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

Interview Date: May 22, 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 also present. The date and time are Tuesday, May 22nd, 2007 at 1135 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 day following the death of Mr. CHASSE. Dr. GUNSON is a witness regarding IAD case number 2006-B-0016. Dr. GUNSON, to clarify, you did perform an autopsy on Mr. CHASSE on Monday, September 18th, 2006 at 1315 hours?

GUNSON: I did.

BARKLEY: You determined the cause of death to be blunt force chest trauma. Correct?

GUNSON: Yes, sir. Yes, sir.

BARKLEY: Please explain how the blunt force chest trauma caused Mr. CHASSE's death, specifically what sequence of medical events caused his death?

GUNSON: Okay, Mr. CHASSE, um, received, uh, force to the chest, which broke his ribs. And the ribs involved are, um, both on the posterior aspect of back of the body, on the lateral side on the left side of the body, and, uh, both sides of the front part of the body. Um, in my opinion, the rib fractures' presence, um, on the front part of the body, anterior part of the body, which is I think ribs number three through eight, um, are secondary to, uh, probably secondary to CPR or, uh, you know, chest compressions trying to resuscitate Mr., uh, CHASSE, um, but there are ribs present at the back on the left, right, just left of the, uh, spinal column. And that's ribs number three through twelve. And there are rib fractures present, um, on the lateral side of the left chest cavity, um, that are not from CPR. Those are, those can not be caused by CPR. And the most common reason to have those rib fractures is anterior-posterior compression, or pressure from front to back or back to front, which squeezes the ribs and causes them to fracture, because the back ones were, acts as a fulcrum. Um, once those rib fractures has been, have been sustained, the, the chest can no longer act as a bellows drawing air into the lungs, uh, as, as you make your breathing movements, because the chest is then considered to be flail, that is the ribs are not in, uh, or are unstable. And so you can't draw, uh, air into that left lung at that point. And so over time, while this is not instantly causing death, it will over time decrease the amount of oxygen available to Mr. CHASSE, both to his head and to his heart, to his brain and his heart and, uh, cause him to die. And, uh, it does take some time to have that happen, but, uh, that's the, the reason I called the cause of death, uh, blunt force chest trauma.

BARKLEY: Okay. Just to clarify, is it correct that there are a total of twenty-four ribs in the body?

GUNSON: Yes, there is twelve ribs on each side of, of your chest, yes.

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51 BARKLEY: And concerning Mr. CHASSE, were there a total of fourteen ribs that were fractured?
52 GUNSON: Yes.
53 BARKLEY: And is it correct that there were a total of twenty-seven, as being the number of
54 fractures within the fourteen ribs?
55 GUNSON: Yes, twenty-seven rib fractures, separate fractures, but only fourteen ribs involved.
56 BARKLEY: Correct.
57 GUNSON: Uh-huh.
58 BARKLEY: Okay, given Mr. CHASSE sustained fourteen fractured ribs, are you able to identify
59 how many fractured ribs were caused by the actual fall to the pavement and how many
60 fractured ribs were caused by chest compression.
61 GUNSON: It's my opinion that, um, ten rib fractures were caused by chest compressions. That
62 would be the anterior rib fractures, both left and right, ribs number three through
63 eight. Um, it's my opinion that seventeen rib fractures were caused by forward the
64 chest, um, the chest compression, uh, you know, from fall or from somebody falling
65 on Mr. CHASSE. Seventeen rib fractures were caused by actual injury, not CPR.
66 BARKLEY: So we have seventeen from the actual injury that took place at NW Everett in the 1300
67 block and then you're identifying, would it not be fourteen fractures...
68 GUNSON: Yeah, no...
69 BARKLEY: ...from CPR.
70 GUNSON: ...ribs three through eight on the left, that's five, and ribs three through eight on the
71 right, that's ten. And then we have ribs three through twelve, so that's, that's what I'm
72 considering to be the CPR. And then we have ribs three through twelve fractured at
73 the back, so that's nine. We have ribs, um, let me see, what was the other one, um,
74 the lateral rib fractures are ribs three through eight. Um, sorry, I'm just looking at
75 _____ fractures, excuse me while I count again.
76 BARKLEY: Okay.
77 GUNSON: Oh, okay. And, yes, we have five rib fractures on the lateral aspect of the body.
78 BARKLEY: Correct.
79 GUNSON: Nine rib fractures at the back on the left side.
80 BARKLEY: Correct.
81 GUNSON: And then we have three rib fractures on the right in the back. So that makes
82 seventeen, I think.
83 BARKLEY: Okay.
84 GUNSON: Yeah.
85 BARKLEY: That would be, okay, now the seventeen you're referring to, that would be fractures
86 from the fall.
87 GUNSON: Yes.
88 BARKLEY: Okay.
89 GUNSON: Yes.
90 BARKLEY: But from the actual chest compression, compressions, that would be ten.
91 GUNSON: Yes.
92 BARKLEY: Okay.
93 GUNSON: Uh-huh.

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94 **BARKLEY:** Were all the fractures caused on Sunday, September 17th, 2006 or were any of those
95 fractures old fractures?
96 **GUNSON:** None of them were old fractures. All of them were fresh.
97 **BARKLEY:** What type of force would be necessary to cause such extensive fractures?
98 **GUNSON:** Um, well, it would be a considerable force. It, it, buy it would be, once again, um,
99 application of more broad based force. That is a compression to the chest, which
100 would translate through from front to back and from back to front. Um, for instance,
101 um, these kind of injuries that we see along the backbone, in the ribs along the
102 backbone, uh, are, uh, commonly seen in infants where parents apply pressure, uh,
103 with their hands from front to back and squeeze while they are doing, while they are
104 shaking the infant. And so we see posterior rib fractures. I have seen these kind of rib
105 fractures where a person gets trapped between, uh, like in a traffic accident between a
106 car and the road. And, and the car comes to lie on them. Uh, so these injuries would
107 not be, in my opinion, front because they're so broad based. I mean they're covering a
108 space of maybe sixteen inches along his back. They would not be from say, uh, a
109 single kick to the back. Uh, there is, uh, the particular area is quite protected by
110 muscle in that particular area. And, um, it would not be possible for this person to
111 have sustained kicks to have those kind of injuries. It would have, so individual blows
112 would not cause this. It has to be more of a broad based application of force.
113 **BARKLEY:** So would, would, would it be consistent with the possibility that Mr. CHASSE fell on
114 his own to the pavement or would it have to be that some other object fell on top of
115 Mr. CHASSE at the same time?
116 **GUNSON:** Uh, in my opinion, it's the latter scenario where a simple fall to the pavement should
117 not, he should not sustain these injuries. However, if he falls to the pavement and, for
118 however brief an instant, somebody or something falls on top of him, then you could
119 see these injuries. And, and it does not require, it, it requires only an instant to have
120 this happen. I mean, so just, uh, you know, it wouldn't require sustained laying on a
121 person, but just that instant of compression and then off.
122 **RODRIGUES:** This is Sergeant Rodrigues. I guess in a nutshell, these injuries must occur
123 simultaneously, in other words, front, back, squeeze the same time, even if it's for an
124 instance for this to occur.
125 **GUNSON:** Yes.
126 **RODRIGUES:** Thank you.
127 **BARKLEY:** I gave you a copy of the pre-hospital care report that was prepared by AMR
128 Ambulance paramedics, Ms. TAMMY HERGERT and her partner, at the time, Mr.
129 STUCKER. The question is, considering the number of fractured ribs, and ribs that
130 had perforated the membrane, ribs that had penetrated into the left lung, by
131 approximately a quarter inch, and the intense hemorrhage that was present, would it
132 be unusual that AMR Ambulance paramedics received the report that his vital signs,
133 being Mr. CHASSE, to be within normal limits at the scene located at the 1300 Block
134 of NW Everett.
135 **GUNSON:** Yes, that, I, it would be unusual, if you ask me. I mean, in my opinion, um, the vital
136 signs would be different than what are reported here. Um, first of all, he's been in the,
137 in a chase and he's, uh, sustained injuries which caused pain, and his respirations are
138 18. I would have expected his respirations to be more.

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139 **BARKLEY:** Okay. We're, now we're referring to a pre-hospital care report on page two.
140 **GUNSON:** Yes.
141 **BARKLEY:** And in there, it's noted the physical findings, chest be negative.
142 **GUNSON:** Correct.
143 **BARKLEY:** Do you, do you find that to be consistent with the injuries sustained by Mr. CHASSE?
144 **GUNSON:** No. Um, first of all, uh, if any palpation had been done to the chest, you could have
145 felt the fractures, lat, especially the lateral fractures, the ones on the left side of the
146 body. And, if any palpation had been done, Mr. CHASSE would have complained of
147 pain. Um, when I did the autopsy and looked at Mr. CHASSE on the table, albeit, he
148 had had his clothes removed by that time. I noted that his, there was asymmetry to the
149 body, that is the left chest looked flatter than the right chest. And I commented on that
150 in my report. So if the chest had actually been visualized or palpated without clothing
151 present, uh, abnormalities would have been seen.
152 **RODRIGUES:** This is Sergeant Rodrigues. Dr. GUNSON, just for clarification, what does palpation
153 mean?
154 **GUNSON:** It means, uh, feeling the surface of the body with your hands. And so if, uh,
155 physicians will palpate to feel different organs or to feel if there is any injury under the
156 skin. You know, they can feel broken bones.
157 **RODRIGUES:** Correct.
158 **GUNSON:** And also when a patient, of course I do it during autopsy, but when a patient is alive,
159 palpation, they'll also ask the patient, does this hurt, does this hurt, does this hurt, as
160 they press on various areas of the body.
161 **BARKLEY:** To clarify, Dr. GUNSON, have you ever seen AMR's pre-hospital care report that
162 was prepared at the location of NW 13th and Everett prior to today?
163 **GUNSON:** No, sir.
164 **BARKLEY:** So you have not seen this report prior to the autopsy?
165 **GUNSON:** Uh, no.
166 **BARKLEY:** On page two, could you comment under the section of Treatment and Response,
167 apparently TAMARA HERGERT from AMR reported a series of vital signs.
168 **GUNSON:** Uh-huh.
169 **BARKLEY:** One being BP, which I assume is blood pressure.
170 **GUNSON:** Yes.
171 **BARKLEY:** 110 over 73. Would that be consistent with Mr. CHASSE's injuries at the time?
172 **GUNSON:** Uh, in my opinion, no. Uh, I would expect the blood pressure to be much higher than
173 that. Not only from the injuries, but just from the activity that had gone on during and
174 prior to them arriving at the scene. But, certainly, people in pain have much higher
175 blood pressures than 110 over 73. Um, you might see somewhere in the range of 160
176 to 170 over say 90 to 100, rather than that.
177 **BARKLEY:** And it's recorded as the pulse being 100. Would that be consistent with Mr.
178 CHASSE's injuries at that location?
179 **GUNSON:** You know, the pulse seems a little bit low. Not only because pulse like blood
180 pressure will go up when people are in pain. And, um, and also pulse will go up when
181 you're running, when you're in intense physical activity. And so 100, I mean some
182 people have a resting pulse of 100, it's supposed to be around 70, but some people

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183 will just sit, by sitting there will have a pulse of 100, so, uh, it seems low to me
184 compared to the activity and pain associated with this person at the time.

185 **BARKLEY:** And it's recorded as Mr. CHASSE's respiration as being 18. Um, does that seem to
186 be consistent with Mr. CHASSE's injuries at that location?

187 **GUNSON:** No, it doesn't. I would expect the respirations _____ to be, uh, greater, higher in
188 number, um, as he is sort of gasping for breath, uh, at that time. And I would expect
189 the respirations to be more than 18, maybe in the range of 25, 30.

190 **BARKLEY:** And blood glucose, which is reported at, as 119mg over DL.

191 **GUNSON:** _____

192 **BARKLEY:** Is that consistent with his injuries?

193 **GUNSON:** Uh, you know, this doesn't, doesn't come into play here, uh, really. I mean the
194 glucose, that's, uh, normally people run glucoses around 100 and so it's not wildly out
195 of-whack. It's not wildly out of, out of, uh, normal range or it could be even in normal
196 range. So, um, I don't know how to, uh, tie the glucose in with the other, um, the
197 other, uh, with his injuries. Um, one thing I do is the glucose, just to see if he's a
198 diabetic, you know, 'cause they can treat them with glucose or something like that.
199 He's acting strange 'cause he's got a low glucose.

200 **BARKLEY:** Now, considering the apparent injuries that Mr. CHASSE sustained there at the 1300
201 Block of NW Everett, and the vital signs that we just reviewed with you based on their
202 report, if you refer to page one, under the Narrative...

203 **GUNSON:** Uh-huh.

204 **BARKLEY:** ...it states in the Narrative, 45-year-old male, in police custody. He saw police on the
205 street and took off running several blocks until caught. He then fought with police,
206 was cuffed and hobbled, and then became extremely quiet, thought, the police thought
207 he may have passed out. He came to quickly. Police are requesting that we check for
208 any life-threatening vital signs before they take him to jail. Now, with that first
209 paragraph, would you consider the activity of him running, fighting with the police,
210 taking that alone, would you consider that to be consistent with these apparent
211 reported readings on the vital signs.

212 **GUNSON:** No, I would have expected all three parameters, blood pressure, heart beat, and
213 respiration, to be higher, because of this activity, just this activity. I mean with the
214 fight, with the run for several blocks, uh, unless you're a marathon runner, I would
215 expect these to be much, much higher.

216 **BARKLEY:** The, the part of this paragraph where it's noted here in the Narrative that the police are
217 requesting that we check for any life-threatening vital signs before they take him to
218 jail, considering that as being what was requested of AMR by the police to check for
219 life-threatening vital signs before they take him to jail, would you consider the
220 examination in the reported findings to be consistent with what the police requested?

221 **GUNSON:** I mean, yes, they, they asked for vital signs, they were given vital signs. Whether
222 they're correct or not, they're, they're given some vital signs. So the police did request
223 that. And they provided these to them. Um, that, it does not seem as if they provided
224 any other type of medical examination.

225 **BARKLEY:** Okay. The second paragraph, patient is lying quietly on sidewalk, RR, 18 to 20, that
226 would be...

227 **GUNSON:** Respiration rate.

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228 **BARKLEY:** ...respiration rate. Opens eye, but isn't talking to us. VS, vital signs within normal
229 limits. Attempted blood glucose and patient began fighting and yelling. He was held
230 for the test, which was normal. Police refusing transport for patient in their custody.
231 Advised vital signs were normal. The patient was probably on some sort of drug.
232 Police acknowledged this and signed refusal. What, what, if anything, do you see
233 consistent or inconsistent in that paragraph based on the vital signs that they're
234 reporting on page two.

235 **GUNSON:** Well, if they're recording the vital signs on page two, the vital signs are on page two
236 within normal limits. I mean they're, they're, they're normal. Um, and that being
237 said, the police being told that the vital signs were normal, they're actually being told
238 by AMR that we don't think there is anything particularly wrong with this person,
239 other than maybe being drug intoxicated. And, and so the police seemed to have
240 decided well, since they have said that there is nothing wrong with this person, other
241 than the possibility of being drug intoxicated, then they would feel that was okay to
242 take him onto jail, I suppose.

243 **BARKLEY:** Now would it be consistent if Mr. CHASSE had been under the influence or been, um,
244 using drugs, at that time, for these readings to have been what they were.

245 **GUNSON:** No. If he is using drugs at the time, most likely given his actions, these would be
246 some kind of central nervous system's _____ the most common kind being
247 methamphetamine or cocaine. Indeed, it, it's been ruled out, in my opinion, to have
248 been heroin or, or some central nervous system depressant because they actually
249 specifically say his pupils are, are not pinpoint, and, and that's on page two under
250 face. And they, and also because usually heroin causes you to be more subdued than
251 what we're seeing with this person. So, so, that being said, that we're, that the drugs
252 you should consider would be methamphetamine and cocaine, one would expect the
253 heartbeat, respiration, and blood pressure to be considerably higher, because that is
254 usually the reaction when somebody uses those drugs. The, and, and that's because
255 it's a stimulant. And, um, so the, the vital signs are inconsistent or not consistent with
256 it being a stimulant drug intoxication, like cocaine or methamphetamine.

257 **BARKLEY:** Based on everything that you know to date, now seeing the, this pre-hospital care
258 report that you hadn't seen prior to today, conducting the autopsy testing that you had
259 done, do you have an opinion if, at that time at NW 13th Avenue and Everett Street,
260 had Mr. CHASSE been transported directly to a hospital, opposed to being transported
261 by the police to the jail, and then from jail to NE 33rd, where he had stopped breathing,
262 do you have an opinion of what Mr. CHASSE's overall condition would have been if
263 he had been transported directly to the hospital from the 1300 Block of NW Everett
264 Street?

265 **GUNSON:** Yes, I do have an opinion about that. I think that if he was transported from this
266 place, this location in Northwest Portland, he would have had a chance of surviving
267 the injury. And I can't comment too much about what chance, maybe 50/50, because
268 there are problems that would be associated with recovering from this, but by
269 transporting him to the hospital, the hospital could then support him by intubation and
270 respirator, uh, support, um, so that he could, they could actually force air into his
271 lungs and he would then have hopefully survived. Now, there could be a lot of
272 complications involved in this kind of injury, such as pneumonia and, you know, uh,

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273 various other sets of things like that, so the actual, uh, whether or not he would, he
274 would have survived a hundred percent, I can't tell you. But he would have had a
275 huge chance of survival. Because, because essentially, these injuries can be overcome
276 if we can support him. And, um, the longer you wait, the less likely it is that you're
277 going to be able to, to get enough oxygen to him that he is going to survive.

278 **BARKLEY:** Okay. I want to clarify one thing. Prior to you doing the autopsy on Mr. CHASSE,
279 you had requested from AMR their records pertaining to them examining Mr.
280 CHASSE.

281 **GUNSON:** Yes, my office routinely requests, uh, pre-hospital records, hospital records, um, and
282 that was done, um, I'd have to, um, that was done, I do have some hos, I do have the
283 hospital records, and I have the hos, or the pre-hospital work from the Northeast
284 Portland pla, uh, well, well they were doing CPR on him.

285 **BARKLEY:** You, okay, you have received...

286 **GUNSON:** But I don't have, I did not receive this.

287 **BARKLEY:** You have received the pre-hospital care report provided, completed by AMR
288 Ambulance at the location of NE 33rd and Clackamas. That had been provided to you
289 prior to the aut, autopsy, correct?

290 **GUNSON:** Yes.

291 **BARKLEY:** But the pre-hospital care report by AMR Ambulance, from the location at NW 13th
292 and Everett, was not provided to you, to you prior to the autopsy.

293 **GUNSON:** Correct.

294 **BARKLEY:** And you have not seen this pre-hospital care report that was completed by AMR
295 Ambulance at the location, the NW 13th and Everett, prior to today's date?

296 **GUNSON:** I hadn't seen it prior to today. No.

297 **BARKLEY:** Okay. Sergeant Rodrigues, do you have a question?

298 **RODRIGUES:** Yeah, Doctor., and then going back to what we know now that occurred, and the
299 officers had a struggle with Mr. CHASSE, and AMR finding his vitals to be within
300 normal. Is there a scenario to your career that you think that knowing what we know
301 now what occurred, that those readings could be accurate? I mean what would be the
302 scenario which I think, everything he went through, that AMR could possibly find
303 those vitals to be within normal range, besides him being a marathon runner or...

304 **GUNSON:** Hmm. I, uh, I, I don't, I've never seen a situation where they would be absolutely
305 normal like they are, given the situation that he was in. From running, the, uh, injury
306 that causes pain, the actual struggle with the police, um, so I have never seen and I'm,
307 I'm trying to think if you could supply a certain kind of drug, you know, where you
308 could slow the heart rate and then it wouldn't, perhaps if he was on something like
309 Interol, which is something called a beta blocker, which by, but which routinely will
310 decrease the heart rate, uh, then, then maybe you might see this, um, but, to my
311 knowledge, he wasn't on, on a beta blocker or something like that. So, you know,
312 being, I mean, yeah, maybe there is some drug, maybe there was some drugs that he
313 could have been on, but that being said I, I don't have any history that he was on those
314 kind of drugs that might, that might decrease his heart rate.

315 **RODRIGUES:** Thank you.

316 **BARKLEY:** This is Sergeant Barkley. If, if the physical encounter with the officers caused the
317 fatal injuries or started the series of medical events there at the 1300 Block of NW

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318 Everett, what symptoms would you expect to observe and/or information gathered if
319 you had gone ahead and done not only a vitals sign, but also the indication that they
320 checked and reported his chest to be negative in the physical findings. You've
321 explained that all these measurements or all these rates that had been noted should
322 have been, under the circum, the circumstances, higher or much higher, is that
323 correct?
324 **GUNSON:** Yes, sir.
325 **BARKLEY:** What else would you have gone ahead and expected to observe or to experience if you
326 had done what the police expected AMR to have gone ahead and done?
327 **GUNSON:** Well, if the police expected the AMR to make an assessment of this person, as to
328 injuries and, uh, vital signs, they provided the vital signs, but in, but I don't see, but I
329 don't see that they provided an injury assessment of, of the patient. Um, the reason I
330 say that is because if you look at page two of this report, under Physical Findings, they
331 said head negative. Well, you can see the head, so perhaps it is negative to their eye.
332 Um, face negative, but lips bloody. Now, the lips may be bloody because of injury to
333 the mouth or the lips, or it may be bloody because there is blood coming out of his
334 lungs from the puncture wounds from his ribs. So, I, I don't, you know, that, the lips
335 bloody is sort of a little sign, it's like, well, why are they bloody. There is no, there is
336 no, they don't say there is a laceration. They don't say any of that kind of stuff. Neck,
337 not assessed. So I can't fault them. I can't, I don't know what they saw there. Chest
338 negative. Now this is, it, it applies when they say chest negative, that they have
339 assessed the chest, that they have looked at it, that they have felt it or palpated it, and
340 come to the conclusion that there is no injury there. But, as far as I know, the clothing
341 wasn't removed or, or lifted or any, I don't know that any of that was done, because if
342 they had done that, they would have seen that, and like I did at the autopsy, that there
343 was injury to the left side of the chest. If they had felt the left side of the chest, they
344 would have felt rib fractures there, 'cause you can feel them without, without, without
345 ever having to open them up in an autopsy. And if they had felt or pushed on the left
346 side of his, by his chest, I'm, there would have been considerable pain for Mr.
347 CHASSE and I'm sure that he would vocalize about that. That he would say
348 something about that. So, I have a problem when they say chest negative, because I'm
349 not sure, I'm not sure that they shouldn't have put not assessed, not looked at.
350 **BARKLEY:** What, what if the paramedics had used the stethoscope to listen to the chest? Would
351 they have heard anything?
352 **GUNSON:** Well, they would have had, if they had done that, then there would have been a
353 difference in the breath sounds from the right chest to the left chest. Because recall, at
354 this time, he has three fractures, left lateral, left posterior, but he doesn't have any rib
355 fractures, in my opinion, on the front part of his chest, at this time. So when they
356 listen to the right chest, they would hear good lung sounds. And they would hear good
357 breath sounds. If they listen to the left side of the chest, they probably would hear
358 muffled sounds because there, he's not drawing any air into his left lung, because his
359 left chest is flail, what we call flail. Uh, so there would have been, you know, they
360 could do that through the clothing too. They could do that through the clothing.
361 **BARKLEY:** With the stethoscope.
362 **GUNSON:** With the stethoscope.

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363 **BARKLEY:** Okay.

364 **GUNSON:** Yeah. Um, then they go on to say back not assessed, abdomen not assessed, pelvis not
365 assessed. And they didn't do a neural exam, which, but they just say they don't do
366 this. And then they note that there are abrasions on the elbows, so they did look at
367 him, visually they, they could see that. But, um, you know, there's, there is no
368 mention of whether they palpated anything to see if there were fractured bones in arms
369 or legs or...

370 **BARKLEY:** But they do note the arms, abrasion on elbows.

371 **GUNSON:** Yeah.

372 **BARKLEY:** And they note leg, negative.

373 **GUNSON:** Negative.

374 **BARKLEY:** And then the skin pale, warm, dry.

375 **GUNSON:** Uh-huh.

376 **BARKLEY:** Would that be consistent?

377 **GUNSON:** Um, yeah, you know, pale, warm, dry. The skin might also be clammy. But usually,
378 the skin is clammy when they've lost a lot of blood. He hasn't lost a lot of blood. He
379 has been in somewhat of an altercation, so I would expect it to be warm. Um, I'm a
380 little bit surprised that he doesn't have more sweating going on, but he might have
381 been more moist. But, but it depends on where you look. So...

382 **BARKLEY:** Concerning an issue relating to, uh, brittle bones. The autopsy report does not note
383 the existence of brittle bones. However, Detective Courtney's summary of
384 investigation report, which I have provided you with a copy, referenced to you, it
385 notes Dr. GUNSON did note and tell us CHASSE's bones were more brittle than
386 average due, in part, to his poor nutrition on page eighteen.

387 **GUNSON:** Uh-huh.

388 **BARKLEY:** Were you able to determine if Mr. CHASSE's bones were "more brittle than average"
389 and what would you base that assessment on?

390 **GUNSON:** Yes, I, I do, I do recollect making that conversation with, uh, Detective Courtney.
391 And I base my assessment on his bones being more brittle on my exam. And by that, I
392 mean when we have to, when we look at people, you have to, you have to remember
393 remove their chest plate during that, the course of the autopsy, we do that using
394 lappers or limpers (sp?), which are, you know, like you would use at home. I mean
395 they're cheap and they're easy. So you cut, you cut the ribs with those. And so when
396 we cut his ribs, it was my opinion, and, in fact, the opinion of my pathology assistant,
397 but we don't need to go into that, but boy, his bones sure cut easy. And it, I have had
398 occasion to assess that over the years, I've done about 4,000 autopsies, so, you know, I
399 can tell you what bones are when they're firm and strong, such as we usually see in
400 middle aged men. And in older women, we often see these really fragile, brittle
401 bones, well, you're, they hold up fine, but they're, they, they lack a lot of calcification.
402 They cut much easier. And in my opinion, his bones are more like those of a 50, 60,
403 70 year old woman than they are a 30-year-old man with no other diseases.

404 **BARKLEY:** And what would you attribute that to?

405 **GUNSON:** Well, I...

406 **BARKLEY:** Anything in particular?

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407 GUNSON: ...well in, I agree with this statement here that is due to his poor nutrition. I, he has a
408 history of mental illness. He is not in any, and my understanding wasn't in any type of
409 group home or anything where, where nutrition was provided. He would have to
410 provide his, his own nutrition, get his own food. And, uh, whether or not that was
411 adequate is doubtful to me.

412 BARKLEY: How much would brittle bones, as Mr. CHASSE had, you, you described that his
413 bones were of the density of a 50, 60, or 70 year old woman, impact the ribs being
414 fractured during the fall at the 1300 Block of NW Everett? How much would that be,
415 play into so many ribs being fractured during that fall?

416 GUNSON: I don't think it would matter, it wouldn't play in too much to how many ribs are
417 fractured. It would play into how much force is required to break those ribs. So, in
418 my opinion, given the state of his bone calcification, his bones are easier to break than
419 somebody who has complete nutrition and a normal bone structure for somebody who
420 is 45, 30, 45 years old. Some middle aged person or younger adult middle aged
421 person. And, um, I mean for instance, when people are playing football, things like
422 this happen a lot, I mean they get fallen on a lot. But they don't break their ribs like
423 this, because most of them are healthy men, healthy young men. And so this is like
424 tackling on the football field somebody who is 60, 70 years old. You'd expect that
425 there would be more injury.

426 BARKLEY: Okay. Would the condition of having brittle bones as Mr. CHASSE did, play a
427 significant impact relating to Officer HUMPHRIES, who apparently weighed
428 approximately 100 pounds more than Mr. CHASSE, uh, would that play into the
429 scenario which you just described and that is it's not so much the fall itself, but if
430 Officer HUMPHRIES is approximately 100 pounds more than Mr. CHASSE, and
431 there is the fall and the compression from Officer HUMPHRIES, are you saying that it
432 would be expected that there would be more significance...

433 GUNSON: I would expect to see, yeah, I, I would expect it'll be easier to break Ms. CHASSE's
434 bone than it would be somebody else's. And that given the weight difference, I would
435 expect that there would be some fracture. Now, you can't tell that from the outside.
436 You can't tell that until we do an autopsy, you know, what, what those bones are like
437 or unless you do a bone density study. But, um, like I say, I don't think that it would,
438 it wouldn't change the number of bones that are fractured. But it would change the
439 ease with which they could be fractured. It would take less force to fracture Mr.
440 CHASSE's bones than someone else's in better, who is in better shape, who is in
441 better nutritional shape.

442 BARKLEY: Okay. Given all the above noted issues regarding the number of anterior and posterior
443 fractured ribs associated injuries caused by the fractured ribs, reported vital signs at
444 the initial location in the 1300 Block of NW Everett, and Mr. CHASSE having brittle
445 bones, is it possible the fatal injury occurred during chest compressions at NE 33rd and
446 Clackamas rather than at the 1300 Block of NW Everett?

447 GUNSON: Uh, no. The, the fatal injuries were sustained in the NW Everett in, incident. And the
448 reason I say that is because Ms. CHASSE would not have gone into cardio arrest,
449 _____ arrest, in NE Portland if he hadn't had a previous injury. So he would not,
450 they would not have had to provide chest compression for him, thus fracturing the
451 front part of his chest if he hadn't already had these other injuries. So you can look at

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452 it this way. But for the injuries sustained on North, in Northwest Everett, Mr.
453 CHASSE would not be dead in NE 33rd. We have to look once again about what is
454 the definition of cause of death. It is that injury that sets in motion the events that lead
455 to death. And so the injuries that he sustained in Northwest Portland was that injury
456 that sets into motion all these other things that happened. With the ambulance
457 coming, him going to jail, and finally suffering a cardio respiratory arrest in Northeast
458 Portland.

459 **BARKLEY:** So it would be correct and, and expanded on that and hypothetically if Mr. CHASSE
460 had been transported to the hospital from the 1300 Block of NW Everett to the
461 hospital, and a week later developed pneumonia, what would have been the cause of
462 death with that scenario? Would it, would it be the same or would it be pneumonia.

463 **GUNSON:** It would be the same. They would be blunt force chest trauma because the reason that
464 he is in the hospital and gets pneumonia is because he has sustained these injuries in
465 Northwest Portland at that time.

466 **BARKLEY:** Okay. And regarding the phenomenon of excited, agitated delirium, did you consider
467 that as a primary or secondary cause and what considerations were given, if any, to
468 excited, agitated, agitated delirium as it relates to Mr. CHASSE?

469 **GUNSON:** Yes, we gave, uh, considerable thought to that as far as what might have led up to his
470 death. In fact, um, in some ways, it was sort of primary in our head that this is what
471 was, might be the cause of death. Um, we have seen lots and lots of cases of agitated
472 delirium or excited delirium, whatever you want to call it, and, um, his actions, but
473 when, when we reviewed his actions before we even started the autopsy, they were
474 much more subdued than what we normally see in, in, in a real excited delirium. Um,
475 and the fact that he was running from police and had, had seen the police and moved
476 away earlier and then ran from them was more suggestive to me of something like a
477 paranoid schizophrenia kind of reaction rather than an agitated delirium. And, as you
478 know, with agitated delirium, many times, uh, we have people, their temperature goes
479 way high, 106, even 107, they begin to sweat profusely. They have really what is
480 considered super human strength, I mean they are very, very strong. They are not
481 responsive to things like taser or , uh, pepper spray. And, um, many times it's caused
482 by, uh, cocaine psychosis, methamphetamine psychosis, or it could even be caused by
483 a person who is, uh, psychotic because of schizophrenia. He doesn't demonstrate
484 these symptoms at all. I mean he doesn't have that same sweaty, um, hyperactive
485 activity. And, uh, indeed, um, once we saw the injuries, it was comp, then we
486 completely abandoned that idea of cocaine psychosis or, or some kind of excited
487 delirium. Indeed, when we did the autopsy and did the toxicology, he has got
488 negative, uh, negative drug screens. So, unless we want to say he's, uh, has a side of
489 delirium due to his schizophrenia, um, we don't have a reason for it, but I also don't
490 think we have the symptoms for it. Uh, given the whole picture of what happened that
491 day.

492 **BARKLEY:** Approximately how many autopsies have you performed?

493 **GUNSON:** Well, I've been at the Medical Examiner's since 1985 and so I've been there nearly 22
494 years. Um, and I do, um, at, anywhere, early on, I was doing about 250 cases a year.
495 And now I do closer to 180 to 200 a year. So, if you sort of do the math, I think you
496 come up with somewhere around 4,000, 4,000 autopsies, somewhere like that.

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497 **BARKLEY:** My final question for you is, once again, going back to the 1300 Block of NW Everett,
498 not to lay blame, but just for clarification purposes, if the officers at that location had
499 been provided with information other than that Mr. CHASSE's vital signs were within
500 the normal range and Mr. CHASSE had been transported to an emergency room, you
501 had stated earlier that he would have had a good chance, possibly a 50/50 chance of
502 survival. Is that correct?

503 **GUNSON:** Yes, sir.

504 **BARKLEY:** Detective Sergeant Rodrigues anything?

505 **RODRIGUES:** Yeah, Doctor., as far as the drug screen that was conducted on Mr. CHASSE, you said
506 there was an absence for, for any drugs in his system?

507 **GUNSON:** We just, uh, excuse me, just a minute while I pull that up.

508 **RODRIGUES:** Uh-huh.

509 **GUNSON:** Uh, we did an alcohol panel which includes ethanol, methanol, acetone, and
510 isopropylal (sp?), all negative. We did an, _____ drug acid, which was done
511 on the urine. And we checked for amphetamines, cocaine metabolite, opiates,
512 benzodiazepines, conabanoids (?) and methadone with that, and all those are negative.
513 And then I decided just to make sure, I would do a blotter screen called Urinorganic
514 (?) base and that will pick up a lot of drugs like prescription medications, as well and
515 so and it won't pick up absolutely everyone, but, uh, a large degree, number, including
516 some of the psychoactive drugs. A Urinorganic base, no drugs detected. So, he, it
517 also tells us that he wasn't using whatever medication he was supposed to be using,
518 uh, which I understand was some, um, anti-psychotic meds.

519 **RODRIGUES:** That's what I was getting at. Thank you, Doctor.

520 **BARKLEY:** Dr. GUNSON, do you have anything that you would care to add, clarify regarding the,
521 our internal investigation of the CHASSE in-custody death?

522 **GUNSON:** Uh, no I don't believe so, thank you though.

523 **BARKLEY:** Okay. We will conclude the interview of Dr. GUNSON at 1221 hours.

524

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