

**SAN LUIS OBISPO COUNTY  
SHERIFF-CORONER OFFICE  
1585 KANSAS AVE.  
SAN LUIS OBISPO, CA 93405**

**CORONER'S REPORT**

**FILE NO. 18952**

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**DECEDENT:** Hill, Adam Craig  
Age: 54      DOB: 3/29/1966  
[REDACTED]

**RESIDENCE ADDRESS:** [REDACTED]

**NEXT OF KIN:** [REDACTED]

**LOCAL CONTACT:** [REDACTED]

**DATE/TIME OF DEATH:** 8/6/2020 @ 1654 (found)

**LOCATION OF DEATH:** Residence

**REGULAR PHYSICIAN:** Dr. Aichouri Abdellati

**AUTOPSY SURGEON:** Dr. Joye Carter, M.D.  
San Luis Obispo County Coroner's Office  
1585 Kansas Ave.  
San Luis Obispo, CA 93405

**CAUSE OF DEATH:** Combined Toxic Effects of Cocaine and  
Amitriptyline (hours)

**MANNER OF DEATH:** Suicide

**LOCAL MORTUARY:** Lady Family Mortuary

**INVESTIGATING AGENCY CASE#:** Pismo Beach Police 20-1322

**ASSOCIATED CORONER'S CASE#:** 2008-05846

## INVESTIGATION

On 8/6/2020, I assumed jurisdiction and investigation of the death of Adam Hill pursuant to California Government Code 27491.

On 8/6/2020, Pismo Beach Police (PBPD) responded to [REDACTED] regarding the death of a 54-year-old male, reported to possibly be a suicide. The decedent's estranged wife had come to the residence to check on the decedent as she had not heard from him since the night prior when they were text messaging each other. The wife found the decedent laying on his back in the living room. A neighbor was summoned to help, and the neighbor provided information to EMS dispatch. Fire personnel arrived and confirmed death with no lifesaving efforts.

The decedent was currently married to his wife however they did not reside together. The decedent was an elected official for the County of San Luis Obispo. The decedent had enrolled in a [REDACTED] according to his wife. The decedent returned home on July 31, 2020. The decedent and his wife communicated every day. They last texted the night prior when the decedent wrote "I may be the blackest idiot of Downtown SLO." The wife had tried texting since last receiving this text from the decedent on 8/5/2020 at 1926 hours. The wife became worried after not hearing back from the decedent. She went to check on the decedent after leaving her work early in Santa Maria, CA. She located the decedent laying on the floor of his living room.

The decedent reportedly struggled with mental health issues. The decedent had reportedly been suicidal in the past, according to his wife. [REDACTED]

I inspected the scene with Detective Slaughter. I walked the perimeter of the property and the house. I saw no evidence of any forced entry. I did not recover any evidence or locate signs of struggle in the outdoor areas. None of the windows or doors appeared to have been pried open. Closer inspection of the windows showed signs of spiderwebs and dust layers indicative of having not been opened for some time.

Inside the residence, the decedent was laying on his back on the living room floor. The decedent lived in a smaller three-bedroom house. One room was used for sleeping, the other two were filled with books, music, etc. The decedent had purged fluid from his nasal/oral area that had dried on his face and the floor below him. A notepad and journals were on the table next to the decedent. Initial inspection of the notes led me to believe it was a suicide note. There was a reusable grocery bag that had journals in them located on a chair at the table next to the decedent. A laptop and other electronic items, including a cell phone, were seized to further investigate the possibility of suicide.

I located marijuana and medications in the residence. I located two sources of powdered substance which I initially believed to possibly be cocaine. One substance was in a pill container on the kitchen table, the other was in a small baggy on the decedent's dresser in his bedroom. These items were booked and later tested by the Sheriff's Forensic Drug Laboratory. The substance in the baggy tested positive as ground medication. Part of the suicide letter indicated the decedent mentioning a bag over his head to assist in suffocating himself. The likely bag mentioned in the note was located on the decedent's bed and seized as evidence.

The decedent had no signs of self-defense or signs of assault. The decedent had no petechial hemorrhaging consistent with strangulation.

The totality of the circumstances and the scene investigation led investigators to believe this was a suicide. The scene was cleared and secured. I transported the decedent to the Coroner's Office.

I conducted an inspection of the journals and the unlocked electronics I seized on scene for the purposes of helping establish a manner of death. The journals were that of an individual struggling with mental health issues, combined with social pressure, and pressures associated with the decedent's employment. The decedent wrote of previous suicide attempts in his journaling as well as different methods of suicide. The decedent clearly had passion for what he did in life, but mental health and external factors appear to have led him to suicide. I booked the items into evidence within a few hours of leaving the decedent's residence.

The decedent was reported to suffer from Crohn's Disease and asthma. The decedent had a history of heart disease in his family.

I ordered an autopsy be performed on 8/11/2020. I provided Forensic Pathologist Dr. Carter with information I had obtained regarding this case. Dr. Carter examined the decedent at the Coroner's Office. At the completion of the autopsy, Dr. Carter did not provide causes of death. Dr. Carter later provided a cause of death as **Combined Toxic Effects of Cocaine and Amitriptyline**. For details, refer to Dr. Carter's Final Autopsy Report.

I requested police reports. After reviewing the records, I incorporated them with this file.

I collected blood, urine and vitreous humor toxicology samples and sent them to Central Valley Toxicology for analysis.

I received the toxicology report that had been processed on 8/14/2020. Refer to the Toxicology Report for quantitative values.

Represented sections of major organs were collected during autopsy and stored in formalin for future forensic purposes. Samples will be saved for one year unless otherwise noted.

During autopsy, a deoxyribonucleic acid (DNA) stain card was prepared and stored at the Coroner's Office.

Copies of the scene photos were later turned over to Pismo Beach Police Sergeant Hernandez. [REDACTED]

### DISPOSITION OF PERSONAL PROPERTY

A necklace was recovered from the decedent during autopsy. The necklace was booked into property for safekeeping. Electronics and journals were seized and booked as evidence. The decedent's clothing was provided to the mortuary.

### CLOSING STATEMENT

Based upon the investigation, I certified the manner of death as **Suicide** and the cause of death as **Combined Toxic Effects of Cocaine and Amitriptyline**.

I completed and electronically signed the death certificate and the subsequent death certificate amendment.

All medical information referred to in this report will not be released, as part of this report, because of both state and federal privacy statutes. These records will have to be obtained from the care provider.

Any law enforcement agency's report referred to in this report will not be released, as part of this report, and a copy of the report will have to be obtained from the law enforcement agency conducting the investigation.

Photographs will not be released pursuant to Code of Civil Procedure 129.



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Rory Linn, Detective Coroner #1243

ARP#0397/10-13-20



# San Luis Obispo County Sheriff's Office

1585 Kansas Avenue • San Luis Obispo • California • 93405  
www.slosheriff.org

**Ian S. Parkinson**  
Sheriff - Coroner

☒ Autopsy

☐ Partial Autopsy

☐ External Examination

**NAME:** Hill, Adam Craig

**CASE #** 18952

**POSTMORTEM DATE:** 08/11/2020

**TIME:** 1030 hours

**INVESTIGATING AGENCY:** Pismo Beach Police Dept

**CASE #** unk

**DATE OF DEATH:** 08/06/2020

**TIME:** 1654 hours

**AGE:** 54 **SEX:** M

**RACE / ETHNICITY:** W

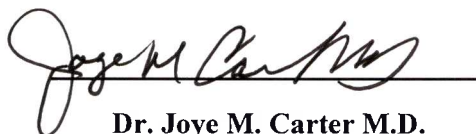
## Final Autopsy Report

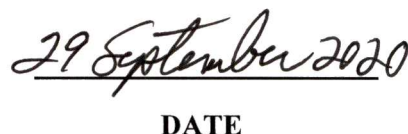
### CAUSE OF DEATH:

COMBINED TOXIC EFFECTS OF COCAINE AND AMITRIPTYLINE HOURS

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT  
RESULTING IN THE UNDERLYING CAUSE:

--

  
Dr. Joye M. Carter M.D.

  
DATE

Name: Hill, Adam Craig  
Case # 18952

## POSTMORTEM EXAMINATION ON THE BODY OF

Adam Craig Hill

**HISTORY:** The decedent has been identified as Adam Craig Hill, a fifty-four-year-old white male with a date of birth of 03/29/1966. He was identified on scene and subsequently formally identified during the postmortem examination by Detective Rory Linn. The Detective assigned this case is Detective Rory Linn.

This case is also being investigated by the Pismo Beach Police Department and as of this examination, their case number is unknown.

**AUTOPSY:** A full autopsy examination is performed at the San Luis Obispo County Sheriff Coroner's Office by Forensic Pathologist, Joye M. Carter M.D., pursuant to California Government Code 27491, beginning at 1030 hours on 08/11/2020. In attendance during the examination was Detective Rory Linn.

**CIRCUMSTANCES OF DEATH:** According to the investigative report received and reviewed, the decedent has been identified to be a current San Luis Obispo County Supervisor. The decedent had been in the press recently regarding a possible suicide attempt. Decedent had been to [REDACTED] and returned within the last week prior to his death. Journaling by the decedent indicated a long history of suicidal behavior and ideation. Journaling and suicide note indicated use of a pistol, hanging, or pills, as a means of suicide. [REDACTED]  
[REDACTED] The decedent was married, and his spouse lived in another residence. The decedent had last communicated with his spouse the evening of 08/05/2020.

The decedent had not responded to communication from his spouse and she requested a welfare check. Decedent was found unresponsive in his home on 08/06/2020 and pronounced deceased at 1654 hours by responding EMS personnel.

Multiple medications, marijuana, alcohol, and suspected cocaine were located in the residence.

The decedent had a history of mental illness and possible history of suffering from Crohn's Disease. The decedent had been prescribed the medications of Adderall, Meclizine, Duloxetine, Zolpidem, Clonazepam, Amitriptyline.

**EXTERNAL APPEARANCE:** The body is received in a yellow body bag draped with an American Flag.

Upon opening the body bag, the decedent's facial appearance is consistent with the recorded age of fifty-four years.

Name: Hill, Adam Craig  
Case # 18952

The body was initially photographed upon opening the body bag. Upon removal of items of clothing, the body is photographed on all surfaces. Photographs are taken as is of the face. The face is then cleaned, and more photographs are taken of facial views.

The length of the body is 70" and weight of 270 pounds.

EVIDENCE OF MEDICAL INTERVENTION: Evidence of medical intervention consist of none.

CLOTHING: The body is received clad in a red t-shirt which is covered with emesis, red shorts, and floral print boxer shorts.

Personal effects consist of a white metal chain with a pendant around the neck. No other personal items are received with the body.

At the time of examination, the body is cool to the touch, having been refrigerated. Rigor mortis is present in the extremities. Livor mortis is fixed on the posterior surface of the body.

#### EXTERNAL EXAMINATION

The head is normal cephalic and atraumatic covered by reddish brown hair which is closely cropped and facial consisting of a trimmed mustache and beard. There is anterior thinning of the scalp hair at the crown. There are no palpable skull or facial bone fractures. Thick brown emesis initially extruded from the mouth and nose. Upon cleansing of the face, there are no abrasions, contusions, or open wounds. The irides are blue with equal round pupil diameters of 3 mm. The conjunctiva is without petechial hemorrhages. There is no subcleral hematoma. There is no periorbital contusion. The nasal cartilage is palpably intact. There are no perforations of the nasal septum. Dentition is natural. The gumline is not hypertrophic. There are no bite marks of the tongue or buccal mucosa. The upper and lower frenulum are without laceration or contusion. The external auditory canals contain no unusual material. No piercings are observed.

The neck organs are midline with no hypermobility of the cervical spine in a rotational or anterior posterior direction. There is no ligature or furrow marking of the anterior surface of the neck. There are no tattoos present. Jugular venous distention is mild.

The chest is symmetrical. There is increase of the anterior posterior diameter of the chest. The male breasts are flat without mass or nipple discharge. There are no tattoos or scars of the chest. There are no rib markings present. There are no palpable rib fractures. The abdominal contour is flat. There is a remote 9 ½" scar of the abdominal wall which curves to the left of the umbilicus. There are no palpable masses of the abdominal wall. There are no additional scars.

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The external genitalia are those of a normally developed adult circumcised male with both testicles palpated within the scrotal sac. The perianal region is unremarkable. There are no scars in the groin areas bilaterally.

UPPER EXTREMITIES: The upper extremities are symmetrically formed with no external rotation or fractures of the long bones. There are no tattoos, venous track marks, unusual scars, or open wounds of the upper extremities. There are five digits on each hand. The fingernails are short and neat, and the nailbeds are bluish in color.

LOWER EXTREMITIES: The lower extremities are symmetrically formed with no external rotation or fractures of the long bones. There is no pedal edema. There are no tattoos. There are no venous track marks. There are two small red circular abrasions on the medial aspect of the left leg. There are five digits on each foot. The toenails are smooth and trimmed with no fungal infestation noted. The soles of the feet are smooth.

The posterior surface of the body is remarkable for fixed livor mortis with no recent or remote surgical scars.

There is no evidence of penetrating traumatic injury to the body.

#### INTERNAL EXAMINATION

The thoracic abdominal region is explored through the usual Y shaped incision. Upon reflecting the skin laterally and superiorly, the sternum and ribcage are intact without fractures or malformation. The intercostal muscles are red/brown and homogenous.

The thoracic organs are in their normal anatomic location. The cardiac silhouette is mildly enlarged. Both lungs are hyperinflated with no palpable areas of consolidation.

The diaphragmatic leaves are intact. No unusual fluid is present in the pleural spaces or pericardial sac. The pericardial sac is infiltrated by fatty tissue.

There are extensive fibrous adhesions between the anterior abdominal wall and the diaphragm and liver. This concentration of adhesions is in the right lower quadrant of the abdomen involving the supporting mesentery of the large intestine. The appendix is not identified due to the extensive adhesions. The other abdominal organs are in their normal anatomic location. The stomach is distended with food material.

The midline fat at the level of the umbilicus is 1" in depth and is bright yellow.

The gallbladder has one palpable small calculus within.



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Samples of vitreous humor, heart blood, femoral blood and urine from the urinary bladder are collected under direct visualization for toxicology testing.

A DNA card is made.

Of significance, subjacent to the vertical scar of the abdominal wall are blue firm retention sutures and a mesh plate across the midportion of the abdominal wall. There are extensive adhesions between the fatty panniculus and the internal surface of the abdominal wall in this prior surgical area.

#### INTERNAL ORGAN DISSECTION

HEART: The heart is moderately enlarged with a weight of 460 grams. The pericardial sac is intact and is infiltrated by fatty tissue to a depth of 1.2 cm and is bright yellow. The heart has a triangular configuration and a firm consistency. There is moderate subepicardial fatty tissue deposition around the anterior surface of the heart. The coronary arteries arise normally in the aortic root and upon serial coronal sectioning, reveal 60% stenosis of the left main coronary artery, 50% stenosis of the left anterior descending coronary artery and 60% stenosis of the right coronary artery. The stenosis of the main coronary vessels is due to fibrofatty atheromatous plaque with no calcification noted.

There are no atrial or ventricular septal defects observed of the myocardium.

The left ventricular free wall measures 1.3 cm in thickness, the right ventricular free wall measures 0.5 cm in thickness and the intraventricular septum is 1.0 cm in thickness. The endocardial surface is maroon and glistening. There are no mural thrombi or plaques noted. The papillary muscle bundles and chordae tendinea are unremarkable.

The heart valves have the following circumferences: Tricuspid valve is 12 cm, pulmonary valve is 8.5 cm, mitral valve is 11 cm and the aortic valve is 8.2 cm. There is mild fatty streaking surrounding the aortic valve. There are no valvular malformations or evidence of infective endocarditis. The aorta has a smooth tan intimal surface with normal fenestrations. There is a focal area of calcification and erosion below the level of the renal arteries and above bifurcation. There is no systemic atherosclerotic calcification noted.

The myocardium is red/brown and homogenous throughout with no areas of scarring or red hemorrhagic change.

LUNGS: The right and left lungs respectively weigh 1,040 and 1,020 grams. Both lungs are dark red with moderate subpleural anthracotic pigment deposition. There is apical scarring bilaterally. There is emphysematous change of the upper lobes bilaterally. There are three right and two left pulmonary lobes. There are no palpable areas of consolidation and both lungs have a spongy air-filled consistency.

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Case # 18952

The pulmonary arterial tree bilaterally is intact and free of thrombi emboli and vascular malformation. The bronchial passageways are lined by smooth pink/tan mucosal with no obstruction from mucous plugs and no aspiration of gastric material.

The parenchyma upon sectioning is remarkable for moderate intraparenchymal deposits of anthracotic pigment and anthracotic pigment changes and discoloration to the lymph nodes which are colored grey to black. There is no space occupying lesion or intraparenchymal hematoma. Emphysematous change is present only in the upper lobe bilaterally.

**LIVER:** The liver is enlarged with a weight of 2,220 grams. The capsule surface is smooth, transparent, and glistening. The parenchyma is pink/yellow with a variegated color and soft consistency and greasy feel upon serial coronal sectioning. There is no space occupying lesion or intraparenchymal hematoma. Scarring and nodularity are not present on these sections. The gallbladder is intact and contains approximately 10 ml of green bilious material. A solitary dark green oval shaped calculous is found within the bulb of the gallbladder. This has a chalk like consistency. There is no obstruction to the bile ducts. The gallbladder mucosa is yellow/green and smooth.

**SPLEEN:** The spleen is intact with a weight of 305 grams. The capsule surface is maroon and smooth. The hilar regions are unremarkable. No accessory spleen is identified. Upon sectioning, the parenchyma is homogenous and maroon in color with no visible increase of white pulp.

Lymphadenopathy is significant in the peribronchial and peritracheal regions. There are few enlarged smooth brown lymph nodes surrounding the adhesions described in the right lower quadrant of the abdominal region.

**PANCREAS:** The pancreas is intact with a weight of 250 grams. The pancreas is surrounded by dense peripancreatic yellow fatty tissue. The external appearance of the pancreas is tan, pink, and lobulated. Upon sectioning, there is no hematoma in the head, body, or tail region. The pancreatic duct is patent.

**ADRENAL GLANDS:** The right and left adrenal glands are in their normal anatomic location and upon serial sectioning, display no adenomatous change. Both adrenal glands are surrounded by increased yellow perinephric fatty tissue.

**GENITOURINARY TRACT:** The right and left kidneys weigh respectively 130 and 135 grams. The renal capsules strip with ease revealing red/brown cortical surfaces with rare scars and granularity. Upon sectioning, both kidneys have flabby consistencies and decreased cortical thickness. The medullary centers are congested. The collecting systems are unremarkable. The ureters are not obstructed or dilated and follow the usual course of the urinary bladder, which contains approximately 100 ml of clear and yellow urine. The bladder mucosa shows no submucosal hematoma. The prostate gland is moderately enlarged without periurethral nodules.

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The right and left testicles are descended into the scrotal sac. There is a small hydrocele associated with the left testicle. The pelvis is intact with no evidence of malformation or fractures.

**GASTROINTESTINAL TRACT:** The esophagus is lined by a smooth tan mucosa. There are no submucosal varices. The esophageal gastric junction is intact without erosion or ulceration. Gastric contents consist of 800 ml of tan thick granular material of coarsely ground white and tan pill fragments. Also recognizable in the gastric contents are fragments of blueberry fruit. No other foreign material is recognized within the gastric contents.

Upon rinsing, the gastric wall has flattened rugi. There is no ulceration of the gastric wall. The pyloric outflow track is not obstructed. The proximal duodenum contains a moderate amount of yellow chyme material with no evidence of ulceration. The remainder of the small intestine is normal along the serosal surfaces with a pink, tan and glistening serosal surfaces. There are extensive adhesions at the cecum. The appendix is not identified. The remainder of the ascending and transverse colons are unremarkable. The descending colon and sigmoid colon contain formed fecal material. There is no diverticulosis noted.

**NECK:** The strap muscles are intact without laceration or hematoma. The hyoid bone, thyroid cartilage, and cricoid cartilage are without fracture or malformation. The epiglottis is not swollen. The glottic opening is patent. The larynx is explored through the posterior aspect of the thyroid cartilage. The laryngeal mucosa is smooth and tan with no evidence of gastric material aspiration. There is no exudate or erosion of the laryngeal mucosa. The vocal folds are unremarkable. The tracheal rings are not collapsed. The mainstem bronchi at the carina are not obstructed by mucous or gastric aspirate. The underlying cervical spine is without fracture or subluxation.

**HEAD:** The scalp is reflected anteriorly and posteriorly via a bimastral incision revealing no evidence of galeal or subgaleal hematoma. The calvarium shows no external sign of fracture. Upon removal of the calvarium, there is no internal sign of fracture. The dura mater is intact without epidural, subdural or hematoma. The brain is covered by a transparent leptomeninges. There is no subarachnoid hematoma.

Upon removal from the cranial vault, the brain has a weight of 1,470 grams. The brain is soft with a pale pink coloration. The vessels forming the Circle of Willis are intact with no evidence of aneurysmal dilatation, vascular malformation, or atherosclerotic change. The cranial nerves are paired and unremarkable.

Serial sectioning of the cerebral hemispheres, cerebellum, and brainstem reveal no space occupying lesion or intraparenchymal hematoma. The ventricular system contains clear cerebral spinal fluid with no evidence of dilatation or obstruction. Stripping the dura from the basilar skull reveals no evidence of fracture. There is no atlanto-occipital dislocation.

**TOXICOLOGY:** Samples of 30 ml urine, 5 ml vitreous humor, 15 ml of heart blood and 7 ml of femoral blood are obtained under direct visualization for toxicology testing.

Name: Hill, Adam Craig  
Case # 18952

A DNA card is made.

HISTOLOGY: Representative sections of all major organs are retained in formalin.

A presumptive urine test is positive for cocaine, ethanol, and THC.

PATHOLOGICAL FINDINGS:

- 1) Pulmonary congestion and edema
- 2) Fatty liver
- 3) Mild nephrosclerosis
- 4) Solitary gallstone
- 5) Status post abdominal surgery (Crohn's disease)

SPECIMENS: Specimens are kept for one year unless otherwise specified with the exception of homicide specimens, which are kept indefinitely.

CAUSE OF DEATH: The cause of death is determined to be Combined Effects of Cocaine and Amitriptyline (hours).

EVIDENCE: All clothing, debris from the body bag, and toxicology samples are submitted and released to the custody of San Luis Obispo Coroner's Detective investigators at the time of the examination.

COMMENT: The decedent has been identified as Adam Craig Hill, a fifty-four-year-old white male with a date of birth of 03/29/1966. As additional relevant Information becomes available, the case will be re-evaluated accordingly.

LAB RESULTS

A complete drug screen is requested. Toxicology is positive for Amitriptyline, Cocaine, Levamisole and Zolpidem detected femoral, heart, head blood and in vitreous and urine. Cannabinoids positive in urine. Carboxyhemoglobin positive in blood. Refer to the CVT toxicology report for further details.



Joye M. Carter, M.D.

Forensic Pathologist



Date

**Case Name:**Hill, Adam  
5 ml femoral blood, 14.5 ml heart blood (1 gray top vial & 1 green cap vial), 3.75 ml  
head blood (lavender top vial), 3.5 ml vitreous humor & 11.5 ml urine each labeled**Specimen Description:** "Hill, Adam; SLOSO; #18952; SLO; 8/11/2020; 1030 hrs; R Linn #1243"**Delivered by** Unity**Date** 14-Aug-20**Received by** Bill Posey**Date** 14-Aug-20**Request:** Complete Drug Screen, THC & CO**Agency Case #** 18952**Requesting Agency**S.L.O. Co. Sheriff's Office  
Attn: Coroner's Division  
835 Aerovista Pl., Ste. 130  
San Luis Obispo CA 93401**Report To**S.L.O. Co. Sheriff's Office  
Attn: Coroner's Division  
835 Aerovista Pl., Ste. 130  
San Luis Obispo CA 93401**RESULTS**

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Specimen: Femoral Blood, Heart Blood and Head Blood Samples

Complete Drug Screen: Amitriptyline, Cocaine, Levamisole and Zolpidem detected in blood.  
Specific drug assay for THC performed in blood.  
No other common acidic, neutral or basic drugs detected in blood in blood.  
No Ethyl Alcohol detected in blood.

Cannabinoids (THC metabolite) by Mass Spectrometry = Negative

Blood Carboxyhemoglobin = HbCO Saturation = &lt; 3 % HbCO Saturation

	Femoral Blood	Heart Blood	Head Blood
Amitriptyline	0.99 mg/L	1.26 mg/L	1.26 mg/L
Nortriptyline	0.10 mg/L	0.14 mg/L	0.12 mg/L
Cocaine	0.02 mg/L	0.03 mg/L	0.01 mg/L
Benzoylcegonine	2.78 mg/L	2.56 mg/L	2.00 mg/L
Ecgonine Methyl Ester	Present	Present	Present
Levamisole	Present	Present	Present
Zolpidem	0.02 mg/L	0.05 mg/L	0.02 mg/L
ZCA	0.08 mg/L	0.07 mg/L	0.04 mg/L


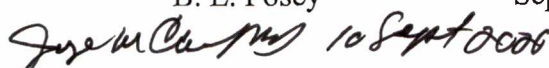
**B.L. POSEY**  
**S.N. KIMBLE**  
Directors

See attached ranges:

1580 Tollhouse Road  
Clovis, California 93611  
Phone (559) 323-9940  
Fax (559) 323-7502

B. L. Posey

September 08, 2020



**Case Name:**

Hill,

**TOXICOLOGY NUMBER:**

CVT-20-7498

**Specimen Description:**

Adam  
5 ml femoral blood, 14.5 ml heart blood (1 gray top vial & 1 green cap vial), 3.75 ml head blood (lavender top vial), 3.5 ml vitreous humor & 11.5 ml urine each labeled "Hill, Adam; SLOSO; #18952; SLO; 8/11/2020; 1030 hrs; R Linn #1243"

**Delivered by**

Unity

**Date**

14-Aug-20

**Received by**

Bill Posey

**Date**

14-Aug-20

**Request:** Complete Drug Screen, THC & CO

**Agency Case #** 18952

**Requesting Agency**

S.L.O. Co. Sheriff's Office  
Attn: Coroner's Division  
835 Aerovista Pl., Ste. 130  
San Luis Obispo CA 93401

**Report To**

S.L.O. Co. Sheriff's Office  
Attn: Coroner's Division  
835 Aerovista Pl., Ste. 130  
San Luis Obispo CA 93401

## RESULTS

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Specimen: Vitreous Humor and Urine Samples

Complete Drug Screen: Amitriptyline, Cocaine, Levamisole and Zolpidem detected in vitreous and urine.  
Specific drug assay for THC performed in vitreous and urine.  
No other common acidic, neutral or basic drugs detected in vitreous and urine.  
No Ethyl Alcohol detected in vitreous and urine.

Cannabinoids (THC metabolite) by Immunoassay = Positive in Urine

	Vitreous	Urine	Urine
Amitriptyline	0.52 mg/L	0.57 mg/L	delta-9-THC-COOH 0.031 mg/L
Nortriptyline	0.05 mg/L	< 0.1 mg/L	
Cocaine	0.11 mg/L	23 mg/L	
Benzoylcegonine	2.29 mg/L	100 mg/L	
Ecgonine Methyl Ester	Present	Present	
Levamisole	Present	Present	
Zolpidem	0.01 mg/L	< 0.1 mg/L	
ZCA	< 0.01 mg/L	0.91 mg/L	

**B.L. POSEY**  
**S.N. KIMBLE**  
Directors

1580 Tollhouse Road  
Clovis, California 93611  
Phone (559) 323-9940  
Fax (559) 323-7502

B. L. Posey

September 08, 2020

*[Signature]*  
*[Signature]* 10 September 2020





CENTRAL VALLEY  
TOXICOLOGY, INC.



CVT-20-7498

**Case Name:**

Hill,

Adam

**TOXICOLOGY NUMBER:**

**Specimen Description:**

**Delivered by**

**Date**

**Received by**

**Date**

**Request:**

**Agency Case #** 18952

**Requesting Agency**

S.L.O. Co. Sheriff's Office  
Attn: Coroner's Division  
835 Aerovista Pl., Ste. 130  
San Luis Obispo CA 93401

**Report To**

**RESULTS**

**Reference Ranges:**

Blood Amitriptyline Ranges  
Effective Level: (0.05 - 0.3 mg/L)  
Potentially Toxic: (0.5 - 2.0 mg/L)

Blood Cocaine Ranges  
Effective Level: (0.05 - 0.3 mg/L)  
Potentially Toxic: (0.25 - 5.0 mg/L)

Blood Zolpidem Ranges  
Effective Level: (0.08 - 0.2 mg/L)  
Potentially Toxic: (0.5 mg/L)

Blood Nortriptyline Ranges  
Effective Level: (0.04 - 0.3 mg/L)  
Potentially Toxic: (0.5 - 2.0 mg/L)

Blood Benzoylcegonine Ranges  
Effective Level: Non Active  
Potentially Toxic: (1 - 10 mg/L)

Blood ZCA Ranges  
Effective Level: Not Known  
Potentially Toxic: Not Known

Note: Correlation between urine Cannabinoids levels and effects have not been established.  
The presence of delta-9-THC-COOH, an inactive metabolite, indicates past use only.

**B.L. POSEY**  
**S.N. KIMBLE**  
*Directors*

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*Jose M. Carrion* 10 September 2000



Ian S. Parkinson  
Sheriff - Coroner

## San Luis Obispo County Sheriff's Office

1585 Kansas Avenue • San Luis Obispo • California 93401

www.slosheriff.org

Hill, Adam

SLOSO #18952 SLO

8/11/2020 @

R. Linn #1243

Date: 11 Aug 20

Case  
# 18952

yellow body bag  
with American flag

red tee shirt - vomit  
red shorts  
first print latents

PE  
white metal chain in pendant

cool, rigor  
post-mortem

No scar

brown eyes on face  
and hair  
brown  
natural warts on head  
natural teeth, no bite  
marks

7 A. Polman

Shin  
red  
bluish

2 red circular  
abrasion - medial 1/4  
leg

smooth  
tanned

thin

liver

*Joseph L. Carr*

Forensic Pathologist