

**EL PASO COUNTY CORONER
2741 EAST LAS VEGAS STREET
COLORADO SPRINGS, COLORADO 80906**

NAME: DIZMANG, Kevin

COUNTY: EL PASO

Date of Birth:

Age: 63

AUTOPSY NO: 22-01247

AUTOPSY DATE: 11/16/2022

Sex: Male

Ht: 74"

Wt: 256 lbs.

BEGAN: 8:10 AM

MD: Allison Cooper, M.D.

DATE OF DEATH: 11/15/2022

TIME OF DEATH: 5:46 PM

Identified by: Fingerprints

FINAL DIAGNOSIS:

I. Cardiopulmonary arrest in the setting of physical restraint, acute methamphetamine intoxication, COPD and asthma, cardiomegaly, diaphragmatic paralysis, and obesity:

A. Physical restraint:

1. Per provided body camera footage and reports, the decedent became unresponsive while physically restrained in a prone position outdoors with a described "bear hug" hold during a police-involved encounter for possible suicidal behavior/running into traffic.
2. Provided body camera footage reviewed.
3. Abrasions and contusions of extremities and right side of abdomen.
4. Partial-thickness laceration of right knee.
5. Subcutaneous tissue hemorrhage of lateral right arm, left elbow, and left side of back.
6. Focal hemorrhage on surface of anterior right sternocleidomastoid muscle.

B. Acute methamphetamine intoxication:

1. Postmortem toxicology is positive for methamphetamine and metabolite.
2. Clinical history of illicit drug use.

C. COPD and asthma:

1. Clinical history of chronic obstructive pulmonary disease and asthma, on nighttime oxygen supplementation, with concerns for pulmonary hypertension.
2. Medical records document history of acute exacerbations of COPD/asthma.
3. Patchy eosinophilic inflammation in bronchial walls and foci of airspace enlargement on microscopic examination.
4. Pulmonary anthracosis.

D. Cardiomegaly, 520 grams.

E. Clinical history of right hemidiaphragmatic paralysis secondary to unspecified trauma.

F. Obesity:

1. Body mass index: 32.9 kilograms/meter squared.

2. Clinical history of obstructive sleep apnea.

II. Attempted cardiopulmonary resuscitation:

- A. Multiple anterior rib fractures consistent with chest compressions.
- B. Medical records document attempted cardiopulmonary resuscitation by emergency responders and emergency department.

III. Pulmonary edema (right lung 625 grams; left lung 625 grams).

IV. Hepatomegaly (2550 grams) with hepatic steatosis.

V. Social history:

- A. Clinical history of posttraumatic stress disorder, depression, anxiety, and claustrophobia.
- B. History of prior law enforcement encounters.

OPINION: It is my opinion that Kevin Dizmang, a 63-year-old white male, died as a result of cardiopulmonary arrest in the setting of physical restraint, acute methamphetamine intoxication, COPD and asthma, cardiomegaly, diaphragmatic paralysis, and obesity. This injury was incurred in a police-involved encounter.

Comment: The contribution of physical restraint to the cause of death results in the determination of a manner of homicide.

MANNER OF DEATH: Homicide


22-01247

DIZMANG, Kevin


ALLISON COOPER, M.D.


MEGAN KLIESNER, M.D.


JAROD MURDOCH, D.O.


EMILY RUSSELL-KINSLEY, M.D.


LEON KELLY, M.D.

AC
1/6/2023

PERSONS PRESENT AT AUTOPSY

Rebecca Joines with the Colorado Springs Police Department, Michael Callis with the El Paso County Sheriff's Office, and Christian Liewer with the Metro Crime Lab are present for the postmortem examination.

GENERAL EXAMINATION

The body is that of a well-developed, obese white male whose appearance is compatible with the stated age of 63 years. When first viewed, the body is nude. The hands are bagged. The body, as received, weighs 256 lbs and is 74 inches long. No jewelry is present. A hospital blanket is loose in the body bag. The hospital blanket is discarded.

An El Paso County Coroner tag is on the left ankle. An El Paso County Coroner tag is subsequently placed on the left wrist. Photographs, fingerprints, and full-body radiographs are taken.

The hand bags from both hands, palm prints from both hands, a DNA blood card, and two sets of 10 fingerprints are collected and released directly to Christian Liewer with the Metro Crime Lab.

The following items are provided by the investigating agency for examination at the time of autopsy: a cut away blue short-sleeved shirt soiled with dirt on the front and back; two gray shoes; two black socks; blue cut away underwear; cut away tan pants with a black leather-like belt through the belt loops; a blue lanyard with eight keys and a white metal carabiner; and a black wallet in the back right pants pocket that contains \$4, miscellaneous cards and papers, Social Security card 1032, Colorado Driver's License 6690, Visa card 6210, Visa debit card 5460, Safeway card 4072, Visa card 0218, and credit card 7922. All items remain in the custody of the investigating agency.

EXTERNAL EXAMINATION

There is good preservation in the absence of embalming. The body is cold, rigor mortis is fully developed, and there is well-developed, blanching posterior lividity with scattered Tardieu spots of the arms and flanks.

The scalp hair is gray and brown, slightly curly, and measures 2 inches in maximum length. There is a gray and brown goatee and mustache. The face and neck are congested. The irides appear brown, the corneae are slightly cloudy, and there are no petechiae of the bulbar or palpebral surfaces of the conjunctivae. The ears, nose, lips, and external auditory canals are normally developed. The frenula are intact. The mouth has natural dentition in fair condition with metal amalgam fillings. The neck is normally developed. The chest is symmetrical, and the abdomen is moderately protuberant. The external genitalia, anus, and perineum are unremarkable. The extremities are well-developed and symmetrical. The fingernails are short and dirty. The skin of the feet is dry, callused, and flaking. The back is unremarkable.

Incisions are made in the wrists, ankles, and soles of the feet and demonstrate no subcutaneous hemorrhages.

IDENTIFYING MARKS AND SCARS

Tattoos:

Tattoos consist of a polychromatic tattoo with feathers on the proximal lateral right arm and a polychromatic armband tattoo with feathers encircling the proximal left arm.

Marks and Scars:

The right side of the upper chest has 7/8 inch and 1-1/4 inch in length linear scars. The right side of the chest has multiple 5/8 to 2 inch white patches of hypopigmentation. The central chest has a 3/8 inch stellate scar. The upper left side of the chest near the left shoulder has a 7/8 inch in length scar. The midline of the abdomen left of the umbilicus has a 4-1/2 inch in length vertical scar. The right antecubital fossa has a 3/8 inch scar. The lateral anterior right forearm has a 4-3/8 inch in length vertical surgical scar. The posterior right forearm has multiple 1/16 to 1-1/2 inch variably oriented scars. The thenar eminence of the right hand and right thumb have a 1-3/8 inch in length linear scar. The distal right index finger has a 1/4 inch scarred laceration. The medial posterior right forearm has a 6-7/8 inch in length vertical surgical scar. The lateral right shoulder has 1/4 to 5/8 inch scars. The superior left shoulder has a 1-1/4 inch scar. The anterior left forearm has 3/8 to 1-1/2 inch in length linear and curvilinear scars. The distal posterior left arm has a 5/8 inch round scar. The posterior left forearm has multiple 1/4 to 1-3/4 inch scars. The posterior left hand has multiple 1/16 to 3/8 inch scars. The medial distal right thigh has 1/4 inch round scars. The right knee has a 7 inch vertical surgical scar. The medial right knee has an up to 3/8 inch in length linear scar. The proximal anterior right leg has a 2 inch in length linear scar. The dorsum of the right foot has a 1-3/8 inch length linear scar. The medial left ankle has a 1-1/8 inch round scar. The midline of the lower back has three vertical 1-5/8 to 3 inch scars. The mid back has a 3/4 inch scar.

Other:

Orthopedic hardware is in the lumbar back, right forearm, and right knee on a postmortem radiograph.

EVIDENCE OF MEDICAL THERAPY

An airway is within the mouth. Defibrillator pads are on the right side of the chest and the lateral left trunk. Electrocardiogram electrodes are on the right side of the chest, left shoulder, and central, right, and left sides of the abdomen. An intravascular catheter is in the distal anterior right arm, and there are adjacent 1/16 to 1-1/8 inch blue ecchymoses. A puncture mark is on the right antecubital fossa. A pulse oximeter is on the right index finger. An intraosseous catheter is in the proximal left leg.

Internally, there are fractures of the anterior right second through fifth ribs, the anterior left second through sixth ribs, and the left third through sixth ribs at the sternocostal junctions, consistent with the history of attempted resuscitation.

EVIDENCE OF INJURY

1. External Injuries:

The right side of the abdomen has a ½ inch in length red abrasion.

The posterior right forearm has multiple 1/16 to 1-1/8 inch pink abrasions. The medial posterior right forearm has a 1 inch red abrasion. The posterior right wrist has a 1/16 inch abrasion. The base of the posterior right fifth finger and the proximal interphalangeal joint of the posterior right fourth finger have 1/16 to 5/16 inch red abrasions. The posterior left wrist has a 1/16 inch pink abrasion. The medial right knee has a ½ inch purple contusion. The right knee has a 5/8 inch abraded partial-thickness laceration. The right knee and proximal anterior right leg have approximately five 1/16 to 3/8 inch red abrasions. The anterior mid right leg has a 3 inch red contusion with an overlying 1/8 inch crust.

The left knee has a 5/16 inch pink abrasion. The medial left knee has a 1-1/2 inch red contusion. The anterior left knee has two ¼ inch red contusions. The lateral proximal left leg has a ½ inch and a 5/8 inch red abrasion. The medial left ankle has a ½ inch red abrasion.

The proximal posterior right forearm has 3/8 to 1-1/8 inch crusted abrasions. The medial proximal anterior left forearm has a 7/8 inch in length crusted abrasion. The right knee has a ¼ inch crusted abrasion. The dorsal right foot has a ¼ inch crusted abrasion. The dorsum of the left foot has a 1/16 inch crusted abrasion. The upper left side of the back has a 1-3/4 inch in length linear crusted abrasion.

2. Dissection of Posterior Trunk and Upper Extremities:

A dissection of the back, buttocks, and posterior upper extremities is performed. A 1-3/8 inch focus of red-black hemorrhage is in the subcutaneous tissue of the lateral right arm. A 2-1/2 inch focus of red-black hemorrhage is in the subcutaneous tissue of the left elbow. A 3-1/4 inch focus of red-black hemorrhage is in the subcutaneous tissue of the lower thoracic to lumbar back.

Focal hemorrhage is in the subcutaneous tissue of the right antecubital fossa in association with the intravascular catheter site.

3. Anterior Neck Dissection:

A layer-by-layer anterior neck dissection is performed. There is focal hemorrhage on the anterior surface of the right sternocleidomastoid. There are no intramuscular hemorrhages or hemorrhages of the posterior surfaces of the strap musculature. The hyoid bone and laryngeal cartilages are intact. The lingual mucosa is intact, and the underlying musculature is free of hemorrhage. The tracheal rings are intact. There are no petechiae of the mucosal surfaces. The cervical spine is intact.

4. Posterior Neck Dissection:

A posterior neck dissection is performed. There are no hemorrhages within the subcutaneous tissue or musculature of the posterior neck. The cervical spine is unremarkable. The cervical spinal cord is unremarkable, and there are no hemorrhages within the cervical spinal canal.

These injuries, having been once described, will not be repeated.

INTERNAL EXAMINATION

HEAD: The scalp is incised and retracted. The scalp, subscalpular area, and skull are unremarkable. The dura and dural sinuses are unremarkable. There are no epidural, subdural, or subarachnoid hemorrhages. The cerebrospinal fluid is clear. The brain weighs 1350 gm. The leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical, with an unremarkable gyral pattern. Sections through the cerebral hemispheres, brainstem, and cerebellum are unremarkable. There are no hemorrhages of the deep white matter or the basal ganglia. The cerebral ventricles contain no blood. The dura is stripped from the basilar skull and no fractures are found. The spinal cord, as viewed from the cranial cavity, is unremarkable.

BODY: The body is opened with a Y-shaped incision. The thoracic and abdominal organs are in their normal anatomic positions. The body cavities are free of adhesions and abnormal collections of fluid.

NECK: See EVIDENCE OF INJURY. The soft tissues and prevertebral fascia are unremarkable. The hyoid bone and laryngeal cartilages are intact. The lumen of the larynx is not obstructed. The lingual mucosa is intact, and the underlying musculature is free of hemorrhage.

CARDIOVASCULAR SYSTEM: The intimal surface of the abdominal aorta is free of significant atherosclerosis. The aorta and its major branches and the great veins are normally distributed and unremarkable. The pulmonary arteries contain no thromboemboli. The heart weighs 520 gm. The pericardium, epicardium, and endocardium are smooth, glistening, and unremarkable. There are no thrombi in the atria or ventricles. The foramen ovale is closed. The coronary arterial system is free of significant atherosclerosis. The atrial and ventricular septa are intact. The cardiac valves are thin, delicate, and unremarkable. The myocardium is uniformly firm and has a homogeneous, beefy-red appearance. The left ventricle, interventricular septum, and right ventricle are 1.4 cm, 0.9 cm, and 0.3 cm in greatest thickness, respectively.

RESPIRATORY SYSTEM: The upper airway is not obstructed. The laryngeal mucosa is smooth and unremarkable, without petechiae. The right lung weighs 625 gm, and the left lung weighs 625 gm. The major bronchi are unremarkable. The pleural surfaces of both lungs are smooth and glistening and have a purple-red appearance with black anthracotic streaking. Sectioning of the lungs discloses a dark red, moderately congested, and moderately edematous parenchyma.

GASTROINTESTINAL SYSTEM: The esophageal mucosa is tan-white, smooth, and unremarkable. The stomach contains approximately 30 mL of green fluid and apparent brown beans. There are no tablets or capsules. The gastric mucosa has normal rugal folds, and there are no ulcers. The small and large intestines are externally unremarkable. The appendix is unremarkable.

LIVER: The liver weighs 2550 gm. The capsule is smooth and glistening. The parenchyma is dark red-brown with patchy yellow discoloration and moderately congested. The gallbladder

contains approximately 10 mL of dark green bile with no calculi.

PANCREAS: The pancreas is unremarkable externally and upon sectioning.

ENDOCRINE SYSTEM: The thyroid and adrenal glands are unremarkable externally and upon sectioning.

LYMPHORETICULAR SYSTEM: The spleen weighs 200 gm, and is covered by a smooth, blue-gray, intact capsule. On cross-section, the parenchyma is dark red and unremarkable. The hilar lymph nodes are anthracotic.

GENITOURINARY SYSTEM: The right kidney weighs 200 gm, and the left kidney weighs 200 gm. The capsules strip with ease to reveal smooth and slightly lobulated cortical surfaces. On cross-section, the cortices are of normal thickness and exhibit well-demarcated corticomedullary junctions. The calyces, pelves, and ureters are unremarkable. The urinary bladder contains approximately 20 mL of cloudy yellow urine. The mucosa is tan-pink and moderately trabeculated. The prostate gland is unremarkable externally and on sectioning has up to 2 cm periurethral nodules. The testes are incised and are unremarkable.

MUSCULOSKELETAL SYSTEM: See EVIDENCE OF THERAPY and EVIDENCE OF INJURY. The clavicles, sternum, pelvis, and vertebral column have no fractures. The diaphragm is intact.

MICROSCOPIC EXAM

Slide Key:

Slide #1:	Right lung
Slide #2:	Left lung
Slide #3:	Right kidney
Slide #4:	Left kidney, liver
Slide #5:	Heart

LUNGS: Anthracotic pigment is deposited around bronchi, bronchioles, and vessels. Mild amount to focal moderate clusters of eosinophils are in the bronchial wall. There is focal prominence of the basement membrane. Regions of airspace enlargement are seen. There is patchy edematous fluid in alveolar spaces.

KIDNEYS: There is a focal mild lymphocytic interstitial infiltrate. Occasional arterial branches have mild fibrous intimal thickening.

LIVER: Severe mixed macrovesicular and microvesicular steatosis is in hepatocytes. Occasional glycogenated nuclei are present. Mild lymphocytic infiltrates are in portal tracts.

HEART: There is mild to focally moderate perivascular fibrosis. There is patchy mild interstitial fibrosis. Enlarged nuclei are in cardiomyocytes, and there is binucleation.

22-01247

DIZMANG, Kevin

AC



EL PASO COUNTY OFFICE OF THE CORONER

Leon Kelly, M.D.
County Coroner - Medical Examiner

Body Male

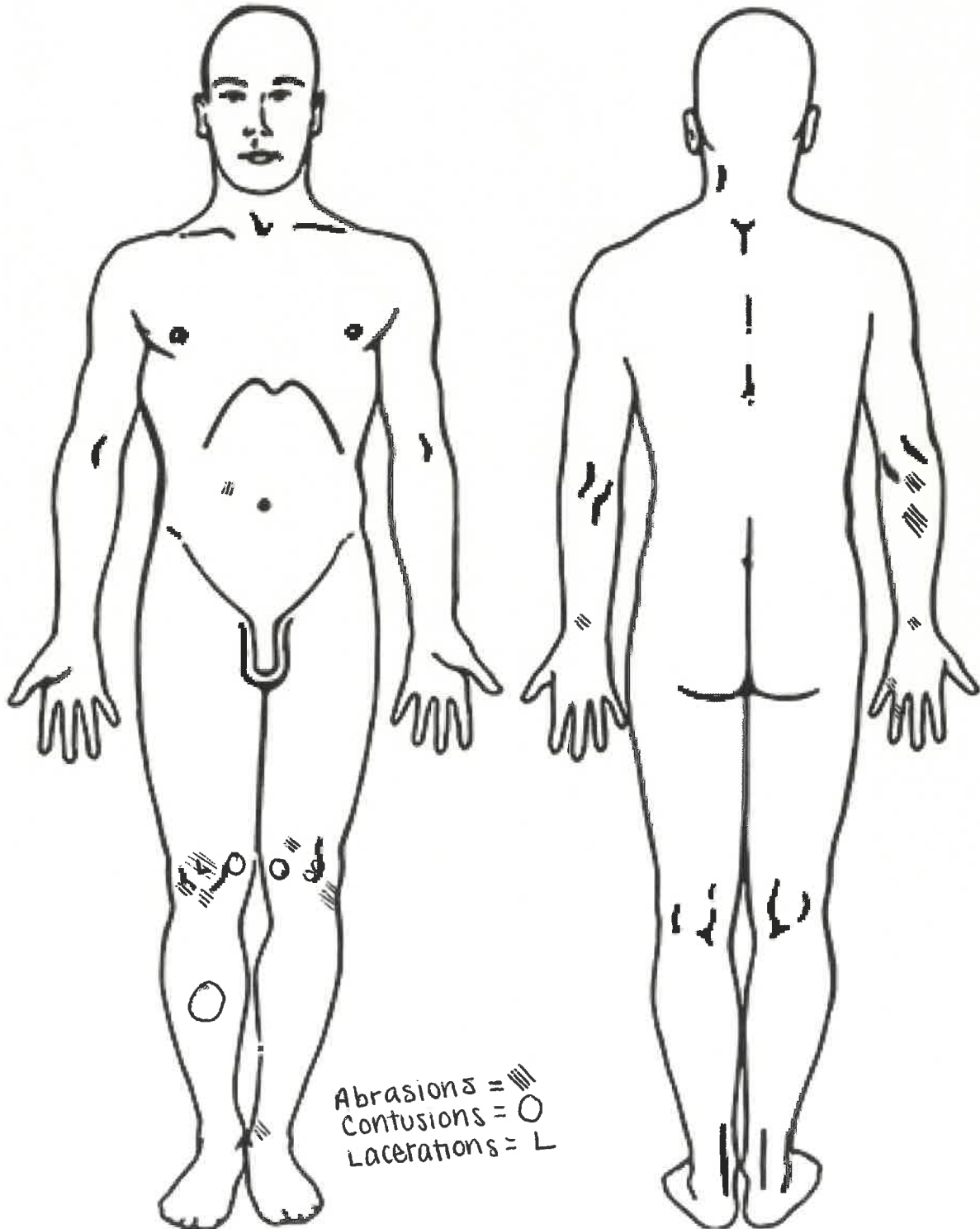
Name: Dizmang, Kevin

Case #: 22-01247

Race: White

Age: 63

Autopsy Date: 11/16/2022 08:10





EL PASO COUNTY OFFICE OF THE CORONER

2741 E Las Vegas St., Colorado Springs, CO 80906
Main: 719-390-2450 / Fax: 719-390-2462

Leon Kelly, M.D.

County Coroner
Medical Examiner
Laboratory Director

FINAL TOXICOLOGY REPORT

NAME: Dizmang, Kevin
CASE NUMBER: 22-01247
AGENCY CASE NUMBER:
COUNTY: El Paso

STAFF PATHOLOGIST: Dr. Cooper, Allison
PRONOUNCED DATE: 11/15/2022 17:46
DATE RECEIVED: 11/16/2022
FINAL REPORT DATE: 12/1/2022

ETHANOL & VOLATILES

SAMPLE TYPE: Antemortem Blood

Collected Date/Time: 11/15/2022

Analyte:

Result:

Instrument:

Ethanol and Volatiles

Not detected

GC-FID

Analysis performed: Ethanol & Volatiles analyzed by dual-column HS-GC/FID to include the following: Ethanol, Acetone, Isopropanol, and Methanol.

CONFIRMATION/QUANTITATION

SAMPLE TYPE: Antemortem Blood

Collected Date/Time: 11/15/2022

Analyte:

Result:

Instrument:

Amphetamine

26 ng/mL

LC/MS/MS

Methamphetamine

164 ng/mL

LC/MS/MS

Analysis performed: Drugs of Abuse Screen analyzed by ELISA to include the following: Amphetamine/MDA, Methamphetamine/MDMA, Barbiturates, Benzodiazepines, Buprenorphine, Benzoylcegonine (Cocaine), Dextromethorphan, Fentanyl, Meprobamate/Carisoprodol, Methadone, Opiates, Generic Opioids, Oxycodone/Oxymorphone, PCP, Tricyclic Antidepressants, Cannabinoids (THC), Tramadol, and Zolpidem.

iSTAT

SAMPLE TYPE: Vitreous

Collected Date/Time: 11/16/2022 12:44

Analyte:

Result:

Instrument:

Sodium

144 mmol/L

Abbott iSTAT

Potassium

9.0 mmol/L

Abbott iSTAT

Chloride

121 mmol/L

Abbott iSTAT

Glucose

< 20 mg/dL

Abbott iSTAT

BUN

18 mg/dL

Abbott iSTAT

Creatinine

1.4 mg/dL

Abbott iSTAT

Additional Comments:



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FINAL TOXICOLOGY REPORT

NAME: Dizmang, Kevin

CASE NUMBER: 22-01247

AGENCY CASE NUMBER:

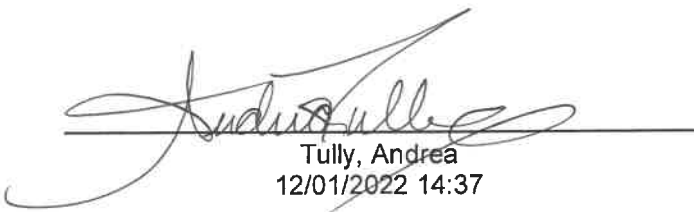
COUNTY: El Paso

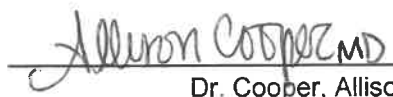
STAFF PATHOLOGIST: Dr. Cooper, Allison

PRONOUNCED DATE: 11/15/2022 17:46

DATE RECEIVED: 11/16/2022

FINAL REPORT DATE: 12/1/2022


Tully, Andrea
12/01/2022 14:37


Dr. Cooper, Allison