

County of BURLINGTON

Address 15 PIONEER BLVD., WESTAMPTON, NJ 08060

0302 00625

REPORT OF INVESTIGATION BY MEDICAL EXAMINER

CASE INFORMATION

STATUS  Closed  Pending  Transferred  
 ACTION TAKEN  Accepted  Not Accepted  Recall  Not Reportable  Transfer Jurisdiction to \_\_\_\_\_ County  
 Date Death Reported 9-27-02 Time 0050 Date Death Pronounced 9-27-02 Time 0605

DECEDENT F2

Last Name GILBRIDGE First Name John MI J  
 Home Address 304 RYANS Run West City, State, Zip Maple Shade NJ  
 Location of Body 301 RYANS Run West City, State, Zip Maple Shade NJ

Ethnicity  American Indian  Asian  Black  Hispanic  White  Other \_\_\_\_\_ Birth Date 5/5/68 Age \_\_\_\_\_  
 Marital Status  Divorced  Married  Separated  Single  Unknown  Widower S.S. # \_\_\_\_\_  
 Gender  Female  Male Occupation 15 AIRWAYS

FINDINGS F4

BODY CONDITION  Complete  Body-parts  Incomplete  
 BODY DESCRIPTION  Adipocere-partial/complete  Artifact  Charred  Decomposed-early/advanced  Dismemberment  Embalmed  Exhumation  
 Mummification-partial/complete  Mutilation  Other  Skeleton-partial/complete  Zoophagy

REASON FOR INVESTIGATION  24 hours of hospital admission  Child death under 3 years of age  Diagnostic/therapeutic procedure  Fetal death  
 Institutional State Facility  Legal custody  Medically unattended  Obstetric  SIDS  Sudden/unexpected - no witness  Sudden/unexpected - witnessed  
 Suspicious  Threat to public health or safety  Unrecognizable  Unusual  Violent

AGENT INVOLVED

Land  Auto  Bicycle  Bus  Industrial-farm  Moped  Motorcycle  Tractor  Train  Truck  Van  Other \_\_\_\_\_  
 Water  Jet Ski  Motor boat  Row boat  Sail boat  Other \_\_\_\_\_  
 Air  Commercial aircraft  Glider  Helicopter  Private aircraft  Ultra-light  Other  Pilot/Passenger  
 Driver  Passenger-Front/Back  Seat Belt Y/N  Pedestrian  
 Consumer Product  Job Related/Occupational  Multiple deaths  Sports Related  Arson

SYNOPSIS OF HISTORY

NOTIFIED BY LT GUBBIE MAPLE SHADE PD REGARDING A PERSON THAT WAS FOUND INSIDE OF A CAR THAT HAD BEEN SHOT. THE DECEDENT HAD PULLED BY HIS APT IN A FORD LTD AND WAS SHOT THROUGH THE DRIVERS SIDE WINDOW. INVESTIGATION AT THE SCENE SHOWED A SHATTERED DRIVERS SIDE WINDOW AND THE DECEDENT WAS LEANING AGAINST THE DRIVERS DOOR. THE DECEDENT WAS ALSO WEARING A SEAT BELT. NEIGHBORS HEARD WHAT APPEARED TO BE GUN FIRE AND CALLED POLICE. UPON ARRIVAL OF PD THE DECEDENT WAS FOUND SITTING IN THE DRIVERS SEAT, ENGINE RUNNING, HEAD LIGHTS ON, AND HIS FOOT ON THE BRAKE. THE DECEDENT WAS INVOLVED IN A CHILD CUSTODY DISPUTE WITH ALBERTA AFRICA FROM PHILA. PA. BODY AT THE SCENE WAS SLIGHTLY COOL AND VERY EARLY STAGES OF RIGOR. MEDICAL INVESTIGATOR: W Sofin

DEATH F5

Last seen by whom UNKNOWN Date \_\_\_\_\_ Time \_\_\_\_\_  
 Address & phone # \_\_\_\_\_  
 Found by MAPLE SHADE PD Date 9-27-02 Time 0004  
 Address & phone # \_\_\_\_\_  
 Onset of Injury/Illness / Found IN FRONT OF 301 RYANS Run West Date 9-27-02 Time 0004  
 Address & phone # MAPLE SHADE NJ  
 Police Notified by whom 911 Date 9-27-02 Time 0004  
 Address and phone # \_\_\_\_\_  
 Medical Examiner Notified by LT G. GUBBIE MAPLE SHADE PD Date 9-27-02 Time 0050  
 Address and phone # \_\_\_\_\_  
 Pronouncement of Death by whom DR SHAH BCME0 Date 9-27-02 Time 0605  
 Address and phone # \_\_\_\_\_

Scene Examined by whom \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
Address and phone # \_\_\_\_\_

Identified by whom INV. R. NORCROSS. CAMDEN Co. Pros. Office Date 9-27-02 Time \_\_\_\_\_  
Address and phone # \_\_\_\_\_

Death Certificate signed by whom Dr. D. SHAN Date 9-27-02 Time \_\_\_\_\_  
Address and phone # \_\_\_\_\_

MORGUE F6  
Transported by W. Segin BCMEO Date 9-27-02 Time 0510  
Address and phone # \_\_\_\_\_

Transported to MHBC Date 9-27-02 Time 0510  
Address and phone # \_\_\_\_\_

Body released by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
Address and phone # \_\_\_\_\_

Body Released to \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
Address and phone # \_\_\_\_\_

Property inventoried by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
Address and phone # \_\_\_\_\_

Property released by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
Address and phone # \_\_\_\_\_

Property released to \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
Address and phone # \_\_\_\_\_

REQUESTED PROCEDURES F7

Anthropology  Dental  Fingerprint  Gunshot Residue  Histology  Microbiology  Photo  Physical Evidence  
 Serology  Toxicology  X-ray  Other \_\_\_\_\_ Date Requested \_\_\_\_\_

EXAM F8

Exam  Full Autopsy  Partial Autopsy  View Date 9-27-02 Time \_\_\_\_\_  
Exam by DR. D. SHAN Exam Location MHBC

DEATH CATEGORY

- |   |   |   |  |   |
|---|---|---|--|---|
| <input type="checkbox"/> Natural - Etiology   | <input type="checkbox"/> Unnatural              | <input type="checkbox"/> Unnatural-Blunt Trauma | <input type="checkbox"/> Unnatural-Cutting       | <input type="checkbox"/> Unnatural-Fire     |
| <input type="checkbox"/> Atherosclerosis      | <input type="checkbox"/> Animal/Insect          | <input type="checkbox"/> Assault                | <input type="checkbox"/> Axe                     | <input type="checkbox"/> Chemical Burn      |
| <input type="checkbox"/> Degenerative Disease | <input type="checkbox"/> Unnatural-Aquatic      | <input type="checkbox"/> Fall                   | <input type="checkbox"/> Knife                   | <input type="checkbox"/> Heat Burn          |
| <input type="checkbox"/> Infection            | <input type="checkbox"/> Drowning               | <input type="checkbox"/> Fall of Object         | <input type="checkbox"/> Other                   | <input type="checkbox"/> Scald              |
| <input type="checkbox"/> Malignancy           | <input type="checkbox"/> Scuba                  | <input type="checkbox"/> Transport accident     | <input type="checkbox"/> Scissors                | <input type="checkbox"/> Smoke Inhalation   |
| <input type="checkbox"/> Other                | <input type="checkbox"/> Unnatural-Asphyxia     | <input type="checkbox"/> Other                  | <input type="checkbox"/> Unnatural-Electrocution | <input type="checkbox"/> Unnatural-Firearm  |
| <input type="checkbox"/> Vascular Disease     | <input type="checkbox"/> Autoerotism            | <input type="checkbox"/> Unnatural-Chemical     | <input type="checkbox"/> High voltage            | <input checked="" type="checkbox"/> Handgun |
| <input type="checkbox"/> Natural-Organ        | <input type="checkbox"/> Choke Hold             | <input type="checkbox"/> Alcohol                | <input type="checkbox"/> Low voltage             | <input type="checkbox"/> Other              |
| <input type="checkbox"/> CVS                  | <input type="checkbox"/> Hanging                | <input type="checkbox"/> Household Chemical     | <input type="checkbox"/> Unnatural-Environmental | <input type="checkbox"/> Rifle              |
| <input type="checkbox"/> CNS                  | <input type="checkbox"/> Ligature Strangulation | <input type="checkbox"/> Illicit Drugs          | <input type="checkbox"/> Hyperthermia            | <input type="checkbox"/> Shotgun            |
| <input type="checkbox"/> Gastro Intestinal    | <input type="checkbox"/> Manual Strangulation   | <input type="checkbox"/> Industrial Chemical    | <input type="checkbox"/> Hypothermia             |   |
| <input type="checkbox"/> Hemopoietic          | <input type="checkbox"/> Mechanical             | <input type="checkbox"/> Other                  | <input type="checkbox"/> Other                   |   |
| <input type="checkbox"/> Hepatic              | <input type="checkbox"/> Positional/Postural    | <input type="checkbox"/> Prescription Drug      | <input type="checkbox"/> Unnatural               |   |
| <input type="checkbox"/> Other                | <input type="checkbox"/> Smothering             | <input type="checkbox"/> Unnatural-Child Abuse  | <input type="checkbox"/> Explosion               |   |
| <input type="checkbox"/> Renal/GU             | <input type="checkbox"/> Suffocation            | <input type="checkbox"/> Neglect                |  |   |
| <input type="checkbox"/> Reproductive         | <input type="checkbox"/> Traumatic              | <input type="checkbox"/> Physical               |  |   |
| <input type="checkbox"/> Respiratory          |   |   |  |   |

Manner of Death  Natural  Accident  Suicide  Homicide  Pending  Undetermined  None  
Cause of Death GUN SHOT WOUND TO THE HEAD

Signature of Medical Examiner [Signature] Date 9-27-02

The decedent's wallet was removed at the scene and turned over to Det Sgt. Fred D'AScentis, Burlington Co. prosecutors office. Body transported to MHBC and Secured.

WJF

REG-18  
AUG 99

New Jersey Department of Health and Senior Services  
**CERTIFICATE OF DEATH**

STATE USE ONLY

Items 1 and 2 to be typed by Funeral Director

To be printed by Physician

PHYSICIAN - Please Print:  
NAME OF DECEDENT AS KNOWN BY ATTENDING PHYSICIAN  
**JOHN J. GILBAGE**

DATE OF DEATH  
**9-27-02**

TIME OF DEATH  
**6:05 AM**

STATE USE ONLY  
IND/OCC  
CAUSE  
PLACE OF ACC.  
CROSS CLASS.

1. NAME OF DECEASED (First, Middle, Last)						STATE USE ONLY		
2. DATE OF DEATH	3. SEX	4. DATE OF BIRTH	5a. AGE - Last Birth-day (yrs.)	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes			
6. SOCIAL SEC. NO.	7a. PLACE OF DEATH: HOSPITAL: <input type="checkbox"/> INPATIENT <input type="checkbox"/> ER/OUTPATIENT <input checked="" type="checkbox"/> DOA		OTHER: <input type="checkbox"/> NURSING HOME <input type="checkbox"/> RESIDENCE <input type="checkbox"/> OTHER (Specify)					
7b. FACILITY NAME (If not institution, give street and no.) <b>Vietna MHCC</b>			7c. CITY/TOWN OR LOCATION <b>MT. HOLLY</b>		7d. COUNTY <b>Burlington</b>			
8a. RESIDENCE (State)	8b. COUNTY	8c. CITY OR TOWN	8d. STREET AND NUMBER		8e. INSIDE CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO	8f. ZIP CODE		
9. BIRTHPLACE (City & State; or Foreign Country)		10a. DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO		10b. IF YES, WAR DATES (From/To):		11. MARITAL STATUS: <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED		
12. SURVIVING SPOUSE (If Wife, Maiden Name)		13. USUAL OCCUPATION (Kind of work done most of life, or pen if retired)			14. KIND OF BUSINESS OR INDUSTRY			
15. NAME AND ADDRESS OF LAST EMPLOYER								
16. RACE: 1 <input type="checkbox"/> WHITE 2 <input type="checkbox"/> BLACK		3 <input type="checkbox"/> AMER. INDIAN 4 <input type="checkbox"/> OTHER (Specify):		17. OF HISPANIC ORIGIN? IF YES, SPECIFY: <input type="checkbox"/> YES <input type="checkbox"/> NO		18. DECEDENT'S EDUCATION Highest Grade Completed: 1 <input type="checkbox"/> MEXICAN 2 <input type="checkbox"/> PUERTO RICAN 3 <input type="checkbox"/> CUBAN 4 <input type="checkbox"/> CENT./SO. AMERICA 5 <input type="checkbox"/> OTHER (Specify):		
19. NAME OF FATHER (First, Middle, Last)				20. MAIDEN NAME OF MOTHER (First, Middle, Last)				
21a. NAME OF INFORMANT			21b. RELATIONSHIP		22a) DISPOSITION: <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> ENTOMBMENT <input type="checkbox"/> OTHER (Specify):			
22b. NAME OF CEMETERY OR CREMATORY			22c. CITY OR TOWN		22d. STATE			
23a. NAME AND ADDRESS OF FUNERAL HOME								
23b. SIGNATURE OF FUNERAL DIRECTOR			23c. N.J. LICENSE NO.		24a. SIGNATURE OF LOCAL REGISTRAR		24b. DATE RECEIVED	
25a. TIME OF DEATH <b>UNKNOWN</b> M		25b. DATE AND HOUR PRONOUNCED DEAD DATE: <b>9-27-02</b> HOUR: <b>6:05</b> AM		25c. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT TIME, DATE, AND PLACE INDICATED.			25d. DATE SIGNED	
Complete items 25c-d only when certifying physician is not available at time of death to certify cause of death.				SIGNATURE OF PRONOUNCER (If different than certifier):				
26. PART I: IMMEDIATE CAUSE (Final disease or condition resulting in death). Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.		IMMEDIATE CAUSE (Enter the diseases, injuries or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.) a. <b>Gun shot wound</b> DUE TO OR AS A CONSEQUENCE OF: b. <b>of the head</b> DUE TO OR AS A CONSEQUENCE OF: c. DUE TO OR AS A CONSEQUENCE OF: d.				INTERVAL BETWEEN ONSET AND DEATH		
PART II: Other significant conditions - contributing to death but not related to underlying cause in PART I.								
27. IF FEMALE, WAS SHE PREGNANT AT DEATH; OR ANY TIME 90 DAYS PRIOR TO DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO					28. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
29. DEATH DUE TO: <input type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		30a. DATE OF INJURY <b>9-27-02</b>	30b. TIME OF INJURY <b>12:04 AM</b>	30c. INJURY AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO		30d. DESCRIBE HOW INJURY OCCURRED <b>He was shot 2 side face &amp; 2 upper arm</b>		
30i. LOCATION OF INJURY (Number and Street) <b>301 Bays Run West</b>		30e. PLACE <input type="checkbox"/> HOME <input type="checkbox"/> OFFICE BUILDING <input type="checkbox"/> FARM <input type="checkbox"/> FACTORY <input checked="" type="checkbox"/> OTHER (Specify): <b>PARKING LOT</b>		30f. CITY AND COUNTY <b>Maple Shade Burlington</b>		30g. STATE <b>N.J.</b>		
31a. NAME AND ADDRESS OF CERTIFIER <b>D. Shea MD 15 Pioneer Blvd Westampton NJ 08060</b>					<input type="checkbox"/> CERTIFYING PHYSICIAN <input checked="" type="checkbox"/> MEDICAL EXAMINER <input type="checkbox"/> PRONOUNCER AND CERTIFIER			
31b. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED DUE TO CAUSES LISTED ABOVE.						31c. DATE SIGNED <b>9-27-02</b>		
SIGNATURE OF CERTIFIER <b>[Signature]</b>								

INSTRUCTIONS

- Print or type. Print with black ball point pen only
- Insert "Month - Day - Year" in order for all entries requiring a date.
- Instructions for Physicians:  
All medical items are important and must be answered if applicable. Special attention should be given to the yellow-shaded areas. State law requires that the physician sign the death certificate within 24 hours.

DISTRIBUTION: ORIGINAL - New Jersey Department of Health & Senior Services  
DUPLICATE - Permanent Local Copy  
TRIPLICATE (PINK) - Resident Copy

STATE OF NEW JERSEY  
STATE TOXICOLOGY LABORATORY  
EDWIN H. ALBANO INSTITUTE OF FORENSIC SCIENCE  
325 Norfolk Street  
Newark, New Jersey 07103

*mf*

Phone: 973-648-3915  
FAX: 973-648-7618

TOXICOLOGY REPORT  
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Lab No: 02-2545

Received: 9-30-02 1209 fi

Name: GILBRIDGE, John J.  
Age: -- Sex: Race:

COYRSEQNO: 03-02-0675/NA  
Submitting ME: SHAH

Specimens submitted: Blood, urine, bile, brain, liver, kidney,  
stomach-content, spleen.

Analysis requested : Alcohols, DOUBLE SCREEN

RESULTS:

Report Date: 11:34 AM WED., 23 OCT., 2002

BLOOD:

Not Detected -

Volatiles: Acetone, Ethanol, Isopropanol, Methanol.

Drugs and other compounds: Acetaminophen, Amitriptyline, Amobarbital, Amoxapine, Barbitol, Benzotropine, Brompheniramine, Bupivacaine, Bupropion, Buspirone, Butabarbital, Butalbital, Carbamazepine, Carisoprodol, Chlordiazepoxide, Chlorpheniramine, Chlorpromazine, Chlorpropamide, Citalopram, Cocaine, Codeine, Colchicine, Cyclobenzaprine, Cyproheptadine, Desipramine, Dextromethorphan, Diazepam, Diphenhydramine, Diphenoxylate, Disopyramide, Doxepin, Doxylamine, Ethosuximide, Fluoxetine, Flurazepam, Glutethimide, Hydrocodone, Hydroxyzine, Ibuprofen, Imipramine, Ketamine, Levorphanol, Lidocaine, Loxapine, Maprotiline, Meperidine, Mephobarbital, Meprobamate, Mesoridazine, Methadone, Methapyriline, Methocarbamol, Methsuximide, Metoprolol, Mirtazepine, N-Acetyl-procainamide, Naproxen, Nefazodone, Nortriptyline, Olanzapine, Oxycodone, Papaverine, Paroxetine, Pentazocine, Pentobarbital, Phencyclidine (PCP), Phenobarbital, Phensuximide, Phenytoin, Primidone, Procainamide, Procyclidine, Promethazine, Propofol, Propoxyphene, Propranolol, Protriptyline, Pyrilamine, Quetiapine, Quinidine, Quinine, Salicylate, Scopolamine, Secobarbital, Sertraline, Theophylline, Thiopental, Thioridazine, Tramadol, Trazodone, Trihexyphenidyl, Trimipramine, Tripelennamine, Venlafaxine, Verapamil, Zolpidem.

URINE:

Not Detected -

Drugs and other compounds: Amphetamine, Barbiturates, Benzodiazepines, Cannabinoids, Cocaine metabolites, Methadone, Methamphetamine, Opiates, Phencyclidine (PCP), Phenytoin, Propoxyphene, TC antidepressants.

/jr  
02-2545

*Reng-lang Lin*  
-----  
Reng-lang Lin, Ph.D.,  
CHIEF TOXICOLOGIST

**OFFICE OF THE  
BURLINGTON COUNTY MEDICAL EXAMINER**

Raphael Meadow Health Center  
15 Pioneer Boulevard  
P.O. Box 6000

Westampton, N.J. 08060  
(609) 702-7030 (609) 702-7032  
Fax - (609) 265-5989

DAKSHA R. SHAH, M.D.  
Assistant Medical Examiner

WILLIAM L. MANION, M.D.  
Assistant Medical Examiner



DANTE A. RAGASA, M.D.  
County Medical Examiner

03020675 .AUT  
GILBRIDGE, JOHN

P.M.: 03-02-0675

DATE: 09-27-02

NAME: JOHN GILBRIDGE                      AGE: 34 SEX: MALE RACE: CAUCASIAN  
DATE OF BIRTH: 05-05-1968  
OCCUPATION: U.S. AIRWAYS WORKER  
ADDRESS: 304 RYANS RUN WEST, MAPLE SHADE, NJ 08052  
SOCIAL SECURITY NO: [REDACTED]

INJURY: HE WAS SHOT AT 301 RYANS RUN WEST, MAPLE SHADE, NJ. HE WAS SHOT WHILE HE WAS SITTING IN HIS CAR. APPARENTLY HE WAS PULLING INTO THE PARKING SPACE. HE WAS SHOT FROM THE DRIVERS SIDE WINDOW. HE WAS SHOT ABOUT 12:04 A.M. ON 09/27/02. NEIGHBORS HEARD GUNSHOTS AND CALLED POLICE.

PRONOUNCED DEAD: 09-27-02 HOUR: 0605  
DATE OF AUTOPSY: 09-27-02 HOUR: 0930

FORENSIC PATHOLOGIST CERTIFIED: DAKSHA R. SHAH, M.D.

**SUMMARY OF CASE HISTORY**

This 34-year-old white male was shot through the drivers side window. The scene exam showed shattered drivers window and the decedent was leaning against the drivers door. He was wearing a seatbelt. The neighbor heard and apparently called the police. Upon arrival of police the decedent was found sitting on the drivers side, engine was still running, headlights were on and the foot was still on the brake. The decedent was involved in a custody dispute with Alberta Africa from Philadelphia, PA. The body was moved to the ME's office for further examination. X-rays were taken. He was pronounced dead in the morgue by Dr. Shah 09/27/02 at 0605.

PLACE OF AUTOPSY: MEMORIAL HOSPITAL OF BURLINGTON COUNTY

**WITNESSES PRESENT AT AUTOPSY:**

1. Det. Bill McDowell, Burlington County Prosecutors Office
2. Det. D. Ryan, Maple Shade Police Department
3. Larry Jackson , Diener
4. Bill Sofin, Medical Investigator

**EXTERNAL EXAMINATION:**

This is the body of a completely clothed white man whose height is 77", weight 166 lbs. His eyes are brown. He has his own teeth. He is unshaven. Nails pale. He is completely clothed including sneakers, socks, blue pants with belt, soaked with blood in the back, blue sweatshirt with U.S. Airways written on it with multiple holes in the left upper arm sleeve, left anterior chest, right anterior chest area, and left axillary area. He was also wearing white and blue striped short sleeved shirt which shows multiple holes on the left shoulder, left anterior chest area, right anterior chest area, and the pocket. There was a diary in the right pocket which shattered and was covered with blood on the left lower corner. There was a hole in back pocket with hole in small pocket diary with exit wound in front of the diary which was sticking out.

Photographs were taken.

X-rays were taken and showed three bullets inside the body, one in the head and two in the chest cavity on the right side.

He is wearing an undershirt soaked with blood and showing multiple holes in the left upper arm, left anterior chest and right anterior chest and axillary area on the left side. He is also wearing boxer shorts which are soaked with blood in the back.

Photographs of all clothing were taken and the clothing was given to Detective McDowell.

Gunshot wound on the left side of the face . This measures 1.5 X 1.4 cm located 2.5 cm from the midline. Another irregular wound was below that, measuring 2.4 cm X 1.5 cm and small fragments of bullet were lodged inside that. Multiple tiny markings also noted on the left side of the face measuring .1 to .2 mm in size. Photographs were taken. This is in the area about 3 cm around the gunshot wound on the left side of the face. The gunshot wound on the left side of the face is located 7.5" from the top of the head. He is bleeding from the nose and bleeding from the mouth. His nose is also fractured. Gunshot wound of the left side of the face. This gunshot wound of the face passed through the skin, subcutaneous tissue, passed through the facial skull bone anteriorly, fracturing the nose, passing through cranial cavity, brain tissue, left side base of the brain, exiting from brain and lodged in the posterior cranial fossa, in the midline in occipital bone. The bullet was given to the Detective.

No. 2 gunshot wound in left upper arm. Another gunshot wound is noted in the left upper arm measuring 1 cm X 1 cm. This gunshot wound in the left upper arm is in the left shoulder, in the deltoid muscle, measuring 1 cm X 1 cm located 14" from the top of the head and this gunshot wound track passed through the skin, subcutaneous tissue to the soft tissue in the anterior chest area and the bullet was lodged on the right side of the anterior chest beneath the skin in the soft tissue, 1.5 cm from the nipple on the lateral side anterior chest, and it is a 9 mm bullet measuring 1.2 X 1 cm. This was given to the Detective.

No. 3 gun shot wound of left upper arm. This measures again 1 cm X 1 cm located 16" from the top of the head and 2" below the left shoulder. This gunshot wound track passed through skin, subcutaneous tissue, soft tissue of the left upper arm fracturing the left upper arm, exiting from the left axilla passing through the soft tissue anterior chest, also passing through the rib cage on the left anterior chest, making a hole through the third intercostal space and passing through the muscles causing contusions in the left upper lobe and hemothorax and bullet passed through the soft tissue of the anterior chest and lodged in right side of the chest under the skin about 2.5 cm from the medial side of nipple. Bullet measures 1.5 X 1 cm and was given to the Detective. This gunshot wound is left to right slightly oblique downward.

No. 4 another gunshot wound left subclavian area with bullet striking skin making two superficial abrasion areas and making atypical entry, two exit wounds above the nipple and not penetrating into the body and passing through back pocket of the shirt and passing through diary and exiting. This bullet was found at the scene in the car and was collected by detective.

#### **INTERNAL EXAMINATION:**

#### **BODY CAVITIES:**

The body is opened with the usual Y incision. There are extensive hemorrhages in the right and left anterior chest due to gunshot wound also causing a hole in the third intercostal space in the left anterior chest. There is also excessive hemorrhages and injury in the left upper arm and the shoulder area with fracturing of left femur also disrupting the soft tissue in the left axilla with massive hemorrhages in the soft tissue and the right anterior chest area. Two bullets were found in the right anterior chest, one was found 1.5 cm from the right nipple and another one found 2.5 cm from the right nipple. There is also hemothorax on the right and left side measuring 200 cc and 100 cc blood in the left and right chest cavities.

#### **NECK ORGANS:**

The neck appears unremarkable. Trachea and larynx is unremarkable. Hyoid bone is intact.



**HEART AND THORACIC ORGANS:**

The heart weighs 350 gms. The heart is contracted and appears unremarkable. Right atrium, right ventricle, left atrium, left ventricle are unremarkable. Mitral, tricuspid, aortic, and pulmonary valves unremarkable. Coronary arteries appear unremarkable. There is no blood in the heart. The blood was collected from the thoracic cavity for toxicology examination.

**LUNGS:**

The right and left lung shows contusion in the upper lobes anterior surfaces. Representative sections submitted. The right and left lungs weight 440 and 510 grams respectively. Left lung shows more contusions in the left upper lobe. The bronchi are filled with blood. Resection of pulmonary cysts shows no thromboemboli. Representative sections of lung submitted. Gunshot wound of the left upper arm, both gunshot wounds passed through skin, soft tissue hitting the rib cage, one passed through the third intercostal space, another one just hitting the rib cage and passing through the soft tissue and lodged in the soft tissue in the right anterior chest area. The other one passes through the third intercostal space, hitting the soft tissue in the right anterior chest and bullet was lodged in the right anterior chest beneath the skin area. The wound in the right anterior chest appeared like atypical gunshot wound entrance from the anterior chest.

**LIVER:**

The liver weighs 1500 grams. Cut of liver shows reddish/ brown surface.

**BILIARY TRACT**

The gallbladder is empty.

**PANCREAS:**

The pancreas is unremarkable.

**GASTROINTESTINAL TRACT:**

The stomach contains brownish fluid which was sent for toxicological examination. The small and large intestine appear unremarkable.

**ADRENALS:**

The adrenal glands are unremarkable.

**KIDNEYS:**

The right kidney weighs 200 grams and left kidney 150 grams. Both kidneys are shocked kidneys. The calices and pelvis appears unremarkable.

**CRANIAL CAVITY:**

The reflected scalp shows extensive hemorrhages and hemorrhages in the posterior and middle cranial fossa. The gunshot wound tract passes through the posterior cranial fossa in front of the medulla oblongata, causing extensive injuries in the cerebellum and left lobe of the occipital area. The bullet passed through the brain tissue causing extensive injuries to the brain tissue and hemorrhages. Bullet was lodged in the left posterior occipital bone which was given to the Detective. This bullet was in the midline and measuring 1.2 X 1.2 cm. Bullet was irregular in shape. There is also fracture of the middle cranial fossa. The brain weighs 1450 grams and is covered with blood in the left base of the brain area and causing massive intracranial injuries. The pituitary gland is unremarkable. The pineal gland is not identified. Ventricular fluid is blood stained.

Photographs taken during the autopsy  
Copy of death certificate attached  
Three bullets were given to the Detectives  
Clothing given to the Detectives

**DIAGNOSES ESTABLISHED BY GROSS ANATOMICAL FINDINGS**

This is the body of a middle aged white male with multiple gunshot wounds. Gunshot wound left upper arm passing through the left anterior chest, bullet lodged in the right anterior chest given to the Detective. Gunshot wound left upper arm passing through the axilla, soft tissue of the left anterior chest entering and making the atypical gunshot wound that enters in the left anterior chest and bullet was found on the medial side of the right anterior chest and given to the Detective. Gunshot wound of the left side of the face with atypical gunshot wound below that. This gunshot wound passing through the left side of the face, fracturing the nose passing through the posterior cranial fossa causing massive intracranial injuries, passing through the cerebellum and rupturing the left cerebellum and left occipital lobe and bullet lodged in the posterior occipital area in the midline and was given to the Detective. This caused massive intracranial injuries and hemorrhages.

**CAUSE OF DEATH: GUNSHOT WOUND OF THE HEAD**

**MANNER OF DEATH: HOMICIDE**



\_\_\_\_\_  
DAKSHA R. SHAH, M.D.  
MEDICAL EXAMINER

corrected 10/17

NAME John Gilbridge

CASE IDENTIFICATION NUMBER			
County	Year	Seq.	Number
03	02	0675	

at smelt  
bullet  
in  
C. S. W. 100  
C. S. W. 100  
C. S. W. 100

250 R side  
face  
passing through



skin  
subcut.  
facial bone  
fracture  
nose  
post cranial fossa  
brain tissue  
post occipital  
dome  
large bullet  
fragment  
glove  
detection

This wound  
front to back  
slightly Lt to Rt.  
causing trauma  
undamaged in series  
Cerebellum  
2 Lt occipital  
Lobe injuries

Admission of  
Large hole in post cranial fossa on b-side  
Minor fracture middle cranial fossa  
Bullet in post occipital area.

shattering glarry mallew  
wires drawn in  
blood stain in  
lower quadrant  
This bullet  
R to Lt to Rt  
path. minor wound -  
internal organs -  
penetrating deep  
on  
attestations  
ant

undamaged  
ant exit  
Atrial and vent. 2 ex. transverse  
undamaged

C.S.W. 100  
16 1/2 inch long  
head  
100  
C.S.W. 100  
9 mm. bullet  
Copper core  
Collected further  
Latent line on nipple  
C.S.W. 100  
5 mm bullet removed  
medial side of nipple (R)  
1.26 x 1.0  
Chloro  
Two bullets R to yr  
Collected at yr  
Chit: around a typical  
5.50 R to ant chest  
bullet  
ant exit  
Atrial and vent. 2 ex. transverse  
undamaged

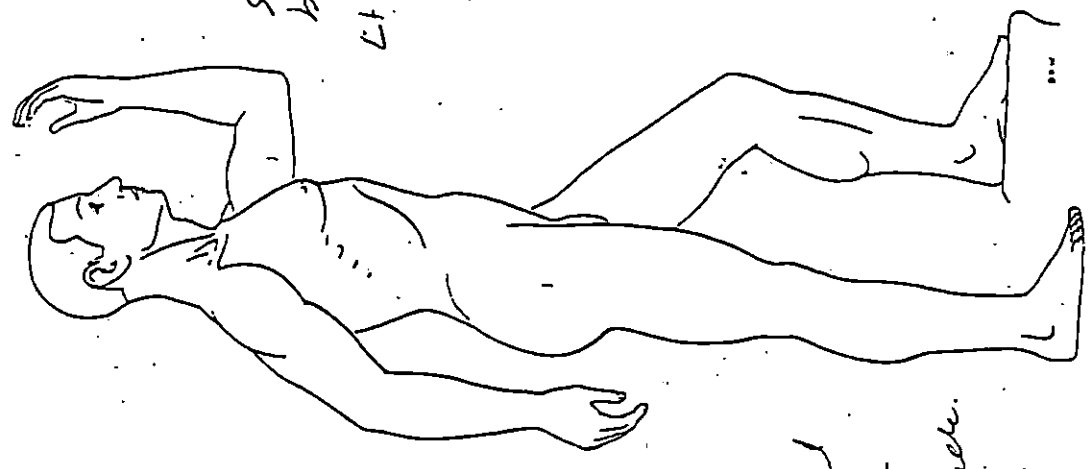
CASE IDENTIFICATION NUMBER

County Year Seq. Number

03 02 0675

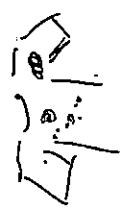
NAME John A. Ilbridge

Smeared blood Lt sneakers.



Clothing

T shirt Soaked & blood



Soaked & blood (shirt)



Underwear Soaked & blood

Pant Soaked & blood

pocket. buckle.

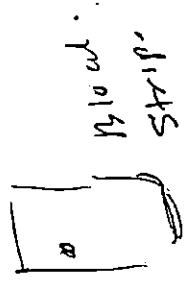
Blue sweatshirt

7 spots Soaked & blood



pocket.

pocket diary. Stained & blood in front. pocket of shirt.

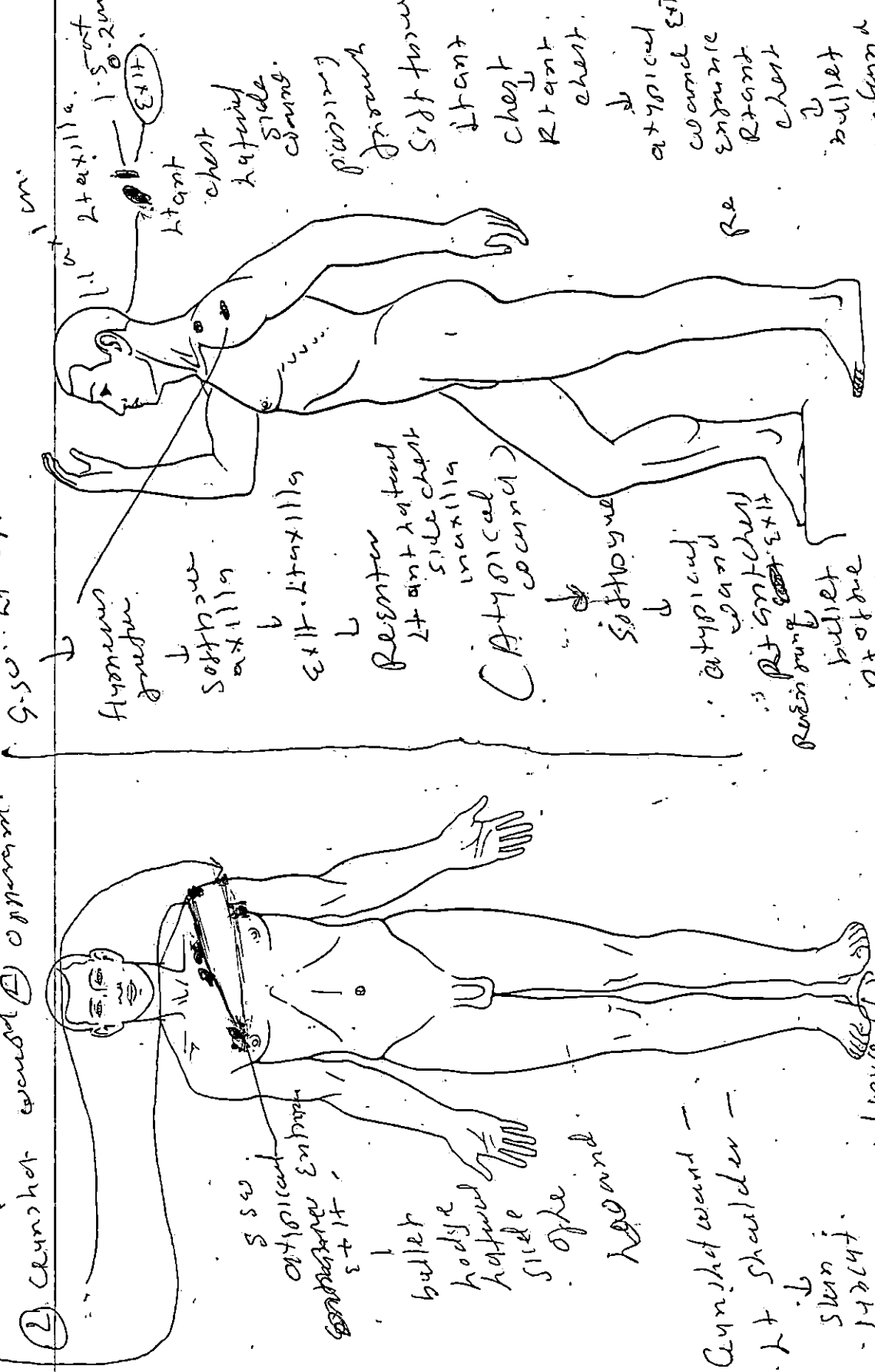


blood. strip.

① Cervical wounds ② upper cervical vertebrae fracture  
 Sottstrom inner Lt ant chest - ① & ② hemibones -  
 bullet in the Rt ant chest -  
 direct Lt to Rt oblique down wards.

NAME John Gill bridge

CASE IDENTIFICATION NUMBER		
County	Year	Seq. Number
03	02	0675



② Cervical wound ③ upper arm  
 bullet in the Rt ant chest -  
 direct Lt to Rt oblique down wards.  
 3rd intercostal space  
 soft tissue Rt ant chest.  
 Bullet soft tissue on 1.5 cm on medial side.  
 nipple.  
 2.5 cm nipple.  
 in Rt ant chest

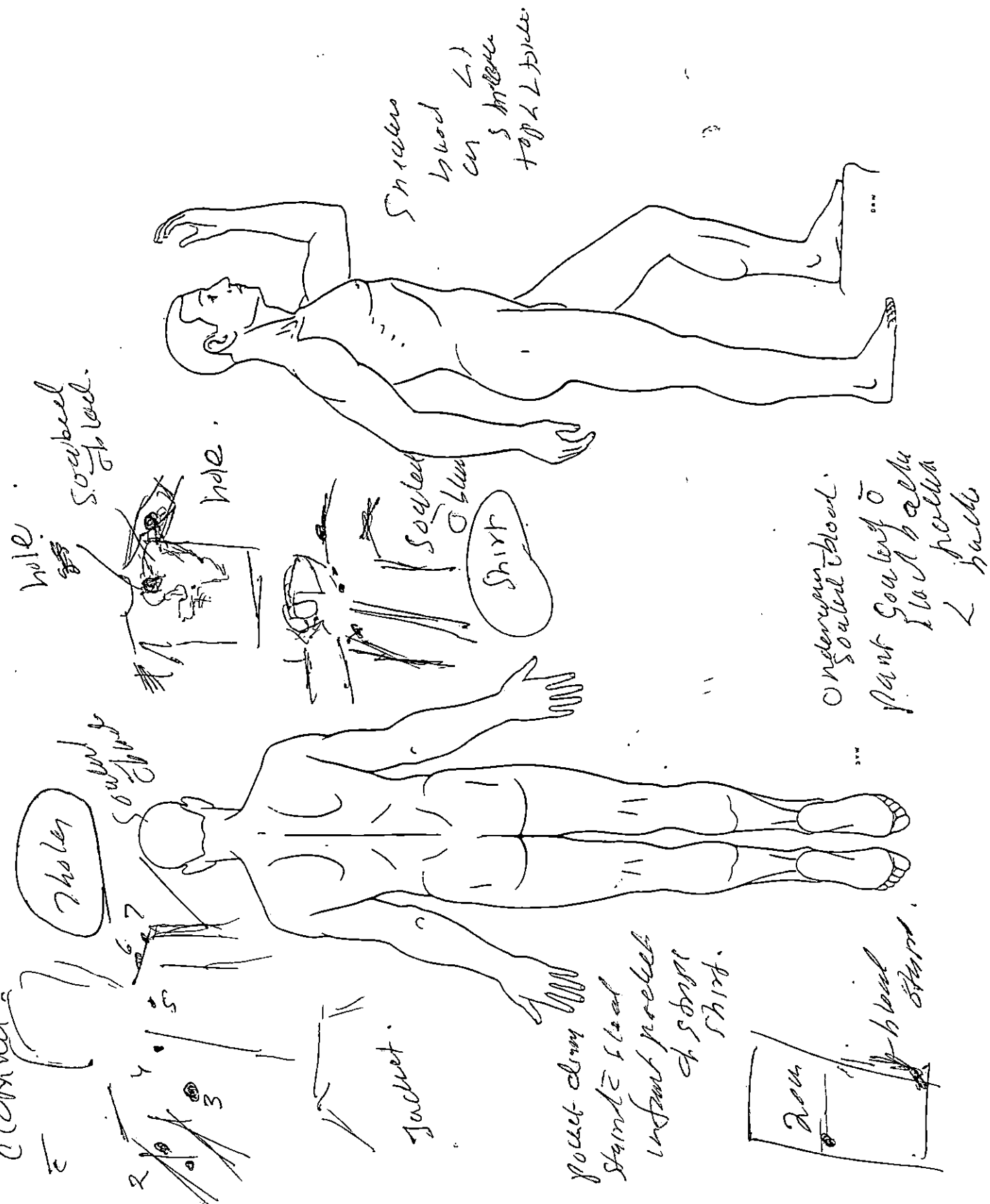
NAME John Calbridge

CASE IDENTIFICATION NUMBER		
County	Year	Seq. Number
03	02	0672

clothing

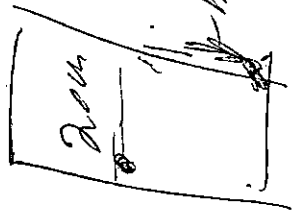
Blue sweatshirt

clothing



Sweatshirt

hose  
pocket-drum  
stand & local  
infant pocket  
of sweat  
shirt.



hose

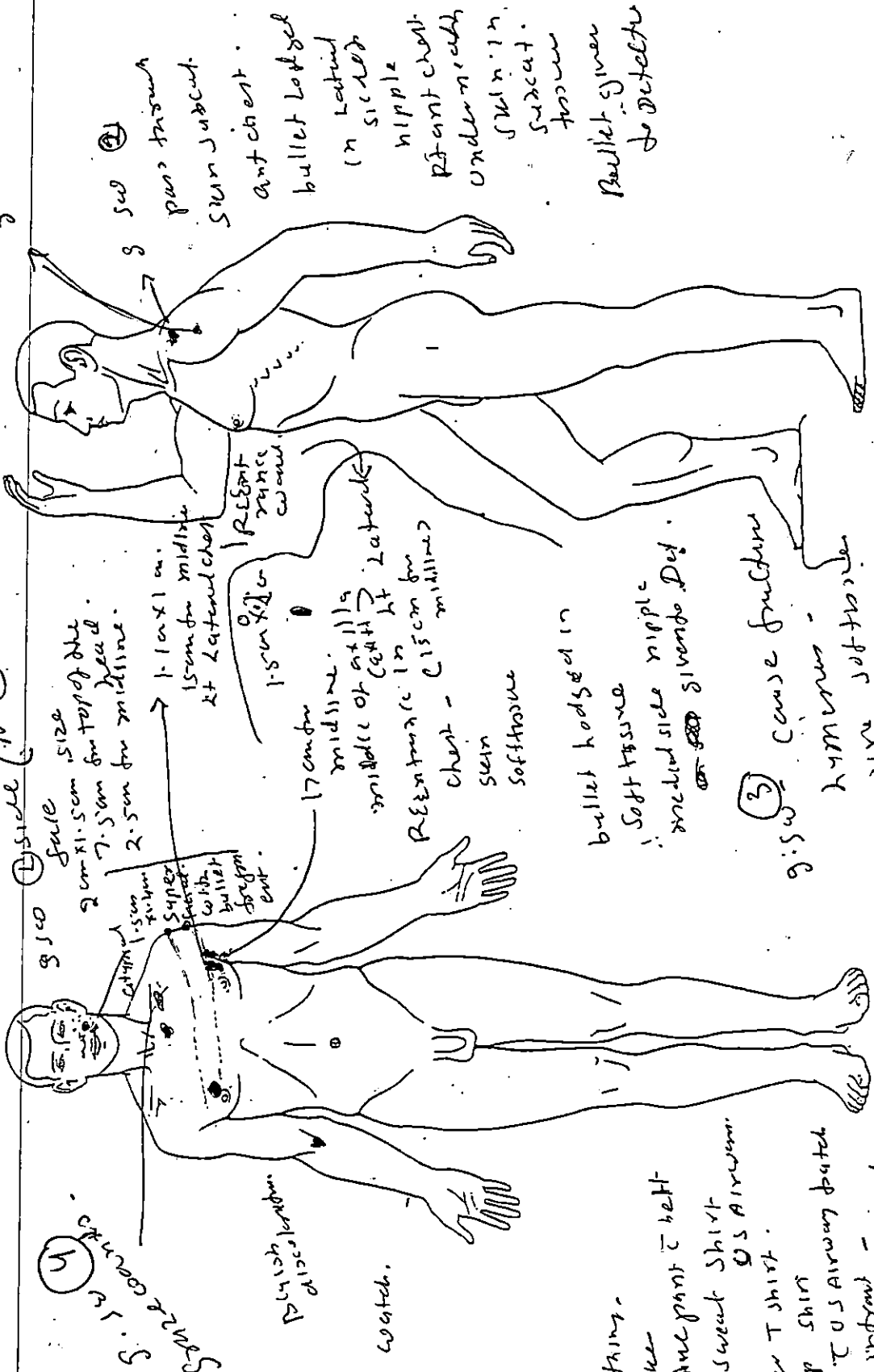
Underwear  
Sweatshirt  
Pant  
Sweatshirt  
Hole  
Pants  
& pants

CASE IDENTIFICATION NUMBER

County	Year	Seq. Number
03	02	0675

NAME John Gilbridge

(3) 8.5.53



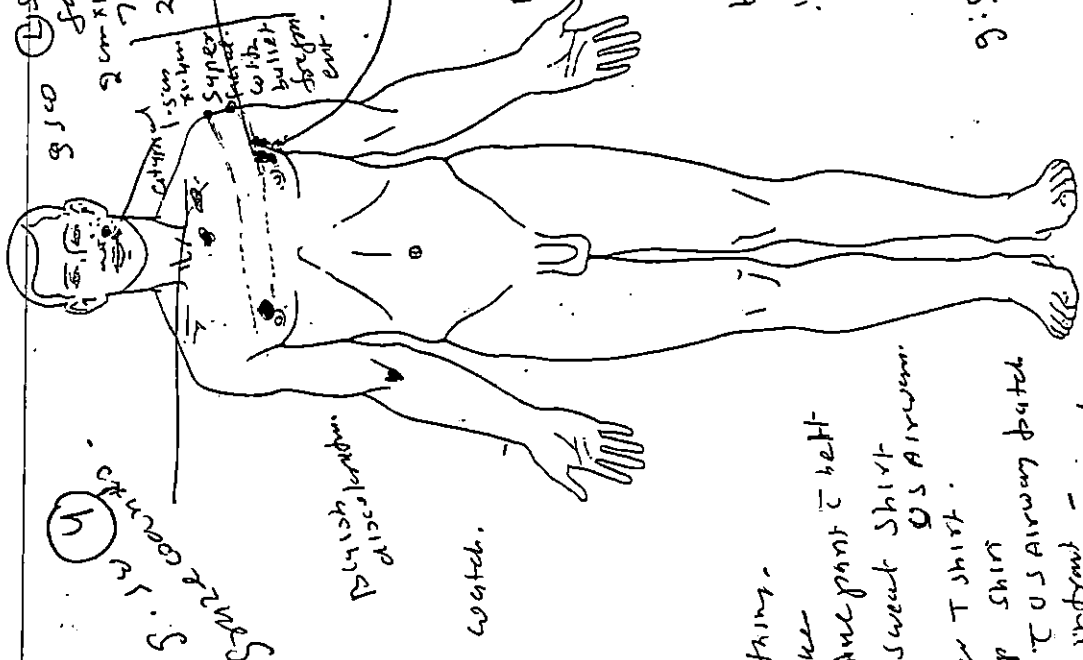
bullet lodged in left chest  
 1.5cm for nipple  
 1.5cm for midline  
 2.5cm for chest  
 1.5cm for stern  
 1.5cm for soft tissue

bullet lodged in soft tissue  
 1.5cm for nipple  
 1.5cm for midline  
 2.5cm for chest  
 1.5cm for stern  
 1.5cm for soft tissue

bullet - 5mm diameter  
 do not detect

bullet lodged in soft tissue  
 1.5cm for nipple  
 1.5cm for midline  
 2.5cm for chest  
 1.5cm for stern  
 1.5cm for soft tissue

(4) 1.1.53



bullet lodged in soft tissue  
 1.5cm for nipple  
 1.5cm for midline  
 2.5cm for chest  
 1.5cm for stern  
 1.5cm for soft tissue

bullet lodged in soft tissue  
 1.5cm for nipple  
 1.5cm for midline  
 2.5cm for chest  
 1.5cm for stern  
 1.5cm for soft tissue

bullet - 5mm diameter  
 do not detect

bullet lodged in soft tissue  
 1.5cm for nipple  
 1.5cm for midline  
 2.5cm for chest  
 1.5cm for stern  
 1.5cm for soft tissue

(4) 1.1.53

Clothing -  
 Sneaker  
 Blue jeans - belt  
 Blue sweat shirt  
 US Army  
 Under T shirt  
 Strip shirt  
 T US Army patch  
 Underwear -  
 soaked & bloodied in front.

bullet - 5mm diameter  
 do not detect



CASE IDENTIFICATION NUMBER

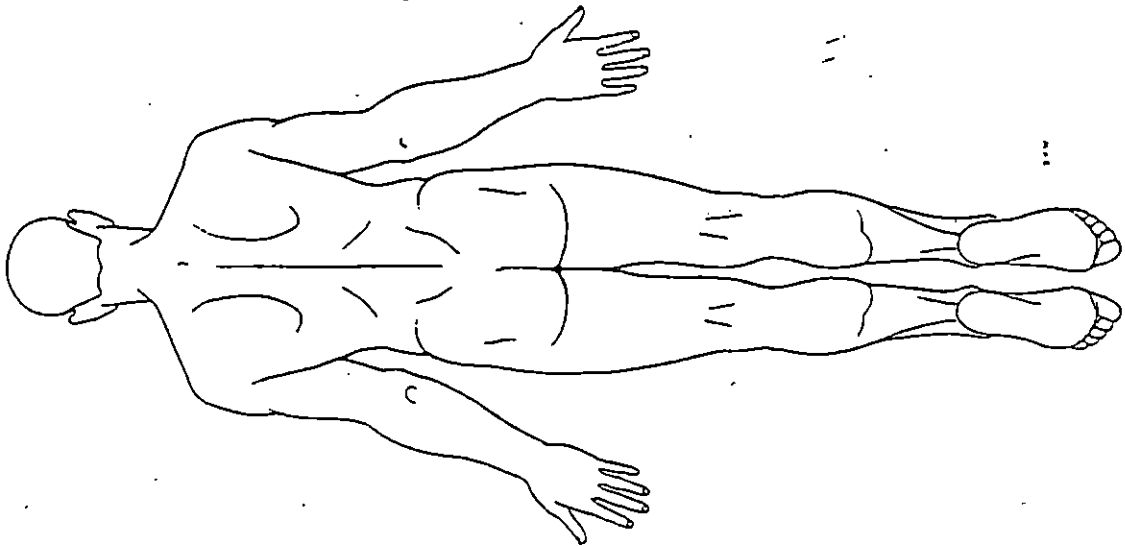
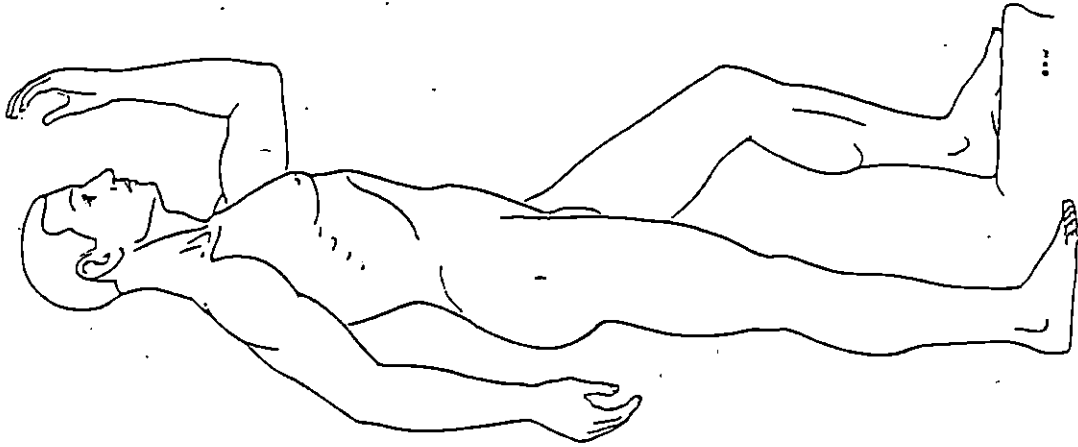
County

Year Seq. Number

--

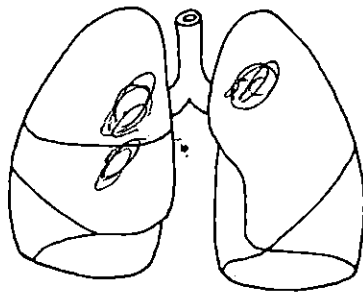
--	--	--	--	--

NAME \_\_\_\_\_



CASE NO. 830200675 NAME John GILBRIDGE

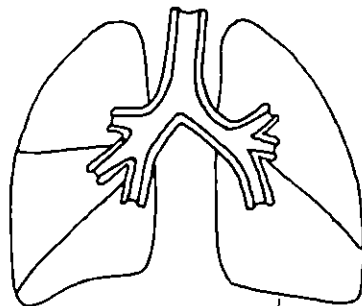
**RESPIRATORY SYSTEM**



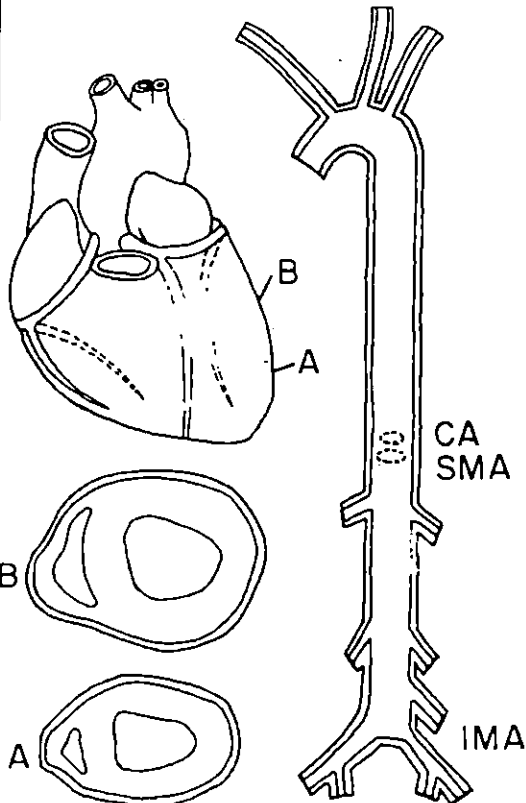
*Contusion  
Rt & Lt Lungs.*

*Bilateral Hemoptysis.*

R L



**CARDIOVASCULAR SYSTEM**

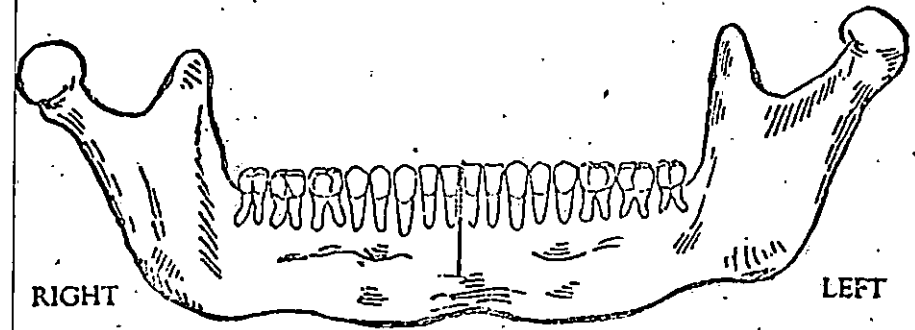
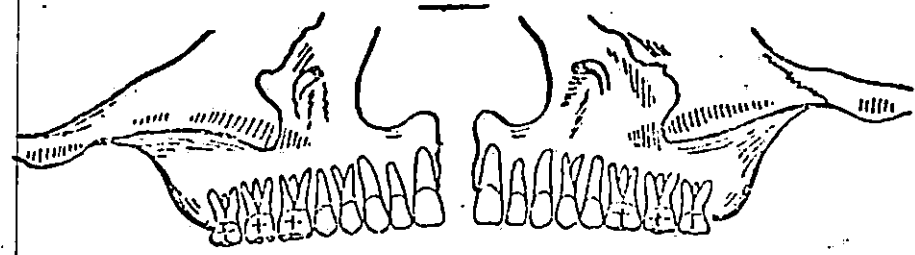


Corrected  
1017/02

11030200675

John Albridge.

3

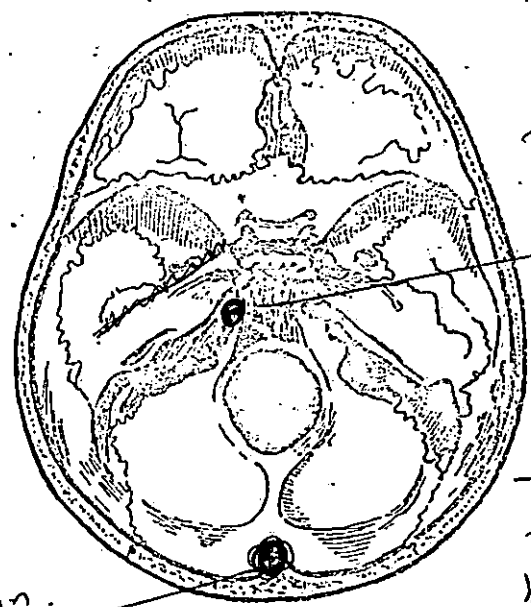
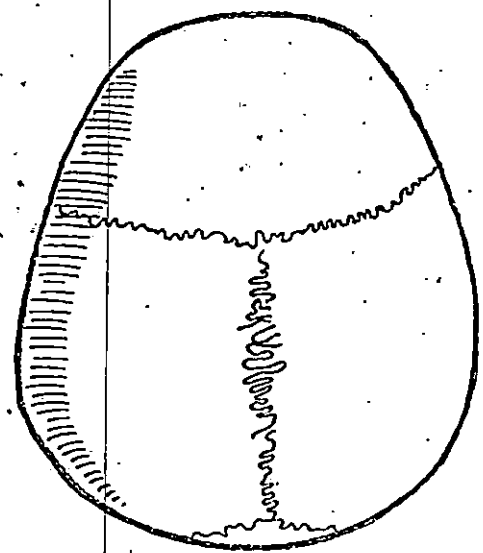


RIGHT

LEFT

SKULL

Bullet  
1.2 cm x 3 cm

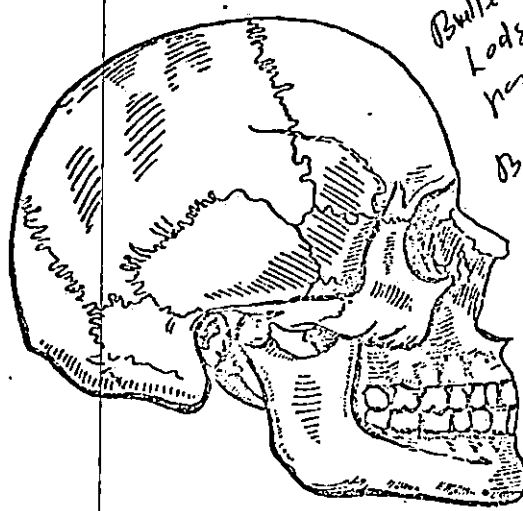


fracture  
Lt middle  
commissure

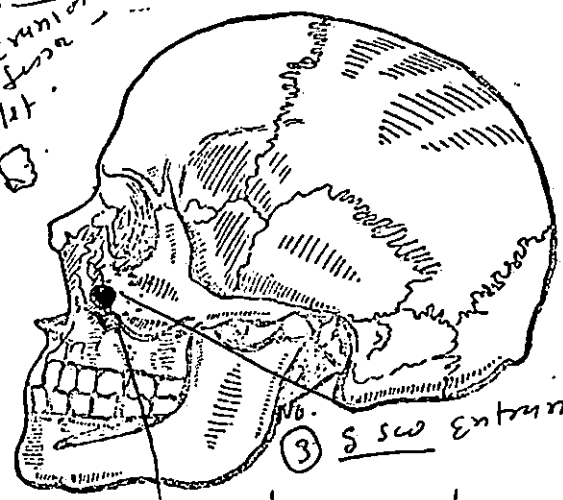
5 cm  
Ent. in  
Cerebellum  
(L) postcrucial  
fossa  
pass through  
Cerebellum &  
post occipital  
hole

fracture  
nose  
bleeding  
nose  
anatomy

Bullet  
lodged in  
postcrucial  
fossa  
Bullet



RIGHT



(3) 5 cm entrance Lt side  
face (3)

Atypical  
wound superficial  
& bullet fragment  
sinus Delecture.

LEFT

REG-18  
AUG 99

New Jersey Department of Health and Senior Services  
**CERTIFICATE OF DEATH**

STATE USE ONLY

1. NAME OF DECEASED (First) (Middle) (Last)						STATE USE ONLY	
2. DATE OF DEATH	3. SEX	4. DATE OF BIRTH	5a. AGE - Last Birth day (yrs.)	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 YEAR Hours Minutes		
6. SOCIAL SEC. NO.	7a. PLACE OF DEATH HOSPITAL <input type="checkbox"/> INPATIENT <input type="checkbox"/> ER/OUTPATIENT <input checked="" type="checkbox"/> DOA		OTHER: <input type="checkbox"/> NURSING HOME <input type="checkbox"/> RESIDENCE <input type="checkbox"/> OTHER (Specify)				
7b. FACILITY NAME (If not institution, give street and no.) <i>Vietna MAGE</i>			7c. CITY/TOWN OR LOCATION <i>MT. HOLLY</i>		7d. COUNTY <i>Burlington</i>		
8a. RESIDENCE (State)	8b. COUNTY	8c. CITY OR TOWN	8d. STREET AND NUMBER		8e. INSIDE CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO	8f. ZIP CODE	
9. BIRTHPLACE (City & State, or Foreign Country)		10a. DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO	10b. IF YES, WAR DATES (From/To):		11. MARITAL STATUS <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED		
12. SURVIVING SPOUSE (If Wife, Maiden Name)		13. USUAL OCCUPATION (Kind of work done most of life, or if retired)			14. KIND OF BUSINESS OR INDUSTRY		
15. NAME AND ADDRESS OF LAST EMPLOYER							
16. RACE 1 <input type="checkbox"/> WHITE 2 <input type="checkbox"/> BLACK		3 <input type="checkbox"/> AMER. INDIAN 4 <input type="checkbox"/> OTHER (Specify):		17. OF HISPANIC ORIGIN? <input type="checkbox"/> YES <input type="checkbox"/> NO 1 <input type="checkbox"/> MEXICAN 3 <input type="checkbox"/> CUBAN 5 <input type="checkbox"/> OTHER (Specify):		2 <input type="checkbox"/> PUERTO RICAN 4 <input type="checkbox"/> CENT./SO. AMERICA	
18. DECEDENT'S EDUCATION Highest Grade Completed							
19. NAME OF FATHER (First) (Middle) (Last)				20. MAIDEN NAME OF MOTHER (First) (Middle) (Last)			
21a. NAME OF INFORMANT			21b. RELATIONSHIP		22a. DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> ENTOMBMENT <input type="checkbox"/> OTHER (Specify):		
22b. NAME OF CEMETERY OR CREMATORY			22c. CITY OR TOWN		22d. STATE		
23a. NAME AND ADDRESS OF FUNERAL HOME							
23b. SIGNATURE OF FUNERAL DIRECTOR			23c. N.J. LICENSE NO.		24a. SIGNATURE OF LOCAL REGISTRAR		24b. DATE RECEIVED
25a. TIME OF DEATH <i>UNKNOWN</i> M		25b. DATE AND HOUR PRONOUNCED DEAD DATE: <i>9-27-02</i> HOUR: <i>6:05</i> AM		25c. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT TIME, DATE, AND PLACE INDICATED.			25d. DATE SIGNED
Complete items 25c-d only when certifying physician is not available at time of death to certify cause of death.							
26. PART I: IMMEDIATE CAUSE (Final disease or condition resulting in death). Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.		IMMEDIATE CAUSE (Enter the diseases, injuries or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.) a. <i>Gun shot wound</i> DUE TO OR AS A CONSEQUENCE OF: b. <i>of the head</i> DUE TO OR AS A CONSEQUENCE OF: c. DUE TO OR AS A CONSEQUENCE OF: d.				INTERVAL BETWEEN ONSET AND DEATH	
PART II: Other significant conditions - contributing to death but not related to underlying cause in PART I							
27. IF FEMALE, WAS SHE PREGNANT AT DEATH; OR ANY TIME 90 DAYS PRIOR TO DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO						28. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
29. DEATH DUE TO: <input type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE		30a. DATE OF INJURY <i>9-27-02</i>		30b. TIME OF INJURY <i>12:04 AM</i>		30c. INJURY AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO	
30d. DESCRIBE HOW INJURY OCCURRED <i>He was shot 2 side face 2 upper arm</i>		30e. PLACE <input type="checkbox"/> HOME <input type="checkbox"/> OFFICE BUILDING <input checked="" type="checkbox"/> OTHER (Specify): <i>PARKING LOT</i>		30f. FARM <input type="checkbox"/> FARM <input type="checkbox"/> FACTORY			
30f. LOCATION OF INJURY (Number and Street) <i>301 Ryan Run West</i>				30g. CITY AND COUNTY <i>Maple Shade Burlington</i>		30h. STATE <i>N.J.</i>	
31a. NAME AND ADDRESS OF CERTIFIER <i>D. Shea MD 15 Pioneer Blvd Westampton NJ 08060</i>						31b. <input type="checkbox"/> CERTIFYING PHYSICIAN <input checked="" type="checkbox"/> MEDICAL EXAMINER <input type="checkbox"/> PRONOUNCER AND CERTIFIER	
31d. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED DUE TO CAUSES LISTED ABOVE.						31c. DATE SIGNED <i>9-27-02</i>	
SIGNATURE OF CERTIFIER <i>D. Shea MD</i>							

Items 1 and 2 to be typed by Funeral Director

To be printed by Physician

TIME OF DEATH  
*6:05 AM*

DATE OF DEATH  
*9-27-02*

PHYSICIAN - Please Print:  
NAME OF DECEDENT AS KNOWN BY ATTENDING PHYSICIAN  
*JOHN J Gilbodge*

STATE USE ONLY

IND/OCC

CAUSE

PLACE OF ACC.

CROSS CLASS.

H4797

INSTRUCTIONS

- (1) Print or type. Print with black ball point pen only
- (2) Insert "Month - Day - Year" in order for all entries requiring a date.
- (3) Instructions for Physicians  
All medical items are important and must be answered if applicable. Special attention should be given to the yellow-shaded areas. State law requires that the physician sign the death certificate within 24 hours.

DISTRIBUTION: ORIGINAL - New Jersey Department of Health & Senior Services  
DUPLICATE - Permanent Local Copy  
TRIPPLICATE (PINK) - Resident Copy

John Gilbride

CASE NUMBER: 03-02-675 TIME: \_\_\_\_\_

BURLINGTON COUNTY MEDICAL EXAMINER'S OFFICE

MEMORIAL HOSPITAL OF BURLINGTON COUNTY

TIME OF AUTOPSY: \_\_\_\_\_ VIEW: \_\_\_\_\_

DIENER: LARRY

PRESENT: Sofin, Det McDowell, Pros office, Det Ryan Maplestone

HEIGHT: 77"

WEIGHT: 166

HEART: 350

LEFT LUNG: 510

RIGHT LUNG: 440

PANCREAS: \_\_\_\_\_

SPLEEN: 180

LIVER: 1500

RIGHT KIDNEY: 200

LEFT KIDNEY: 150

BRAIN: 1450

OTHER INFORMATION:

MEDICAL EXAMINER: SHAH

DET. BILL MCBOWEN, BCPD  
DET. D. RYAN MAPLE-SHABO  
LARRY JACKSON  
BILL SOFIN.

John Lailbridge.

CASE NUMBER: 030200677 TIME: 9 30 AM

BURLINGTON COUNTY MEDICAL EXAMINER'S OFFICE

MEMORIAL HOSPITAL OF BURLINGTON COUNTY

TIME OF AUTOPSY: 9 30 AM VIEW: \_\_\_\_\_

DIENER: \_\_\_\_\_

PRESENT: \_\_\_\_\_

HEIGHT: \_\_\_\_\_

WEIGHT: \_\_\_\_\_

HEART: \_\_\_\_\_

LEFT LUNG: \_\_\_\_\_

RIGHT LUNG: \_\_\_\_\_

PANCREAS: \_\_\_\_\_

SPLEEN: \_\_\_\_\_

LIVER: \_\_\_\_\_

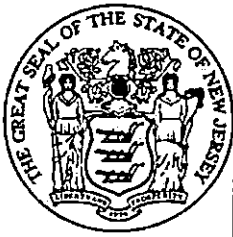
RIGHT KIDNEY: \_\_\_\_\_

LEFT KIDNEY: \_\_\_\_\_

BRAIN: \_\_\_\_\_

OTHER INFORMATION:

MEDICAL EXAMINER: J. Lailbridge



# State Toxicology Laboratory

## Submission Form

Case Identification Number

County

Year

Seq. Number

03

020675

**Toxicology Lab  
Receipt Label Here**

**Identification of Decedent  
Name**

JOHN J GIBBRIDGE

**Death Classification - Check all applicable known or suspected:**

- Homicide
- Suicide
- Drug Related
- Vehicular Fatality (Please circle one: Driver, Passenger or Pedestrian)
- Other - Accidental
- Fire (Smoke or Explosion)
- Natural Disease
- Other \_\_\_\_\_

*10/11/02  
Called Janice  
NJ Tox Lab  
Requested  
that they  
store the  
blood.  
CJM*

**Scene or Case Information:**

Was the decedent on prescription medication? If Yes, please list medications below:

Were any Illegal Substances Found at the Scene? If Yes, please list the substances found below:

Drug paraphernalia:

Delayed death following trauma: \_\_\_\_\_ duration.

**Specimens for Analysis:**

- |   |  |  |                                |
|---|--|--|--------------------------------|
| <input checked="" type="checkbox"/> Blood             | <input checked="" type="checkbox"/> Stomach Contents | <input checked="" type="checkbox"/> Spleen | <input type="checkbox"/> _____ |
| <input checked="" type="checkbox"/> Urine             | <input type="checkbox"/> CSF                         | <input checked="" type="checkbox"/> Kidney | <input type="checkbox"/> _____ |
| <input checked="" type="checkbox"/> Bile              | <input checked="" type="checkbox"/> Liver            | <input type="checkbox"/> Nasal Swab        | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Vitreous                     | <input checked="" type="checkbox"/> Brain            | <input type="checkbox"/> Gingival Swab     | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Premortem Urine dated: _____ |  |  |                                |
| <input type="checkbox"/> Premortem Blood dated: _____ |  |  |                                |

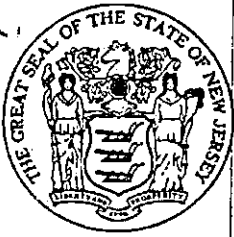
**Non Toxicological Specimens/Evidence or Drugs for Short Term Storage Only:**

**Analysis Requested:**

- Single Screen (For commonly used drugs of abuse)
- Double Screen (Includes Single Screen + additional testing)
- Carbon Monoxide
- Alcohol + other Volatiles
- Other \_\_\_\_\_

**Pathology Case  
Label Here**

Remarks \_\_\_\_\_ Delivered by: \_\_\_\_\_ Date: \_\_\_\_\_



# State Toxicology Laboratory Submission Form

Case Identification Number

County	Year	Seq. Number
03	92	0675

12:09 PM MON., 30 SEPT, 2002  
 Lab number : 02-2545  
 County # : 03-02-0675  
 Received by: *[Signature]*

### Identification of Decedent Name

JOHN J. BRIDGEMAN

### Death Classification - Check all applicable known or suspected:

- Homicide
- Suicide
- Drug Related
- Vehicular Fatality (Please circle one: Driver, Passenger or Pedestrian)
- Other - Accidental
- Fire (Smoke or Explosion)
- Natural Disease
- Other \_\_\_\_\_

### Scene or Case Information:

Was the decedent on prescription medication? If Yes, please list medications below:

Were any Illegal Substances Found at the Scene? If Yes, please list the substances found below:

Drug paraphernalia: \_\_\_\_\_

Delayed death following trauma: \_\_\_\_\_ duration.

### Specimens for Analysis:

- |   |  |  |                                |
|---|--|--|--------------------------------|
| <input checked="" type="checkbox"/> Blood (2)         | <input checked="" type="checkbox"/> Stomach Contents | <input checked="" type="checkbox"/> Spleen | <input type="checkbox"/> _____ |
| <input checked="" type="checkbox"/> Urine             | <input type="checkbox"/> CSF                         | <input checked="" type="checkbox"/> Kidney | <input type="checkbox"/> _____ |
| <input checked="" type="checkbox"/> Bile              | <input checked="" type="checkbox"/> Liver            | <input type="checkbox"/> Nasal Swab        | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Vitreous                     | <input checked="" type="checkbox"/> Brain            | <input type="checkbox"/> Gingival Swab     | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Premortem Urine dated: _____ |  |  |                                |
| <input type="checkbox"/> Premortem Blood dated: _____ |  |  |                                |

### Non Toxicological Specimens/Evidence or Drugs for Short Term Storage Only:

\_\_\_\_\_

### Analysis Requested:

- Single Screen (For commonly used drugs of abuse)
- Double Screen (Includes Single Screen + additional testing)
- Carbon Monoxide
- Alcohol + other Volatiles
- Other \_\_\_\_\_

**Pathology Case  
Label Here**

Remarks \_\_\_\_\_

Delivered by: *[Signature]* Date: 9/30/02



Handwritten text, possibly a signature or date, located in the bottom right corner of the page.



OFFICE OF THE  
BURLINGTON COUNTY MEDICAL EXAMINER

Raphael Meadow Health Center  
15 Pioneer Boulevard  
P.O. Box 6000  
Westampton, N.J. 08060  
(609) 702-7030  
Fax - (609) 265-5989

Robert Segal, M.D.  
Assistant Medical Examiner

Daksha Shah, M.D.  
Assistant Medical Examiner

William Huber  
Medical Investigator



DANTE A. RAGASA, M.D.  
Chief Medical Examiner

MEDICAL EXAMINERS REQUEST FOR X-RAYS

NAME JOHN T GILBRIDE CASE NO: 03.020675

X RAY PROCEDURE REQUESTED: Head, chest, Abdomin, ARMS

RADIOLOGIST'S INTERPRETATION REQUESTED: YES:  NO:

REQUESTED BY: Dr. Shah DATE: 9/27/02