

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

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

Eastern Division
1115 West 17th St.
Tulsa, Oklahoma 74107
(918) 582-0985

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) TERRANCE YEAKEY	Age 30	Birth Date 11-09-1965	Race BLACK	Sex MALE	Marital Status DIVORCED
HOME ADDRESS--No. Street, City, State 4020 S. DOUGLAS, OKLAHOMA CITY, OK	Occupation POLICE OFFICER				

TYPE OF DEATH: (Check one only)

While in penal incarceration <input type="checkbox"/>	Unattended during fatal illness <input type="checkbox"/>	If motor vehicle accident, check one of the following DRIVER <input type="checkbox"/> CYCLIST <input type="checkbox"/> PASSENGER <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/>
After unexplained coma <input type="checkbox"/>	Found dead without obvious cause <input type="checkbox"/>	
During therapeutic procedure <input type="checkbox"/>	*Under suspicious circumstances <input type="checkbox"/>	
Death possible threat to public health <input type="checkbox"/>	*Violent, unusual or unnatural <input checked="" type="checkbox"/>	
Unattended stillbirth or by midwife only <input type="checkbox"/>	*Means: GSW	

EXAMINER NOTIFIED BY--NAME--TITLE(AGENCY, INSTITUTION, OR ADDRESS) LT HOILE. OCPD	DATE 05-08-96	TIME 2215
INJURED OR BECAME ILL AT(ADDRESS) 2 1/2 MI W. OF EL RENO REFORMATORY	CITY OR COUNTY EL RENO	TYPE OF PREMISES FIELD
LOCATION OF DEATH (ADDRESS OR NAME OF INSTITUTION) 2 1/2 MI W. OF EL RENO REFORMATORY	CITY OR COUNTY EL RENO	TYPE OF PREMISES FIELD
BODY VIEWED BY MEDICAL EXAMINER AT (ADDRESS) 901 N. STONEWALL	CITY OR COUNTY OKLAHOMA CITY	TYPE OF PREMISES MORGUE
	DATE 05-09-96	TIME 0800

DESCRIPTION OF BODY	RIGOR	LIVOR	EXTERNAL OBSERVATIONS	NOSE	MOUTH	EARS
EXTERNAL PHYSICAL EXAMINATION Significant observations and injury documentation --(Please use space below)	Jaw <input type="checkbox"/> Complete <input checked="" type="checkbox"/>	Color <u>Negro</u>	Clothed <input checked="" type="checkbox"/> Unclothed <input type="checkbox"/>	BLOOD		
	Neck <input type="checkbox"/> Absent <input type="checkbox"/>	Anterior <input type="checkbox"/>	Partly Clothed <input type="checkbox"/> Hair <u>DK</u>	FROTH		
	Arms <input type="checkbox"/> Passed <input type="checkbox"/>	Posterior <input type="checkbox"/>	Beard _____ Mustache _____	OTHER (Sand, dirt, water, etc.)		
	Legs <input type="checkbox"/> Decomposed <input type="checkbox"/>	Lateral <input type="checkbox"/>	Circumcised <input type="checkbox"/> NO			
		Regional _____	Eyes: Color <u>BWN</u>			
			Pupils: Opacities, Etc. <u>R 5 LI NUPETECHIAE</u>	(cm) LENGTH <u>73</u> (kg) WEIGHT <u>115K</u>		
				BODY HEAT: <u>COOL</u>		

THRU & THRU GUNSHOT TO HEAD = HARD CONTACT ENTRY (BARREL IMPRINT & SOOT). MULTIPLE SUPERFICIAL INCISED WOUNDS TO WRISTS & NECK & ANTECUBITAL FOSSA. SEE CME 186 & 15. EARLY DECOMPOSITION (SKIN SLIP)

X RAY - NO BULLET OR FRAGS, ENTRY TRACKED.
Probable cause of death:
GUNSHOT WOUND TO HEAD

Manner of death: (Check one only)	Case disposition:
Natural <input type="checkbox"/>	Autopsy: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Suicide <input checked="" type="checkbox"/>	Authorized by _____
Unknown <input type="checkbox"/>	Pathologist _____
Accident <input type="checkbox"/>	Not a medical examiner case <input type="checkbox"/>
Homicide <input type="checkbox"/>	
Pending <input type="checkbox"/>	

MEDICAL EXAMINER Name, Address and Telephone No. LARRY E. BALDING, M.D. 901 NORTH STONEWALL OKLAHOMA CITY, OKLA. 73117 (405) 239-7141	County of Appointment OKLAHOMA	Date 05-09-1996	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 and belief. <u>L. E. Balding</u> Signature of Medical Examiner	9602053
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By _____

Date

REPORT OF LABORATORY ANALYSIS

NAME: **YEAKEY, Terrance**

LABORATORY NO. **961101**

MATERIAL SUBMITTED: **Blood**

DATE RECEIVED: **May 9, 1996**

CASE NO.: **9602053**

SUBMITTED BY: **Larry E. Balding, M.D.**

MEDICAL EXAMINER: **Larry E. Balding, M.D.**

RESULTS:

BLOOD: (Subclavian)

Ethyl Alcohol - Negative

May 13, 1996
DATE

Philip M. Kemp
Philip M. Kemp, Ph.D.
Chief Forensic Toxicologist

Please Note: Unless notified in writing to the contrary, the specimen(s) submitted in this case will be discarded at the end of 60 days.

