

**BOARD OF MEDICOLEGAL INVESTIGATIONS
OFFICE OF THE CHIEF MEDICAL EXAMINER**

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Eastern Division
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Tulsa, Oklahoma 74107
(918) 295-3400 Fax (918) 585-1549

Re _____ Co _____

I hereby certify that this is a true and correct copy of the original document. Valid only when copy bears imprint of the office seal.

By _____

Date _____

REPORT OF INVESTIGATION BY MEDICAL EXAMINER

| | | | | |
|---|-----------|-------------------------|---------------|----------|
| DECEDENT First-Middle-Last Names (Please avoid use of initials) TERANCE TAFFORD CRUTCHER | Age 40 | Birth Date 8/16/1976 | Race BLACK | Sex M |
|---|-----------|-------------------------|---------------|----------|

HOME ADDRESS - No. - Street, City, State
1252 NORTH DENVER AVENUE, TULSA, OK

| | | |
|---|-------------------|---------------|
| EXAMINER NOTIFIED BY - NAME - TITLE (AGENCY, INSTITUTION, OR ADDRESS) RN TAMMY COX - SAINT JOHN MEDICAL CENTER | DATE 9/16/2016 | TIME 20:52 |
|---|-------------------|---------------|

| | | | | | |
|---|---------------|-----------------|-----------------------------------|-------------------|-----------------|
| INJURED OR BECAME ILL AT (ADDRESS) 2300 EAST 36TH STREET NORTH | CITY TULSA | COUNTY TULSA | TYPE OF PREMISES ROADWAY | DATE 9/16/2016 | TIME Unknown |
| LOCATION OF DEATH SAINT JOHN MEDICAL CENTER | CITY TULSA | COUNTY TULSA | TYPE OF PREMISES HOSPITAL | DATE 9/16/2016 | TIME 20:19 |
| BODY VIEWED BY MEDICAL EXAMINER 1115 WEST 17TH | CITY TULSA | COUNTY TULSA | TYPE OF PREMISES AUTOPSY SUITE | DATE 9/17/2016 | TIME 8:05 |

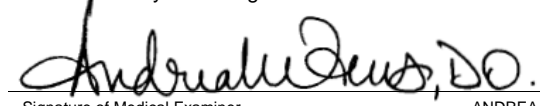
IF MOTOR VEHICLE ACCIDENT: DRIVER PASSENGER PEDESTRIAN

TYPE OF VEHICLE: AUTOMOBILE LIGHT TRUCK HEAVY TRUCK BICYCLE MOTORCYCLE OTHER: _____

| DESCRIPTION OF BODY | RIGOR | LIVOR | EXTERNAL OBSERVATION | | NOSE | MOUTH | EARS |
|-------------------------------|---|--|---|--|--------------------------|--------------------------|--------------------------|
| | | | | | BLOOD | OTHER | |
| EXTERNAL PHYSICAL EXAMINATION | Jaw <input type="checkbox"/> Complete <input type="checkbox"/> Neck <input type="checkbox"/> Absent <input type="checkbox"/> Arms <input type="checkbox"/> Passing <input type="checkbox"/> Legs <input type="checkbox"/> Passed <input type="checkbox"/> Decomposed <input type="checkbox"/> | Color _____ Lateral <input type="checkbox"/> Posterior <input type="checkbox"/> Anterior <input type="checkbox"/> Regional _____ | Beard _____ Hair _____ Eyes: Color _____ Mustache _____ Opacities _____ Pupils: R _____ L _____ Body Length _____ Body Weight _____ | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Significant observations and injury documentations - (Please use space below)
*** SEE AUTOPSY PROTOCOL ***

| | | |
|---|--|---|
| Probable Cause of Death: PENETRATING GUNSHOT WOUND OF CHEST | Manner of Death: Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Pending <input type="checkbox"/> | Case disposition: Autopsy <u>YES</u> Authorized by <u>ANDREA L. WIENS D.O.</u> Pathologist <u>ANDREA L. WIENS D.O.</u> Not a medical examiner case <input type="checkbox"/> |
| | Other Significant Medical Conditions: | |

| | | |
|---|--|--|
| MEDICAL EXAMINER: Name, Address and Telephone No. ANDREA L. WIENS D.O. 1115 W 17TH TULSA, OK 74107 | I hereby state that, after receiving notice of the death described herein, I conducted an investigation as to the cause and manner of death, as required by law, and that the facts contained herein regarding such death are true and correct to the best of my knowledge.  Signature of Medical Examiner ANDREA L. WIENS D.O. Computer generated report | 10/11/2016 Date Signed 9/17/2016 Date Generated 1604723 |
|---|--|--|



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| |
|---|
| CERTIFICATION I hereby certify that this document is a true and correct copy of the original document. Valid only when copy bears imprint of the office seal. By _____ Date _____ |
|---|

REPORT OF AUTOPSY

| | | | | |
|--|------------------------------|---|-------------------|-----------------|
| Decedent TERANCE TAFFORD CRUTCHER | Age 40 | Birth Date 8/16/1976 | Race BL | Sex M |
| Case Number 1604723 | ID By FINGERPRINTS | Authority for Autopsy ANDREA L. WIENS, D.O. | | |

Present at Autopsy
JUSTICE PAYNE; LESLIE TRAN; GENA FLOYD; ANDREA L. WIENS, DO

PATHOLOGIC DIAGNOSES

- I. Penetrating gunshot wound of chest
 - A. Lacerations, skin, subcutaneous soft tissues, and skeletal muscles, right lateral chest
 - B. Fractures, right ribs 4-6, left rib 5
 - C. Lacerations, right upper and middle lung lobes, pericardium, right ventricle, left lower lung lobe
 - D. Right hemothorax, 200 mL
 - E. Left hemothorax, 100 mL
 - F. Hemopericardium, 120 mL
 - G. Purple soft tissue hemorrhage, mediastinum and pericardium
 - H. Lacerations, skeletal muscles and subcutaneous soft tissues, left lateral chest
- II. Acute phencyclidine intoxication
- III. Obesity (Body Mass Index 37 kg/m²)
- IV. Cardiomegaly (610 grams) with eccentric left ventricular hypertrophy
- V. Cholesterosis
- VI. Laceration with subgaleal hematoma, left parietal scalp
- VII. Abrasions, left lower leg
- VIII. Phthisis bulbi, right eye
- IX. Right eye prosthetic cap
- X. Medical therapy consistent with cardiopulmonary resuscitative efforts

CAUSE OF DEATH: PENETRATING GUNSHOT WOUND OF CHEST

MANNER OF DEATH: HOMICIDE

The facts stated herein are true and correct to the best of my knowledge and belief.

OCME Eastern Division 9/17/2016 8:05 AM

ANDREA L. WIENS, D.O.

Pathologist

Location of Autopsy

Date and Time of Autopsy

MEDICOLEGAL INVESTIGATION

CIRCUMSTANCES OF DEATH:

Received for autopsy examination is the body of a 40-year-old man (DOB: 08/16/1976) who was reportedly shot by police. Emergency medical services responded to the scene and transported him to the hospital where death was pronounced shortly after arrival.

AUTHORIZATION:

The postmortem examination is performed under the authorization of the Office of the Chief Medical Examiner, Eastern Division, Tulsa, Oklahoma.

IDENTIFICATION:

The body is identified by fingerprint comparison performed by the Oklahoma State Bureau of Investigation. Digital photographs of the decedent are taken.

POSTMORTEM EXAMINATION

The postmortem examination of Terance Crutcher is performed at the Office of the Chief Medical Examiner, Eastern Division, Tulsa, Oklahoma, on September 17, 2016, commencing at 08:05 hours.

Received for autopsy examination is the body of a well-developed, obese, adult black man who appears the stated age of 40 years. Body transport bag seal number 7091690. The body weighs 254.5 pounds and is 69 inches in length.

CLOTHING AND PERSONAL EFFECTS:

The decedent is clad in socks, shorts, and underwear. There is a prosthetic cap in the right orbit. The hands are received covered by brown paper bags secured by tape at the forearms/elbows.

EXTERNAL EXAMINATION:

The body is cool to the touch. Rigor mortis is strong in the jaw, upper and lower extremities. There is posterior, pink/purple, blanching livor mortis.

The scalp hair is shaved. Inspection and palpation of the scalp reveal no masses, ulcers, or other lesions other than injury as described below. There is a black beard and mustache on the face. Eyebrows and eyelashes are full with normal distribution. The left iris is brown. The right eye is shrunken and covered by a prosthetic cap. Conjunctivae are pale and without petechiae. Ears, nose, and lips are normal. Nares are patent. The nasal septum appears straight. Natural teeth are present and in a fair state of repair.

The neck is thick. No cervical masses are palpable. The chest and breasts are symmetrical and of normal configuration for an adult man. The nipples are normal. The abdomen is symmetrical and without organomegaly or palpable masses. External genitalia are those of a normal adult man. No lesions are evident. Both testes are in the scrotum and are normal to palpation.

The skin is smooth and soft. The upper and lower extremities are symmetrical. No edema is present. There is no muscle wasting, discoloration, clubbing, or other abnormality in the hands or feet. Examination of the back shows no evident kyphoscoliosis. No decubital ulcers or other lesions are present. The anus and perineum are unremarkable.

Postmortem radiography (x-rays): Radiopaque object identified in left chest consistent with retained projectile fragment.

Trace evidence collected at autopsy: Right and left hand bags; right and left hand fingernail swabs; plucked facial and pubic hair; oral and rectal swabs; DNA blood card; clothing and personal effects; retained projectile fragment.

IDENTIFYING MARKS AND SCARS:

Tattoos include: "In Loving Memory" and portrait, illegible script letters, "9-30-91" and "9-8-08", left upper arm; multiple script names, ventral left forearm; "Leo", cat face, and "Crutch", right upper arm. Multiple scars are identified, including: ½" diameter keloid, left supraclavicular chest; 1" linear old scar, left ventral radial wrist; 5" curvilinear scar, left mid-anterior-lateral lower leg; 1" diameter irregular old scar, right proximal posterior lower leg.

MEDICAL THERAPY:

The following evidence of medical intervention is present: Endotracheal tube; three defibrillator pads, torso, and one off of body; four electrocardiogram pads, torso; wound dressing, right lateral chest; intraosseous line, left tibia; hospital bracelet, left ankle.

EVIDENCE OF RECENT INJURY:

Injuries are described in outline form. Roman numerals, Arabic numerals and lettering do not imply the order in which wounds were received.

I. Penetrating gunshot wound of chest

- a. Entrance: Right lateral chest, ⅜" diameter round laceration with concentric 1/16" wide pink abraded margin, 55 ¼" above soles of feet, 9" right of anterior midline, and 3 ¾" lateral and slightly superior to right nipple; no fouling or stippling identified
- b. Exit: None
- c. Injuries:
 - i. Lacerations, skin, subcutaneous soft tissues, and skeletal muscles, right lateral chest
 - ii. Transverse fracture, right anterior-lateral rib 4
 - iii. Comminuted fractures, right anterior-lateral ribs 5 and 6, with associated lacerations of intercostal skeletal muscles and soft tissue hemorrhage
 - iv. Lacerations, right upper and middle lung lobes, pericardium, right ventricle (approximately 5" length discontinuous transmural laceration through lateral and anterior surfaces, perforating, entering near and involving the inferior edge of the right atrium / tricuspid valve and exiting through the anterior right ventricular wall near the apex of the heart), left lower lung lobe (graze)
 - v. Right hemothorax, approximately 200 mL liquid blood
 - vi. Left hemothorax, approximately 100 mL liquid blood
 - vii. Hemopericardium, approximately 120 mL liquid blood
 - viii. Purple soft tissue hemorrhage, mediastinum and pericardium
 - ix. Perforating fracture, left anterior-lateral rib 5
 - x. Lacerations, skeletal muscles and subcutaneous soft tissues, left lateral chest
- d. Projectile recovery: One gray metal projectile fragment with attached copper colored jacket recovered from left anterior chest subcutaneous soft tissues 52" above soles of feet and 8" left of anterior midline, measuring ⅜" diameter at the base, 5/16" length with parallel grooves along the length, and ¾" diameter at the mushroomed-open nose; photographed and submitted as Trace Evidence
- e. Trajectory: Right to left, downward, slightly back to front

II. Blunt force injuries

- a. Head/neck: 1" laceration, left parietal scalp, with associated 4" diameter subgaleal hematoma
- b. Torso: None identified
- c. Extremities:
 - i. 4" curvilinear healing abrasion, left anterior-medial proximal lower leg
 - ii. 4" curvilinear healing abrasion, left mid-anterior-lateral lower leg

The injuries above, once stated, will not be repeated below.

INTERNAL EXAMINATION:

The body is opened with the usual Y-shaped incision. The thoracic and abdominal organs are in their normal anatomic positions. There is blood in the chest cavities and pericardium as described above. There is no excess fluid or air in the abdominal cavity. Serous surfaces are smooth and glistening. Extensive dense adhesions are present between the right and left lungs and the anterior, lateral, and posterior chest walls. The stomach and bowel are not distended. The omentum is normal. No abnormal masses are identified.

Weights of the internal organs are as follows, and, unless specified below, show no evidence of congenital or acquired disease.

| | |
|---------------|-------------|
| Brain: | 1,590 grams |
| Heart: | 610 grams |
| Right lung: | 700 grams |
| Left lung: | 600 grams |
| Liver: | 1,830 grams |
| Spleen: | 150 grams |
| Right kidney: | 160 grams |
| Left kidney: | 180 grams |

NECK: The organs of the neck are removed and examined en bloc. The larynx and trachea have a normal caliber and are free of obstruction. The thyroid gland is pink, normal in size, bilobed and symmetrical. No nodules, cysts, or other lesions are present. No enlarged parathyroid glands are found. The cervical lymph nodes are not enlarged. The paravertebral musculature is unremarkable. No hemorrhage is present in the neck. The cervical spine, hyoid bone, and tracheal cartilage are intact.

CARDIOVASCULAR SYSTEM: The pericardial surfaces are smooth and glistening. The heart is markedly enlarged. The configuration of the heart is normal. Injuries of the heart are described above. The coronary ostia are patent and appropriately positioned. The right coronary artery supplies the posterior descending coronary artery. There is no significant coronary atherosclerosis. No thrombus or other total coronary occlusion is evident.

The heart chambers are of normal size. The endocardial surfaces are smooth and glistening. The valve circumferences are as follows: tricuspid 11.7 cm, pulmonary 8.8 cm, mitral 10.3 cm, and aortic 7.0 cm. The leaflets and cusps are delicate without evidence of fusion or other scarring. The chordae tendineae are normal. The myocardium is generally red/brown and of normal consistency. The myocardium shows no areas of softening, discoloration, or fibrosis. Thicknesses of cardiac walls are as follows: left ventricular free wall 2.2 cm, interventricular septum 1.4 cm, and right ventricle 0.3 cm. The foramen ovale is closed. There is no interventricular septal defect.

The aorta has a normal caliber throughout. It shows no significant atherosclerotic plaques of the intimal surface. No major ostia are obstructed. No mural thrombi or aneurysms are found. The aortic branches are unremarkable. The vena cavae contain only postmortem clot.

RESPIRATORY TRACT: The lobation of the lungs is normal. Pleural surfaces are smooth and shiny. The tracheobronchial tree contains only scant mucus. The mucosa is smooth and tan. No focal lesions or obstructions are found. Lungs injuries are described above. The pulmonary parenchyma is red and wet. No focal infiltrates or masses are present. The lungs are speckled by black pigment deposits. The blood vessels contain only postmortem clot. The hilar and subcarinal nodes are not enlarged and show no focal lesions.

RETICULOENDOTHELIAL SYSTEM: The spleen has a smooth and intact capsule without areas of thickening. The parenchyma is dark red with gray/white spots of white pulp. No focal lesions are identified. No accessory spleen is found. No abnormal lymph nodes are identified. The thymus gland is not present.

HEPATOBIILIARY SYSTEM: The liver capsule is smooth and glistening. The liver configuration is normal. The liver parenchyma is dark red/brown and is of normal consistency with a normal lobular architecture. The intrahepatic ducts and vessels are unremarkable. The gallbladder is present. It is normal in size, and the serosa is smooth and glistening. The gallbladder contains approximately 20 mL of green/brown bile and no stones. The wall is thin, and the mucosa shows diffuse lacy yellow deposits.

DIGESTIVE SYSTEM: The esophagus is not dilated or constricted. The mucosa is gray, wrinkled, and unremarkable. No varices, ulcers, or other lesions are evident. The gastroesophageal junction is distinct. The stomach is of normal size, and the wall is not thickened. The stomach contains approximately 120 mL of yellow, cloudy fluid. The gastric mucosa shows no ulcers. The small intestine is unremarkable. The vermiform appendix is present. The colon and rectum are normal. The mesentery is normal and contains only small lymph nodes. No thrombi are seen in the mesenteric vessels. The pancreas is normal in size and shape. The tan lobular parenchyma shows no fat infiltration, hemorrhage, fat necrosis, masses, or other lesions. The main ducts appear normal.

ADRENAL GLANDS: The adrenal glands are normal in size and show normal cortical and medullary structure. No focal adrenal lesions are found.

GENITOURINARY SYSTEM: The renal capsules strip with ease. Cortical surfaces are smooth. On cut sections, the corticomedullary demarcation is clear. Cortices are of normal thickness. Medullary areas are normal. Papillae are not blunted. The calyces and pelves are not dilated. Their lining mucosa is tan and smooth. The ureters are not dilated. The urinary bladder is normal and contains approximately 20 mL of cloudy yellow fluid. No stones are present. The lining mucosa is gray, smooth, and unremarkable. The bladder wall is of normal thickness. The prostate parenchyma is gray/white, firm, and rubbery. No nodular areas or other lesions are identified. The testes are present within the scrotal sac, bilaterally. No hydroceles or varicoceles are evident. Sectioning is unremarkable.

MUSCULOSKELETAL SYSTEM: Examination of the walls of the thorax, abdomen, and pelvis shows no pathologic changes other than injuries as described above. The diaphragm and psoas muscles appear normal. The spinal column does not show kyphosis or scoliosis.

CENTRAL NERVOUS SYSTEM: The head is examined in the usual manner. No scalp or galeal lesions are encountered other than injury as described above. The skull shows no fractures or other lesions. No epidural, subdural, or subarachnoid lesions are found. The dura mater is unremarkable. The venous sinuses appear to contain only postmortem clot. The cerebrospinal fluid is clear and colorless. The general configuration of the brain is normal. The cerebral hemispheres show the normal pattern of convolutions. No significant edema is appreciated. No focal lesions are seen. The vessels at the base of the brain are complete and symmetric. No aneurysms or significant atheromatous changes are seen.

Sequential coronal sections of the cerebrum show a well-defined gray/white matter junction. The centrum semiovale, corpus callosum, and corpus striatum are unremarkable. Hippocampi are symmetric and of normal size and configuration. The ventricular system is symmetric and not dilated. Sequential transverse sections of the brainstem perpendicular to its long axis display a normally pigmented substantia nigra and locus ceruleus. The basis pontis is unremarkable with no focal lesions. The medulla displays normal inferior olives and symmetrical pyramids. Sagittal sections of the cerebellar vermis and parasagittal sections of the cerebellar hemispheres display normal folia and white matter. The dentate nucleus is unremarkable.

The pituitary gland is grossly normal. The base of the skull is unremarkable. The sinuses and middle ears are not dissected. The spinal cord is not examined.

TOXICOLOGY

Please reference corresponding toxicology report.

OPINION

The cause of death is penetrating gunshot wound of chest with musculoskeletal and visceral injuries.
The manner of death is classified as HOMICIDE.



ANDREA L. WIENS, D.O.

Date signed: October 11, 2016

**BOARD OF MEDICOLEGAL INVESTIGATIONS
OFFICE OF THE CHIEF MEDICAL EXAMINER**

901 N.Stonewall
Oklahoma City, Oklahoma 73117

REPORT OF LABORATORY ANALYSIS

OFFICE USE ONLY

Re. _____ Co. _____

I hereby certify that this is a true and correct copy of the original document. Valid only when copy bear im-print by the office seal.

By _____

Date _____

ME CASE NUMBER: 1604723

LABORATORY NUMBER: 164013

DECEDENT'S NAME: TERANCE TAFFORD CRUTCHER

DATE RECEIVED: 9/20/2016

MATERIAL SUBMITTED: BLOOD, VITREOUS, URINE, LIVER, BRAIN,
GASTRIC

HOLD STATUS: 5 YEARS

SUBMITTED BY: JUSTICE PAYNE PT PATH ASST

MEDICAL EXAMINER: ANDREA L. WIENS D.O.

NOTES:

ETHYL ALCOHOL:

Blood: NEGATIVE (Femoral)

Vitreous:

Other:

CARBON MONOXIDE

Blood:

TESTS PERFORMED:

ALKALINE DRUG SCREEN - (Heart Blood) and (Femoral Blood)

EIA - (Heart Blood) - Amphetamine, Methamphetamine, Fentanyl, Cocaine, Opiates, PCP, Barbiturates, Benzodiazepines
(The EIA panel does not detect Oxycodone, Methadone, Lorazepam or Clonazepam)

RESULTS:

PHENCYCLIDINE

POSITIVE - (Heart Blood)

96 ng/mL - (Femoral Blood)

TENOCYCLIDINE - (Tentative Identification by Mass Spectral Library Match) - (Heart Blood, Femoral Blood)

09/29/2016

DATE



BYRON CURTIS, PH.D., F-ABFT, Chief Forensic Toxicologist