

BOARD OF MEDICOLEGAL INVESTIGATIONS
OFFICE OF THE CHIEF MEDICAL EXAMINER

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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) ANTWUN RAYSHAUN PARKER	Age 16	Birth Date 10/29/1992	Race BLACK	Sex M
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HOME ADDRESS - No. - Street, City, State
714 NE 25TH, OKLAHOMA CITY, OK

EXAMINER NOTIFIED BY - NAME - TITLE (AGENCY, INSTITUTION, OR ADDRESS)
LT EVANS W/ OCPD

DATE 5/19/2009	TIME 21:20
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INJURED OR BECAME ILL AT (ADDRESS) 5900 S PENNSYLVANIA	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES PHARMACY	DATE 5/19/2009	TIME 17:44
LOCATION OF DEATH 5900 S PENNSYLVANIA	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES PHARMACY	DATE 5/19/2009	TIME 17:44
BODY VIEWED BY MEDICAL EXAMINER 901 N STONEWALL	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES MORGUE	DATE 5/20/2009	TIME 10:13

IF MOTOR VEHICLE ACCIDENT: ☐ DRIVER ☐ PASSENGER ☐ PEDESTRIAN

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

DESCRIPTION OF BODY EXTERNAL PHYSICAL EXAMINATION	RIGOR	LIVOR	EXTERNAL OBSERVATION				
				NOSE	MOUTH	EARS	
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 _____	BLOOD <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				OTHER <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:

MULTIPLE GUNSHOT WOUNDS TO HEAD AND TRUNK

Manner of Death:

Natural ☐ Accident ☐
Suicide ☐ Homicide ☒
Unknown ☐ Pending ☐

Case disposition:

Autopsy Yes ☒ No ☐
Authorized by MEDICAL EXAMINER
Pathologist COLLIE TRANT M.D.
Not a medical examiner case ☐

Other Significant Medical Conditions:

MEDICAL EXAMINER:

Name, Address and Telephone No.

COLLIE TRANT M.D.
901 N. STONEWALL
OKLAHOMA CITY, OK 73117

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

COLLIE TRANT M.D.

5/19/2009

Date

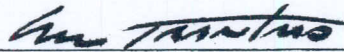
Computer generated report

0901982

Office of the Chief Medical Examiner

901 N. Stonewall
Oklahoma City, Oklahoma
73117-1218

Autopsy: 0901982
Name: Antwun Parker, male, age 16 years
Date of Death: 19 May 09 1744
Date of Autopsy: 20 May 09 1013
Date Completed: 20 Jul 09
Autopsy performed by: Collie M. Trant, M.D., Forensic Pathologist



FINDINGS:

I. Non-fatal gunshot entrance/graze wound to head

A. Entrance: Left scalp, 1 inch from the top of the head, 2 ½ inches from the front of the head, oval with jagged skin tags pointing forward, ¾ x ½ inch total wound, defect is oval and 5/16 x ¼ inch, concentric 1/8 inch abrasion ring, no soot, no stippling

B. Damage: Scalp, skull (keyhole entrance defect), brain

C. Direction: Front to back, neither up nor down and neither left nor right

D. Exit: Partial exit associated with entrance wound, with one lead fragment recovered from the brain.

E. Missile: Markedly deformed, lead fragment with irregular and jagged edges, measuring 1.1 x 1.3 x 0.7 cm greatest dimension

II. Gunshot wound to right lower chest

A. Entrance: 21 ½ inches from the top of the head, 1 7/8 inches to the right of anterior midline, oval, ½ x 3/8 inch total wound, defect is oval and ¼ x 3/16 inch, abrasion ring 1/8 inch at 6:00 to 11:00 o'clock and 1/16 inch elsewhere, no soot, no stippling

B. Damage: Right chest wall, diaphragm, thoracic aorta, deflected by spine, right lung

C. Direction: Front to back, slightly right to left, neither up nor down

D. Exit: None. Bullet recovered under the lateral visceral pleura of the lower lobe of the right lung

E. Missile: Medium caliber, fully jacketed with closed base, round nose bullet with two small dents in the nose

III. Gunshot wound to middle upper abdomen

A. Entrance: 22 inches from the top of the head, 3/8 inch to the right of anterior midline, round, 7/16 inch total wound, defect is round and ¼ inch, concentric abrasion ring measures 1/16 inch, no soot, no stippling

B. Damage: Abdominal wall, stomach, pancreas, liver, left lung, left posterior chest wall

C. Direction: Front to back, right to left 15 degrees, neither up nor down

D. Exit: None. Bullet recovered under the skin of the left middle/ lateral back, 17 ½ inches from the top of the head, 4 ½ inches to the left of posterior midline, behind the interspace between ribs #'s 9 & 10

E. Missile: Medium caliber, fully jacketed with closed base, round nose bullet, intact without deformation

IV. Gunshot wound to left lower chest

A. Entrance: 21 ¾ inches from the top of the head, 1 ½ inches to the left of anterior midline, round, ½ inch total wound, defect is round and 3/16 inch, abrasion ring is ¼ inch from 5:00 – 11:00 o'clock and 1/8 inch elsewhere, no soot, no stippling

B. Damage: Left chest wall, diaphragm, pancreas, spleen, posterior left chest wall

C. Direction: Front to back, slightly upward, right to left 15 degrees

D. Exit: None. Bullet recovered in the muscle of the posterior left chest wall, behind the interspace between ribs #'s 11 & 12, 20 ½ inches from the top of the head, 2 ½ inches to the left of posterior midline

E. Missile: Medium caliber, fully jacketed with closed base, round nose bullet, intact without deformation

V. Gunshot wound to medial right abdomen, upper

A. Entrance: 23 inches from the top of the head, 5/8 inch to the right of anterior midline, round, 7/16 inch total wound, defect is round and ¼ inch, concentric 1/8 inch abrasion ring, no soot, no stippling

B. Damage: Abdominal wall, small bowel, mesentery, deflected by spine, pancreas, diaphragm

C. Direction: Front to back, slightly right to left, neither up nor down

D. Exit: None. Bullet recovered in posterior left diaphragm

E. Missile: Medium caliber, fully jacketed with closed base, round nose bullet, intact without deformation

VI. Gunshot wound to medial right abdomen, lower

A. Entrance: 23 ½ inches from the top of the head, round, 3/8 inch total wound, defect is round and 3/16 inch, concentric 1/16 inch abrasion ring, no soot, no stippling

B. Damage: Abdominal wall, small and large bowel, mesentery, abdominal aorta, deflected by spine, diaphragm

C. Direction: Front to back, slightly left to right, neither up nor down

D. Exit: None. Bullet recovered in posterior left diaphragm

E. Missile: Medium caliber, fully jacketed with closed base, round nose bullet, intact without deformation

CAUSE OF DEATH:

Multiple gunshot wounds

INTERVAL:

Minutes

MANNER OF DEATH:

The manner of death is, in my opinion, homicide.

IDENTIFICATION:

The body is identified by a plastic OCME ID tag on the left foot.

EVIDENCE COLLECTED:

Classic Card

5 bullets, 1 lead fragment, gunpowder particles, Whatman FTA

EXTERNAL EXAMINATION: The nude body is that of a well developed, well nourished Black man that weighs 62 kg, is 67 inches in length, and appears to be compatible with the stated age of 16 years. The body is cool, well preserved, and embalming has not been performed. Rigor mortis is fully fixed in the extremities and jaw. Livor mortis is not perceptible.

The scalp hair is black, very curly, and measures up to 1 inch in length. A gunshot entrance wound is present in the left anterior scalp. Otherwise, there are no palpable masses or abnormalities underlying the scalp. The irides are brown; the corneas are clear. The pupils are round, measure 3 mm, and are bilaterally equal. The sclerae and conjunctivae are without congestion, hemorrhage or petechiae. The nose, mouth and ears are free of blood, foreign material, or abnormal discharge. The nasal skeleton is palpably intact. The lips and gums are unremarkable. The teeth are natural and in good condition. There is a sparse mustache that is black, straight, and measures up to 1/4 inch in length. A black, very curly, goatee measures up to 3/4 inch in length. The neck is supple, without masses, and the larynx is in the midline. The thorax is well developed and symmetrical. Five gunshot entrance wounds are present in the middle of the lower chest and upper abdominal area. The abdomen is otherwise soft, with no palpable masses or organomegaly. The external genitalia are those of a normal adult man. The penis appears to be circumcised and the testes bilaterally descended. The anus and back are unremarkable. The upper and lower extremities are symmetrical with normal muscular development.

SCARS AND IDENTIFYING MARKS: No identifying marks are readily apparent. Old scars are present on the lateral right arm, anterior right wrist, right elbow (6), dorsal/lower right forearm, dorsal right wrist (2), dorsal right hand (2), anterior/upper left forearm, anterior/lower left forearm, dorsal left hand (6), medial left knee (large, hyperpigmented), lower/anterior right thigh, right knee, and anterior right leg (3).

EVIDENCE OF MEDICAL THERAPY: None.

EVIDENCE OF INJURY: See findings and descriptions.

INTERNAL EXAMINATION: The body cavities are opened utilizing the thoraco-abdominal and posterior scalp incisions, and the organs are exposed in the usual manner. The pleural and peritoneal surfaces are smooth and glistening. There are 600 cc of blood in the right chest cavity and 1000 cc of blood in the left. Approximately 500 cc of blood are present in the abdominal cavity. No adhesions are present in any of the body cavities. All body organs are present in their normal anatomical positions. Each leaf of the diaphragm is perforated by a gunshot wound track. There are two perforations of the lower lobe of the right lung, along its medial/anterior surface with a final penetration, all occurring in a linear row. A bullet is located at the end of the penetrating wound track, just below the anterior/lateral pleural surface. The lower lobe of the left lung is perforated by a wound track that subsequently penetrates the left posterior/lateral chest wall between ribs #'s 9 & 10. No hernias are identified.

CARDIOVASCULAR: The heart weighs 280 g (normal male 270-360, female 200-280). The pericardium is smooth, glistening and intact. The epicardial surface is smooth, glistening and is focally covered by a moderate amount of adipose tissue. The coronary arteries arise normally, follow the usual distribution in a right dominant pattern, and are widely patent, without significant atherosclerosis or thrombosis. The chambers and valves exhibit the usual shape, configuration, and size-position relationships with no hypertrophy. The atrial and ventricular septa are intact. The left and right ventricular free walls are 1.3 cm (normal 1.00-1.50 for ages 20-60, 1.05-1.25 for age >60) and 0.4 cm (normal 0.25-0.50 for ages 20-60, 0.35-0.40 for age

>60), respectively. Cut surfaces of the myocardium are red/brown and firm, without focal gray discoloration or other abnormalities. There are lacerations of the anterior thoracic and abdominal aorta. Its major branches arise normally, follow the usual courses, and are widely patent, without significant atherosclerosis. The origins of the major vessels are normally disposed and unremarkable. The great vessels of venous return are in the usual position and are free of thrombi.

PULMONARY: The right and left lungs weigh 220 g (normal 360-570) and 190 g (normal 325-480), respectively. The larynx, trachea, and bronchi are free of debris, foreign material, or abnormal secretion. Their mucosa is pink/tan and smooth, without abnormalities. Other than the gunshot wound tracks through the lower lobe of each lung, the visceral pleural surfaces are unremarkable. Cut surfaces of the lungs show hemorrhage around the wound tracks, but an otherwise crepitant, deep red to pink parenchyma, with mild congestion and edema. They exude slight amounts of red-tinged fluid and are without evidence of natural disease. There is no evidence of consolidation or enlargement of air spaces. The pulmonary vessels occupy the usual relationships without evidence of emboli. The hilar lymph nodes are unremarkable. There is no anthracotic pigmentation.

HEPATOBIILIARY: The liver weighs 1045 g (normal 1500-1800). A gunshot wound track perforates the medial right lobe, anterior to posterior. Otherwise, the hepatic capsule is smooth, glistening and intact, covering a red/brown, lobular parenchyma with normal architecture and no preexisting focal lesions noted. The gallbladder mucosa is velvety and unremarkable. Approximately 7 ml of yellow/brown, watery bile is collected for toxicology.

ENDOCRINE: The pituitary, thyroid and adrenal glands are unremarkable. There is hemorrhage throughout most of the pancreas due to perforating gunshot wound tracks. Otherwise, it has the usual tan, lobulated appearance.

GASTROINTESTINAL TRACT: The pharynx and esophagus are lined by a gray/white, smooth mucosa. The stomach lies in the normal position. A gunshot wound track perforates the antrum. The gastric mucosa is otherwise intact, and arranged in the usual rugal folds. The gastric contents are pink, mucoid, opaque, and total approximately 4 ml, without fragments. There are several perforations of the small bowel, large bowel, and mesentery by gunshot wound tracks. The small and large intestines are otherwise unremarkable. The appendix is present.

GENITOURINARY: The right and left kidneys weigh 95 g (normal male 230-440 together, female 240-350) and 85 g, respectively. The renal capsules are smooth, thin and semitransparent, and strip with ease from the underlying smooth, red/brown, firm, cortical surfaces. The cortices are sharply delineated from the medullary pyramids which are red/purple to tan and unremarkable. The calyces, pelves, and ureters are unremarkable. The urinary bladder mucosa is gray/tan and folded. The internal genitalia are unremarkable. Approximately 24 ml of clear, yellow urine is collected for toxicology.

HEMATOPOIETIC: The spleen weighs 70 g (normal 150-200, age 80 and over 60-135), and is perforated by a gunshot wound track. Otherwise, it has a wrinkled, intact capsule covering a deep red/purple, moderately firm parenchyma. The lymphoid follicles are unremarkable. The regional lymph nodes show no notable pathological change. The exposed bone marrow is red/purple and homogeneous, without focal abnormalities.

MUSCULOSKELETAL: Save for injuries due to the gunshot wounds, the visible bony framework, supporting musculature, and soft tissues are not unusual.

NECK: Examination of the soft tissues of the neck, including strap muscles and large vessels, reveals no abnormalities. The hyoid bone, larynx, and other cartilaginous and bony structures are intact with the usual anatomical relationships preserved. The tongue has no contusions or bite marks.

NERVOUS SYSTEM: A gunshot entrance wound is present in the left scalp as described above. Reflection of the scalp shows the usual scattered reflection petechiae. The calvarium is perforated at the location of the scalp wound. The defect, located at the junction of the left parietal and frontal bones, is elongated with slightly bulbous ends, relative to the center. The anterior end is internally beveled, and the posterior end is externally beveled. Fractures radiate from the defect posteriorly through the left parietal bone into the occipital bone, anteriorly into the frontal bone, and inferiorly into the left temporal bone. There are associated scalp, galeal, and muscle contusions. The calvarium is removed, and the dura is examined with no subdural tumor noted. The gunshot wound track perforates all layers of the meninges, and there is minimal thin-layered hemorrhage associated with the wound track. The leptomeninges are otherwise clear, smooth, glistening, and free of inflammation. The brain is removed in the usual manner. It weighs 1445 g (normal male 1100-1700, 1050-1550 female) in the unfixed state. Removal of the dura from the base of the skull shows the usual anatomical features without abnormalities. The pituitary fossa is unremarkable. The foramen magnum demonstrates the normal orientation and the first portion of the spinal cord viewed through the foramen magnum is unremarkable.

Examination of the base of the brain reveals the cerebral vessels to be of normal distribution and dimension. Vessels of the circle of Willis exhibit no significant atherosclerosis or vascular anomalies. The uncinate gyri and cerebellar tonsils fail to demonstrate herniation or pressure phenomenon.

The cerebral convexities are examined. The gunshot wound track enters the left parietal lobe. The gyri demonstrate the usual orientation and configuration, with no preexisting external abnormalities, edema, atrophy, or focal lesions. The corpus callosum is intact and in the midline. There is no cingulate gyrus herniation.

Sections through the cerebral hemispheres at approximate intervals of 1.5 cm reveal that the gunshot wound track perforates the lateral surface of the left parietal lobe, and travels downward at a 45 degree angle. It perforates the cortex and underlying white matter, as well as the internal capsule and globus pallidus, to exit the olfactory area on the left. The track continues by penetrating the olfactory area on the right, where a markedly deformed lead fragment is located. The wound track consists of central pulpified brain tissue with an outer layer of multiple small lacerations. The track averages approximately ½ inch in diameter, and there is relatively little hemorrhage associated with it. Otherwise, there are normal relations of gray and white matter. The cortical ribbon displays no other abnormality. The basal ganglia, internal capsule and thalamus are otherwise unremarkable. The ventricular system is of normal distribution and dimension. It is lined with a smooth, glistening ependyma. The choroid plexus displays no abnormality. The corpus callosum is of normal thickness.

The usual anatomical landmarks of the cerebellum, midbrain, pons, and medulla demonstrate no external abnormalities, edema, atrophy, or focal lesions. Serial sections through the brain stem and cerebellum demonstrate no abnormalities. The midbrain demonstrates normal pigmentation of the substantia nigra.

#5 Left scarp 1 TDH $2\frac{1}{2}$ FOD oval $3/4 \times 1\frac{1}{2}$ TDH L oval defect $5/16 \times 1/4$ conc ARE L & R
 #1 Right shoot $21\frac{1}{2}$ TDH $1\frac{7}{8}$ RAM oval $1/2 \times 3/8$ defect $1/4 \times 3/16$ oval $1/8$ ARE GOICK
 1" irregular else NSNS

① Dimping 13 - neo cyl FS CB 9 mm diam base Run nose not def
 1.1 max L

② mid Lat back - "

③ back "

④ LL 1" " SL def/defect nose x 2

⑤ Dimping A - "

#5 ~~1.1~~ 1.3×0.7 6D imy lead trace conc def

mid 1st FIAT conc Finke gunpowder part white shiny

#2 22 TDH $3/8$ RAM Round $7/16$ defect Round $1/4$ ARE $1/16$ conc NSNS

#3 $21\frac{3}{4}$ TDH $1\frac{1}{2}$ LAM Round $1/2$ TOTAL defect Round $3/16$ ARE $1/4$ FROM 5 - $1100\frac{1}{8}$ elsewhere
 NSNS

#4 23 TDH $5/8$ RAM Round $7/16$ defect Round $1/4$ - $1/8$ conc ARE NSNS

#6 $23\frac{1}{2}$ TDH Round $3/8$ defect Round $3/16$ ARE conc $1/16$ NSNS

Left mid-lat back uneven skin $13\frac{1}{2}$ TDH $4\frac{1}{2}$ LPM between $9\frac{3}{4}$ 10

Left back below are cgs $20\frac{1}{2}$ TDH $2\frac{1}{2}$ LPM between $11\frac{3}{4}$ 12

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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
bears im-print by the office seal.

By _____

Date _____

ME CASE NUMBER: 0901982

LABORATORY NUMBER: 091886

DECEDENT'S NAME: ANTWUN RAYSHAUN PARKER

DATE RECEIVED: 5/21/2009

MATERIAL SUBMITTED: BLOOD, VITREOUS, URINE, BILE

HOLD STATUS: 5 YEARS

SUBMITTED BY: COLLIE TRANT M.D.

MEDICAL EXAMINER: COLLIE TRANT M.D.

NOTES:

ETHYL ALCOHOL:

Blood: NEGATIVE (HEART)

Vitreous:

Other:

CARBON MONOXIDE

Blood:

TESTS PERFORMED:

BLOOD BASES

BLOOD EIA - Amphetamine, Methamphetamine, Cocaine, Opiates*, PCP, Barbiturates, Benzodiazepines.*

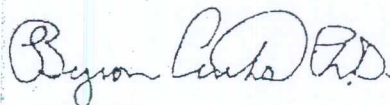
*This test does not detect Oxycodone, Methadone, Lorazepam, or Nitrobenzodiazepines.

RESULTS:

NONE DETECTED

06/18/2009

DATE



BYRON CURTIS, Ph.D., Deputy Chief Forensic Toxicologist

