



17 Shades of Silver.

DEREK MICHAEL CHAUVIN. 7517 17th Street 17 complaints



Chauvin worked security on weekends over the past 17 years.

Copyright is waived if the author is acknowledged.

PUBLIC CONSULTATION DRAFT



Holds a Doctor of Social Sciences from the University of Sydney

This educational book is not for sale. It aims to support those who research MK Ultra mind control fake news. You may download a free copy of this book at www.thefreeschool.education. This exposure draft aims to receive feedback as a basis to publish a revised version. You may e-mail the author at jay@journalistethics.com . Please download the revised edition *circa* July 7, 2020.

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Opinions in this book are those of its author. This writer is beholden to no interests. None. This text may contain accidental errors. It does not contain disinformation. Enough false flag scam disinfo exists.

Please take nothing for granted.

False Flag

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Red Flag

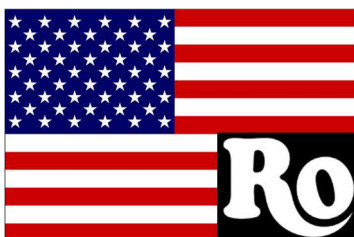
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This book
analyzes
themes about
the arrest and
death of
George Floyd
via a
compassionate
Deep State
perspective.

It is the finale
volume in this
author's Deep
State series.

RIP

This book is about what this author neutrally terms the 'George Floyd event'. A tragedy. It contains three parts beyond this page that celebrates George's life and legacy.

The next segment, Red Flags, analyzes thematic issues that arouse suspicion concerning official narratives.

Part Three examines critical matters that surrounds the two main eyewitness types on the ground – Emergency Services Personnel and members of the public.

Part Four lists the six types of evidence that may arouse researchers. The concluding case study explores how the television smash hit series *Roseanne* provides a lens to comprehend the connection between MK Ultra fake news and irrational social problems that persist in America.

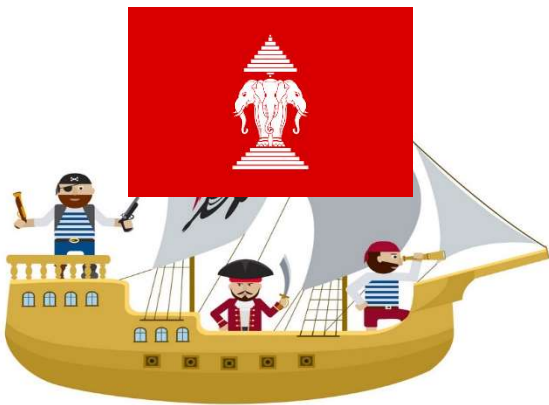
This book minimizes showing photo images of George and discussing facts about his private life. Mr Floyd never made it to trial. George is innocent of all accusations re May 25th. He is not the person facing trial for a senseless murder.

False Flag



False Flag

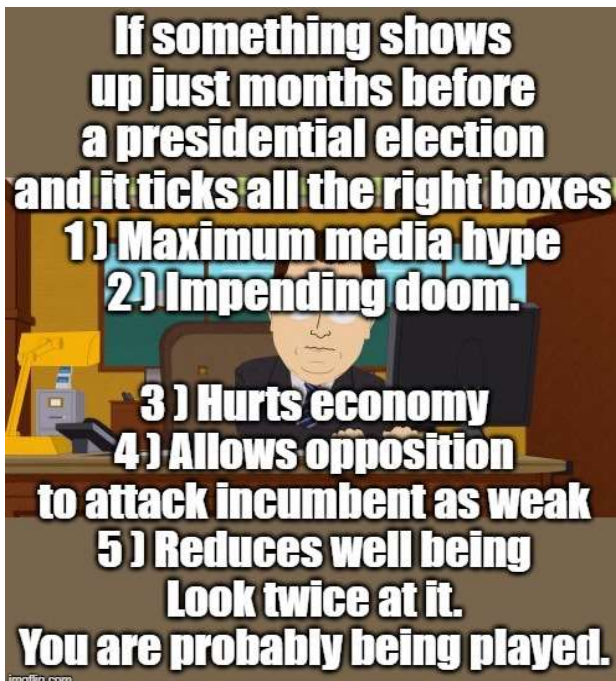
The historical origins of the adjective 'False Flag' refer to the practice of a ship carrying a fake banner that misrepresents the nationality of the vessel's nation, owner, captain or crew. This is only done for nefarious purposes. For example, a rogue pirate boat may carry the banner of a peaceful agent such as the lovable Lao Navy. This deceit gains trust. Vessels may be less wary of a Laotian Naval boat and permit it to sail close by, unbeknownst that it allows them to be invaded.



In the context of America's modern history, the term false flag refers to a fake political event that is orchestrated to create chaos. This high drama advantages the masterminds.

The popular memes on this page and the prior one aim to

summarize this concept for those who are new to the notion of a false flag.



There are three major types of false flags. These categories include events where:

- All of the people who are traumatized are genuine victims.
- Some of the people who are traumatized are genuine victims.
- None of the people who are traumatized are genuine victims.

In the George Floyd context, some commentators speculate that ‘some’ people involved in this event are guilty. They are aware that this was a staged event. Others who involved in this event did not know that this incident was premeditated and criminal. This webpage acknowledges that discussions about the so-called ‘Minneapolis event False Flag’ exist in public domains.

Minneapolis Police License Plate Doesn't Raise a 'False Flag'

 <https://www.factcheck.org/2020/05/minneapolis-police-license-plate-doesnt>

The death of **George Floyd** ... been retracted by the original poster is also getting wrapped up with other similarly flawed conspiracy theories about **Floyd's** death.

This author recommends that people be cautious of any so-called Fact Check sites that aim to brainwash people to avoid doing their own in-depth research. Fake, corrupt ‘fact check’ sites such as factcheck.org and Snopes appeal to two human weaknesses – laziness and lack of awareness.

Furthermore, these websites are aligned with entities who have a long history of engaging in subversive, anti-American activities. This includes repeatedly publishing toxic fake news and coordinating violent protests. Please, don’t take my mere word for it. Check facts yourself.

Tragic events where some or all of the people who are traumatized are genuine victims employ 'crisis actors'. These actors are aware that this tragedy has been planned. This public access image aims to visually illustrate the notion of a crisis actor. This image shows how globally recognized mainstream media explicitly report allegations that crisis actors exist. For ethical reasons, I have obscured the face of the public victim in this otherwise unaltered copy and paste extract.



Understanding what happened at a tragic public event may be more complex than the three scenarios shown in bullet points on the prior page. For example, this lady shown left may have been a genuine witness at each event.

This author coined the term Double Cross False Flag. For example, some false flag thespians are told that they are acting in a budget film that pretends to strangle victims using special effects. They do not know that the script *actually* plans to kill the actor/s to maximize the authenticity of the scene. The killer, who survives, may be a deranged chauvinistic cop doubling as a crisis actor. Crisis actors who skill as shooters may not realize their stage guns were loaded with ammunition.



XVII

This author's open-access book series argues that code number 17 is repeatedly published in high-stakes false flag media stories propagated by the usual fake news suspects such as *The Washington Post* and CNN. This illustration example below is merely one of dozens that I have reported in my free Deep State book series. The coincidences in this set of fake data is uncanny.

Mean Queen Beatrix, the House of Orange, masterminded the hijacked Malaysia Flight MH370 on March 8, 2014. This aircraft was later used to orchestrate a shootdown of a fake Flight MH17 that was loaded with corpses. Her goal was to use this as a pretext to start war with Russia.

MH17 and MH370 are the same aircraft



Departure: Amsterdam Years in service: 17

Maiden flight on 17 July 1997 An incident occurred at 17,000 feet on 17 July 2014

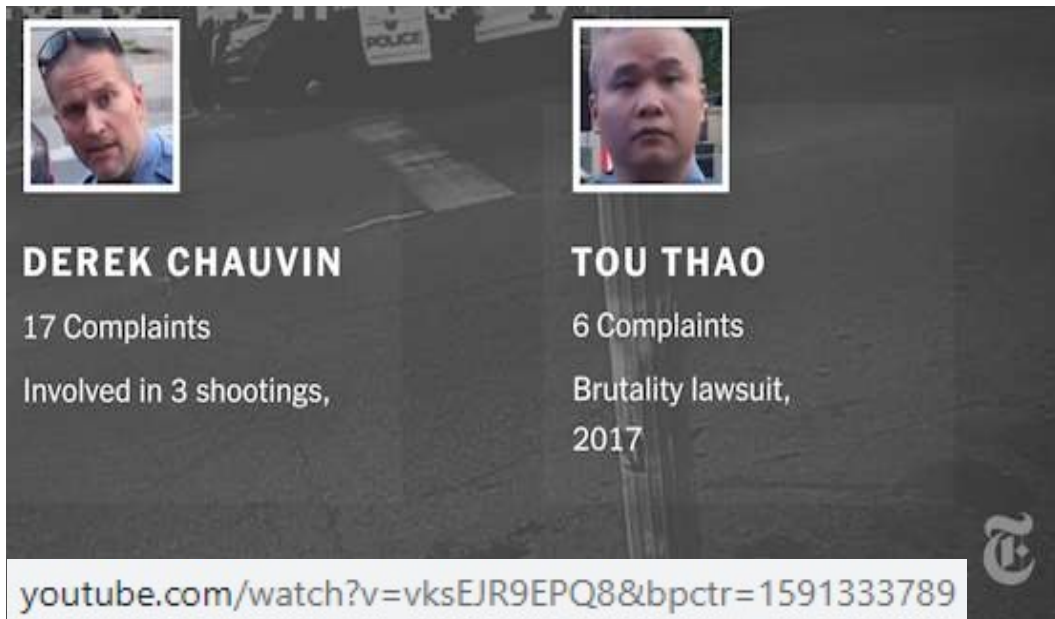
Location: Ukrainian airspace 48°8'17"N 38°38'20"E

MH17 video: Rebels thought shot down plane was a Ukraine fighter jet

<https://www.news.com.au/travel/...mh17/.../c5f6bc5e9629a22d17fe2680bfbd61a5>

July 17, 2015 12:51pm. Video ... Unable to playback video ... A video grab made shortly after Malaysian Airlines flight MH17 was shot down over Ukraine. ... The 17-minute long footage smuggled out from the rebels' own Donetsk base, clearly ...

Number 17 is the most popular number cited by media assets concerning key facts about the George Floyd case. It appears at least nine times. Deep State dog, *The New York Times*, shows number 17 five times – more than any other number, in this 9 ½ minutes video below.

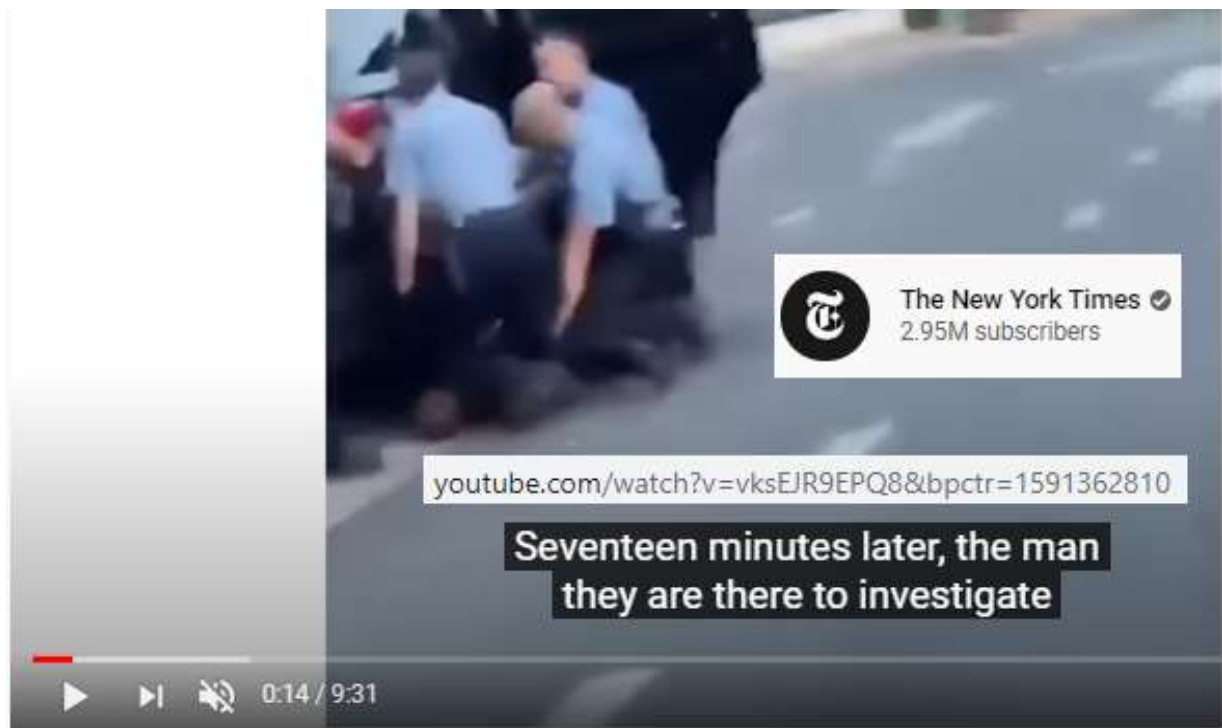


The infographic is set against a dark, grainy background of a street scene. On the left, a small portrait of Derek Chauvin is shown. Below it, the text reads: **DEREK CHAUVIN**, 17 Complaints, Involved in 3 shootings, and a YouTube link. On the right, a small portrait of Tou Thao is shown. Below it, the text reads: **TOU THAO**, 6 Complaints, Brutality lawsuit, 2017, and the same YouTube link. A New York Times logo is in the bottom right corner.

Individual	Complaints	Other Incidents
Derek Chauvin	17	Involved in 3 shootings
Tou Thao	6	Brutality lawsuit, 2017

youtube.com/watch?v=vksEJR9EPQ8&bpctr=1591333789





How George Floyd Was Killed in Police Custody | Visual Investigations



How George Floyd Was Killed in Police Custody | Visual Investigations

This brave witness and her age appear to be coincidental, genuine facts of this tragic case.

As reported by *The New York Times*, and other media outlets.

[www.nytimes.com › 2020/05/29 › derek-chauvin-george-...](https://www.nytimes.com/2020/05/29/derek-chauvin-george-floyd)

How Two Co-Workers, a Fake Bill and an Encounter Roiled a ...

7 days ago - Jenn Ackerman for **The New York Times** ... [Read the criminal complaint against **Derek Chauvin**.] ... Mr. Floyd worked the occasional weeknight, she said, while Mr. Chauvin worked security on weekends over the past **17 years**.

According to state records, this is the street address of Derek Chauvin. For ethical reasons, I have concealed the street name and district. These are open-access public information. Double 17.

ag.state.mn.us/Office/Communications/2020/docs/Complaint_Chauvin.pdf

**State of Minnesota
County of Hennepin**

**District Court
4th Judicial District**

Prosecutor File No. 20A06620
Court File No. 27-CR-20-12646

State of Minnesota,
Plaintiff,

vs.

DEREK MICHAEL CHAUVIN DOB: 03/19/1976
7517 17th Street N

COMPLAINT
Order of Detention
[X] Amended

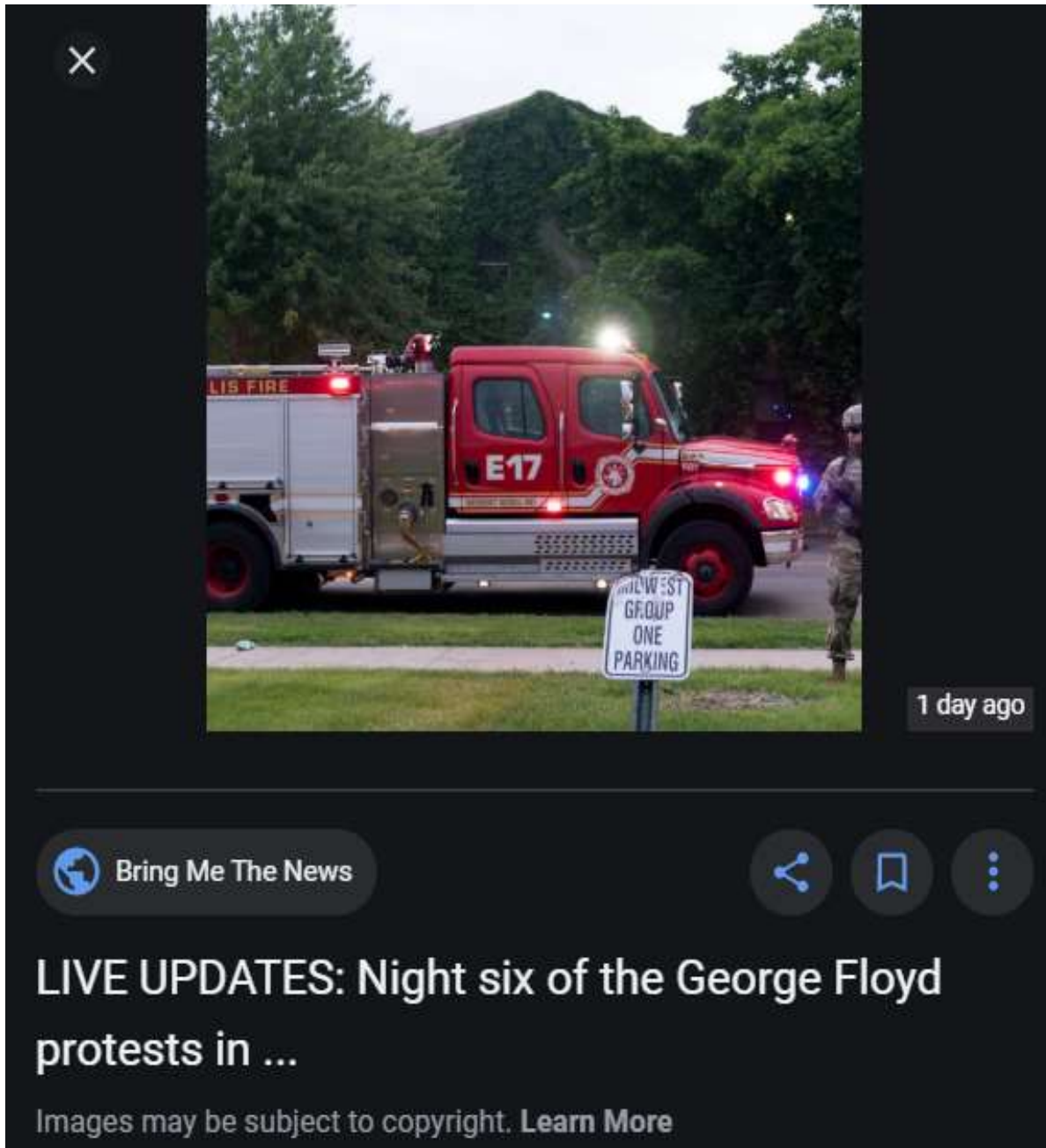
As reported by state-owned National Public Radio and a select number of other agencies.

[www.npr.org › 2020/06/02 › 911-call-fuels-debate-about...](https://www.npr.org/2020/06/02/911-call-fuels-debate-about-george-floyd)

911 Call Fuels Debate About Store's Role In Floyd's Death ...

3 days ago - The police encounter that led to **George Floyd's** death in Minneapolis ... **Abumayyaleh** said a **17-year-old clerk** who had worked at the store for ...

Seriously, folks. You cannot make this stuff up.



The National Guard is once again being deployed on city streets.

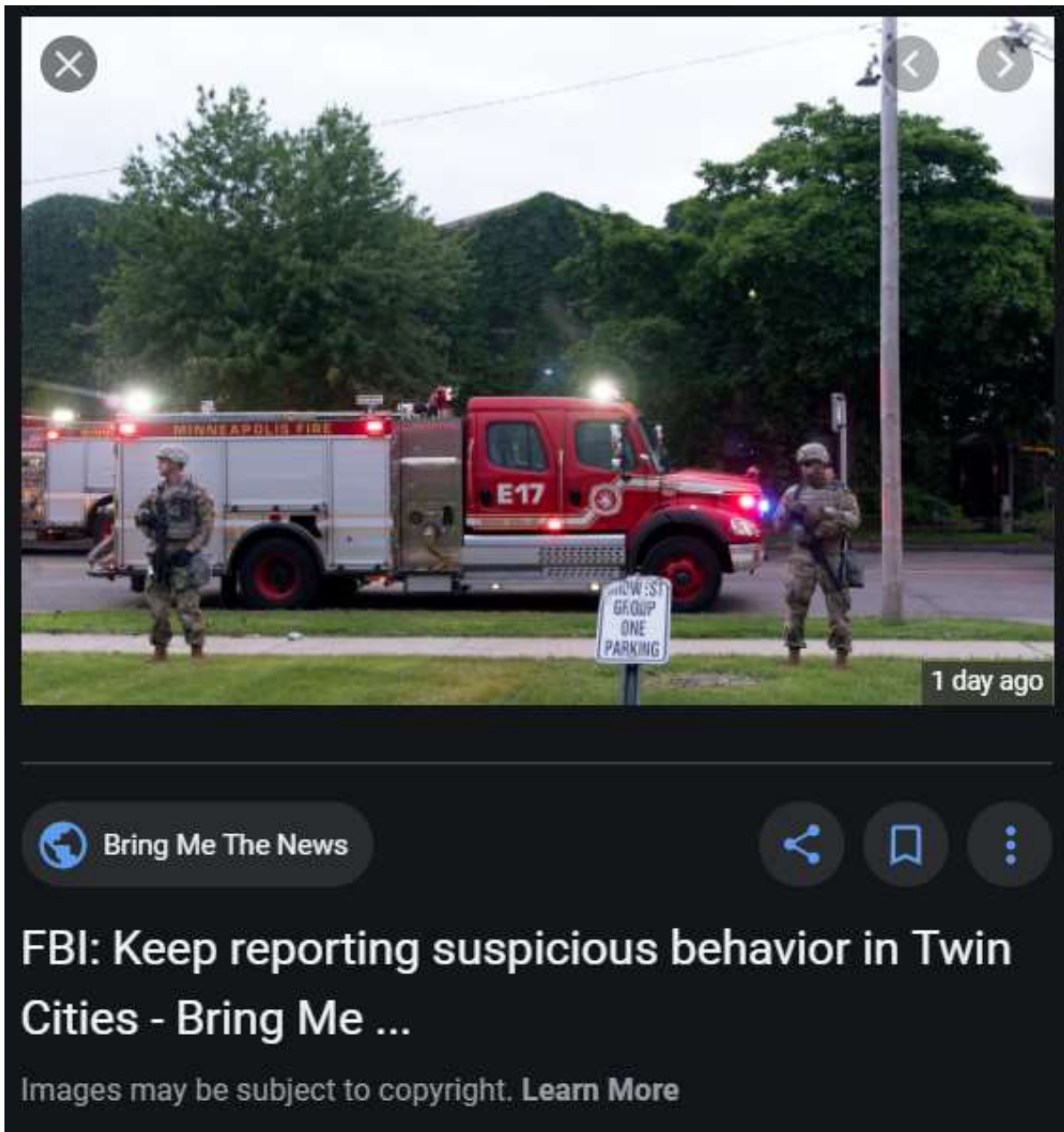
ADAM UREN · MAY 31, 2020 bringmethenews.com/minnesota-news/live-night-five-of-the-george-floyd-protests-in-minneapolis

This image from Google Images connects to this news article. This is the search string.



george floyd fire engine minneapolis
google.com/search?q=george+floyd+fire+engine+minneapolis&tbm=isch&ved=2a

Deep State Playbook 101 (Jericho, 2019, p. 84).



FBI: Keep reporting suspicious behavior in Twin Cities

There have been numerous accounts of men with rifles and body armor.

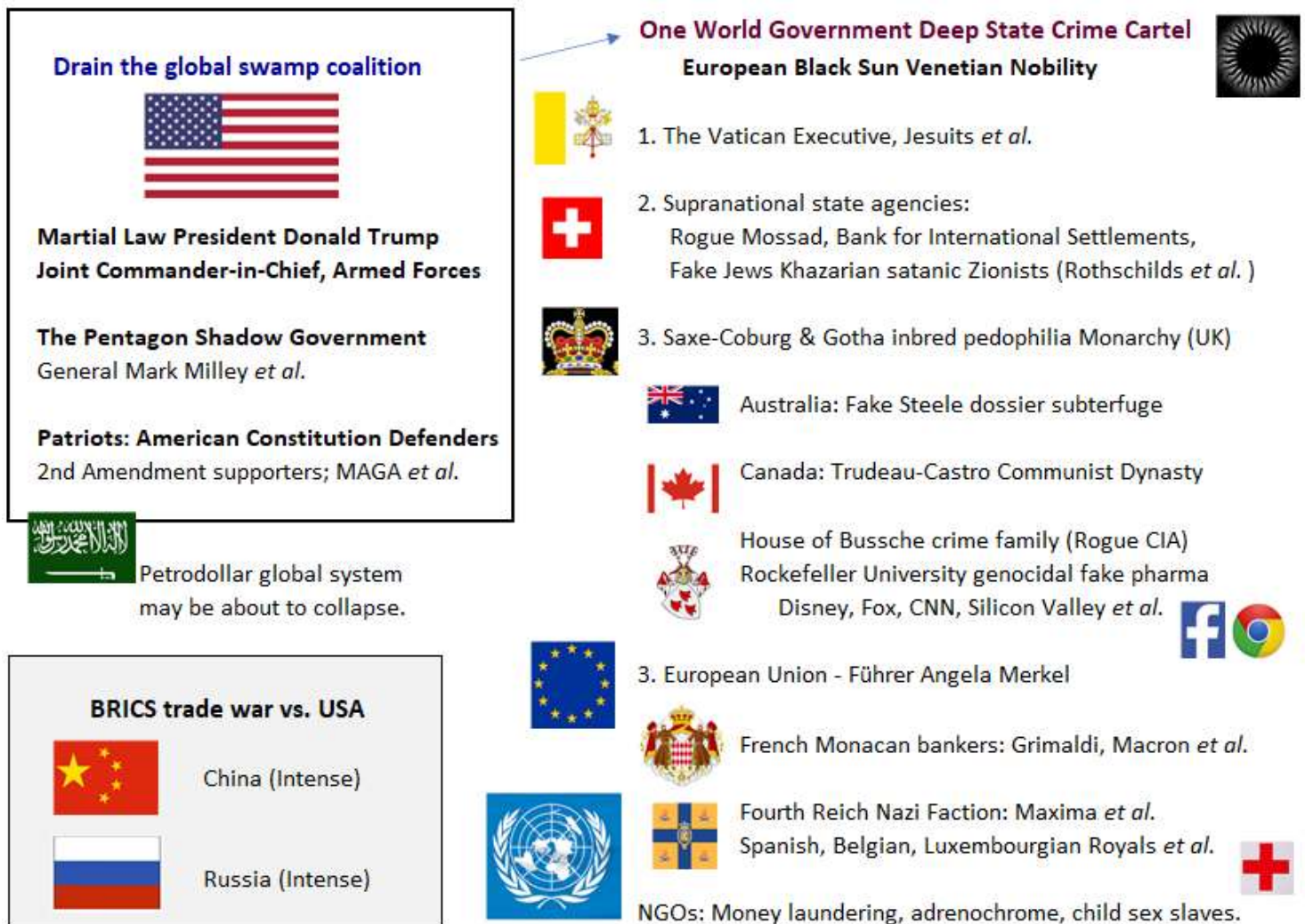
JOE NELSON • UPDATED: JUN 5, 2020 • ORIGINAL: JUN 4, 2020

Why is this news agency recycling this same E17 image, days apart?

One

This author's book series argues that the international political economy is best understood from this single diagram. There may be a strong connection with the unfolding George Floyd event.

GLOBAL WORLD ORDER IN FLUX: JUNE 2020



1, 2 & 3 denotes rank; Direct descendants of Cain rank highest.

I shall leave it to readers to decide if this diagram appeals to their research curiosity. You may access this author's free books series at <https://journalistethics.com/> .

Seven

This page lists seven core matters that I invite readers to critically consider as they read this book and other sources. Please independently factcheck all premises embedded within these questions.

1. What do you make of this image analysis?

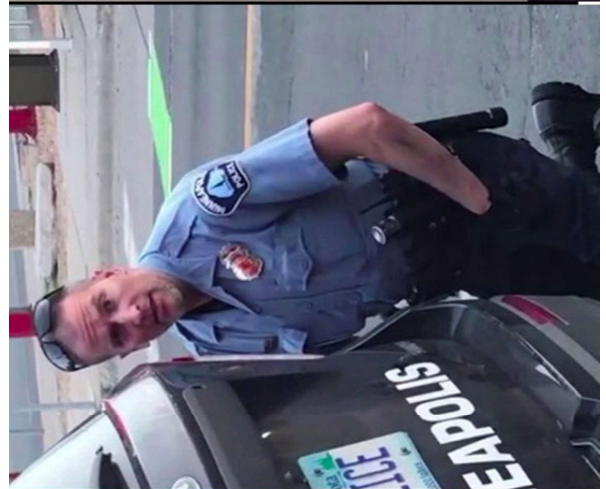


343 1.3K 2.7K

StormComing2020 @compassrose1375 · 28m



247 Sports (2020)



ABC7News (2020)

Are these analysts using official mugshots? Does the man in the top image, right, seem age 44?

2. What do you make of media reports that claim George Floyd and Derek Chauvin worked as security personnel at the same night club in Minneapolis?

3. Why didn't the medics check George Floyd's pulse and vital signs prior to placing him on a stretcher and putting him into the ambulance?

Can you see evidence that the premise built into the question above is incorrect?
4. Why are the mainstream media offering mass support for a colored person who died in police custody in 2020? Is this consistent with their actions in prior years and decades?
5. Why did three police officers passively witness the torture and murder of a person?
6. Did Derek Chauvin recognize George Floyd on March 25, 2020?
7. Will members of the public be able to view Derek Chauvin in an open court room?

This video is an example that notes several other questions beyond the seven thematic questions listed in this subsection. I strongly commend the objective fairness of this channel and video.



This book focuses on facts. It avoids analyzing trivia such as an alleged Coronavirus diagnosis and speculative gossip. For example, many commentators theorize that Chauvin's crooked Police Shield Badge is code for him being a crooked cop, or a crisis actor cop. Police ID 1087. This writer does not agree with most critical notes. For example, George and Chauvin were not team co-workers. Chauvin worked outside of the club and George Floyd worked on the door and inside.

End of section review

Please use this template or another to review each chapter and section in this book.

Question		Yes or No or your own answer
1.	Did you understand most/all content in this chapter?	
2.	<p>Do you feel that the author is pushing a covert or overt personal agenda in this chapter/sub-section that aims to forcibly guide the reader to think and/or act in a certain way?</p> <p>If you answer yes to the question above, you may wish to make a note in the space under this box, or in another space of agendas that you suspect. You may consider offering other comments such as concerns, insights, and personal discoveries.</p>	
3.	Please make a note of any ideas or questions below that you plan to investigate in the future.	

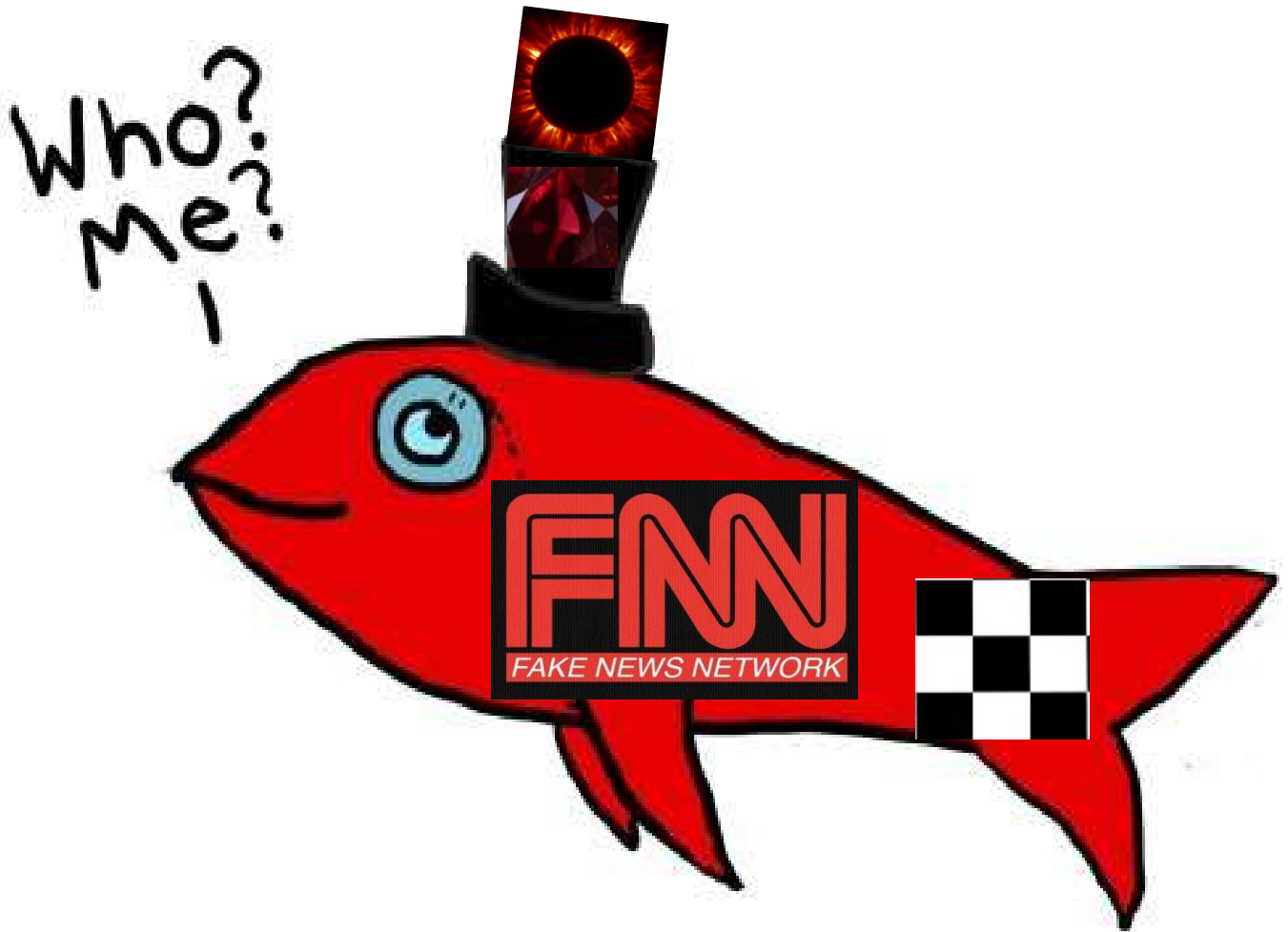
Your free-willed thoughts and notes

.....

.....

.....

Красный фла



888+300=DCLXVI

St. Paul

Independent thinkers, researchers and others who aim to critically analyze the George Floyd narrative, as propagated by mainstream media and government sources, should take geographic cultural contexts into account. Official and unofficial policing procedures and practices that are the norm in your county, state or country may not translate to the Minnesota Police Force who roam the beat in the Minneapolis–St. Paul Twin Cities region.

Minneapolis Police Department maintains a dedicated webpage and social media accounts. You may reference these to ascertain basic facts about this agency. It is highly unlikely that this entity will publish information that embarrasses itself or exposes their organization to legal liability.

www.insidempd.com ▼

Inside MPD: Connect with the Minneapolis Police Department

The **Minneapolis Police Department** strives to serve you with commitment, integrity, and

[www.facebook.com](https://www.facebook.com/MinneapolisPD) › ... › Government Organization ▼

Minneapolis Police Department - Home | Facebook

<https://twitter.com/MinneapolisPD>

Minneapolis Police (@MinneapolisPD) · Twitter

Commentators claim that the paramedics attending to George were wearing police officer uniforms and bullet proof vests. Is this allegation correct? If so, is this peculiarity unique to

Minneapolis Police Force and/or the classification of this event by emergency services?

Minneapolis Police Department policy allows neck restraint as a method to detain those who resist arrest or try to escape custody. You may access this full webpage in Annex 1 of this book.

minneapolispolice.com/police/policy/mpdpolicy_5-300_5-300

5-311 USE OF NECK RESTRAINTS AND CHOKE HOLDS (10/16/02) (08/17/07) (10/01/10) (04/16/12)

DEFINITIONS I.

Choke Hold: Deadly force option. Defined as applying direct pressure on a person's trachea or airway (front of the neck), blocking or obstructing the airway (04/16/12)

Neck Restraint: Non-deadly force option. Defined as compressing one or both sides of a person's neck with an arm or leg, without applying direct pressure to the trachea or airway (front of the neck). Only sworn employees who have received training from the MPD Training Unit are authorized to use neck restraints. The MPD authorizes two types of neck restraints: Conscious Neck Restraint and Unconscious Neck Restraint. (04/16/12)

Conscious Neck Restraint: The subject is placed in a neck restraint with intent to control, and not to render the subject unconscious, by only applying light to moderate pressure. (04/16/12)

Unconscious Neck Restraint: The subject is placed in a neck restraint with the intention of rendering the person unconscious by applying adequate pressure. (04/16/12)

PROCEDURES/REGULATIONS II.

A. The Conscious Neck Restraint may be used against a subject who is actively resisting. (04/16/12)

B. The Unconscious Neck Restraint shall only be applied in the following circumstances: (04/16/12)

1. On a subject who is exhibiting active aggression, or;
2. For life saving purposes, or;
3. On a subject who is exhibiting active resistance in order to gain control of the subject; and if lesser attempts at control have been or would likely be ineffective.

The legal issue in question is whether the use of this technique by Officer Derek Chauvin was justifiable in this context. If the answer is 'yes', the secondary question is whether the force was excessive, and is partially or solely responsible for George Floyd's death. The court will decide.

Amazing Minnesota, the state of 10,000 lakes, has a unique geography, economy, and society. The same may be said of the Twin Cities region. Minnesota was the first American state to elect a DC Congresswoman who is a person of color and a practicing Muslim who wears a head scarf.



Left, the fabulous DC Representative MN, Ilhan Omar.

This author doesn't profess to know much about Minnesota or Twin Cities. He hasn't been beyond its airport transit.

From his wider readings, he is aware that others make claims that the ethnic and religious mix of the Twin Cities is richly unique compared to other American city centers.

May this image inspire readers to inquire further into this interesting topic, city, state, and region.

[www.startribune.com › how-did-the-twin-cities-become-a-hub-for-so...](http://www.startribune.com/how-did-the-twin-cities-become-a-hub-for-so...) ▼

How did the Twin Cities become a hub for Somali immigrants?

Jun 21, 2019 - The state has 52333 people who report **Somali** ancestry – the largest ... Right in the refugee camps, they knew about **Minneapolis, St. Paul** .

The answer to this question is in the article. You can access it via this book's references section.

In what way/s, if any, do you consider Twin Cities to be unique?

Please write to this author and share your insight. Don't be shy.

Happenings

The forthcoming Brief of Evidence, to be prepared by the Minnesota Police Department, will comprise the official chronological narrative of the arrest, detention, and death in custody of George Floyd. It is not clear if this document will be made public, as at June 7, 2020.

This video uploaded by *The New York Times* is an example of a chronology that should not be accepted as a serious authority of the relevant facts of the arrest and death in custody.



This video is a composite of footage supplied by multiple sources. This composition is a selective, chronological set of evidence. It draws mostly on video footage supplied by the restaurant and Darnella Frazier. This author has identified five sets of independent footage (see page 34). There is no suggestion that *The Times* has used selective sequence editing for nefarious purposes.

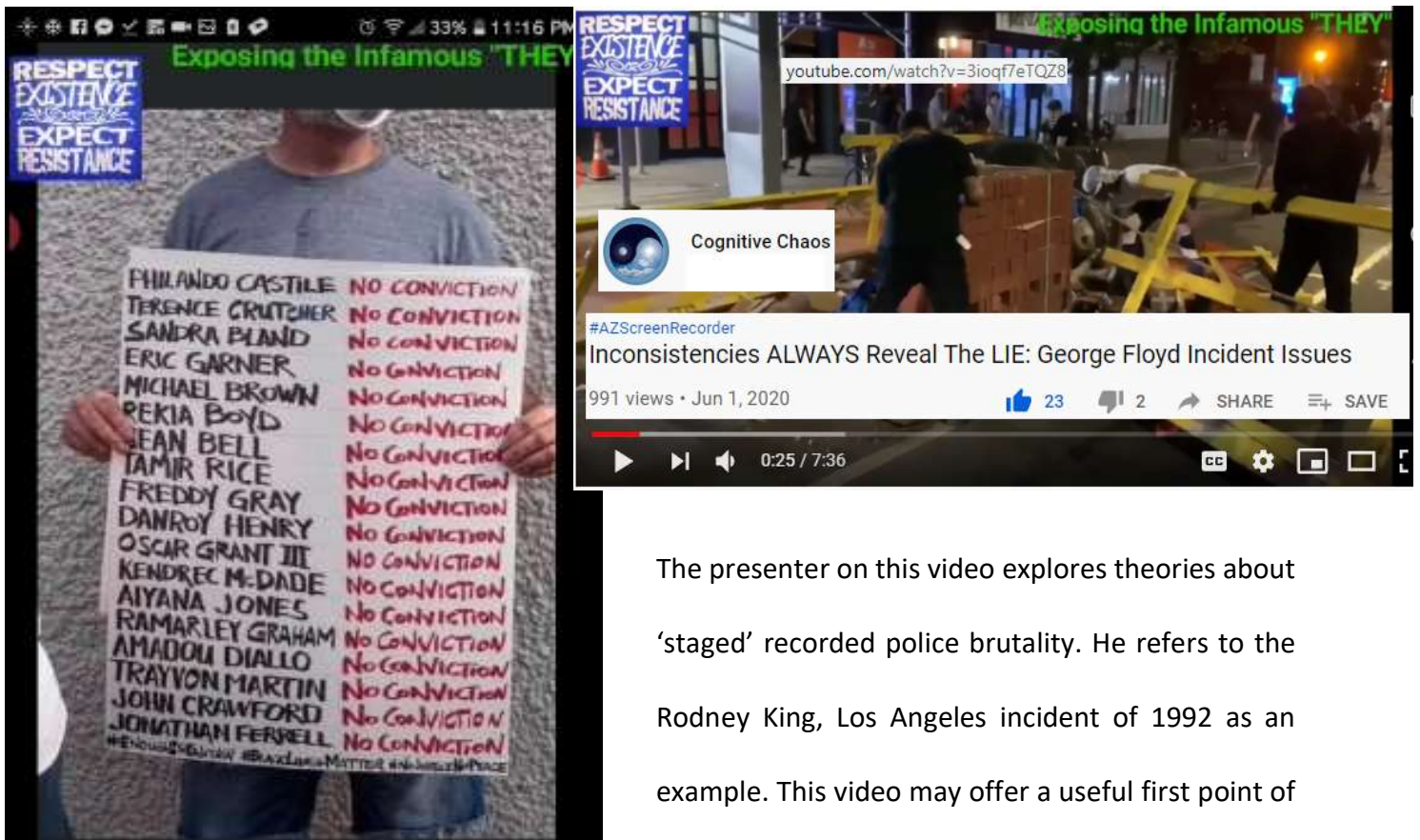
The point I aim to emphasize on this page is that it is best for critical researchers to obtain the maximum amount of footage publicly available from all five sources and to review them multiple times. You may discover important clues if you review data from different perspectives.

This author classifies the George Floyd event into 17 (an innocent coincidence) events. This is merely his interpretation. It may aid independent researchers during preliminary inquiries.

<u>Event</u>	<u>The New York Times Video (2020)</u>
George Floyd and associates are in a car on the street.	Starts <i>circa</i> 0:06
Two first responding police officers arrive on the scene.	Starts <i>circa</i> 2:03
Police officer Lane aims his pistol at George Floyd who is in a vehicle.	Starts <i>circa</i> 2:13
Officer Lane yanks George Floyd out of the vehicle.	Starts <i>circa</i> 2:23
George Floyd is placed in police handcuffs.	Starts <i>circa</i> 2:31
George Floyd is placed on the street against a restaurant wall.	Starts <i>circa</i> 2:35
Six minutes after the arrest, George Floyd is moved to a police vehicle.	Starts <i>circa</i> 3:00
George Floyd falls on the ground near this police vehicle.	Starts <i>circa</i> 3:06
A third police vehicle arrives: Officers Chauvin & Thao.	Starts <i>circa</i> 3:33
Using force, police officers inject George Floyd into the police vehicle.	Starts <i>circa</i> 3:55
Witness films George Floyd face down on the ground by the police vehicle.	Starts <i>circa</i> 4:06
George Floyd states: "I can't breathe man".	Starts <i>circa</i> 4:32
First video footage shown of officer Chauvin applying pressure on the neck.	Starts <i>circa</i> 5:20
Evidence appears to show that George Floyd has urinated whilst unconscious.	Starts <i>circa</i> 6:36
Bystanders repeatedly request that officers check George Floyd's pulse.	Starts <i>circa</i> 6:58
Ambulance arrives on the scene and attends to George Floyd.	Starts <i>circa</i> 7:15

- Non-visual evidence: Emergency calls (two) voice over (original data), starts *circa* 4:52.

Certain mainstream media outlets such as ABC News have offered rolling blanket coverage of public reactions to the George Floyd event. This media exposure is massively disproportionate to similar events, recorded on film, that have been largely ignored in recent years. This citizen journalist video argues this point. He lists other cases that attracted far less media coverage.



The presenter on this video explores theories about ‘staged’ recorded police brutality. He refers to the Rodney King, Los Angeles incident of 1992 as an example. This video may offer a useful first point of reference for those who are new to this topic.

This writer prefers to say no more about this topic for now. I prefer free-willed intelligent readers like you to ignore or inquire further into these issues.

What are independent news media reporters saying about brick piles seen on streets?

YouTube promoted stories about the George Floyd event in approximately one in three of all suggested video plays via my YouTube account between May 31, 2020 and June 2, 2020. Please watch this video shown below online. This edited compilation was put together by ABC News.



Newsreader at 0:03: “Violent protests continuing across the country.”

Does this news reader quantify the number of protests, participants, and nation-wide locations?
Does he justify his use of the word ‘violent’? for example, does he quantify total arrests?

Newsreader at 1:07: “So those protests did turn violent”. Do you see any violent incident occurring between people at 1:07 to 1:30?

Newsreader at 1:22: “Police did move in and make *some* [emphasis added] arrests”.

Does this newsreader quantify his citation of the plural number ‘some’?

This video title uses the words ‘rage’ and ‘NYC’. From your review of this footage, do you think that the number of New York City residents who engaged in these protests reached 1% of this city’s population? Do you think that at least 1% of city regions saw protest action on this date?

Denizens

Citizen journalists and independent witnesses are a worthy source of evidence to consider when putting the jigsaw puzzle together to discover what happened during the George Floyd event. This YouTube video is supposedly an interview with Radio Presenter DJay Ghost and Maya Santamaria. Maya says she was George's employer. She manages a nightclub in Minneapolis.



This writer found this charismatic interview to be entertaining and interesting, in terms of the information Maya provided about her working relationship with George Floyd and Derek Chauvin. I shall desist from offering specific details, lest this information leads people down a path or discourages them from watching the interview. Please, view and enjoy this chic chat.

Are you able to confirm Maya's identify and her claims about working with George and Derek?



Donald J. Trump ✓
@realDonaldTrump



The United States of America will be designating ANTIFA as a Terrorist Organization.

♡ 380K 4:23 PM - May 31, 2020



**“THIS IS NOT ABOUT
GEORGE FLOYD ANYMORE
CITIES ARE BURNING.
STORES ARE BEING
LOOTED.
SMALL BUSINESSES ARE
BEING DESTROYED.
INNOCENT PEOPLE ARE
BEING ATTACKED.
ANTIFA TERRORISTS
NEED TO BE STOPPED.”**

TURNING POINT USA

CHARLIE KIRK



What is ANTIFA? What do you make of these two images, above?

Does the inclusion of these suggestive images reflect the personal biases of this book's author?

Do you know how to search Twitter to confirm that an image of a Tweet is authentic?

Stonewalling

According to the Merriam Webster Dictionary (2020), 'Stonewalling' refers to:

Definition of *stonewall* (Entry 1 of 2)

[merriam-webster.com/dictionary/stonewall](https://www.merriam-webster.com/dictionary/stonewall)

intransitive verb

- 1 *chiefly British* : to engage in obstructive parliamentary debate or delaying tactics
- 2 : to be uncooperative, obstructive, or evasive

transitive verb

: to refuse to comply or cooperate with

stone·wall | \ 'stōn-, wəl  \

stonewalled; stonewalling; stonewalls

Independent researchers should pay attention to all information about the George Floyd case that is fully or partially censored. Censorship undermines the ability of analysts to reach a fully informed conclusion. Censorship is most likely to be enforced by the Minneapolis Police Department, the Department of Justice – Minnesota, and this state's courts. Some censorship may be mandatory per state laws. Some of these censorships may have zero to little impact on the ability of analysts to reach a fair conclusion. For example, the home address shown on an affidavit signed by a witness may be censored. It is sufficient for you to know that this witness is an adult who worked closely with George Floyd five days a week, during the past 12 months. This witnesses' age, sex, home address and possibly their occupation are not essential matters.

Partial censorship has already been witnessed early into the preliminary inquiries surrounding the arrest and death of George Floyd. The 911 transcript shown overleaf is an example. Less than 5% of this transcript is censored. The first image shown is the top section of page 1 of 5 pages.

911 Call Transcript

Incident Number: 20-140629

May 25, 2020; 20:01:14

ci.minneapolis.mn.us/www/groups/public/@mpd/documents/webcontent/wcmssp-224718.pdf?

Operator: 911 what's the address of the emergency?

Caller: This is ah 3759 Chicago AV.

Page 4 of 5

Operator: Alright (sigh).

Caller: How is your day going?

Operator: Not too bad.

Caller: Had a long day, huh?

Operator: What's your name?

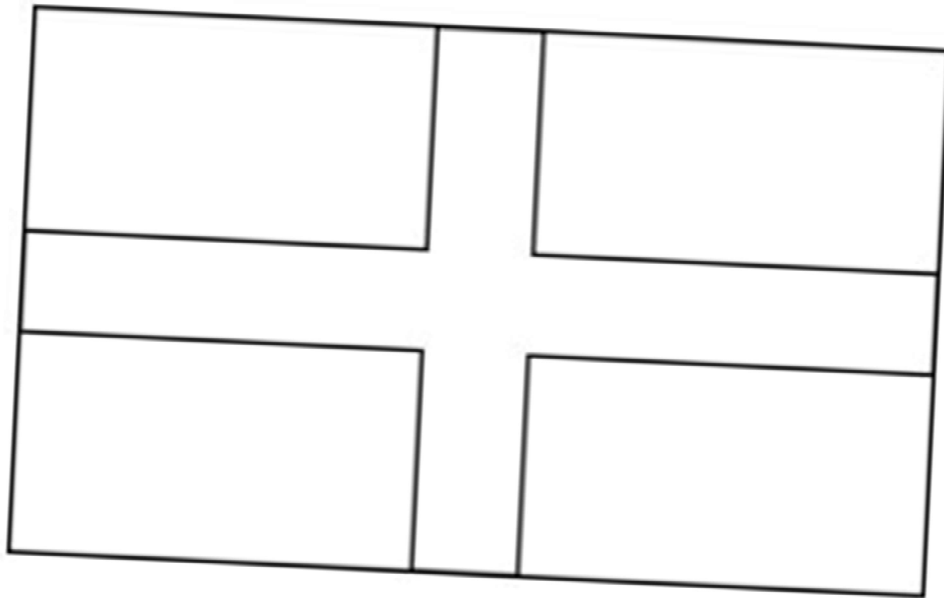
Caller: My name is [REDACTED].

Operator: Alright [REDACTED], a phone number for you?

Caller: [REDACTED].

Readers may access the full copy of this 5 pages transcript in Annex 2.

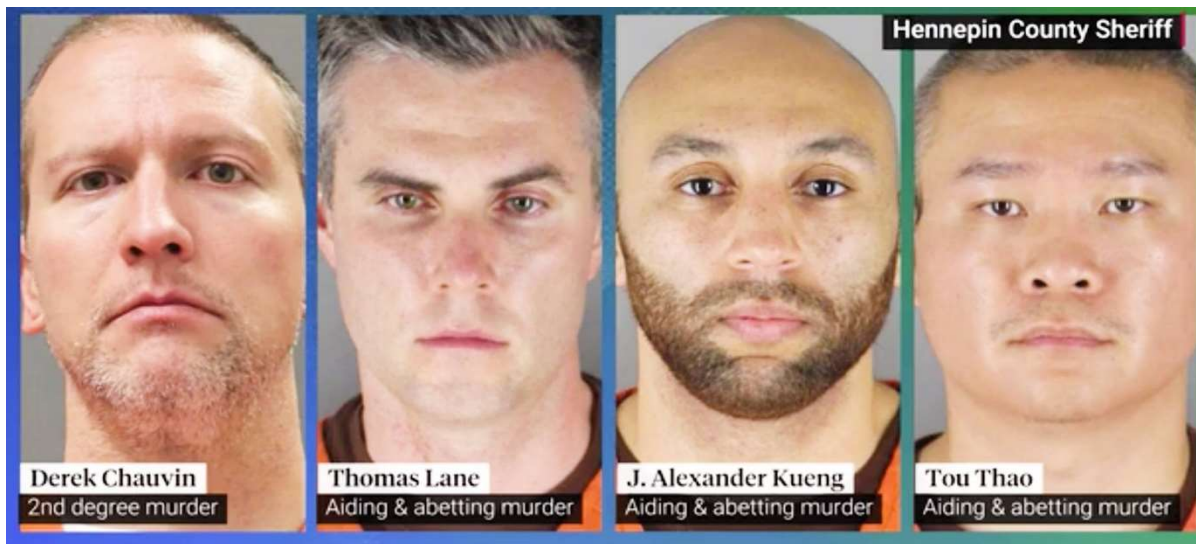
White Flag



Officers

The following is a list of emergency services personnel present at the scene when George Floyd was taken into police custody on Chicago Avenue on May 25, 2020. I have decided to exclude information such as the officers' sex and age, *etc.*, as this is irrelevant. They are all adults.

The four arrested police officers. They have been charged but not yet convicted or acquitted.



Two paramedics officers, shown left in brown uniforms.

Independent researchers may draw on the information provided on this page to source key information that shall become available in the public domain in forthcoming weeks and months.

What is the name of these two paramedics? Can you locate this information?

Is this information important to you? Why or why not?

Fellows *et al.*

The following is a preliminary list of eyewitnesses present from the time that George Floyd transacted in a local general store and was carried away in an ambulance by two paramedics.

Ms. Frazier Age, 17

I have withheld her image and full name as she is a minor. This information is publicly available.

Cashier, Age 17 who called 911 to report a suspected crime.

His image and full name are withheld as he is a minor. He approached George Floyd's vehicle alongside a male colleague from the same store who is a similar age and is also possibly a minor.

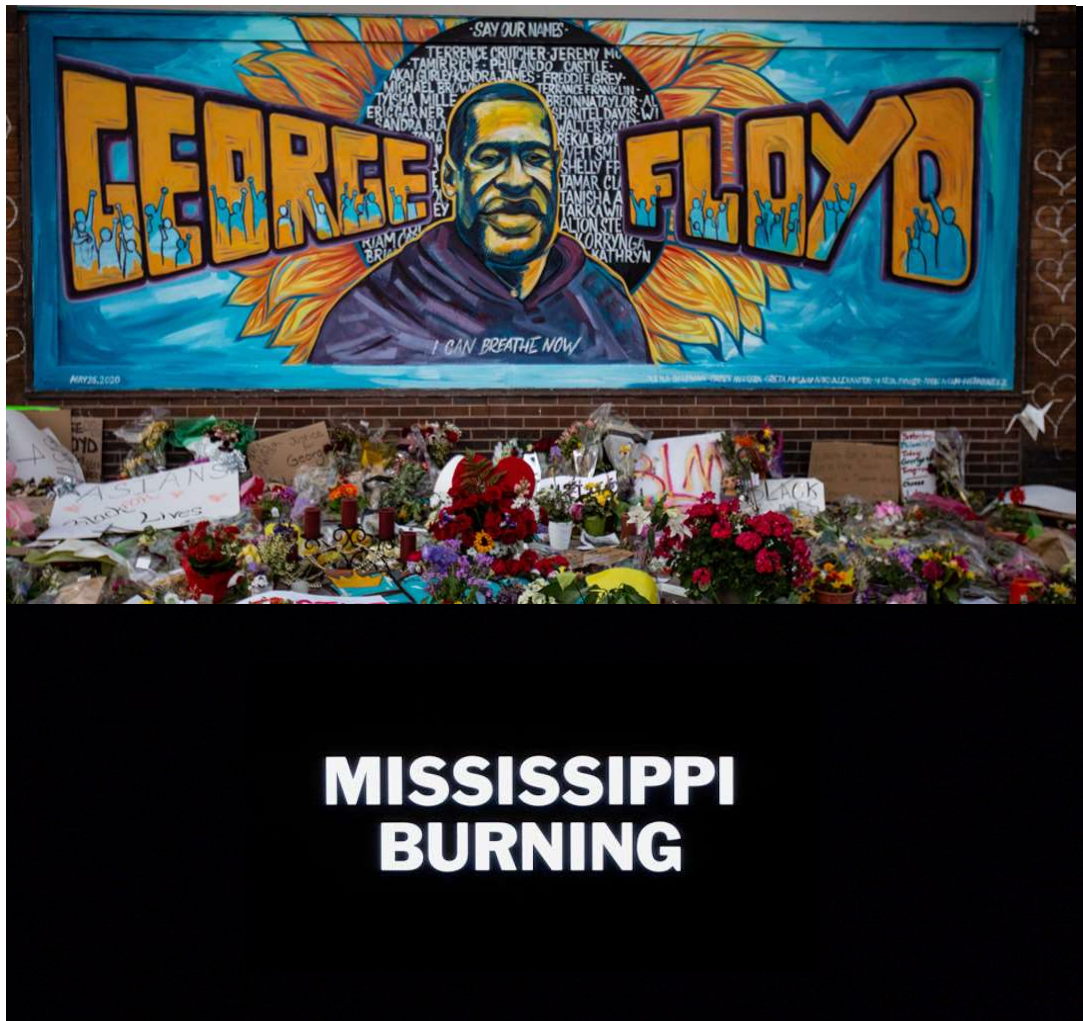
Witnesses to Floyd's death were standing about 12 feet away from Officer Chauvin whilst he was neck restraining George Floyd. Their unambiguous spoken interventions are easy to find via online searches. *The Times* selective composite video referenced in this book is another example of a resource. At least one voice is distinctly male. At least one voice is distinctly female. I think.

At least one of these young men is a minor.



Do you think it was unethical for *The Times* to publish the face of a minor who is a witness in a murder case that is being watched by the 'world'?

Blue Flag



MISSISSIPPI BURNING

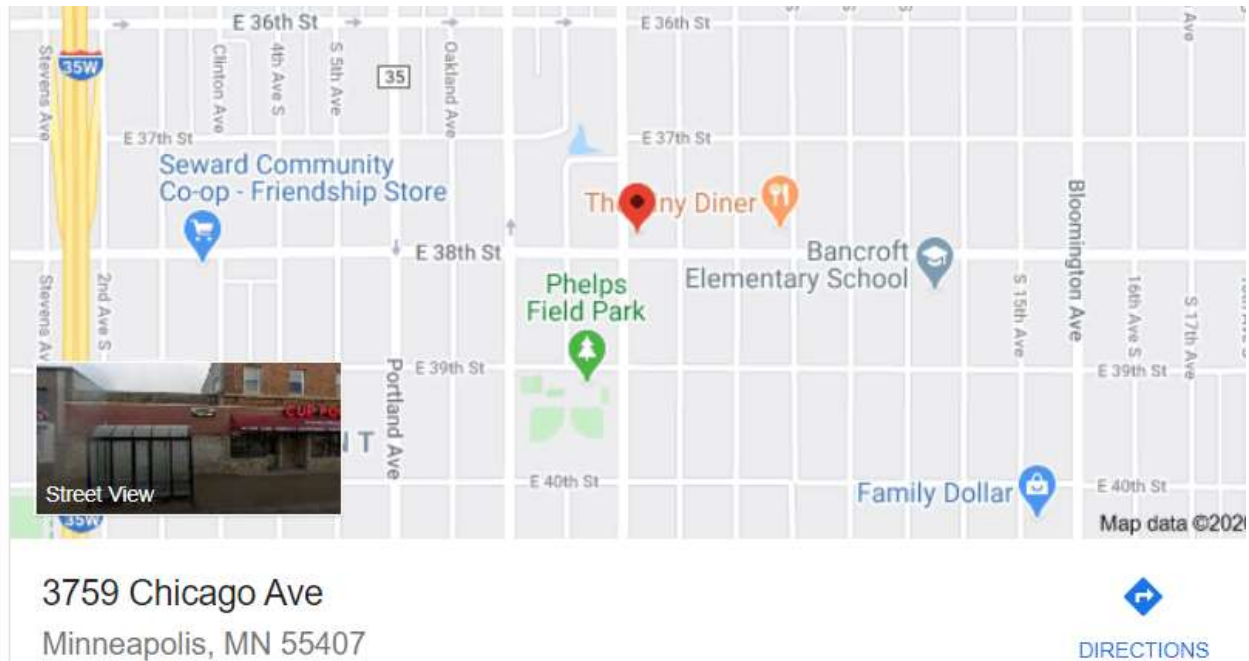
One of the all-time great movies?

Psssst. You may be able to see it free at this link ... but don't tell anyone that I told you. © 🤝

<https://archive.org/details/Mississippi.Burning.Arde.Mississippi.RippedYRerippedByF30>

Scene

The 'crime' scene is an obvious place for critical researchers to scrutinize. This is a Google Maps representation of the location of the 'crime' scene where George Floyd was allegedly murdered.



A paint outline should appear on the ground that portrays the shape of a person who is killed in the public domain. This image aids forensic investigators to understand the cause of death.



Can you find quality, first-hand evidence that shows that a forensic outline image has been created at the space where George Floyd died?

Investigations

Investigations material published by official government agencies are worthy of scrutiny. These include material published by the District Attorney, Department of Justice, and the Minnesota Police Department. These agencies must not publish material that is suppressed by a court order. They are bound to avoid publishing information that prejudices their investigation against the defendants and the victims, including deceased victims.

Written and spoken press statements are an example of material that may aid researchers. I cite an example below that is relevant to this case.



The treatment of George Floyd may be prosecuted by a Federal agency such as the FBI. His case may involve a violation of his Constitutional Civil Liberties by law enforcement officers.

www.justice.gov › ... › Office of Public Affairs › News ▼

Attorney General William P. Barr's Remarks on Mr. George ...

2 days ago - Attorney General William P. Barr's Remarks on Mr. George Floyd and Civil ... and driven home by the killing of George Floyd in Minneapolis. ... and independent investigation into possible violations of federal civil rights laws.

The film 'Mississippi Burning' may aid you to understand the relevance of this image above.

Legalities

It is likely that any civilian and criminal court case that concerns the arrest and death of George Floyd will be reported in full by courts. These may not be uploaded for months after the case is settled. It is likely that these court cases will be public access. You may inquire about attending and sitting in the civilian gallery. Reporters may publish court transcripts within a day or so of each hearing. This is an example of a vault that contains a trove of original primary source data.



The screenshot shows the top of the FBI Records: The Vault website. The header features the FBI logo and navigation links: CONTACT US, ABOUT US, MOST WANTED, and NEWS. Below the header is the title "FBI Records: The Vault" and a breadcrumb trail "Vault Home • Rodney King". The URL "vault.fbi.gov/rodney-king" is displayed. The main heading is "Rodney King". A paragraph follows: "Rodney Glen King (1965-2012) was the victim of an abusive arrest by Los Angeles police officers on March 3, 1991. Two officers involved in the arrest were found guilty of depriving King of his civil rights." Below this is a search bar. At the bottom, three document thumbnails are shown, labeled "Rodney King Part 01 of 24", "Rodney King Part 02 of 24", and "Rodney King Part 03 of 24".

Who was Rodney King? RIP

Videos

I encourage researchers to consult unedited, uncensored sources direct as opposed to relying on selectively edited compilations. Sequencing orders and exclusions can skew truths.

1. Police Officer body camera – Redacted, 15:33 minutes (ABC, 2020).

www.youtube.com/watch?v=0Rgxt0FdI7c

2. Citizen camera footage, up close by Darnella Frazier, *circa* 10:00 minutes.

www.youtube.com/watch?v=KwITYR8Ijuo&bpctr=1591465325

3. Camera footage, NBC News (2020), 0:37 seconds.

www.youtube.com/watch?v=oejaHE5jUaA&bpctr=1591464674

This video is from an unknown agent, taken across the road. A common question raised by critical commentators is that the unseen people who were challenging the police officers, two or so meters away, are not visible in this footage. They question the reason/s for this observation.

4. Vehicle parked on the street, (CBS Evening News, 2020), 0:05 seconds.

www.youtube.com/watch?v=ZWzkgKPZWcw&t=29s&bpctr=1591465621

5. Restaurant CCTV, on the street (10 Tampa Bay, 2020), 4:24 minutes.

www.youtube.com/watch?v=EUhatOhtnPI

Some of these links may be deactivated. You may obtain the same footage from other sources.

Is this a full inventory of existing video footage? Can you find longer versions of these footage?

Eyewitnesses

International hero Darnella Frazier has since spoken on camera, albeit briefly, about her traumatic experiences on May 25, 2020. This video is a sample footage of her verbal testimony.



Other testimony may become public in the weeks and months ahead. This may include statements from the two associates who were present with George Floyd.



This brave woman is recording George's death. She pleads desperately with the officers for them to act compassionately. Who is she? Where is her camera footage?

Report

Medical Coroner Reports, *i.e.*, the autopsy reports, are foundation evidence in comprehending the George Floyd event, and the forthcoming criminal prosecutions. Both versions are public access documents. Hennepin County published a state coroner report. The first page extract is shown overleaf. George Floyd's representative coordinated an independent autopsy report.

Doctor Mike Hansen provides a professional interpretation of this report below.





You may access this video and both medical reports via the links in the references section of this document. Please read widely and consult a range of opinions from qualified specialists. This author has read media reports that explicitly contradict Dr Hansen's opinions, without referring to this doctor. Dr Hansen acknowledges the complexity and contestability of the autopsy reports.

Is Dr Hansen a board-certified triple specialist Medical Officer,
as he claims? How did you draw your conclusion?



News media refer to this 20-pages document as the 'Full Autopsy Report'.

	HENNEPIN COUNTY MEDICAL EXAMINER'S OFFICE AUTOPSY REPORT	
		ME NO.: 20-3700
CASE TITLE:	CARDIOPULMONARY ARREST COMPLICATING LAW ENFORCEMENT SUBDUAL, RESTRAINT, AND NECK COMPRESSION	
DECEASED:	George Floyd aka Floyd Perry	SEX: M AGE: 46
DATE AND HOUR OF DEATH:	5-25-20; 9:25 p.m.	
DATE AND HOUR OF AUTOPSY:	5-26-20; 9:25 a.m.	
PATHOLOGIST:	Andrew M. Baker, M.D.	

FINAL DIAGNOSES:

46-year-old man who became unresponsive while being restrained by law enforcement officers; he received emergency medical care in the field and subsequently in the Hennepin HealthCare (HHC) Emergency Department, but could not be resuscitated.

I. Blunt force injuries

- A. Cutaneous blunt force injuries of the forehead, face, and upper lip
- B. Mucosal injuries of the lips
- C. Cutaneous blunt force injuries of the shoulders, hands, elbows, and legs

Are you able to find a full, unaltered copy of the preliminary autopsy report from a credible, recognized, official authority such as the Minnesota Department of Justice or Hennepin County?

[usatoday.com/story/news/nation/2020/06/01/george-floyd-independent-autopsy-findings-released-more](https://www.usatoday.com/story/news/nation/2020/06/01/george-floyd-independent-autopsy-findings-released-more/5242117002/)

They were happy that the results of a second autopsy were made public, believing the initial one felt like the beginning of a potential coverup.

You may access George Floyd's independent family autopsy report via this video.

katc.com/news/medical-examiner-releases-autopsy-report-on-george-floyd-differs-from-family/

The family autopsy is here:



I urge readers to always consult the creating source direct. In this case, the creating source is Ben Crump Law (Attorneys) PLLC. You may access this firm direct via these online sources.

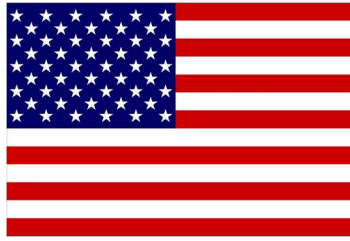
<https://www.facebook.com/bencrumplaw/videos/342911463355346/?t=21>

Facebook www.facebook.com/bencrumplaw/

Web <https://bencrump.com/>

Some media articles claim that the two coroner reports are cogent. Other reporters argue that there are minor or major discrepancies over fundamental medical facts.

Based on your own research, do you agree with this statement above?



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HISTORY BEFORE IT HAPPENS®



**SHIT NEWS + FAKE NEWS =
AMERICA'S NEWS**

Let's think and act positive and work together to fix this dire trend.

Let's make America's news the global benchmark of excellence, again. We can trend this!

The Roseanne Barr Show, Season 3



Roseanne's catalog of creations spans five decades. Her unparalleled portfolio of high art and intellect gifts us the tools to untangle our MK Ultra false flag torment treadmill.

Few people have done more to highlight and fight America's persistent social problems that have no rational basis.

One of TV's most salubrious shows was cancelled and rebranded merely because fake news once more played the R card to silence an Arch whistleblowing truthteller.

On this issue, we as a nation collectively failed. Yet again. We did not factcheck fake news reports about one Tweet. Roseanne's five decades long career speaks for itself.

Zira's doc then

Goad us again

Brew comic gene



17

Q

worldometers.info/languages/how-many-letters-alphabet/

Q anon Queen

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https://dark-parables.fandom.com/wiki/Red_Herrings?file=Red-herring.jpg

End of book review . Please use this template to analyze one or more issues raised in this book.

Suggested question: What do you make of the repeat number 17 phenomenon?



Non-dichotomy analysis model



End of book review. Please use this template to analyze one or more issues raised in this book.

Suggested question: What do you make of the repeat number 17 phenomenon?

Non-dichotomy analysis model

Opinion 1	Opinion 3	Opinion 2
It seems to be beyond coincidence. It must be some sort of code. This is an important publication.	Some of them seem to convey a coded message. I don't buy into the citations of the age of the clerk and lady witness. Their roles seem authentic.	The author is a paranoid nut job who needs to be released from too much COVID19 false flag homebound self-isolation.
Side 1  Side 1 is a polemic viewpoint	Middle Ground	Side 2  Side 2 is a polemic viewpoint
Alternative argument 1:	What about it honeychild? This question is too vague.	Opinion 4
Alternative argument 2:	I need time to think about this question. I will respond in 17 days.	Opinion 5

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This book was composed in just two days as an urgent project. Please forgive and advise any edit errors. A celebration of George Floyd's life and legacy is available at this site:

www.youtube.com/watch?v=uh-Zu8F0gg4

Ethical Journalism Template

	Yes	No
1. Fair. Uses hateful or degrading speech	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Exploits disempowered persons/groups	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Lawful - abides by civil and statutory laws	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Organization's publication charter is adhered to	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Accuracy. Provides relevant context	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Uses misleading or deceptive language	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Emphasizes facts and avoids speculation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Triangulates and validates data sources	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Explores reasonable counter arguments	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Offers stakeholders the right to reply	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Title reflects the substance of the content	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Transparency. Discloses conflicts-of-interest	<input type="checkbox"/> N/A	<input type="checkbox"/>
Discloses primary and secondary sources	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pursues a non-disclosed or biased agenda	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Employs psychological manipulation ('psy-ops')	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Safety and health of stakeholders are respected	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Freedom of speech and thought is promoted	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Acknowledgement: recognition of contributors	<input type="checkbox"/> N/A	<input type="checkbox"/>
9. Independence: Content reflects author's opinion	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Responsibility. Expert contributors are qualified	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Emphasizes negativity, despair, defeatism	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Apologizes for and corrects prior inaccuracies	<input type="checkbox"/> N/A	<input type="checkbox"/>

Signed: Journalist/s

Approved: Editor/s

Jay Jericho

N/A

Annex 1

Minneapolis Police Department - 5-300 Use of Force (Policy)

[Retry for a live version](#)

This page (http://www.minneapolismn.gov/police/policy/mpdpolicy_5-300_5-300) is currently offline. However, because the site uses Cloudflare's Always Online™ technology you can continue to surf a snapshot of the site. We will keep checking in the background and, as soon as the site comes back, you will automatically be served the live version. Always Online™ is powered by [Cloudflare](#) | [Hide this Alert](#)

[Minneapolismn.gov](http://www.minneapolismn.gov)

5-300 Use of Force

5-301 PURPOSE (10/16/02) (08/17/07) (07/28/16)

- A. Sanctity of life and the protection of the public shall be the cornerstones of the MPD's use of force policy.
- B. The purpose of this chapter is to provide all sworn MPD employees with clear and consistent policies and procedures regarding the use of force while engaged in the discharge of their official duties. (**Note:** MPD Training Unit Lesson Plans – Use of Force, are used as a reference throughout this chapter.)

5-301.01 POLICY (10/16/02) (08/17/07)

Based on the Fourth Amendment's "reasonableness" standard, sworn MPD employees shall only use the amount of force that is objectively reasonable in light of the facts and circumstances known to that employee at the time force is used. The force used shall be consistent with current MPD training.

5-301.02 STATE REQUIREMENTS (10/11/02)

The MPD shall comply with Minn. Stat. §626.8452 to establish and enforce a written policy governing the use of force, including deadly force and state-mandated pre-service and in-service training in the use of force for all sworn MPD employees.(08/17/07)

5-302 USE OF FORCE DEFINITIONS (10/16/02) (10/01/10)

Active Aggression: Behavior initiated by a subject that may or may not be in response to police efforts to bring the person into custody or control. A subject engages in active aggression when presenting behaviors that constitute an assault or the circumstances reasonably indicate that an assault or injury to any person is likely to occur at any moment. (10/01/10) (04/16/12)

Active Resistance: A response to police efforts to bring a person into custody or control for detainment or arrest. A subject engages in active resistance when engaging in physical actions (or verbal behavior reflecting an intention) to make it more difficult for officers to achieve actual physical control. (10/01/10) (04/16/12)

Deadly Force: Minn. Stat. §609.066 states that: "Force which the actor uses with the purpose of causing, or which the actor should reasonably know creates a substantial risk of causing death or great bodily harm. The intentional discharge of a firearm other than a firearm loaded with less-lethal munitions and used by a peace officer within the scope of official duties, in the direction of another person, or at a vehicle in which another person is believed to be, constitutes deadly force." (10/01/10)

Flight: Is an effort by the subject to avoid arrest or capture by fleeing without the aid of a motor vehicle. (10/01/10)

Great Bodily Harm: Bodily injury which creates a high probability of death, or which causes serious permanent disfigurement, or which causes a permanent or protracted loss or impairment of the function of any bodily member or organ, or other serious bodily harm.

Non-Deadly Force: Force that does not have the reasonable likelihood of causing or creating a substantial risk of death or great bodily harm. This includes, but is not limited to, physically subduing, controlling, capturing, restraining or physically managing any person. It also includes the actual use of any less-lethal and non-lethal weapons. (08/17/07)

Objectively Reasonable Force: The amount and type of force that would be considered rational and logical to an "objective" officer on the scene, supported by facts and circumstances known to an officer at the time force was used. (08/17/07)

Passive Resistance: A response to police efforts to bring a person into custody or control for detainment or arrest. This is behavior initiated by a subject, when the subject does not comply with verbal or physical control efforts, yet the subject does not attempt to defeat an officer's control efforts. (10/01/10) (04/16/12)

Use of Force: Any intentional police contact involving:(08/17/07) (10/01/10)

- The use of any weapon, substance, vehicle, equipment, tool, device or animal that inflicts pain or produces injury to another; or
- Any physical strike to any part of the body of another;
- Any physical contact with a person that inflicts pain or produces injury to another; or
- Any restraint of the physical movement of another that is applied in a manner or under circumstances likely to produce injury.

5-303 AUTHORIZED USE OF FORCE (10/16/02) (08/17/07)

Minn. Stat. §609.06 subd. 1 states, "When authorized...except as otherwise provided in subdivision 2, reasonable force may be used upon or toward the person of another without the other's consent when the following circumstances exist or the actor reasonably believes them to exist:

When used by a public officer or one assisting a public officer under the public officer's direction:

- In effecting a lawful arrest; or
- In the execution of legal process; or
- In enforcing an order of the court; or
- In executing any other duty imposed upon the public officer by law."

In addition to Minn. Stat. §609.06 sub. 1, MPD policies shall utilize the United States Supreme Court decision in *Graham vs Connor* as a guideline for reasonable force.

The Graham vs Connor case references that:

"Because the test of reasonableness under the Fourth Amendment is not capable of precise definition or mechanical application, its proper application requires careful attention to the facts and circumstances of each particular case, including:

- The severity of the crime at issue,
- Whether the suspect poses an immediate threat to the safety of the officers or others, and;
- Whether he is actively resisting arrest or attempting to evade arrest by flight.

The "reasonableness" of a particular use of force must be judged from the perspective of the reasonable officer on the scene, rather than with the 20/20 vision of hindsight.

The calculus of reasonableness must embody allowance for the fact that police officers are often forced to make split-second judgments - in circumstances that are tense, uncertain, and rapidly evolving - about the amount of force that is necessary in a particular situation."

Authorized use of force requires careful attention to the facts and circumstances of each case. Sworn MPD employees shall write a detailed, comprehensive report for each instance in which force was used.

5-303.01 DUTY TO INTERVENE (07/28/16)

(A-D)

- Sworn employees have an obligation to protect the public and other employees.
- It shall be the duty of every sworn employee present at any scene where physical force is being applied to either stop or attempt to stop another sworn employee when force is being inappropriately applied or is no longer required.

5-304 THREATENING THE USE OF FORCE AND DE-ESCALATION (10/16/02) (06/01/12) (07/28/16)

(A-D)

A. Threatening the Use of Force

As an alternative and/or the precursor to the actual use of force, MPD officers shall consider verbally announcing their intent to use force, including displaying an authorized weapon as a threat of force, when reasonable under the circumstances. The threatened use of force shall only occur in situations that an officer reasonably believes may result in the authorized use of force. This policy shall not be construed to authorize unnecessarily harsh language. (08/17/07) (07/28/16)

B. De-escalation

Whenever reasonable according to MPD policies and training, officers shall use de-escalation tactics to gain voluntary compliance and seek to avoid or minimize use of physical force. (06/01/12) (07/28/16)

1. When safe and feasible, officers shall:

- a. Attempt to slow down or stabilize the situation so that more time, options and resources are available.
 - i. Mitigating the immediacy of threat gives officers more time to call additional officers or specialty units and to use other resources.
 - ii. The number of officers on scene may make more force options available and may help reduce overall force used.
- b. Consider whether a subject's lack of compliance is a deliberate attempt to resist or an inability to comply based on factors including, but not limited to:
 - Medical conditions
 - Mental impairment
 - Developmental disability
 - Physical limitation
 - Language barrier
 - Influence of drug or alcohol use
 - Behavioral crisis

Such consideration, when time and circumstances reasonably permit, shall then be balanced against incident facts when deciding which tactical options are the most appropriate to resolve the situation safely.

2. De-escalation tactics include, but are not limited to:

- Placing barriers between an uncooperative subject and an officer.
- Containing a threat.
- Moving from a position that exposes officers to potential threats to a safer position.
- Reducing exposure to a potential threat using distance, cover or concealment.
- Communication from a safe position intended to gain the subject's compliance, using verbal persuasion, advisements or warnings.
- Avoidance of physical confrontation, unless immediately necessary (e.g. to protect someone or stop dangerous behavior).
- Using verbal techniques to calm an agitated subject and promote rational decision making.
- Calling additional resources to assist, including more officers, CIT officers and officers equipped with less-lethal tools.

5-305 AUTHORIZED USE OF DEADLY FORCE (08/17/07) (08/18/17)**A. Statutory Authorization**

Minn. Stat. §609.066 sub. 2 – “The use of deadly force by a peace officer in the line of duty is justified only when necessary:

- To protect the peace officer or another from apparent death or great bodily harm;
- To effect the arrest or capture, or prevent the escape, of a person whom the peace officer knows or has reasonable grounds to believe has committed or attempted to commit a felony involving the use or threatened use of deadly force, or;
- To effect the arrest or capture, or prevent the escape, of a person who the officer knows or has reasonable grounds to believe has committed or attempted to commit a felony if the officer reasonably believes that the person will cause death or great bodily harm if the person’s apprehension is delayed.”

B. United States Supreme Court: Tennessee v. Garner

In addition to Minn. Stat. §609.066, MPD policies shall utilize the United States Supreme Court decision in Tennessee v. Garner as a guideline for the use of deadly force.

The Tennessee v. Garner case references that:

“Apprehension by the use of deadly force is a seizure subject to the Fourth Amendment’s reasonableness requirement.”

“The use of deadly force to prevent the escape of all felony suspects, whatever the circumstances, is constitutionally *unreasonable*.”

C. Sworn MPD employees shall recognize that:

- The use of a firearm, vehicle, less-lethal or non-lethal weapon, or other improvised weapon may constitute the use of deadly force.
- This policy does not prevent a sworn employee from drawing a firearm, or being prepared to use a firearm in threatening situations.

D. For the safety of the public, warning shots shall not be fired.**E. Moving/Fleeing Motor Vehicles**

1. Officers are strongly discouraged from discharging firearms at or from a moving motor vehicle.
2. Officers should consider their positioning and avoid placing themselves in the path of a vehicle when possible. If officers find themselves positioned in the path of a vehicle they should, when possible, tactically consider moving out of the path of the vehicle instead of discharging a firearm at it or any of its occupants.

F. Officers’ Actions that Unnecessarily Place Themselves, Suspects, or the Public at Risk

1. Officers shall use reasonableness, sound tactics and available options during encounters to maximize the likelihood that they can safely resolve the situation.
2. A lack of reasonable or sound tactics can limit options available to officers, and unnecessarily place officers and the public at risk.

5-306 USE OF FORCE – REPORTING AND POST INCIDENT REQUIREMENTS (08/17/07)

Any sworn MPD employee who uses force shall comply with the following requirements:

Medical Assistance: As soon as reasonably practical, determine if anyone was injured and render medical aid consistent with training and request Emergency Medical Service (EMS) if necessary.

Supervisor Notification and CAPRS Reporting Requirements

No CAPRS Report Required

Unless an injury or alleged injury has occurred, the below listed force does not require a CAPRS report or supervisor notification.

- Escort Holds
- Joint Manipulations
- Nerve Pressure Points (Touch Pressure)
- Handcuffing
- Gun drawing or pointing

CAPRS Report Required – No Supervisor Notification required

The following listed force requires a CAPRS report, but does not require supervisor notification.

- Takedown Techniques
- Chemical Agent Exposures

CAPRS Report Required - Supervisor Notification Required

All other force, injuries or alleged injury incidents require both a CAPRS report and supervisor notification. The sworn employee shall remain on scene and immediately notify a supervisor by phone or radio of the force that was used.

Supervisors shall not conduct a force review on their own use of force. Any other supervisor of any rank shall conduct the force review. (04/16/12)

A CAPRS report entitled "FORCE" shall be completed as soon as practical, but no later than the end of that shift. A supplement describing the use of force incident in detail shall be completed and entered directly into the CAPRS reporting system (no handwritten force reports). Employees shall ensure that all applicable force portions of the CAPRS report are completed in full.

Sworn employees shall complete a CAPRS report entitled "PRIORI" for all incidents in which a person has a prior injury, or prior alleged injury, and there is actual physical contact or transportation by the police.

Transfer of Custody

Prior to transferring custody of a subject that force was used upon, sworn MPD employees shall verbally notify the receiving agency or employee of:

- The type of force used,
- Any injuries sustained (real or alleged) and
- Any medical aid / EMS rendered

5-307 SUPERVISOR FORCE REVIEW (08/17/07) (12/15/09)

On-duty Supervisor Responsibilities

The supervisor who is notified of a Use of Force incident by any sworn MPD employee shall:

1. Determine if the incident meets the criteria for a Critical Incident. If so, follow Critical Incident Policy (P/P 7-810). (09/23/15)
2. Instruct the involved employees to have the subject of the use of force remain on-scene until the supervisor arrives, if it is reasonable to do so.
 - If the subject of the use of force does not remain on-scene, the supervisor shall go to the subject's location, if necessary, to complete the investigation.
3. Respond to the incident scene and conduct a preliminary investigation of the Use of Force incident. (09/23/15)
 - a. Debrief the employee(s) who engaged in the use of force.
 - b. Note any reported injury (actual or alleged) to any individual involved.
 - c. Photograph: (09/23/15)
 - the force subject, including any visible injuries
 - the immediate area of the force event
 - injuries to any other individual involved in the force event
 - damage to equipment or uniforms caused by the force event
 - d. Note any medical aid/EMS rendered to any individual involved.
 - e. Locate and review any evidence related to the force incident (e.g. MVR, security video, private cameras, etc.). (12/15/09)
 - f. Ensure any on-scene evidence is preserved and collected.
 - g. Locate and identify witnesses to the use of force incident. (12/15/09)
 - h. Obtain statements from witnesses to the use of force incident.
 - i. Contact the Internal Affairs Unit Commander immediately by phone if the force used appears to be unreasonable or appears to constitute possible misconduct. (04/16/12)
4. Complete and submit the Supervisor Use of Force Review and Summary in CAPRS as soon as practical, but prior to the end of that shift.
 - a. Ensure that all actions taken in the preliminary investigation process and the information obtained from these actions are included in the Summary and that all other relevant information is entered in the appropriate sections of the report. (12/15/09)
 - b. If, based upon the totality of the information available at the time of the report, the supervisor feels that the use of force may have been unreasonable or not within policy, the supervisor will: (04/16/12)
 - State in the supervisor force review that they believe the use of force requires further review; and
 - Notify the commander of Internal Affairs of their findings that the force requires further review.

5. Review all sworn employees' CAPRS reports and supplements related to the use of force incident for completeness and accuracy.

5-308 NOTIFICATION OF FIREARM DISCHARGES (10/16/02) (04/30/15)

A. Employee Responsibility

Any employee who discharges a firearm, whether on or off duty, shall make direct contact with their immediate supervisor or the on-duty Watch Commander and the local jurisdiction as soon as possible **except**: (08/17/07) (04/30/15) (04/05/16)

- While at an established target range;
- While conducting authorized ballistics tests;
- When engaged in legally recognized activities while off-duty.

B. Supervisor Responsibility

1. The supervisor shall respond to any scene in which an employee has discharged a firearm while on-duty or in the course of duty. (04/30/15) (04/05/16)
2. The supervisor is responsible for notifying the Watch Commander and when appropriate, the employee's Deputy Chief and the on-duty Homicide investigator. This does not include the discharge of a firearm with the intention of dispatching an animal, unless it results in injury to a person. (04/30/15) (04/05/16)
3. Notifications to the Internal Affairs Unit shall be made in accordance with the Internal Affairs Call-Out Notification Policy (P/P 2-101). (04/05/16)
4. The advised supervisor shall ensure that drug and alcohol testing is conducted in accordance with the conditions and procedures in the MPD Drug & Alcohol Testing Policy (P/P Section 3-1000). (04/30/15)
5. At any officer-involved shooting incident in which a person is shot, the Critical Incident Policy (P/P Section 7-800) shall be followed. (04/30/15)

C. Reporting Firearms Discharges to the State (10/16/02) (04/30/15)

Minn. Stat. §626.553 requires the Chief of Police to report to the State Commissioner of Public Safety whenever a peace officer discharges a firearm in the course of duty, other than for training purposes or when killing an animal that is sick, injured or dangerous. Written notification of the incident must be filed within 30 days of the incident. The notification shall include information concerning the reason for and circumstances surrounding discharge of the firearm. The Internal Affairs Unit supervisor shall be responsible for filing the required form(s) with the State Bureau of Criminal Apprehension. (04/05/16)

5-309 WRITTEN REPORT ON DISCHARGE OF FIREARMS (10/16/02)

All employee firearm discharges that require notification, other than Critical Incidents, shall be reported in CAPRS, including a supplement, by the employee involved and the supervisor who was notified. The report shall be titled, "DISWEAP." The supervisor shall then complete a Supervisor Force Review. (08/17/07)

If the involved employee is unable to make a CAPRS report, the supervisor shall initiate the CAPRS report.

The Watch Commander shall include all case numbers on the Watch Commander log.

5-310 USE OF UNAUTHORIZED WEAPONS (10/16/02) (08/17/07)

Sworn MPD employees shall only carry and use MPD approved weapons for which they are currently trained and authorized to use through the MPD Training Unit. If an exigent circumstance exists that poses an imminent threat to the safety of the employee or the public requiring the immediate use an improvised weapon of opportunity, the employee may use the weapon. (08/17/07)

5-311 USE OF NECK RESTRAINTS AND CHOKE HOLDS (10/16/02) (08/17/07) (10/01/10) (04/16/12)

DEFINITIONS I.

Choke Hold: Deadly force option. Defined as applying direct pressure on a person's trachea or airway (front of the neck), blocking or obstructing the airway (04/16/12)

Neck Restraint: Non-deadly force option. Defined as compressing one or both sides of a person's neck with an arm or leg, without applying direct pressure to the trachea or airway (front of the neck). Only sworn employees who have received training from the MPD Training Unit are authorized to use neck restraints. The MPD authorizes two types of neck restraints: Conscious Neck Restraint and Unconscious Neck Restraint. (04/16/12)

Conscious Neck Restraint: The subject is placed in a neck restraint with intent to control, and not to render the subject unconscious, by only applying light to moderate pressure. (04/16/12)

Unconscious Neck Restraint: The subject is placed in a neck restraint with the intention of rendering the person unconscious by applying adequate pressure. (04/16/12)

PROCEDURES/REGULATIONS II.

- A. The Conscious Neck Restraint may be used against a subject who is actively resisting. (04/16/12)
- B. The Unconscious Neck Restraint shall only be applied in the following circumstances: (04/16/12)
 - 1. On a subject who is exhibiting active aggression, or;
 - 2. For life saving purposes, or;
 - 3. On a subject who is exhibiting active resistance in order to gain control of the subject; and if lesser attempts at control have been or would likely be ineffective.
- C. Neck restraints shall not be used against subjects who are passively resisting as defined by policy. (04/16/12)
- D. After Care Guidelines (04/16/12)
 - 1. After a neck restraint or choke hold has been used on a subject, sworn MPD employees shall keep them under close observation until they are released to medical or other law enforcement personnel.
 - 2. An officer who has used a neck restraint or choke hold shall inform individuals accepting custody of the subject, that the technique was used on the subject.

5-312 CIVIL DISTURBANCES (08/17/07)

Civil disturbances are unique situations that often require special planning and tactics to best bring an unlawful situation under effective control. The on-scene incident commander shall evaluate the overall situation and determine if it would be a reasonable force option to use less-lethal or non-lethal weapons to best accomplish that objective.

Unless there is an immediate need to protect oneself or another from apparent physical harm, sworn MPD employees shall refrain from deploying any less-lethal or non-lethal weapons upon any individuals involved in a civil disturbance until it has been authorized by the on-scene incident commander.

The riot baton is a less-lethal weapon that shall only be deployed for carry or use during, or in anticipation to, a civil disturbance.

5-313 USE OF CHEMICAL AGENTS – POLICY (10/16/02) (08/17/07) (10/01/10) (09/04/12)

The MPD approved chemical agent is considered a non-lethal use of force. The use of chemical agents shall be consistent with current MPD training and MPD policies governing the use of force (Policy and Procedure Manual, Sections 5-300 Use of Force).

Chemical agents, regardless of canister size, shall only be used against subjects under the following circumstances: (06/10/13)

- On subjects who are exhibiting Active Aggression, or;
- For life saving purposes, or;
- On subjects who are exhibiting active resistance in order to gain control of a subject and if lesser attempts at control have been or would likely be ineffective, or; (06/10/13)
- During crowd control situations if authorized by a supervisor. (See 5-312 Civil Disturbances) (09/04/12) (06/10/13)

Chemical agents shall not be used against persons who are only displaying Passive Resistance as defined by policy. (09/04/12) (06/10/13)

Sworn MPD employees shall exercise due care to ensure that only intended persons are exposed to the chemical agents.

5-313.01 USE OF CHEMICAL AGENTS – POST EXPOSURE TREATMENT/MEDICAL AID (10/01/10)

Post exposure treatment (Medical Aid) for a person that has been exposed to the chemical agent shall include one or more of the following:

- Removing the affected person from the area of exposure.
- Exposing the affected person to fresh air.
- Rinsing the eyes/skin of the affected person with cool water (if available).
- Render medical aid consistent with training and request EMS response for evaluation at anytime if necessary

Sworn employees shall keep a person exposed to the chemical agent under close observation until they are released to medical or other law enforcement personnel. An officer who has used a chemical agent shall inform individuals accepting custody that it was used on the person.

Use of chemical agents to prevent the swallowing of narcotics is prohibited.

A CAPRS report shall be completed when chemical agents are used.

5-314 USE OF CONDUCTED ENERGY DEVICES (CED) – DEFINITIONS (08/17/07) (10/01/10)

Drive Stun: When a CED with no cartridge or a spent cartridge is placed in direct contact with the body with no documented effort to attempt three point contact.

Probe Mode: When a CED is used to fire darts at a person for the purpose of incapacitation.

Exigent Circumstances: Circumstances that would cause a reasonable person to believe that immediate action is necessary to prevent physical harm from occurring to anyone.

Red Dotting: Un-holstering and pointing a CED at a person and activating the laser aiming device. In some cases, this may be effective at gaining compliance without having to actually discharge a CED.

Also known as “painting” the target.

Arcing: Un-holstering the CED and removing the cartridge and activating the CED for purposes of threatening its use prior to actual deployment. In some cases, this may be effective at gaining compliance without having to actually discharge a CED at a subject.

5-314.01 USE OF CONDUCTED ENERGY DEVICES (CED) – POLICY (10/01/10) (07/16/12)

The MPD approved Conducted Energy Device (CED) (Policy and Procedure Manual, Section 3-200 Equipment) is considered a less-lethal weapon. The use of CED’s shall be consistent with current MPD training and MPD policies governing the use of force (Policy and Procedure Manual, Section 5-300 Use of Force). (07/16/12)

MPD officers are only authorized to carry CEDs that are issued by the department. Personally owned Tasers, or those issued by another agency, are not authorized to be carried or utilized while an MPD officer is acting in their official MPD capacity. (10/07/13)

The use of CED’s shall only be permitted against subjects under the following circumstances:

1. On subjects who are exhibiting active aggression, or;
2. For life saving purposes, or;
3. On subjects who are exhibiting active resistance in order to gain control of a subject and if lesser attempts at control have been or would likely be ineffective.

CED’s shall not be used against subjects who are demonstrating passive resistance as defined by policy. (07/16/12)

The preferred method for use of CED’s is in the probe mode. Use of CED’s in the drive stun mode shall be limited to defensive applications and/or to gain control of a subject who is exhibiting active aggression or exhibiting active resistance if lesser attempts at control have been ineffective.

When using a CED, personnel should use it for one standard cycle (a standard cycle is five seconds) and pause to evaluate the situation to determine if subsequent cycles are necessary. If subsequent cycles are necessary, officers should restrict the number and duration to only the minimum amount necessary to control and/or place the subject in custody under the existing circumstances. Personnel should constantly reassess the need for further activations after each CED cycle and should consider that exposure to multiple applications of the CED for longer than 15 second may increase the risk of serious injury or death.

Note: Officers should be aware that a lack of change in a subject’s behavior often indicates that the electrical circuit has not been completed or is intermittent. When this is the case officers should immediately reload and fire another cartridge rather than administering continued ineffective cycles.

Unless exigent circumstances exist as defined by policy, no more than one officer should intentionally activate a CED against a subject at one time.

Officers shall, unless it is not feasible to do so, give verbal warnings and/or announce their intention to use a CED prior to actual discharge. Use of the CED’s laser pointer (red dotting) or arcing of the CED may be effective at diffusing a situation prior to actual discharge of the CED.

The CED shall be holstered on the sworn MPD employee’s weak (support) side to avoid the accidental drawing or firing of their firearm. (SWAT members in tactical gear are exempt from this holstering requirement.)

Lost, damaged or inoperative CED’s shall be reported to the CED Coordinator immediately upon the discovery of the loss, damage or inoperative condition. (07/16/12)

Officers who use their MPD issued CED device during the scope of off-duty employment within the City shall follow MPD policy and procedure for reporting the use of force and downloading their device. (07/16/12)

If officers carry their MPD issued CED during the scope of off-duty employment outside of the City (e.g. working for another law enforcement agency) that agency shall sign a waiver (Letter of Agreement for Off Duty Employment) which indicates that certification through the Minneapolis Police Department is sufficient for use while working for that agency. (07/16/12)

5-314.02 USE OF CONDUCTED ENERGY DEVICES (CED) – SUBJECT FACTORS (10/01/10)

Officers must consider the possible heightened risk of injury and adverse societal reaction to the use of CED's upon certain individuals. Officers must be able to articulate a correspondingly heightened justification when using a CED upon:

- Persons with known heart conditions, including pacemakers or those known to be in medical crisis;
- Elderly persons or young children;
- Frail persons or persons with very thin statures (i.e., may have thin chest walls);
- Women known to be pregnant;

Prior to using a CED on a subject in flight the following should be considered:

- The severity of the crime at issue;
- Whether the suspect poses an immediate threat to the safety of the officer or others, and;
- The officer has a reasonable belief that use of the CED would not cause significant harm to the subject fleeing unless use of deadly force would otherwise be permitted.

5-314.03 USE OF CONDUCTED ENERGY DEVICES (CED) – SITUATIONAL FACTORS (10/01/10)

In the following situations, CED's should not be used unless the use of deadly force would otherwise be permitted:

- On persons in elevated positions, who might be at a risk of a dangerous fall;
- On persons operating vehicles or machinery;
- On persons who are already restrained in handcuffs unless necessary to prevent them causing serious bodily injury to themselves or others and if lesser attempts of control have been ineffective.
- On persons who might be in danger of drowning;
- In environments in which combustible vapors and liquids or other flammable substances are present;
- In similar situations involving heightened risk of serious injury or death to the subject.

5-314.04 USE OF CONDUCTED ENERGY DEVICES (CED) – DOWNLOADING/REPORTING (10/01/10) (07/16/12)

Officers are required to report all actual use of their CED consistent with the downloading and reporting guidelines outlined below. (07/16/12)

CED Downloading guidelines:

- The CED (and camera if equipped) shall be downloaded, when used in probe mode or drive stun mode, prior to the end of the officer's shift.
- The CED (and camera if equipped) shall be downloaded for any incident that is recorded that the officer believes might have evidentiary value.

- If a CED was used during a critical incident, the CED will be property inventoried by the Crime Lab for processing video and firing data evidence.

CED Reporting guidelines:

- When a CED is deployed and discharged on a subject, the officer shall report its use in CAPRS (including a Use of Force Report and in the supplement) as well as on the officer's CED log. Officers shall document de-escalation attempts in the Use of Force Report and in their supplement. (07/16/12)
- When a CED is only threatened by means of displaying, red dotting, and/or arcing in situations which normally would require a CAPRS report, the threatened use shall be reported in CAPRS in the supplement of the report as well as on the officer's CED log. (07/16/12)
- When a CED is only threatened by means of displaying, red dotting, and/or arcing without actually being deployed on a subject and there is no arrest or CAPRS report otherwise required, the officer may record this threatened use on their CED log and add such comments into the call. (07/16/12)
- When a CED is used during the scope of off-duty employment outside of the City (e.g. another law enforcement agency) officers shall obtain a Minneapolis CCN from MECC and complete a CAPRS report titled AOA and refer to their employer's incident report in the supplement. Officers shall then download the device and store the information under the Minneapolis CCN. (07/16/12)

5-314.05 USE OF CONDUCTED ENERGY DEVICES (CED) – POST EXPOSURE TREATMENT/MEDICAL AID (10/01/10)

Post exposure treatment (Medical Aid) for a person that has been exposed to the electricity from the CED shall include the following:

1. Determine if the subject is injured or requires EMS.
2. Render medical aid consistent with training and request EMS response for evaluation at anytime if necessary
3. Request EMS response for probe removal if probes are located in sensitive areas (face, neck, groin or breast areas).
4. Wear protective gloves and remove probes from the person's non-sensitive body areas.
5. Secure the probes (biohazard "sharps") point down into the expended cartridge and seal with a safety cover.
6. When appropriate, visually inspect probe entry sites and/or drive stun locations for signs of injury.
7. When appropriate, photograph probe entry sites and/or drive stun locations.

Sworn employees shall routinely monitor the medical condition of a person who has been exposed to the electricity from a CED until they are released to medical or other law enforcement personnel and inform individuals accepting custody that a CED was used on the person. (10/01/10)

5-315 USE OF IMPACT WEAPONS - POLICY (08/17/07) (10/01/10)

The MPD approved impact weapons (Policy and Procedure Manual, Section 3-200 Equipment) are considered less-lethal weapons. The use of impact weapons shall be consistent with current MPD Training and MPD policies governing the use of force (Policy and Procedure Manual, Section 5-300).

Strikes from impact weapons shall only be administered under the following circumstances:

- On subjects who are exhibiting active aggression, or;
- For life saving purposes, or;
- On subjects who are exhibiting active resistance in order to gain control of a subject and if lesser attempts at control have been or would likely be ineffective.

Strikes from impact weapons shall not be administered to persons who are non-compliant as defined by policy.

5-315.01 USE OF IMPACT WEAPONS – TREATMENT/MEDICAL AID (10/01/10)

Treatment (Medical Aid) for a person that has been struck with an impact weapon shall include the following:

- Determine if the person is injured or requires EMS
- When appropriate, visually inspect the areas struck for signs of injury
- Render medical aid consistent with training and request EMS response for evaluation at anytime if necessary

Sworn employees shall routinely monitor the medical condition of a person that has been struck with an impact weapon until they are released to medical or other law enforcement personnel. An officer who has used an impact weapon shall inform individuals accepting custody that it was used on the person.
(10/01/10)

5-316 MAXIMAL RESTRAINT TECHNIQUE (05/29/02) (06/13/14) (07/13/17) (04/02/18)

(B-C)

I. PURPOSE

To establish a policy on the use of “hobble restraint devices” and the method of transporting prisoners who have been handcuffed with a hobble restraint applied.

II. POLICY

The hobble restraint device may be used to carry out the Maximal Restraint Technique, consistent with training offered by the Minneapolis Police Department on the use of the Maximal Restraint Technique and the Use of Force Policy.

III. DEFINITIONS

Hobble Restraint Device: A device that limits the motion of a person by tethering both legs together. Ripp Hobble™ is the only authorized brand to be used.

Maximal Restraint Technique (MRT): Technique used to secure a subject's feet to their waist in order to prevent the movement of legs and limit the possibility of property damage or injury to him/her or others.

Prone Position: For purposes of this policy, the term Prone Position means to lay a restrained subject face down on their chest.

Side Recovery Position: Placing a restrained subject on their side in order to reduce pressure on his/her chest and facilitate breathing.

IV. RULES/REGULATIONS

A. Maximal Restraint Technique – Use (06/13/14)

1. The Maximal Restraint Technique shall only be used in situations where handcuffed subjects are combative and still pose a threat to themselves, officers or others, or could cause significant damage to property if not properly restrained.
2. Using the hobble restraint device, the MRT is accomplished in the following manner:
 - a. One hobble restraint device is placed around the subject's waist.
 - b. A second hobble restraint device is placed around the subject's feet.
 - c. Connect the hobble restraint device around the feet to the hobble restraint device around the waist in front of the subject.
 - d. **Do not** tie the feet of the subject directly to their hands behind their back. This is also known as a hogtie.
3. A supervisor shall be called to the scene where a subject has been restrained using the MRT to evaluate the manner in which the MRT was applied and to evaluate the method of transport.

B. Maximal Restraint Technique – Safety (06/13/14)

1. As soon as reasonably possible, any person restrained using the MRT who is in the prone position shall be placed in the following positions based on the type of restraint used:
 - a. If the hobble restraint device is used, the person shall be placed in the side recovery position.
2. When using the MRT, an EMS response should be considered.
3. Under no circumstances, shall a subject restrained using the MRT be transported in the prone position.

4. Officers shall monitor the restrained subject until the arrival of medical personnel, if necessary, or transfer to another agency occurs.
5. In the event any suspected medical conditions arise prior to transport, officers will notify paramedics and request a medical evaluation of the subject or transport the subject immediately to a hospital.
6. A prisoner under Maximal Restraint should be transported by a two-officer squad, when feasible. The restrained subject shall be seated upright, unless it is necessary to transport them on their side. The MVR should be activated during transport, when available.
7. Officers shall also inform the person who takes custody of the subject that the MRT was applied.

C. Maximal Restraint Technique – Reporting (06/13/14)

1. Anytime the hobble restraint device is used, officers' Use of Force reporting shall document the circumstances requiring the use of the restraint and the technique applied, regardless of whether an injury was incurred.
2. Supervisors shall complete a Supervisor's Force Review.
3. When the Maximal Restraint Technique is used, officers' report shall document the following:
 - How the MRT was applied, listing the hobble restraint device as the implement used.
 - The approximate amount of time the subject was restrained.
 - How the subject was transported and the position of the subject.
 - Observations of the subject's physical and physiological actions (examples include: significant changes in behavior, consciousness or medical issues).

5-317 LESS-LETHAL 40MM LAUNCHER AND IMPACT PROJECTILES (07/16/19)

I. PURPOSE

A. The MPD recognizes that combative, non-compliant, armed and or otherwise violent subjects cause handling and control problems that require special training and equipment. The MPD has adopted the less-lethal force philosophy to assist with the de-escalation of these potentially violent confrontations.

B. This policy addresses the use of the less-lethal 40mm launcher and the 40mm less-lethal round. The deployment of the 40mm launcher is not meant to take the place of deadly force options.

II. DEFINITIONS

40mm Less-Lethal round: Direct fire round used in situations where maximum deliverable energy is desired for the incapacitation of an aggressive, non-compliant subject.

III. POLICY

A. This policy applies to officers who are not working in a certified SWAT capacity.

B. The 40mm launcher with the 40mm less-lethal round should not be used in deadly force situations without firearm backup.

1. The use of the 40mm less-lethal round should be considered a level slightly higher than the use of an impact weapon and less than deadly force when deployed to areas of the suspect's body that are considered unlikely to cause death or serious physical injury.
2. Prior to using less-lethal options, officers need to consider any risks to the public or themselves.
3. When using the 40mm less-lethal round, consideration shall be given as to whether the subject could be controlled by any other reasonable means without unnecessary risk to the subject, officers, or to the public, in accordance with knowledge and training in use of force and MPD policies governing the use of deadly and non-deadly force.

C. Only officers trained in the use of the 40mm launcher and 40mm less-lethal round are authorized to carry and use them.

D. Officers shall not deploy 40mm launchers for crowd management purposes.

IV. PROCEDURES/REGULATIONS

A. Standard projectiles

1. Officers shall only carry MPD-approved 40mm rounds. Ammunition specifications are available from the Range Master.
2. The MPD Range shall issue 40mm rounds with each launcher depending on the needs of the 40mm Operator Program. The MPD Range shall replace any rounds used or damaged as needed.

B. Target areas

1. The primary target areas for the 40mm less-lethal round should be the large muscle groups in the lower extremities including the buttocks, thigh, knees. Alternative target areas include the ribcage area to the waist, and the larger muscle areas of the shoulder areas. Areas to avoid when using the 40mm less-lethal round are the head, neck, spinal cord, groin and kidneys.
2. Officers shall be aware that the delivery of the 40mm impact projectiles to certain parts of the human body can cause grievous injury that can lead to a permanent physical or mental incapacity or possible death. Areas susceptible to death or possible severe injury are the head, neck, throat and chest (in vicinity of the heart). Unless deadly force is justified, officers should avoid the delivery of 40mm impact projectiles to any of the above-described areas.

C. Deployment

1. The 40mm launchers can be used when the incapacitation of a violent or potentially violent subject is desired. The 40mm launcher can be a psychological deterrent and physiological distraction serving as a pain compliance device.
2. If a supervisor or responding officers believe that there is a call or incident that may require the use of less-lethal capability, they may request via radio or other means that an on-duty MPD-trained operator with a 40mm launcher respond to the scene.
3. Officers shall announce over the radio that a 40mm launcher will be used, when time and tactics permit.
 - a. It is important that whenever possible, all officers involved and possible responding officers know that a 40mm less-lethal projectile is being deployed so they do not mistake the sight and noise from the deployment as a live ammunition discharge.
 - b. 40mm launchers have an orange barrel indicating they are the less-lethal platform.
4. When appropriate given the situation, officers firing a 40mm less-lethal projectile should yell "Code Orange!" prior to and during firing.

D. Carrying and storage

1. 40mm launchers shall be assigned to each precinct, City Hall and specialty units as needed.
 - a. Each 40mm launcher shall be kept its own case and in a secured gun locker.
 - b. Only commanders or their designee and MPD-trained operators will have keys to the 40mm armory lockers.
2. MPD-trained operators shall carry the 40mm launchers during their assigned shift, when available.

E. Maintenance of 40mm launchers

Only MPD certified Range personnel shall perform maintenance and repairs to the 40mm launcher.

F. Subjects injured by 40mm less-lethal projectiles

1. Medical assistance shall be rendered as necessary in accordance with P&P 5-306 and the Emergency Medical Response policy (P&P 7-350).
2. If possible, photographs should be taken of any injuries to the suspect.

G. Use of Force reporting

1. Officers that deploy a 40mm less-lethal round shall report the force in accordance with P&P 5-306, and shall complete a report entitled "FORCE."
2. Officers who deploy a less-lethal round shall immediately notify dispatch, who will notify a supervisor.
3. A supervisor shall respond to the scene any time a 40mm less-lethal round is used. The responding supervisor shall review the incident and complete a use of force review in accordance with P&P 5-307.
4. Supervisors shall ensure that all spent 40mm less-lethal rounds are collected and property inventoried if possible.

5-318 REMOTE RESTRAINT DEVICE (10/18/19)

I. PURPOSE

- A. The MPD recognizes that combative, non-compliant, armed or otherwise violent subjects cause handling and control problems that require special training and equipment.
- B. The purpose of a remote restraint device is to facilitate a safe and effective response by immobilizing and controlling resistive or non-compliant persons and persons with known or suspected mental health issues, and minimizing injury to suspects, subjects, and officers.

II. DEFINITIONS

Remote Restraint Device: The BolaWrap™ is the only currently authorized remote restraint device. It is a hand-held device that discharges an eight-foot bola style Kevlar tether to entangle an individual at a range of 10-25 feet.

III. POLICY

- A. The remote restraint device has limitations and restrictions requiring consideration before its use. The device shall only be used when its operator can safely approach the subject within the operational range of the device. Although the device is generally effective in controlling most individuals, officers should be aware that the device may not achieve the intended results and be prepared with other options.
- B. The remote restraint device should not be used in potentially deadly force situations without firearm backup.
 - 1. When used according to the specifications and training, the device should be considered a low-level use of force.
 - 2. Prior to using the device, officers need to consider any risks to the public or themselves
- C. Only officers trained in the use of the remote restraint devices are authorized to carry and use them.
- D. Officers are only authorized to carry department remote restraint devices while on-duty in a patrol response function. Officers shall ensure that remote restraint devices are secured at all times.

IV. PROCEDURES/REGULATIONS

A. Standard devices

Officers shall only carry MPD-approved remote restraint devices, cartridges and cutters. No personally owned remote restraint devices shall be carried or used.

B. Target areas

- 1. Reasonable efforts should be made to target lower extremities or lower arms.
- 2. The head, neck, chest and groin shall be avoided.
- 3. If the dynamics of a situation or officer safety do not permit the officer to limit the application of the remote restraint device to a precise target area, officers should monitor the condition of the subject if it strikes the head, neck, chest or groin until the subject is examined by paramedics or other medical personnel.

C. Deployment

- 1. The remote restraint device may be used in any of the following circumstances, when the circumstances perceived by the officer at the time indicate that such application is reasonably necessary to control a person:
 - a. The subject is violent or is physically resisting.
 - b. The subject has demonstrated, by words or action, an intention to be violent or to physically resist, and reasonably appears to present the potential to harm officers, themselves or others.
- 2. Remote restraint devices should not be used on individuals who are merely fleeing on foot, without other known and articulable facts or circumstances. Prior to using the device on a subject in flight the following should be considered:
 - a. The severity of the crime at issue;
 - b. Whether both of the following apply:
 - The subject poses an immediate threat to the safety of the officer or others, and;
 - The officer has a reasonable belief that using the device would not cause significant harm to the subject fleeing unless use of deadly force would otherwise be permitted.
- 3. The aiming laser shall never be intentionally directed into the eyes of anyone as it may permanently impair their vision.
- 4. For tactical reasons, the deploying officer should attempt to avoid being the contact officer.

D. Other deployment considerations

1. Certain individuals

The use of the remote restraint device on certain individuals should generally be avoided unless the totality of the circumstances indicates that other available options reasonably appear ineffective or would present a greater danger to the officer, the subject or others, and the officer reasonably believes that the need to control the individual outweighs the risk of using the device. This includes:

- Individuals who are known to be pregnant.
- Elderly individuals.
- Children (known to be or who appear to be under the age of 12).
- Individuals who are handcuffed or otherwise restrained.
- Individuals detained in a police vehicle.
- Individuals in danger of falling or becoming entangled in machinery or heavy equipment, which could result in death or serious bodily injury.
- Individuals near any body of water that may present a drowning risk.
- Individuals whose position or activity may result in collateral injury (e.g., falls from height, operating vehicles).

2. Repeated applications of the device

If the first application of the remote restraint device appears to be ineffective in gaining control of an individual, officers should consider certain factors before additional applications of the device, including:

- Whether the Kevlar cord or barbs are making proper contact.
- Whether the individual has the ability and has been given a reasonable opportunity to comply.
- Whether verbal commands, other options or tactics may be more effective.

3. Dangerous animals

The remote restraint device should not be deployed against an animal as part of a plan to deal with a potentially dangerous animal, such as a dog, etc. This device was not intended for use against animals. However, if the animal reasonably appears to pose an imminent threat to human safety and alternative methods are not reasonably available or would likely be ineffective the remote restraint device may be deployed to protect against harm to suspects, subjects and officers.

4. Verbal warnings

- a. When feasible, officers should air a notification on the radio when arriving at a scene with the intention of using a remote restraint device.
- b. When appropriate given the situation, officers discharging a remote restraint device should yell "Bola, Bola, Bola!" prior to and during discharge.
- c. Officers shall air a notification on the radio as soon as feasible after discharging a remote restraint device to alert dispatch and other officers that the sound was a device being discharged.
- d. The fact that a verbal or other warning was given or the reasons it was not given shall be documented by the officer deploying the remote restraint device in the related report.

E. Carrying and storage

1. Officers shall only use department-approved remote restraint devices that have been issued by the Department.
2. Only officers who have successfully completed department-approved training may be authorized to carry and deploy the remote restraint device.
3. All remote restraint devices are clearly and distinctly marked to differentiate them from the duty weapon and any other device.
4. Uniformed and plainclothes officers who have been authorized to carry the remote restraint device shall wear the device in an approved holster on their person or keep the device safely and properly stored in their City vehicle.
5. Officers shall ensure that their remote restraint device is properly maintained and in good working order. Officers shall notify the Training Division of any issues, as the Training Division is in charge of inventory and maintenance of the devices.
6. Officers should not hold both a firearm and the remote restraint device at the same time.

F. Medical treatment

1. Medical assistance shall be rendered as necessary in accordance with P&P 5-306 and the Emergency Medical Response policy (P&P 7-350).

- a. Additionally, any such individual who falls under any of the following categories should, as soon as practicable, be examined by paramedics or other qualified medical personnel:
 - The person is suspected of being under the influence of controlled substances or alcohol.
 - The person may be pregnant.
 - The remote restraint device pellets are lodged in a sensitive area (e.g., groin, female breast, head, face, neck).
2. Officers on scene shall determine whether transporting the person to a medical facility is necessary to remove the pellets or barbs.
3. If officers determine that cutting the tether is reasonable and appropriate, officers may cut the tether at the scene using medical scissors.

G. Use of Force reporting

1. Officers that deploy a remote restraint device shall report the force in accordance with P&P 5-306, and shall complete a report entitled "FORCE."
2. If a supervisor was not notified prior to deployment, officers who deploy the remote restraint device shall notify a supervisor to respond to the scene.
3. Officers shall document any injuries or points of contact, with photographs whenever possible.
4. A supervisor shall respond to the scene any time a remote restraint device is used. The responding supervisor shall review the incident and complete a use of force review in accordance with P&P 5-307.
5. Supervisors shall ensure that all expended cartridges, pellets, barbs and cord are collected and property inventoried if possible.

H. Transport of subjects

If an officer transports the subject, the transporting officer shall inform any person providing medical care or receiving custody that the individual has been subjected to the application of the remote restraint device.

I. BolaWrap™ pilot device form

1. In addition to incident and force reporting, deployment of the remote restraint device shall be documented by each discharging officer using the BolaWrap™ Test and Evaluation form. The following information is required on the form:
 - Device and cartridge serial numbers.
 - Date, time and location of the incident.
 - Whether any display or laser deterred a subject and gained compliance.
 - Number of device activations and the duration between activations.
 - Range at which the device was used (as best as can be determined).
 - Locations of impact from any deployments.
 - Whether medical care was provided to the subject.
 - Whether the subject sustained any injuries.
 - Whether any officers sustained any injuries.
2. The Training Division will periodically analyze the report forms to identify trends, including deterrence and effectiveness.

Last updated Oct 21, 2019

Annex 2

911 Emergency Services Transcript – George Floyd

911 Call Transcript

Incident Number: 20-140629

May 25, 2020; 20:01:14

Operator: 911 what's the address of the emergency?

Caller: This is ah 3759 Chicago AV.

Operator: How can I help you?

Caller: Um someone comes our store and give us fake bills and we realize it before he left the store, and we ran back outside, they was sitting on their car. We tell them to give us their phone, put their (inaudible) thing back and everything and he was also drunk and everything and return to give us our cigarettes back and so he can, so he can go home but he doesn't want to do that, and he's sitting on his car cause he is awfully drunk and he's not in control of himself.

Operator: Okay, what type of vehicle does he have?

Caller: And.... um he's got a vehicle that is ah...ah he got a vehicle that is ah...one second let me see if I can see the license. The driver license is BRJ026.

Operator: Okay, what color is it?

Caller: It's a blue color. It's a blue van.

Operator: Blue van?

Caller: Yes, van.

Operator: Alright blue van, gotcha. Is it out front or is it on 38th ST?

Caller: Ah it's on 38th ST.

Operator: On 38th ST. So, this guy gave a counterfeit bill, has your cigarettes, and he's under the influence of something?

Caller: Something like that, yes. He is not acting right.

Operator: What's he look like, what race?

Caller: Um, he's a tall guy. He's like tall and bald, about like 6...6-1/2, and she's not acting right so and she started to go, drive the car.

Operator: Okay so, female or a male?

Caller: Um...

Operator: Is it a girl or a boy?

Caller: (Talking to somebody else)—he's asking (inaudible) one second. Hello?

Operator: Is it a girl or a boy that did this?

Caller: It is a man.

Operator: Okay. Is he white, black, Native, Hispanic, Asian?

Caller: Something like that.

Operator: Which one? White, black, Native, Hispanic, Asian?

Caller: No, he's a black guy.

Operator: Alright (sigh).

Caller: How is your day going?

Operator: Not too bad.

Caller: Had a long day, huh?

Operator: What's your name?

Caller: My name is [REDACTED].

Operator: Alright [REDACTED], a phone number for you?

Caller: [REDACTED].

Operator: Alright, I've got help on the way. If that vehicle or that person leaves before we get there, just give us a call back, otherwise we'll have squads out there shortly, okay?

Caller: No problem.

Operator: Thank you.

Annex 3

Hennepin County Coroner Report



**HENNEPIN COUNTY
MEDICAL EXAMINER'S OFFICE
AUTOPSY REPORT**



ME NO.: 20-3700

CASE TITLE: CARDIOPULMONARY ARREST COMPLICATING LAW ENFORCEMENT
SUBDUAL, RESTRAINT, AND NECK COMPRESSION

DECEASED: George Floyd aka Floyd Perry **SEX:** M **AGE:** 46

DATE AND HOUR OF DEATH: 5-25-20; 9:25 p.m.

DATE AND HOUR OF AUTOPSY: 5-26-20; 9:25 a.m.

PATHOLOGIST: Andrew M. Baker, M.D.

FINAL DIAGNOSES:

46-year-old man who became unresponsive while being restrained by law enforcement officers; he received emergency medical care in the field and subsequently in the Hennepin HealthCare (HHC) Emergency Department, but could not be resuscitated.

I. Blunt force injuries

- A. Cutaneous blunt force injuries of the forehead, face, and upper lip
- B. Mucosal injuries of the lips
- C. Cutaneous blunt force injuries of the shoulders, hands, elbows, and legs
- D. Patterned contusions (in some areas abraded) of the wrists, consistent with restraints (handcuffs)

II. Natural diseases

- A. Arteriosclerotic heart disease, multifocal, severe
- B. Hypertensive heart disease
 - 1. Cardiomegaly (540 g) with mild biventricular dilatation
 - 2. Clinical history of hypertension
- C. Left pelvic tumor (incidental, see microscopic description)

III. No life-threatening injuries identified

- A. No facial, oral mucosal, or conjunctival petechiae
- B. No injuries of anterior muscles of neck or laryngeal structures
- C. No scalp soft tissue, skull, or brain injuries
- D. No chest wall soft tissue injuries, rib fractures (other than a single rib fracture from CPR), vertebral column injuries, or visceral injuries
- E. Incision and subcutaneous dissection of posterior and lateral neck, shoulders, back, flanks, and buttocks negative for occult trauma

IV. Viral testing (Minnesota Department of Health, postmortem nasal swab collected 5/26/2020): positive for 2019-nCoV RNA by PCR (see 'Comments,' below)

V. Hemoglobin S quantitation (postmortem femoral blood, HHC Laboratory): 38% (see 'Comments,' below)

VI. Toxicology (see attached report for full details; testing performed on antemortem blood specimens collected 5/25/20 at 9:00 p.m. at HHC and on postmortem urine)

A. Blood drug and novel psychoactive substances screens:

- 1. Fentanyl 11 ng/mL
- 2. Norfentanyl 5.6 ng/mL
- 3. 4-ANPP 0.65 ng/mL
- 4. Methamphetamine 19 ng/mL
- 5. 11-Hydroxy Delta-9 THC 1.2 ng/mL;
Delta-9 Carboxy THC 42 ng/mL; Delta-9 THC 2.9 ng/mL
- 6. Cotinine positive
- 7. Caffeine positive

B. Blood volatiles: negative for ethanol, methanol, isopropanol, or acetone

C. Urine drug screen: presumptive positive for cannabinoids, amphetamines, and fentanyl/metabolite

D. Urine drug screen confirmation: morphine (free) 86 ng/mL

Comments: The finding of sickled-appearing cells in many of the autopsy tissue sections prompted the Hemoglobin S quantitation reported above. This quantitative result is indicative of sickle cell trait. Red blood cells in individuals with sickle cell trait are known to sickle as a postmortem artifact. The decedent's antemortem peripheral blood smear (made from a complete blood count collected 5/25/20 at 9:00 p.m.) was reviewed by an expert HHC hematopathologist at the Medical Examiner's request. This review found no evidence of antemortem sickling.

The decedent was known to be positive for 2019-nCoV RNA on 4/3/2020. Since PCR positivity for 2019-nCoV RNA can persist for weeks after the onset and resolution of clinical disease, the autopsy result most likely reflects asymptomatic but persistent PCR positivity from previous infection.

6/1/2020

X 

Andrew M. Baker, M.D.

Chief Medical Examiner

Signed by: Andrew M. Baker MD

In accordance with HCME policy, this report was reviewed by another board-certified forensic pathologist prior to release.

IDENTIFICATION:

Positive identification is confirmed by comparison of antemortem and postmortem fingerprints (Federal Bureau of Investigation).

EXTERNAL EXAMINATION:

When initially examined, the body is in a sealed/locked and properly labeled body bag. Evidentiary paper bags are secured over the hands.

The body is that of a normally developed, muscular and adequately nourished appearing, 6 feet 4 inch long, 223 pound male whose appearance is consistent with the reported age of 46 years. Unfixed lividity is present on the posterior dependent surfaces of the body, except in areas exposed to pressure. Rigor mortis is established in all of the major muscle groups, relenting with modest pressure. The temperature is somewhat cool following refrigeration.

The scalp is covered with closely cropped black hair in a normal distribution, with some early vertex thinning. The irides are brown, and the pupils are round and equal in diameter. The conjunctivae are somewhat injected, but there are no bulbar or palpebral conjunctival petechiae. There are no facial, periorbital, or oral mucosal petechiae. The external auditory canals are free of blood. The lobe of the left ear is remotely pierced once; the ears are otherwise unremarkable. The nares are patent. The nasal and facial bones are stable to palpation. A faint, 2 cm maximum dimension V-shaped scar is near the superior end of the left jawline. The teeth appear native and in good repair. Very short black mustache and beard stubble is in the usual distribution on the face, and a small patch of slightly longer black beard hair is just inferior to the lower lip.

The neck is straight, and the trachea is midline. A 0.6 cm diameter circular gray-brown scar is over the middle of the left clavicle. The chest is symmetric. The abdomen is flat. The external genitalia are those of a normal adult male. The testes are descended and free of masses. Pubic hair is present in a normal distribution. The back, buttocks, and anus are unremarkable.

The upper and lower extremities are symmetric and free of clubbing, edema, or absence of digits. Six faint, hypopigmented, haphazardly oriented linear scars ranging up to 1.2 cm long are scattered across the dorsum of the right

forearm. Approximately eight gray-tan foci of healing injuries (scars) ranging up to 0.8 cm maximum dimension are scattered across the dorsum of the right hand. Two similar appearing healing injuries (scars), each 1 cm maximum dimension, are on the anteromedial right wrist. A similar appearing, obliquely oriented 2 cm long linear healing injury (scar) is on the medial right wrist. The skin of the first dorsal webspace on the right hand has a 4.5 cm maximum dimension area of brown hyperpigmentation and gray-tan hyperkeratosis. An 8 cm maximum dimension area of brown hyperpigmentation and gray-tan hyperkeratosis spans the first dorsal webspace on the left hand, and has five superimposed healing linear skin cracks ranging up to 1.2 cm long. Similar gray-tan, scar-like areas are on the dorsum of the left hand (over the left 2nd and 3rd metacarpophalangeal joints and the webspaces between the fingers) and wrist in areas ranging 0.2 to 2 cm maximum dimension. A 4 cm maximum dimension flat tan scar is on the dorsum of the left hand over the 5th metacarpal. The nails of the hands are cut or chewed extremely short.

A 4 cm maximum dimension horizontally oriented linear brown scar is over the anterior right hip. A 0.5 cm maximum dimension macular brown nevus is over the anterior right hip. Two flat, hyperpigmented patches, 1.2 and 2 cm maximum dimension, flank the left side of the waistline. A 1.5 cm maximum dimension hypopigmented oval scar is over the right knee. Approximately nine haphazardly oriented linear hypopigmented scars ranging up to 2 cm maximum dimension are scattered over and just inferior to the right knee. Approximately nine hyper- and hypopigmented linear and oval scars ranging up to 2 cm maximum dimension are over the right shin. A faint, 1.5 cm maximum dimension hyper- and hypopigmented scar is on the posterolateral left thigh. Five hypopigmented linear scars ranging up to 5 cm maximum dimension are over, just superior to, and just inferolateral to the left knee. A 3 cm maximum dimension area of slight skin darkening associated with hair follicle plugging is on the distal left calf. The nails of the toes are somewhat elongated, markedly thickened, and discolored yellow-brown. The soles of the feet and the posterior heels are somewhat hyperkeratotic and desiccated appearing, particularly on the right.

TATTOOS:

- A 42 cm maximum dimension monochromatic blue tattoo of an eagle holding a rifle spans the upper chest, from shoulder to shoulder and from the inferior neck to the distal sternum.
- An 11 cm maximum dimension monochromatic blue tattoo of a pair of praying hands is on the epigastric abdomen.
- A 9 cm maximum dimension monochromatic blue tattoo of the name "LAURA" is on the right upper abdomen.
- A 10 cm maximum dimension monochromatic blue tattoo of the name "CISSY" is on the left upper abdomen.
- A 28 cm maximum dimension monochromatic blue tattoo of the name "FLOYD" spans both sides of the abdomen just superior to the umbilicus.
- A 10 cm maximum dimension monochromatic blue tattoo of what appears to be a gravestone with some letters and numbers and the letters "R.I.P." is on the anterior right forearm.
- A 12 cm maximum dimension monochromatic blue tattoo of two stars and what appears to be the name "Brittney" and the letters "R.I.P." is on the proximal anterior left forearm.
- A 20 cm maximum dimension patterned monochromatic blue tattoo spans the anterior, lateral, and posterior aspects of the left forearm.

CLOTHING AND PERSONAL EFFECTS:

The following clothing items are received with the body in the body bag, in a hospital patient belongings bag, and examined separate from the body at the start of the postmortem examination:

- Size XXL "Nike" brand blue track pants, extensively cut apart (presumably for medical intervention)
- A black ribbed sleeveless t-shirt (no tag), extensively cut apart (presumably for medical intervention)
- Size 3XL "Starting 5" brand black and gray sweatpants, extensively cut apart (presumably for medical intervention)
- A pair of black dress socks, one with a gray heel and gray toe box

MEDICAL INTERVENTION:

- Oral endotracheal tube, correctly positioned in the trachea and held in place on the face with a white and tan plastic and elastic band
- Thoracostomy incision (3.6 cm maximum dimension, somewhat ragged and V-shaped), right lateral chest (approximately six superficial punctures and cuts, ranging from pinpoint to 1.5 cm long, are adjacent to the thoracostomy)
- Thoracostomy incision (3.9 cm long, somewhat ragged and linear), left lateral chest (a pinpoint cut or puncture is just inferior to the thoracostomy)
- Curvilinear orange abrasions centered over the sternum (10 cm maximum dimension aggregate), consistent with cardiopulmonary resuscitation
- Intravascular catheter with attached segment of tubing, taped in place just proximal to the left antecubital fossa (the tape associated with this catheter has created a localized area of skin slippage in the left antecubital fossa)
- Needle puncture, just distal to the left antecubital fossa
- Intraosseous catheter with attached tubing, right tibia
- Intraosseous catheter with attached tubing, left tibia
- Intravascular catheter with attached tubing, taped in place on the right groin
- Hospital tag, right great toe
- Hospital bracelets (2), right wrist
- Needle puncture, left groin
- Minimally hemorrhagic horizontal fracture in the sternum, consistent with cardiopulmonary resuscitation
- Non-hemorrhagic fracture of the anterior left 4th rib, consistent with cardiopulmonary resuscitation

EVIDENCE OF INJURY:

Head and Neck

- 4 cm maximum dimension abraded red-black-purple contusion, lateral corner of left brow
- Pinpoint red abrasion, just left of the midline of the forehead
- 6.5 cm maximum dimension red-black abrasion, left cheek
- 0.6 cm maximum dimension red abrasion, just inferior to left corner of mouth
- 0.8 cm maximum dimension curvilinear red avulsion, just superior to right side of upper lip

- Eight pinpoint to 0.2 cm maximum dimension red abrasions, right side of nose
- Faint blue contusions on the body of the nose (3.5 cm), right naris (1.5 cm), and left naris (1.0 cm)
- 1.5 cm maximum dimension aggregate of pink-purple mucosal abrasions and lacerations, upper lip
- 2 cm maximum dimension aggregate of pink-orange mucosal abrasions and lacerations, lower lip

Shoulders and Extremities

- 8 cm maximum dimension purple contusion with 4.5 cm maximum dimension aggregate of linear red abrasions, anterolateral right shoulder
- 2 cm maximum dimension red L-shaped scratch, superior right shoulder
- 14 cm maximum dimension pink-purple contusion with a discontinuous 8 cm maximum dimension dried red-black abrasion, left shoulder
- 0.2 cm maximum dimension red abrasion, just medial to the right elbow
- 3 cm maximum dimension faint pink contusion, just medial to the left elbow
- Pinpoint red abrasion, just medial and distal to the left elbow
- 1.5 cm maximum dimension purple contusion, proximal right shin
- 2.5 cm maximum dimension aggregate of red abrasions, distal right shin
- 0.3 cm maximum dimension red abrasion over the left calf

Wrists and Hands

- 1.4 cm maximum dimension red and dried black abrasion, dorsum of proximal interphalangeal joint, right index finger
- Two 0.8 cm maximum dimension red and focally dried black abrasions, dorsum of proximal interphalangeal joint, right middle finger
- Circumferential, discontinuous, 3.5 cm maximum width, roughly parallel pink-purple contusions encircling the right wrist, with areas of superimposed abrasions up to 1.2 cm maximum dimension; a 0.9 cm long superficial red scratch is on the lateral right wrist between the patterned contusion and the hand

- Circumferential, discontinuous, 2.5 cm maximum width, roughly parallel pink-purple contusions encircling the left wrist, with areas of superimposed abrasions up to 1.3 cm maximum dimension
 - On the anterolateral left wrist, in a 3.5 cm long area, the injury transitions to a dried yellow-black abraded furrow before blending into the anterior wrist crease
- 2.2 cm maximum dimension purple contusion, dorsum of left hand

INTERNAL EXAMINATION:

HEAD: The soft tissues of the scalp are free of injury. The calvarium is intact, as is the dura mater beneath it. Clear cerebrospinal fluid surrounds the 1380 g brain, which has unremarkable gyri and sulci. Coronal sections demonstrate sharp demarcation between white and gray matter, without hemorrhage or contusive injury. The ventricles are of normal size. The basal ganglia, brainstem, cerebellum, and arterial systems are free of injury or other abnormalities. There are no skull fractures. The atlanto-occipital joint is stable.

NECK: Layer by layer dissection of the anterior strap muscles of the neck discloses no areas of contusion or hemorrhage within the musculature. The thyroid cartilage and hyoid bone are intact. The larynx is lined by intact mucosa. The thyroid is symmetric and red-brown, without cystic or nodular change. The tongue is free of bite marks, hemorrhage, or other injuries. The cervical spinal column is palpably stable and free of hemorrhage.

BODY CAVITIES: Except as previously noted, the ribs, sternum, and vertebral bodies are visibly and palpably intact. Stripping of the parietal pleura reveals no occult rib fractures. No excess fluid is in the pleural, pericardial, or peritoneal cavities. The organs occupy their usual anatomic positions. Adjacent to the left external iliac vessels and left psoas muscle (but not apparently arising from them or attached to them) is a firm, 4 cm maximum dimension thinly encapsulated mass consisting of red-brown and fleshy white-gray areas, admixed with centrally scarred and calcified areas.

RESPIRATORY SYSTEM: The right and left lungs weigh 1085 and 1015 g, respectively. The external surfaces are pink only on the most anterior aspects, and deep red-purple in all other areas. The pulmonary parenchyma is diffusely congested and edematous.

No mass lesions or areas of consolidation are present. The pulmonary vascular tree is free of thromboemboli. The tracheobronchial tree is free of blood, edema fluid, or foreign material.

CARDIOVASCULAR SYSTEM: The 540 g heart (upper limit of normal for body length is 510 g; upper limit of normal for body weight is 521 g)¹ is contained in an intact pericardial sac. The epicardial surface is smooth, with modest fat investment. The coronary arteries are present in a normal distribution, with a right dominant pattern. Cross sections of the vessels show multifocal atherosclerosis, with 75% proximal and 75% mid narrowing of the left anterior descending coronary artery; 75% proximal narrowing of the 1st diagonal branch of the left anterior descending coronary artery; 25% proximal narrowing of the circumflex coronary artery; and 90% proximal narrowing of the right coronary artery. The myocardium is homogeneous, red-brown, and firm. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 1.2 and 0.4 cm thick, respectively. The endocardium is smooth and glistening. Both ventricular cavities are mildly dilated. The minimally atherosclerotic aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

LIVER AND BILIARY SYSTEM: The 2565 g liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is tan-brown and congested, with the usual lobular architecture. No mass lesions or other abnormalities are seen. The gallbladder contains a moderate amount of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN: The 140 g spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested.

PANCREAS: The pancreas is firm and yellow-tan, with the usual lobular architecture. No mass lesions or other abnormalities are seen.

ADRENALS: The right and left adrenal glands are symmetric, with bright yellow cortices and gray medullae. No masses or areas of hemorrhage are identified.

¹ Kitzman DW, Scholz DG, Hagen PT, et al. Age-related changes in normal human hearts during the first 10 decades of life. Part II (maturity): a quantitative anatomic study of 765 specimens from subjects 20 to 99 years old. Mayo Clin Proc. 1988; 63: 137-146.

GENITOURINARY SYSTEM: The right and left kidneys weigh 205 and 225 g, respectively. The external surfaces are intact and smooth. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The bladder contains approximately 80 mL of yellow urine. The prostate is normal in size, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

GASTROINTESTINAL TRACT: The esophagus is intact and lined by smooth, gray-white mucosa. The stomach contains approximately 450 mL of dark brown fluid with innumerable soft fragments of gray-white food particulate matter resembling bread. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present.

SPECIAL PROCEDURES:

Incision and subcutaneous dissection of the anterior and lateral aspects of the wrists demonstrates no foci of contusion or hemorrhage deep to the skin on the right. In the left wrist, there is multifocal fascial hemorrhage, with approximately 3 mL liquid blood accumulation, in the tissue surrounding the flexor tendons. The exposed wrist musculature itself appears free of injury.

An incision from the back of the head to the lower back, extending onto both buttocks, is dissected subcutaneously to the lateral aspects of the neck, the shoulders, and flanks. No areas of subcutaneous hemorrhage, soft tissue contusion, or other occult injury are found in the posterior neck, right and left lateral neck, shoulders, back, flanks, or buttocks.

ADDITIONAL PROCEDURES:

- Documentary photographs are taken.
- Postmortem specimens collected and retained: vitreous fluid, femoral blood, urine, liver, and gastric contents.
- Representative tissue biopsies are retained in formalin for microscopic examination.
- The dissected organs are returned to the body.
- Pulled head hairs are placed in a labeled, sealed envelope.

MICROSCOPIC EXAMINATION:

- HEART (3-5):** Cross sections of left ventricular, right ventricular, and interventricular septal myocardium are examined and show the expected microscopic architecture, with readily visible boxcar nuclear changes in the septal and left ventricular sections. Cross sections of coronary arteries, though not all ideally oriented, confirm the gross impression of atherosclerotic narrowing.
- LUNGS (6):** Sections of right and left lung show generally normal overall architecture, without malignancy, pneumonia, granulomatous inflammation, or polarizable intravascular foreign material. Many small vessels contain rounded clear vacuoles, consistent with bone marrow embolism from cardiopulmonary resuscitation.
- LIVER (7):** No significant pathologic abnormality (marked congestion).
- SPLEEN (7):** No significant pathologic abnormality.
- KIDNEY (8):** No significant pathologic abnormality (marked congestion).
- PANCREAS (8):** No significant pathologic abnormality.
- ADRENAL (9):** No significant pathologic abnormality (marked congestion).
- SPLEEN (9):** No significant pathologic abnormality (marked congestion).
- BRAIN (10-12):** Sections of hippocampus, cerebellum, cerebral cortex, and midbrain show the expected microscopic architecture, without hypoxic-ischemic, reactive, neoplastic, or inflammatory changes.
- LEFT PELVIC MASS (1,2):** Decalcified (1) and routinely fixed (2) sections show a proliferation of generally bland appearing cells with small to moderate amounts of eosinophilic cytoplasm and generally uniform nuclei with neuroendocrine features. Occasional

nuclei show mild pleomorphism, but mitotic activity is not seen. Much of the tumor is composed of cells in sheets, cords, and nests in a carcinoid-like pattern; other areas vary from vascular to sclerosed and fibrotic. Taken together, the gross and microscopic (H&E-stains) features of the lesion are most suggestive of an extraadrenal paraganglioma. AFB and GMS stains are non-contributory.

NOTE:

Many of the above tissue sections, particularly those noted to have congestion, contain sickled-appearing red blood cells.



NMS Labs

CONFIDENTIAL

200 Welsh Road, Horsham, PA 19044-2208

Phone: (215) 657-4900 Fax: (215) 657-2972

e-mail: nms@nmslabs.com

Robert A. Middleberg, PhD, F-ABFT, DABCC-TC, Laboratory

Toxicology Report

Report Issued 05/31/2020 18:44

To: 148889

Hennepin County Medical Examiner
530 Chicago Avenue

Minneapolis, MN 55415

Patient Name FLOYD, GEORGE

Patient ID 2020-3700

Chain NMSCP59310

Age 46 Y DOB 10/14/1973

Gender Male

Workorder 20159963

Page 1 of 7

Positive Findings:

<u>Compound</u>	<u>Result</u>	<u>Units</u>	<u>Matrix Source</u>
Caffeine	Positive	mcg/mL	001 - Hospital Blood
Cotinine	Positive	ng/mL	001 - Hospital Blood
4-ANPP	0.65	ng/mL	003 - Hospital Blood
11-Hydroxy Delta-9 THC	1.2	ng/mL	001 - Hospital Blood
Delta-9 Carboxy THC	42	ng/mL	001 - Hospital Blood
Delta-9 THC	2.9	ng/mL	001 - Hospital Blood
Methamphetamine	19	ng/mL	001 - Hospital Blood
Fentanyl	11	ng/mL	001 - Hospital Blood
Norfentanyl	5.6	ng/mL	001 - Hospital Blood
Cannabinoids	Presump Pos	ng/mL	012 - Urine
Amphetamines	Presump Pos	ng/mL	012 - Urine
Fentanyl / Metabolite	Presump Pos	ng/mL	012 - Urine
Morphine - Free	86	ng/mL	012 - Urine

See Detailed Findings section for additional information

Testing Requested:

<u>Analysis Code</u>	<u>Description</u>
8050U	Postmortem, Urine Screen Add-on (6-MAM Quantification only)
9096B	Alcohol Screen, Blood (Forensic)
8210B	Novel Psychoactive Substances (NPS) Screen 2, Blood
8052B	Postmortem, Expanded, Blood (Forensic)
8756B	Novel Psychoactive Substances (NPS) Screen 1, Blood

Specimens Received:

<u>ID</u>	<u>Tube/Container</u>	<u>Volume/ Mass</u>	<u>Collection Date/Time</u>	<u>Matrix Source</u>	<u>Miscellaneous Information</u>
001	Lavender Vial	2.8 mL	05/25/2020 21:00	Hospital Blood	
002	Gray Vial	0.6 mL	05/25/2020 21:00	Hospital Blood	
003	Lavender Vial	5.75 mL	05/25/2020 21:00	Hospital Blood	
004	Light Blue Vial	2.5 mL	05/25/2020 21:00	Hospital Blood	
005	Green Vial	1.3 mL	05/25/2020 21:00	Hospital Blood	
006	Red Vial	0.75 mL	05/25/2020 21:00	Hospital Serum or Plasma	
007	Gray Top Tube	8.8 mL	05/26/2020 12:20	Femoral Blood	
008	Gray Top Tube	8.8 mL	05/26/2020 12:20	Femoral Blood	
009	Gray Top Tube	8.8 mL	05/26/2020 12:20	Femoral Blood	

ID	Tube/Container	Volume/ Mass	Collection Date/Time	Matrix Source	Miscellaneous Information
010	Gray Top Tube	8.8 mL	05/26/2020 12:20	Femoral Blood	
011	Gray Vial	3.3 mL	05/26/2020 12:20	Femoral Blood	
012	Yellow Vial	7.75 mL	05/26/2020 12:20	Urine	
013	Yellow Vial	7.75 mL	05/26/2020 12:20	Urine	

All sample volumes/weights are approximations.

Specimens received on 05/28/2020.

Detailed Findings:

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Caffeine	Positive	mcg/mL	0.20	001 - Hospital Blood	LC/TOF-MS
Cotinine	Positive	ng/mL	200	001 - Hospital Blood	LC/TOF-MS
4-ANPP	0.65	ng/mL	0.10	003 - Hospital Blood	LC-MS/MS
11-Hydroxy Delta-9 THC	1.2	ng/mL	1.0	001 - Hospital Blood	LC-MS/MS
Delta-9 Carboxy THC	42	ng/mL	5.0	001 - Hospital Blood	LC-MS/MS
Delta-9 THC	2.9	ng/mL	0.50	001 - Hospital Blood	LC-MS/MS
Methamphetamine	19	ng/mL	5.0	001 - Hospital Blood	LC-MS/MS
Fentanyl	11	ng/mL	0.10	001 - Hospital Blood	LC-MS/MS
Norfentanyl	5.6	ng/mL	0.20	001 - Hospital Blood	LC-MS/MS
Cannabinoids	Presump Pos	ng/mL	50	012 - Urine	EIA
This test is an unconfirmed screen. Confirmation by a more definitive technique such as GC/MS is recommended.					
Amphetamines	Presump Pos	ng/mL	500	012 - Urine	EIA
This test is an unconfirmed screen. Confirmation by a more definitive technique such as GC/MS is recommended.					
Fentanyl / Metabolite	Presump Pos	ng/mL	2.0	012 - Urine	EIA
This test is an unconfirmed screen. Confirmation by a more definitive technique such as GC/MS is recommended.					
Morphine - Free	86	ng/mL	25	012 - Urine	LC-MS/MS

Other than the above findings, examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.

Reference Comments:

- 11-Hydroxy Delta-9 THC (Active Metabolite) - Hospital Blood:
11-Hydroxy Delta-9 THC is an active intermediate metabolite of tetrahydrocannabinol (THC) the active component of marijuana. Usual peak levels: Less than 10% of THC levels after smoking.
- 4-ANPP (Despropionyl fentanyl) - Hospital Blood:
4-ANPP (despropionylfentanyl) is a precursor chemical used in the production of fentanyl and is also a fentanyl metabolite. It may be used in the production of other related compounds such as acetyl fentanyl, butyryl fentanyl and furanyl fentanyl and may be a metabolite of these and other fentanyl-related compounds. It is considered to be pharmacologically weak.
- Amphetamines - Urine:
Amphetamines are a class of central nervous system stimulant drugs, with some therapeutic uses, and a high potential for abuse.

This result derives from a presumptive test, which may be subject to cross-reactivity with non-amphetamine related compounds. A second test is necessary to confirm the presence of amphetamine related compounds.

Reference Comments:

4. Caffeine (No-Doz®) - Hospital Blood:

Caffeine is a xanthine-derived central nervous system stimulant. It also produces diuresis and cardiac and respiratory stimulation. It can be readily found in such items as coffee, tea, soft drinks and chocolate. As a reference, a typical cup of coffee or tea contains between 40 to 100 mg caffeine.

The reported qualitative result for this substance was based upon a single analysis only. If confirmation testing is required please contact the laboratory.

5. Cannabinoids - Urine:

Cannabinoids are chemical compounds derived from the plant *Cannabis sativa* (marijuana), including active components, chemical congeners and metabolites. Delta-9-Tetrahydrocannabinol (THC) is the principal active component.

This result derives from a presumptive test, which may be subject to cross-reactivity with non-cannabinoid related compounds. A second test is necessary to confirm the presence of cannabinoid related compounds.

6. Cotinine (Nicotine Metabolite) - Hospital Blood:

Cotinine is a metabolite of nicotine and may be encountered in the fluids and tissues of an individual as a result of tobacco exposure.

Anabasin is a natural product occurring in tobacco, but not in pharmaceutical nicotine and a separate test for anabasin in urine can be used to distinguish tobacco from pharmaceutical nicotine use.

The reported qualitative result for this substance was based upon a single analysis only. If confirmation testing is required please contact the laboratory.

7. Delta-9 Carboxy THC (Inactive Metabolite) - Hospital Blood:

Delta-9-THC is the principle psychoactive ingredient of marijuana/hashish. Delta-9-carboxy-THC (THCC) is the inactive metabolite of THC. The usual peak concentrations in serum for 1.75% or 3.55% THC marijuana cigarettes are 10 - 101 ng/mL attained 32 to 240 minutes after beginning smoking, with a slow decline thereafter. The ratio of whole blood concentration to plasma concentration is unknown for this analyte. THCC may be detected for up to one day or more in blood. Both delta-9-THC and THCC may be present substantially longer in chronic users. THCC is usually not detectable after passive inhalation.

8. Delta-9 THC (Active Ingredient of Marijuana) - Hospital Blood:

Marijuana is a DEA Schedule I hallucinogen. Pharmacologically, it has depressant and reality distorting effects. Collectively, the chemical compounds that comprise marijuana are known as Cannabinoids.

Delta-9-THC is the principle psychoactive ingredient of marijuana/hashish. It rapidly leaves the blood, even during smoking, falling to below detectable levels within several hours. Delta-9-carboxy-THC (THCC) is the inactive metabolite of THC and may be detected for up to one day or more in blood. Both delta-9-THC and THCC may be present substantially longer in chronic users.

THC concentrations in blood are usually about one-half of serum/plasma concentrations. Usual peak levels in serum for 1.75% or 3.55% THC marijuana cigarettes: 50 - 270 ng/mL at 6 to 9 minutes after beginning smoking, decreasing to less than 5 ng/mL by 2 hrs.

9. Fentanyl (Duragesic®; Sublimaze®) - Hospital Blood:

Fentanyl is a DEA Schedule II synthetic morphine substitute anesthetic/analgesic. It is reported to be 80 to 200 times as potent as morphine and has a rapid onset of action as well as addictive properties.

It is reported that patients lost consciousness at mean plasma levels of fentanyl of 34 ng/mL when infused with 75 mcg/Kg over a 15 min period; peak plasma levels averaged 50 ng/mL.

After application of a fentanyl transdermal preparation (patch), serum fentanyl concentrations are reported to be in the following ranges within 24 hours:

25 mcg/hour patch: 0.3 - 1.2 ng/mL

50 mcg/hour patch: 0.6 - 1.8 ng/mL

75 mcg/hour patch: 1.1 - 2.6 ng/mL

100 mcg/hour patch: 1.9 - 3.8 ng/mL

Reference Comments:

Following removal of the patch, serum fentanyl concentrations are reported to decrease with a mean elimination half-life of 17 hours (range, 13 to 22 hours).

The mean peak plasma serum fentanyl concentration in adults given an 800 mcg oral transmucosal fentanyl preparation over 15 minutes is reported at 2.1 ng/mL (range, 1.4 - 3.0 ng/mL) at approximately 0.4 hours.

Signs associated with fentanyl toxicity include severe respiratory depression, seizures, hypotension, coma and death. In fatalities from fentanyl, blood concentrations are variable and have been reported as low as 3 ng/mL.

Substance(s) known to interfere with the identity and/or quantity of the reported result: 4-methylphenethyl acetyl fentanyl

10. Fentanyl / Metabolite - Urine:

Fentanyl is a DEA Schedule II synthetic morphine substitute anesthetic/analgesic. It is reported to be 80 to 200 times as potent as morphine and has a rapid onset of action as well as addictive properties.

This result derives from a presumptive test, which may be subject to cross-reactivity with non-fentanyl related compounds. A second test is necessary to confirm the presence of fentanyl related compounds.

11. Methamphetamine - Hospital Blood:

d-Methamphetamine is a DEA schedule II stimulant drug capable of causing hallucinations, aggressive behavior and irrational reactions. Chemically, there are two forms (isomers) of methamphetamine: l- and d-methamphetamine. The l-isomer is used in non-prescription inhalers as a decongestant and has weak CNS-stimulatory activity. The d-isomer has been used therapeutically as an anorexigenic agent in the treatment of obesity and has potent CNS-, cardiac- and circulatory-stimulatory activity. Amphetamine and norephedrine (phenylpropanolamine) are metabolites of methamphetamine. d-Methamphetamine is an abused substance because of its stimulatory effects and is also addictive.

A peak blood concentration of methamphetamine of 20 ng/mL was reported at 2.5 hr after an oral dosage of 12.5 mg. Blood levels of 200 - 600 ng/mL have been reported in methamphetamine abusers who exhibited violent and irrational behavior. High doses of methamphetamine can also elicit restlessness, confusion, hallucinations, circulatory collapse and convulsions.

*In this case, the level of methamphetamine determined has not been differentiated according to its isomeric forms. Differentiation of the isomers of methamphetamine is available upon request.

12. Morphine - Free (Codeine Metabolite) - Urine:

Morphine is a DEA Schedule II narcotic analgesic. In analgesic therapy, it is usually encountered as the parent compound, however, it is also commonly found as the metabolite of codeine and heroin. In illicit preparations from which morphine may arise, codeine may be present as a contaminant. A large portion of the morphine is bound to the blood proteins or is conjugated; that which is not bound or conjugated is termed 'free morphine'. Hydromorphone is a reported metabolite of morphine.

In general, free morphine is the active biologic agent. Morphine has diverse effects that may include analgesia, drowsiness, nausea and respiratory depression. 6-monoacetylmorphine (6-MAM) is the 6-monoacetylated form of morphine, which is pharmacologically active. It is commonly found as the result of heroin use.

13. Norfentanyl (Fentanyl Metabolite) - Hospital Blood:

Norfentanyl is the primary inactive metabolite of the synthetic narcotic analgesic fentanyl.

Substance(s) known to interfere with the identity and/or quantity of the reported result: Benzyl Fentanyl

Sample Comments:

001 Physician/Pathologist Name: Dr. Andrew Baker

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded one (1) year from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed.



Workorder 20159963 was electronically signed on 05/31/2020 18:27 by:

Daniel S. Isenschmid, Ph.D., F-ABFT
Forensic Toxicologist

Analysis Summary and Reporting Limits:

All of the following tests were performed for this case. For each test, the compounds listed were included in the scope. The Reporting Limit listed for each compound represents the lowest concentration of the compound that will be reported as being positive. If the compound is listed as None Detected, it is not present above the Reporting Limit. Please refer to the Positive Findings section of the report for those compounds that were identified as being present.

Acode 50016U - Opiates - Free (Unconjugated) Confirmation, Urine

-Analysis by High Performance Liquid Chromatography/ Tandem Mass Spectrometry (LC-MS/MS) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
6-Monoacetylmorphine - Free	5.0 ng/mL	Hydromorphone - Free	5.0 ng/mL
Codeine - Free	25 ng/mL	Morphine - Free	25 ng/mL
Dihydrocodeine / Hydrocodol - Free	25 ng/mL	Oxycodone - Free	25 ng/mL
Hydrocodone - Free	25 ng/mL	Oxymorphone - Free	5.0 ng/mL

Acode 52198B - Cannabinoids Confirmation, Blood - Hospital Blood

-Analysis by High Performance Liquid Chromatography/ Tandem Mass Spectrometry (LC-MS/MS) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
11-Hydroxy Delta-9 THC	1.0 ng/mL	Delta-9 THC	0.50 ng/mL
Delta-9 Carboxy THC	5.0 ng/mL		

Acode 52483B - Amphetamines Confirmation, Blood - Hospital Blood

-Analysis by High Performance Liquid Chromatography/ Tandem Mass Spectrometry (LC-MS/MS) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Amphetamine	5.0 ng/mL	Methamphetamine	5.0 ng/mL
Ephedrine	5.0 ng/mL	Norpseudoephedrine	5.0 ng/mL
MDA	5.0 ng/mL	Phentermine	5.0 ng/mL
MDEA	5.0 ng/mL	Phenylpropanolamine	20 ng/mL
MDMA	5.0 ng/mL	Pseudoephedrine	5.0 ng/mL

Acode 52484B - Fentanyl and Acetyl Fentanyl Confirmation, Blood - Hospital Blood

-Analysis by High Performance Liquid Chromatography/ Tandem Mass Spectrometry (LC-MS/MS) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Acetyl Fentanyl	0.10 ng/mL	Norfentanyl	0.20 ng/mL
Fentanyl	0.10 ng/mL		

Acode 52488B - Designer Opioids Confirmation (2019 Scope), Blood - Hospital Blood

-Analysis by High Performance Liquid Chromatography/ Tandem Mass Spectrometry (LC-MS/MS) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
2-Furanylfentanyl	0.050 ng/mL	Butyrylfentanyl	0.050 ng/mL
4-ANPP	0.10 ng/mL	Carfentanil	0.050 ng/mL
Acryl Fentanyl	0.050 ng/mL	Cyclopropylfentanyl	0.050 ng/mL

Analysis Summary and Reporting Limits:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Isobutyrylfentanyl	0.050 ng/mL	meta-Methylmethoxyacetylfentanyl	0.050 ng/mL
Methoxyacetylfentanyl	0.050 ng/mL	ortho-Fluorofentanyl	0.050 ng/mL
THF-F	0.050 ng/mL	para-Fluorobutyrylfentanyl	0.050 ng/mL
U-47700	0.050 ng/mL	para-Fluorofentanyl	0.050 ng/mL
U-49900	0.050 ng/mL	para-Fluoroisobutyrylfentanyl	0.050 ng/mL
U-51754	0.050 ng/mL	para-Methylmethoxyacetylfentanyl	0.050 ng/mL
Valeryl Fentanyl	0.050 ng/mL	trans-3-Methylfentanyl	0.050 ng/mL
cis-3-Methylfentanyl	0.050 ng/mL		

Acode 8050U - Postmortem, Urine Screen Add-on (6-MAM Quantification only)

-Analysis by Enzyme Immunoassay (EIA) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Amphetamines	500 ng/mL	Fentanyl / Metabolite	2.0 ng/mL
Barbiturates	0.30 mcg/mL	Methadone / Metabolite	300 ng/mL
Benzodiazepines	50 ng/mL	Opiates	300 ng/mL
Cannabinoids	50 ng/mL	Oxycodone / Oxymorphone	100 ng/mL
Cocaine / Metabolites	150 ng/mL	Phencyclidine	25 ng/mL

Acode 8052B - Postmortem, Expanded, Blood (Forensic) - Hospital Blood

-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Barbiturates	0.040 mcg/mL	Gabapentin	5.0 mcg/mL
Cannabinoids	10 ng/mL	Salicylates	120 mcg/mL

-Analysis by High Performance Liquid Chromatography/Time of Flight-Mass Spectrometry (LC/TOF-MS) for: The following is a general list of compound classes included in this screen. The detection of any specific analyte is concentration-dependent. Note, not all known analytes in each specified compound class are included. Some specific analytes outside these classes are also included. For a detailed list of all analytes and reporting limits, please contact NMS Labs.

Amphetamines, Anticonvulsants, Antidepressants, Antihistamines, Antipsychotic Agents, Benzodiazepines, CNS Stimulants, Cocaine and Metabolites, Hallucinogens, Hypnotosedatives, Hypoglycemics, Muscle Relaxants, Non-Steroidal Anti-Inflammatory Agents, Opiates and Opioids.

Acode 8210B - Novel Psychoactive Substances (NPS) Screen 2, Blood - Hospital Blood

-Analysis by Gas Chromatography/Mass Spectrometry (GC/MS) for: The following is a general list of compound classes considered to be Novel Psychoactive Substances included in the Gas Chromatographic screen. The detection of any particular compound is concentration-dependent. Please note that not all known compounds included in each specified class or heading are included. Some specific compounds outside these classes are also included. For a detailed list of all compounds and reporting limits included in this screen, please contact NMS Labs.

Substituted Phenethylamines, Opioid Analgesics, Substituted Cathinones, Pyrrolidinophenones, Piperazines, Tryptamines, Aminoidanes, and Benzofurans.

Acode 8756B - Novel Psychoactive Substances (NPS) Screen 1, Blood - Hospital Blood

-Analysis by High Performance Liquid Chromatography/Time of Flight-Mass Spectrometry (LC/TOF-MS) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
2-Furanylfentanyl	0.10 ng/mL	25B-NBOMe	1.0 ng/mL

Analysis Summary and Reporting Limits:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
25C-NBOMe	1.0 ng/mL	Meclonazepam	5.0 ng/mL
25H-NBOMe	1.0 ng/mL	Mephedrone	10 ng/mL
25I-NBOMe	1.0 ng/mL	Methoxetamine	2.0 ng/mL
3-Fluorophenmetrazine	5.0 ng/mL	Methoxphenidine	5.0 ng/mL
3-MeO-PCP	5.0 ng/mL	Methoxyacetylfentanyl	0.50 ng/mL
4-ANPP	0.10 ng/mL	Methylone	10 ng/mL
4-MeO-PCP	5.0 ng/mL	Mitragynine	10 ng/mL
Acetyl Fentanyl	0.50 ng/mL	N-Ethyl Pentylone	10 ng/mL
Acryl Fentanyl	0.10 ng/mL	Pentedrone	2.0 ng/mL
BZP	10 ng/mL	Pentylone	10 ng/mL
Bromazepam	10 ng/mL	Phenazepam	10 ng/mL
Butylone	10 ng/mL	Pyrazolam	5.0 ng/mL
Butyrylfentanyl	0.10 ng/mL	TFMPP	10 ng/mL
Carfentanil	0.10 ng/mL	THF-F	0.20 ng/mL
Clephedrone	50 ng/mL	U-47700	1.0 ng/mL
Clonazolam	5.0 ng/mL	U-49900	1.0 ng/mL
Cyclopropylfentanyl	0.50 ng/mL	U-51754	1.0 ng/mL
Delorazepam	5.0 ng/mL	Valeryl Fentanyl	0.50 ng/mL
Deschloroetizolam	2.0 ng/mL	alpha-PVP	2.0 ng/mL
Dibutylone	10 ng/mL	cis-3-Methylfentanyl	0.10 ng/mL
Diclazepam	20 ng/mL	meta-Methylmethoxyacetylfentanyl	0.50 ng/mL
Ethylone	10 ng/mL	ortho-Fluorofentanyl	0.10 ng/mL
Etizolam	10 ng/mL	para-Fluorobutyrylfentanyl	0.10 ng/mL
Flubromazepam	20 ng/mL	para-Fluorofentanyl	0.10 ng/mL
Flubromazolam	5.0 ng/mL	para-Fluoroisobutyrylfentanyl	0.10 ng/mL
Isobutyrylfentanyl	0.10 ng/mL	para-Methylmethoxyacetylfentanyl	0.50 ng/mL
MDPV	10 ng/mL	trans-3-Methylfentanyl	0.10 ng/mL
MPHP	10 ng/mL		

Acode 9096B - Alcohol Screen, Blood (Forensic) - Hospital Blood

-Analysis by Headspace Gas Chromatography (GC) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Acetone	5.0 mg/dL	Isopropanol	5.0 mg/dL
Ethanol	10 mg/dL	Methanol	5.0 mg/dL

Annex 4

Derek Chauvin (1087), Minnesota Police Department Internal Affairs

MPD Internal Affairs Public Summary

Chauvin, Derek (1087)

PM MATTER #	Status	Allegation Type/Discipline Issued
15-12394	Closed with No Discipline	
14-23776	Closed with No Discipline	
15-04541	Closed with No Discipline	
14-14106	Closed with No Discipline	
13-32189	Closed with No Discipline	
13-09814	Closed with No Discipline	
12-3244	Closed with No Discipline	
13-10527	Closed with No Discipline	
P12-174	Closed with No Discipline	
A11-185	Closed with No Discipline	
P11-115	Closed with No Discipline	
A10-269	Closed with No Discipline	
IA10-172	Closed with No Discipline	
A10-140	Closed with No Discipline	
FR08-06	Closed with No Discipline	
IA07-39	Closed with Discipline	Discretion/Letter of Reprimand
	Closed with Discipline	MVR/Letter of Reprimand
IA06-76	Closed with No Discipline	

Annex 5

Derek Michael Chauvin – State of Minnesota, Complaint/Warrant

State of Minnesota
County of Hennepin

District Court
4th Judicial District

Prosecutor File No. 20A06620
Court File No. 27-CR-20-12646

State of Minnesota,
Plaintiff,

COMPLAINT
Warrant

vs.

DEREK MICHAEL CHAUVIN DOB: 03/19/1976

7517 17th Street N
Oakdale, MN 55128

Defendant.

The Complainant submits this complaint to the Court and states that there is probable cause to believe Defendant committed the following offense(s):

COUNT I

Charge: Murder - 3rd Degree - Perpetrating Eminently Dangerous Act and Evincing Depraved Mind

Minnesota Statute: 609.195(a), with reference to: 609.195(a)

Maximum Sentence: 25 YEARS

Offense Level: Felony

Offense Date (on or about): 05/25/2020

Control #(ICR#): 20200338

Charge Description: That on or about May 25, 2020, in Hennepin County, Minnesota, Derek Michael Chauvin caused the death of George Floyd by perpetrating an act eminently dangerous to others and evincing a depraved mind, without regard for human life.

COUNT II

Charge: Manslaughter - 2nd Degree - Culpable Negligence Creating Unreasonable Risk

Minnesota Statute: 609.205(1), with reference to: 609.205

Maximum Sentence: 10 YEARS AND/OR \$20,000

Offense Level: Felony

Offense Date (on or about): 05/25/2020

Control #(ICR#): 20200338

Charge Description: That on or about May 25, 2020, in Hennepin County, Minnesota, Derek Michael Chauvin caused the death of George Floyd by his culpable negligence, creating an unreasonable risk and taking a chance of causing death or great bodily harm to George Floyd.

STATEMENT OF PROBABLE CAUSE

On May 25, 2020, someone called 911 and reported that a man bought merchandise from Cup Foods at 3759 Chicago Avenue in Minneapolis, Hennepin County, Minnesota with a counterfeit \$20 bill. At 8:08 p.m., Minneapolis Police Department (MPD) Officers Thomas Lane and J.A. Kueng arrived with their body worn cameras (BWCs) activated and running. The officers learned from store personnel that the man who passed the counterfeit \$20 was parked in a car around the corner from the store on 38th Street.

BWC video obtained by the Minnesota Bureau of Criminal Apprehension shows that the officers approached the car, Lane on the driver's side and Kueng on the passenger side. Three people were in the car; George Floyd was in the driver's seat, a known adult male was in the passenger seat and a known adult female was sitting in the backseat. As Officer Lane began speaking with Mr. Floyd, he pulled his gun out and pointed it at Mr. Floyd's open window and directed Mr. Floyd to show his hands. When Mr. Floyd put his hands in the steering wheel, Lane put his gun back in its holster.

While Officer Kueng was speaking with the front seat passenger, Officer Lane ordered Mr. Floyd out of the car, put his hands on Mr. Floyd, and pulled him out of the car. Officer Lane handcuffed Mr. Floyd. Mr. Floyd actively resisted being handcuffed.

Once handcuffed, Mr. Floyd became compliant and walked with Officer Lane to the sidewalk and sat on the ground at Officer Lane's direction. In a conversation that lasted just under two minutes, Officer Lang asked Mr. Floyd for his name and identification. Officer Lane asked Mr. Lloyd if he was "on anything" and explained that he was arresting Mr. Lloyd for passing counterfeit currency.

Officers Kueng and Lane stood Mr. Floyd up and attempted to walk Mr. Floyd to their squad car (MPD 320) at 8:14 p.m. Mr. Floyd stiffened up, fell to the ground, and told the officers he was claustrophobic.

MPD Officers Derek Chauvin (the defendant) and Tou Thoa then arrived in a separate squad car.

The officers made several attempts to get Mr. Floyd in the backseat of squad 320 from the driver's side. Mr. Floyd did not voluntarily get in the car and struggled with the officers by intentionally falling down, saying he was not going in the car, and refusing to stand still. Mr. Floyd is over six feet tall and weighs more than 200 pounds.

While standing outside the car, Mr. Floyd began saying and repeating that he could not breathe. The defendant went to the passenger side and tried to get Mr. Floyd into the car from that side and Lane and Kueng assisted.

The defendant pulled Mr. Floyd out of the passenger side of the squad car at 8:19:38 p.m. and Mr. Floyd went to the ground face down and still handcuffed. Kueng held Mr. Floyd's back and Lane held his legs. The defendant placed his left knee in the area of Mr. Floyd's head and neck. Mr. Floyd said, "I can't breathe" multiple times and repeatedly said, "Mama" and "please," as well. The defendant and the other two officers stayed in their positions.

The officers said, "You are talking fine" to Mr. Floyd as he continued to move back and forth. Lane asked, "should we roll him on his side?" and the defendant said, "No, staying put where we got him." Officer Lane said, "I am worried about excited delirium or whatever." The defendant said, "That's why we have him on his stomach." None of the three officers moved from their positions.

BWC video shows Mr. Floyd continue to move and breathe. At 8:24:24, Mr. Floyd stopped moving. At

8:25:31 the video appears to show Mr. Floyd ceasing to breathe or speak. Lane said, “want to roll him on his side.” Kueng checked Mr. Floyd’s right wrist for a pulse and said, “I couldn’t find one.” None of the officers moved from their positions.

At 8:27:24, the defendant removed his knee from Mr. Floyd’s neck. An ambulance and emergency medical personnel arrived, the officers placed Mr. Floyd on a gurney, and the ambulance left the scene. Mr. Floyd was pronounced dead at Hennepin County Medical Center.

The Hennepin County Medical Examiner (ME) conducted Mr. Floyd’s autopsy on May 26, 2020. The full report of the ME is pending but the ME has made the following preliminary findings. The autopsy revealed no physical findings that support a diagnosis of traumatic asphyxia or strangulation. Mr. Floyd had underlying health conditions including coronary artery disease and hypertensive heart disease. The combined effects of Mr. Floyd being restrained by the police, his underlying health conditions and any potential intoxicants in his system likely contributed to his death.

The defendant had his knee on Mr. Floyd’s neck for 8 minutes and 46 seconds in total. Two minutes and 53 seconds of this was after Mr. Floyd was non-responsive. Police are trained that this type of restraint with a subject in a prone position is inherently dangerous.

Defendant is in custody.

SIGNATURES AND APPROVALS

Complainant requests that Defendant, subject to bail or conditions of release, be:
(1) arrested or that other lawful steps be taken to obtain Defendant's appearance in court; or
(2) detained, if already in custody, pending further proceedings; and that said Defendant otherwise be dealt with according to law.

Complainant declares under penalty of perjury that everything stated in this document is true and correct. Minn. Stat. § 358.116; Minn. R. Crim. P. 2.01, subds. 1, 2.

Complainant

Michelle M Frascone
Special Agent
1430 Maryland Avenue E
St. Paul, MN 55106
Badge: 81

Electronically Signed:
05/29/2020 01:05 PM
Ramsey County, Minnesota

Being authorized to prosecute the offenses charged, I approve this complaint.

Prosecuting Attorney

Amy Sweasy
300 S 6th St
Minneapolis, MN 55487
(612) 348-5550

Electronically Signed:
05/29/2020 01:00 PM

FINDING OF PROBABLE CAUSE

From the above sworn facts, and any supporting affidavits or supplemental sworn testimony, I, the Issuing Officer, have determined that probable cause exists to support, subject to bail or conditions of release where applicable, Defendant's arrest or other lawful steps be taken to obtain Defendant's appearance in court, or Defendant's detention, if already in custody, pending further proceedings. Defendant is therefore charged with the above-stated offense(s).

☐ SUMMONS

THEREFORE YOU, THE DEFENDANT, ARE SUMMONED to appear on _____, _____ at _____ AM/PM before the above-named court at the address listed on the attached court summons to answer this complaint.

IF YOU FAIL TO APPEAR in response to this SUMMONS, a WARRANT FOR YOUR ARREST shall be issued.

☒ WARRANT

To the Sheriff of the above-named county; or other person authorized to execute this warrant: I order, in the name of the State of Minnesota, that the Defendant be apprehended and arrested without delay and brought promptly before the court (if in session), and if not, before a Judge or Judicial Officer of such court without unnecessary delay, and in any event not later than 36 hours after the arrest or as soon as such Judge or Judicial Officer is available to be dealt with according to law.

☐ *Execute in MN Only*

☒ *Execute Nationwide*

☐ *Execute in Border States*

☐ ORDER OF DETENTION

Since the Defendant is already in custody, I order, subject to bail or conditions of release, that the Defendant continue to be detained pending further proceedings.

Bail: \$500,000.00

Conditions of Release:

This complaint, duly subscribed and sworn to or signed under penalty of perjury, is issued by the undersigned Judicial Officer as of the following date: May 29, 2020.

Judicial Officer

Luis Bartolomei
District Court Judge

Electronically Signed: 05/29/2020 01:20 PM

Sworn testimony has been given before the Judicial Officer by the following witnesses:

COUNTY OF HENNEPIN
STATE OF MINNESOTA

State of Minnesota

Plaintiff

vs.

Derek Michael Chauvin

Defendant

LAW ENFORCEMENT OFFICER RETURN OF SERVICE
I hereby Certify and Return that I have served a copy of this Warrant upon the Defendant herein named.

Signature of Authorized Service Agent:

DEFENDANT FACT SHEET

Name: Derek Michael Chauvin
DOB: 03/19/1976
Address: 7517 17th Street N
Oakdale, MN 55128

Alias Names/DOB:

SID:

Height:

Weight:

Eye Color:

Hair Color:

Gender: MALE

Race: White

Fingerprints Required per Statute: Yes

Fingerprint match to Criminal History Record: No

Driver's License #:

SILS Person ID #: 880184

SILS Tracking No. 3173921

Alcohol Concentration:

STATUTE AND OFFENSE GRID

Cnt Nbr	Statute Type	Offense Date(s)	Statute Nbrs and Descriptions	Offense Level	MOC	GOC	Controlling Agencies	Case Numbers
1	Charge	5/25/2020	609.195(a) Murder - 3rd Degree - Perpetrating Eminently Dangerous Act and Evincing Depraved Mind	Felony	H3003		MNBCA0000	20200338
	Penalty	5/25/2020	609.195(a) Murder - 3rd Degree - Perpetrating Eminently Dangerous Act and Evincing Depraved Mind	Felony	H3003		MNBCA0000	20200338
2	Charge	5/25/2020	609.205(1) Manslaughter - 2nd Degree - Culpable Negligence Creating Unreasonable Risk	Felony	H5003		MNBCA0000	20200338
	Penalty	5/25/2020	609.205 Manslaughter - 2nd Degree	Felony	H5003		MNBCA0000	20200338