

ORANGE COUNTY SHERIFF-CORONER
1071 W. Santa Ana Blvd.
Santa Ana, CA 92703
Coroner Division

DECEDENT:	GROSSO, Jeffrey Blain	CASE NUMBER:	20-01613-WI				
AGE:	51 Years	DOB:	4/28/1968	SEX:	Male	RACE:	White

PLACE OF DEATH: Hoag Memorial Hospital Presbyterian

DATE/TIME OF DEATH: 03/31/2020 10:15

AUTOPSY DATE/TIME: 04/01/2020 10:59

PLACE OF AUTOPSY: Orange County Coroner Division Facility
1071 W. Santa Ana Blvd.
Santa Ana, CA 92703

AUTOPSY ATTENDANTS: Danielle P. Blumenfeld, OCSD

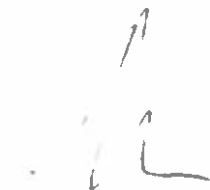
CAUSE OF DEATH: Acute polydrug intoxication
Due to: Combined effects of fentanyl and phenobarbital

OTHER CONDITIONS: Obesity; severe cardiomegaly with dilatation; clinical history of hypertension and anxiety

MANNER: Accident

CERTIFICATE ISSUED: 4/1/2020

AMENDMENT: 7/2/2020



Yong-son Kim, M.D.
Forensic Pathologist

ORANGE COUNTY SHERIFF-CORONER
1071 W. Santa Ana Blvd.
Santa Ana, CA 92703

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CAUSE OF DEATH: Pending Investigation

OTHER CONDITIONS:

MANNER: Pending

CERTIFICATE ISSUED: 4/1/2020

AMENDMENT:



Yong-son Kim, M.D.
Forensic Pathologist

**ORANGE COUNTY SHERIFF-CORONER
AUTOPSY REPORT**

GROSSO, Jeffrey Blain

20-01613-WI
Page 2

This is Yong-son Kim, M.D., dictating on April 1, 2020, case #20-01613-WI; decedent, GROSSO, Jeffrey B.

EXTERNAL EXAMINATION

The body is identified by toe tags and is that of an unembalmed, refrigerated, adult white male who appears about the reported age of 51 years. The body weighs 229 pounds, measures 72 inches in height, and appears overall well built and well nourished.

Externally, the body still demonstrates rigor which breaks with greater effort, and livor is still blanching and is present on the back. There are multiple tattoos noted of the upper back, as well as over the left buttock, the circumference of both arms, the middle abdominal area, and the right lateral lower arm. A mole is noted over the right anterior upper leg. There is a diagonal, linear scar over the right lower abdominal area. There is a focus of congestion below the left knee. In addition, there is a focus of hyperpigmentation of the left shin. There is a focal contusion at the right of the right clavicle. In addition, there is an old, linear scar of the left anterolateral aspect of the neck. Otherwise, there is no evidence seen of any other fresh contusions, lacerations, or abrasions of the skin.

The head is otherwise normocephalic and covered by gray, straight, short hair with mild frontal balding. Examination of the eyes reveals irides that appear to be brown in color and sclerae that are slightly congested. There is no evidence of any petechial hemorrhages of the conjunctivae of the lids or the sclerae. The earlobes are grossly unremarkable. The oronasal passages are unobstructed. The teeth are the decedent's own and in good condition. The face in general is unshaven. The neck is supple and unremarkable.

The chest is without any chest deformity or any increased anteroposterior diameter. The abdomen is slightly more protuberant than usual, however is otherwise grossly unremarkable. The external genitalia are those of an adult male, and the penis is circumcised without any evidence of any trauma or lesions of the external genitalia. The extremities otherwise show no evidence of any edema, needle tracks, deformities, or any abnormal mobility.

**ORANGE COUNTY SHERIFF-CORONER
AUTOPSY REPORT**

GROSSO, Jeffrey Blain

20-01613-WI
Page 3

EVIDENCE OF THERAPEUTIC INTERVENTION: Defibrillator pads are noted over the back and the anterior torso. There is also an intraosseous needle of the right shin, as well as an endotracheal tube.

INTERNAL EXAMINATION

NECK: The neck organs are removed en bloc with the tongue. No lesions or contusions of the lips, gingiva, or oral mucosa are seen. There is no laryngeal edema. Both hyoid bone and larynx are intact, without evidence of fractures. The tongue, upon sectioning, shows no trauma. There is no evidence of hemorrhage seen of the adjacent throat organs, investing fascia, strap muscles, visceral fascia, or thyroid.

CHEST/ABDOMINAL CAVITY: Both pleural cavities contain minimal serous fluids on each side and very minimal left pleural adhesions. The lungs are otherwise well expanded. The visceral, as well as the parietal pleurae are smooth and intact. The anterior mediastinum, as well as the diaphragm are symmetrical and free of any trauma or lesions. The neck is straight. The soft tissues of the thoracic and abdominal walls are otherwise well preserved. The subcutaneous fat of the abdominal wall measures 3.0 cm. The organs of the abdominal cavity have an otherwise normal arrangement and none are absent. There is no otherwise evidence seen of any abdominal adhesions, any peritonitis, or any free abdominal fluid collection.

CARDIOVASCULAR SYSTEM: The aorta is elastic and of even caliber throughout with vessels distributed normally from it. There is no tortuosity or widening of the thoracic segment. The abdominal aorta, as well as the thoracic segment show a focus of calcified plaque above the iliac bifurcation, which shows very minimal focal ulceration. Otherwise, there is no evidence seen of any dilatation or aneurysms of the abdominal segment. The major branches of the aorta show no gross abnormality.

Within the pericardial sac there is a very minimal amount of clear serous fluid of less than 5 cc. The heart weighs 470 grams and is thereby severely enlarged. It also shows dilatation. The right ventricle measures 0.3 cm in thickness, the left ventricle measures 1.1 cm in thickness, and the interventricular septum measures 1.0 cm in thickness.

**ORANGE COUNTY SHERIFF-CORONER
AUTOPSY REPORT**

GROSSO, Jeffrey Blain

20-01613-WI
Page 4

The chambers are otherwise normally developed and are without mural thrombosis. The great vessels enter and leave in a normal fashion. The blood within the heart and large vessels is mostly liquid and of a moderate amount. The heart valves are otherwise thin, leafy, and competent, with mild plaque formation noted above the aortic valve. Otherwise, the circumferences of the valve rings are: aortic – 8.2 cm, mitral – 11.5 cm, pulmonic – 8.5 cm, and tricuspid – 13.1 cm. There is otherwise no evidence seen of any endocardial discoloration, any myocardial lesions, or any abnormalities of the apices of the papillary musculature.

The coronary ostia are widely patent. There is a normal pattern of coronary artery distribution, right dominant pattern. There is hardly any evidence of any coronary artery disease with an overall wide and patent lumina throughout the major coronary arteries.

RESPIRATORY SYSTEM: Scant secretions are seen of the lower bronchial, as well as of the upper respiratory passages. The mucosa of the trachea is otherwise intact and slightly congested. The left lung weighs 790 grams. The right lung weighs 970 grams. Both lungs are otherwise well expanded and moderately boggy in consistency with no crepitus palpable at all. The cut surfaces show partially oozing edema with acute generalized congestion and no evidence of any other parenchymal lesions. The pulmonary vasculature is without thromboembolism.

GASTROINTESTINAL SYSTEM: The esophagus is otherwise intact throughout. The stomach is not distended. It contains 40 cc of brown fluid. No portions of tablets or capsules can be discerned in the stomach. The mucosa otherwise shows still visible rugal folds with no evidence of any other mucosal lesions. The small intestine, large intestine, as well as the pancreas are otherwise grossly unremarkable.

HEPATOBIILIARY SYSTEM: The liver weighs 2540 grams and the capsule is intact. The parenchyma is dark red and brown in color and cuts with firm resistance. The cut surfaces are otherwise smooth with a normal lobular arrangement. The gallbladder is present. It contains 30-40 cc of bile without calculi. The gallbladder wall is thin and pliable. The periportal lymph nodes are not enlarged.

**ORANGE COUNTY SHERIFF-CORONER
AUTOPSY REPORT**

GROSSO, Jeffrey Blain

**20-01613-WI
Page 5**

HEMATOPOIETIC SYSTEM: The spleen weighs 300 grams. The capsule is intact. The parenchyma is dark red and soft. There is no increased follicular pattern. Lymph nodes throughout the body are small and inconspicuous. The bone is unremarkable, and the bone marrow of the ribs appears grossly unremarkable.

URINARY SYSTEM: The left kidney weighs 230 grams and the right kidney weighs 210 grams. Both kidneys are otherwise normally situated and the capsules strip easily, revealing surfaces that are overall mostly smooth and congested, however show focal areas of puckering. The perirenal fat is markedly increased in mass. The corticomedullary demarcations are still well preserved. The pyramids are unremarkable. The ureters are without obstruction and pursue their normal course. The urinary bladder is trabeculated. It contains 180 cc of urine.

GENITAL SYSTEM: The prostate gland shows focal areas of mild protuberant nodularity without any evidence of any other parenchymal lesions. The testicles, which are found within the scrotum, are free of any trauma or lesions.

ENDOCRINE SYSTEM: The parathyroid glands, as well as the thyroid gland and the adrenal glands are overall grossly unremarkable.

MUSCULOSKELETAL SYSTEM: There is no evidence seen of any fractures, deformities, or any abnormal mobility of the ribs, the spine, or the pelvic bones. The muscular development is consistent with the age.

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 evidence of any fractures of the base of the skull or the calvarium. There are no tears of the dura mater. There are no subdural, epidural, or subarachnoid hemorrhages.

The brain weighs 1500 grams. The leptomeninges are thin and transparent. There is a normal convolutionary pattern. The cerebral hemispheres are symmetrical. There appears to be no evidence of any cerebral atrophy, however there is at least mild to moderate brain swelling noted, which is generalized. Coronal sectioning demonstrates a uniformity of cortical gray thickness. There is

**ORANGE COUNTY SHERIFF-CORONER
AUTOPSY REPORT**

GROSSO, Jeffrey Blain

**20-01613-WI
Page 6**

no evidence of any cerebral contusions. The ventricular system is unremarkable, without dilatation or distortion. The white matter is free of any softening, discoloration, or hemorrhage. The basal ganglia are intact. Anatomic landmarks are well preserved. Pons, medulla, and cerebellum are grossly unremarkable. There is no uncal or cerebellar herniation. Vessels at the base of the brain have a normal pattern of distribution. There is no evidence of any cerebral arteriosclerosis or any cerebral aneurysms. The cranial nerves are symmetrical, intact, and are normal in size, location, and course.

**ORANGE COUNTY SHERIFF-CORONER
AUTOPSY REPORT**

GROSSO, Jeffrey Blain

**20-01613-WI
Page 7**

ANATOMIC SUMMARY

- I. Severe cardiomegaly, weight 470 grams, with dilatation.
- II. Swollen brain, weight 1500 grams.
- III. Benign prostatic hyperplasia.
- IV. Wet lungs, combined weight 1760 grams.
- V. Pending toxicology and vitreous fluid chemistry report.
- VI. Obesity, body mass index equals 31.1.
- VII. Focal, mild nephrosclerosis.

COUNTY OF ORANGE

SHERIFF-CORONER



20-01613-WI

GROSSO, Jeffrey Blain

51 Years
Male

AUTOPSY RECORD

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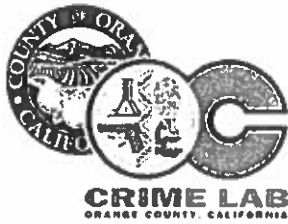
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20-01613-WI

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4.1.20

M.D.



OC CRIME LAB
Orange County Sheriff-Coroner Department



R812047
20-44027
PMTax
Original

TOXICOLOGICAL EXAMINATION REPORT

FR NUMBER: 20-44027 CORONER CASE NUMBER: 20-01613WI
NAME OF DECEASED: GROSSO, Jeffrey Blain
AGE: 51 Year(s) SEX: Male INVESTIGATOR: WILLIAMS / KIM

Page 1 of 1

A sample was removed for examination from each matrix listed. Reported results relate only to the items examined. All concentration uncertainties are based on a >95% confidence level.

Results and Interpretations

Findings

Table with 2 columns: Drug, Postmortem Blood. Rows include Fentanyl, 4-ANPP, Norfentanyl, Caffeine, Phenobarbital.

Remarks

An exam indicated that the sample may contain nicotine and lidocaine, but additional examination did not confirm their presence.

An exam indicated that the sample may contain buprenorphine-glucuronide, but additional examination was not performed to confirm its presence.

Examinations

Table with 5 columns: Exam, Matrix, Method, Result, Scientist. Lists various drug tests and their outcomes.

Pain and Abused Drugs (Free) Examined: 6-Monoacetylmorphine, Acetaminophen, Acetylfentanyl, Amitriptyline, Baclofen, Benzoylcegonine, Buprenorphine, Carisoprodol, Cocaethylene, Cocaine, Codeine, Cyclobenzaprine, Dihydrocodeine, EDDP (Methadone Metabolite), Fentanyl, Gabapentin, Hydrocodone, Hydromorphone, Ketamine, Meperidine, Meprobamate, Metaxalone, Methadone, Methocarbamol, Methorphan, Mitragynine, Morphine, N-Desmethyltramadol, Norbuprenorphine, Normeperidine, Norpropoxyphene, Nortriptyline, o-Desmethyltramadol, Oxycodone, Oxymorphone, Pregabalin, Propoxyphene, Tapentadol, Tramadol

QTOF Drug Identification (Positive Mode): List of drugs examined provided to the OCSD Coroner Division on 08/15/19

Handwritten signatures and dates: WMS 6/24/20 TR WMM 6/23/20 AR DM 6/23/20

Handwritten signature: Kim P. T. Forensic Scientist: PARETI

June 23, 2020





3870 Del Amo Blvd Suite 510
 Torrance, CA 90503
 Tel: (310) 376-5812

Director: Donald Simpson M.D. FINAL COPY

Patient: GROSSO, JEFFREY **Acc #:** 224482
Patient #: 2008-GJ040120 **Birth:** 4/1/2020 **Fasting:** N/A
Doctor: JUGUILON, ANTHONY **Age:** **Collection Date:** 4/1/2020 9:39 AM
Gender: Male **Received in Lab:** 4/9/2020 9:39 AM

Test Name	Result	Units	Flag	Reference Range
BASIC METABOLIC PANEL				<i>Run by: SK on 4/9/2020 10:36 AM</i>
GLUCOSE	6	mg/dL	CRITICAL LOW	70 - 110
BUN	14	mg/dL		8 - 28
SERUM CREATININE	0.4	mg/dL	LOW	0.6 - 1.3
SODIUM	143	mmol/L	HIGH	133 - 142
POTASSIUM	10.6	mmol/L	CRITICAL HIGH	4.5 - 7.0
CHLORIDE	120	mmol/L	HIGH	98 - 109
CO2	13	mmol/L	LOW	20 - 28
CALCIUM	6.2	mg/dL	LOW	8.0 - 10.7

Notes: 20-01613-WI
 51 YEARS

Reviewed By: *[Signature]*

Date: 4.20.20

ORIGINAL