12/30/2013

Case No: 2013040693

ARIZONA DEPARTMENT OF CORRECTIONS CRIMINAL INVESTIGATIONS CRIMINAL INVESTIGATIVE REPORT

Status: Closed

Type:

Criminal

Date Entered:

11/28/2013

Investigator:

Cooper, Adam

Date Of Incident:

11/28/2013

Old Investigator:

Date Initiated:

11/28/2013

Reviewed By:

Supervisor

Date Case Due: Date Closed:

12/30/2013 12/30/2013

Complex:

C00 ASPC-TUCSON

Location:

C19 ASPC-T RINCON SPEC NEEDS

Ref Number:

SIR 13-14118

Allegations

Allegations (UCR)

Description (SUB)

ll. ý

40 - Death

(40) 04 - Accident injury to self

Synopsis:

On 11/28/2013 I was contacted at approximately 0545 hours by Supervisor Erik Dahl to respond to an inmate death at ASPC-T Rincon I was forwarded the inmate information of James Copeland 204865 by email. I responded and arrived on scene at approximately 0630 hours. Upon arrival I was informed by Correctional staff that there was a disagreement between the two CRN's that were onsite and the on call Dr. Barciaga. Staff stated that CRN Hinton and CRN Sheppard were on site and pronounced inmate Copeland deceased at 0545 hours although when Dr. Barciaga was contacted via telephone Barciaga's instructions were to contact 911. TFD had not arrived on scene and at approximately 0658 they arrived and pronounced inmate Copeland deceased.

Comments:

Physical Characteristics: Black, Male, 5-10, 210, Black, Brown, DOB 02/23/58

Custody Level: 3/2

Housing Unit: Rincon IPC

P.S. Status: None

Mental Health Status: None Found Suicidal History: None Found

Sentence Begin Date: 2/5/2007 Sentence End Date: 7/14/2016

Commitment Information: Sexual Misconduct with a Minor / fail to register

A copy of this report will be forwarded to J. Book-Schultz in the IG's office. The autopsy report was requested and copies will be forwarded to the IG's office, ASPC-Tucson medical records and Central Office medical records upon receipt.

On December 30th, 2013 I received the autopsy report from the Pima County Medical Examiner. The report lists the cause of death as exsanguination due to an uncapped vascular dialysis catheter and the manner of death is accidental. This case is closed.

Individuals								
Code	Last	First	Position	SSN	Inmate ID	Gender	Race	
SB	COPELAND	JAMES	INMATE (Active)		204865	M	Black	

JAMES E COPELAND

ML 13-03036

AUTOPSY REPORT

PIMA COUNTY, ARIZONA

ARIZONA DEPARTMENT OF CORRECTIONS

CASE # 2013-040693

DECEMBER 2, 2013

Re: JAMES E COPELAND

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Final Diagnoses:

- I. Exsanguination due to an uncapped vascular dialysis catheter
- II. Multiple cerebral infarcts involving the basal ganglia, left occipital lobe and left cerebellar hemisphere
- III. Arteriosclerotic cardiovascular disease
 - A. Coronary artery atherosclerosis, moderate
 - B. Aortic atherosclerosis, moderate
 - C. Cerebrovascular atherosclerosis, moderate
- IV. Surgical absent of the gallbladder, remote
- V. Diabetic nephropathy

OPINION:

In consideration of the known circumstances surrounding this death, the available medical history, and the examination of the remains, the cause of death is ascribed to exsanguination due to uncapped vascular dialysis catheter.

The manner of death is accident.

12/24/13

Gregory L. Hess, M.D.

Forensic Pathologist

GLH/mg

Re: JAMES E COPELAND

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DATE OF DEATH: November 28, 2013 **TIME OF DEATH:** 0545 Hours

DATE OF AUTOPSY: December 2, 2013 **TIME OF AUTOPSY:** 1000 Hours

PLACE OF AUTOPSY: Forensic Science Center

2825 E District Street Tucson, Arizona 85714

PERFORMED BY: Gregory L. Hess, M.D.

Forensic Pathologist

WITNESSED BY: Gabriel Costell, Ricky Rosales

Pathology Assistants

HISTORY:

This 55-year-old inmate was reportedly receiving dialysis on November 28, 2013 when he was found unresponsive with the cap off his vascular catheter without any blood flow and large amounts of blood surrounding the decedent. His past medical history is significant for dialysis-dependent diabetic nephropathy.

PHOTOGRAPHS:

Photographs are taken during the autopsy by Gregory L. Hess, M.D., Forensic Pathologist.

IDENTIFICATION:

The body is identified by Arizona Department of Corrections personnel.

CLOTHING:

The body is received dressed in:

- 1. A blood-soaked, orange "Department of Corrections" short-sleeve shirt
- 2. A pair of blood-soaked, white "Department of Corrections" boxers

GENERAL EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished (body mass index of 25.8 kg/m²), adult, African American male who weighs 185 pounds, is 71 inches in length, and appears compatible with the reported age of 55 years. The body is cold. Rigor mortis is fully fixed in the muscles of the jaw and extremities. Livor mortis is not discernible.

HEAD:

The head is normocephalic. The scalp hair is black-gray, curly and approximately 1 cm in length over the sides of the head with male pattern balding. The irides are brown. The corneas are

Re: JAMES E COPELAND

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clouded. The sclerae and the conjunctivae are clear. No petechial hemorrhages are identified on the sclerae or conjunctivae. The nose is normally formed and the septum is in the midline. The jaws are edentulous, without dentures in place. The ears are unremarkable. The decedent wears a black-gray mustache and beard.

NECK:

The neck organs are in the normal midline position and appear unremarkable.

CHEST:

The thorax is well-developed and symmetrical.

ABDOMEN:

The abdomen is flat.

GENITALIA:

The external genitalia are those of a normal adult male.

ANUS:

The anus is free of lesions.

EXTREMITIES:

The upper extremities are well-developed and symmetrical without absence of digits. The hands have moderately long, dirty, irregularly trimmed fingernails. The lower extremities are well-developed and symmetrical without absence of digits.

BACK:

The spine is normally formed and the surface of the back is free of lesions.

IDENTIFYING MARKS, SCARS AND TATTOOS:

- 1. A faint monochromatic symbol tattoo on the left upper chest
- 2. Irregular scars on the left arm, consistent with previous fistula placement
- 3. A monochromatic "Regina" tattoo on the right forearm

EVIDENCE OF MEDICAL INTERVENTION:

Evidence of medical intervention includes:

- 1. A pair of defibrillator patches
- 2. A single electrocardiograph patch on the left arm
- 3. A double-lumen catheter in the right upper chest. The screw top of the blue port is absent and the catheter is not clamped.

Re: JAMES E COPELAND

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EVIDENCE OF INJURY:

No injuries are identified on external and internal examination.

GENERAL INTERNAL EXAMINATION

The body is opened with a routine thoracoabdominal incision. The skeletal muscle has a dark red-brown color and a normal smooth texture.

BODY CAVITIES:

Scattered adhesions are within the abdominal cavity. No abnormal collections of fluid are in the pleural spaces or peritoneal cavity. All body organs are in a normal and anatomic position with surgical absence of the gallbladder.

CARDIOVASCULAR SYSTEM:

The heart weighs 400 grams. The coronary arteries arise normally and follow the distribution of a left dominant pattern with focal moderate atherosclerosis of the left anterior descending, left circumflex and right coronary arteries. No thrombosis, plaque hemorrhage, or dissection is within the atherosclerotic segments. The chambers are not dilated. The chambers and valves are proportionate. The valves are normally formed, thin and pliable and free of vegetations and degenerative changes. The myocardium is dark red-brown, firm, and free of fibrosis, erythema, pallor and softening. The atrial and ventricular septa are intact and the septum and free walls are free of muscular bulges. The left ventricle measures 1.6 cm and the right ventricle measures 0.5 cm in thickness as measured 1 cm below the respective atrioventricular valve annulus. The interventricular septum measures 1.5 cm in thickness. The aorta and its major branches arise normally and follow the usual course with moderate atherosclerosis of the abdominal segment. The orifices of the major aortic vascular branches are patent. The vena cava and its major tributaries are patent and return to the heart in the usual distribution and are unremarkable.

RESPIRATORY SYSTEM:

The right and left lungs weigh 720 and 600 grams, respectively. The upper and lower airways are unobstructed and the mucosal surfaces are smooth and yellow-tan. The pleural surfaces are smooth, glistening, and unremarkable. The pulmonary parenchyma is red-purple and free of consolidation and masses. The cut surfaces of the lungs exude moderate amounts of blood and frothy fluid. The pulmonary arteries are normally developed and unremarkable. There is no saddle embolus on in situ examination of the pulmonary trunk.

LIVER AND BILIARY SYSTEM:

The liver weighs 1800 grams. The hepatic capsule is smooth, glistening, and intact, covering a red-brown parenchyma. The gallbladder is surgically absent, as previously described.

Re: JAMES E COPELAND

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PANCREAS:

The pancreas has a normal size, shape, position, and tan lobulated appearance.

ADRENAL GLANDS:

The adrenal glands have normal cut surfaces with yellow cortex and brown medulla.

SPLEEN

The spleen weighs 50 grams and has a smooth intact capsule covering a red-purple moderately firm parenchyma.

GASTROINTESTINAL TRACT:

The esophagus is lined by a gray-white smooth mucosa. The gastroesophageal junction is unremarkable. The gastric mucosa is arranged in the usual rugal folds and the lumen contains 220 ml of partially digested green food fragments. The small bowel has a uniform dimension and appears unremarkable. The vermiform appendix is present. The colon has a uniform dimension and appears unremarkable. There are no diverticula or externally obvious masses.

GENITOURINARY TRACT:

The right and left kidneys weigh 110 and 120 grams, respectively. The renal capsules are smooth, thin, semitransparent, and strip with difficulty from the underlying granular, pale, firm, cortical surfaces. The cortices are of decreased thickness and poorly delineated from the medullary pyramids. The calyces, pelves, and ureters are non-dilated and free of stones. The urinary bladder contains scant cloudy yellow urine. The bladder mucosa is gray-tan and smooth. The prostate has a tan cut surface and is not enlarged. The testicles are of normal size, shape and position with tan homogenous cut surfaces.

NECK:

Examination of the soft tissues of the neck, including strap muscles and large vessels, reveals no abnormalities. The hyoid and thyroid cartilage are intact. The laryngeal mucosa is unremarkable. The thyroid gland is of normal position, size and texture. The tongue is normal.

HEAD:

Reflection of the scalp reveals no abnormalities. The skull is of normal thickness and without fracture. The brain weighs 1350 grams. The dura mater and falx cerebri are intact, and not adherent to the brain. The leptomeninges are thin and transparent. There is no epidural, subdural or subarachnoid hemorrhage. A 3 x 3 cm area of subarachnoid hemorrhage covers the posterior left cerebellum, overlying a necrotic infarct encompassing the majority of the left cerebellum. The cerebral hemispheres are symmetrical with a normal gyral pattern. The cranial nerves are free of abnormality. The blood vessels of the basilar artery and circle of Wills contain focal moderate concentric atherosclerosis. Sections through the brain reveal numerous lacunar

Re: JAMES E COPELAND

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infarcts within the basal ganglia. Within the posterior left occipital lobe is a $3 \times 1 \times 0.5$ cm remote infarct with loss of the surrounding parenchyma. No hemorrhage or mass lesions are within the cerebral hemispheres or brainstem. The cerebral ventricles are of normal caliber.

MUSCULOSKELETAL SYSTEM:

The bony framework, supporting musculature, and soft tissues are not unusual. The cervical spinal column is stable on internal palpation.

SPECIMENS:

At the time of autopsy, vitreous, heart blood and a DNA blood card are retained.

HISTOLOGY

No histologic sections were taken for microscopic examination.

TOXICOLOGY

No specimens are submitted for toxicologic analysis.

Arizona **B**epartment of **Corrections**



1601 WEST JEFFERSON PHOENIX, ARIZONA 85007 (602) 542-5497 www.azcorrections.gov



December 5, 2013

Office of the Medical Examiner Attn: Records 2825 E. District Tucson, Arizona 85714

Re: Copeland, James #204865 - DOD - 11/28/2013

To Whom It May Concern:

The ASPC-Tucson C.I.U. office is requesting a copy of the autopsy report on the above referenced inmate(s) for our investigative files. Please forward fingerprint cards as well.

Mach

CIU Case # - 2013-040693

Please forward copies to the below listed address.

Your cooperation is appreciated.

Sincerely,

Brandy Altfillisch Investigator III

ASPC-Tucson C.I.U. 10,000 S. Wilmot Rd.

P. O. Box 24400

Tucson, Arizona 85734-4400

(520) 574-0024 X 36123

FAX # - (520) 574-7309

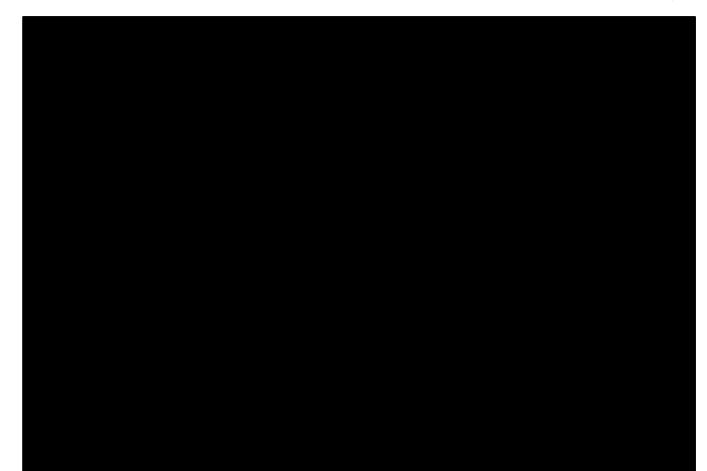
Arizona Department of Corrections	Inmate Mortality	OPR: Medical Program Manager Auth: jac
Health Services Technical Manual		Supercedes: HSTM 7.7.2. June 15, 2008 Effective Date: January 1, 2010

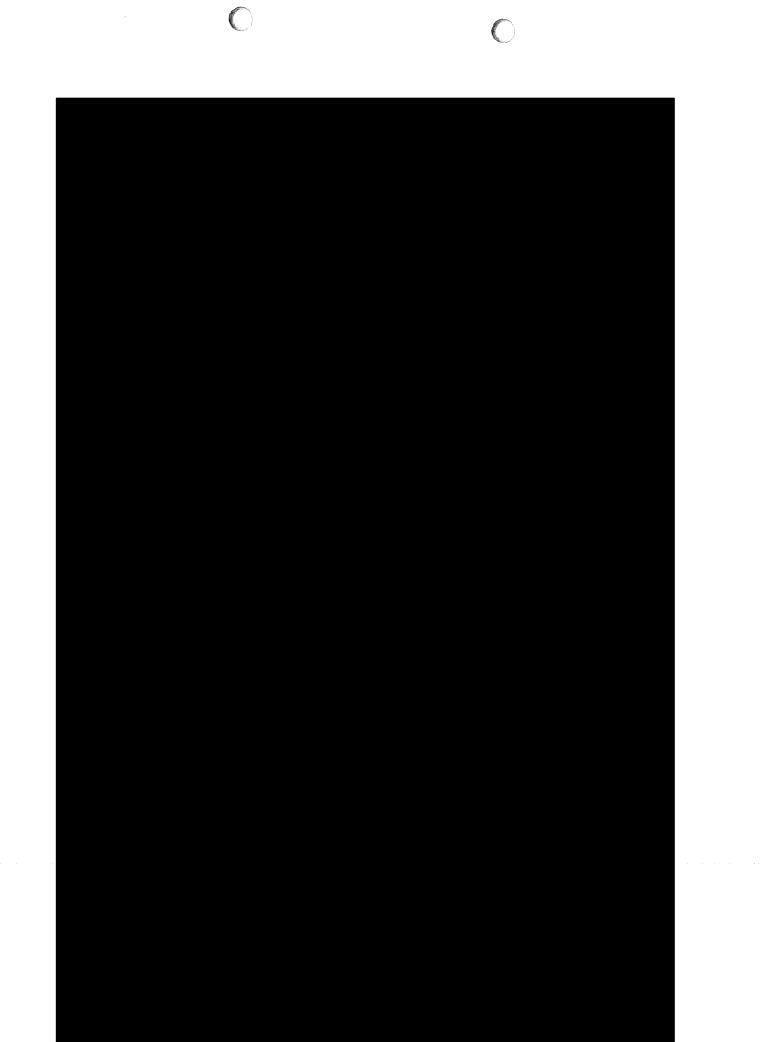
REFERENCES:



PURPOSE: To establish guidance for acknowledging, documenting, and reviewing mortalities of inmates who die while in the custody of the Department.

RESPONSIBILITY: The Health Services Division Administrator retains responsibility to administer death events. It is the responsibility of all clinical staff to understand and comply with this policy in supporting the reviews of deaths to validate the quality of care and to apply lessons learned in future mortalities.





COOPER, ADAM

From: DUMKRIEGER, TRUDY

Sent: Friday, November 29, 2013 3:08 PM

To: COOPER, ADAM Subject: RE: Attached Image

That is covered under the sentence that reads Department staff and correctional staff are obligated to engage life saving measures to any inmate in physical distress regardless of the cause.

From: COOPER, ADAM

Sent: Friday, November 29, 2013 2:40 PM

To: DUMKRIEGER, TRUDY **Subject:** Re: Attached Image

Correct this pertains to DNRs although I am interested in the policy which people are saying they are required to initiate CPR and call 911 for all deaths

Sent from my iPhone

On Nov 29, 2013, at 2:32 PM, "DUMKRIEGER, TRUDY" < TDUMKRIE@azcorrections.gov > wrote:

Here is the DI that shows that CPR must be initiated. Look at section 1.3.

 $\textbf{From:} \ \underline{\text{TucMedRecords@azcorrections.gov}} \ \underline{\text{[mailto:TucMedRecords@azcorrections.gov]}}$

Sent: Friday, November 29, 2013 11:50 AM

To: DUMKRIEGER, TRUDY **Subject:** Attached Image

<2369_001.pdf>

ARIZONA DEPARTMENT OF CORRECTIONS Correctional Service Log Institution/Facility Institutional Unit Period Covered Hour 2200 Date 11.27.13 KINCON Housing Unit/Post/Duty Assignment 11.28.13 0600 Date Staff Member Staff Time Staff Member Staff Time Initials Arrived Departed (Last, First M.I. and Title) Departed Initials (Last, First M.I. and Title) Arrived 2200 6600 5600 Time of Day Occurrence/Action Taken: Events, Activities, Disciplinary Violations, Maintenance Requirements, Staff Safety/Health Hazards, Other Information Received and Action Taken, etc. Initials CONDUCT AUVE صله SID S CO 20 90 PD وا صل 40 MOITATION S 90 010 FOR OF POST COPELAND # 204865 PARSED Shift Commander Ar Chief of Security Deputy Warden

ARIZONA DEPARTMENT OF CORRECTIONS Correctional Service Log Institutional Unit Period Covered Institution/Facility Date 11.27.13 UR ONI Hour 2250 Hour Oleoo Housing Unit/Post/Duty Assignme Date 11.28.13 Staff Member Staff Member Staff Time Time Staff Time Time (Last, First M.I. and Title) Initials Arrived Departed Initials Arrived Departed (Last, First M.I. and Title) do 5600 800 2200 5600 Occurrence/Action Taken: Events, Activities, Disciplinary Violations, Maintenance Requirements, Time of Day Staff Safety/Health Hazards, Other Information Received and Action Taken, etc. Initials OF POST DIVINES, PM HUS EQUIPMENT 2200 JØ 20 QC) de حاي # 19 0 00 هله QO ിമ 030 SO to 90