OFFICE OF THE
DISTRICT ATTORNEY
ORANGE COUNTY, CALIFORNIA
TODD SPITZER

June 2, 2021

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

Re: Custodial Death on July 22, 2020
Death of Inmate James Alan Neal
District Attorney Investigations Case # S.A. 20-019
Orange County Sheriff's Department Case # 20-023761
Orange County Crime Laboratory Case # FR 20-47519

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 July 22, 2020, custodial death of 73-year-old inmate James Alan Neal.

OVERVIEW

This letter contains a description of the scope and the legal conclusions resulting from the OCDA's investigation of the custodial death of Neal. In this letter, the OCDA describes the criminal investigative methodology employed, evidence examined, witnesses interviewed, facts discovered, and the legal principles applied to review the conduct of any Orange County Sheriff's Department (OCSD) personnel or any other person under the supervision of the OCSD in connection with this custodial death incident.

On July 22, 2020, OCDA Special Assignment Unit (OCDASAU) Investigators responded to Anaheim Global Medical Center (AGMC), where Neal died while in custody after receiving medical treatment at the hospital. During the course of this investigation, the OCDASAU interviewed three witnesses, as well as obtained and reviewed reports from the OCSD and Orange County Crime Laboratory (OCCL), 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 evidence and applicable legal standards. The scope and findings of this 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 investigative functions that include witness interviews, scene processing, evidence collection, and hospital investigative 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 an experienced deputy 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 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 several experienced prosecutors and their supervisors. The District Attorney personally reviews and approves all officer involved shootings and custodial death letters. If necessary, the reviewing prosecutor may send the case back for further investigation.

FACTS

On March 11, 2019, Newport Beach Police Department (NBPD) arrested James Alan Neal (aka) James Albert Layton Jr. for the 1973 murder of 11-year-old Linda Ann O'Keefe. He was booked into the OCSD Intake and Release Center (IRC) and housed in Module L out of precaution due to the high publicity nature of his case. Upon booking, a medical evaluation was performed on Neal which included questioning Neal about his prior medical history. Medical staff determined that Neal had a history of smoking, suffered from hypertension, and had past diagnoses of hyperlipidemia spinal stenosis and pulmonary fibrosis. Neal also indicated that he suffered from chronic back pain. Neal's medical records from his time in custody indicate that Neal was previously a heavy smoker, self-reporting that he at one point smoked three packs a day. During Neal's booking, a psychiatric evaluation was performed as well. When asked about current medications, Neal stated he was on Amitriptyline and Gabapentin. Though Neal denied any previous treatment for any mental, emotional, or nerve problems, he did acknowledge feeling paranoid and depressed.

While in custody, medical staff provided the necessary medication to treat Neal's prior existing medical and mental health conditions and did regular follow-up with Neal regarding his reported conditions. A list of Neal's medications is illustrated in the "PRESCRIBED MEDICATIONS" section below. During follow-up evaluations, Neal reported benefits from his treatment. While in custody, in addition to necessary medications, doctors prescribed Neal to treat his symptoms as they arose. OCSD further gave him accommodations for his medical needs as necessary, such as permanent access to the low bunk, being assigned to the low tier for the duration of his time in jail, and being granted "No Work" status. On March 21, 2019, Neal expressed concern related to being moved to regular housing claiming that he received threats from deputies and other inmates, as well as being "jumped" during transition, however, Neal's appearance was noted as "comfortable" and "in no acute distress."

At various times during Neal's incarceration, he was transported to necessary medical facilities to address medical concerns. After receiving treatment, he was returned to the traditional custodial setting of the OCSD. On April 7, 2019, Neal was transported to AGMC, where he was tested and treated for chest pain and shortness of breath. Neal returned to the IRC on April 8, 2019. On October 19, 2019, Neal was transported to the OCSD Theo Lacy Facility (TLF) and housed in Module R. On February 4, 2020, Neal was transported to AGMC for treatment of Pulmonary Nodular Amyloidosis (PNA). On February 10, 2020 Neal returned to the IRC. On February 11, 2020, he returned to TLF.

On May 21, 2020, Neal was taken to UCI Medical Center (UCI) for weakness where medical records indicate he was diagnosed with pneumonia. On May 22, 2020, Neal was transferred from UCI to AGMC for pneumonia like symptoms and continued antibiotics. On May 25, 2020, he returned to the IRC, but within a few hours, he was transported back to AGMC, due to his continuing pneumonia like symptoms. Due to the COVID-19 pandemic, Neal was tested for the virus, however the result of his test was negative. Neal's AGMC Medical Records indicate he was diagnosed with pneumonia as well as pleural effusion. While at AGMC, Neal was consistently treated, however, Neal's condition did not improve. Additional testing during Neal's time in AGMC revealed that Neal had Stage 4 lung cancer with a preliminary diagnosis of such on June 11, 2020. Neal was continually monitored at AGMC to determine whether and to what extent he would be able to undergo cancer treatment. Due to Neal's condition, he was unable to safely undergo certain avenues of cancer care, such as chemotherapy. As Neal's condition progressed, Neal was treated for pain management, which at times included the prescription of Morphine. On July 15, 2020, after consulting with AGMC the staff oncologist regarding his condition, Neal signed a Do-Not-Resuscitate (DNR) order. He was transferred from AGMC hospital to the OCSD Custodial Medical Services (CMS) Jail Ward located at AGMC with orders for continued pain management.

In the following days, Neal's physical and mental well-being continued to deteriorate. During that time, Neal experienced periods of unresponsiveness and episodes of extreme sweating. Neal was transitioned to a liquid diet.

On July 21, 2020, at approximately 7:00 p.m., the attending AGMC Registered Nurses (RNs) began their shifts in the CMS Ward. The RNs, both aware of Neal's DNR status, thereby making it so they could only attempt to ensure Neal's comfort, attended to Neal approximately every two hours during their shift. On that date, Neal was assigned to room 605, which had three beds and one other occupant, John Doe 1, who had arrived at AGMC earlier that evening. John Doe 1 indicated that at approximately 10:00 p.m. John Doe 1 noticed that Neal was having difficulty breathing and alerted AGMC staff, who then came and attended to Neal. After 12:00 a.m., Neal's oxygen saturation level decreased. On July 22, 2020, at approximately 3:00 a.m., following an episode of extreme sweating, The RNs changed Neal's gown, bedding and dressings; they also noted his oxygen saturation level was low.

At approximately 5:00 a.m., the RNs again conducted a patient check on Neal and found him lying in his bed unresponsive. Neal's body was cool to the touch and upon closer examination, the RNs were unable to detect a pulse or respirations. The RNs did not initiate any life-sustaining medical interventions in accord with Neal's wishes due to Neal's DNR order. At approximately 6:28 a.m., the attending AGMC Emergency Room Physician pronounced Neal deceased.

PRESCRIBED MEDICATIONS

As reflected in the Orange County Health Care Agency Medical Records, the following is a list of medications prescribed to Neal while in custody of the OCSD.

March 2019:

DRUG	STRENGTH	QTY	AMOUNT	START	STOP
Albuterol Sulfate HFA Inhalation	108 (90 Base) MCG/ACT	2	Three times a day	3/12/19	5/16/19
Qvar RediHaler Inhalation	40 MCG/ACT	2	Two times a day	3/12/19	5/16/19
Atenolol Oral	25 MG	1	Once a day at bedtime	3/12/19	5/16/19
Aspirin EC Oral	81 MG	1	Once a day at bedtime	3/12/19	5/16/19
Atorvastatin Calcium Oral	40 MG	1	Once a day at bedtime	3/12/19	5/16/19
Mirtazapine Oral	15 MG	1	Once a day at bedtime	3/13/19	3/18/19
Mirtazapine Oral	30 MG	1	Once a day at bedtime	3/18/19	4/2/19

April 2019:

DRUG	STRENGTH	QTY	AMOUNT	START	STOP
Mirtazapine Oral	45 MG	1	Once a day at bedtime	4/2/19	5/7/19
Melatonin Oral	3 MG	1	Once a day at bedtime	4/9/19	5/2/19

May 2019:

DRUG	STRENGTH	QTY	AMOUNT	START	STOP
Melatonin Oral	3 MG	1	Once a day at bedtime	5/2/19	7/23/19
Mirtazapine Oral	45 MG	1	Once a day at bedtime	5/7/19	7/26/19
Albuterol Sulfate HFA Inhalation	108 (90 Base) MCG/ACT	2	Three times a day	5/16/19	8/12/19
Aspirin EC Oral	81 MG	1	Once a day at bedtime	5/16/19	8/12/19
Atorvastatin Calcium Oral	40 MG	1	Once a day at bedtime	5/16/19	8/12/19
Atenolol Oral	25 MG	1	Once a day at bedtime	5/16/19	8/12/19
Qvar RediHaler Inhalation	40 MCG/ACT	2	Two times a day	5/16/19	8/12/19

July 2019:

DRUG	STRENGTH	QTY	AMOUNT	START	STOP
Mirtazapine Oral	45 MG	1	Once a day at bedtime	7/26/19	10/15/19
Melatonin Oral	3 MG	1	Once a day at bedtime	7/23/19	10/15/19

August 2019:

DRUG	STRENGTH	QTY	AMOUNT	START	STOP
Atorvastatin Calcium Oral	40 MG	1	Once a day at bedtime	8/12/19	10/31/19
Melatonin Oral	3 MG	1	Once a day at bedtime	8/12/19	10/31/19
Qvar RediHaler Inhalation	40 MCG/ACT	2	Two times a day	8/12/19	10/31/19
Albuterol Sulfate HFA Inhalation	108 (90 Base) MCG/ACT	2	Three times a day	8/12/19	10/31/19
Aspirin EC Oral	81 MG	1	Once a day at bedtime	8/12/19	10/31/19

September 2019:

DRUG	STRENGTH	QTY	AMOUNT	START	STOP
Acetaminophen Oral	325 MG	2	Three times a day	9/11/19	9/13/19
Acetaminophen Oral	325 MG	2	Three times a day	9/25/19	9/27/19

October 2019:

DRUG	STRENGTH	QTY	AMOUNT	START	STOP
Menthol-Methyl Salicylate External		1	Two times a day	10/9/19	10/22/19
Acetaminophen Oral	325 MG	2	Three times a day	10/9/19	10/11/19
Melatonin Oral	3 MG	1	Once a day at bedtime	10/15/19	1/7/20
Mirtazapine Oral	45 MG	1	Once a day at bedtime	10/15/19	1/7/20
Albuterol Sulfate HFA Inhalation	108 (90 Base) MCG/ACT	2	Three times a day	10/31/19	1/23/20
Atenolol Oral	25 MG	1	Once a day at bedtime	10/31/19	1/17/20
Aspirin EC Oral	81 MG	1	Once a day at bedtime	10/31/19	1/17/20
Qvar RediHaler Inhalation	40 MCG/ACT	2	Two times a day	10/31/19	1/17/20
Atorvastatin Calcium Oral	40 MG	1	Once a day at bedtime	10/31/19	1/17/20

January 2020:

DRUG	STRENGTH	QTY	AMOUNT	START	STOP
Melatonin Oral	3 MG	1	Once a day at bedtime	1/7/20	2/23/20
Mirtazapine Oral	45 MG	1	Once a day at bedtime	1/7/20	2/23/20
Atenolol Oral	25 MG	1	Once a day at bedtime	1/7/20	4/7/20
Aspirin EC Oral	81 MG	1	Once a day at bedtime	1/17/20	4/7/20
Atorvastatin Calcium Oral	40 MG	1	Once a day at bedtime	1/17/20	4/7/20
Qvar RediHaler Inhalation	40 MCG/ACT	2	Two times a day	1/17/20	4/7/20
Multi Vitamin/Minerals Oral		1	Once a day at bedtime	1/30/20	4/23/20
Albuterol Sulfate HFA Inhalation	108 (90 Base) MCG/ACT	2	Three time a day	1/23/20	4/13/20
Vitamin D3 Oral	125 MCG (5000 UT)	1	Once a day at bedtime	1/30/20	3/22/20

February 2020:

DRUG	STRENGTH	QTY	AMOUNT	START	STOP
Mirtazapine Oral	45 MG	1	Once a day at bedtime	2/23/20	5/14/20
Melatonin Oral	3 MG	1	Once a day at bedtime	2/23/20	5/14/20
Miconazole Nitrate External	2%	1	Two times a day	2/26/20	3/10/20

March 2020:

DRUG	STRENGTH	QTY	AMOUNT	START	STOP
Vitamin D3 Oral	125 MCG (5000 UT)	1	Once a day at bedtime	3/22/20	6/3/20

April 2020:

DRUG	STRENGTH	QTY	AMOUNT	START	STOP
Aspirin EC Oral	81 MG	1	Once a day at bedtime	4/7/20	5/21/20
Atenolol Oral	25 MG	1	Once a day at bedtime	4/7/20	6/30/20
Atorvastatin Calcium Oral	40 MG	1	Once a day at bedtime	4/7/20	6/30/20
Qvar RediHaler Inhalation	40 MCG/ACT	2	Two times a day	4/7/20	6/30/20
Albuterol Sulfate HFA Inhalation	108 (90 Base) MCG/ACT	2	Three times a day	4/13/20	7/2/20
Multi Vitamin/Minerals Oral		1	Once a day at bedtime	4/23/20	7/14/20

May 2020:

DRUG	STRENGTH	QTY	AMOUNT	START	STOP
Melatonin Oral	3 MG	1	Once a day at bedtime	5/14/20	8/11/20
Mirtazapine Oral	45 MG	1	Once a day at bedtime	5/14/20	8/11/20
Albuterol Sulfate Inhalation	(2.5 MG/3ML) 0.083%	1	One time only	5/17/20	5/17/20
Aspirin EC Oral	81 MG	1	Once a day at bedtime	5/22/20	8/19/20

June 2020:

DRUG	STRENGTH	QTY	AMOUNT	START	STOP
Vitamin D3 Oral	125 MCG (5000 UT)	1	Once a day at bedtime	6/3/20	8/31/20
Atorvastatin Calcium Oral	40 MG	1	Once a day at bedtime	6/30/20	9/27/20
Atenolol Oral	25 MG	1	Once a day at bedtime	6/30/20	9/27/20
Qvar RediHaler Inhalation	40 MCG/ACT	2	Two times a day	6/30/20	9/27/20

July 2020:

DRUG	STRENGTH	QTY	AMOUNT	START	STOP
Albuterol Sulfate HFA Inhalation	108 (90 Base) MCG/ACT	2	Three times a day	7/2/20	9/29/20
Aspirin EC Oral	81 MG	1	Once a day at bedtime	7/6/20	10/3/20
Multi Vitamin/Minerals Oral		1	Once a day at bedtime	7/14/20	10/11/20

EVIDENCE COLLECTED

The following items of evidence were collected and examined:

- Bloodstain Standard
- Heart Blood Standard
- Brown paper bag, removed from right hand
- Brown paper bag, removed from left hand
- 37 OCCL Hospital Photographs
- 45 OCCL Autopsy Photographs
- 16 OCCL Post Embalming Photographs
- 20 OCCO Hospital Photographs

AUTOPSY

On July 24, 2020, independent Forensic Pathologist Dr. Scott Luzi conducted an autopsy on the body of Neal. Dr. Luzi found no significant signs of trauma to the body, indicating in his final diagnosis that Neal had no major (acute, life threatening) nor minor (acute, non-life threatening) injuries. Dr. Luzi discovered that Neal had an enlarged heart, cancer throughout his left lung and liver, and suffered from chronic obstructive pulmonary disease and hypertensive cardiovascular disease. Further noted in the autopsy diagnoses, were Neal's numerous natural diseases and pre-existing conditions. These were, senile purpurae, left pleural adhesions, pulmonary congestion and edema, a left lung mass, with a notation that Neal had a history of lung cancer, cardiomegaly, mild coronary atherosclerosis, moderate peripheral atherosclerosis, metastatic involvement of the liver, nephrosclerosis, and Hila adenopathy. Dr. Luzi determined that Neal died from metastatic carcinoma of the lung. Dr. Luzi found that Neal's manner of death was natural.

EVIDENCE ANALYSIS

Toxicological Examination

A sample of Neal's postmortem blood yielded the following results:

DRUG	Postmortem Blood
Morphine (Free)	0.0380 ± 0.0041 mg/L
Ethanol/Volatiles	Not Detected
Amphetamine and Related	Negative
Barbiturates	Negative
Methamphetamine and Related	Negative
Cannabinoids	Negative

BACKGROUND INFORMATION

Neal had a Criminal History record dating back to 1959 that included arrests in California, Colorado, Oklahoma, Missouri, and Florida for the following violations:

- Murder
- Lewd or Lascivious Acts with Child Under 14
- Burglary
- Grand Theft Auto
- Petty Theft
- Inflict Corporal Injury on Spouse or Cohabitant
- Fraud – Insufficient Funds Check
- Contribute to the Delinquency of Minor
- Violation of Parole
- Failure to Appear in Court

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 person;
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 or 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.

<u>LEGAL ANALYSIS</u>

In this 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 the OCSD owed Neal a duty of care, the evidence does not support a finding that this duty was in any way breached, either intentionally or through criminal negligence.

When the OCSD first took custody of Neal, the OCSD screened him for any medical issues and mental health problems. Neal informed the staff that he suffered from various medical conditions, had a history of smoking, as well as indicated the current medications he was taking. Given this, the medical staff provided the necessary medications to treat his symptoms accordingly. Neal also indicated feeling paranoid and depressed regarding his legal situation. The medical staff followed up with Neal on how he was feeling about being incarcerated during his first week at TLF. While he did have concerns about his safety and wellbeing, his feelings of anxiety and sadness began to improve. Due to the notoriety of his case, the OCSD housed him in Module L out of concern for his safety, further demonstrating OCSD exercising due care in its supervision of Neal.

While in custody of the OCSD, Neal had access to adequate health care to treat his ongoing issues. Medical and mental health evaluations were periodically provided for Neal and his medications were administered as needed. Further, while in custody of OCSD, Neil was granted necessary accommodations given his health issues. Overall, Neal's medical records indicate was continuously monitored and treated by appropriate medical personnel during his time in custody. At no point in time did the OCSD fail to treat Neal in a way that would jeopardize his health and wellbeing.

A review of all available evidence shows that when necessary, Neal was transferred to an appropriate medical facility to address his health issues. Neal exhibited signs of pneumonia on May 22, 2020, the OCSD ultimately transported Neal to AGMC after he was briefly treated at UCI. Given his symptoms, Neal was tested for COVID-19 out of precaution, where the results were negative. On May 25, 2020, Neal returned to the IRC, but his conditions did not go away, so out of concern for his health, he was transferred back to AGMC. While being treated at AGMC, Neil was diagnosed with lung cancer. Neal was moved to the OCSD CMS ward in AGMC to monitor his health more closely. Subsequently on July 15, 2020, after consultation with a doctor, Neal signed a DNR order due to his deteriorating health and overall medical condition. On July 22, 2020, upon routine inspection, the medical staff discovered that Neal was not breathing. However, no life saving measures were taken due to Neal's DNR order.

Accordingly, the evidence supports the conclusion that the OCSD appropriately cared for Neal at all times he was in their custody. Neal was routinely evaluated and treated at appropriate medical facilities when necessary. Because it was foreseeable that Neal would need medical care, the OCSD provided him with the necessary medication and adjusted it accordingly as well as granted him accommodations related to his health. Also, due to the nature of his case, the OCSD housed him in Module L out of concern for his safety and wellbeing. Ultimately, Neal succumbed to his myriad of health problems, specifically metastatic carcinoma of the lung, as indicated by Neal's final autopsy report, and his manner of death was natural. Therefore, the OCDA will not be able to prove beyond a reasonable doubt that the OCSD or anyone under OCSD's supervision acted recklessly, negligently, or failed to act in any way which resulted in Neal's death.

CONCLUSION

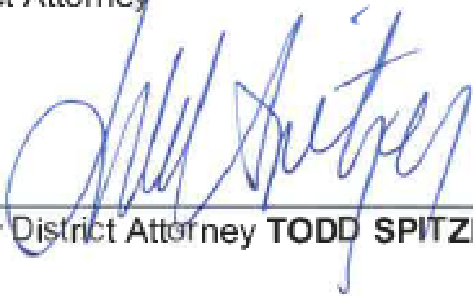
Based on all the evidence provided to and reviewed by the OCDA, and pursuant to applicable legal principles, it is our conclusion that there is no evidence to support a finding that any OCSD personnel or any individual under the supervision of the OCSD failed to perform a legal duty causing the death of Neal. The evidence shows that Neal died as a result of metastatic carcinoma of the lung and that his death was determined to be a natural death.

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

Respectfully submitted,

SHAUN ABUZALAF
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**