

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

Central Office  
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Eastern Division  
1115 West 17th  
Tulsa, Oklahoma 74107  
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Re \_\_\_\_\_ Co \_\_\_\_\_

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By \_\_\_\_\_

Date \_\_\_\_\_

**REPORT OF INVESTIGATION BY MEDICAL EXAMINER**

DECEDENT First-Middle-Last Names (Please avoid use of initials) ERIC COURTNEY HARRIS	Age 44	Birth Date 10/10/1970	Race BLACK	Sex M
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HOME ADDRESS - No. - Street, City, State  
3144 E. TECUMSEH APT. 18, TULSA, OK

EXAMINER NOTIFIED BY - NAME - TITLE (AGENCY, INSTITUTION, OR ADDRESS) DETECTIVE STUART @ TULSA COUNTY SHERIFFS OFFICE	DATE 4/2/2015	TIME 12:30
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INJURED OR BECAME ILL AT (ADDRESS) 1906 N. HARVARD	CITY TULSA	COUNTY TULSA	TYPE OF PREMISES ROADWAY	DATE 4/2/2015	TIME 10:30
LOCATION OF DEATH ST. JOHN MEDICAL CENTER	CITY TULSA	COUNTY TULSA	TYPE OF PREMISES HOSPITAL	DATE 4/2/2015	TIME 11:06
BODY VIEWED BY MEDICAL EXAMINER 1115 W. 17TH ST.	CITY TULSA	COUNTY TULSA	TYPE OF PREMISES MORGUE	DATE 4/3/2015	TIME 8:45

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 checked="" type="checkbox"/> Complete <input checked="" type="checkbox"/> Neck <input checked="" type="checkbox"/> Absent <input type="checkbox"/> Arms <input checked="" type="checkbox"/> Passing <input type="checkbox"/> Legs <input checked="" type="checkbox"/> Passed <input type="checkbox"/> Decomposed <input type="checkbox"/>	Color <u>PURPLE</u> Lateral <input type="checkbox"/> Posterior <input checked="" type="checkbox"/> Anterior <input type="checkbox"/> Regional _____	Beard _____ Hair <u>BALD</u> Eyes: Color <u>BROWN</u> Mustache <u>GREY</u> Opacities _____ Pupils: R _____ L _____ Body Length <u>71 INCHES</u> Body Weight <u>207 LBS</u>		<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:

**GUNSHOT WOUND OF RIGHT AXILLA**

Other Significant Medical Conditions:

Manner of Death:

Natural  Accident   
Suicide  Homicide   
Unknown  Pending

Case disposition:

Autopsy YES  
Authorized by \_\_\_\_\_  
Pathologist CHERYL NIBLO D.O.  
Not a medical examiner case

**MEDICAL EXAMINER:**

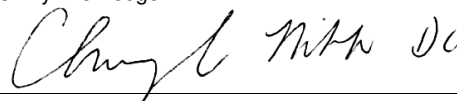
Name, Address and Telephone No.

CHERYL NIBLO 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

CHERYL NIBLO D.O.

Computer generated report

**1501608**

5/12/2015

Date Signed

4/2/2015

Date Generated



Board of Medicolegal Investigations  
**Office of the Chief Medical Examiner**  
1115 West 17<sup>th</sup> Street  
Tulsa, Oklahoma 74107-1800  
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918-585-1549 Fax

**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

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<b>DECEDENT</b>	<b>AGE</b>	<b>BIRTH DATE</b>	<b>RACE</b>	<b>SEX</b>	<b>CASE#</b>
<b>ERIC COURTNEY HARRIS</b>	<b>44</b>	<b>10/10/1970</b>	<b>BL</b>	<b>M</b>	<b>1501608</b>

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<b>TYPE OF DEATH</b>	<b>ID BY</b>	<b>AUTHORITY FOR AUTOPSY</b>
<b>VIOLENT, UNUSUAL OR UNNATURAL</b>	<b>VISUAL IDENTIFICATION</b>	<b>CHERYL NIBLO, D.O.</b>

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**PRESENT AT AUTOPSY**  
**JUSTICE PAYNE;CHERYL NIBLO, D.O.**

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### PATHOLOGIC DIAGNOSES

- I. Penetrating gunshot wound of right axilla
  - A. Lacerations of the right axilla skin and soft tissue, right lateral fifth intercostal space, right lateral fourth intercostal space, upper lobe of the right lung and left anterior first intercostal space
  - B. Fractures of the right lateral fifth rib and left anterior second rib
  - C. Bilateral hemothoraces (Left- 100 ml blood; Right- 1,200 ml blood)
  - D. Bilateral lung collapse
- II. Blunt impact injuries
  - A. Abrasions of the left forearm, left wrist and right elbow
- III. Acute intoxication by methamphetamine
- IV. Hypertensive and atherosclerotic cardiovascular disease
  - A. Atherosclerotic coronary artery disease
    - 1. Left anterior descending coronary artery- 30% stenosis
    - 2. Right coronary artery- 75% stenosis
    - 3. Left circumflex coronary artery- 40% stenosis
  - B. Cardiomegaly (450 grams)
  - C. Left ventricle hypertrophy (LV- 1.6 cm)
  - D. Aortic atherosclerosis, mild
- V. Medical therapy consistent with cardiopulmonary resuscitative efforts

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**CAUSE OF DEATH:      Gunshot wound of right axilla**

**MANNER OF DEATH:    HOMICIDE**

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

OCME, Eastern Division

04/03/2015, 08:45 HRS

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CHERYL NIBLO, D.O.

Forensic Pathologist

Location of Autopsy

Date and Time of Autopsy

## **MEDICOLEGAL INVESTIGATION**

### **CIRCUMSTANCES OF DEATH:**

Received for autopsy examination is the body of a 44 year-old man (DOB: 10/10/1970) who reportedly sustained a gunshot wound.

### **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 visually identified by Detective Stuart, Tulsa County Sheriff's Office.

## **POSTMORTEM EXAMINATION**

The postmortem examination of Eric Courtney Harris is performed at the Office of the Chief Medical Examiner, Eastern Division, Tulsa, Oklahoma, on 04/03/2015 commencing at 08:45 hours.

Received for autopsy examination is the body of a well-developed, well-nourished adult black man whose appearance is consistent with the stated age of 44 years. The body weighs 207 pounds and is 71 inches in length.

### **CLOTHING AND PERSONAL EFFECTS:**

The decedent is nude. Personal effects include a white metal stud earring with clear stone in the right ear lobule and a cloth bracelet with white metal plaque on the left wrist.

### **EXTERNAL EXAMINATION:**

The body is in full rigor mortis. Lividity is purple, posterior and not fixed. The skin temperature is cold

The scalp is bald. The face has a moustache and goatee. The conjunctivae are congested, the corneas are clear, and the irides are brown. The pupils are unremarkable. The ears, nose, and mouth show no abnormalities. There is one piercing within each ear lobule. The mouth has natural teeth in fair condition. The neck is of normal configuration, and there are no palpable masses. The thorax is symmetrical and normal in configuration. The breasts are of normal male configuration, and there are no palpable masses. The abdomen is flat. The external genitalia are of normal male circumcised conformation, and there are no external lesions. The extremities appear normal, and the joints are not deformed. All digits are present. The skin is of normal pliability and texture. There is no icterus.

**Postmortem radiography (x-rays):** Radiopaque projectile within the left axilla soft tissue

**Trace evidence submitted at autopsy:** Left hand bag; Right hand bag; Pubic and facial hair; Fingernail, oral and anal swabs; Personal effects; Blood DNA card; Recovered bullet

### **IDENTIFYING MARKS AND SCARS:**

Tattoos:

1. Bilateral neck extending to bilateral upper and lower back- monochromatic tattoos of faces and designs
2. Right upper extremity, proximal to distal- monochromatic sleeve tattoos of faces
3. Left upper extremity, proximal to distal- monochromatic sleeve tattoos of naked lady and letters

Scars

1. Left forehead- transverse linear scar measuring 1" x 1/8"
2. Right knee- scar measuring 1" x 1/2"

**MEDICAL THERAPY:**

1. King airway in esophagus
2. Cervical collar
3. Electrocardiogram pads- left shoulder (2), right shoulder (1), left elbow (1) and right lateral lower abdomen (1)
4. Intravascular catheters- right antecubital fossa and right inguinal area
5. Left thoracotomy with right atrial catheter- left lateral chest incision measuring 11" in length with right atrial catheter
6. Right chest tube- right lateral chest incision measuring 2" in length with a secured chest tube (700 ml of serosanguineous fluid)
7. Pulse oximetry lead- right thumb

**EVIDENCE OF RECENT INJURY:**

1. Penetrating gunshot wound of right axilla
  - I. Entrance: Right axilla- oval laceration measuring  $\frac{3}{4}$ " x  $\frac{1}{2}$ ". There is eccentric red-brown abrasion measuring  $\frac{1}{4}$ " on the superior aspect of the laceration. There is stippling measuring up to 2" on the superior aspect, 3" on the inferior aspect and 1" on the posterior aspect of the laceration. No soot is identified. The laceration is located 12  $\frac{1}{2}$ " right of the anterior midline and 56" above the right heel.
  - II. Pathway of bullet: The bullet perforates the right axilla skin and soft tissue, right lateral fifth intercostal space, right lateral fifth rib, right lateral fourth intercostal space, then perforates the upper lobe of the right lung, perforates the left anterior first intercostal space, then deflects off of the left anterior second rib and penetrates the left axilla soft tissue. The bullet is located in the left axilla soft tissue 8" left of anterior midline and 55" above the right heel.
  - III. Injuries associated with bullet pathway:
    - (a). Right lateral fifth intercostal space- laceration measuring  $\frac{1}{2}$ " x  $\frac{1}{2}$ "
    - (b). Right lateral fifth rib- fracture
    - (c). Right lateral fourth intercostal space- laceration measuring  $\frac{1}{2}$ " x  $\frac{1}{2}$ "
    - (d). Upper lobe of the right lung- perforating laceration measuring 2" x 1"
    - (e). Left anterior first intercostal space- laceration measuring 1" x 1"
    - (f). Left anterior second rib- fracture
    - (g). Bilateral hemothoraces (Left- 100 ml blood; Right- 1,200 ml blood)
    - (h). Bilateral lung collapse
  - IV. Trajectory: Right to left; Back to front; Upward (Slightly downward after deflection off left anterior second rib)
  - V. Recovered bullet: Mildly deformed copper colored metal jacketed bullet measuring  $\frac{1}{2}$ " from nose to base with a base diameter of  $\frac{5}{16}$ ".
2. Left ulnar mid forearm- red-brown abrasion measuring  $\frac{3}{4}$ " x  $\frac{1}{2}$ "
3. Left ulnar wrist- red-brown abrasion measuring  $\frac{1}{8}$ " x  $\frac{1}{8}$ "
4. Right elbow- yellow-brown abrasion measuring  $\frac{1}{2}$ " x  $\frac{1}{2}$ "

The above injuries are numbered by convention from the top downward, and the numbering is not intended to imply the sequence in which the injuries may have been sustained. The above injuries, once having been described, will not be referred to below. The remainder of the external examination of the head, neck, trunk, and extremities is unremarkable.

**INTERNAL EXAMINATION:** The body is opened by means of the usual "Y" and biparietal incisions. The viscera of the thoracic and abdominal cavities occupy their normal sites. The serous surfaces are smooth and glistening. No fluid is present within the abdominal cavity. The pericardial sac is open status post left thoracotomy. There are no abnormal masses present. The diaphragmatic leaves are normally situated. The margins of the liver and spleen are in proper relationship to their costal margins. The weights of the organs are as follows and, unless specified below, show no additional evidence of congenital or acquired disease.

Heart - 450 grams  
Right lung - 430 grams  
Left lung - 475 grams  
Spleen - 120 grams  
Liver – 1,750 grams  
Right kidney - 175 grams  
Left kidney - 190 grams  
Brain – 1,400 grams

**NECK:** The neck organs are excised en bloc and examined separately. The surface of the tongue and serial cross sections through the tongue show no gross abnormalities. The larynx and trachea have a normal caliber and are free of obstruction. The laryngeal and tracheal mucosa is soft and pink. The paravertebral musculature is unremarkable. The cervical spine, hyoid bone, and tracheal cartilage are intact.

**CARDIOVASCULAR:**

**Heart:** The heart is enlarged. The coronary arteries have a normal anatomic distribution, and multiple cross sections show atherosclerosis. The left anterior descending coronary artery has 30% stenosis. The right coronary artery has 75% stenosis. The left circumflex coronary artery has 40% stenosis. The epicardium is smooth and glistening. There is a normal amount of epicardial fat and its distribution is normal. The great vessels enter and leave the heart in a normal manner. The cardiac chambers have a normal configuration. The septa are intact, and there are no congenital abnormalities. The myocardium has left ventricular hypertrophy. The left and right ventricles are 1.6 cm and 0.3 cm thick, respectively. The heart valves are thin, pliable, and delicate, and are free of deformity. Valve circumferences are as follows: tricuspid valve = 12 cm, pulmonic valve = 8 cm, mitral valve = 10 cm, and aortic valve = 7 cm.

**Aorta and its major branches:** The aorta and its principal branches are patent throughout. There are no thrombi or zones of significant narrowing present. There are mild atherosclerotic changes throughout the aorta.

**Venae cavae and their major tributaries:** The superior and inferior venae cavae and their major tributaries are patent throughout. No areas of extrinsic or intrinsic stenosis are present.

**RESPIRATORY:** The major bronchi have a normal caliber and are free of obstruction. The right and left lungs have a normal lobar configuration. The visceral pleura is smooth and glistening and mottled with black streaks. There are no subpleural emphysematous bullae. The pulmonary arteries are free of emboli and thrombi. The lungs are collapsed.

**RETICULOENDOTHELIAL:** The spleen has a normal configuration. The capsule is blue-gray and smooth, without areas of thickening. On section, the splenic pulp is of normal consistency and appearance. No abnormal lymph nodes are encountered.

**DIGESTIVE:** The esophagus is free of lesions. The stomach has a normal configuration. The serosa is smooth and glistening. The wall is of normal thickness and the mucosa is thrown into rugal folds. There are no areas of ulceration. The stomach contains approximately 10 ml of red fluid. The duodenum is free of ulceration and other intrinsic lesions. The remainder of the small bowel, colon and rectum are normal in appearance. The appendix is unremarkable.

**HEPATOBIILIARY:**

**Liver:** The capsule is smooth and glistening. The liver configuration is normal. Multiple cross sections through the liver reveal a normal lobular pattern.

**Gallbladder:** The gallbladder is of normal size and configuration. The wall is thin and the mucosa is bile-stained. It contains approximately 10 ml of bile. No calculi are present.

**PANCREAS:** The pancreas is firm and normally lobulated. Multiple cross sections through the pancreas reveal normal tan-pink parenchyma without intrinsic lesions.

**GENITOURINARY SYSTEM:**

Kidneys: The right and left kidneys are similar. The capsules are adherent and reveal granular subcapsular surfaces. The renal arteries and veins are patent and free of stenosing lesions. On section, the renal cortices are of normal thickness and the cortico-medullary demarcations are distinct. The medullae are unremarkable. The pelvo-calyceal systems are normal in appearance. The ureters are unremarkable.

Bladder: The bladder is of normal configuration. The mucosa is intact and free of ulcerations or other lesions. It contains 65 ml of urine.

Prostate and seminal vesicles: Multiple cross sections through the prostate reveal rubbery, firm, gray-white parenchyma, free of lesions. The seminal vesicles are unremarkable.

Testes: The testes are both present within the scrotal sac, and bivalve sections show normal parenchyma.

**ENDOCRINE SYSTEM:** No abnormalities are present in the pituitary, thyroid, or adrenal glands.

**MUSCULOSKELETAL:** The axial and appendicular skeleton show no abnormalities. The exposed musculature is unremarkable.

**HEAD/BRAIN:** The scalp shows no evidence of contusions or galeal hemorrhages. The skull is intact. The dura is smooth and glistening. The convexities of the cerebral hemispheres are symmetrical. The leptomeninges are thin and transparent. The subarachnoid space does not contain any hemorrhage. The cerebrum presents normal convolutions, with no flattening of the gyri or deepening or widening of the sulci. There is no evidence of subfalcial, uncal, or cerebellar tonsillar herniation present. The major cerebral arteries show no atherosclerosis or congenital anomalies. The roots of the cranial nerves are unremarkable. Serial coronal sections through the cerebral hemispheres show a grossly normal cortical ribbon and underlying white matter. The basal ganglia and diencephalon show no gross abnormalities. Serial cross sections through the brainstem and sagittal sections through the cerebellum fail to show any gross lesions or abnormalities. The ventricular system is symmetrical and of normal size and configuration. After removal of the brain, the base of the skull does not demonstrate any fractures.

## **TOXICOLOGY**

Please reference corresponding toxicology report.

## **OPINION**

The cause of death is gunshot wound of right axilla.

The manner of death is classified as homicide.



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CHERYL NIBLO, D.O.

DATE SIGNED: 05/12/2015

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

901 N.Stonewall  
Oklahoma City, Oklahoma 73117

**REPORT OF LABORATORY ANALYSIS**

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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: 1501608

LABORATORY NUMBER: 151379

DECEDENT'S NAME: ERIC COURTNEY HARRIS

DATE RECEIVED: 4/6/2015

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

HOLD STATUS: 5 YEARS

SUBMITTED BY: JUSTICE PAYNE PT PATH ASST

MEDICAL EXAMINER: CHERYL NIBLO D.O.

**NOTES:**

**ETHYL ALCOHOL:**

Blood: NEGATIVE (Femoral)

Vitreous:

Other:

**CARBON MONOXIDE**

Blood:

**TESTS PERFORMED:**

ALKALINE DRUG SCREEN - (Femoral Blood)

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

**RESULTS:**

METHAMPHETAMINE  
1.7 mcg/mL - (Femoral Blood)

AMPHETAMINE  
0.22 mcg/mL - (Femoral Blood)

05/05/2015

DATE



Byron Curtis, Ph.D., F-ABFT, Chief Forensic Toxicologist