



Bennet Omalu

PATHOLOGY

Autopsy and Anatomic Pathology
Clinical Pathology and Toxicology
Forensic Pathology

Neuropathology
Epidemiology
Medico-Legal Consultations

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STEPHON CLARK, DECEASED

When I entered the room to perform the independent autopsy of Stephon Clark, which was requested by his family, he was lying face-up on the autopsy table. My preliminary examination did not reveal any gunshot wounds on the anterior surfaces of his head, neck and trunk. The only gunshot wound I observed on the anterior surfaces of his body was on his left distal thigh. I asked my technician to turn him over and place him face-down on the autopsy table, so I could examine the back of his body. I discovered multiple gunshot wounds on the posterior surfaces of his neck, trunk, and right shoulder. I took numerous pictures to document the locations of the gunshot wounds because I anticipated that these locations would be a matter of contention among those who may have a direct or indirect vested interest.

The Clark family has authorized the release of one autopsy picture, in black and white only, with this statement. Some pathologists may misconstrue the word “posterior” or “back” to mean that he was shot only in the back of his trunk. In this case the government report says he was shot in the back only three times, but this is inaccurate. Stephon Clark, as the photograph clearly shows, was shot once in the right back of his neck, three times in the right back of his trunk, once in the back of his right shoulder, and once in the back of the right side of his chest- the posterior axillary fold (this photograph does not show bullet wounds in other locations).

Experts may have different opinions, but a picture is a picture. A picture does not have an opinion.

To my utter dismay, I observed that none of the gunshot wounds had been previously excised for histologic evaluation and examination, which should have been done during the first autopsy performed by the County. The spinal column was also not opened, and the spinal cord was not removed during the first autopsy. It is a very difficult procedure to remove the spinal cord during an autopsy; and this is why many pathologists do not remove the spinal cord during autopsies. In this instance, it should have been removed, in order to identify the trauma to the spinal cord caused by the bullets.

When I opened up the spinal canal, I observed that the spinal cord had suffered focal spinal cord injuries in the pathways of the bullets, especially the bullet that passed through his neck. A bullet passing close to the spinal column can cause fatal spinal shock and fatal focal traumatic spinal cord injury without passing through the spinal cord, especially when it involves the cervical spinal medulla. This is a very well-established principle of ballistic neurotrauma. I examined the spinal cord and documented injuries that were not identified during the County’s autopsy. At this time, none of the pathologists who have signed the autopsy report and claimed that I was wrong have examined the spinal cord, either grossly or microscopically.

I excised all the gunshot wounds and submitted them for histological analysis and microscopic examination. None of the gunshot wounds were examined histologically by any of the pathologists who have claimed that I was wrong. At the time of the independent autopsy, the wound in question had no circumferential incision

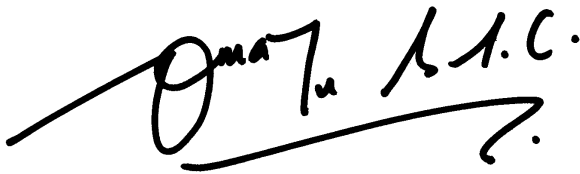
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around the wound to release the elasticity of the skin. Such an incision during the second autopsy demonstrated a gunshot wound of entrance with circumferential marginal abrasions.

To document the prevailing evidentiary autopsy findings, I took 138 pictures and examined the tissues directly both grossly and microscopically.

I stand firmly in defense of my independent autopsy of Stephon Clark and the prevailing evidentiary autopsy findings.

Very truly,



5/2/2018

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