

RTK REQUEST NUMBER

DATE RECEIVED

5 DAY RESPONSE DATE

COUNTY OF LUZERNE

RIGHT TO KNOW LAW REQUEST FORM

NAME OF REQUESTER: St John Charlotte
 (PLEASE PRINT CLEARLY) LAST FIRST MI

MAILING ADDRESS: PO Box 183
 STREET / P.O. BOX

Brownsville Pa 15417
 CITY STATE ZIP CODE

PHONE # 724-785-7979 FAX# Cell 724-880-6767

EMAIL ADDRESS: charstjohn@verizon.net

SIGNATURE: _____ DATE: _____

RECORDS REQUESTED - Requesters MUST specify the document(s) sought. Please use additional pages if necessary.

Police incident reports dated March 24, 2016 pertaining to incidents at 145 Jackson Road

Shavertown, Pa 18708 completed by the Lehman and Jackson Township police.

also pictures taken by Dpty Coroner Dennis Dobinick of Justin Brezovsk
on March 24, 2016 as documented in enclosed Coroner's Report

PLEASE CHECK ONE OF THE FOLLOWING:

- I AM ONLY REQUESTING ACCESS TO THE DOCUMENT(S)
 I AM REQUESTING A HARD COPY OF THE DOCUMENT(S) (PAPER, CD, etc...)
 I AM REQUESTING AN E-FILE OF THE DOCUMENT(S) (IF AVAILABLE) (PDF, EXCEL SPRDSHT, etc...)

OFFICE OF THE CORONER
20 N. Penn Ave. Suite 201 Wilkes-Barre, PA 18701
CORONERS REPORT

DATE: March 24, 2016

FULL NAME OF DECEASED: Justin Jon Brezovsky
ADDRESS: 145 Jackson Rd. CITY Shavertown COUNTY Luzerne
STATE PA ZIP 18708 SEX Male COLOR White
AGE 34 DATE OF BIRTH _____ MARITAL STATUS _____
RELIGION _____ FULL NAME OF SPOUSE _____
OCCUPATION Surveyor SOCIAL SECURITY NUMBER _____
PLACE OF BIRTH (OR FOREIGN COUNTRY) PA COUNTY Luzerne
CITY _____ CITIZEN OF WHAT COUNTRY U.S. VETERAN YES NO
PERSON NOTIFIED OF _____ LATIONSHIP _____
ADDRESS _____ CITY _____ STATE PA ZIP 18708
TELEPHONE NUMBER _____

PLACE OF DEATH

ADDRESS OR LOCATION 145 Jackson Rd.
CITY OR TWP Shavertown/Lehman Twp. COUNTY Luzerne STATE PA
DATE OF PRONOUNCEMENT OF DEATH 03/24/2016 TIME 10:30
DAY OF THE WEEK Thursday
IF HOSPITAL OR INSTITUTION: DATE OF ADMISSION _____ TIME _____
IF HOSPITAL OR INSTITUTION: DOA ER OR SURGICAL ICU
 CORONARY CARE OB DEPT. INPATIENT OTHER _____
PRONOUNCED DEAD BY Dennis Dobinick TITLE Deputy Coroner
WHERE WAS THE DECEASED ORIGINALLY REMOVED FROM: _____
HOW WAS THE DECEASED TRANSPORTED: AMBULANCE: NAME OF UNIT _____
 OTHER _____
MANNER OF DEATH ~~Pending Investigation~~ Accidental
 UNDER INVESTIGATION: FINAL DEATH CERTIFICATE ISSUED ON May 2, 2016

CAUSE OF DEATH

IMMEDIATE CAUSE: ~~Pending Investigation~~ Pulmonary edema
DUE TO: Drug overdose (polypharmacy)
DUE TO: _____
DUE TO: _____
OTHER SIGNIFICANT CONDITIONS _____
DEATH CERTIFICATE SIGNED BY _____
ADDRESS _____ CITY _____ STATE PA

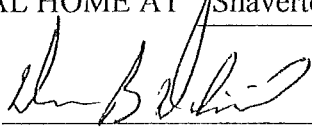
RESIDENTIAL STATUS Surveyor SOCIAL SECURITY NUMBER _____
PLACE OF BIRTH (OR FOREIGN COUNTRY) PA COUNTY Luzerne
CITIZEN OF WHAT COUNTRY U.S. VETERAN YES NO
DATE NOTIFIED OF DEATH _____ RELATIONSHIP _____
ADDRESS _____ CITY _____ STATE PA ZIP 18708
PHONE NUMBER _____

PLACE OF DEATH

ADDRESS OR LOCATION 145 Jackson Rd.
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TYPE OF CARE OB DEPT. INPATIENT OTHER _____
ANNOUNCED DEAD BY Dennis Dobinick TITLE Deputy Coroner
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HOW WAS THE DECEASED TRANSPORTED: AMBULANCE: NAME OF UNIT _____
WHERE
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ORDER INVESTIGATION: FINAL DEATH CERTIFICATE ISSUED ON May 2, 2016

CAUSE OF DEATH

IMMEDIATE CAUSE: ~~Pending Investigation~~ Pulmonary edema
MANNER OF DEATH: Drug overdose (polypharmacy)
OTHER CAUSES OF DEATH: _____
OTHER CAUSES OF DEATH: _____
OTHER CAUSES OF DEATH: _____
OTHER SIGNIFICANT CONDITIONS _____
WHO SIGNED THE CERTIFICATE _____
ADDRESS _____ CITY _____ STATE PA
PROFESSION NO YES - BY WHOM Mary Pascucci TITLE MD
PLACE OF AUTOPSY Wilkes-Barre General Hospital DATE 03/26/2016
START OF AUTOPSY 10:00 ENDED _____
BLOOD DRAWN: NO YES - BY WHOM Thomas Moran TITLE Dpty Coroner
DATE DRAWN: 03/24/2016 TIME DRAWN _____
WHO WERE NOTIFIED: NO YES - NAME OF DEPT. Lehman Twp.
NOTIFYING PHYSICIAN: Chief Howard Kocher
WHEREAS: BODY RELEASED TO Snowdon FUNERAL HOME AT Shavertown
WAS THIS A CREMATION YES NO


DEPUTY CORONER

CORONERS REPORT

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NAME OF DECEASED: _____

MANNER OF DEATH: _____

LOCATION WHERE BODY WAS FOUND PLACE WHERE INCIDENT OCCURRED
LOCATION _____

CITY OR TOWNSHIP: _____ COUNTY Luzerne STATE PA

DATE _____ TIME _____ DAY OF WEEK _____

IF TURNPIKE OR INTERSTATE HIGHWAY: MILE POST NUMBER _____

STATE HOW INJURIES WERE RECEIVED: _____

DID INJURIES OCCUR WHILE AT WORK YES NO

IDENTIFICATION

NAME OF PERSON IDENTIFYING REMAINS: _____

ADDRESS _____ CITY _____ STATE PA

RELATIONSHIP Wife TELEPHONE NUMBER (570) _____

PLACE OF IDENTIFICATION: _____ DATE _____

TIME: 11:35

IF IDENTIFICATION WAS BY OTHER MEANS THAN EYEBALL ID STATE HOW: Also PA Operators

License Photo _____

PHOTOS & FINGERPRINTS

SCENE PHOTOS: _____ DEPT. _____

BODY PHOTOS: Dennis Dobinick DEPT. Coroner's Office

FINGERPRINTS: _____ DEPT. _____

INVESTIGATING OFFICERS/DETECTIVES: Chief Howard Kocher

VEHICULAR RELATED DEATHS

VICTIM WAS: DRIVER PASSENGER PEDESTRIAN UNKNOWN

WAS VICTIM BELTED: YES NO UNKNOWN

CONDITION OF ROADWAY: _____ WEATHER: _____ TEMPERATURE (IF NEEDED) _____

HOW MANY VEHICLES INVOLVED: _____ TYPE: _____

#1 VEHICLE: DRIVER: _____

PASSENGERS: _____

#2 VEHICLE: DRIVER: _____

PASSENGERS: _____

ID INJURIES OCCUR WHILE AT WORK YES NO

IDENTIFICATION

NAME OF PERSON IDENTIFYING REMAINS: _____

ADDRESS _____ CITY _____ STATE PA _____

RELATIONSHIP Wife TELEPHONE NUMBER (570) _____

PLACE OF IDENTIFICATION: _____ DATE _____

TIME: 11:35

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License Photo _____

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BODY PHOTOS: Dennis Dobinick DEPT. Coroner's Office

FINGERPRINTS: _____ DEPT. _____

INVESTIGATING OFFICERS/DETECTIVES: Chief Howard Kocher

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WAS VICTIM BELTED: YES NO UNKNOWN

CONDITION OF ROADWAY: _____ WEATHER: _____ TEMPERATURE (IF NEEDED) _____

HOW MANY VEHICLES INVOLVED: _____ TYPE: _____

1 VEHICLE: DRIVER: _____

PASSENGERS: _____

2 VEHICLE: DRIVER: _____

PASSENGERS: _____

WITNESSES TO INCIDENT: _____

FOR SUICIDE, HOMICIDE OR COULD NOT BE DETERMINED

TYPE OF WEAPON USED: _____ IF GUN, CALIBER _____

KNIFE ROPE (ETC.) DRUGS CARBON MONOXIDE DROWNING

LIGATURE OTHER: DESCRIBE _____

CORONERS REPORT ADDITIONAL INFORMATION

At 09:45 March 24, 2016 Luzerne County 9 1 1 requested I respond to 145 Jackson Rd. Lehman Twp. for a 33 year old male who passed away.

At 10:23 March 24, 2016 I arrived at the residence and met with Lehman Twp. Police, Back Mountain Regional Medic 30 and Amanda Brezovsky (wife of deceased).

EMS advised they were dispatched to the residence for a report of an unresponsive male. Upon arrival they found the male lying in bed unresponsive, pulse and respirations were absent. EKG indicated asystole, rigor mortis was present. They requested the Coroner's Office notified. EMS stated the deceased had a history of anxiety and was on numerous medications. (see list)

I spoke with Chief Kocher and he stated they had no history of incidents at the residence and both the deceased and his wife were unknown to him.

I entered the residence with Chief Kocher and EMS and found the deceased in his bedroom. The room appeared to be in order with no sign of violence. The deceased was found lying on his back in bed. He was nude and a set of earbuds were in his ears and attached to an I Phone. He was pulseless, respirations were absent and rigor mortis was present. An examination of the deceased found no sign of external trauma. Justin Brezovsky was pronounced dead at 10:30 March 24, 2016.

Chief Kocher and myself could not see anything out of place in the home. No medications were found in the bedroom.

I then spoke with Amanda Brezovsky (wife) she stated that her husband did have a history of anxiety but his mood had been good recently with no problems. She further stated he was on several medications but no non complaint with daily dosage. She stated he came home from work on March 23, 2016 and went out with his metal detector, he then came home and made dinner. After dinner they watched movies on Netflix. While watching movies he did consume several beers. Around 21:30 he stated he was not feeling well and was going to bed. She stated she stay up continuing watching movies. She stated she went to bed around 02:30 at that time she though he was sleeping. She stated she got up around 08:00 and went out to make breakfast. When she returned to wake him she discovered him unresponsive and called 9 1 1.

I then spoke with Coroner Lisman and explained the findings. He requested the deceased be removed to the Luzerne County Morgue for blood work and further examination.

Medications:

Citalopram 1.5 tablets each day
Date filled 3/9/16
Qty 45, Left 35

Alprazolam 0.25 mg 1 at night as needed
Date filled 3/9/16
Qty 24, Left 18

Sertraline HCL 50 mg x 1
Date filled 3/10/16
Qty 30, Left 17

Clonazepam 0.5 mg x 3

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Date filled 3/9/16
Qty 45, Left 35

Alprazolam 0.25 mg 1 at night as needed
Date filled 3/9/16
Qty 24, Left 18

Vertraline HCL 50 mg x 1
Date filled 3/10/16
Qty 30, Left 17

Clonazepam 0.5 mg x 3
Date filled 3/10/16
Qty 90, Left 33

Citalopram HBR 40 mg x1
Filled 2/8/16
Qty 30, Left 3

Citalopram HBR 20 mg x1
Filled 1/18/16
Qty 30, Left 4

Family Doctor:

Richard Oley, MD
16 Church St.
Dallas, PA 18612
570-675-2111

At 16:00 William Lisman advised an autopsy would be preformed on Saturday March 26, 2016 at Wilkes-Barre General Hospital. I did advise Chief Kocher of the autopsy scheduled.

At 10:00 March 26, 2016 an autopsy was preformed by Mary Pascucci.

On Monday March 28, 2016 Amanda Brezovsky contacted me and stated her father had a conversation with the mother of the deceased. At that time his mother stated the deceased was diagnosed with mitral valve prolapse when he was young. Amanda stated she was not aware of his history until now. This information was passed on to William Lisman.