



DISTRICT NINE

MEDICAL EXAMINER'S OFFICE

2350 E. Michigan Street . Orlando, Florida 32806-4939

Phone (407) 836-9400. FAX (407) 836-9450

CASE SYNOPSIS

CASE #: ME18-00155

DATE PRINTED: 01/23/2018

DECEDENT INFORMATION

NAME:	AGE:	GENDER:	RACE:
Sanchez, Raul	3 Years	Male	White

LAW ENFORCEMENT INFORMATION

AGENCY:	LEA CASE #:	LEA INVESTIGATOR:
Brevard County SO	2018-5483	

DEATH INFORMATION

DATE OF DEATH:	TIME OF DEATH:	DEATH STATUS:
01/23/2018	23:57:00	Hospital Pronounced

EXAM INFORMATION

EXAM TYPE:	DATE OF EXAM:	MEDICAL EXAMINER:
External	01/23/2018	Sara Zydowicz D.O.

CAUSE & MANNER OF DEATH INFORMATION

CAUSE OF DEATH A:	Anoxic encephalopathy following resuscitated cardiopulmonary arrest
B:	Drowning
C:	
D:	
PART II: Other significant conditions contributing to death	
MANNER OF DEATH:	Accident