

Statement #:	Coroner:	CIS Case #:
2016-1034-B	20174 - DR Bora, Bishwajit	2016-8196

Personal Details of Deceased

Name:	Ceylan, Raffi	Gender:	Male	Date of Birth:	05/Feb/1973	Age:	43 yrs
Address:	4967 4th Concession RD N						
City:	AMHERSTBURG	Province:	ON	Postal Code:	N9V 2V9		

Investigation Details

Status:	Final	Inquest Required:	No	Death Pronounced:	16/Jul/2016
By what means:	Natural	Death Presumed:			

Environments

Environment(1) PRIMARY

Date: 16/Jul/2016

Municipality: CHAPLEAU

Institution:

Environment: Motor Vehicle - Passenger

Death Factor: Natural Disease - Cardiovascular - Other, perip

Address: Island Lake RD

City: CHAPLEAU

Involvements

828 Field pronouncement/Termination of Resuscitation (T.O.R.)

Reports Expected

Police:	Y	Min. of Labour:	N
Laboratory:	Y	Other:	N
Fire Marshal:	N		

Pathologist

88444 DR Queen, Martin

Hospital

Medical cause of death: Probable Primary Cardiac Arrhythmia

Due to / as a consequence of:

Contributing Factors:

Narrative

Reason for Acceptance: Mr. Raffi Ceylan was a healthy 43-year-old male who died suddenly while camping. This case was accepted for investigation under section 10 of the Coroners Act as a sudden and unexpected death.

Summary of Relevant Facts: Mr. Raffi Ceylan went camping at Top Lake on July 14, 2016. He was part of a group of campers including his son, his girlfriend and others for a total of 12 people (7 adults and 5 children). Mr. Raffi Ceylan had "a few drinks" on the evening of July 15. He was not noted to be drinking excessively or using any drugs. On the morning of July 16, 2016, Mr. Raffi Ceylan went fishing of the dark. He then had breakfast and went four wheeling with a group of friends. He then went blueberry picking before going four wheeling again, and this time with his son. Following this he had lunch at the campsite. He went to the recreational vehicle (RV) where his girlfriend was lying down. After closing the door to the recreational vehicle, once inside, he was noted to fall to his knees and make gurgling noises. The girlfriend yelled for help and a friend attended in the RV. 911 was called and cardiopulmonary resuscitation was commenced. Mr. Ceylan vomited during cardiopulmonary resuscitation and vomit had to be scooped out of his mouth. His lips were noted to be turning blue. The friend attempted to drive the RV but got stuck on Island Lake Road when trying to turn west from an east direction as it was noted that they were going the incorrect direction. The ambulance attendants arrived on scene and continued the resuscitation. A patch was made to Health Sciences North. Mr. Raffi Ceylan was pronounced dead at 16:33 hours on July 16, 2016.

He was then transported to Chapleau Health Services where he was examined by the emergency room physician.

Why is this form
not signed by
Dr. Bora, Bishwajit
And on other forms he
was anal enough to even
initial all pages
See Page 2

QA 12/Jun/2017

What is this
date?
in July of 2017 (year later)?

Printed: 10/May/2018

Day I called Dr. Emily G.
Last action when I would be

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Attendance at Scene: The scene was attended by the police. They did not observe any sign of foul play. No drugs were noted at the scene. There was some evidence of alcohol.

The emergency physician noted that Mr. Raffi was covered in vomit. He had blanching lividity and partial rigor mortis. A bruise was noted over the left eyelid. He noted prominent vascularity of the eyes.

I examined Mr. Raffi Ceylan in the Forensic Pathology Unit at Health Sciences North in Sudbury at approximately 1400 hours on July 18, 2016. He was undergoing a post mortem examination. His pupils were equal. He had a tiny abrasion above the left eye. There was no other evidence of trauma. His torso was open. Lividity was fixed. Rigor mortis was partial.

Past Medical History: Mr. Raffi Ceylan had no past medical history and was on no medications.

Post Mortem Examination: Due to the sudden and unexplained nature of his death, a post mortem examination was ordered. Preliminary results from the post mortem examination were negative showing only pulmonary edema. Both toxicological testing and vitreous chemistry were non-contributory. No alcohol or drugs were found in the blood or urine.

Cardiology genetic testing was performed. A variant in the ANK2 gene was identified. Heterozygous pathogenic variants in ANK2 have been associated with long QT syndrome - a syndrome that can result in sometimes fatal cardiac arrhythmias.

Communications: Primary communication was with the Ontario Provincial Police. Mr. Raffi Ceylan was separated from his wife. In discussion with her, there was no recollection of any medical issues. The decedent's brother revealed no cardiac medical history in the family.

Conclusion and Recommendations: Mr. Raffi Ceylan was a healthy 43-year-old male who died suddenly and unexpectedly while camping. There was no history of trauma or intoxication or past medical problems. Anatomic, toxicological and vitreous chemistry did not yield a cause of death. Cardiology genetic testing identified a variant in the ANK2 gene. This type of variant has been associated with cardiac arrhythmia. The probable primary cause of death was therefore cardiac arrhythmia. The manner of death was natural.

It is recommended that any first degree relatives receive clinical evaluation and follow up. Genetic counselling and targeted testing of family members is recommended.

Regional Supervising Coroner's Note: I have communicated with Mr. Ceylan's widow and reviewed the recommendations for family cardiac follow-up with her. She is also receiving a copy of all the reports.

Coroner's Signature: _____

Date: _____

Why is this form not signed and dated by Dr. Bora Bishwajit??

I, Lucy (Raffi's twin sister) was tested and both my own doctor, Anna King and the cardiologist that examined me and reviewed Raffi's reports told me that they do not think Raffi could have passed away from what the reports indicate - ANK2 gene (variant that was very minutely off compared to a normal healthy person.

These doctor's do not believe this could have caused someone to just drop dead... Poisoning possible.



TOXICOLOGY CORONER'S CASE ANALYTICAL SUMMARY

Date: July 28, 2016
Reference: CEYLAN, Raffi
For: Dr. M. Queen, Pathologist, Sudbury
Investigators: Dr. B. Bora, Coroner, Sudbury
Office of the Chief Coroner, Toronto

CFS File No.: 2016-001036
CFS Request No.: 0002
Incident No.: 16SA198
NP16083740

RESULTS

Item 4 Femoral Blood

MU

Notes Fatal Reference

Cocaine:	not detected
Codeine:	not detected
Fentanyl:	not detected
Hydromorphone:	not detected
Methadone:	not detected
Morphine:	not detected
Oxycodone:	not detected

Item 2 Urine

Ethanol: not detected

LEGEND	T Toxicologically Significant	D Could Cause Death
	I Interpretive Data Note	MU Measurement Uncertainty

REMARKS

A list of drugs detected by the method(s) indicated below can be found in the Technical Information Sheets – Toxicology.

In item 2, no significant findings were detected by the following method: Headspace GC-FID.

In item 4, no significant findings were detected by the following method: LC-MS/MS mix 3.

This summary contains analytical results with general notes regarding the reported drug levels. Numerical values are reported $\pm$ measurement uncertainty, which represents the variability of the analytical method with 95.45% confidence. In the absence of a note stating otherwise, a finding of "detected" means the drug concentration has been determined and is

July 28, 2016

considered not toxicologically significant. For the purpose of this analytical summary no comment on therapeutic efficacy is implied by the detection of a drug.

Other items received, if any, have not been tested. **Select items will be retained following the provisions outlined in the Coroner's Act. Other items, if any, will be retained for three months and then destroyed.**

Attached to this report please find the "Evidence List Report," which relates the laboratory item number to the submitter item number and description.

Technical information sheets and glossaries that define the technical terms used in this report are available for download from the CFS section of the Ministry of Community Safety and Correctional Services (MCSCS) website.

Technical Information Sheet(s) can be accessed using the following hyperlink:

[Technical Information Sheets – Toxicology](#)

This document is intended as a guideline only and does not include detailed interpretations or limitations associated with the reported results. If more information is required, please contact the Northern Regional Laboratory at 705-945-6550 and ask to be redirected to the assigned Toxicology scientist, or email: CFSToxicologyCoronerCoordinator@ontario.ca.



The Centre of Forensic Sciences is an ASCLD/LAB-*International* accredited testing laboratory and conforms with ISO/IEC 17025:2005.

EVIDENCE LIST REPORT

CFS CASE NUMBER:

2016-001036

AGENCY NAME:

Sault Ste Marie OPP

AGENCY CASE NUMBER:

16SA198

<u>CFS ITEM #</u>	<u>PROCESSED DATE</u>	<u>DESCRIPTION</u>
001	19 July, 2016	Heart Blood (Not listed/itemized on form)
002	19 July, 2016	Urine (Not listed/itemized on form)
003	19 July, 2016	Femoral Blood (Not listed/itemized on form)
004	19 July, 2016	Femoral Blood (Not listed/itemized on form)

TOTAL ITEMS FOR THIS AGENCY:

4

TOTAL ITEMS FOR THIS CASE:

4

RUN DATE: 23/08/16
RUN TIME: 1325

Electronic Records
Laboratory Specimen Inquiry

PAGE 1

PATIENT: CEYLAN, RAFFI ACCT: SF000867/17 LOC: SRHSLABNOR U: SH00744325
AGE/SX: 43/M ROOM: REG: 17/07/16
REG DR: Bora, Bishwajit MD, FRCS DOB: 05/02/1973 BED: DIS:
STATUS: REG REF TLOC:

SPEC : 1807:BF000008R COLL: 18/07/16-1541 STATUS: COMP REQ : 06154923
RECD: 18/07/16-1541 SUBM DR: Bora, Bishwajit MD, FRCS
ENTERED: 18/07/16-1542 OTHR DR:
ORDERED: BF Vitreous
QUERIES: Autopsy number: 16SA198

Test	Result	Flag	Reference
BF Source	Vitreous		
BF Na	140		mmol/L
BF Cl	119		mmol/L
BF Glucose	< 1.1		mmol/L
BF Urea	5.4		mmol/L
BF Creatinine	88.0		umol/L

** END OF REPORT **