

BOARD OF MEDICOLEGAL INVESTIGATIONS  
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By \_\_\_\_\_

Date \_\_\_\_\_

REPORT OF INVESTIGATION BY MEDICAL EXAMINER

DECEDENT First-Middle-Last Names (Please avoid use of initials) CLIFTON ARMSTRONG	Age 38	Birth Date 12/28/	Race BLACK	Sex M
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HOME ADDRESS - No. - Street, City, State  
1421 NW 99TH ST, OKLAHOMA CITY, OK

EXAMINER NOTIFIED BY - NAME - TITLE (AGENCY, INSTITUTION, OR ADDRESS) LT NEIL OCPD	DATE 05/01/2013	TIME 23:15
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INJURED OR BECAME ILL AT (ADDRESS) 1421 NW 99TH ST	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES RESIDENCE	DATE 05/01/2013	TIME Unknown
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LOCATION OF DEATH INTEGRIS BAPTIST MEDICAL CENTER	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES HOSPITAL	DATE 05/01/2013	TIME 23:15
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BODY VIEWED BY MEDICAL EXAMINER 901 N. STONEWALL	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES MORGUE	DATE 05/02/2013	TIME 9:15
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IF MOTOR VEHICLE ACCIDENT:  DRIVER  PASSENGER  PEDESTRIAN

TYPE OF VEHICLE:  AUTOMOBILE  LIGHT TRUCK  HEAVY TRUCK  BICYCLE  MOTORCYCLE  OTHER: \_\_\_\_\_

DESCRIPTION OF BODY EXAMINATION	RIGOR	LIVOR	EXTERNAL OBSERVATION		NOSE	MOUTH	EARS
					BLOOD	OTHER	
Jaw <input type="checkbox"/> Complete <input checked="" type="checkbox"/>		Color <u>PURPLE</u>	Beard <u>YES</u> Hair <u>SHAVED</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neck <input type="checkbox"/> Absent <input type="checkbox"/>		Lateral <input type="checkbox"/>	Eyes: Color <u>BROWN</u> Mustache <u>YES</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arms <input type="checkbox"/> Passing <input type="checkbox"/>		Posterior <input checked="" type="checkbox"/>	Opacities <u>RARE PETECHIAE</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legs <input type="checkbox"/> Passed <input type="checkbox"/>		Anterior <input type="checkbox"/>	Pupils: R <u>4MM</u> L <u>4MM</u>				
Decomposed <input type="checkbox"/>		Regional _____	Body Length <u>68 INCHES</u> Body Weight <u>85 KG</u>				

Significant observations and injury documentations - (Please use space below)  
SEE AUTOPSY PROTOCOL

Probable Cause of Death:

ACUTE METHAMPHETAMINE TOXICITY

Manner of Death:

Natural  Accident   
Suicide  Homicide   
Unknown  Pending

Case disposition:

Autopsy Yes  No   
Authorized by CHAI S. CHOI M.D.  
Pathologist CHAI S. CHOI M.D.  
Not a medical examiner case

Other Significant Medical Conditions:

PHYSICAL CONFRONTATION WITH LAW ENFORCEMENT

MEDICAL EXAMINER:

Name, Address and Telephone No.

CHAI S. CHOI 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.

*Chai S. Choi, M.D.*

Signature of Medical Examiner

CHAI S. CHOI M.D.

Computer generated report

1301895

06/26/2013

Date Signed

05/02/2013

Date Generated



Board of Medicolegal Investigations  
**Office of the Chief Medical Examiner**  
 901 N. Stonewall  
 Oklahoma City, Oklahoma 73117  
 (405) 239-7141 Voice  
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By: _____
Date: _____

**REPORT OF AUTOPSY**

<b>Decedent</b> CLIFTON ARMSTRONG	<b>Age</b> 38	<b>Birth Date</b> 12/28/██████	<b>Race</b> BL	<b>Sex</b> M	<b>Case No</b> 1301895
<b>Type of Death</b> Violent, unusual or unnatural	<b>Means</b>	<b>ID By</b> Toe Tag		<b>Authority for Autopsy</b> CHAI S. CHOI, M.D.	
<b>Present at Autopsy</b> Jeremy Benavides					

**FINDINGS**

- I. Heart (weight 390 grams):
  - A. No significant coronary artery disease.
- II. Acute pulmonary congestion with edema (combined weight 1170 gram).
- III. Focal subscalpular and subgaleal hemorrhages, occipital.
- IV. Multifocal cutaneous abrasions over the back of shoulder, back, left knee and ankles, dorsum of hands.
  - A. Right wrist with double linear red mark, likely hand-cup mark.
- V. Parathyroid hyperplasia.

Findings continued on page 2

**CAUSE OF DEATH:** ACUTE METHAMPHETAMINE TOXICITY

**OSC:** PHYSICAL CONFRONTATION WITH LAW ENFORCEMENT

**MANNER OF DEATH:** ACCIDENT

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

*Chai S. Choi, M.D.* OCME Central Division 5/2/2013 9:15 AM

CHAI S. CHOI, M.D. Pathologist Location of Autopsy Date and Time  
 of Autopsy  
 CME-2



FINDINGS CONTINUED

Comment:

The decedent is a 34 year old black male. According to the Oklahoma City Police Department, they received a call regarding a possible suicide attempt. When the Oklahoma City Police arrived at the scene the decedent came out of the home and made statements that he was "seeing dragons". The police talked the decedent into getting into the squad car, when the decedent suddenly changed his mind and went back toward the house. The officers attempted to get the decedent back into the car and got into a physical confrontation with the decedent. The decedent went unresponsive during the confrontation. There were no tasers used. The decedent was transported to Baptist Medical Center emergency room and was pronounced following approximately 40 minutes of resuscitation efforts.

Complete autopsy shows an unremarkable heart. There are multiple minor abrasions over the body with focal subscalpular and subgaleal hemorrhages over the occipital region with no intracranial hemorrhages. There is a handcuff mark on the right wrist.

Postmortem toxicological studies show a level of 0.52 mcg/ml of methamphetamine, and a positive test for amphetamine from the blood sample obtained from the hospital (hospital blood A, May 1, 2013).

It is felt that the cause of death is regarded to be excited delirium.

Most likely related to methamphetamine toxicity.

The physical confrontation with the Oklahoma City Police Department would have been an aggravating factor to his death.

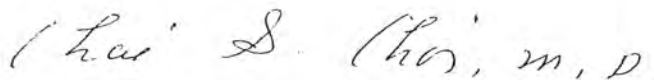
The cause of death is regarded to be EXCITED (AGITATED) DELIRIUM.

Due to ACUTE METHAMPHETAMINE TOXICITY.

The physical altercation with the police could have been the anticipating versus aggravating factor to his death.

The manner of death is ruled to be an ACCIDENT.

June 26, 2013  
CSC/ad



CHAI S. CHOI, M.D.

**EXTERNAL EXAMINATION**

DESCRIPTION								
Height	Weight	Eyes	Pupils	Opacities, Etc.	Hair	Beard	Mustache	Circumcised
68 in.	85 kg.	Brown	R4 mm L4 mm		Shaved	Yes	Yes	Yes
RIGOR (jaw, neck, back, legs, arm, chest, abd., complete)				LIVOR (color, anterior, posterior, lateral, regional)			Body Heat	
Complete				Purple-Posterior			COOL	

**DESCRIPTION OF CLOTHING:**

No clothing is received with the body.

There are brown paper bags enclosing both hands and sealed with plastic tape.

Part of wrist watch band, white metal.

**MEDICAL APPLICATION:**

- Monitor pad over the forehead.
- Endotracheal tube intubation through mouth.
- Cervical collar around neck.
- Blood pressure cuff around the left arm.
- Intravenous needle placement over both antecubital fossae.
- Hospital identification band (x1), left wrist; (x2), left ankle.
- 16 monitor pads over the chest, and two monitor pads over the lower legs.
- Intravenous needle placement, right tibia.
- Two electrode pads attached to the chest.

**BODY MARKS AND SCARS:**

- Two ear piercings, bilateral.
- Multiple tattoos, right arm, forearms.
- 1.3 cm linear scar and a horizontal scar 5.5 x 0.5 cm, anterior surface of right thigh.
- Round and elongated scar, right knee, 0.5 cm and 2.3 cm.
- Left shin, two diagonal scar, 2 x 0.5 cm, each.
- Linear scar, left wrist, 4 cm.
- Inner aspect of the left arm, 2 cm scar.
- Right elbow, two linear scars, measuring 4 x 0.5 cm, and 1 cm.
- Dorsum of the right hand, two linear scars, 3 cm, and 2 cm.
- Right buttock, 1 cm round scar.
- Back of right thigh, round and horizontal scars measuring 1 cm, and 4 cm.
- Back of right leg, linear scar, 2 cm.

**INJURIES:**

- 2.5 cm red abrasion, left upper cheek.
- Horizontal linear abrasion, 2 x 0.2 cm, left lateral neck, approximately 7.5 cm directly below the external ear canal.
- At the base of the neck, on the left, interrupted linear red abrasion, 1 cm.
- Around the left knee, 3 superficial curve linear red abrasions, measuring 10 cm, 7 cm, and 4.5 cm.
- Left leg below the knee, abrasion, 4 x 0.5 cm.
- Left ankle, irregular yellowish-brown, gray abrasions, overall, 4 x 6 cm.
- Right ankle, red-brown, gray, semi-rectangular abrasion, measuring 5 x 2.5 cm that extends to the inner posterior surface.
- Over the back of the right shoulder, three superficial linear abrasions, measuring 3 cm, 2 cm, and 0.8 cm.
- Middle back, right side, double linear superficial red abrasion, measuring 2.5 cm, and 6 cm, that are apart by 1 cm of intact skin.
- Right lower back, double linear, red-purple, somewhat finely serrated linear abrasions, measuring 6 x 1 cm. Below to it, scattered abrasions, measuring between 0.2 cm and 0.3 cm.
  
- Over the back of the left shoulder there is a red abrasion, measuring 3 x 2 cm, with five horizontal curvilinear abrasions, measuring between 3.5 cm, and 7.5 cm, that are apart by approximately 0.5 cm of intact skin. The abrasion is somewhat serrated. Below to it, there is a somewhat vertical curvilinear red superficial abrasion, measuring 12 cm.
- Two vertical horizontal red abrasions over the dorsum of the right hand, measuring 3.5 cm, and 1.5 cm.
- At the dorsum of the right wrist, at the inner aspect, there is a somewhat double linear reddish mark measuring approximately 2.5 cm that is apart by approximately 0.5 cm of intact skin.
- Over the back of the head, left of the midline, there is a superficial double linear red abrasion measuring 2.5 cm that is apart by 0.5 cm.

**EXTERNAL:**

The body is that of a well-developed, well nourished, black adult male. The conjunctivae are white and show rare petechiae, bilateral. There is no blood in the nose, mouth, or ear canals. The inside of mouth is in fair condition. The neck is otherwise unremarkable. The chest is of normal contour and unremarkable. There are gray striae over the hip region, bilateral. The abdomen is unremarkable. The genitalia are those of a circumcised normal adult male and are unremarkable. The extremities are symmetrical and otherwise unremarkable. The back is otherwise unremarkable.



## GROSS EXAMINATION

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The body is opened through the customary "Y" shaped incision.

Subcutaneous fat is normally distributed, moist, and bright yellow. The musculature through the chest and abdomen is rubbery, maroon, and shows no gross abnormality.

The sternum is removed in the customary fashion. The organs of the chest and abdomen are in normal position and relationship. The liver edge extends 0 cm below the right costal margin at the midclavicular line. The diaphragms are intact bilaterally.

### PARIETAL PLEURA:

Smooth, glistening membrane without associated adhesions or abnormal effusions.

### PERICARDIUM:

Is a smooth, glistening, intact membrane, and the pericardial cavity, itself, contains the normal amount of clear, straw-colored fluid.

### PERITONEUM:

Smooth, glistening membrane in both the abdominal and pelvic cavities. The peritoneal cavity contains no abnormal fluid or adhesions.

### HEART:

Weighs 390 gm. It has a normal configuration and location. There are no adhesions between the parietal and visceral pericardium, and the latter is a smooth, glistening, fat laden characteristic membrane. The coronary arteries arise and distribute normally with no significant atherosclerosis. The coronary ostia are normally located and widely patent. The chambers and atrial appendages are unremarkable. The valves are normally formed and measure as follows: tricuspid 12.0 cm, pulmonic 7.0 cm, mitral 10.0 cm, and aortic 6.5 cm. The endocardium is a smooth, gray, glistening, translucent membrane uniformly. The myocardium is intact, rubbery, and red-tan, with the left ventricle measuring 1.3 cm, the septum measuring 1.2 cm, and the right ventricle measuring 0.3 cm. The papillary muscles and chordae tendineae are intact and unremarkable. The arch of the aorta is classically formed with mild atherosclerosis. Other great vessels also arise and distribute normally and are widely patent.

### NECK ORGANS:

Musculature is normal, rubbery, maroon, and the organs are freely movable in a midline position. The tongue is intact and normally papillated, without evidence of tumor or hemorrhage. The hyoid bone is intact. The thyroid cartilage is intact and without abnormality. The thyroid gland is symmetric, rubbery, light tan to maroon, and in its normal position without evidence of neoplasm. The epiglottis is a characteristic plate-like structure which shows no evidence of edema, trauma, or other gross pathology. The larynx is comprised of unremarkable vocal cords and folds with focal confluent hemorrhages with no petechiae. There are no petechiae of the epiglottis, laryngeal mucosa, or thyroid capsule.

**THYMUS:**

No significant tissue is identified grossly.

**LUNGS:**

The right lung weighs 590 gm., and the left weighs 580 gm. Visceral pleurae are smooth, glistening, and intact with moderate anthracosis and focal subpleural hemorrhages at the posterior and lower borders of the lower lobe of the right lung. The overall configuration is normal. The trachea is widely patent and lined by focally ecchymotic membrane at the lower segment with a blanched upper segment. The major bronchi and bronchioles bilaterally are patent, normally formed, and contain no significant occlusive material. The pulmonary arterial tree is free of emboli or thrombi. The parenchyma is uniformly spongy, varies from pink-tan to dark purple, and exudes moderate amounts of blood and clear, frothy edema fluid from its cut surfaces. There is no evidence of consolidation, granulomatous, or neoplastic disease. Hilar lymph nodes are within normal limits with relation to size, color, and consistency.

**G.I. TRACT:**

The esophagus shows an unremarkable mucosa, a patent lumen, and no evidence of gross pathology. The esophagogastric junction is unremarkable. The stomach is of normal configuration, is lined by a smooth, glistening, intact mucosa, has an unremarkable wall and serosa, focally ecchymotic at the cardiac region of the stomach and contains approximately 50 gm. of bloody dark brownish fluid that has not passed to the duodenum. The duodenum, itself, is patent, shows an unremarkable mucosa and no evidence of acute or chronic ulceration. Jejunum and ileum are unremarkable and contain soft brown fecal material. There is no Meckel's diverticulum. The ileocecal valve is intact and unremarkable. The appendix is present. The colon is examined segmentally and shows no evidence of neoplasm or trauma. There are no diverticula. Anus and rectum are unremarkable.

**LIVER:**

Weights 2060 gm. It is of normal configuration, rubbery, tan, and intact. Cut surface shows no pathology.

**GALLBLADDER:**

Lies in its usual position, contains liquid bile, no calculi, and shows an unremarkable mucosa. The biliary tree is intact and patent without evidence of neoplasm or calculi.

**PANCREAS:**

Lies in its normal position, shows a normal configuration, is pink-tan and characteristically lobulated with no apparent gross pathology.

**SPLEEN:**

Weights 80 gm. The capsule is intact. The organ is rubbery, maroon, and shows characteristic follicular pattern.

**ADRENALS:**

Lie in their usual location, show yellow cortices and tan to gray medullae.

**KIDNEYS:**

The right kidney weighs 140 gm. and the left weighs 150 gm. Both are configured normally with no abnormality. Sections show the organs to be moderately congested with unremarkable cortices, medullae and pelves. Ureters and blood vessels are patent and unremarkable.

**URINARY BLADDER:**

Contains approximately 70 ml of urine. Its serosa and mucosa are unremarkable.

**MALE GENITALIA:**

The prostate is symmetric, rubbery, gray-tan, and of normal size. The prostatic urethra is unremarkable. The testes are bilaterally present and show no evidence of tumor, trauma, or inflammation. The investing membranes are unremarkable as is the epididymis.

**BRAIN AND MENINGES:**

The scalp is opened through the customary intermastoid incision and shows subscalpular and subgaleal hemorrhages over the right occipital region measuring 3 x 3 cm, and left occipital region measuring 6 x 4 cm. The calvarium is removed through the use of an oscillating saw and is intact without evidence of osseous disease. The brain weighs 1240gm. Dura and leptomeninges are smooth, glistening, translucent, and unremarkable without evidence of trauma. Cranial nerves and circle of Willis arise and distribute normally and show no significant pathology. Externally the brain is diffusely edematous and symmetrical, and multiple serial sections of cerebral hemispheres, pons, medulla, and cerebellum show diffuse edema. The ventricular system is also symmetrical and unremarkable. The base of the skull is intact without osseous abnormality.

**RIBS:**

Intact.

**PELVIS:**

Intact.

**VERTEBRAE:**

Intact.

**BONE MARROW:**

Unremarkable.



**MICROSCOPIC EXAMINATION**

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Representative sections show unremarkable findings of heart, lungs, liver, and kidney, other than vascular congestion.

Representative sections of the parathyroid gland show diffuse hyperplasia.

Representative sections of the thyroid gland show to be unremarkable.

June 14, 2013  
CSC/ad

*Chai S. Choi, M.D.*

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CHAI S. CHOI, M.D.

BOARD OF MEDICOLEGAL INVESTIGATIONS  
OFFICE OF THE CHIEF MEDICAL EXAMINER

901 N. Stonewall  
Oklahoma City, Oklahoma 73117

REPORT OF LABORATORY ANALYSIS

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Date _____	

ME CASE NUMBER: 1301895

LABORATORY NUMBER: 131600

DECEDENT'S NAME: CLIFTON ARMSTRONG

DATE RECEIVED: 05/03/2013

MATERIAL SUBMITTED: BLOOD, VITREOUS, URINE, LIVER, BRAIN,  
GASTRIC, HOSPITAL SPECIMENS X 8

HOLD STATUS: 5 YEARS

SUBMITTED BY: JEREMY BENAVIDES

MEDICAL EXAMINER: CHAI S. CHOI M.D.

**NOTES:**

**ETHYL ALCOHOL:**

Blood: NEGATIVE (Hospital Specimen A; 5/1/13)

Vitreous:

Other:

**CARBON MONOXIDE**

Blood:

**TESTS PERFORMED:**

ALKALINE DRUG SCREEN - (Heart Blood)

EIA - (Hospital Blood A) - Amphetamine, Methamphetamine, Fentanyl, Cocaine, Opiates, PCP, Barbiturates, Benzodiazepines

(The EIA panel does not detect Oxycodone, Methadone, Lorazepam or Clonazepam)

**RESULTS:**

METHAMPHETAMINE

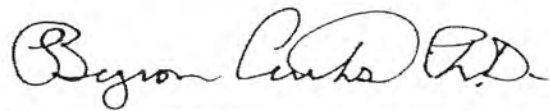
0.52 mcg/mL - (Hospital Blood A; 5/1/13)

AMPHETAMINE

POSITIVE (Less than 0.12 mcg/mL) - (Hospital Blood A; 5/1/13)

05/23/2013

DATE



Byron Curtis, Ph.D., DABFT, Chief Forensic Toxicologist