

EXHIBIT 35



COUNTY OF EL PASO
OFFICE OF THE MEDICAL EXAMINER
AND FORENSIC LABORATORY

Autopsy Report
Case 2026-0007

GERALDO LUNAS CAMPOS

Cause of Death: Asphyxia due to Neck and Torso Compression

Manner of Death: Homicide

A handwritten signature in black ink, appearing to read "Adam C. Gonzalez", is written over a horizontal line.

Adam C. Gonzalez, MD
Deputy Medical Examiner for El Paso County, Texas

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2026-0007

AUTOPSY REPORT



POSTMORTEM EXAMINATION

An autopsy is performed on the body of Geraldo Lunas Campos at the El Paso County Office of the Medical Examiner, State of Texas, on the 5th day of January 2026, commencing at 10:10 AM. The body is received within a body bag with a label bearing the decedent's name. Items of clothing and personal effects are inventoried separately.

EXTERNAL EXAMINATION (EXCLUDING INJURIES)

The body is that of a well-developed, overweight (body mass index: 27.4 kg/m²), adult, White male who weighs 191 pounds, is 70 inches in length, and has a reported age of 55 years. The body is cold (refrigerated). Rigor mortis is fixed. Blanching livor mortis extends over the posterior surfaces of the body, except in areas exposed to pressure.

The scalp hair is black, straight, and measures 0.3 cm in length over the crown. The irides are brown. The pupils are round. The corneae are translucent. The sclerae are congested, and the conjunctivae are congested. The nose and ears are normally formed. The decedent wears a 0.3 cm mustache and beard. The teeth are natural and in fair condition. The neck is unremarkable. The thorax is well-developed and symmetrical. The abdomen is protuberant. The anus is free of lesions. The spine is normally formed, and the surface of the back is free of lesions. The external genitalia are those of a normal adult male. The upper and lower extremities are well developed and symmetrical, without absence of digits.

Identifying marks include pierced earlobes and tattoos on the right upper arm and bilateral forearms.

Evidence of medical intervention includes defibrillator pads affixed to the chest, cardiac monitor pads affixed to the abdomen and right upper arm, an intraosseous catheter protruding from the left shoulder, a vascular access catheter protruding from the right antecubital fossa, and a needle puncture in the left antecubital fossa.

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EVIDENCE OF INJURY

DESCRIPTION OF INJURIES:

- I. Head and neck
 - A. Hemorrhage:
 - 1. Bilateral petechial hemorrhages of the eyelid conjunctivae
 - 2. Hemorrhage in the connective tissues associated with the foramen magnum
 - B. Neck
 - 1. A diffuse region of erythema with discontinuous blanching and petechial hemorrhages at the anterior aspect of the neck
 - 2. Hemorrhage associated with the sternocleidomastoid muscles and right sternohyoid muscles
- II. Thorax, abdomen, and pelvis
 - A. External:
 - 1. 3 x 0.5 cm dry abrasion on the right lateral aspect of the chest
 - 2. Two 1 x 1 cm dry abrasions on the right lateral aspect of the chest
- III. Lower extremities
 - A. External
 - 1. 0.8 cm dry abrasion of the right knee
 - 2. 2 x 1 cm dry abrasion of the right knee
 - 3. 1 x 0.5 cm dry abrasion of the left knee

Injuries related to resuscitative attempts include a sternal fracture and multifocal fractures of the left 2nd-7th ribs as well as the right 2nd-6th ribs.

INTERNAL EXAMINATION (EXCLUDING INJURIES)

BODY CAVITIES:

No adhesions or abnormal collections of fluid are in any of the body cavities. All body organs are in normal and anatomic position. The serous surfaces are smooth and glistening.

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HEAD (CENTRAL NERVOUS SYSTEM):

The brain weighs 1340 grams. The dura mater and falx cerebri are intact and not adherent to the brain. The leptomeninges are thin and transparent. There is no epidural, subdural, or subarachnoid hemorrhage. The cerebral hemispheres are symmetrical. The structures at the base of the brain, including cranial nerves and blood vessels, are free of abnormality. Sections through the cerebral hemispheres reveal no lesions within the cortex, subcortical white matter, or deep parenchyma of either hemisphere. The cerebral ventricles are of normal caliber. Sections through the brain stem and cerebellum reveal no lesions.

NECK:

Examination of the large vessels reveals no abnormalities. The hyoid bone and larynx are intact. The tongue is normal.

CARDIOVASCULAR SYSTEM:

The heart weighs 450 grams. The pericardial sac is free of significant fluid or adhesions. The pericardial surfaces are smooth and glistening. The coronary arteries arise normally and follow the distribution of a right dominant pattern with no significant atherosclerosis. The chambers and valves are proportionate. The valves are normally formed, thin and pliable, and free of vegetations and degenerative changes. The following circumferential valve measurements are obtained: tricuspid valve, 13 cm; pulmonic valve, 9.5 cm; mitral valve, 10.5 cm; and aortic valve, 7.5 cm. The myocardium is dark red-brown, firm, and free of focal or regional fibrosis, erythema, pallor, or softening. The atrial and ventricular septa are intact, and the septa and free walls are free of muscular bulges. The left ventricle measures 1 cm, and the right ventricle measures 0.4 cm in thickness as measured 1 cm below the respective atrioventricular valve annuli. The interventricular septum is 1.4 cm thick. The aorta and its major branches arise normally and follow the usual course, with no significant atherosclerosis. The orifices of the major aortic vascular branches are patent. The vena cava and its major tributaries are patent and return to the heart in the usual distribution and are unremarkable.

RESPIRATORY SYSTEM:

The right and left lungs weigh 580 and 580 grams, respectively. The upper and lower airways are unobstructed, and the mucosal surfaces are smooth and yellow-tan. The pleural surfaces are

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smooth, glistening, and unremarkable. The pulmonary parenchyma is dark red-purple, and the cut surfaces exude moderate amounts of blood and frothy fluid. The pulmonary arteries are normally developed and without thromboemboli and atherosclerosis.

LIVER AND BILIARY SYSTEM:

The liver weighs 1480 grams. The hepatic capsule is smooth, glistening, and intact, and covers red-brown parenchyma. The gallbladder contains 20 mL of viscid bile without stones.

ALIMENTARY TRACT:

The esophagus is lined by gray-white, smooth mucosa. The gastric mucosa is arranged in the usual rugal folds, and the lumen contains 250 mL of partially digested food fragments. The serosa of the small bowel is smooth and glistening. The small bowel contains partially digested food. There are no mucosal lesions of the small and large bowel. The colon contains formed stool. The appendix is present. The pancreas has a normal tan, lobulated appearance.

GENITOURINARY TRACT:

The right and left kidneys weigh 130 and 140 grams, respectively. The renal capsules are smooth, thin, semitransparent, and strip with ease from the underlying smooth, red-brown, and firm cortical surfaces. The cortices are of normal thickness and are well delineated from the medullary pyramids. The calyces, pelves, and ureters are non-dilated and free of stones. The urinary bladder contains 100 mL of clear yellow urine; the mucosa is gray-tan and trabeculated. The bilaterally descended testes are of normal size and consistency. The prostate is enlarged.

RETICULOENDOTHELIAL SYSTEM:

The spleen weighs 190 grams and has a smooth intact capsule covering red-purple, moderately firm parenchyma. The splenic white pulp is grossly indiscernible. No regional lymph node enlargement is noted.

ENDOCRINE SYSTEM:

The pituitary gland is of normal size. The thyroid gland is of normal position, size, and texture. The adrenal glands have normal cut surfaces with yellow cortices and gray medullae.

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MUSCULOSKELETAL SYSTEM:

The bony framework, supporting musculature, and soft tissues are not unusual. The cervical spinal column is stable on internal palpation.

MICROSCOPIC EXAMINATION

No microscopic sections were taken.

RADIOGRAPHS

Full-body radiographs are taken.

PATHOLOGIC DIAGNOSES

- I. Asphyxia due to Neck and Torso Compression

OPINION

According to reports, this 55-year-old man, Geraldo Lunas Campos, was witnessed to become unresponsive while being physically restrained by law enforcement. Emergency medical services were summoned, resuscitative efforts were performed, and death was pronounced on scene.

The decedent's medical history was significant for bipolar disorder and anxiety.

Autopsy revealed a well-developed, overweight man with scattered superficial abrasions about the body. There was hemorrhage involving the strap muscles and connective tissues of the neck. Petechial hemorrhages were also noted in the eyelids and skin of the neck.

Postmortem toxicology testing detected the presence of trazodone and hydroxyzine. Please see separate report.

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Based on the investigative and examination findings, it is my opinion that the cause of death is asphyxia due to neck and torso compression. The manner of death is homicide.

Final: 1/21/2026



NMS Labs

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Robert A. Middleberg, PhD, F-ABFT, DABCC-TC, Laboratory Director

Toxicology Report

Report Issued 01/15/2026 13:01

To: 10233

El Paso County Medical Examiner's Office

Attn: Morgue

4505 Alberta Avenue

El Paso, TX 79905

Patient Name CAMPOS, GERALDO L

Patient ID ME 26-0007

Chain NMSCP507288

DOB 02/08/1970

Sex Male

Workorder 26007638

Positive Findings:

Analyte	Result	Units	Matrix Source
Naloxone	Presump Pos	ng/mL	001 - Femoral Blood
Trazodone	0.27	mcg/mL	001 - Femoral Blood
Hydroxyzine	120	ng/mL	001 - Femoral Blood

See Detailed Findings section for additional information

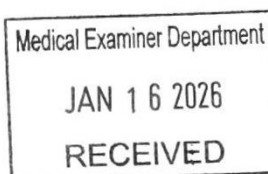
Testing Requested:

Test	Test Name
1009B	Carbon Monoxide Exposure, Blood
8052B	Postmortem, Expanded, Blood (Forensic)
8050U	Postmortem, Urine Screen Add-On (6-MAM Quantification only) (Forensic)

Specimens Received:

ID	Tube/Container	Volume/ Mass	Collection Date/Time	Matrix Source	Labeled As
001	NaF/KOx Plastic Tube	9.75 mL	01/05/2026 10:22	Femoral Blood	ME26-0007
002	Lavender (Purple) Stopper Plastic Tube	6 mL	01/05/2026 10:22	Femoral Blood	ME26-0007
003	White Cap Plastic Container	50 mL	01/05/2026 10:20	Urine	ME26-0007

All sample volumes/weights are approximations.
Specimens received on 01/07/2026.





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Patient ID ME 26-0007

Detailed Findings:

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Naloxone	Presump Pos	ng/mL	1.0	001 - Femoral Blood	LC/TOF-MS
This test is an unconfirmed screen. Confirmation by a more definitive technique is recommended.					
Trazodone	0.27	mcg/mL	0.050	001 - Femoral Blood	LC-MS/MS
Hydroxyzine	120	ng/mL	5.0	001 - Femoral Blood	LC-MS/MS

Examination of the specimen(s) submitted did not reveal any reportable findings by procedure(s) outlined in the accompanying Analysis Summary, other than those listed above. Interpretation of reported findings should be based on the totality of available case information. Reference information is not case-specific but is provided as a general guide.

Reference Comments:

1. Hydroxyzine (Atarax®; Hydroxyzine Hydrochloride; Vistaril®) - Femoral Blood:

Hydroxyzine is a piperazine-derivative antihistamine with central nervous system depressant activity. Therapeutically, it is administered orally or by injection for various conditions, including the symptomatic management of anxiety, pruritus, and urticaria, as well as for sedative properties. Hydroxyzine is also used to manage agitation associated with acute alcohol withdrawal and to control motion sickness and nausea and vomiting of various causes. Additionally, hydroxyzine has been detected as an adulterant in illicit cocaine.

The drug has a half-life of approximately 13-27 hr and is primarily metabolized to cetirizine and norchlorcyclizine, also known as norhydroxyzine.

Following a single oral dose of 25-100 mg, reported peak serum concentrations range from 20 to 80 ng/mL. Adverse effects of hydroxyzine include tremor, drowsiness, and dry mouth. In fatal overdose cases, reported blood concentrations range 1100-39000 ng/mL.

The blood to serum or plasma ratio is unknown.

2. Trazodone (Trazamine®) - Femoral Blood:

Trazodone (Desyrl®, Oleptro®) is an antidepressant prescribed for major depressive and anxiety disorders and used off-label to treat insomnia. Its anti-depressant effects are primarily due to the inhibition of the reuptake of serotonin, though its full mechanism of action is not fully understood. Trazodone is administered orally, with tablets available from 50 to 300 mg. It is metabolized in the liver by CYP3A4 to the active metabolite m-chlorophenyl piperazine (mCPP) and is excreted in the urine with an elimination half-life of approximately 5-9 hr.

Peak plasma concentrations following a 100 mg dose occur within 1-2 hr and yield concentrations averaging 1.5 mcg/mL. Steady-state plasma concentrations following 150 mg doses yielded mean trazodone concentrations of 0.619 mcg/mL, with a mean mCPP/trazodone ratio of 0.10.

Adverse events and signs of trazodone toxicity include nausea, dizziness, central nervous system depression, and in severe cases, prolongation of QT intervals leading to cardiac arrhythmias. In a review of 37 postmortem cases, the upper limit of therapeutic blood concentrations is generally less than 2.0 mcg/mL, and fatalities due to trazodone alone exceed 9.0 mcg/mL.

The blood to plasma ratio is approximately 0.65.

Sample Comments:

- 001 County: El Paso
- 001 Physician/Pathologist Name: Adam Gonzalez, MD



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Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded one (1) year from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed.

Workorder 26007638 was electronically signed on
 01/15/2026 12:51 by:

Kristopher W. Graf, M.S., D-ABFT-FT
 Forensic Toxicologist

Analysis Summary and Reporting Limits:

The following test(s) were performed for this case; the scope of each test includes the analyte(s) listed along with the associated reporting limit(s). The reporting limit is the lowest concentration of the analyte that will be reported as positive. Only results that meet reporting criteria at or above the reporting limit appear in the Positive Findings section of the report.

Test 1009B - Carbon Monoxide Exposure, Blood: 002 - Femoral Blood

-Analysis by Gas Chromatography/Mass Spectrometry (GC/MS) for:

<u>Analyte</u>	<u>Rpt. Limit</u>	<u>Analyte</u>	<u>Rpt. Limit</u>
Carboxyhemoglobin	2 %Saturation		

Test 52295B - Trazodone and mCPP Confirmation, Blood: 001 - Femoral Blood

-Analysis by High Performance Liquid Chromatography/ Tandem Mass Spectrometry (LC-MS/MS) for:

<u>Analyte</u>	<u>Rpt. Limit</u>	<u>Analyte</u>	<u>Rpt. Limit</u>
Trazodone	0.050 mcg/mL	mCPP	0.050 mcg/mL

Test 52442B - Hydroxyzine Confirmation, Blood: 001 - Femoral Blood

-Analysis by High Performance Liquid Chromatography/ Tandem Mass Spectrometry (LC-MS/MS) for:

<u>Analyte</u>	<u>Rpt. Limit</u>	<u>Analyte</u>	<u>Rpt. Limit</u>
Hydroxyzine	5.0 ng/mL		

Test 53029B - Gabapentin Confirmation, Blood (Forensic): 001 - Femoral Blood

-Analysis by High Performance Liquid Chromatography/ Tandem Mass Spectrometry (LC-MS/MS) for:

<u>Analyte</u>	<u>Rpt. Limit</u>	<u>Analyte</u>	<u>Rpt. Limit</u>
Gabapentin	1.0 mcg/mL		

Test 8050U - Postmortem, Urine Screen Add-On (6-MAM Quantification only) (Forensic): 003 - Urine

-Analysis by Enzyme Immunoassay (EIA) for:

<u>Analyte</u>	<u>Rpt. Limit</u>	<u>Analyte</u>	<u>Rpt. Limit</u>
Amphetamines	500 ng/mL	Fentanyl / Metabolite	2.0 ng/mL
Barbiturates	0.30 mcg/mL	Methadone / Metabolite	300 ng/mL
Benzodiazepines	50 ng/mL	Opiates	300 ng/mL



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Analysis Summary and Reporting Limits:

<u>Analyte</u>	<u>Rpt. Limit</u>	<u>Analyte</u>	<u>Rpt. Limit</u>
Cannabinoids	50 ng/mL	Oxycodone / Oxymorphone	100 ng/mL
Cocaine / Metabolites	150 ng/mL	Phencyclidine	25 ng/mL

Test 8052B - Postmortem, Expanded, Blood (Forensic): 001 - Femoral Blood

-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for:

<u>Analyte</u>	<u>Rpt. Limit</u>	<u>Analyte</u>	<u>Rpt. Limit</u>
Barbiturates	0.040 mcg/mL	Salicylates	120 mcg/mL
Cannabinoids	10 ng/mL		

-Analysis by Headspace Gas Chromatography (GC) for:

<u>Analyte</u>	<u>Rpt. Limit</u>	<u>Analyte</u>	<u>Rpt. Limit</u>
Acetone	5.0 mg/dL	Isopropanol	5.0 mg/dL
Ethanol	10 mg/dL	Methanol	10 mg/dL

-Analysis by High Performance Liquid Chromatography/Time of Flight-Mass Spectrometry (LC/TOF-MS) for: The following is a general list of analyte classes included in this screen. The detection of any specific analyte is concentration-dependent. Note, not all known analytes in each specified analyte class are included. Some specific analytes outside of these classes are also included. For a detailed list of all analytes and reporting limits, please contact NMS Labs. Amphetamines, Anticonvulsants, Antidepressants, Antihistamines, Antipsychotics, Benzodiazepines, CNS Stimulants, Cocaine and Metabolites, Hallucinogens, Hypnotics, Muscle Relaxants, Non-Steroidal Anti-Inflammatory Agents, Opiates and Opioids.

This test is pending New York State approval.

End of Report