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PORTLAND POLICE BUREAU
INTERNAL AFFAIRS DIVISION
Confidential Taped Statement
Sergeant Michael Barkley #8570

Interview Date: June 21, 2007
IAD #: 2006-B-0016
Complainant: Portland Police Bureau

Interviewed: Dr. Karen Gunson (Medical Examiner)

BARKLEY: This is Sergeant Michael Barkley, #8570 with the Internal Affairs Division. Sergeant Derek Rodrigues, #37149 with the Internal Affairs Division is present. The date and time are Thursday, June 21st, 2007 at 0907 hours. We're talking with Dr. KAREN L. GUNSON, State of Oregon Medical Examiner, Forensic Pathologist, who performed the autopsy of Mr. JAMES CHASSE on Monday, September 18th, 2006, the date following the death of Mr. CHASSE. Dr. GUNSON is a witness regarding IAD case number 2006-B-0016. To start off with, on Tuesday, May 22nd, 2007 at 1135 hours, you were initially interviewed by me and Sergeant Derek Rodrigues regarding the autopsy you performed on Mr. JAMES CHASSE on Monday, September 18th, 2006. On Wednesday, June 6th, 2007, Ms. TAMARA HERGERT, H-E-R-G-E-R-T and Mr. KEVIN STUCKER, S-T-U-C-K-E-R, two AMR paramedics that examined Mr. JAMES CHASSE on Sunday, September 17th, 2006 at the 1300 Block of NW Everett Street were interviewed. AMR paramedics were assisted by the Portland Fire Bureau personnel. As a result of our interview with the two paramedics, the following are additional questions that we have of you. You previously identified and explained the following injuries sustained by Mr. CHASSE on Sunday, September 17th, 2006 as being 14 total number of ribs fractured, 27 number of fractures, 10 of which of those fractures were caused by CPR and 17 total number of fractures caused by blunt force chest trauma. Are those numbers and causes accurate?

GUNSON: Yes, sir.

BARKLEY: You previously stated that the fractured ribs were fresh and not old fractures. How were you able to determine that the fractures of the ribs were fresh opposed to old fractures?

GUNSON: Well, rib fractures, when they're fresh, the ends of the bones are jagged and easily movable, uh, back and forth. And there is fresh hemorrhage. That is there is fresh bleeding around the, uh, fracture site. As a fracture heals, the end of the bones knit together. They, um, become sealed together by an in-growth of different types of cells. And the fresh hemorrhage turns a golden yellow color as the blood breaks down. Um, over time, even if the bones are not set, so that the ends are flush with one another, um, the bones will heal and sort of a knot of bone forms. Of course, that takes probably, um, in displaced fractures, it would probably take, uh, a couple of months to have, to have that actual, um, solid bone form, maybe up to three months. And then, of course, you see it as a bulge instead of a nice thin bone, you'll see a bulge of, of, uh, what we call callous. So, um, it's evasive medical and forensic pathology principle the way we look at and determine the difference between a fresh fracture and a healing fracture.

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50 **BARKLEY:** Okay. You previously stated that the 17 fractures could not have been caused by
51 individual blows, but rather would have been caused by a broad based application of
52 force. Can you explain the difference between the types of force as they relate to Mr.
53 CHASSE's specific injuries?
54 **GUNSON:** Between, uh, individual versus broad based?
55 **BARKLEY:** Correct.
56 **GUNSON:** Okay. Um, individual blunt force blows could cause individual rib fractures.
57 However, the rib fractures that are, we're concerned about are actually located along
58 the spinal column, along the backbone. And in adults, well in children, for that
59 matter, that area is highly protected by muscle and by actually the spinal cord or spinal
60 column itself. So, um, it is true that you could see fractures there, but it would be
61 from something like a high velocity car crash or possibly a long distance fall of a
62 hundred foot, I mean, you know, really a big fall. And in those, in those cases, you
63 probably would see, you could see rib fractures along the backbone. However, so, so,
64 in my opinion, blows could not have caused, individual blows cannot cause those rib
65 fractures along the backbone. Um, however, we know from studies mostly with
66 children, that a, an, what we call anterior posterior, front to back compression, can
67 cause rib fractures by causing the rib to move, uh, over its, uh, articulation with the
68 backbone. And, and, and that sort of acts as a fulcrum and then it fractures at the
69 fulcrum where it's, where it's bending against the backbone. And, indeed, in this case,
70 we have lateral rib fractures on the left and we have the rib fractures along the
71 backbone. And I could actually demonstrate at the time of autopsy if I rolled Mr.
72 CHASSE onto his, up on his right side, but more, not completely on his right side, but
73 more as if he was say at a 45 degree angle up, on his right side. That you could
74 actually, by pressing on the chest in that position, you could actually see that the ribs
75 were fractured in exactly the manner that they did. That is along the lateral side and
76 along the backbone. And that indicates that there had to be a broad based fracture,
77 'cause otherwise, you would not get the rib fractures along the backbone. You may
78 get rib fractures along the lateral aspect of the chest from individual blows, but it
79 would require more than one application of force. It would require multiple
80 applications of force. Say, multiple knee drops, multiple kicks, vigorous kicks, that
81 kind of thing would not come from a punch. It would have to be something where
82 there is a bigger force or velocity like a leg or a block with the knee. However, in
83 order to explain all the rib fractures that we see that I attribute to blunt force trauma,
84 the easiest way to explain that is a single broad based application of force, such as a
85 pressure, uh, that's applied while he's at a 45 degree angle up on his right side.
86 **BARKLEY:** Now, to follow-up on that, if there was individual blows, either from say a kick, a hit,
87 would there not be some evidence of that from tissue damage?
88 **GUNSON:** Excellent point and yes. There would be. You would expect to see that there would be
89 contusion or bruising, and, you know, sometimes even laceration from those
90 individual blows. We don't have that. And...
91 **BARKLEY:** That was not, that was not existent with Mr. CHASSE.
92 **GUNSON:** Exactly. It was not present. And, and the reason it's not present is because if you
93 apply a force over a greater distance, over, uh, over a broader surface, then there is not
94 a point application of force, which is what is required in order to have a contusion or a

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95 laceration. But, say, for instance, you fall onto this floor and you hit your head. Many
96 times, there is absolutely no contusion in your head or, because of the apple, the forces
97 is spread over a bigger area. So if it's spread over a bigger area, we're not going to
98 have a point where we have a contusion or laceration. And that's why I think we
99 don't see this.

100 **BARKLEY:** How were you able to determine that Mr. CHASSE suffered the blunt force chest
101 trauma at the location of 1300 Block of NW Everett Street?

102 **GUNSON:** That's based on not so much the autopsy, as everything, the scene investigation, um,
103 the subsequent activities that occurred, and it is based on my knowledge of that. Now,
104 I may have incomplete knowledge, but I do have knowledge of the struggle that
105 occurred at 13th and Everett, the subsequent transport to, um, the jail, the subsequent
106 activities in the sally port, and this is a point where I may not have all the information
107 and it may never be forthcoming. And, subsequently, his removal from the car into
108 the, uh, holding cell, and after that, the assessment of the nurse, and then the transport
109 to the hospital and what happened on that transport. So I am basing my, um,
110 interpretation is, is based on all of these, uh, scene invest, these scene details, if you
111 will. So, and I received those from, um, the investigating detectives, Detective Lynn
112 Courtney, uh, to be more specific. Also, from you, uh, and Detective Rodrigues. And
113 also to a much lesser degree, a much lesser degree, um, to conversations, a single
114 conversation that I had a few days ago with City Attorney and, and County Council.

115 **BARKLEY:** So, so your determination as to location, in your medical opinion where this occurred,
116 is based primarily and solely on information that you're provided by the police and
117 independent witnesses, is that correct?

118 **GUNSON:** Yes.

119 **BARKLEY:** Prior to the autopsy, were you advised as to any other location or locations where Mr.
120 CHASSE was involved on a physical struggle and resistance with others, including
121 Portland Police officers?

122 **GUNSON:** No. Prior to the autopsy, um, the explanation or the, the story that was given to me
123 was about the, uh, confrontation at 13th and Everett. I was not told that there was any
124 confrontation or, um, assault prior to that and I was not told that there was any assault
125 or confrontation or a struggle or, uh, an application of force after that.

126 **BARKLEY:** Aside from the confrontation and the 1300 Block of NW Everett Street, prior to the
127 autopsy, were you provided any information from any source that there had been a
128 physical confrontation or struggle at Multnomah County Detention Center and
129 specifically the sally port, and including the, uh, interior of the holding room?

130 **GUNSON:** Not to my, not to my recollection. No.

131 **BARKLEY:** Okay. I'm going to go through some readings that were obtained from AMR
132 paramedics and the Portland Fire Bureau personnel. What I'd like to know is what is
133 your professional medical opinion as to whether Mr. CHASSE suffered blunt force
134 trauma in the 1300 Block of NW Everett Street, where he had a physical confrontation
135 with Portland Police officers based upon the following information. Your autopsy
136 determined that Mr. CHASSE sustained 17 total fractures caused by quote blunt force
137 chest trauma. Mr. CHASSE's vital signs were checked by two paramedics with AMR
138 and the Portland Fire Bureau personnel. Mr. CHASSE's vital signs were, were
139 determined to be quote within normal limits. AMR's cardiac monitor reported and

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140 recorded at 1725 hours a blood pressure of 119 over 73, a pulse rate of 100. Ms.
141 HERGERT, AMR paramedic, checked Mr. CHASSE's pulse via his carotid artery.
142 Ms. HERGERT visually counted his chest respirations to be 18. Ms. HERGERT had
143 a stethoscope present, but did not use it because Mr. CHASSE did not exhibit any
144 signs to indicate he was having problems breathing. Mr. STUCKER, AMR
145 paramedic, counted his chest respirations to be 18 to 20. The Portland Fire Bureau
146 reported Mr. CHASSE's vital signs to be the following. SPO2 saturation percent, 98
147 percent. Pulse rate 100. Pulse rhythm regular. Pulse quality strong. Respiration rate
148 18. Respiration rhythm regular. Blood pressure 110 over 73. Blood glucose 119.
149 Based on these recorded vital signs, what is your, your medical, professional opinion
150 as to whether Mr. CHASSE suffered this blunt force trauma at the location of 1300
151 Block of NW Everett in light of these vital signs?

152 **GUNSON:** It's my opinion that in medical probability, Mr. CHASSE sustained his rib fractures,
153 his blunt force trauma, at that location of 13th and Everett.

154 **BARKLEY:** Even with, could you expand on that, with what appears to be somewhat normal type
155 vital signs?

156 **GUNSON:** Yes. Um, first of all, this is a single reading of an individual. Um, and I don't have
157 any idea what his resting heart rate is. We do know that there had been a struggle with
158 police officers at 13th and Everett. And we know that, um, he may have run up to a
159 block along the way. And we know that the, um, struggle ended when he was finally
160 handcuffed and hobbled, it's my understanding. Um, that he appeared to pass out
161 quote/unquote, but then came to and that police immediately asked for medical
162 backup. And that that whole medical backup maybe took about six minutes to get
163 there. So that, from the time of the struggle to the time when the medical backup
164 arrived was maybe eight to ten minutes at, at the most, eight to ten minutes, right in
165 that timeframe. Now, of course, it would take them a little while to get their, to get
166 their stuff out, but that would only be a few minutes at most. So, maybe, we're
167 looking at, by the time they check his heartbeat and respiration, up to twelve minutes
168 or so. Um, now, his heart rate and pulse and so forth, or his, and respiration rate
169 might have gone down slightly during that time, but in a normal person, under these
170 circumstances, and I don't even mean the rib fractures, I mean just the struggle, and,
171 in fact, probably a confrontation with police, which can be highly stressful in and of
172 itself, that I would expect his heart rate to be higher and I would have expected his
173 blood pressure to be higher and his respiration rate to be higher. But I go back to the
174 point that I don't know what his actual resting heart rate is, his resting respiratory rate,
175 and it could be that instead of being a normal 72, it's much less than that. His, his
176 heart rate being normally 72, it may not normally be 72. It may be much less. It may
177 be 50. And, therefore, the readings we're getting here in a single reading in a single
178 context, while they may be accurate, may not accurately reflect how stressed he is or
179 how, um, they, they may be in, within normal limits for a normal person, but he may
180 not be, these may not be normal for him. So, I can't, in this particular case, these vital
181 signs actually do not enter into my calculation as much as the numerous witness
182 statements and, uh, actions that occur that I have information about from police, uh,
183 and from, you know, some, uh, citizen/witnesses and things like that. So, given that, I
184 know that a struggle occurred at this particular point with three police officers and Mr.

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185 CHASSE, and I know pretty well about what happened during the struggle from
186 witnesses and from the police, police officers occurred, who were, who were there at
187 the time, um, it is my opinion that it most probable that he sustained the injuries in
188 this confrontation with police at this particular point on Everett Street. That being
189 said, I do not have a full understanding of all of the activities that occurred in the sally
190 port when they arrived in the police car at the Multnomah County facility. Um, the
191 information that has been provided to me by you about some of the struggle that did
192 occur there, and the fact that he verbalized moaning and groaning on two separate
193 occasions when he was picked up while he was handcuffed and hobbled, indicates to
194 me that he was pro, he was suffering most likely pain at those points. Now, given the
195 fact that he has rib fractures, in my opinion, that's already sustained, um, it is also
196 likely that when they're moving him about in this fashion at, when the Multnomah
197 County deputies are moving him about in this fashion, that it would exacerbate or
198 make worse these rib fractures. That is, perhaps they were not displaced at the time of
199 the actual, uh, blunt force trauma. But now, with his movement around, uh, by picking
200 him up by the shoulders and legs and so forth and, and putting stress and strain on his
201 ribcage, that maybe, at this point, they became either displaced or were, um, at least
202 made worse by this movement. And that's why we see him verbalizing pain, uh, by
203 moaning and groaning. And, subsequently, the nurse looks in and see that he is not
204 doing well. And requests him being transported to the hospital.

205 **BARKLEY:** Okay. To expound upon that, at the location of 1300 Block of NW Everett, Mr.
206 CHASSE, at that location, isn't verbalizing the moaning, the groaning, so since that's
207 lacking there, and then Mr. CHASSE is picked up, hobbled, handcuffed at that
208 location, carried to the police car, transported while hobbled to the Multnomah County
209 Detention Center, and then once again, he's picked up by the arms, the legs, while
210 handcuffed and hobbled, both going into the jail facility and then likewise coming
211 from the jail facility to the police car, your, your explanation is is that the injuries, it's
212 most probable that the injuries would have occurred at 1300 Block NW Everett, but
213 that with this type of activity and the manner in which Mr. CHASSE was carried on
214 three different separate incidences, could have increased the pain and actually caused
215 the injuries to be more severe?

216 **GUNSON:** Yes. Yes. And, you know, we know that there was, uh, then a fairly rapid downhill
217 course for Mr. CHASSE after that point, uh, of being in the, in that holding room and
218 then transported. So, yes, that's exactly what I'm saying.

219 **BARKLEY:** And I believe that there were three ribs on the left side that had actually punctured the
220 lung.

221 **GUNSON:** Uh-huh.

222 **BARKLEY:** Would, what's the probability that those sustained injuries would have occurred from
223 carrying Mr. CHASSE while hobbled and handcuffed?

224 **GUNSON:** Well, I think the rib fractures were probably already there. But, perhaps, the, uh,
225 displacement of those rib fractures and the perforation of the lung may have occurred
226 with the three subsequent carrying positions or, or, you know, carrying episodes, if
227 you will. Um, now, I do know that, at one point, there was noted to be some blood
228 around his mouth. And that could easily have arisen from having his lung punctured

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229 by one of those ribs. But it was my understanding this blood did not appear until he
230 was at the Multnomah County facility. They didn't see it on the street.
231 **RODRIGUES:** No, that's actually, this is Sergeant Rodrigues, it was seen on the street.
232 **GUNSON:** It was seen on the street?
233 **RODRIGUES:** Yes.
234 **GUNSON:** Um, it could arise from the lung puncture. My explanation, and our discussion about
235 this and this occurred between myself and Mr. Rice, the City Attorney, um, I said it
236 could arise from that lung. But, likewise, we know he's been through a struggle and
237 any number of injuries can occur to your nose and mouth during this struggle. So, I
238 told him at the time, I don't know exactly where it came from. But it could have come
239 from the lung as well.
240 **BARKLEY:** Okay. I have three other questions and Sergeant Rodrigues may have some follow-up
241 questions. In your forensic, medical opinion, what is the probability percentage that
242 Mr. CHASSE could have sustained the described blunt force chest trauma in the 1300
243 Block of NW Everett Street given the noted, by the readings obtained at the location?
244 **GUNSON:** Um, as I said I think it's medically probable and that means that I, it's greater than 51
245 percent that it, you know, it's into the more probably than not category.
246 **BARKLEY:** And that would be your best estimation based on your forensic, medical opinion?
247 **GUNSON:** I, I think, I think, in my opinion, frankly, if we're not talking in legalese, I think it's
248 almost a certainty that he sustained those injuries at the 1300 Block of Everett.
249 **BARKLEY:** Okay. And likewise, what it would be the probability or percentage, in your forensic,
250 medical opinion, that these sustained injuries could have occurred either before the
251 police contacted him at the 1300 Block of NW Everett or following when AMR
252 paramedics left that location?
253 **GUNSON:** Um, I would say that my, given the information I have now, the current information
254 that I have, that it is highly unlikely, if not impossible, for those to have occurred other
255 places.
256 **BARKLEY:** And, if there was evidence that, that came forward that there was another physical
257 confrontation with Mr. CHASSE at a different location, either prior or following the
258 1300 Block of NW Everett, and that struggle would indicate some sort of possible
259 blunt force chest trauma, that would then be new information for you.
260 **GUNSON:** Yes, it would be new information for me and I would reassess given the information.
261 **BARKLEY:** Okay, Sergeant Rodrigues, do you have anything?
262 **RODRIGUES:** Yeah, doctor, you mentioned earlier that when you actually had him on his right side,
263 at a 45 degree angle, you could see the breakage in, in the ribs, is that correct?
264 **GUNSON:** Yes.
265 **RODRIGUES:** Now, the 45 degree angle leaning towards his chest or towards his back area?
266 **GUNSON:** Um, well, if you can picture, um, that lying flat on your back would be, would be zero
267 percentage...
268 **RODRIGUES:** Right.
269 **GUNSON:** ...okay. And that laying fully upright on your right side would be, um, you know, 90,
270 90 degrees like this.
271 **RODRIGUES:** Uh-huh.

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272 GUNSON: Then it's, it's halfway between the two. Now give or take, obviously, I, you know, I
273 can't give you an exact percentage or exact low, degree of tilt, but, but if I were, um,
274 if, if it's me laying flat like this, and I were to partially roll up onto my right side so
275 that my...
276 RODRIGUES: Okay.
277 GUNSON: ...this, this part, so that my left side was presented upward...
278 RODRIGUES: Right.
279 GUNSON: ...not fully straight up, but about halfway in between, that's what I mean by 45
280 degrees.
281 RODRIGUES: Okay. I guess I'm asking 'cause were you able to determine, and maybe you just said
282 it earlier, but were you able to determine the origination, in other words, would it be
283 likely that the origination of the blunt force trauma was as he fell forward or as he fell
284 backward?
285 GUNSON: No, I can't tell that. No, I'm sorry, I can't tell that. I, all I can say is this is the, what
286 was presented in my opinion...
287 RODRIGUES: Right.
288 GUNSON: ...at the time when the force was applied. But how he arrived at this particular
289 location, you know, from how he got there, I, I can't tell.
290 RODRIGUES: Okay. So, the, it is, you, you mentioned earlier it's a, it's a pressing...
291 GUNSON: Yes.
292 RODRIGUES: ...simultaneous pressing...
293 GUNSON: Compression.
294 RODRIGUES: ...and, at this point, we don't know the origination of the pressing, but it was more
295 towards the chest, more towards the back area.
296 GUNSON: Well, it would have to be, it would have to be on the lateral aspect of the chest. Um,
297 how can I, maybe I'm not understanding the question correctly, but the...
298 RODRIGUES: Well...
299 GUNSON: ...the person would be lying on the ground.
300 RODRIGUES: Correct.
301 GUNSON: His left side of his body would be presented upward at an, yes.
302 RODRIGUES: Okay.
303 GUNSON: Force would be applied this way. Okay, so from, from the side, trapping the body
304 between this force and the ground, okay?
305 RODRIGUES: Okay.
306 GUNSON: I mean not, it wouldn't be like somebody fell here. It would be more like the force
307 was applied here.
308 RODRIGUES: Okay.
309 GUNSON: Okay.
310 RODRIGUES: Okay.
311 GUNSON: Okay.
312 RODRIGUES: So it wouldn't be as if he fell forward from, or the impact started on the back or
313 impact started on the stomach. It had to be the impact originating on the lateral side of
314 his ribs.
315 GUNSON: Yes, yes.

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316 **RODRIGUES:** I'm clear. Thank you.
317 **GUNSON:** Okay, yeah.
318 **BARKLEY:** And that would be on the left side, correct?
319 **GUNSON:** Left side. Correct.
320 **BARKLEY:** Okay.
321 **GUNSON:** Yeah.
322 **RODRIGUES:** That's all I have. Thank you.
323 **BARKLEY:** Is there anything else that you wish to add to clarify?
324 **GUNSON:** No, I think, I think I've done enough talking. Thank you.
325 **BARKLEY:** Okay. The interview is concluded at 0936 hours.
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327 2006-B-0016 TRS2-GUNSON
328 Transcribed 062507/4409 C. Yeager

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