OFFICE OF THE
DISTRICT ATTORNEY
ORANGE COUNTY, CALIFORNIA
TODD SPITZER

January 8, 2021

Sheriff Don Barnes
Orange County Sheriff's Department
550 N. Flower Street
Santa Ana, CA 92703

Re: Custodial Related Death on February 9, 2020
Custodial Death of Inmate Karl Schlaich
Orange County District Attorney's Office Case #SA 20-003
Orange County Sheriff Department Case #20-005188
Orange County Crime Laboratory Case #FR 20-41893
Orange County Coroner's Office Case #20-00710-WI

Dear Sheriff Barnes,

Please accept this letter detailing the Orange County District Attorney's Office's (OCDA) investigation and legal conclusion in connection with the above-listed incident involving the February 9, 2020, custodial death of 51-year-old inmate Karl Schlaich.

OVERVIEW

This letter contains a description of the scope and the legal conclusions resulting from the OCDA's investigation of the custodial death of Schlaich. In this letter, the OCDA describes the investigative methodology employed, evidence examined, witnesses interviewed, facts discovered, and the legal principals applied to determine whether criminal culpability exists on the part of any Orange County Sheriff's Department (OCSD) personnel or any other person under the supervision of the OCSD.

On February 9, 2020, OCDA Special Assignment Unit (OCDASAU) Investigators responded to UCI Medical Center (UCIMC), where Schlaich died while in custody after receiving medical treatment at the hospital. During the course of this investigation, the OCDASAU interviewed nineteen witnesses, as well as obtained and reviewed reports from the OCSD, the Orange County Crime Laboratory (OCCL), and the Orange County Coroner's Office (OCCO), incident scene photographs, and other relevant materials.

The OCDA conducted an independent and thorough investigation of the facts and circumstances of this event and impartially reviewed all of the evidence and applicable legal standards. The scope of the findings of the review are expressly limited to determining whether any criminal conduct occurred on the part of OCSD personnel or any other person under the supervision of the OCSD. The OCDA will not be addressing any possible issues relating to policy, training, tactics, or civil liability.

INVESTIGATIVE METHODOLOGY

Among other duties, the OCDASAU is responsible for investigating custodial deaths within Orange County when an individual dies while in custody. An OCDASAU Investigator is assigned as a case agent and is supported by other OCDASAU Investigators, as well as investigators from other OCDA Units.

Six Investigators are assigned to the OCDASAU on a full-time basis. There are additional OCDA Investigators assigned to other units in the Office trained to assist when needed. On average, eight Investigators respond to an incident within an hour of being called. The Investigators assigned to respond to an incident perform a variety of investigatory responsibilities as needed. The OCDASAU audio records all interviews, and the OCCL processes all physical evidence related to the investigation.

When the OCDASAU Investigator has concluded the investigation, the file is turned over to a veteran district attorney for legal review. Deputy district attorneys from the Homicide, Gangs, and Special Prosecutions Units review fatal and non-fatal officer involved shootings and custodial death cases, and determine whether criminal charges are appropriate. Throughout the review process, the assigned prosecutor will be in consultation with the Senior Assistant District Attorney supervising the Felony Operations IV Division of the OCDA, who will eventually review and approve any legal conclusions and resulting memos. The case may often be reviewed by multiple veteran prosecutors, their supervisors, the Chief of Staff, and the District Attorney. If necessary, the reviewing prosecutor may send the case back for further investigation. The District Attorney personally reviews and approves all officer involved shootings and custodial death letters.

DISCLOSURE OF OFFICER-INVOLVED SHOOTING VIDEO & AUDIO EVIDENCE

The OCDA recognizes that releasing video and audio evidence of officer-involved shooting and custodial death incidents can assist the public in understanding how and why these incidents occur, increase accountability, and build public trust in law enforcement. Consistent with the OCDA's written policy in connection with the release of video and audio evidence relating to officer-involved shooting and custodial death incidents where it is legally appropriate to do so, the OCDA is releasing to the public video/audio evidence in connection with this case. The relevant video/audio evidence is available on the OCDA webpage http://orangecountyda.org/reports/videoandaudio/default.asp.

FACTS

On Thursday, January 16, 2019 and again on Friday, January 17, 2019, Schlaich was arrested by OCSD for violating Vehicle Code section 23152(a) – Driving Under the Influence of Alcohol and Vehicle Code section 23152(b) – Driving with a Blood Alcohol Concentration Level above 0.08% (OCSD Cases # 19-002135 and 1900228). On Wednesday, November 20, 2019, Schlaich appeared before the Honorable Judge Richard Pacheco at the Orange County Harbor Justice Center. Schlaich entered a plea of guilty to two counts of 23152(a) and two counts of 23152(b). He was sentenced to serve 120 days in jail with additional terms and conditions of probation. The Court ordered Schlaich to report to the Theo Lacy Jail Facility (TLF), on January 20, 2020.

On January 19, 2020, at approximately 1923 hours, Schlaich went to TLF and completed the booking process in advance of his January 20, 2020, surrender date. At approximately 2146 hours, the attending Orange County Health Care Agency (OCHCA) Registered Nurse (RN) completed Schlaich's medical screening. Schlaich informed the RN that he had Crohn's Disease and that in March 2019, he had spent two days in the hospital for anemia. Schlaich was at the time prescribed and taking Pentasa and Purinethol. Upon completion of the pre-booking process, Schlaich was ordered to return on January 24, 2020, to begin serving his sentence. The following day, January 20, 2020, Schlaich went to Kaiser Permanente – Anaheim Hills. He was seen by the attending physician for loss of appetite and weight loss. Schlaich was given a physical exam and lab work was ordered. No diagnosis was

provided and no new medications were prescribed. Schlaich's Kaiser medical records revealed the following prescriptions for January 20, 2020:

Drug	Strength	Quantity	Times per day
Melatonin	5 mg	1	At bedtime
Mesalamine (Pentasa)	250 mg	2	Three times per day
Ferrous Sulfate	325 mg	1	Three times per day

On Friday, January 24, 2020, at approximately 2059 hours, Schlaich turned himself in at TLF. After medical screening, Schlaich was cleared for general housing and assigned to Module A, Barracks E, Sector D, Bed 10. On Saturday, January 25, 2020, the attending Nurse Practitioner, in consult with the OCHCA physician, ordered the following daily medication schedule for Schlaich:

Drug	Strength	Quantity	Times per day
Mesalamine	400 mg	1	Twice a day
Ferrous Sulfate	325 mg	1	Once a day at bedtime

On Sunday, January 26, 2020, Schlaich submitted an "Inmate Health Message Slip". He reported feeling depressed and anxious. Schlaich requested his medication and dosage be changed, he believed he should be taking "Pentasa", 500 mg, twice a day, not Mesalamine, 400 mg, twice a day.

On Monday, January 27, 2020, Schlaich was seen by the attending OCHCA RN. The RN explained to Schlaich that "Pentasa" was a brand name for Mesalamine and that the brand "Pentasa" was not available through the OCHCA. The RN scheduled Schlaich to be seen by an OCHCA Nurse Practitioner (NP) on January 29, 2020.

On Wednesday, January 29, 2020, Schlaich submitted an "Inmate Health Message Slip". He requested to see an optometrist and reported he was experiencing cramping. Schlaich was seen by the attending OCHCA NP. Schlaich told the NP that he had Crohn's Disease; that he had been treated for ulcerative colitis 30 years ago and as a result doctors had removed his entire colon. Ten years after his colon was removed, doctors discovered he had Crohn's Disease. Schlaich's health had been stable for the last two years. However, a byproduct of not having a colon, was that he would experience approximately five loose bowel movements per day and that since being incarcerated that number had increased to 10 per day. The NP noted that Schlaich appeared to be in good health; his vital signs were good, and Schlaich denied experiencing any depression or anxiety. Schlaich was referred to optometry and his daily medication schedule was changed as follows:

Drug	Strength	Quantity	Times per day
Mesalamine	400 mg	2	Three times a day
Ferrous Sulfate	325 mg	1	Twice a day
Hydroxyzine Pamoate	25 mg	1	At bedtime

On Friday, January 31, 2020, Schlaich was moved to Bed 2. Inmate John Doe 1 was in the bed below him (Bed 1). John Doe 1 noticed Schlaich's health seemed to decline over time. Schlaich's skin tone became "purplish," he complained of having diarrhea, and seemed to shake a lot. Schlaich told John Doe 1 he suffered from Crohn's Disease and that the OCHCA had changed his medication. Schlaich believed his poor health was a result of his body adjusting to the new medication.

On Thursday February 6, 2020, Schlaich was moved to Bed 12 due to his work assignment. Inmate John Doe 2 was in the bed below him (Bed 11). John Doe 2 noticed Schlaich appeared ill and that his body would frequently shake.

On Friday, February 7, 2020, Schlaich was seen by the OCHCA NP. Schlaich told the NP he was having extreme diarrhea. He explained to the NP that he had been taking "Pentasa" for 20 years and that his Gastrointestinal Physician recommended he only take "Pentasa", because the generic Mesalamine did not work for his condition. The NP noted Schlaich's vitals were good and that he had lost 10 pounds. The NP, in consult with the attending physician, agreed to have Schlaich resume "Pentasa". The pharmacy was consulted and the first dose of "Pentasa" was scheduled to be administered on the evening of February 8, 2020. The NP added the following medications to Schlaich's daily medication schedule:

Drug	Strength	Quantity	Times per day
Pentasa	500 mg	1	Twice a day
Loperamide HCl	2 mg	1	Twice a day
Resource 2.0	N/A	1	At bedtime

On Saturday, February 8, 2020, at approximately 1839 hours, inmate John Doe 3 saw Schlaich sitting on his bunk. Schlaich had a bloody nose and did not appear well. John Doe 3 contacted Inmate John Doe 1 and suggested Schlaich be taken to the medical ward. At approximately 1843 hours, John Doe 1 walked Schlaich to the guard station and contacted Deputy Janiel Gonzalez. John Doe 1 told the deputy that Schlaich was sick and needed to go to the medical ward. Gonzalez escorted Schlaich to the medical ward. Schlaich was able to walk under his own power and carry on a coherent conversation. During the walk to medical, Schlaich told Gonzalez he had Crohn's Disease, that his medication had been changed by OCHCA, and that he believed the medication change was the cause of his illness.

At approximately 1919 hours, Schlaich walked into the medical ward under his own power. The attending OCHCA RN examined Schlaich and found him capable of carrying on a coherent conversation. Schlaich's vitals were normal, however there was blood detected in his urine. The RN notified the attending physician of his findings, and the attending physician instructed the RN to refer Schlaich to the NP as a "must see" patient for Monday, February 10, 2020. At approximately 1935 hours, Schlaich walked out of the medical ward under his own power and was escorted back to Sector D by Deputy Gonzalez.

At approximately 2142 hours, Deputy Gonzalez, entered Sector D to complete a safety check. As he walked through the sector, he saw Schlaich laying on his bed. Schlaich had a bloody nose. Deputy Gonzalez asked Schlaich repeatedly if he was okay. Schlaich replied, with slurred speech, that he was okay and he did not need to go to medical. Gonzalez returned to the guard station and reported his observations to Sergeant Chad Smith. Gonzalez also called the RN and informed him of his observations. The RN Fabiana told Gonzalez that Schlaich did not need to be returned to medical, and that he would be seen by a doctor on Monday.

At approximately 2317 hours, John Doe 2 and another unknown inmate walked over to Schlaich's bed. The unknown inmate escorted Schlaich to the restroom, while John Doe 2 carried Schlaich's bedding to a bottom bunk (bed 49). When Schlaich returned from the restroom, he was escorted to bed 49, where he laid down. At approximately 2349 hours, Schlaich was assisted, by an unknown inmate, to the restroom. When he returned two minutes later, his gait was unsteady and two inmates had to help him back into his bed.

On Sunday, February 9, 2020, at approximately 0029 hours, Inmate John Doe 4 and several other inmates, who were in beds near Schlaich, saw Schlaich shaking uncontrollably. They went to his aid and realized he had a bloody nose and had defecated himself. John Doe 4 feared Schlaich was having a seizure. Several inmates went to the restroom to get towels for Schlaich, while Inmate John Doe 5 went to the guard station and reported "man down" to Deputy Chad Chavez. At approximately 0032 hours, Deputy Chavez entered Sector D. Schlaich was seated on bed 49; he was conscious, but unable to speak; he was being held upright by the other inmates. The inmates told Chavez that Schlaich may have had a seizure. Deputy Chavez summoned OCHCA medical personnel.

At approximately 0038 hours, two OCHCA RNs arrived at Sector D. Schlaich was conscious, but unresponsive, he was placed in a wheelchair and transported to the medical ward. At approximately 0047 hours, Schlaich was wheeled into the medical ward. OCHCA medical personnel began to access Schlaich. They noted dried blood around his nostrils and upper gums. His skin was cool and pale. His breathing was labored and his oxygen level was low at 69 percent. Paramedics were requested. Schlaich was taken out of the wheelchair and laid flat on the floor. He was provided oxygen via an air-bag-valve mask. His oxygen level rose to eighty-six percent. When his shirt was removed to place Automated External Defibrillator (AED) pads on him, OCHCA medical staff observed what they believed was a large bruise on his right lower quadrant, or upper abdomen. There were no other visible signs of trauma. The AED went through several cycles; each time it recommended no shock. An intravenous (IV) line was placed in his right inner arm and normal saline was provided.

At approximately 0104 hours, Orange Fire Department (OFD) paramedics arrived and made contact with OCHCA medical personnel. Paramedics were told Schlaich had been experiencing abdominal pain, persistent diarrhea and had reportedly fainted. Paramedics placed a 12 lead heart monitor on Schlaich and although he was unconscious and unresponsive, his vital signs were good. Schlaich had a heart rate of 126 beats per minute (BPM) and a blood pressure of 110 over 70. OFD transported Schlaich Code 3 (lights and siren) to UCIMC.

At approximately 0119 hours, Schlaich arrived at UCIMC and was placed in Trauma Room "B". The UCIMC Trauma Staff treated Schlaich. When Schlaich arrived his eyes were open, but he was unable to follow commands or answer questions, and only responded to pain stimuli. At one point, Schlaich responded verbally, but incoherently, to questions asked of him. Schlaich's heart rate was "very fast" and his condition was described as, "critical, but alive." There were no visible signs of trauma observed by the UCIMC medical team. Computed Tomography (CT) Scans were performed on Schlaich's head, back, spine, and aorta. Those scans revealed no significant injuries.

At approximately 0228 hours, Schlaich's heart stopped and chest compressions were initiated. Schlaich was intubated and cardiopulmonary resuscitation (CPR) performed. While CPR was being performed, Schlaich was given Levophed, Ephedrine, bicarb drip, and antibiotics. In spite of aggressive therapy with maximum doses of fluids, pressers, bicarb stress-dose steroids, and antibiotics, Schlaich again became bradycardic and hypotensive and eventually lost pulses.

The medical team, which included RN's, MD's, and a pharmacist, discussed case options. However, given Schlaich's severe multi-organ system failure, along with no improvement from maximal therapy and no additional treatment options available, resuscitation efforts were ceased. At 0315 hours, the attending physician pronounced Schlaich deceased.

EVIDENCE COLLECTED

The following items of evidence were collected and examined:

- 30 color digital photographs under OCCL Case #FR 20-41893 (of hospital scene)
- 59 color digital photographs under OCCL Case #FR 20-41893 (of autopsy)
- 19 color digital photographs under OCCL Case #Fr 20-41893 (post embalming)
- Schlaich's clothing, consisting of a torn white OC Jail t-shirt, orange OC Jail pants, two black socks, and white boxers (soiled)
- Bloodstain
- Deep muscle standards
- Heart blood standard
- Ante-mortem and post-mortem blood samples
- Face, abdomen, hand, and fingernail swabs

AUTOPSY

On Tuesday, February 11, 2020, at approximately 1000 hours, Independent Forensic Pathologist Doctor Scott Luzi conducted the post-mortem examination of Schlaich at the Orange County Sheriff–Coroner Forensic Science Center. Dr. Luzi examined Schlaich's body and found no significant signs of trauma to the body. Dr. Luzi's final autopsy diagnosis includes the following natural and pre-existing conditions: Pleural effusions, Pericardial effusion, Cerebral edema, Degenerative joint disease in the thoracic spine, Pulmonary congestion and edema, Cardiomegaly, Mild to moderate peripheral atherosclerosis, Cirrhosis, Nephrosclerosis, Acute gastritis, and Evidence consistent with history of Crohn's disease, including Ileitis and Status post colectomy. Schlaich's heart and liver were diseased and his colon had been removed, which was consistent with Crohn's Disease.

The autopsy revealed a natural manner of death. Dr. Luzi determined that Schlaich had succumbed to a myocardial infarction (heart attack) due to hypertensive cardiovascular disease.

EVIDENCE ANALYSIS

Toxicological Examination

A sample of Schlaich's blood yielded the following results:

Drug	Postmortem Blood	Antemortem Blood
1-(4-chlorobenzhydryl)-piperazine	Detected	Detected
Caffeine	Detected	Detected
Cetirizine	Detected	Detected
Loperamide	Detected	
Ondansetron	Detected	

BACKGROUND INFORMATION

Schlaich had a State of California Criminal History record that revealed arrest for Driving Under the Influence of Alcohol and for Hit & Run causing Property Damage.

THE LAW

Homicide is the killing of one human being by another. Murder, voluntary manslaughter, and involuntary manslaughter are types of homicide.

To prove that a person is guilty of murder, the following must be proven:

a. The person committed an act that caused the death of another human being;
b. When the person acted he/she had a state of mind called malice aforethought; and
c. He/she killed without lawful excuse or justification.

There are two kinds of malice aforethought, express malice and implied malice. Express malice is when the person unlawfully intended to kill. Implied malice requires that a person intentionally committed an act, the natural and probable consequences of the act were dangerous to human life, at the time he/she acted he/she knew his/her act was dangerous to human life, and he/she deliberately acted with conscious disregard for human life.

A person can also commit murder by his/her failure to perform a legal duty, if the following conditions exist:

a. The killing is unlawful (*i.e.*, without lawful excuse or justification);
b. The death is caused by an intentional failure to act in a situation where a person is under a duty to act;
c. The failure to act is dangerous to human life; and
d. The failure to act is deliberately performed with knowledge of the danger to, and with conscious disregard for, human life.

A person can also commit involuntary manslaughter by failing to perform a legal duty, if the following conditions exist:

a. The person had a legal duty to the decedent;
b. The person failed to perform that legal duty;
c. The person's failure was criminally negligent; and
d. The person's failure caused the death of the decedent.

In *Giraldo v. California Dept. of Corrections and Rehabilitation* (2008) 168 Cal.App.4th 231, 250-251, the court held that there is a "special relationship" between jailer and prisoner:

> "The most important consideration 'in establishing duty is foreseeability.' [citation] It is manifestly foreseeable than an inmate may be at risk of harm…. Prisoners are vulnerable. And dependent. Moreover, the relationship between them is protective by nature, such that the jailer has control over the prisoner, who is deprived of the normal opportunity to protect himself from harm inflicted by others. This, we conclude, is the epitome of a special relationship, imposing a duty of care on a jailer owed to a prisoner, and we today add California to the list of jurisdictions recognizing a special relationship between jailer and prisoner."

California Government Code 845.6 codifies that the special relationship that exists in a custodial setting gives rise to a legal duty, as follows:

> "A public employee, and the public entity where the employee is acting within the scope of his employment, is liable if the employee knows or has reason to know that the prisoner is in need of immediate medical care and he fails to take reasonable action to summon such medical care."

Criminal negligence involves more than ordinary carelessness, inattention, or mistake in judgment. A person acts with criminal negligence when he/she acts in a reckless way that creates a high risk of death or great bodily injury and a reasonable person would have known that acting in that way would create such a risk. In other words, a person acts with criminal negligence when the way he/she acts is so different from how an ordinarily careful person would act in the same situation that his/her act amounts to disregard for human life or indifference to the consequences of that act.

An act causes death if the death is the direct, natural, and probable consequence of the act and the death would not have happened without the act. A natural and probable consequence is one that a reasonable person would know is likely to happen if nothing unusual intervenes.

There may be more than one cause of death. An act causes death only if it is a substantial factor in causing the death. A substantial factor is more than a trivial or remote factor; however, it does not need to be the only factor that causes the death.

LEGAL ANALYSIS

In this present case, there is no evidence whatsoever of express or implied malice on the part of any OCSD personnel or any inmates or other individuals under the supervision of the OCSD. Accordingly, the only possible type of homicide to analyze in this situation is murder or manslaughter under the theory of failure to perform a legal duty.

Although OCSD owed Schlaich a duty of care, the evidence does not support a finding beyond a reasonable doubt that this duty was in any way breached – either intentionally or through criminal negligence.

During Schlaich's booking process he informed OCSD personnel that he suffered from Crohn's Disease and his current prescription schedule. When Schlaich met with OCHCA medical staff to discuss his medication schedules on January 27, 2020, they informed him that his brand-name prescription Pentasa was unavailable through OCHCA, and that they would be prescribing him Mesalamine, a generic of Pentasa. At this time, he did not inform OCHCA medical staff that his Gastrointestinal Physician recommended he only take "Pentasa", because the generic Mesalamine did not work for his condition. Over the following days, Schlaich's bowel movements increased in number and he began to physically shake.

Schlaich visited the OCHCA medical staff reporting abdominal cramping, as well as feeling depressed and anxious. He repeatedly stated to OCHCA medical staff and other inmates that he believed his symptoms were a result of stress (relating to his incarceration) and his body adjusting to his new medication. It was not until February 7, 2020, when Schlaich visited OCHCA medical staff for extreme diarrhea that he informed the NP that his Gastrointestinal Physician recommended he only take "Pentasa", because the generic Mesalamine did not work for his condition. At this time, the NP conferred with the attending physician who agreed to have Schlaich resume taking "Pentasa" in lieu of Mesalamine. Schlaich was scheduled to begin his new prescription the following night February 8, 2020.

On Saturday, February 8, 2020, Schlaich visited OCHCA medical staff at 1843 hours when prompted to by other inmates due to shaking and nosebleed. Although he was experiencing a nosebleed, Deputy Gonzalez reported that Schlaich walked to the medical ward under his own power and was able to carry on a coherent conversation stating that he had Crohn's and he believed his symptoms were due to the change in his prescription. During this visit, the RN reports that Schlaich had good vitals and was able to carry on a coherent conversation. When blood was discovered in his urine, he

was placed as a “must see” patient for Monday, February 10, 2020. Schlaich returned to his bunk under his own power. During Deputy Gonzalez’s safety check at 2142 hours, Schlaich was experiencing a nosebleed and slurred speech, but repeatedly refused to return to medical and said that he was “okay.”

The Deputy informed medical of the changes, who informed him that Schlaich did not need to return to medical, as he was scheduled to see the doctor on Monday. Several hours later, on Sunday, February 9, 2020 at 0029 hours, when an inmate noticed Schlaich shaking uncontrollably and realized that Schlaich had defecated himself, the inmate went to Deputy Chavez and reported “man down.” The Deputy immediately went to Schlaich, and seeing his condition, immediately requested OCHCA medical personnel respond. Schlaich’s condition quickly deteriorated. OCHCA medical staff promptly administered medical care to Schlaich until paramedics arrived approximately fifteen minutes later. Schlaich was unconscious and unresponsive while transported to UCIMC, although his vitals were good. Once Schlaich arrived at UCIMC, he was promptly treated by hospital staff. After their initial assessment, Schlaich’s health continued to deteriorated, and the hospital staff responded diligently to multiple cardiac arrests with aggressive therapy of maximal doses of fluids, pressers, bicarb stress-dose steroids, and antibiotics. Despite their best efforts, Schlaich died. The attending UCIMC Trauma Physician concluded that Schlaich’s death was the result of a heart attack.

While one may speculate that a change in medications from Pentasa to the generic form of the medication used to control Schlaich’s Crohn’s disease caused a downhill spiral in his health resulting in his ultimate demise, there is no evidence whatsoever that OCSD personnel could have reasonable foreseen such an occurrence. Furthermore, OCSD personnel were not aware of Schlaich’s specific medical need for Pentasa as opposed to the generic equivalent until the day before his death. However, when made aware of Schlaich’s specific need for Pentasa on February 7, 2020, his medication was immediately changed. The available evidence clearly show that OCSD medical personnel were aware of Schlaich’s Crohn’s disease during his incarceration at TLJ. There is a lack of evidence to prove beyond a reasonable doubt that OCSD’s medical staff did not provide reasonable care thereby causing the death of Schlaich.

In order to file criminal charges relating to Schlaich’s death, the OCDA must be able to prove beyond a reasonable doubt criminal culpability on the part of OCSD personnel, and alos must prove beyond a reasonable doubt that such criminal culpability caused Schlaich’s death. This would entail a failure to perform a legal duty to Schlaich. Based on the totality of all the circumstances, after reviewing all the evidence it is our conclusion that OCSD staff and medical personnel did not commit a crime in discharging their duties owed to Schlaich. It is unfortunate and tragic that Schlaich’s suffered a fatal heart attack while incarcerated at TLJ. However, neither the heart attack nor the potential underlying causes of the heart attack can be proven beyond a reasonable doubt to be the result of intentional misconduct or criminal negligence by OCSD personnel.

CONCLUSION

Based upon all the evidence provided to and reviewed by the OCDA, and pursuant to applicable legal principles, it is our conclusion that there is no evidence to support a finding beyond a reasonable doubt of criminal culpability on the part of any OCSD personnel or any individual under the supervision of the OCSD. The evidence shows that Schlaich died as a result of a myocardial infarction due to hypotensive cardiovascular disease.

Accordingly, the OCDA is closing its inquiry into this incident.

Respectfully submitted,

DREW HAUGHTON
Deputy District Attorney, Gangs Unit

Read and Approved by **EBRAHIM BAYTIEH**
Senior Assistant District Attorney, Felony Operations IV

Read and Approved by District Attorney **TODD SPITZER**