pleasanton. I took photographs of the outside of the business to document the location.

At about 0835 hours, we returned to the Coroner's Bureau and processed Deming Jr.'s body into the morgue. Intake photos were taken at this time.

On Thursday, July 9, 2015, Coroner's Pathologist Dr. P. Herrmann performed an autopsy on Deming Jr. to determine his cause of death.

On Friday, July 10, 2015, Deming Jr.'s body was released into the care of Beddingfield Funeral Service. (KE#1917)

Findings:

On October 6, 2015, I reviewed this case for the purpose of case closure. An autopsy was performed on Deming Jr. to determine his cause of death. Upon reviewing the Autopsy Protocol, case file, and other documents associated with this death, I find the death to be a homicide. Pathologist Dr. P. Herrmann determined Deming Jr.'s cause of death was "Bullet wounds of the head and abdomen." Deming Jr. was involved in an altercation with a Pleasanton Police Department Officer during which he was shot in the head and abdomen. (KE#1917)

Supervisor Review:

On December 30, 2015, I (Sergeant P. Wilson) reviewed this case for closure. I agree with the findings and consider this case closed. (PW#1494)

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2901 Peralta Oaks Court, 2nd Floor Oakland, CA 94605-5319



Gregory J. Ahern, Sheriff

Director of Emergency Services
Coroner - Marshal

M E M O R A N D U M

DATE: July 9, 2015
FROM: Paul W. Herrmann, M.D.
TO: Case File 2015-02088
SUBJECT: AUTOPSY PROTOCOL

Autopsy performed upon the body of Johnathon Patrick Deming Jr.
at the Coroner's Bureau, 2901 Peralta Oaks Court, Oakland,
California, on July 9, 2015, at 9:30 a.m.

AUTOPSY FINDINGS

- 1) BULLET WOUND OF THE FACE INVOLVING THE RIGHT ZYGOMATIC ARCH, THE ORBIT, THE GLOBE OF THE RIGHT EYE, WITH PASSAGE INTO THE CRANIAL CAVITY THROUGH THE RIGHT ANTERIOR FOSSA AND DISRUPTION OF THE CORTEX OF THE BRAIN. BULLET FRAGMENTS RECOVERED FROM THE FACE, THE RIGHT ANTERIOR FOSSA AND THE SUBARACHNOID SPACE OF THE BRAIN.
- 2) BULLET WOUND OF THE ABDOMEN INVOLVING THE ABDOMINAL WALL AND STOMACH, WITH HEMORRHAGE INTO THE LEFT HEMIDIAPHRAGM, RESULTING IN HEMORRHAGE INTO THE GASTRIC LUMEN AND THE ABDOMINAL CAVITY.
- 3) MARKED CONGESTION OF THE RIGHT LUNG.
- 4) FOCAL CONGESTION OF THE LEFT LUNG.
- 5) MOTTLED HEMORRHAGES ON THE EPICARDIAL SURFACE OF THE HEART (SECONDARY TO CARDIOPULMONARY RESUSCITATION).
- 6) LEFT THORACOTOMY AND MIDLINE LAPAROTOMY INCISIONS.
- 7) LEFT HEMOTHORAX.

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- 8) NUMERCUS CONTUSIONS AND ABRASIONS OF THE FACE.
- 9) CONTUSIONS AND ABRASIONS OF THE UPPER AND LOWER EXTREMITIES.
- 10) PUNCTURE WOUND OF THE BACK.
- 11) ROUND ABRADED CONTUSION OF THE POSTERIOR RIGHT THIGH WITH CONSIDERABLE HEMORRHAGE IN THE SUBCUTANEOUS TISSUE AND MUSCULATURE.
- 12) ABRASIONS AND COMPRESSION MARKS OF THE SKIN OF THE WRISTS.

CAUSE OF DEATH: BULLET WOUNDS OF THE HEAD AND ABDOMEN.

cc: EMS
District Attorney

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Body of JOHNATHON PATRICK DEMING JR.

EXTERNAL EXAMINATION

1
2 The body is that of a well-developed adult white male
3 appearing somewhat older than the stated age of 19 years,
4 weighing 184 pounds and measuring 69 inches. The hair is dark
5 brown to black and quite long. There is an elasticized tie
6 holding some of the hair in place in the occipital area. The
7 irides are light brown. The right iris has been disrupted due
8 to trauma. The teeth are in good condition. There is slight
9 rigidity of the neck and complete rigidity of the jaw and the
10 upper and lower extremities. Slight purple lividity is seen on
11 the back.

12 The hands are enclosed in paper bags.

13 There is the following evidence of MEDICAL TREATMENT:

14 1) An endotracheal tube is clamped in place in the mouth.

15 2) An EKG pad is present on each shoulder and on the right
16 side of the abdomen.

17 3) Two Intracaths are present in the right antecubital
18 fossa.

19 4) A hospital-type identification band is present on the
20 right wrist.

21 5) A blood pressure cuff is present around the left upper
22 arm.

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23 6) An Intracath is taped in place on the anterolateral
24 aspect of the left upper arm.

25 7) Fresh needle puncture marks are present in the left
26 antecubital fossa.

27 8) A thoracotomy incision extends from 1 inch to the left
28 of the low sternum, across the chest approximately 1 inch
29 inferior to the left nipple, and ends in the left anterior
30 axillary line.

31 9) A sutured surgical incision extends upward from the
32 pubis to the xiphoid, measuring 11 inches in length.

33 Blood on the body

34 There is a great deal of blood present on the face. It has
35 emanated bilaterally from the nostrils and also from a wound on
36 the right side of the face as well as the right eye. Blood has
37 run posteriorly into the occipital hair.

38 There are smeared and streaks of blood present on the chest
39 and abdomen, and blood is present in the inguinal areas as well.

40 When the bag is removed from the left hand, very little
41 blood is seen to be present on the hand. The fingernails are
42 relatively short and dirty. No other foreign material is seen.

43 The right hand shows a thin layer of what might have been
44 bloody fluid present on the palmar surface, and a small amount

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45 is seen on the some of the fingers. The fingernails of the
46 right hand are short and dirty, also.

47 Blood is not a feature of lower extremities below the
48 inguinal areas.

49 A small amount of blood is present on the back, associated
50 with blood on the autopsy table.

51 Tattoo

52 There is a tattoc on the lateral aspect of the left upper
53 arm. It appears to be an Asian marking of some type or other.
54 I am unable to decipher it.

55 Received with the body is a plastic bag. Within this bag
56 is an ALAMEDA COUNTY SHERIFF'S OFFICE—CORONER'S BUREAU tag
57 which has the word "BULLET" written on it.

58 Also within the bag are two other plastic bags:

59 One is a plastic bag containing a plastic container. The
60 label on the container says: "PHILLIPS II, LORNIE JAMES" "MRN:
61 60671019" "SEX: M" with a date of "1/1/1900" and then, "115
62 yrs." There is another date, "7/5/2015," also the words
63 "TRAUMA, WALL" and then in handwriting, "F.B Abd." This
64 container contains approximately 2-3 ounces of yellow fluid, and
65 within the fluid is a markedly disrupted, copper-jacketed,
66 moderately large caliber bullet. This will be placed in

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67 evidence at the Coroner's Office.

68 The next bag contains some slightly sanguineous fluid, I
69 would estimate, approximately 1-1/2 ounces. Also within the bag
70 is a plastic container, again labeled: "PHILLIPS II, LORNIE
71 JAMES" "MRN: 6067109" with a date, "1/1/1900," and then
72 "115 yrs" "SEX: M" and another date, "7/5/2015." At the top of
73 the label are the words "TRAUMA, WALL" and, written in hand-
74 writing, the number 2 and the words "STOMACH SEGMENT." This
75 consists of a piece of tissue measuring approximately 3 inches
76 in diameter. It is a ringlike structure which is somewhat
77 disrupted at one edge, and it has the appearance of gastric
78 mucosa. It is also disrupted to some extent at the other edge.
79 This will be further examined by me.

80 There is the following evidence of BLUNT TRAUMA:

81 Head and neck

82 There are a few superficial abrasions at the left side of
83 the forehead, beginning at the eyebrow and extending upward for
84 a distance of approximately 2 inches within an area approxi-
85 mately 3 inches in width. There are approximately fifteen of
86 these very superficial abrasions, averaging approximately 3/16
87 inch in size. There is a laceration involving the left eyebrow.
88 It extends from the medial eyebrow laterally for a distance of

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89 1-3/4 inches. It has been sutured closed. When the sutures are
90 removed, considerable contusion is seen deep to this laceration,
91 but the bone is not exposed. There is an abrasion which extends
92 downward from the medial left eyebrow onto the left upper eyelid
93 for a distance of 3/4 inch, measuring 1/4 inch in width, and the
94 left upper eyelid is ecchymotic. There is an ecchymotic area of
95 the lower eyelid extending from the medial lid laterally for a
96 distance of approximately 1-3/4 inches, measuring 3/4 inch in
97 width. It extends slightly onto the zygoma.

98 There are a few superficial abrasions and contusions over
99 the upper bridge of the nose, in an area 1 inch transversely by
100 3/4 inch vertically. No definite crepitation of the underlying
101 bone is palpable.

102 There is extensive ecchymosis involving the right upper
103 eyelid over its entire surface, and the lower eyelid is slightly
104 ecchymotic inferiorly and right at the edges of the eyelashes.
105 The globe of the right eye is ruptured and hemorrhagic. There
106 is a laceration extending downward from the outer canthus of the
107 right eye for a distance of approximately 5/16 inch. Another
108 laceration extends downward from the supraorbital ridge approxi-
109 mately 3/4 inch above the outer canthus of the right eye. It
110 extends downward, along the ridge, to the right for a distance

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111 of 1-1/16 inches, gaping approximately 3/16 inch. There is a
112 tiny laceration of the epidermis just below it, which is
113 parallel to it, measuring 1/4 inch in length.

114 There is an abrasion over the right zygoma. It is an
115 irregular abrasion measuring approximately 1 x 1/2 inch in
116 greatest dimensions, and superficial abrasions are seen
117 scattered over the right cheek for a distance of 2-1/4 inches
118 vertically by 2 inches horizontally. These are very
119 superficial. The underlying zygoma, however, is fractured by
120 palpation. There is a gunshot wound involving the right side of
121 the face just to the right of this group of superficial
122 abrasions. It will be described later.

123 There is an abrasion just below the left nostril. It
124 extends to the left for a distance of 1 inch. It measures 1/2
125 inch vertically. A few small lacerations extend upward onto the
126 lateral wall of the left nostril for a distance of approximately
127 1/4 inch.

128 A tiny abrasion involves the inferior lateral wall of the
129 right nostril, measuring 1/8 inch in diameter.

130 There is an abrasion involving the left side of the upper
131 lip, beginning 1/2 inch to the left of the midline. It extends
132 approximately 1/2 inch above the vermilion border and then onto

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133 the mucosa, where there is a large area of contusion measuring
134 1-1/2 inches transversely by 1/2 inch vertically. There are
135 very superficial lacerations of the mucosa within it.

136 The lower lip also shows a contusion involving primarily
137 the left side of the mucosal surface of the lip, beginning at
138 the midline and extending to the left for 3/4 inch, measuring
139 3/4 inch vertically. An abrasion extends to the right from it
140 for a further distance of 1/2 inch. There are superficial
141 lacerations of the mucosa within this contused area.

142 An abrasion extends downward from the outer aspect of the
143 left side of the mouth onto the left side of the chin for a
144 distance of 1-1/8 inches. It widens on the lateral left chin,
145 where it is 1 inch in width. Near the lip it measures approxi-
146 mately 3/8 inch in length.

147 A few tiny abrasions involve the right side of the chin
148 within an area approximately 1-1/2 inches by 1 inch in greatest
149 dimensions. These are very small, 1/8- to 1/4-inch, superficial
150 abrasions. There is another abrasion just below the mandible,
151 beginning at the midline and extending to the right for 5/8
152 inch, measuring 3/8 inch in vertical width; and just below it
153 and slightly to the left is another abrasion, measuring 3/8 inch
154 in greatest dimension.

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155 Chest and abdomen

156 Overlying the lateral right clavicle there is an abrasion
157 measuring 3/4 x 1/4 inch, with two tiny scratch-abrasions just
158 below it.

159 Extending from the anterior axillary fold on the left side
160 of the chest are three to four horizontal abrasions, the longest
161 one measuring 2-1/4 inches in length by 1/4 inch in width. An
162 abrasion is present just above the fold, as well, and there are
163 abrasions just posterior to the axilla in this same area, which
164 tend to be oblique to horizontal. These abrasions may be due to
165 surgical manipulations during the thoracotomy. Several small
166 abrasions are present on the medial aspect of the left arm,
167 approximately 2 inches below the axilla, which may be related to
168 this.

169 The remainder of the chest is free of blunt trauma, and
170 none is seen on the abdomen.

171 Genitalia

172 The genitalia show no evidence of any trauma.

173 Left upper extremity

174 The left upper extremity shows considerable ecchymosis
175 associated with needle punctures in the left antecubital fossa.
176 There are some vertical and horizontal abrasions present within

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177 this area, the total area measuring 3-1/4 inches vertically by
178 3 inches transversely.

179 The medial aspect of the left forearm approximately 2
180 inches below the medial epicondyle shows a slight contusion with
181 very superficial abrasion in an area 1/2 inch in diameter.

182 There are two scratch-type abrasions on the anterior aspect
183 of the left wrist, associated with contusion. There are two
184 abrasions which are parallel, measuring 1/4 inch in length. The
185 contusion around them measures 1-1/4 inches in diameter. There
186 is faint transverse abrasion of the base of the hand, dorsally,
187 just distal to the wrist, in an area approximately 1-1/4 inches
188 transversely by 3/4 inch vertically. It is associated with
189 slight contusion. The abrasions are very superficial. There
190 are approximately five of them, parallel to one another. On the
191 dorsum of the left wrist, just medial to the ulnar styloid,
192 there is an irregular contusion measuring 1-3/4 inches by 1 inch
193 in greatest dimensions. On the inner aspect of the left
194 forearm, just above the ulnar styloid, there is another faint
195 contusion measuring 1-1/4 inches by 1 inch in greatest
196 dimensions. An area of compression of the skin is seen
197 extending anteriorly from the left ulnar styloid, on the ulnar
198 aspect of the wrist. It can be seen for a distance of

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199 approximately 1 inch. It measures approximately 1/4 inch in
200 width. These contusions and abrasions are suggestive of
201 handcuff marks.

202 At the base of the left thumb is a superficial scratch-
203 abrasion measuring 1/4 inch in length, and overlying the thenar
204 web there are four very superficial abrasions, the smallest
205 measuring 1/16 inch; the largest, approximately 1/4 inch. These
206 are very superficial.

207 The lateral aspect of the left shoulder shows a very faint
208 L-shaped abrasion measuring 2-1/4 inches vertically. It then
209 extends posteriorly for a distance of 1 inch.

210 Right upper extremity

211 The right upper extremity shows several small abrasions at
212 the superior tip of the shoulder. There are two of these, one
213 measuring 1/2 and the other, 3/8 inch in length. These measure
214 approximately 3/16 inch in width. They are associated with very
215 tiny punctate, petechia-like hemorrhages just below them. The
216 total area measures approximately 2 inches in greatest
217 dimensions.

218 Just lateral to the tip of the right shoulder, there is an
219 abrasion measuring 1-3/4 inches by 1/2 inch in greatest
220 dimensions.

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221 The right upper arm shows a healing abrasion medial to the
222 elbow, measuring approximately 1 x 1/2 inch in greatest
223 dimensions. It shows some scar tissue.

224 Lateral to the elbow there is a prominent contusion
225 measuring 2-1/4 x 1-1/2 inches in greatest dimensions.

226 There is a slight abrasion at the lateral aspect of the
227 right antecubital fossa, measuring 3/4 x 1/4 inch.

228 On the medial aspect of the right upper arm, there is a
229 contusion measuring 3-1/2 x 2 inches in greatest dimensions,
230 associated with a few small abrasions.

231 The anterior aspect of the right wrist shows a prominent
232 maroon contusion measuring 1-1/4 inches in diameter. There is a
233 faint area of compression of the skin at the lateral aspect of
234 the wrist, measuring 1/2 inch transversely by less than 1/4 inch
235 in width. Crossing the dorsum of the wrist can be seen a faint
236 compression groove, which extends from the lateral to the medial
237 aspect of the wrist, just distal to the ulnar styloid. It
238 measures 1/4 inch in width and is suggestive of compression by a
239 handcuff. The same change is seen on the ulnar aspect of the
240 right wrist.

241 The dorsum of the right hand shows three contusions, the
242 largest measuring 5/8 inch in diameter. Several small abrasions

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243 are present just proximal to the metacarpophalangeal joints of
244 the ring and little fingers. There are approximately four of
245 these, the largest measuring 1/4 inch in size, and they are very
246 superficial.

247 Right lower extremity

248 The anterior right thigh shows no evidence of trauma.

249 Extending medially from the knee, just inferior to the
250 patella, there are a number of very superficial abrasions which
251 can be seen extending 3-1/4 inches medial to the knee. At the
252 medial aspect of the knee they are seen within an area 2 inches
253 vertically, with approximately nine to ten of these abrasions
254 averaging approximately 1/4 inch in size. These are associated
255 with contusion at the medial aspect of the knee, measuring 1-1/2
256 inches by 1 inch in greatest dimensions.

257 The anterior aspect of the right leg shows very slight
258 maroon contusion beginning approximately 6 inches below the
259 knee, in an area 2-1/4 inches vertically by 1/2 inch
260 horizontally. There is a scratch-abrasion just anterior to the
261 right medial malleolus, measuring 1/4 inch in size.

262 Left lower extremity

263 The left lower extremity shows a faint maroon contusion on
264 the anterior aspect of the thigh, approximately 6-1/2 inches

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265 below the anterior superior iliac spine. This area of very
266 faint contusion measures approximately 2 inches transversely by
267 1 inch vertically.

268 There is a round contusion above the left knee, right at
269 the superior patella. This measures 1-3/4 inches in diameter.
270 There is no abrasion associated with it.

271 Medial to the knee, there are four contusions within an
272 area 2-1/2 x 1-1/2 inches in greatest dimensions, associated
273 with very minimal abrasion of some of them.

274 Approximately 8 inches below the knee, there is a maroon
275 contusion on the anterior aspect of the left leg, measuring
276 1-1/4 inches by 1/2 inch.

277 On the medial aspect of the left foot, there is a contusion
278 measuring 1-3/4 inches by 3/4 inch in greatest dimensions.

279 Back of body

280 There is a puncture wound on the right side of the back.
281 This wound is 23-1/2 inches below the top of the head and 4-1/2
282 inches to the right of the mid spine. It is a small puncture
283 wound, measuring less than 1/8 inch in size. It is slightly
284 elongated horizontally. Incision into this small puncture wound
285 shows the presence of hemorrhage which extends all the way to
286 the fascia, in an area approximately 1-1/2 inches in diameter.

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287 There is no other evidence of trauma to the back.

288 The buttocks show no trauma.

289 The posterior aspect of the right thigh shows the presence
290 of a round abrasion measuring 1 inch vertically by 1-1/8 inches
291 horizontally. This is quite erythematous. Incision into it
292 reveals the presence of a great deal of blood in the
293 subcutaneous fat. This indicates considerable contusion deep to
294 this abrasion.

295 Multiple BULLET WOUNDS are present:

296 There is a bullet wound (#1) on the right side of the face.
297 This wound has been packed with surgical gauze. It is an
298 elongated wound, measuring 7/8 inch nearly vertically and gaping
299 approximately 3/8 inch. The inferior portion of the wound is
300 abraded over a distance of almost 1/2 inch while the superior
301 aspect is undermined, and there is a deep perforation estimated
302 at approximately 3/8 inch in diameter. There is no deposition
303 of smoke or powder or evidence of burning. It has the
304 characteristics of a bullet entrance wound. This wound is
305 located 1-3/4 inches anterior to, and the center of the wound is
306 approximately 3/8 inch inferior to the right external auditory
307 meatus. It is centered approximately 5-3/4 inches below the top
308 of the head.

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309 A second bullet wound (#2) is seen on the abdomen. This
310 wound is located 28-1/2 inches below the top of the head, and it
311 is centered approximately 3/4 inch to the left of the midline of
312 the abdomen. The vertical surgical incision passes just to the
313 right of it. This wound is elongated horizontally, measuring
314 3/4 inch horizontally by 3/8 inch vertically. The right edge of
315 the wound is markedly abraded while the left edge is undermined,
316 with the perforation measuring slightly more than 1/4 inch in
317 diameter. There is no deposition of smoke or powder or evidence
318 of burning. It has the characteristics of a bullet entrance
319 wound.

INTERNAL EXAMINATION

320 Y-SHAPED THORACOABDOMINAL AND INTERMASTOIDAL INCISIONS are
321 made.
322

323 THE BULLET WOUNDS ARE EXPLORED:

324 Bullet wound #1 passes through the skin of the face. It
325 fractures the right zygomatic arch and passes upward through the
326 lateral wall of the orbit, disrupting the globe of the eye. It
327 then enters the skull on the anterior aspect of the right
328 anterior fossa, and a strip of copper jacket is embedded in the
329 floor of the right anterior fossa with a portion of it
330 protruding into the cranial cavity. There is disruption of the

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331 inferior-anterior aspect of the right frontal lobe, and the
332 bullet passes upward, disrupting the cortex. It then passes
333 posteriorly furrowing the superior cortical aspect of the right
334 frontal lobe, near the midline. It then crosses over onto the
335 superior aspect of the left frontal lobe of the brain and
336 continues posteriorly, where it continues in a linear fashion to
337 disrupt the cortex of the superior left parietal lobe. A
338 markedly distorted lead core bullet is found embedded beneath
339 the arachnoid, on the superior aspect of the left parietal lobe.
340 The direction of this wound is from inferior to superior. It is
341 from posterior to anterior at a very slight angle of less than 5
342 degrees, and from right to left at approximately 30 degrees.

343 After entering the cranial cavity, this bullet undoubtedly
344 struck the inner table of the skull, anteriorly, and continued
345 gliding on the inner table inside the skull to graze the surface
346 of the brain and disrupt only the cortex of the brain as
347 previously described. Traumatic subarachnoid hemorrhage is
348 present over the entire surface of the brain, and cut sections
349 of the brain show the grazing wound of the cortex to extend into
350 the white matter to a slight degree. The wound is quite
351 hemorrhagic. A small piece of lead is also found in the right
352 temporal muscle, deep to the entry wound in the face.

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353 Bullet wound #2 enters the abdomen. It passes through the
354 abdominal wall creating a large lacerated hole in the left
355 parietal peritoneum. It also has caused hemorrhage within the
356 left leaflet of the diaphragm and apparently has involved the
357 stomach, since the surgeons removed a portion of the stomach
358 during the operation. There is considerable disruption of the
359 posterior parietal wall lateral to the left kidney, with
360 considerable hemorrhage in the tissues in this area. This is
361 just beneath the diaphragm. The surgeon's note indicates that a
362 bullet was removed at this site. This is just lateral and
363 inferior to the left kidney. As a result of this wound, there
364 are four blood-soaked lap towels in the abdominal cavity. The
365 direction of this wound is from right to left. It is from
366 anterior to posterior at an angle of approximately 40 degrees,
367 and it is directed upward at an angle of approximately 40 to 45
368 degrees.

369 HEAD: The brain weighs 1490 grams. It shows marked gyral
370 flattening and the unci are prominently grooved. The cerebellar
371 tonsils are also prominent, and, as previously described, there
372 is diffuse traumatic subarachnoid hemorrhage over the surface of
373 the brain. Along the grazing bullet wound of the cortex of the
374 frontal and left parietal lobes, there is contusion of the

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375 cortex as described. Cut sections of the brain do not show an
376 internal bullet track in the brain. This is a grazing wound of
377 the surface of the brain. The internal structures of the brain
378 show no abnormality, and the vessels at the base of the brain
379 are intact. The base of the skull is also intact, except for
380 the right anterior fossa where the bullet entered the cranial
381 cavity. There are radiating fractures extending to the left
382 from the entry hole in the anterior fossa.

383 NECK ORGANS: The soft tissues of the neck and the cervical
384 spine are unremarkable. The laryngeal and tracheal cartilages
385 and hyoid bone are intact. The airway is patent. The thyroid
386 gland is of normal size and unremarkable on cut section. The
387 endotracheal tube is in its proper position.

388 CHEST: There is approximately 600 cc of liquid blood in
389 the left pleural cavity. The left pleural cavity has been
390 opened surgically through the fourth intercostal space, and
391 there is hemorrhage in the intercostal muscle. The lungs fill
392 the remainder of the pleural spaces. There is no free fluid on
393 the right side.

394 LUNGS: The left lung weighs 400 grams. The right lung
395 weighs 800 grams. The pulmonary arteries and bronchi are
396 unremarkable. The pulmonary parenchyma shows marked congestion

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397 of the right lung. The left lung is more aerated, though the
398 upper lobe is markedly congested, and portions of the lower lobe
399 show slight aspiration of blood into the parenchyma.

400 HEART: The pericardial sac has been surgically opened. It
401 contains a very minimal amount of blood. The external surface
402 of the heart shows mottled anterior faint ecchymoses and slight
403 left ventricular prominence. The heart weighs 370 grams. The
404 coronary arteries on cut section show no atherosclerosis. The
405 right coronary artery is dominant. The cardiac chambers and
406 valves are unremarkable. There is a reduced amount of blood in
407 the cardiac chambers. The left ventricular wall measures 15-
408 16 mm in thickness and is without any evidence of scarring or
409 necrosis. The right ventricular wall measures 3 mm. The
410 foramen ovale is closed. The interventricular septum is
411 unremarkable. The descending thoracic and abdominal aorta shows
412 no abnormalities. The aorta is opened throughout the abdominal
413 portion and along the iliacs, and no evidence of disruption of
414 the aorta is seen, and the aortic wall shows no atherosclerosis.
415 The inferior vena cava is also opened through the abdominal
416 portion and into the iliacs, and again, no traumatic disruption
417 is seen.

418 LIVER: The liver weighs 1800 grams. The capsular surface

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419 is smooth. The parenchyma on cut section is maroon-brown in
420 color and is slightly congested. The gallbladder and extra-
421 hepatic ducts are unremarkable.

422 SPLEEN: The spleen weighs 200 grams. The capsule is
423 smooth. The parenchyma is firm and slightly congested.

424 PANCREAS: The pancreas is of normal size and retains a
425 lobular architecture.

426 ADRENAL GLANDS: The adrenals are equal in size. The
427 cortices are thin, bright yellow. The medullae are
428 unremarkable.

429 GASTROINTESTINAL TRACT: The mucosa of the esophagus is
430 slightly congested inferiorly, but there is no disruption. The
431 gastric wall is intact except that there is a surgical incision
432 in the distal third of the stomach, measuring approximately 4
433 inches in length. This surgical site is closed with sutures and
434 very much intact. There is approximately 100 cc of blood in the
435 stomach. The duodenum and pylorus show no abnormalities. The
436 small bowel contains a small amount of mucoid chyme. The large
437 bowel is contused in the splenic flexure area, and there is
438 slight hemorrhage in the large bowel mesentery, but the bowel
439 itself is not perforated. The rectum is empty.

440 GENITOURINARY TRACT: The kidneys are equal in size,

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441 weighing 170 grams each. The capsules strip with ease. The
442 cortical surfaces are smooth. The parenchyma is slightly pale.
443 The renal vessels, pelves and ureters are in their normal
444 positions. The urinary bladder contains a small amount of
445 urine, which is somewhat mucoid in appearance. The prostate
446 gland is unremarkable on cut section. The testes are palpated
447 in the scrotum.

448 The bullet wound of the abdomen passes inferior and
449 slightly lateral to the inferior pole of the left kidney. The
450 kidney is not involved, and the psoas muscle is not involved.
451 There is only a small amount of free blood in the abdominal
452 cavity. However, there are four lap towels present, and each of
453 them is soaked with blood. They are in the left upper quadrant
454 of the abdomen, just beneath the diaphragm.

455

456

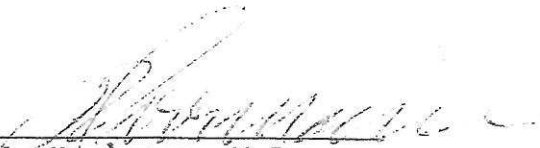
457

458

459

460

461 PWH/cah


Paul W. Herrmann, M.D.



Case Name:

Deming Jr,

TOXICOLOGY NUMBER: CVT-15-8040

Johnathan P.

Specimen Description:

Hospital samples: 4 ml blood (2 vials) each labeled "Trauma, Wall; H# 60671019; ED-RM1; 115YM; DOB 01/01/1900; 07/05/2015; Acct# 417628669; (1 vial) 0314 hrs; (1 vial) 0315 hrs" Postmortem sample: 5 ml femoral blood labeled "Deming Jr, Johnathan; 2015-02088; 07/09/2015"

Delivered by

Tricor

Date

10-Jul-15

Received by

Bill Posey

Date

10-Jul-15

Request: Complete Drug Screen (Femoral Blood)

Agency Case # 2015-02088

Requesting Agency

Alameda Co. Coroner's Office
Attn: Acct's Payable
480 4th Street
Oakland CA 94607

Report To

Alameda Co. Coroner's Office
Attn: Dr. Herrmann
2901 Peralta Oaks Ct., 2nd Floor
Oakland CA 94605

RESULTS

**** 31, July 2015: Additional testing: Second Report ****

Specimen: Hospital Blood (Lavender Top Vial-07/05/2015, 0315 hrs) Sample

Blood Alcohol Content:

Blood Ethyl Alcohol = Negative

*Entered
09/09/15 Hg #199*

Specimen: Hospital Blood (Blue Top Vial-07/05/2015, 0314 hrs) and Femoral Blood Samples

Complete Drug Screen: Specific drug assay for Bath Salts, Psilocin and Synthetic Cannabinoids performed in hospital blood and femoral blood. No common acidic, neutral or basic drugs detected in hospital blood and femoral blood. No Ethyl Alcohol detected in femoral blood.

"Bath Salts" by LCMS-TOF in hospital blood and femoral blood = Negative
(Cathinone, Methcathinone, Methylone, Mephedrone, MDPV, and alpha-PVP)

Psilocin (metabolite of Psilocybin) by LCMS-TOF in hospital blood and femoral blood = Negative

Synthetic Cannabinoids by LCMS-TOF in hospital blood and femoral blood = Negative

B. L. Posey

August 20, 2015

B. L. POSEY
S. N. KIMBLE
Directors

1582 Tollhouse Road
Clavis, California 95611
Phone (559) 323-0940
Fax (559) 323-7502



CENTRAL VALLEY
TOXICOLOGY, INC.



Case Name:
Deming Jr,

TOXICOLOGY NUMBER: CVT-15-8040

Johnathon P.

Specimen Description:

Hospital samples: 4 ml blood (2 vials) each labeled "Trauma, Wall; H# 60671019; ED-RM1; 115YM; DOB 01/01/1900; 07/05/2015; Acct# 417628669; (1 vial) 0314 hrs; (1 vial) 0315 hrs" Postmortem sample: 5 ml femoral blood labeled "Deming Jr, Johnathon; 2015-02088; 07/09/2015"

Delivered by Tricor

Date 10-Jul-15

Received by Bill Posey

Date 10-Jul-15

Request: Complete Drug Screen

Agency Case # 2015-02088

Requesting Agency

Alameda Co. Coroner's Office
Attn: Acct's Payable
480 4th Street
Oakland CA 94607

Report To

Alameda Co. Coroner's Office
Attn: Dr. Herrmann
2901 Peralta Oaks Ct., 2nd Floor
Oakland CA 94605

RESULTS

Specimen: Hospital Blood (Lavender Top Vial-07/05/2015, 0315 hrs) Sample

Blood Alcohol Content:

Blood Ethyl Alcohol = Negative

Specimen: Hospital Blood (Blue Top Vial-07/05/2015, 0314 hrs) Sample

Complete Drug Screen: No common acidic, neutral or basic drugs detected.

CVT-15-8040
07/16/2015
KMR

B. L. Posey July 16, 2015

B.L. POSEY
S.N. KIMBLE
Directors

1590 Tollhouse Road
Clavis, California 93611
Phone (559) 323-9940
Fax (559) 323-7502

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

OFFICE OF CLERK-RECORDER

COUNTY OF ALAMEDA

OAKLAND, CALIFORNIA

3052015135085

CERTIFICATE OF DEATH

3201501004806

STATE FILE NUMBER: 3052015135085 LOCAL REGISTRATION NUMBER: 3201501004806

1. FIRST NAME: JOHNATHON 2. MIDDLE NAME: PATRICK 3. LAST NAME: DEMING JR.

4. DATE OF BIRTH: 01/29/1996 5. AGE: 19 6. SEX: M

7. BIRTH STATE/FOREIGN COUNTRY: CA 8. SOCIAL SECURITY NUMBER: [REDACTED] 9. EVER IN U.S. ARMED FORCES: NO 10. MARRIAGE STATUS: NEVER MARRIED 11. DATE OF DEATH: 07/05/2015 12. HOUR: 0453

13. EDUCATION: HS GRADUATE 14. WAS DISCERNIBLE HISPANIC/LATINO/SPANISH: NO 15. DECEASED'S RACE: WHITE

16. USUAL OCCUPATION: MUSICIAN 17. KIND OF BUSINESS OR INDUSTRY: MUSIC 18. YEARS IN OCCUPATION: 1

19. DECEASED'S RESIDENCE: [REDACTED]

20. CITY: SAN JOSE 21. COUNTY: SANTA CLARA 22. ZIP CODE: 95132 23. YEARS IN COUNTRY: 19 24. STATE/FOREIGN COUNTRY: CA

25. INFORMANT'S NAME: LINDA STASI, MOTHER 26. INFORMANT'S RELATIONSHIP: MOTHER 27. INFORMANT'S ADDRESS: [REDACTED]

28. NAME OF SURVIVING SPOUSE: [REDACTED] 29. MIDDLE: [REDACTED] 30. LAST BIRTH NAME: [REDACTED]

31. NAME OF FATHER: JOHNATHON 32. MIDDLE: PATRICK 33. LAST BIRTH NAME: DEMING 34. BIRTH STATE: CA

35. NAME OF MOTHER: LINDA 36. MIDDLE: MARIE 37. LAST BIRTH NAME: STASI 38. BIRTH STATE: CA

39. DEPOSITION DATE: 07/11/2015 40. PLACE OF FINAL DISPOSITION: ELMER L HERMAN FUNERAL HOME, 5204 SECOND AVENUE, PITTSBURGH, PA 15207

41. TYPE OF DEPOSITION: TR 42. SIGNATURE OF REGISTRAR: [REDACTED] 43. LICENSE NUMBER: [REDACTED]

44. NAME OF FUNERAL ESTABLISHMENT: BEDDINGFIELD FUNERAL SERVICE 45. LICENSE NUMBER: FD1999 46. REGISTRAR OF LOCAL REGISTRAR: [REDACTED] 47. DATE: 07/10/2015

48. PLACE OF DEATH: EDEN MEDICAL CENTER 49. HOSPITAL: EDEN MEDICAL CENTER 50. TYPE OF DEATH: HOSPITAL

51. COUNTY: ALAMEDA 52. FACILITY ADDRESS OR LOCATION WHERE DEATH OCCURRED: 20103 LAKE CHABOT ROAD 53. CITY: CASTRO VALLEY

54. CAUSE OF DEATH: BULLET WOUNDS OF THE HEAD AND ABDOMEN 55. DATE REPORTED TO CORONER: 07/05/2015 56. HOURS: 2015-02068

57. AUTOPSY PERFORMED: YES 58. AUTOPSY PERFORMED: NO 59. AUTOPSY PERFORMED: NO 60. AUTOPSY PERFORMED: YES

61. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH: NONE 62. WAS OPERATION PERFORMED FOR ANY CONDITION: NO

63. CORONER'S CERTIFICATION: 64. SIGNATURE OF CORONER: ERIK BORDI, DEPUTY CORONER 65. DATE: 07/10/2015

66. SIGNATURE OF CORONER'S DEPUTY: [REDACTED] 67. DATE: 07/10/2015

68. TYPE OF DEATH: HOSPITAL 69. INJURED AT WORK: NO 70. INJURY DATE: 07/05/2015 71. HOUR: 0235

72. PLACE OF INJURY: IN REAR OF COMMERCIAL BUILDING 73. DESCRIBE HOW INJURY OCCURRED: SHOT WITH A HANDGUN 74. LOCATION OF INJURY: 4321 FIRST STREET, PLEASANTON, CA 94566

75. SIGNATURE OF CORONER'S DEPUTY: [REDACTED] 76. DATE: 07/10/2015 77. TYPE NAME/TITLE OF CORONER/DEPUTY CORONER: ERIK BORDI, DEPUTY CORONER

78. STATE REGISTRAR: A B C D E 79. FAX AUTH: 80. CENSUS TRACT: 01900100299570

INFORMATIONAL - NOT A VALID DOCUMENT TO ESTABLISH IDENTITY

000095092

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA, COUNTY OF ALAMEDA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Alameda County Clerk-Recorder.

DATE ISSUED: JAN 04 2016



Steve Manning, STEVE MANNING, ALAMEDA COUNTY CLERK-RECORDER



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE