

AUTOPSY REPORT

Case No: LA 291-15

Date of Examination: July 26, 2015

Name: CRAWFORD, Richard

Age: 25 years

Race: White

Sex: Male

Investigating Agency: Ouachita Parish Coroner's Office

FINDINGS:

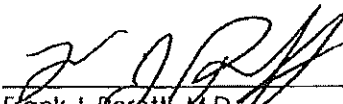
- I. Anoxic encephalopathy, clinical.
- II. Positive amphetamine screen, urine, clinical.
- III. Organ donation of liver, clinical.
- IV. No obvious evidence of bowel perforations or obstructions.
- V. Contusions and abrasions of lower extremities.

CAUSE OF DEATH: Anoxic Encephalopathy Complicating Methamphetamine Intoxication.

OPINION:

This 25-year-old white male, Richard Crawford, died of anoxic encephalopathy complicating methamphetamine intoxication. Investigation of the circumstances of death revealed that the decedent was released from jail but was still in his cell when he told officers "he felt bad". When his ride arrived, they found him unresponsive in his cell. Emergency Medical Services were summoned and he was transported to Glenwood Regional Medical Center. Upon arrival in the Emergency Room, it was noted that the "OETT cuff" was in the back of the decedent's throat and was not in the right position. The Emergency Room physician removed it and re-intubated him. He then regained a pulse and was stabilized. He was then diagnosed with anoxic brain injury with metabolic acidosis. Radiographic studies showed that he had diffuse free peritoneal and retroperitoneal air throughout the upper and lower abdomen. It was also noted he had dilated small bowel loops which suggested obstruction, however, subsequent radiographs could not detect the obstruction. Upon admission to the Emergency Room, his drug screen was positive for amphetamines. He subsequently remained on life support. Family members elected to make him an organ donor and his liver was harvested.

At the time of autopsy, there were no life-threatening injuries. Healing abrasions and contusions were present on the lower extremities. The brain was edematous consistent with the clinical history of anoxic encephalopathy (lack of oxygen to the brain). Examination of the small and large bowels showed no obvious obstructions or lesions. Toxicology performed on the reported hospital admission blood detected large quantities of methamphetamine and its metabolite amphetamine in the blood. No alcohol was detected.


Frank J. Peretti, M.D.
Forensic Pathologist

8-18-15/cak

EXTERNAL EXAMINATION

Received was the body of a well developed, well nourished, unclothed, white male. The body weighed 220 pounds, measured 72 inches in length and appeared compatible with the stated age of 25 years. The body was cold. Livor and rigor mortis were absent. The scalp hair was brown. The deceased wore a mustache and goatee. The irides were brown. The corneae were cloudy. The sclerae and conjunctivae were slightly congested. The external nares and oral cavity contained serosanguineous fluid. The teeth were natural and in good condition. A tattoo was present on the left side of the face. Examination of the neck revealed no evidence of injury. The chest and abdomen were unremarkable except for evidence of medical intervention. A tattoo was present on the right side of the abdomen. Striae were present. No injuries were noted. The external genitalia were that of a normal adult male. Injuries of the lower extremities will be described further below. The ankles and feet were clean. Tattoos were present on the upper extremities. No needle tracks or wrist scars were noted. The posterior surface of the body was unremarkable.

EVIDENCE OF MEDICAL ATTENTION:

Nasogastric and endotracheal tubes were in place.

Catheters were present in both right and left supraclavicular regions.

A surgical incision extended from the manubrium of the sternum to the symphysis pubis.

The external genitalia were surrounded by betadine staining.

A Foley catheter was in place.

Hospital identification bracelets encircled both right and left wrists.

Multiple intravenous lines and needle puncture sites were present in the antecubital fossae and the backs of the hands.

Subsequent autopsy demonstrated that the liver was donated. The pericardial sac was surgically incised.

EVIDENCE OF OLD INJURY:

None.

EVIDENCE OF RECENT INJURY:

A 1 1/2 inch red contusion was present on the right knee.

A 3/4 inch healing abrasion was present on the left knee.

A 3/4 inch faint red contusion was present on the left ankle.

INTERNAL EXAMINATION

The subcutaneous fat layer measured up to 1 1/2 inches. No adhesions or abnormal collections of fluid were present in the body cavities other than that associated with organ donation. Petechiae were not present on the thoracic organs. All body organs were present in normal anatomic position. There was no internal evidence of blunt force or penetrating injury to the thoraco-abdominal region.

CARDIOVASCULAR SYSTEM:

The pericardial surfaces were slightly hemorrhagic. The pericardial sac contained no fluid and there were no adhesions. The heart was enlarged and globoid in configuration. The coronary arteries arose normally, followed the usual distribution and were widely patent, without evidence of significant atherosclerosis or thrombosis. The left ventricle was hypertrophic. The valves exhibited the usual size-position relationship and were unremarkable. The myocardium was dark red-brown, firm and unremarkable. The atrial and ventricular septa were intact. The aorta and its major branches arose normally, followed the usual course and were widely patent, free of significant

atherosclerosis and other abnormality. The vena cava and its major tributaries returned to the heart in the usual distribution and were free of thrombi. The heart weighed 500 grams.

RESPIRATORY SYSTEM:

The pleural surfaces were smooth and glistening. The pulmonary arteries were normally developed, patent and without thrombus or embolus. The upper and lower airways contained mucoid secretions. Both right and left lungs were atelectatic. The mucosal surfaces were smooth, of normal coloration and unremarkable. The pulmonary parenchyma was gray-purple. No focal lesions were noted. The right lung weighed 500 grams; the left 480 grams.

NECK:

Examination of the soft tissues of the neck, including strap muscles, thyroid gland and large vessels, revealed no abnormalities or hemorrhage. The hyoid bone and larynx were intact. The epiglottis and vocal cords were unremarkable except for intubational hemorrhages.

ALIMENTARY TRACT:

The tongue, esophagus and stomach were unremarkable. The stomach contained 100 ml of green liquid. There were no obvious areas of perforation of the small and large intestine, nor was there any identifiable obstruction. The appendix was present.

LIVER AND BILIARY SYSTEM:

The liver was harvested.

GENITOURINARY SYSTEM:

The cortical surfaces were red-brown and smooth. The cortex was unremarkable. The calyces, pelves and ureters were unremarkable. The urinary bladder was contracted

and empty. The mucosa was focally hyperemic. Prostate and testes were unremarkable. The right kidney weighed 120 grams; the left 130 grams.

RETICULOENDOTHELIAL SYSTEM:

The spleen had a smooth, intact capsule covering red-purple, firm parenchyma. The regional lymph nodes were not enlarged and appeared normal. The spleen weighed 120 grams.

ENDOCRINE AND EXOCRINE SYSTEMS:

The pituitary, thyroid, adrenal glands and pancreas were free of obvious disease.

MUSCULOSKELETAL SYSTEM:

Muscles were red-brown and within normal development. No bone or joint abnormalities were noted. The cervical, thoracic, and lumbar spine showed no obvious old fractures or other abnormalities.

CENTRAL NERVOUS SYSTEM:

The scalp showed no edema or hemorrhage. The calvarium and base of the skull showed no fractures. The dura and falx cerebri were intact. There was no epidural, subdural or subarachnoid hemorrhage present. The leptomeninges were clear. The cerebral hemispheres were symmetric, soft and edematous. The cranial nerves were intact. The circle of Willis and related blood vessels were normal in caliber and distribution. Sections through the cerebral hemispheres, brain stem and cerebellum revealed no focal lesions or herniation. The spinal cord was not examined. The brain weighed 1620 grams.



Laboratory Case Number: 2980690	Subject's Name: CRAWFORD, RICHARD
Client Account: 11359 / FJP01 Physician: Report To: Frank J. Peretti, MD ATTN: Frank J. Peretti, MD	Agency Case #: LA291-15 OUACHITA Date of Death: Not Given Test Reason: Other Investigator: NOT INDICATED Date Received: 07/28/2015 Date Reported: 08/14/2015

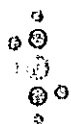
Laboratory Specimen No: 40510244	Date Collected: 07/22/2015 19:33
Container(s): 01:LAV Blood,HOSPITAL	Test(s): 70565 Drugs of Abuse Panel - Dr. Per

Analyte Name	Result	Concentration	Units	Therapeutic Range	Loc
» Investigator:	Not Provided				
» Pathologist:	Peretti				
» Submitting Official:	Ouachita				
AMPHETAMINES	POSITIVE				
Methamphetamine	POSITIVE				
Methamphetamine, Quant		610	ng/mL		
Amphetamine	POSITIVE				
Amphetamine, Quant		99.4	ng/mL	10 - 100	
BARBITURATES	Negative				
BENZODIAZEPINES	Negative				
CANNABINOIDS	Negative				
COCAINE/METABOLITES	Negative				
FENTANYL	Negative				
METHADONE/METABOLITE	Negative				
OPIATES	Negative				
OXYCODONE/METABOLITE	Negative				
PHENCYCLIDINE	Negative				
PROPOXYPHENE/METABOLITE	Negative				
SALICYLATES	Negative				
ALCOHOL	Negative				
Methanol	Negative				
Ethanol	Negative				
Acelone	Negative				

CRAWFORD, RICHARD

Laboratory Case #: 2980690

Printed Date/Time: 08/14/2015, 10:38



AIT Laboratories
A COMMITMENT TO EXCELLENCE

2265 Executive Drive, Indianapolis, IN 46241
Telephone: (800)875-3894 / Fax: (317)243-2789
Toxicology: (317)381-5678

Laboratory Specimen No: 40510244

Continued..

Analyte Name	Result	Concentration	Units	Therapeutic Range	Loc
Isopropanol	Negative				
ANALGESICS	Negative				
ANTIDEPRESSANTS	Negative				
STIMULANTS	Negative				

Specimens will be kept for at least one year from the date of initial report.

CRAWFORD, RICHARD

Laboratory Case #: 2980690

Printed Date/Time: 08/14/2015, 10:38

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AIT Laboratories
A Division of Quest Diagnostics

2265 Executive Drive, Indianapolis, IN 46241
Telephone: (800)875-3894 / Fax: (317)243-2789
Toxicology: (317)381-5678

Laboratory Specimen No: 40510247	Date Collected: 07/27/2015
Container(s): 01:VIT_CON Vitreous,EYE	Test(s): 49901 Volatiles Not Performed

Analyte Name	Result	Concentration	Units	Therapeutic Range	Loc
< Volatile Testing Not Performed >					

Due to negative blood, tissue, and/or urine volatile (Acetone, Ethanol, Isopropanol, and Methanol) results, volatile testing was not performed on the vitreous specimen.



AIT Laboratories
CORPORATE LABORATORY SERVICES

2265 Executive Drive, Indianapolis, IN 46241
Telephone: (800)875-3894 / Fax: (317)243-2789
Toxicology: (317)381-5678

Laboratory Specimen No:	40610248	Date Collected:	07/22/2015 20:27
Container(s):	01:GTT Blood,HOSPITAL	Test(s):	49900 Not Tested

Analyte Name	Result	Concentration	Units	Therapeutic Range	Loc
< No Testing Performed	>				



AIT Laboratories

2265 Executive Drive, Indianapolis, IN 46241

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Telephone: (800)875-3894 / Fax: (317)243-2789

Toxicology: (317)381-5678

Laboratory Specimen No: 40510249
Container(s): 01:BTT Blood,HOSPITAL

Date Collected: 07/22/2015 19:33
Test(s): 49900 Not Tested

Analyte Name	Result	Concentration	Units	Therapeutic Range	Loc
< No Testing Performed	>				

The Specimen identified by the Laboratory Specimen Number has been handled and analyzed in accordance with all applicable requirements.

Laboratory Director

CRAWFORD, RICHARD

Case Reviewer

Andrea Terrell, Ph.D., DABCC

Laboratory Case #:2980690

Print Date/Time:08/14/2015, 10:38

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This individual may not have performed any of the analytical work.



Incident Report



Incident: 2015-00000011

Print Date/Time: 07/22/2015 21:23
Login ID: mijo2186wm

West Monroe Police Department
ORI Number: LA0370200

Details

Incident Type:	INCIDENT NO OFFENDER INVOLVED	Reporting Officer:	328 - Jones
Incident Date/Time:	07/22/2015 05:05 PM	Reported Date/Time:	07/22/2015 08:00 PM
Incident Location:			
Description:	INMATE IN NEED OF MEDICAL ATTENTION		

Subjects

Name	Subject Type	Booking Number	Charges
Crawford, Richard Trent	Offender	2015-00001200	N
Jones, Michael Damian	Witness		N
Reddick, Hunter D	Witness		N
DAVIS, HEATH	Witness		N
CUMMINGS, JUSTIN	Witness		N
GILBERT, JACK	Witness		N

Narrative

ON 7/22/15 AT APPX. 1705, NURSE TIMOTHY LEWIS WAS NOTIFIED BY OFC. REGGIE ALLEN THAT INMATE RICHARD CRAWFORD NEEDED TO BE CHECKED BY MEDICAL PERSONNEL. NURSE LEWIS CHECKED ON CRAWFORD AND STATED THAT HE NEEDED TO SEE MEDICAL ATTENTION THAT HE COULDN'T RECEIVED AT THE WEST MONROE JAIL. OFC. HEATH DAVIS CALLED CAPT. CARL TURNER AT APPX. 1709 AND CAPT. TURNER STATED TO ROR CRAWFORD AND CALL NEXT OF KIN TO PICK CRAWFORD UP SO HE COULD RECEIVE MEDICAL ATTENTION. NEXT OF KIN BRENDA MIZE WAS NOTIFIED AND SAID SHE COULD NOT PICK HIM UP. CAPT. TURNER WAS NOTIFIED AND HE STATED TO ASK CRAWFORD FOR ANOTHER EMERGENCY CONTACT. OFC. DAVIS AND I, OFC. MICHAEL JONES, WENT TO JUVENILE 2 AND ASKED CRAWFORD IF HE HAD ANOTHER EMERGENCY CONTACT. CRAWFORD DID NOT RESPOND TO OUR QUESTIONS BUT WAS STILL MOVING AND BREATHING. DAVIS TEXTED CAPT. TURNER AND NOTIFIED HIM OF THE SITUATION AND CAPT. TURNER CALLED AND SAID TO ROR CRAWFORD AND GET PATROL TO TRANSPORT HIM TO CONWAY. THE PROPER PAPERWORK WAS COMPLETED AND OFC. HUNTER REDDICK AND I WENT TO CELL JUVENILE 2 TO RETRIEVE CRAWFORD TO HAVE HIM READY FOR PATROL TO TRANSPORT. AT APPX. 1756, OFC. REDDICK AND I PLACED CRAWFORD IN HANDCUFFS, FOR OFFICER SAFETY, AND PLACED HIM UNRESTRAINED IN THE RESTRAINT CHAIR. CRAWFORD WAS MILDLY RESPONSIVE AND BREATHING. AT APPX. 1815, OFC. DAVIS CALLED OFC. JUSTIN CUMMINGS TO WATCH BOOKING SO THAT HE COULD HELP CLOTHE CRAWFORD DUE TO CRAWFORD REMOVING HIS CLOTHING EARLIER IN THE DAY. CRAWFORD WAS THEN MOVED TO HOLDING CELL B SO THAT PATROL COULD TAKE HIM TO CONWAY. I THEN ATTEMPTED TO GET A BLOOD PRESSURE READING BUT WAS UNABLE TO GET A READING. OFC. CUMMINGS SAW CRAWFORD AT THAT TIME AND STATED, THAT IN HIS OPINION, THAT AMR NEEDED TO BE CALLED. OFC. CUMMINGS THEN CALLED FOR AMR. AT APPX. 1819, OFC. CUMMINGS WENT TO HIS CAR TO RETRIEVE HIS FIRST RESPONDER BAG. AT APPX. 1824, CRAWFORD WAS LAYED PRONE ON THE FLOOR AND CUMMINGS STARTED BREATHING FOR HIM VIA THE PORTABLE AMBU BAG. AMR ARRIVED AND STARTED THE AUTOMATIC CHEST COMPRESSION MACHINE AND HOOKED CRAWFORD UP THE AED MACHINE. CRAWFORD WAS PLACED ON THE STRETCHER AND TRANSPORTED TO GLENWOOD MEDICAL CENTER AT APPX. 1850. NOTHING FURTHER TO REPORT.

Signature: Michael Jones Date: 7-22-15

Reviewed: _____ Date: _____

Medical Notified: YES NO Date: _____

WEST MONROE CITY JAIL
PATIENT PROGRESS NOTE

Inmate Name: Crawford, Richard Trent **DOB:** _____ **Date of Exam:** 07/22/2015

Chief Complain: Inmate confused, not talking, and not eating

History of Symptoms: Jail staff reports symptoms began this AM. Patient was confused yesterday with was verbal

Past Medical History: None Reported

Current Medications: None Reported

Illicit Drug Use: Patient reported using synthetic cocaine "a few days ago"

Vital Signs: Unable to obtain due to patient's altered mental status

Assessment:

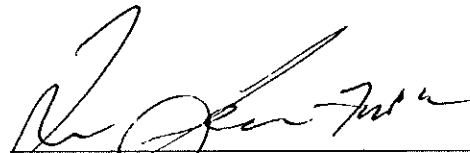
Patient in solitary confinement found lying on mattress on floor with clothes removed. Clothes noted under metal bed frame. Two trays of uneaten meals noted beside door. Initially attempted to arouse patient with verbal stimuli with no response noted. Second attempt to arouse patient was by tactile stimuli. Patient's left foot was shaken as well as calling patient's name in an attempt of arouse patient. Patient raised head and turned head to look in my direction with a blank stare. No verbal attempt made by patient. Patient turned and rested head on mattress.

Evaluation:

Altered Mental Status.
Possible Drug intoxication/over dose

Plan:

Send to nearest ED for further evaluation and treatment



Timothy C. Lewis, APRN, FNP-C



Incident Report

Incident: 2015-00000012



Print Date/Time: 07/22/2015 21:58
Login ID: hdavis289

West Monroe Police Department
ORI Number: LA0370200

Details

Incident Type:	INCIDENT NO OFFENDER INVOLVED	Reporting Officer:	289 - DAVIS
Incident Date/Time:	07/22/2015 05:05 PM	Reported Date/Time:	07/22/2015 09:37 PM
Incident Location:			
Description:	Inmate in need of medical care.		

Subjects

Name	Subject Type	Booking Number	Charges
Crawford, Richard Trent	Offender	2015-00001200	N
DAVIS, HEATH	Witness		N
Reddick, Hunter D	Witness		N
CUMMINGS, JUSTIN	Witness		N
GILBERT, JACK	Witness		N

Narrative

At 1705 on 7-22-15, Nurse Timothy Lewis checked on Richard Crawford to determine his condition as he had been unresponsive and had not eaten. He was moving and very twitchy but would not speak. He told Cpl Allen that he needed medical treatment. Cpl Allen and Lewis both told myself, Officer Davis, that he needed medical treatment. Cpl Allen then told me to call Cpt Turner and inform him of the situation. After speaking with Cpt Turner, he told me to call Crawford's emergency contact to see if they would be able to pick up Crawford and also to RoR him. His emergency contact, Brenda Mize, was unable to pick him up and Cpt Turner instructed me to see if I could get another emergency contact from Crawford. Myself and Officer Jones went to see if Crawford could provide a different emergency contact but was unresponsive to all attempts at questioning. Cpt Turner attempted to see if Brenda Mize would be able to pick him up but she informed him that she would not be able to but could meet him at the hospital later that night. Cpt Turner instructed me to see if Patrol would be able to transport Crawford after he was RoR'ed. Patrol said they would transport and I began the paperwork to have Crawford RoR'ed. At approximately 1800, Contract Officers Jones and Reddick went to the Juvenile 2 cell to retrieve Crawford for RoR. Upon entering the cell and attempting to pick him up, as he was unresponsive to commands, he began thrashing around. Jones and Reddick cuffed Crawford and lifted him into the restraint chair. He was not restrained with straps in the chair. We proceeded to dress him as he was naked. After he was dressed we wheeled him to the front and placed him inside holding cell B. After being placed inside the cell we observed his breathing become shallow and his movements stop. He appeared very lathargic and his pupils were completely dilated. Officer Jones attempted to get a blood pressure reading of Crawford but was unable to. At 1820 Officer Cummings, who is EMT certified, observed Crawford and stated that he needed medical treatment immediately. At approximately 1824 it was observed that Crawford had stopped breathing. Officer Cummings proceeded to get his medical bag and notify AMR of the situation. Officer Cummings returned with his medical bag and instructed Officer Jones and I to lay Crawford prone on the floor. Officer Cummings began breathing for Crawford by way of his portable breathing unit or AMBU. At approximately 1830 AMR and EMT's from the West Ouachita Fire Department arrived and scene and began to administer CPR to Crawford. At approximately 1850 he was transported to Glenwood Hospital.

Signature: _____

Date: _____

134539

Reviewed: _____

Date: _____

Medical Notified: _____

YES

NO

Date: _____