

MULTNOMAH  
KIMMONS, Patrick J.

OFFICE OF THE STATE  
MEDICAL EXAMINER

13309 SE 84th Suite 100  
Clackamas, OR 97015  
Phone 971-673-8200

REPORT FORM

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	NAME OF DECEASED <b>KIMMONS</b> LAST <b>Patrick</b> FIRST <b>J.</b> MIDDLE			SME CASE# <b>18-3052</b>
	COUNTY: <b>MULTNOMAH</b>			
	PHYSICIAN / INVESTIGATOR <b>T.D. Chappelle</b>	REPORT DATE/TIME <b>9/30/18</b> <b>04:21</b>	ARRIVAL DATE/TIME	Death Cert No. <b>18-026871</b>
	IF DELAYED, WHY?			
DECEDENT	County CASE# <b>18-1705</b>			
	DOB [REDACTED]	AGE <b>27</b>	MONTHS [REDACTED] DAYS [REDACTED] SEX <b>Male</b>	RACE <b>Black</b>
	HOME ADDRESS [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP [REDACTED]			LATITUDE <b>N</b> LONGITUDE <b>W</b>
	SS#	MARITAL STATUS	EMPLOYER / OCCUPATION	HOME PHONE
DEATH	DIED/FOUND <b>DIED</b>	DATE/TIME OF DEATH <b>9/30/2018</b> <b>04:10</b>	FOUND BY	
	DEATH ADDRESS <b>Oregon Health Science University - 3181 SW Sam Jackson Park Road</b> <b>Portland</b> CITY OR STATE ZIP <b>OR 97239</b>			LATITUDE <b>N</b> LONGITUDE <b>W</b>
INCIDENT	LAST KNOWN ALIVE DATE/TIME	BY:	ADDRESS:	
	CITY STATE ZIP			
	INCIDENT DATE/TIME <b>9/30/18</b> <b>03:02</b>	SW 3rd Avenue @ Stark Street <b>Portland</b> CITY OR STATE ZIP <b>OR 97205</b>		
	POLICE <b>Portland Police Bureau</b>	OFFICERS <b>Homicide Div.</b>	PD CASE# <b>18-334543</b>	
NOTIFICATION	NEXT - OF - KIN [REDACTED]		RELATIONSHIP [REDACTED]	
	NOK ADDRESS [REDACTED] CITY STATE ZIP		NOK PHONE [REDACTED]	
	NOTIFIED BY: <b>At Hospital</b>		METHOD	DATE/TIME NOTIFIED
	IF NOT IN PERSON, WHY NOT?			
DISPOSITION	FINGERPRINT? <b>Yes</b>	FINGERPRINT BY <b>Criminalist</b>	METHOD ID MADE <b>Hospital Staff</b>	
	TRANSPORTED TO MEDICAL EXAMINER'S OFFICE <b>Yes</b>		BY: <b>Medical Examiner</b>	
	REASON FOR TRANSPORT <b>Examination</b>			
	FUNERAL HOME <b>Cornerstone Funeral Home</b>	NAMED BY: <b>Mother</b>	DATE NAMED: <b>10/2/18</b>	
CAUSE/MANNER	CAUSE OF DEATH: <b>Multiple Gunshot Wounds</b>			
	MANNER OF DEATH: <b>Homicide</b>	OTHER SIGNIFICANT FINDINGS:		
	EXAM? <b>Autopsy</b>	BY? <b>Clifford Nelson. M.D.</b>		
	MEDICAL EXAMINER/FORENSIC PATHOLOGIST <b>Clifford Nelson, M.D.</b>			
				<b>*18-3052*</b>

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PHYSICIAN	PHYSICIAN Heather Hoops		PHONE 503-494-8311		
	MEDICATION				
	SMOKING HX.: Not Determined				
EXAMINATION	DATE/TIME 9/30/18 08:20		PLACE Morgue		
	HEIGHT: 6-00	WEIGHT: 271	HAIR COLOR Black	EYE COLOR Brown	
	POSITION Supine on morgue table		MOVED? Yes		
	LIVOR	RIGOR None	BODY HEAT Cool		
			SURROUNDING TEMP 60-65		
	LOCATION AND DEGREE OF PUTREFACTION None				
	DETAILED BODY DESCRIPTION Refer to narrative				
	CLOTHING	CLOTHING none			
		JEWELRY No	CASH No	PROPERTY REMOVED None to MEO	
OTHER PROPERTY					
SEROLOGY DATA	BLOOD DRAW? Yes	BY WHOM? cHO	BLOOD ALCOHOL SENT? Yes	BA RESULTS: TOX SENT? TOX RESULTS: Yes	
	ADMIT BLOOD AT HOSP?	PICKED UP?	BY WHOM?		
	TESTED BY HOSP?	RESULTS			
	URINE DRAWN? Yes	VITREOUS DRAWN? No	VITREOUS TIME		
MISC DATA	PHOTOS TAKEN?	BY WHOM?			
	CRIME LAB AT SCENE?	WHO?			
INFORMANTS	INFORMANT1		INFORMANT2		
	INFORMANT3		INFORMANT4		
	*kimmons*		*18-3052*		

OFFICE OF THE STATE  
MEDICAL EXAMINER  
NARRATIVE

\*18-3052\*

MULTNOMAH  
KIMMONS, Patrick J.

MULTNOMAH  
18-3052

Multnomah County Medical Examiner  
Investigators Narrative

**Summary:**

This case involves a 27 year old male who died at Oregon Health Science University (OHSU) due to multiple gunshot wounds as a result of an officer involved shooting. The deceased was transported to the Medical Examiners' Office (MEO) for examination and certification of death.

**Information leading to this investigation:**

The following information was supplied by Portland Police. On 9/30/18 at approximately 0300 hours, police responded to the area of SW 3<sup>rd</sup> Avenue at Stark Street upon the report of shots fired at that location. Upon arrival, they observed two groups of subjects fighting, and heard more shots fired.

At some point during the encounter, the deceased broke away from a group and began running toward officers. Officers observed the deceased had a firearm in his hand, and ordered him to drop the weapon. The subject initially turned away from officers, but then turned back toward them. Officers fired, and struck the subject multiple times. A revolver containing 5 spent rounds was recovered next to the deceased.

The deceased was transported emergently to OHSU, arriving at 0324 hours. The deceased arrived awake, agitated, and responding to questions. His blood pressure was 90/56, with oxygen saturation in the 80's. Attending physicians documented gunshot wounds to the left thigh (2), right calf (1), left flank (1), right buttock (1), and "several" to back.

Massive transfusion protocol was activated at 0327 hours. A left thoracotomy was performed and cardiac massage commenced. The aorta was clamped with continued cardiac massage. Resuscitative efforts were unsuccessful, and the death was declared at 0410 hours. Refer to attached medical records for more detailed information.

**Response and arrival:**

The MEO received notification of the death from Sgt. Hughes at 0421 hours. No scene response was made at that time, and the call was held for dayshift. I received the call upon coming on duty at 0600 hours. I responded to OHSU once I had obtained further information by telephone.

**Scene setting and description:**

The scene of the incident is an urban area in downtown Portland. The police have completed the scene investigation and will provide photos if needed.

**Decedent position and physical description:**

The deceased is viewed on a morgue table after arrival at the MEO. He is a fully developed, obese male. He is naked, and is lying supine on the table. The body is cool to the touch, livor mortis is not readily apparent, and rigor mortis has not yet established.

The deceased is intubated, with an intraosseous port and a therapeutic IV in the upper right extremity. Bilateral tourniquets are placed on the upper thighs.

The head is symmetrical and appears uninjured. The chest exhibits an open surgical incision on the left side with a chest tube placed on the right side. A wound patch is placed on the left flank of the abdomen, which

appears to cover a possible wound. There is an open surgical incision in the left groin area.

Two defects which appear to be wounds are noted in the left thigh. A further defect which also appears to be a wound is noted in the right calf. I was unable to check the posterior of the body due to his size and weight.

**Relevant historical information:**

No relevant historical information is known for this deceased.

**Medical History:**

The previous medical history of the deceased is unknown and non-contributory.

**Family notification and decedent disposition plan:**

The family was at the hospital and will choose a mortuary this week.

**Conclusion:**

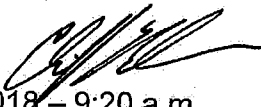
I have nothing further to add at this time.

**Follow-up:**

We will need to obtain family info from Detectives when they arrive for the autopsy.

PATRICK J. KIMMONS  
MULTNOMAH COUNTY  
18-3052

**AUTOPSY PERFORMED:**

BY: Clifford C. Nelson, MD   
ON: Monday, October 1, 2018 – 9:20 a.m.  
AT: 13309 SE 84<sup>th</sup> Avenue, Suite 100, Clackamas, Oregon 97015

**CAUSE OF DEATH:** MULTIPLE GUNSHOT WOUNDS

**MANNER OF DEATH:** HOMICIDE

**SUMMARY OF AUTOPSY FINDINGS:**

- I. GUNSHOT WOUND OF THE RIGHT LOWER LEG:
  - A. Indeterminate-range gunshot entrance wound of the right calf.
  - B. Posterior-to-anterior, right-to-left and downward gunshot wound path with:
    1. Perforation of the right calf muscle and soft tissue.
  - C. Gunshot exit wound of the right lower leg.
- II. GUNSHOT WOUND OF THE RIGHT BUTTOCKS:
  - A. Indeterminate-range gunshot entrance wound of the right buttocks.
  - B. Right-to-left, back-to-front, slightly downward gunshot wound path with:
    1. Perforation of fatty tissues of the right buttocks.
  - C. Gunshot exit wound of the right medial buttocks.



III. GUNSHOT WOUND OF THE RIGHT LOWER MID BUTTOCKS:

- A. Indeterminate-range gunshot entrance wound of the right lower mid buttocks.
- B. Right-to-left, back-to-front, and downward gunshot wound path with:
  - 1. Perforation of the soft tissues.
  - 2. Perforation of the muscles.

IV. GUNSHOT WOUND OF THE LEFT MID BUTTOCKS:

- A. Indeterminate-range gunshot entrance wound of the left mid-buttocks.
- B. Left-to-right, back-to-front and downward gunshot wound path with:
  - 1. Perforation of the fatty soft tissues of the left buttocks.
- C. Gunshot exit wound of the medial inferior left buttocks.

V. GUNSHOT WOUND OF THE LEFT UPPER BUTTOCKS/FLANK:

- A. Indeterminate-range gunshot wound of the left mid-buttocks.
- B. Back-to-front, right-to-left and upward gunshot wound path with:
  - 1. Perforation of the fatty soft tissues.
- C. Irregular gunshot exit wound of the left flank/buttocks.

VI. GUNSHOT WOUND OF THE LEFT THIGH:

- A. Indeterminate-range gunshot entrance wound of the anterior medial left thigh.
- B. Right-to-left and downward gunshot wound path through the fatty soft tissues of the anterior left thigh.
  - 1. Perforation of the fatty soft tissues of the left buttocks.
- C. Gunshot exit wound of the medial inferior left buttocks.

VII. GUNSHOT WOUND OF THE LEFT GROIN:

- A. Incised gunshot entrance wound of the left groin.
- B. Below-to-above, right-to-left and downward gunshot wound path through the superficial left anterior thigh soft tissues and muscle.

- C. Large-caliber copper-jacketed bullet recovered from the anterior left thigh.

**VIII. GUNSHOT WOUND OF THE LEFT CHEST:**

- A. Indeterminate-range gunshot entrance wound of the left medial triceps.
- B. Downward gunshot wound path (with left arm in raised position):
  - 1. Perforation of axillary soft tissues.
  - 2. Perforation of left chest wall.
  - 3. Laceration of left lung.
- C. Large incision with gunshot exit wound of left lateral chest.

**IX. GUNSHOT WOUND OF THE RIGHT CHEST:**

- A. Indeterminate-range gunshot entrance wound of the right chest (subscapular).
- B. Upward, right-to-left and back-to-front gunshot wound path with:
  - 1. Perforation of the right chest wall.
  - 2. Pulpification of the liver.
  - 3. Perforation of the diaphragm.
  - 4. Perforation of the right lung.
  - 5. Bilateral hemothoraces.
- C. Large-caliber bullet recovered from the right chest wall subcutaneous fat.

**X. OTHER PROCEDURES:**

- A. Blood and urine submitted for toxicologic analysis.
- B. Blood and buccal swabs submitted for possible DNA analysis.
- C. Autopsy attended by Portland Police Bureau Criminalists Paul Ware and Jamin Becker, Portland Police Bureau Detective Rico Beniga, Multnomah County District Attorney Todd Jackson, Portland Police Bureau Officer Kelley Van Blokland and Portland Police Bureau Detective Darren Posey.
- D. Documentary photographs taken by Deborah Cho and Portland Police Bureau Criminalist Becker.
- E. Documentary x-rays retained at Medical Examiner's Office.
- F. Bullets submitted as evidence to Criminalist Ware.

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**PRESENTATION OF BODY:**

The unclothed body of the subject is first viewed lying on a white and blue carry liter encased within two white disaster pouches.

**CLOTHING ON BODY:**

None.

**PERSONAL EFFECTS:**

No jewelry is on the body.

**EVIDENCE OF MEDICAL THERAPY:**

1. Black and red tourniquets surround the upper thighs.
2. An arterial catheter is in the ventral left forearm.
3. A double-lumen catheter covered by white adhesive tape is in the right antecubital fossa.
4. A catheter is in the ventral right wrist.
5. A double-lumen catheter is in the right antecubital fossa surrounded by white adhesive tape.
6. An IV catheter is in the medial right upper arm secured by white adhesive tape.
7. Electrodes are on the anterior lower left abdomen, left axilla and right axilla.
8. A chest tube catheter is in the right chest and secured by black Prolene.
9. A 9-inch incision is in the left lateral chest.
10. An endotracheal tube is in the right corner of the mouth secured by an amber and white plastic harness. It is held to the head by a white Velcro strap.



**GUNSHOT WOUNDS:**

**#1 Gunshot Wound of the Right Lower Leg:** An indeterminate-range, 3/8 inch diameter gunshot entrance wound of the right calf is located 11 inches above the right heel and 1-1/2 inches right of midcalf.

The gunshot wound path courses from posterior to anterior, right to left and downward perforating the soft tissues and calf muscles of the right lower leg.

An oval gunshot exit defect of the medial right lower leg is located 9 inches above the right heel and 1-3/4 inches left of posterior midcalf.

**#2 Gunshot Wound of the Right Buttocks:** An indeterminate-range gunshot entrance wound of the posterior right buttocks is located 35-1/4 inches above the left heel in the midline of the right buttocks.

The gunshot wound path courses from right to left, back to front and slightly downward perforating the fatty soft tissues of the right buttocks.

A gunshot exit defect of the right medial buttocks is located 34-1/4 inches above the right heel and 4 inches left of posterior mid right buttocks.

**#3 Gunshot Wound of the Right Lower Mid Buttocks:** A gunshot entrance wound of the right lower mid buttocks is located 35-1/4 inches above the right heel in the right buttocks midline.

The bullet courses from right to left, downward and slightly back to front perforating the soft tissues of the right buttocks. It perforates the fat and muscles of the right buttocks.

A gunshot exit wound with slightly ragged margins is just right of the anal crease. It is 34 1/2 inches above the right heel. The defect is roughly 1/2 inch in diameter with ragged margins.

**#4 Gunshot Wound of the Left Mid Buttocks:** An indeterminate-range gunshot entrance wound of the left mid buttocks is located 36 inches above the left heel in the midline of the left buttocks.

The gunshot wound path courses from left to right, downward and back to front perforating the fatty soft tissues of the left buttocks.

A gunshot exit defect of the medial inferior left buttocks is located 32 inches above the left heel and 1-3/4 inches left of posterior midline. The gunshot wound perforates the fatty soft tissues of the left buttocks.

**#5 Gunshot Wound of the Upper Left Buttocks/Flank:** An indeterminate-range gunshot entrance wound of the left buttocks is located 41-7/8 inches above the left heel and 3-3/4 inches left of posterior midline.

The defect courses from back to front, right to left and upward through the fatty soft tissues of the left flank and buttocks.

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An irregular gunshot defect of the left flank/buttocks is located 44 inches above the left heel and 10 inches left of posterior midline.

**#6 Gunshot Wound of the Left Thigh:** An indeterminate-range gunshot entrance wound of the anterior medial left thigh is located 31 inches above the left heel and 2 inches right of anterior mid thigh.

The gunshot wound path courses from right to left and downward. It perforates the fatty soft tissues of the left anterior thigh.

An irregular 1/2-inch diameter gunshot exit defect of the lateral anterior left thigh is located 28-1/4 inches above the left heel.

**#7 Gunshot Wound of the Left Groin:** A large V-shaped incised area which apparently contains a gunshot entrance wound is 3 x 3 inches and lies in the anterior left groin.

The bullet passes through the superficial thigh muscle and under the left thigh fatty tissues from above to below, right to left and downward.

A large-caliber, deformed, copper-jacketed bullet is recovered from the subcutaneous tissues 32 inches above the left heel and 7 inches left of anterior mid thigh. The bullet is rinsed, placed in a labeled envelope and submitted as evidence.

**#8 Gunshot Wound of Left Chest:** An indeterminate-range gunshot entrance wound is in the left axillary biceps, 56 inches above the left heel and 11 inches left of anterior midline.

The gunshot wound path courses downward with arm in raised position. The bullet perforates the left axillary soft tissues and left chest wall and lacerates the left lung.

A presumed gunshot exit wound lies within a large (8-1/4 x 3-1/4 inch) left lateral chest, centered 56 inches above the left heel and 11 inches left of anterior midline.

**#9 Gunshot Wound of the Right Chest:** An indeterminate-range gunshot entrance wound is located in the right subscapular region 55-3/4 inches above the right heel and 7-1/2 inches right of posterior midline. The defect consists of a 3/8 inch diameter hole. Soot, searing and stippling are absent from the surrounding skin or within the depths of this portion of the wound.

The gunshot wound path courses from below to above, right to left and back to front perforating the right posterior lateral 4th intercostal space. The liver is pulpified. The diaphragm is perforated. The lower and inferior edge of the upper right lobe of the lung is perforated. It perforates the right pectoralis muscle and is recovered in the fatty soft tissues of the right medial chest.

A deformed copper-jacket bullet is recovered from the subcutaneous fat 60 inches above the right heel and 1-3/4 inches right of anterior midline. The bullet is rinsed, placed in a labeled envelope and submitted as evidence.

PATRICK J. KIMMONS  
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**GENERAL EXTERNAL EXAMINATION:**

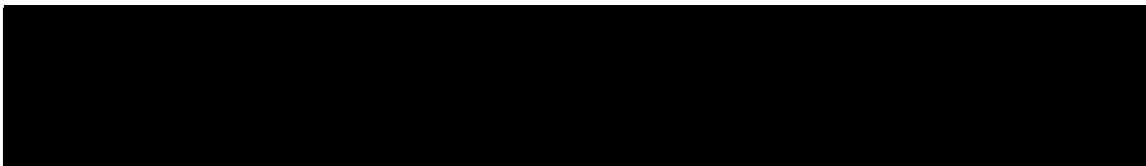
Received is the unembalmed, well-hydrated, well-nourished, normally developed body of an African-American male appearing consistent with the listed age of 27 years. When first viewed, the body is in full rigor, and lividity is posterior, fixed and nonblanching. The body is cool to the touch. The subject is 72 inches and 217 pounds.

The scalp is covered by tightly curled black hair tightly braided into posterior ropes. The irides are brown. The conjunctivae are free of petechial hemorrhages and the corneas are clear. The nose is midline and externally uninjured with no blood or debris in the nostrils. The ears are normally formed and set with no blood or debris in the external auditory canals. The lining of the mouth and gums is uninjured. The dentition is natural and in good repair. The chin, cheeks, upper lip and neck are covered by a 1/2-inch beard and mustache.

The neck is free of palpable masses, and the trachea is midline.

The thorax is normally formed, symmetric and with gunshot wound injuries as described.

The abdomen is soft, flat, free of palpable masses and uninjured.



The arms, hands and fingers are normally formed, symmetric and without traumatic injuries. The fingernails are cut at the end of the fingers and have moderate underlying debris. The palms are uninjured. The antecubital fossae are free of perivenous puncture marks or scarring.

The legs, feet and toes are normally formed, symmetric and without traumatic injuries. The toenails extend to the tips of the toes. The soles are uninjured.

The back is normally formed, symmetric and without traumatic injuries. The anus and perineum are unremarkable.

**SCARS AND TATTOOS:**

No significant surgical or traumatic scars are evident. A tattoo of what appears to be a helmet with feather-like structures and the word "Manna" is on the dorsal right forearm. An illegible tattoo is on the dorsal right forearm.

**GENERAL INTERNAL EXAMINATION:**

**Body Cavities:** Approximately 150 mL of liquid and clotted blood is within the left hemithorax, and approximately 1 liter of liquid and clotted blood is within the right hemithorax. No hemoperitoneum is present and no hemopericardium is noted.

**Cardiovascular System:** The normally formed 460-gram heart is covered by moderate overlying epicardial fat. The coronary arteries are distributed over the surface of the heart in a right dominant pattern and are widely patent upon sectioning. The cardiac valves are thin, supple, translucent, free of nodularity, and of normal circumference. The homogeneous red-brown myocardium has no

focal pallor, softening, hyperemia or scarring. The aorta arises and courses normally through the thorax and abdomen and is devoid of atherosclerotic disease along its course. The ostia of the major branches off the aorta are widely patent.

**Respiratory System:**

The right lung is perforated as described and weighs 430 grams. The left lung is lacerated and weighs 390 grams. Hemorrhage is associated with the gunshot wounds of the lungs. The airways are free of foreign material, excess mucus, purulence, masses or hemorrhage. The pulmonary arteries course normally and are free of thromboemboli. The sectioned pulmonary parenchyma is free of cysts, masses, hematomas, abscesses or areas of consolidation.

**Gastrointestinal System:** The esophagus is lined by an unremarkable beige mucosa without lesions. The stomach contains approximately 400 mL of brown fluid and no solid food particulate. The rugal folds of the stomach are flat and covered by an uninjured beige mucosa. External examination of the small bowel and colon reveals no strictures, adhesions, diverticula, masses or injuries. The appendix is present.

**Liver, Gallbladder and Pancreas:** The liver is pulpified as previously described. It has a smooth cortical surface without nodularity. The sectioned hepatic parenchyma is free of nodularity, increased fibrosis, cysts, masses, hematomas or abscesses. It is 1860 grams.

The beige, lobular pancreas is free of saponification, calcification, fibrosis, cysts, masses or hematomas.

**Spleen:** The 200-gram spleen has a wrinkled purple capsule. White pulp is evident upon sectioning.

**Genitourinary System:** The right 170-gram and left 180-gram kidneys have smooth cortical surfaces from which the capsules strip with ease. The pelvises are not dilated and the calyces are sharp. The cortices and medulla are distinct. The bladder contains approximately 100 mL of clear urine. The bladder wall is not thickened or trabeculated. The testes and prostate are not examined.

**Endocrine System:** The pituitary, thyroid and adrenal glands are in the usual locations and are of normal size, shape, color and consistency.

**Axial Musculoskeletal System:** The ribs are unfractured. The vertebral column has hemorrhage associated with a gunshot wound but is otherwise unremarkable. Hemorrhage of the chest wall associated with gunshot wounds was previously described.

**Neck Contents:** The anterior strap muscles of the neck are free of hemorrhage. Thyroid and hyoid cartilages are unfractured. Paracervical and paratracheal soft tissues are uninjured, and the larynx is unremarkable.

**Head:** Scalp and subgaleal hemorrhage are absent. The bones of the cranial vault are intact and unfractured. Epidural, subdural and subarachnoid hemorrhage does not exist. The normally formed, nonsoftened, nonflattened gyri of the 1890-gram brain are covered by a thin, transparent, glistening pia and arachnoid. Coronal sections through the cerebral hemispheres and serial



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sections of the brainstem, midbrain and cerebellum reveal no focal lesions. The vessels of the circle of Willis course normally about the base of the brain and are free of atherosclerotic disease or aneurysmal dilatation.

CCN:mso



# Oregon

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**Department of State Police**  
**Forensic Laboratory**  
13309 SE 84th Ave.  
Clackamas, OR 97015  
**State Medical Examiner**  
971-673-8200  
FAX 971-673-8321

October 12, 2018

Multnomah County Medical Examiner's Office  
13309 SE 84th Ave, Suite 100  
Clackamas, OR 97015

**Attention: DR. CLIFFORD NELSON**  
KIMMONS, PATRICK J. (DOD: 09-30-18)  
Lab No. 18M-004076  
Agency Case 18-3052

## Analytical Report

Described below is a summary of the analytical results and/or conclusions of the undersigned analyst concerning the referenced exhibit(s) submitted by your agency and received sealed on October 1, 2018 via Deborah Cho.

**Exhibit 01** - A grey-stoppered chest blood specimen which is labeled as KIMMONS, PATRICK J.

The following drugs are present, but a quantitative result is not reported because a quantitative assay is not available at our laboratory:

- Ketamine

The following drugs are present, but a quantitative assay was not performed:

- Trazodone

Refer to other report(s) regarding this case.

This analysis was requested by Clifford C. Nelson, M.D.

Evidence will be returned at the earliest convenience.

Janet L. Schultz, Forensic Scientist

Pursuant to ORS 40.460 (25), I hereby certify that I retrieved this document directly from the computer system maintained and operated by the Oregon Department of State Police and that this document accurately reflects and is a true copy of the information contained in that computer system. In testimony whereof, I have affixed my signature.



# Oregon

Kate Brown, Governor

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October 12, 2018

**Department of State Police**  
**Forensic Laboratory**  
13309 SE 84th Ave.  
Clackamas, OR 97015  
**State Medical Examiner**  
971-673-8200  
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Multnomah County Medical Examiner's Office  
13309 SE 84th Ave, Suite 100  
Clackamas, OR 97015

**Attention: DR. CLIFFORD NELSON**  
KIMMONS, PATRICK J. (DOD: 09-30-18)  
Lab No. 18M-004076  
Agency Case 18-3052

## Analytical Report

Described below is a summary of the analytical results and/or conclusions of the undersigned analyst concerning the referenced exhibit(s) submitted by your agency and received sealed on October 1, 2018 via Deborah Cho.

**Exhibit 02** - A red-stoppered urine specimen which is labeled as KIMMONS, PATRICK J.

Toxicological examination confirms the presence of:

- Ketamine
- Trazodone

This analysis was requested by Clifford C. Nelson, M.D.

Evidence will be returned at the earliest convenience.

Janet L. Schultz, Forensic Scientist

Pursuant to ORS 40.460 (25), I hereby certify that I retrieved this document directly from the computer system maintained and operated by the Oregon Department of State Police and that this document accurately reflects and is a true copy of the information contained in that computer system. In testimony whereof, I have affixed my signature.



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Department of State Police  
Forensic Laboratory  
13309 SE 84th Ave.  
Clackamas, OR 97015  
State Medical Examiner  
971-673-8200  
FAX 971-673-8321

October 15, 2018

Multnomah County Medical Examiner's Office  
13309 SE 84th Ave, Suite 100  
Clackamas, OR 97015

**Attention: DR. CLIFFORD NELSON**  
KIMMONS, PATRICK J. (DOD: 09-30-18)  
Lab No. 18M-00407C  
Agency Case 18-3052

## Analytical Report

Described below is a summary of the analytical results and/or conclusions of the undersigned analyst concerning the referenced exhibit(s) submitted by your agency and received sealed on October 1, 2018 via Deborah Cho.

**Exhibit 01** - A grey-stoppered chest blood specimen which is labeled as KIMMONS, PATRICK J.

Alcohol/volatiles analysis confirms:

- Ethanol 0.127 g/dL (+/- 0.004 g/dL)
- Acetone -Not Detected

This analysis was requested by Clifford C. Nelson, M.D.

Evidence will be returned at the earliest convenience.

Addison A B Rutter

Addison . Rutter, Forensic Scientist

Pursuant to ORS 40.460 (25), I hereby certify that I retrieved this document directly from the computer system maintained and operated by the Oregon Department of State Police and that this document accurately reflects and is a true copy of the information contained in that computer system. In testimony whereof, I have affixed my signature.