

Case completion for the Defense

Name: [REDACTED]

Date of Incident: 9/22/2020



TRIFECTA GUNSHOT ASSAULT FORENSIC NURSING REPORT

Referral Date/ Number of pages:	255pages +93 photos +34:28min video
Completed by:	Trifecta Legal Nurse Consulting Contributing Legal Nurse Specialist: [REDACTED]
Report Submission Due Date:	4/30/2021

FILE DEMOGRAPHICS

Date/Time of Incident: 9/23/2020 @ approx. 1800h

Indictment:

- Count 1: Attempted murder in the second degree with a firearm.
- Count 2: Assault in the first degree with a firearm.
- Count 3: Unlawful use of a weapon with a firearm.

Defendant Name:	[REDACTED]	Alleged Victim Name:	[REDACTED]
Date of Birth:	1/19/1986	Date of Birth:	4/16/1968
Occupation:	Medically retired veteran	Occupation:	Unknown
Marital Status:	Single	Marital Status:	Single, long term companion
Attorney:	[REDACTED]	Attorney:	State's Attorney

Referral request/ Attorney Questions:

1. Nature and positioning of her wounds (the police reports discuss the wounds being "mainly flesh wounds)
2. How many bullets caused Ms. [REDACTED] wounds or whether some or the wounds are due to shrapnel?
3. Could the amount of blood [REDACTED] lost cause her to being to lose consciousness
4. Toxicology screen showed the presence of benzos. How much did she have in her system? Do her medical records reflect a prescription for the drug? Could this have interfered with her perception of the events?

Records Reviewed:

1. [REDACTED].PR_1-255.pdf
2. Photos: K9N80001-K9N80094
3. Video: 20200922221712003443_20200922225551_1_20-290077_[REDACTED].wmv (0:00-34:28)

Missing/Additional Pertinent Records:

1. History/Physical/Summary and/or progress note(s) from physician/provider during ED visit. High priority.

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2. A full list of [REDACTED] medication history to further assess if she has a prescription for benzodiazepines. ED notes identify "other unknown" medications.
3. Diagram/photo or similar of location of shooter and alleged victim at time of incident, which direction she exited, and pictures of her clothing to further opine on trajectory and number of shots.
4. CT and xray images of the pelvis/thighs to identify if large bullet fragment is likely a retained bullet.
5. Consider obtaining [REDACTED] mental health/VA records if considering diminished capacity or when evaluating intent.

I. Abstract of Nursing Analysis:

An analysis of the medical records, police report and video were completed for the case of [REDACTED] vs State of Oregon on behalf of alleged victim [REDACTED]. [REDACTED] was shot by [REDACTED] either 2 or 3 times according to witness reports causing 5 wounds (2 on her right upper extremity, 2 on the right lower extremity, and 1 on her pelvis). After reviewing the medical records and photographs, it appears that [REDACTED] was likely shot 2 times with one of the bullets re-entering her pelvis after exiting her extremity. Both the right upper extremity and right lower extremity wounds were through and through wounds causing only tissue injury. The pelvis entrance wound had no exit wound. The bullet which entered the pelvis is likely that which was listed in the CT report as "a large bullet fragment/shrapnel" found internally in front of the left femur (thigh) bone. This too caused what appears to be only tissue injuries. There were no broken bones or excessive bleeding noted. [REDACTED] was able to be discharged from the hospital approximately 6 hours after she arrived.

More definitive conclusions regarding trajectory and sequence could be reached with better understanding of where [REDACTED] was standing when he shot [REDACTED] and which direction [REDACTED] ran. This would allow a match of the wound edges to the trajectory of the bullets. Ideally additional information can be provided by the criminalist team and/or a forensic gunshot expert could be retained.

As it relates to [REDACTED] reporting she was in and out of consciousness, we found the following. [REDACTED] story is inconsistent given that she reported to police that she was in and out of consciousness and reported to the EMS personnel she never lost consciousness. She was able to answer questions from police immediately as well as EMS personnel once in the ambulance. She was fully alert and oriented during transport. If she were to have lost enough blood to be in and out of conscientiousness, she would not have been as alert and oriented as was noted. It is possible that due to the pain, sight of blood, and/or emotional distress that [REDACTED] overstimulated her vagus nerve causing vasovagal near syncope. This causes the blood vessels to dilate in the body and can create the feeling of almost fainting, lightheadedness, tunnel vision, blurred vision, and sweating among other symptoms. This is not due to blood loss, but rather the body's reaction to duress. This will often resolve quickly on its own.

As it relates to [REDACTED] perception of the events - The police reports are a bit inconsistent in that they report that [REDACTED] identified 3 shots during one account of the event (p. 22) and 2 shots with another account of the event (p. 28). There was no alcohol in her system and there was a "presumptive positive" drug test for benzodiazepines which were given to her in the hospital. It's also possible she took benzodiazepine medication prior to the incident/hospitalization and it is unknown if she has a current prescription for benzodiazepines. There were no benzodiazepines noted in her medication history in her chart. [REDACTED] was interviewed after both narcotic and benzodiazepine medications were given to her for pain although given timing this should not have significantly altered her memory. It is possible the trauma of the event altered her memory. It is common for victims of trauma to provide inconsistent accounts of events immediately after they occur.

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II. Forensic Nursing Conclusions:

Allegations/Issues:

Allegation/Issue	Case Strengths	Case Weaknesses	Rationale for Findings
<p>Wounds/Number of Bullets</p> <p>1. R Upper Extremity (details: see chronology for pictures/description K9N80002-3)</p> <p>2. R lower extremity (details: see chronology for pictures/description K9N80004-7)</p> <p>3. R pelvis (see chronology for pictures/description K9N80004-7)</p>	<p>1. Appears to be 2 wounds indicating a through and through injury. There is no bone involvement per x-ray.</p> <p>2. Appears to be 2 wounds indicating a through and through injury. There is no bone involvement per CT.</p> <p>3. Appears to be 1 wound with irregular edges which likely indicates that this is the same bullet re-entering the body after going through the R lower extremity.</p>	<p>1. Unknown if the indicated wound trajectory identifies if [REDACTED] was up and moving as stated or not. Would need additional details as noted above.</p> <p>2. None at this time.</p> <p>3. Although this is likely the same bullet that went through the R lower extremity, one may attempt to argue this is a 3rd bullet.</p>	<p>[REDACTED] had 5 total wounds from gunshots. It appears that the two right upper extremity and two right lower extremity wounds were through and through ("flesh wounds"). The pelvic wound looks to only have an entrance wound and given its appearance it's likely from the same bullet that entered and exited the right lower extremity. Bullets typically cause irregular edges on exit as they have encounter resistance in the body (such as tissues, muscle, and at times bone) and start to fragment. Irregular edges are also produced on entrance if other material has been impacted prior to entrance into the body (such as going through other body parts).</p>
<p>Blood Loss/Loss of Consciousness</p>	<p>1. Patient's hemoglobin was within normal limits and hematocrit was 0.7% below normal range. Patient was alert and oriented when transported to the hospital. There was no need for blood transfusion. The blood</p>	<p>There was unknown amount of blood loss by the patient and baseline hematocrit and hemoglobin for patient are unknown. Initial lactate level was elevated which can often signal significant blood loss.</p>	<p>Although one of the police reports indicates [REDACTED] reported she was in and out of consciousness she identified the opposite to the pre-hospital care staff of American Medical Response and was able to answer questions asked of her by police as noted in another report. It does not appear that blood loss caused any loss of consciousness (if there was any) because when blood loss causes loss of</p>

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	<p>loss was likely not a cause of loss of consciousness.</p> <p>2. Although a police report indicates [REDACTED], [REDACTED] reported she was in and out of consciousness she identified the opposite to the pre-hospital care staff of AMR. In another police report, [REDACTED] [REDACTED] is identified as yelling in pain although able to answer all questions asked of her.</p>		<p>consciousness, typically it does not improve rapidly. Within minutes, [REDACTED] was alert and fully oriented for the pre-hospital care staff per their report and prior to that was answering questions for the police officers.</p> <p>If there was any loss of consciousness (syncope or near syncope), severe pain, the sight of blood, and emotional distress among other things can cause due to an overstimulation of the vagus nerve. This is called vasovagal syncope (a sudden drop in heart rate and blood pressure leading to fainting, often in reaction to a stressful trigger.)</p> <p>Separately, although an elevated lactate is typically a predictor of significant blood loss/shock, there was no evidence of significant shock for [REDACTED] - her vital signs were within normal limits at the hospital and her blood counts were also within the lower range of normal.</p>
<p>Toxicology and Perception</p>	<p>Benzodiazepines were found as "presumptive positive" in the urine drug screen. There is no evidence of a prescription for benzodiazepines that [REDACTED] holds although records identify that her medication list may not be complete.</p>	<p>Although benzodiazepines were found as presumptive positive, there was no measured amount in [REDACTED]'s system. [REDACTED] was provided benzodiazepines (midazolam) as well as two doses of narcotics (fentanyl) between 1825 and 1840 after arrival in the ED prior to the drug screen.</p>	<p>Midazolam which was provided in the emergency department causes amnesia effects for 20min to 1 hour. In addition to the midazolam, 2 doses of narcotic medication were given which can have an additive effect. Given [REDACTED] was interviewed approx. 1h after the medication was given, this may have had an impact on how she was able to communicate about the events although it should not have had an impact on how she remembered the events.</p> <p>That being said, [REDACTED] experienced a stressful event and stress, trauma, and fear have all been shown to effect memory.</p>

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Recommendations:

- | | |
|----|---|
| 1. | Consider obtaining the additional pertinent records noted above for further exploration by Trifecta Legal Nurse Consulting. |
| 2. | Consider retaining a forensic gunshot expert to testify to trajectory and number of bullets. |
| 3. | Consider retaining a forensic psychologist to opine on [REDACTED] mental state during the incident. |
| 4. | Feel free to contact us for additional verbal consultation on this case. |

Considerations As It Relates To Potential Departures/Adjustments:

- There was no permanent disability to alleged victim.
- There was no evidence of extreme psychological injury to alleged victim.
- There may have been diminished capacity on the part of the defendant.

Medical History at Time of Incident

Defendant

Height/Weight:	6' 1' (p. 4) 6' 0' (p. 20)/ 180 (p. 4) 210 (p. 20)
Past Medical History:	PTSD, homicidal ideation, depression, psychosis (per video interview)
Past Surgical History:	Unknown
Medications	Previously lithium and "tranquilizer," no longer takes any medication (per video interview)
Allergies	Unknown
Social History	Marijuana use (per video interview)

Plaintiff

Height/Weight:	Not Recorded (p. 80)
Past Medical History:	hypertension, anxiety, depression, diabetes, HPV (human papilloma virus) infection, pituitary tumor, varicella, disorder of intestines (p. 65-66)
Past Surgical History:	Hernia repair, knee surgery, brain surgery (excision of pituitary tumor), extraction of wisdom teeth (p. 65-66)
Medications	Amlodipine, losartan, metformin, others unknown (p. 84)
Allergies	Tramadol, Latex, Amoxicillin, Penicillins (p. 65)
Social History	Never smoker, drinks alcohol occasionally, uses marijuana via CBD gummies (p. 67)

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Medical Fact Chronology Timeline

Date/Time	Provider	Event	Comments	Pg #
9/22/2020	American Medical Response	<p>EMS Times: On Scene: 1801 Patient Side: 1803 Transporting: 1805 Arrival at Hospital: 1825</p> <p>Narrative: ...Pt appears to be alert, yelling, and has blood on her torso and her [unreadable]....Pt has a gunshot wound to her right forearm which appears to be an entry and exit wound. Minor active bleeding noted....Pt also has gunshot wound on her right upper thigh. Tourniquet and bandaged applied...bleeding appears to be controlled...Pt is [unreadable] and states she did not lose consciousness at any time. Pt denied dizziness, SOB or CP. No trauma or deformities noted to pts back, neck or buttocks. Pt denies back pain or neck pain. Enroute pt remains conscious and continues to deny dizziness or SOB. Pt is able to speak in clear full sentences and states she was shot by someone that lived in the house she was at. Pt states she does not know what kind of gun was used to inflict her injuries.....</p> <p>Vital signs: 1805: 103/[unreadable], HR 107, RR 18... ...1825: 117/83, HR 75, RR 18</p>	<p>Pt noted to be conscious and alert at all times for EMS and able to speak in full, clear sentences. Vitals signs were stable throughout transport. On arrival of EMS, BP is on the low side of normal and heart rate is a bit elevated.</p>	<p>[REDACTED].PR_1-255 pg. 139-140</p>
9/22/2020 1827	Legacy Emanuel Emergency Department	Arrived in ED		<p>[REDACTED].PR_1-255 pg. 72</p>

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9/22/2020 1827-1859	Legacy Emanuel Emergency Department [REDACTED] MD	Consult: Anesthesia 1825-1840 Fentanyl 50mcg Injection x2 Midazolam 2mg Injection x1	Midazolam is a benzodiazepine and fentanyl is a narcotic pain medication. It is possible that the midazolam would show up on the urine drug screen.	[REDACTED].PR_1-255 pg. 80-81
9/22/2020 1828	Legacy Emanuel Emergency Department [REDACTED] RN	Police applied tourniquet to R upper thigh at aprox. 1800		[REDACTED].PR_1-255 pg. 71
9/22/2020 18:30	Legacy Emanuel Emergency Department Unknown	Lab: ...Hemoglobin POC-T: 11.5 gm/dL Hematocrit POC-T: 34%...	Hematocrit and hemoglobin are on the low side of normal and relatively unremarkable.	[REDACTED].PR_1-255 pg. 118
9/22/2020 18:30	Legacy Emanuel Emergency Department Unknown	Lab: ...Ethanol Level: <10mg/dL...	No alcohol detected.	[REDACTED].PR_1-255 pg. 122
9/22/2020 1831	Legacy Emanuel Emergency Department [REDACTED] RN	Tourniquet taken down by trauma team, bleeding controlled		[REDACTED].PR_1-255 pg. 71
9/22/2020 18:33	Legacy Emanuel Emergency Department Unknown	Lab: ...Lactate POC-T: 6.6 mmol/L Hemoglobin POC-T: 12.1 gm/dL Hematocrit POC-T: 36%...	Normal lactate levels are <1mmol/L. Lactate levels can often be elevated in trauma cases and can signal significant blood loss.	[REDACTED].PR_1-255 pg. 121
9/22/2020 Ordered: 1833 Performed: 1841-1852	Legacy Emanuel Emergency Department	IMAGING STUDY: CT chest/abdomen/pelvis w contrast; CTA bilateral lower extremities wwo contrast IND: Multiple GSW	Viewing of the images would allow for a possibly more definitive assessment although it seems that there is one bullet left within the	[REDACTED].PR_1-255 pg. 111-112

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<p>Final Results: 1950</p>	<p>Ordering provider: [REDACTED] PA-C</p> <p>Resulted by: [REDACTED], MD</p>	<p>...Pelvis: Fat stranding/contusion with multiple locules of air seen in the subcutaneous tissue superficial to the pelvis/pubis bone. Additional soft tissue contusion/injury anterior right thigh with multiple locules of air. Multiple metallic foreign objects/shrapnel in the subcutaneous tissue of the right anterior thigh and subcutaneous tissue of the right anterior pelvis. Locules of air are seen within the muscles of the anterior left thigh and groin with surrounding soft tissue swelling/hematoma formation as seen on image 121 of sequence 2. Large bullet fragment/shrapnel is seen anterior to the left femur on image 122 of sequence 2.</p> <p>IMP: Sequela of gunshot wound with soft tissue injuries and shrapnel in the bilateral thighs and anterior pelvic wall. No acute major arterial injury identified. Small amount of air in the right deltoid muscle.</p> <p>Small to moderate pericardial effusion, etiology unclear.</p> <p>Tiny hypodensity in the pancreas is thought nonspecific. A follow-up CT in 3-6 months is recommended to reevaluate or comparison to prior studies if available. Additional findings as above which can be followed up as clinically warranted.</p>	<p>body of [REDACTED] along with several bullet fragments. I would argue that this supports the theory that the same bullet entered her lower extremity and pelvis.</p>	
<p>9/22/2020 Ordered: 1858 Performed: 1859-1909 Final Results: 2052</p>	<p>Legacy Emanuel Emergency Department</p> <p>Ordering provider: [REDACTED]</p> <p>Resulted by: [REDACTED], MD</p>	<p>IMAGING STUDY: X-Ray Forearm 2 Views Right</p> <p>IND: Gunshot wound, evaluate for fracture.</p> <p>IMP: Shrapnel is seen superficial to the proximal ulna with associated soft tissue defect/injury. No acute displaced fracture is identified.</p>	<p>No injury to bone noted – through and through wound/soft tissue injury.</p>	<p>[REDACTED].PR_1-255 pg. 116</p>

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<p>9/22/2020 18:34-2342</p>	<p>Legacy Emanuel Emergency Department Various</p>	<p>Medications: Tdap IM 0.5mL @1834 Cefazolin Injection 2g @1834 Fentanyl Injection 50mcg @1911 Hydromorphone 0.5mg @2003 Tylenol Oral 1000mg @2037 Methocarbamol Oral 500mg @2045 Ibuprofen Oral 600mg @2045 Ondansetron injection 4mg @2342</p>	<p>Notes: Additional medications given earlier in timeline by anesthesia team.</p>	<p>[REDACTED].PR_1-255 pg. 126-129</p>
<p>9/22/2020 1855</p>	<p>Legacy Emanuel Emergency Department [REDACTED], RN</p>	<p>Blood returned to blood bank, box was never opened</p>	<p>No blood transfusion was needed for [REDACTED] - she was stable as it relates to the amount of blood she lost.</p>	<p>[REDACTED].PR_1-255 pg. 71</p>
<p>9/22/2020 1934</p>	<p>Legacy Emanuel Emergency Department [REDACTED], RN</p>	<p>Portland police office at patients bedside to interview patient</p>	<p>Approx 1hour after midazolam and fentanyl were given.</p>	<p>[REDACTED].PR_1-255 pg. 71</p>
<p>9/22/2020 2130</p>	<p>Legacy Emanuel Emergency Department Unknown</p>	<p>Lab: U Drug Pan ED (Urine Drug Panel ED) ...Benzodiazepines: Presumpt Detect...Footnote #4 Interpretive Data #4: Benzodiazepines Sen Urine The performance characteristics of this test were validated by Legacy Laboratory Services, LLC. The U.S. Food and Drug Administration (FDA) has not approved or cleared this test. The results are not intended to be used as the sole means for clinical diagnosis or patient management decisions. Legacy is authorized under the Clinical Laboratory Improvement Amendments (CLIA) to perform high-complexity testing. #5: Drug Test Disclaimer ED Results are to be used for</p>	<p>There is no specified ng/mL of benzodiazepines detected in the urine. The disclaimer notes that this is presumptive positive only and not a confirmatory test. This test is identified to have occurred at 2130 approx 3 hours after both narcotics and a benzodiazepine is noted to have been given in the emergency department.</p>	<p>[REDACTED].PR_1-255 pg. 122</p>

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		<p>results given are presumptive. Confirmation testing is available upon request.</p> <p>The performance characteristics of U TCA screen were validated by Legacy Laboratory Services, LLC. The U.S. Food and Drug Administration (FDA) has not approved or cleared this test. The results are not intended to be used as the sole means for clinical diagnosis or patient management decisions. Legacy is authorized under Clinical Laboratory Improvement Amendments (CLIA) to perform high-complexity testing.</p>		
9/22/2020 2310	<p>Legacy Emanuel Emergency Department</p> <p>Ordering provider: [REDACTED] MD</p>	<p>Lab: Lactate POCT: 4.5mmol/L</p>	<p>Lactate level has decreased from 6.65mmol/L to 4.5mmol/L over approx. 4.5 hours.</p>	<p>[REDACTED].PR_1-255 pg. 117</p>
9/22/2020 Unknown	<p>Legacy Emanuel Emergency Department</p> <p>Unknown</p>	<p>PICTURE #4-7 3 wounds noted to the R thigh and pelvis.</p> <ul style="list-style-type: none"> - Wound #1 most distal wound on the R thigh. Round shape approx. 1.5 cm x 1.5cm with smooth edges. Ecchymosis noted on the distal portion of the wound. - Wound #2 Most proximal wound on the R thigh. Round shape approx. 1 cm x 1cm with irregular edges. Ecchymosis noted on the distal portion of the wound. - Wound #3 located on the right pelvis. Round shape approx. 1.5 cm x 1cm with irregular edges. Ecchymosis noted on the proximal portion of the wound. 	<p>Would #1 was likely the original entry of bullet with exit at wound #2. The smooth to irregular edges and ecchymosis on the distal portion of the wound identifies trajectory.</p>	<p>K9N80004-7</p>

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<p>9/22/2020 Unknown</p>	<p>Legacy Emanuel Emergency Department Unknown</p>	<p>PICTURE #2-3 2 wounds on the R upper extremity</p> <ul style="list-style-type: none"> - Wound #1 oblong shape approx. 4cm L x 1.5cm W with smooth edges. - Wound #2 round shape approx. 1.5 cm x 2cm with irregular edges. 	<p>Appears to be a through and through wound with wound #1 likely entrance and #2 likely exit given the transition from smooth to irregular edges from #1 to #2. Bullets typically cause irregular edges on exit as they have hit components in the body and start to fragment.</p>	<p>K9N80002-3</p>
<p>As of 9/23/2020</p>	<p>Legacy Emanuel Emergency Department</p>	<p>Activities of Daily Living ...Do you feel safe at home? Yes ...Are there guns in your home? Yes</p>	<p>These comments would have been made by [REDACTED] after the shooting. She identifies that there are in fact guns in the home and even after the shooting she feels safe at home. There is question as to if she's referring to [REDACTED] house or her house, but one could likely assume she means Mr. [REDACTED] house unless she has guns in her home as well.</p>	<p>[REDACTED].PR_1-255 pg. 67-68</p>
<p>As of 9/23/2020</p>	<p>Legacy Emanuel Emergency Department</p>	<p>ER VISIT: PMH: hypertension, anxiety, depression, diabetes, HPV (human papilloma virus) infection, pituitary tumor, varicella,</p>	<p>History obtained from records although appears provider narrative</p>	<p>[REDACTED].PR_1-255 pg. 65-66</p>

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	[REDACTED], MD	disorder of intestines, gunshot wound of arm, right, initial encounter; gunshot wound of leg, right, initial encounter; gunshot wound of pelvic region. PSH: Hernia repair, knee surgery, brain surgery (excision of pituitary tumor), extraction of wisdom teeth	documentation is not present at this time.	
9/23/2020 0040	Legacy Emanuel Emergency Department [REDACTED] RN	Ambulated to bathroom with steady gait. Dressings on groin upper thigh x2 changed. Discharge instructions reviewed.		[REDACTED].PR_1-255 pg. 78
9/23/2020 0041	Legacy Emanuel Emergency Department	Discharged home		[REDACTED].PR_1-255 pg. 64

6. Glossary of Terms / Abbreviations / Definitions

- Vasovagal near syncope – Occurs when the vagus nerve is overstimulated by certain triggers such as the sight of blood or extreme emotional distress causing one to experience a near fainting or fainting episode.
 - o <https://www.mayoclinic.org/diseases-conditions/vasovagal-syncope/symptoms-causes/syc-20350527>

Thank you kindly for this referral. These conclusions and recommendations have been based on those documents currently on file and previously submitted. Should further information become available, this should be reviewed by Trifecta Legal Nurse Consulting to determine content and relationship to the case.

If there are any questions regarding this report or you would like to talk through findings, please do not hesitate to reach out.

Respectfully Submitted,

Trifecta Legal Nurse Consulting [REDACTED]
Contributing Legal Nurse Specialist: [REDACTED], MS, RN, AFN-BC, AGACNP-BC, LNCC