

Satish Chundru, D.O.
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My name is Satish Chundru, D.O. I am a practicing private Forensic Pathologist. I currently work in my own office performing autopsies for counties in Texas (three counties). I also travel the country helping perform autopsies at various offices to help ease their case burden. In addition, I offer consultative services for review of cases for legal matters and for families who need questions answered from the death of their loved one.

I have performed over 7000 autopsies and have assisted or reviewed in thousands more. I am board certified in Anatomic and Forensic Pathology. I received board certification in Forensic Pathology in 2007. I graduated medical school in 1999 when I received my medical license. For additional background please see my Curriculum Vitae.

I have testified in many court cases mostly for the District Attorney's Office as a government employee. As a private Forensic Pathologist, I have been hired by both plaintiffs and defense attorneys in both criminal and civil cases.

I have been requested by Attorney Mark Lyons to issue an expert opinion regarding the death of Jeffrey Krueger a 37-year-old male who passed away in police custody.

The opinions and conclusions in this report are based upon my education, training, and experience as a board-certified forensic pathologist and are based upon a reasonable degree of medical certainty. In reaching my opinions and conclusions, I have reviewed certain information and materials, including:

1. 0001-0050 Photographs of scene
2. 07-01-19 in custody death body cam video
3. 0051-0052 Wagoner EMS Records
4. 0053-0081 Wagoner Community Hospital Records
5. 0082-0102 Photos of Jeffrey in Hospital
6. Bob Haley - AXON_Body_Video_2019-07-01_2201
7. Medical Examiner Report
8. Oklahoma Death Certificate
9. Photos from folder labeled 1903205
10. 72 - Third Amended Complaint
11. 196 - Fourth Amended Complaint.pdf
12. Blair, Benjamin Cond.pdf
13. Miller, M.D., Ross condensed.pdf
14. Nevitt, Corey cond.pdf
15. Orr, Nicholas Cond.pdf
16. Alan Smith Deposition.pdf
17. Jeff Patterson Exhibit 1.pdf

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- 18. Jeff Patterson Deposition.pdf
- 19. Medical Examiner Answers to Interrogatories.pdf
- 20. Phillips Exhibit No. 1.pdf
- 21. Phillips Exhibit No. 2.pdf
- 22. Phillips, Kaleb condensed.pdf

The decedent is a 37-year-old male who was apparently driving erratically and was pulled over by law enforcement on July 1, 2019. During the stop, the decedent purportedly grabbed at a law enforcement officer. He was then restrained by multiple law enforcement officers and Emergency Medical Services (EMS) personnel. During the process of restraint, it was observed he was not responding, and he was seen to go into bradypnea before becoming completely unresponsive. Unspecified cardiac dysrhythmias were observed before he became asystolic in the ambulance. He was transported to a hospital where resuscitation was attempted without success, and he was pronounced dead in the Emergency Room shortly after arrival.

During the altercation with law enforcement, an electronic control device (stun gun) was used to shock Mr. Krueger multiple times and at the same time multiple personnel restrained the decedent in a prone position for minutes until he was found unresponsive. The decedent's only medical history was paranoia/delusions.

An autopsy was performed July 2, 2019 at the Tulsa Medical Examiner's Office, and the following findings were diagnosed:

- I. Multiple blunt force injuries.
 - a. Head and neck: Minor abrasions and contusions; two scalp lacerations (3/4 and 1 1/2 inches); scalp, subgaleal, and temporalis muscle hemorrhages.
 - b. Scleral and conjunctival petechiae/hemorrhages.
 - c. Torso: Minor abrasions and contusions.
 - d. Central chest abraded contusion and chest wall fractures are consistent with having occurred, at least in part, during cardiopulmonary resuscitation efforts.
 - e. Extremities: Minor abrasions and contusions.
- II. Skin was reportedly hot, diaphoretic, and cyanotic; developed bradypnea and unresponsiveness following restraint; cardiac dysrhythmias were observed.
- III. Mild concentric left ventricular hypertrophy (up to 1.5 cm), heart.
- IV. Congested lungs (right, 710 grams; left, 670 grams); trace frothy fluid, bilateral bronchi.
- V. Toxicological analyses are negative.

The cause of death was determined to be **cardiac dysrhythmias due to probable acute psychosis in the setting of physical exertion and restraint**, and the manner of death was determined to be **undetermined**.

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After reviewing all the material, I concur with the finding that the death was caused by restraint and nothing else and strongly disagree with the manner of death.

The cause of death would be more appropriate to include the bradypnea rather than the cardiac dysrhythmias, as the decedent clearly was restrained to a point where he stopped breathing due to the restraint procedures used. Due to the lack of oxygen from the restraint procedure any person's heart will go into a dysrhythmia. All deaths have a dysrhythmia terminally so diagnosing cardiac dysrhythmia as a mechanism of death is not relevant and does not indicate the actual mechanism of death which is an asphyxial death from restraint in this case. It is very clear that the decedent was restrained in the prone position for a prolonged period that directly caused his death. Forensic Pathologists have been seeing these type of deaths for decades (law enforcement using inappropriate procedures for restraining citizens).

These restraint procedures used against Mr. Krueger will predictably and foreseeably cause death or serious injuries. In fact, I have educated law enforcement in the past on how these restraint procedures can cause harm or death to an individual.

It is clear from the autopsy findings and the videos, the decedent had very extensive injuries from being pulled out of the car and restrained/handcuffed/hog-tied. In addition, the decedent was placed in a prone position on the road, and the weight of several officers were placed on the decedent's back side resulting in not only trauma (most of the rib fractures) but also preventing the decedent from breathing. The petechiae observed in the eyes is supportive of a positional/traumatic asphyxia (compression of the torso enough to not allow blood to flow to the heart from the brain leading to the petechiae). The face was congested indicative of the severe compression of the decedent's torso. The chest compressions were done by trained professionals so the expectation is not to see the extensive rib fractures that were observed at autopsy; in addition, the trained professionals were not able to do proper resuscitation (chest compressions) due to the decedent being hand and ankle cuffed with a chain connecting them; this would indicate that most if not all the rib fractures were from the law enforcement restraint. Typically, if ribs are fractured during chest compressions it is the middle ribs, but in this case, Mr. Krueger had rib fractures extending from second to ninth and tenth ribs bilaterally which is inconsistent with chest compressions and is proof of trauma prior to resuscitation. Rib fractures that are this extensive in a young healthy male are almost always from trauma prior to resuscitation (chest compressions). The lacerations of the scalp are of concern because there are scalp lacerations on the right side of the scalp and the back of the scalp. This indicates that his head had two impacts at minimum to cause these two injuries because they are on opposite sides or near opposite sides. The decedent clearly did not have the lacerations prior to law enforcement pulling the decedent out of the car so the lacerations were caused by law enforcement. We also know that blood was only found at the location of where Mr. Krueger was held down in the prone position; this indicates that the injuries were sustained on the asphalt. These injuries were a direct result of law enforcement's restraining procedures.

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Due to all these injuries and having his torso compressed by the weight of the defendants, the deceased had conscious pain and suffering. We know this because his blunt trauma was severe to cause pain and suffering (lacerations, contusions, and abrasions are all painful). In addition, he asked for help indicating that he was in distress from not only the blunt trauma but also the difficulty breathing. Any person who is placed in a compromised breathing position is going to struggle because they are trying to survive the assault. Unfortunately, the more the person struggles (which they have to do in order to survive), law enforcement sees that as non-compliance and further causes more pain, suffering, and injuries until they cause the individual's death. Once the decedent became unresponsive, he was unresponsive at that moment unless life-saving measures were used; Emergency Medical personnel evaluated the decedent as having a GCS of 3 which means he was unresponsive. The fact that EMS personnel lifted him up onto the gurney casually and at that moment did not even attempt any resuscitative efforts further decreased Mr. Krueger's ability to respond to medical care and treatment and therefore Mr. Krueger's ability to survive the restraining actions of law enforcement was compromised. When people go unresponsive, immediate medical attention can save a person's life. In this case, we have trained professionals right there on scene to give life saving measures, but the most important life saving measure was not given which was an IV to put fluids and medications into Mr. Krueger's body that could have brought Mr. Krueger back from unresponsiveness and saved his life.

I disagree with the manner of death being ruled undetermined. It is abundantly clear the manner of death is a homicide. The National Association of Medical Examiner's has a position paper on Deaths In Custody, and it is common knowledge that a death such as this one would be designated as a homicide.

A death due to a prolonged prone restraint of an individual is always a homicide from a forensic perspective no matter who does the restraining.

There can only be two reasons for ruling this death as undetermined: Either the doctor has not been properly trained or has not educated himself in these type of deaths, or the doctor did not want to implicate law enforcement (either because of pressure from law enforcement themselves or political pressure). I have seen certain offices in this country come to conclusions to support law enforcement rather than be independent and look at the science and evidence.

Reviewing the body cam from the incident, it is abundantly clear that persons the size of the defendants in this case placing their weight on any person's back is going to result in death.

Reviewing the toxicology report showed no intoxicants/drugs in the decedent's system, therefore toxicology did not play any role in the cause or manner of death.

I disagree with cardiomegaly diagnosis; there is no evidence to support that diagnosis. The heart is 340 grams which is a completely normal heart weight. Using the left ventricular measurement is a poor alternative than the weight of the heart to determine cardiomegaly. The decedent clearly

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does not have any heart issues from the autopsy perspective. The diagnosis of cardiomegaly is absolutely incorrect especially in an individual that is 73 inches tall. The best indicator of cardiomegaly is to compare heart weight with the decedent's height. In this case a 340 gram heart is completely normal. It is as if the doctor is trying to blame a non-existent heart condition to explain dysrhythmias so as to put most of the blame on the decedent's non-existent heart disease. The evidence is very clear that the cause and manner of death is a direct result of law enforcement placing the decedent in a compromised breathing position and causing asphyxia.

With no natural disease, no toxicology findings, there is only one conclusion: the decedent died as a direct result of the prone restraint and positional/traumatic asphyxia. If the decedent was not restrained, he absolutely would be alive today.



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Forensic Pathologist

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