

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

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

Eastern Division
1115 West 17th
Tulsa, Oklahoma 74107
(918) 562-0985 Fax (918) 565-1549

OFFICE USE ONLY

Re _____ Co _____

I hereby certify that this is a true and correct copy of the original document. Valid only when copy bears imprint of the office seal.

By _____
Date _____

REPORT OF INVESTIGATION BY MEDICAL EXAMINER

DECEDENT First-Middle-Last Names (Please avoid use of initials) MILAGROS CICILIA BARRERA	Age 22	Birth Date 10/29/1987	Race HISPANIC	Sex F
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HOME ADDRESS - No. - Street, City, State
_____, MUSTANG, OK

EXAMINER NOTIFIED BY - NAME - TITLE (AGENCY, INSTITUTION, OR ADDRESS) LT. DUGAN/LT. JACOBSON - OCPD HOMICIDE	DATE 11/9/2009	TIME 7:50
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INJURED OR BECAME ILL AT (ADDRESS)	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES RESIDENCE	DATE Unknown	TIME Unknown
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LOCATION OF DEATH	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES RESIDENCE	DATE 11/9/2009 FOUND	TIME 5:24 FOUND
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BODY VIEWED BY MEDICAL EXAMINER 901 NORTH STONEWALL	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES MORGUE	DATE 11/12/2009	TIME 9:00
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IF MOTOR VEHICLE ACCIDENT: DRIVER PASSENGER PEDESTRIAN

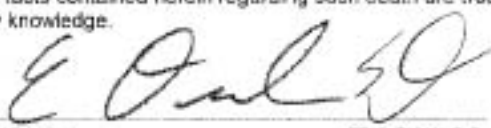
TYPE OF VEHICLE: AUTOMOBILE LIGHT TRUCK HEAVY TRUCK BICYCLE MOTORCYCLE OTHER _____

DESCRIPTION OF BODY	RIGOR	LIVOR	EXTERNAL OBSERVATION	NOSE MOUTH EARS		
				BLOOD	OTHER	
EXTERNAL PHYSICAL EXAMINATION	Jaw <input type="checkbox"/> Complete <input type="checkbox"/> Neck <input type="checkbox"/> Absent <input type="checkbox"/> Arms <input type="checkbox"/> Passing <input type="checkbox"/> Legs <input type="checkbox"/> Passed <input type="checkbox"/> Decomposed <input type="checkbox"/>	Color _____ Lateral <input type="checkbox"/> Posterior <input type="checkbox"/> Anterior <input type="checkbox"/> Regional _____	Beard _____ Hair _____ Eyes Color _____ Mustache _____ Opacities _____ Pupils: R _____ L _____ Body Length _____ Body Weight _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

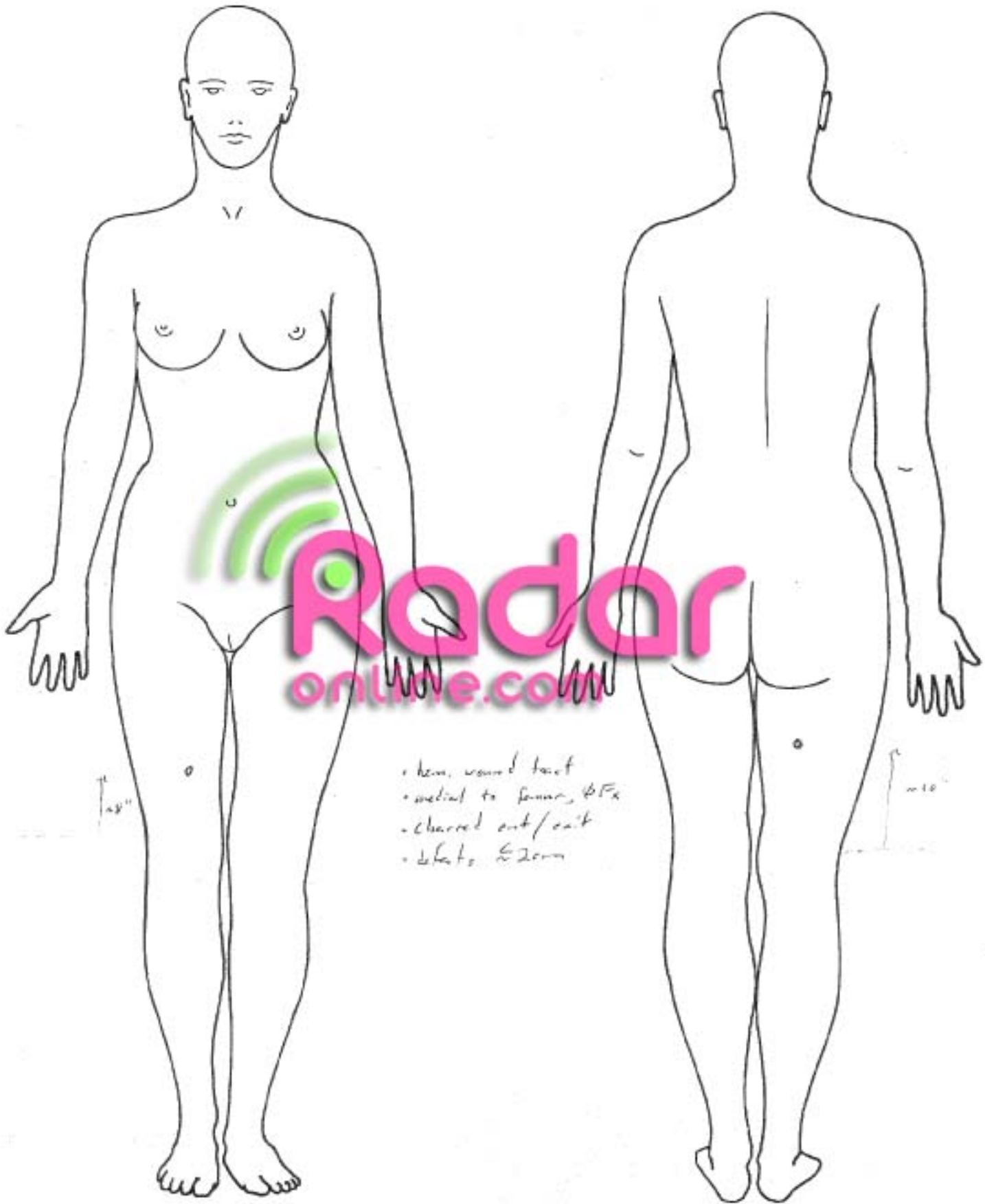
Significant observations and injury documentations - (Please use space below)
SEE AUTOPSY PROTOCOL

Probable Cause of Death: PERFORATING GUNSHOT WOUNDS TO BACK AND HEAD	Manner of Death: Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Pending <input type="checkbox"/>	Case disposition: Autopsy Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Authorized by _____ MEDICAL EXAMINER Pathologist ERIC DUVAL D.O. Not a medical examiner case <input type="checkbox"/>
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Other Significant Medical Conditions:

<p>MEDICAL EXAMINER: Name, Address and Telephone No.</p> <p>ERIC DUVAL D.O. 901 N. STONEWALL OKLAHOMA CITY, OK 73117</p>	<p>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.</p> <p align="center"></p> <p>Signature of Medical Examiner _____ ERIC DUVAL D.O. _____ Date _____ 11/13/2009 _____</p> <p>Computer generated report 0904465</p>
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FULL BODY, FEMALE – ANTERIOR AND POSTERIOR VIEWS



Name _____

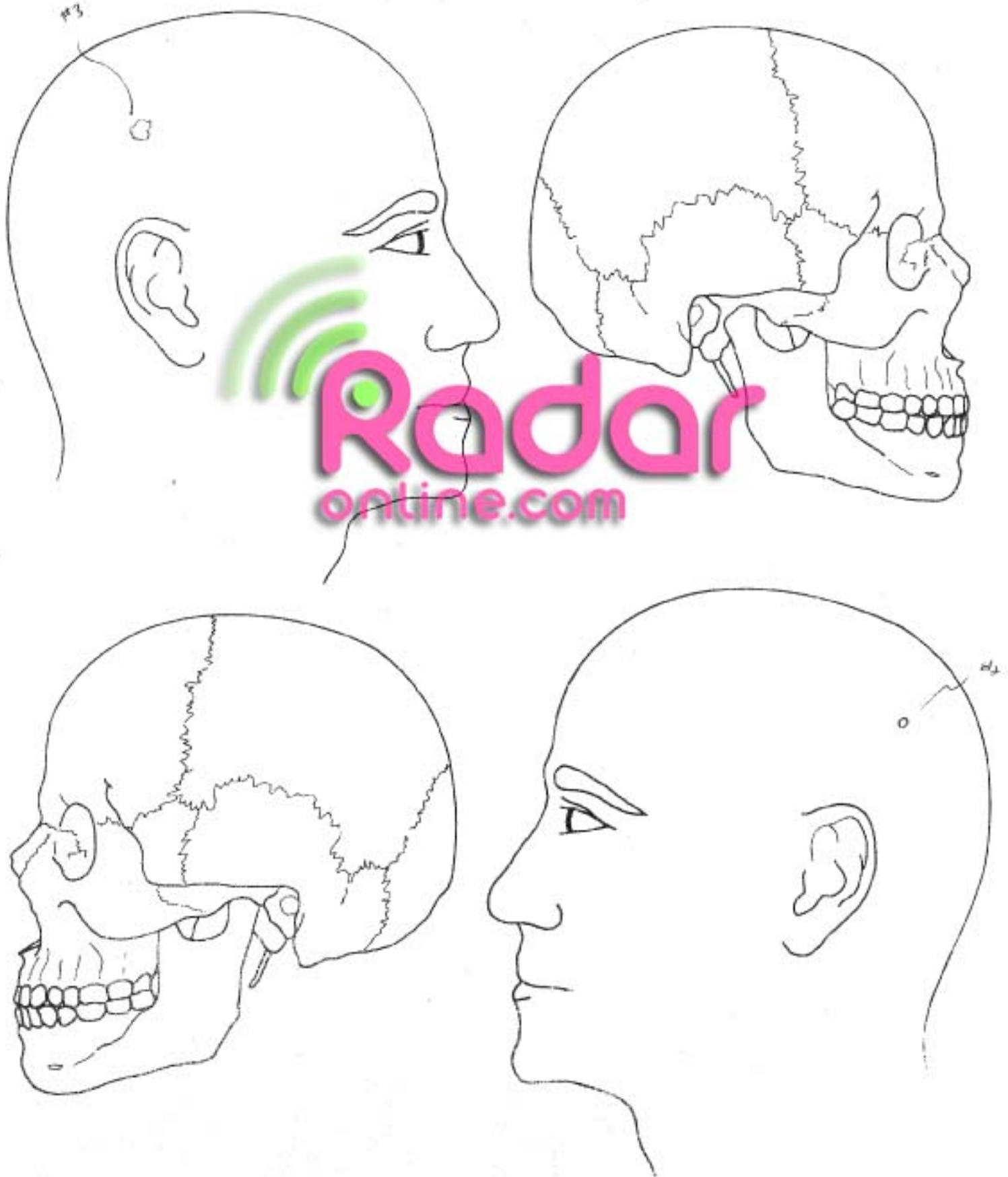
V/I #4

Case No. 0904465

ME-1B2 (Series 1978)

Date 11/12/05

HEAD – SURFACE AND SKELETAL ANATOMY, LATERAL VIEW



Name V/I #4

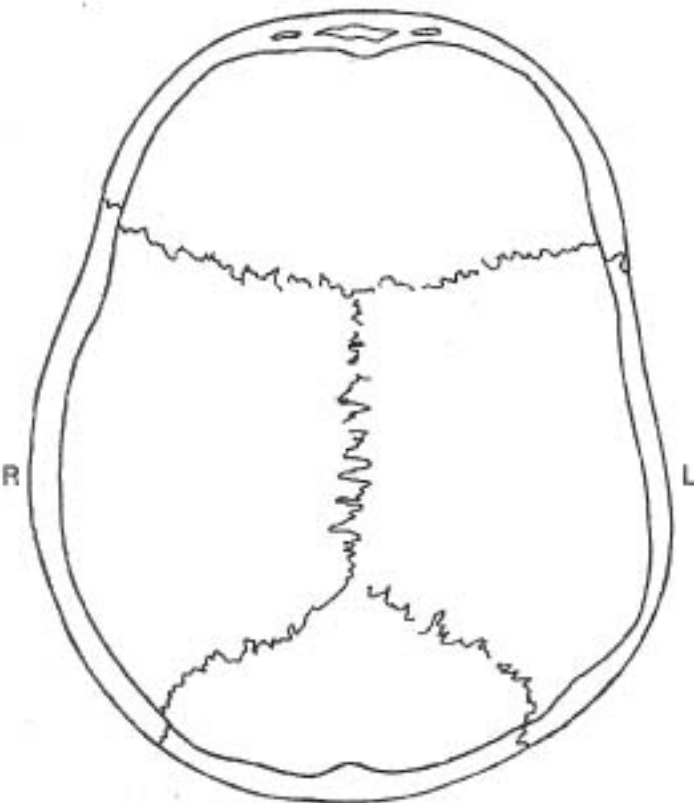
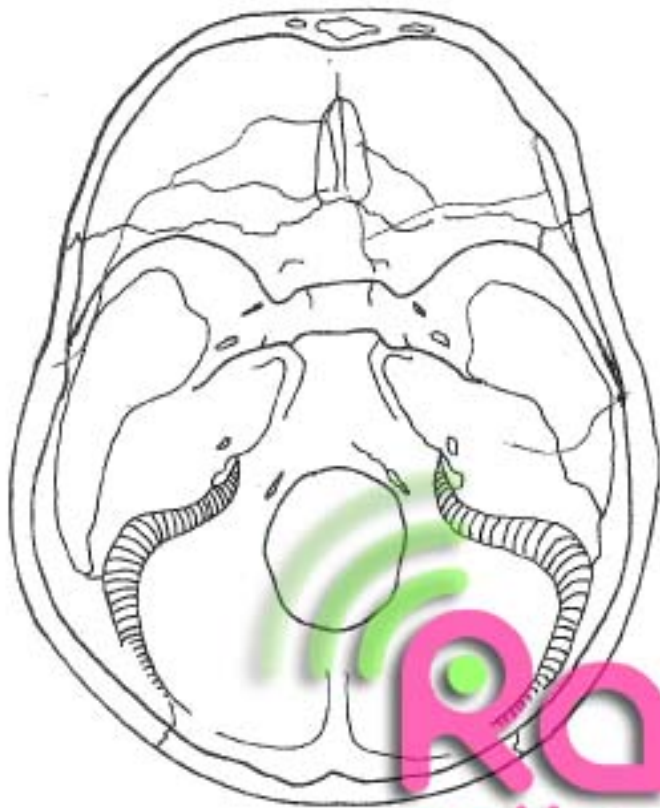
Case No. 0904465

CME-1B15 (Series 1978)

Date 11/12/09

SKULL – BASE, INFERIOR AND SUPERIOR VIEWS (PLUS CALVARIUM)

hairline Fr /
-cont & oval fossae
-slt. hem. petrous ridges



INNER VIEW OF SKULL

Name V/I #4

Case No. 0704465

Date 11/12/09

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By _____
Date _____

REPORT OF INVESTIGATION BY MEDICAL EXAMINER

DECEDENT First-Middle-Last Names (Please avoid use of initials) BROOKE PHILLIPS	Age 22	Birth Date 8/27/1987	Race WHITE	Sex F
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HOME ADDRESS - No. - Street, City, State
MOORE, OK

EXAMINER NOTIFIED BY - NAME - TITLE (AGENCY, INSTITUTION, OR ADDRESS) LT. DUGAN/ILT. JACOBSON - OCPD HOMICIDE	DATE 11/9/2009	TIME 7:50
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INJURED OR BECAME ILL AT (ADDRESS)	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES RESIDENCE	DATE Unknown	TIME Unknown
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LOCATION OF DEATH	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES RESIDENCE	DATE 11/9/2009	TIME 5:24
				FOUND	FOUND

BODY VIEWED BY MEDICAL EXAMINER 901 NORTH STONEWALL	CITY OKLAHOMA CITY	COUNTY OKLAHOMA	TYPE OF PREMISES MORGUE	DATE 11/10/2009	TIME 13:00
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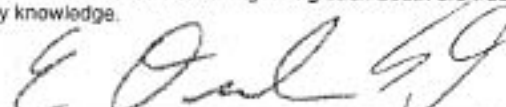
IF MOTOR VEHICLE ACCIDENT: DRIVER PASSENGER PEDESTRIAN

TYPE OF VEHICLE: AUTOMOBILE LIGHT TRUCK HEAVY TRUCK BICYCLE MOTORCYCLE OTHER: _____

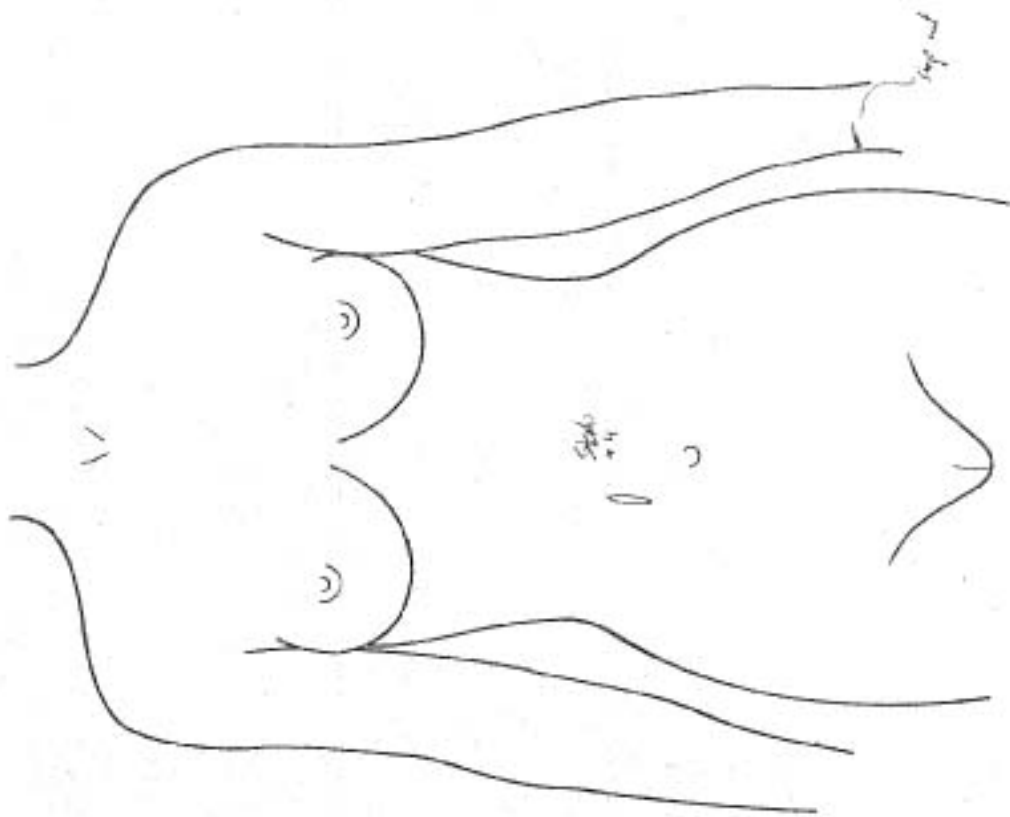
DESCRIPTION OF BODY PHYSICAL EXAMINATION	RIGOR	LIVOR	EXTERNAL OBSERVATION	NOSE MOUTH EARS		
				BLOOD	OTHER	
Jaw <input type="checkbox"/> Complete <input type="checkbox"/>		Color	Beard _____ Hair _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neck <input type="checkbox"/> Absent <input type="checkbox"/>		Lateral <input type="checkbox"/>	Eyes: Color _____ Mustache _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arms <input type="checkbox"/> Passing <input type="checkbox"/>		Posterior <input type="checkbox"/>	Opacities _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legs <input type="checkbox"/> Passed <input type="checkbox"/>		Anterior <input type="checkbox"/>	Pupils: R _____ L _____			
Decomposed <input type="checkbox"/>		Regional _____	Body Length _____ Body Weight _____			

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

Probable Cause of Death: PERFORATING GUNSHOT WOUND TO HEAD	Manner of Death: Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Pending <input type="checkbox"/>	Case disposition: Autopsy Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Authorized by MEDICAL EXAMINER Pathologist ERIC DUVAL, D.O. Not a medical examiner case <input type="checkbox"/>
--	--	--

MEDICAL EXAMINER: Name, Address and Telephone No. ERIC DUVAL, D.O. 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.  Signature of Medical Examiner Computer generated report	ERIC DUVAL, D.O. Date 11/13/2009 0904462
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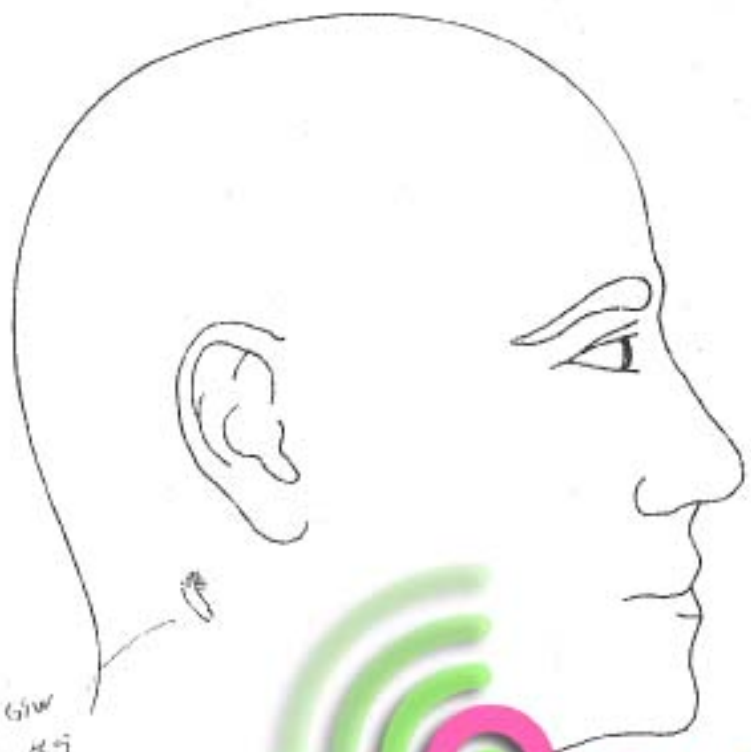
THORACIC ABDOMINAL, FEMALE - ANTERIOR AND POSTERIOR VIEWS



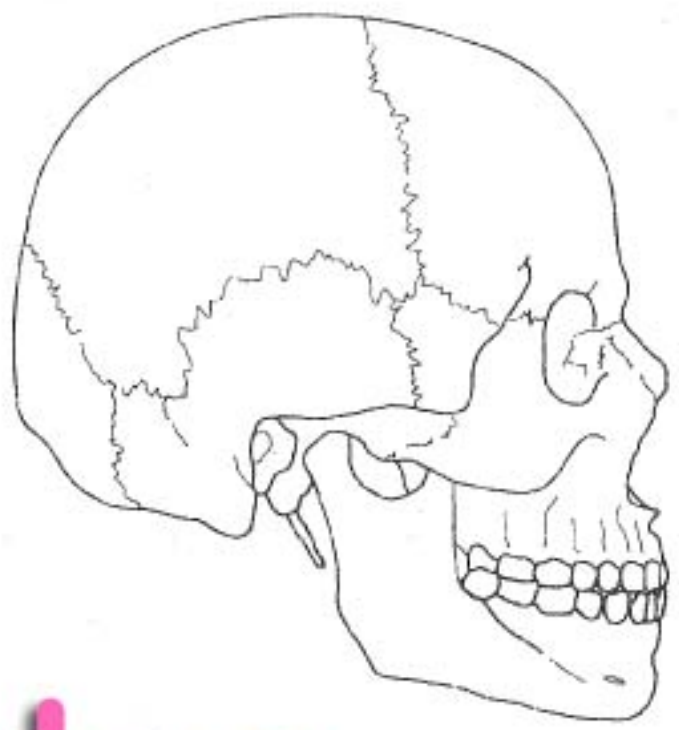
Name V/I #1 Case No. 0904462

CME-1B3 (Series 1978) Date 11/9/09

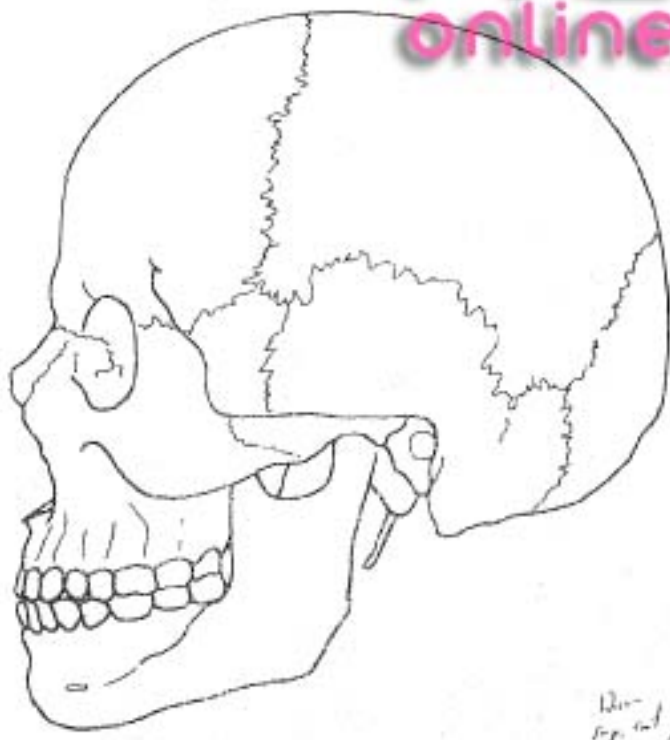
HEAD – SURFACE AND SKELETAL ANATOMY, LATERAL VIEW



GIW
#1
ang. abt
sup.



Radars
online.com



GIW
#1

Dist-
sp. and
Dumle

lin
to
maxilla
abt

8-#2
J.2
J.4

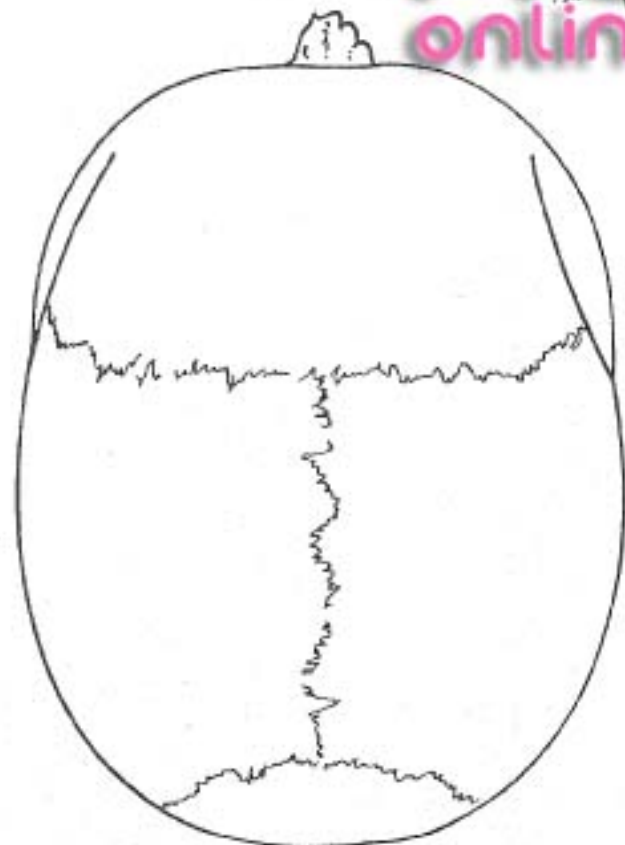
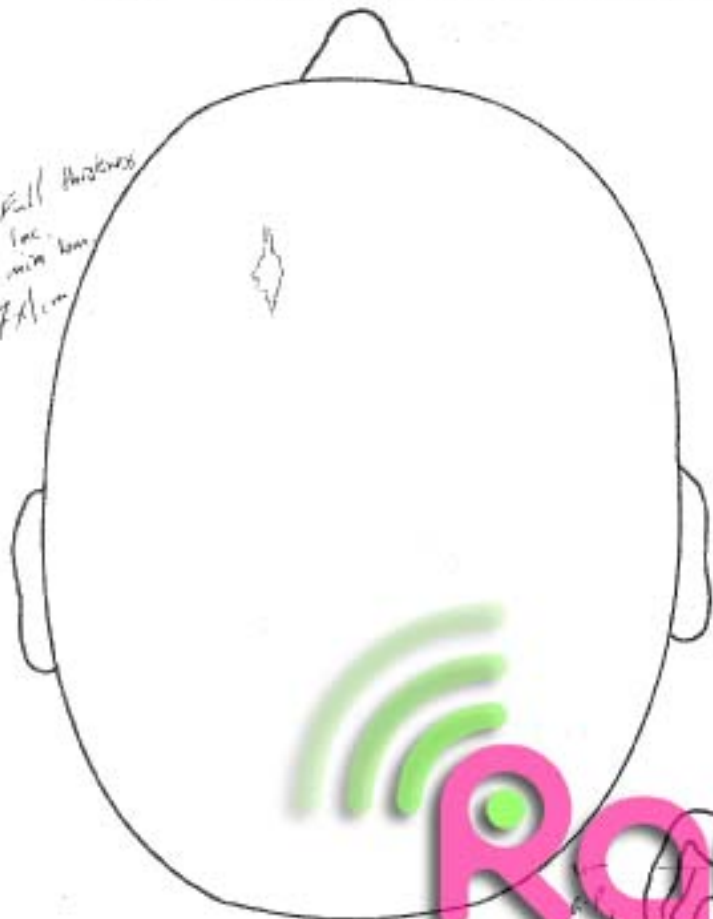
2.5 x 1 cm
P. part. cont
possible abt. lower lat.

Name UI #1

Case No. 0904462

Date 11/9/05

HEAD – SURFACE AND SKELETAL ANATOMY, SUPERIOR VIEW – INFERIOR VIEW OF NECK



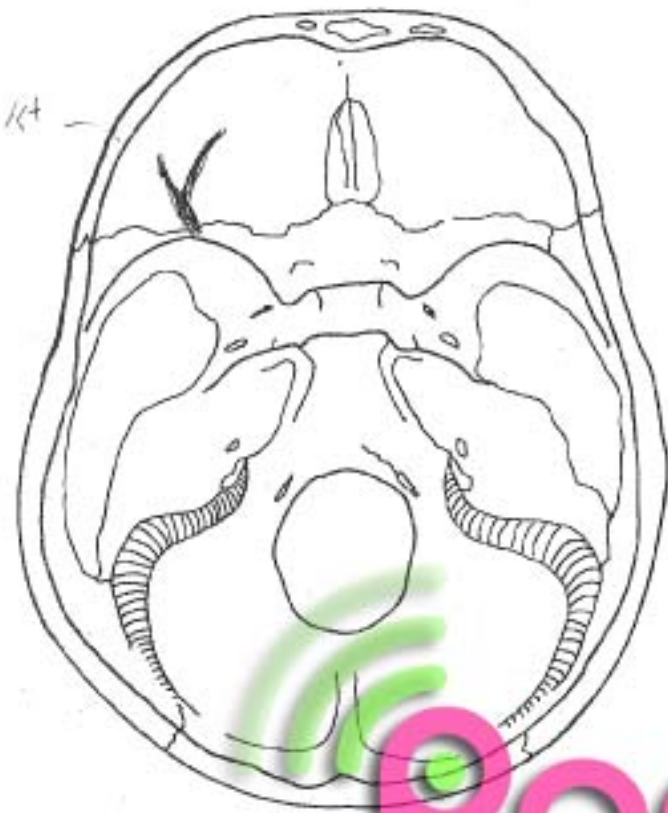
Radard
online.com

Name V/I #1

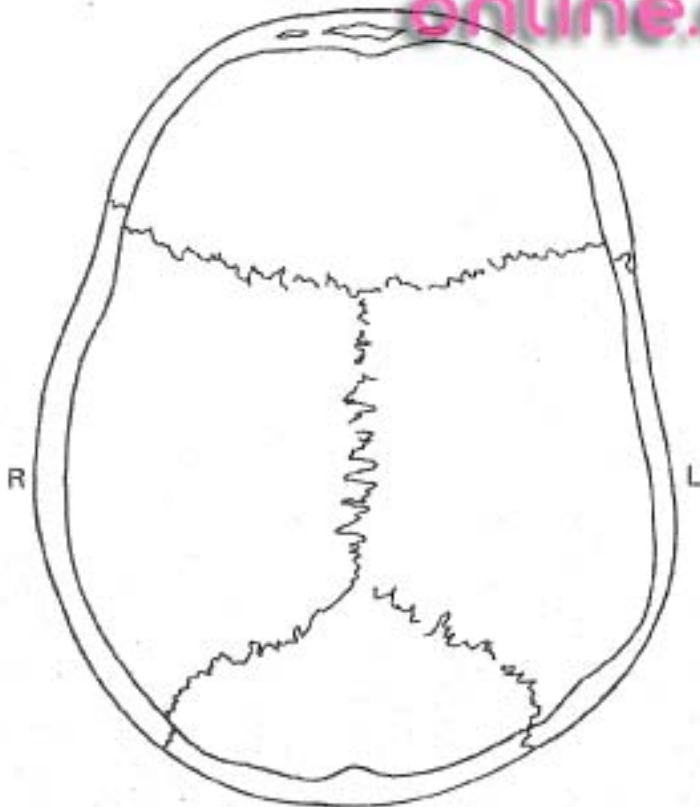
Case No. 0904462

Date 11/7/09

SKULL – BASE, INFERIOR AND SUPERIOR VIEWS (PLUS CALVARIUM)



Radior
online.com



INNER VIEW OF SKULL

Name _____

V/I H/

Case No. _____

0904462

Date _____

11/5/05

LEFT HAND – PALMAR AND DORSAL



Name U/E #1

Case No. 0504462

CME-1B9 (Series 1978)

Date 11/5/05

RIGHT HAND – PALMAR AND DORSAL



Radar
online.com

Name U/S H Case No. 090 4462

CME-188 (Series 1978) Date 11/9/05