

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

Central Office
901 N. Stonewall
Oklahoma City, Oklahoma 73117
(405) 239-7141 Fax (405) 239-2430

Eastern Division
1115 West 17th
Tulsa, Oklahoma 74107
(918) 295-3400 Fax (918) 585-1549

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 imprint of the office seal.

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:

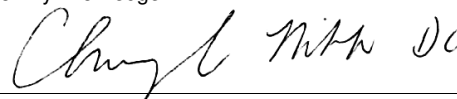
Name, Address and Telephone No.

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 17th Street
Tulsa, Oklahoma 74107-1800
918-295-3400 Voice
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

DECEDENT ERIC COURTNEY HARRIS	AGE 44	BIRTH DATE 10/10/1970	RACE BL	SEX M	CASE# 1501608
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TYPE OF DEATH VIOLENT, UNUSUAL OR UNNATURAL	ID BY VISUAL IDENTIFICATION	AUTHORITY FOR AUTOPSY CHERYL NIBLO, D.O.
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PRESENT AT AUTOPSY
JUSTICE PAYNE;CHERYL NIBLO, D.O.

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

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

MANNER OF DEATH: **HOMICIDE**

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

CHERYL NIBLO, D.O.

Forensic Pathologist

Location of Autopsy

Date and Time of Autopsy

**BOARD OF MEDICOLEGAL INVESTIGATIONS
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901 N.Stonewall
Oklahoma City, Oklahoma 73117

REPORT OF LABORATORY ANALYSIS

OFFICE USE ONLY

Re. _____ Co. _____

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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