

1 State's Exhibit 9 - Medical Examiner's Report

Marked: Page 238

2 Offered: Page 238

Denied: Page 240

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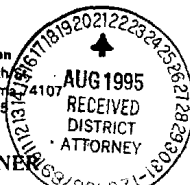
BOARD OF MEDICOLEGAL INVESTIGATIONS

OFFICE OF THE CHIEF MEDICAL EXAMINER

11/195 9

Central Office
901 N. Stonewall
Oklahoma City, Oklahoma 73117
(405)239-7141

Eastern Division
1115 West 17th
Tulsa, Oklahoma 74107
(918) 582-0985



OFFICE USE ONLY

Re. _____ Co. _____

I hereby certify that this is a true and correct copy of the original document. Valid only when copy bears imprint of the office seal.

By: A. Ledgerwood
Date: 8-18-95

REPORT OF INVESTIGATION BY MEDICAL EXAMINER

DECEDENT—First—Middle—Last Names (Please avoid use of initials) <u>Robert Lowell Anderson</u>	Age <u>17</u>	Birth Date <u>6-1-78</u>	Race <u>CAU</u>	Sex <u>M</u>	Marital Status <u>SINGLE</u>
HOME ADDRESS—No. Street, City, State <u>400 Clifton St. Prague, OK</u>	Occupation <u>Unemployed</u>				

TYPE OF DEATH: (Check one only)

While in penal incarceration	<input type="checkbox"/>	Unattended during fatal illness	<input type="checkbox"/>
After unexplained coma	<input type="checkbox"/>	Found dead without obvious cause	<input type="checkbox"/>
During therapeutic procedure	<input type="checkbox"/>	*Under suspicious circumstances	<input type="checkbox"/>
Death possible threat to public health	<input type="checkbox"/>	*Violent, unusual or unnatural	<input checked="" type="checkbox"/>
Unattended stillbirth or by midwife only	<input type="checkbox"/>	*Means: <u>GSW left side chest</u>	

If motor vehicle accident, check one of the following:
 DRIVER
 CYCLIST
 PASSENGER
 PEDESTRIAN

CAMINER NOTIFIED BY—NAME—TITLE(AGENCY, INSTITUTION, OR ADDRESS)

OCME AGENT ON CALL (TG)

DATE 7-15-95 TIME 4:30 AM

WHERE DECEASED OR BECAME ILL AT (ADDRESS) (City or County) <u>1/2 mi South of Chandler on Hwy 18, Then 1.5 mi East</u> <u>County Road to Road End, Then 1.5 mi North</u> <u>LINCOLN</u>	TYPE OF PREMISES <u>RESIDENCE</u>	DATE <u>7-15-95</u>	TIME <u>1:00 AM</u>
LOCATION OF DEATH (ADDRESS OR NAME OF INSTITUTION) (City or County) <u>1/2 mi South of Chandler on Hwy 18, Then 1.5 mi East</u> <u>County Road to Road End, Then 1.5 mi North</u> <u>LINCOLN</u>	TYPE OF PREMISES <u>RESIDENCE</u>	DATE <u>7-15-95</u>	TIME <u>1:00 AM</u>
WHERE VIEWED BY MEDICAL EXAMINER AT (ADDRESS) (City or County) <u>1/2 mi South of Chandler on Hwy 18, Then 1.5 mi East</u> <u>County Road to Road End, Then 1.5 mi North</u> <u>LINCOLN</u>	TYPE OF PREMISES <u>RESIDENCE</u>	DATE <u>7-15-95</u>	TIME <u>5:30 AM</u>

DESCRIPTION OF BODY	RIGOR	LIVOR	EXTERNAL OBSERVATIONS	NOSE	MOUTH	EARS	
INTERNAL PHYSICAL EXAMINATION	Jaw <input type="checkbox"/> Complete <input checked="" type="checkbox"/> Absent Neck <input type="checkbox"/> Passed Arms <input type="checkbox"/> Decomposed Legs <input type="checkbox"/>	Color <u>PURPLE</u> Anterior <input checked="" type="checkbox"/> Posterior <input checked="" type="checkbox"/> Lateral <input type="checkbox"/> Regional <input type="checkbox"/>	Clothed <input checked="" type="checkbox"/> Unclothed <input type="checkbox"/> Partly Clothed <input type="checkbox"/> Hair _____ Beard _____ Mustache _____ Circumcised <input checked="" type="checkbox"/> Eyes: Color _____ Pupils: Opacities, Etc. _____ R _____ L _____	BLOOD _____ FROTH _____ OTHER (Sand, dirt, water, etc.) _____			
Significant observations and injury documentation—(Please use space below)				(cm) _____ LENGTH _____	(kg) _____ WEIGHT _____	BODY HEAT: <u>WARM</u>	

38/357 CAL GSW to left chest 2 in below nipple line, Exit Rt chest in front of Arm pit.

Probable cause of death: <u>Gunshot Wound of Chest</u>	Manner of death: (Check one only) Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Pending <input type="checkbox"/>	Case disposition: Autopsy: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Authorized by: <u>[Signature]</u> Pathologist: <u>[Signature]</u> Not a medical examiner case <input type="checkbox"/>
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MEDICAL EXAMINER
Name, Address and Telephone No. 8008

FRED B. JORDAN, M.D.
901 NORTH STONEWALL
OKLAHOMA CITY, OK 73117

I hereby state that, after receiving notice of the death described herein, I conducted an investigation as to the cause and manner of death, as required by law, and that the facts contained herein regarding such death are true and correct to the best of my knowledge and belief.

[Signature]
Signature of Medical Examiner

County of Appointment
LOGAN/LINCOLN

Date
7-15-95

9503073

EXTERNAL EXAMINATION

AUTOPSY NO. ML 437-95

CASE NO. 9503073

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As received, the boy is clothed in Nike black and white size 11.5 US air shoes, white socks, blue jean shorts, and a gray-green-brown bathing suit, a black and white pull over vest (Cypress Hill), and a black t-shirt. The blue jean shorts show perforation of the left pocket and zipper band, the right pocket, and tearing out the left leg. The bathing suit shows multiple tearing perforation along the right anterior leg. The black and white type pull-over shows a perforation in its lower left side as does the black t-shirt.

The gunshot wound of entrance is present in the left lateral chest and exits in the right lateral chest as depicted in the accompanying charts and diagrams.

There is a grazing gunshot wound of the anterior right thigh with a moderate amount of surrounding ecchymosis. It appears to be traveling toward the right. There are a few small scattered scars as depicted on the accompanying diagram. There is an apparent homemade tattoo of the lower left leg which is a circle with either a cross or an X inside it.

GUNSHOT WOUND CHART

4503073

NAME Robert Anderson City or County Lincoln

		WOUND NO.											
		1		2		3		4		5		6	
		Ent.	Ex.	Ent.	Ex.	Ent.	Ex.	Ent.	Ex.	Ent.	Ex.	Ent.	Ex.
1. Location of wound:	Head												
	Neck	/	/										
	Chest	✓	✓										
	Abdomen												
	Back												
	Right Arm <												
	Left Arm <												
	Right Leg <			✓	✓								
	Left Leg <												
	2. Size of wound: (Millimeters)	Diam.	9										
Width													
Length		20											
3. Centimeters ^{INCHES} from wound to:	Top of head	1 3/4		1 3/4									
	Right of midline			6 1/4									
	Left of midline	6 1/2											
	Powder burns:	On skin	not seen										
	Clothing												
	Absent												
5. Direction of bullet through body:	Backward												
	Forward	✓											
	Downward	✓											
	Upward	✓											
	To right	✓		✓									
	To left												
6. Bullet found:	Calibre	X											
	Shotgun	Gauge											

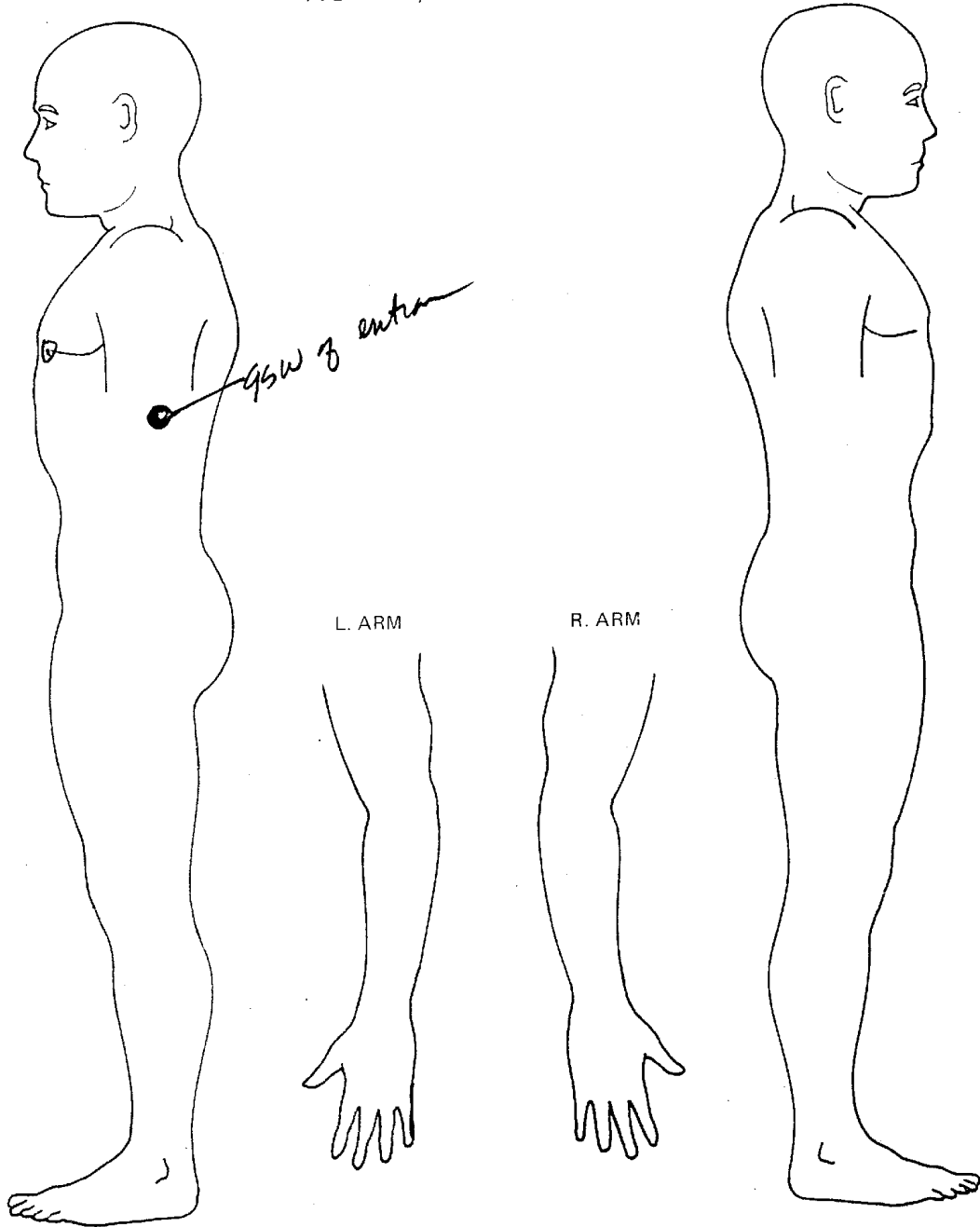
Photographs made: Yes No 0902 X-rays made: Yes No

REMARKS: #2 - graze.

Anderson

12/1/05

FULL BODY, MALE - LATERAL VIEW

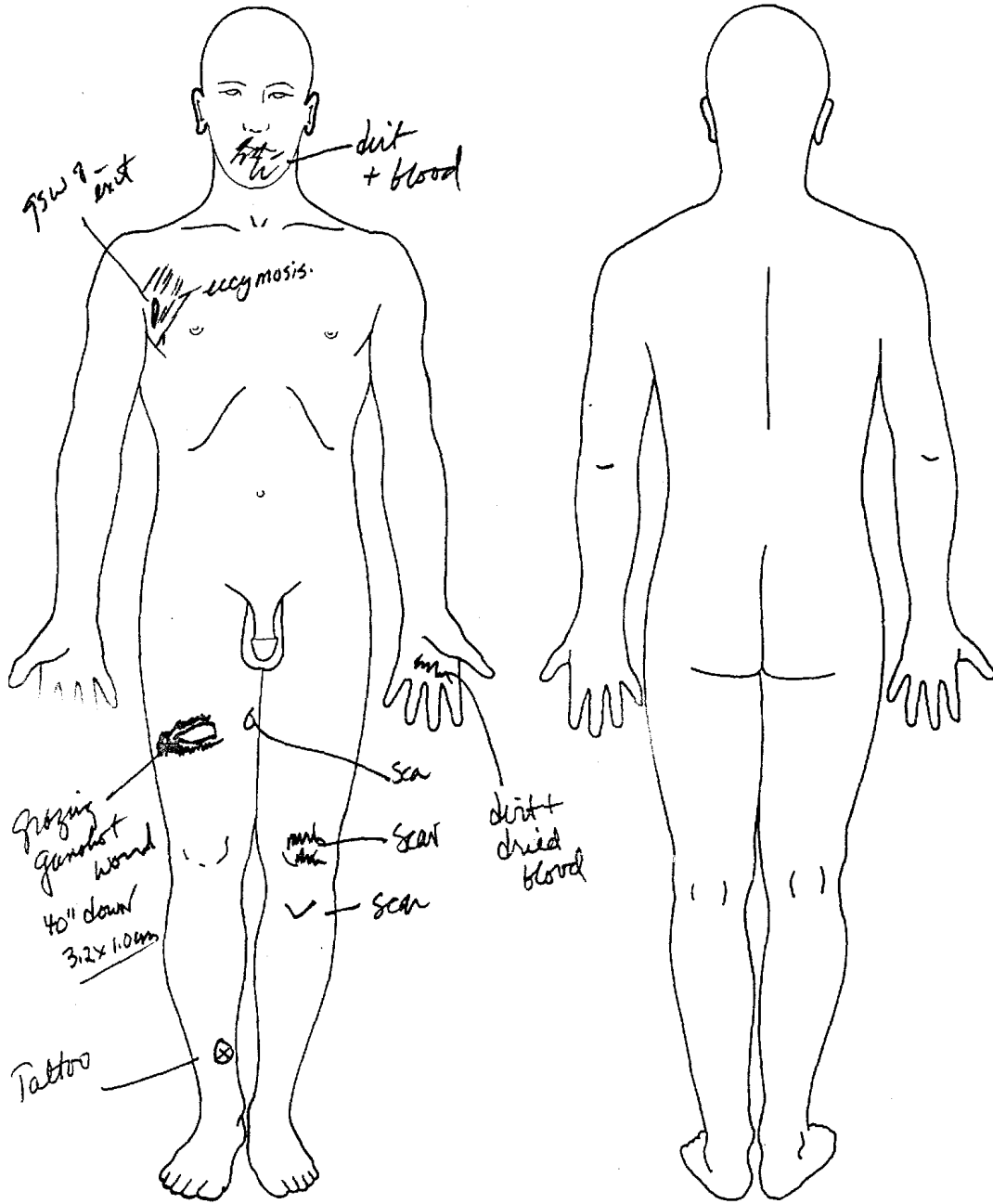


ime Robert Anderson

Case No. 9503073

Date 15 Aug 95

FULL BODY, MALE - ANTERIOR AND POSTERIOR VIEWS (VENTRAL AND DORSAL)



Name Robert Anderson

Case No. 950 3073
- 1 -

1 Defendant's Exhibit 1 - Letter of Kelly A. George
2 Marked: Page 291
3 Offered: Page 287
4 Denied: Page 291
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ABEL, MUSSER, SOKOLOSKY
MARES, BURCH & KOURI
ATTORNEYS AT LAW
ONE LEADERSHIP SQUARE
SUITE 600
211 NORTH ROBINSON
OKLAHOMA CITY, OKLAHOMA 73102

ED ABEL
SIDNEY A. MUSSER, JR.
JERRY D. SOKOLOSKY
LYNN B. MARES
DEREK K. BURCH
HARRY J. "TREY" KOURI, III

KENNETH COLG
DANIEL PINES MARKOFF
MELVIN R. SINGLETERRY
KELLY S. BISHOP
KELLY A. GEORGE
GREGORY J. RYAN
ARTHUR R. ANGEL
JAMES A. IKARD
WARNER E. LOVELL, JR.
LEO H. WHINERY
OF COUNSEL

(405) 239-7046
FAX (405) 272-1090
1-800-739-ABEL

August 22, 1995

VIA FACSIMILE # 354-6542

Mr. Tom Lock
Investigative Reports
P.O. Box 850598
Yukon, Oklahoma 73085-0598


Dear Tom:

I am representing a gentleman by the name of Hubert Moucka. He was shot on July 15, 1995, by a young man, Robert Lowell, who is now deceased. Robert's parents are Clifton and Joyce Anderson. Their address is 400 S. Clifton, Prague, OK. Their telephone number is 567-3144.

Please take Mr. Anderson's statement regarding this incident. While taking his statement, try to find out what types of insurance coverage he may have.

If you have further questions, please do not hesitate to call.

Very truly yours,



KELLY A. GEORGE

Tom:

KAG/gj

- ① Homeowners?
- ② Why did you give the boy the shotgun?
- ③ Did you know he had taken the gun?
 - How long had he had it.
 - Did you know he stored the barrel off?

DEFENDANT'S
EXHIBIT

167

1 Defendant's Exhibit 2 - Memorandum
2 Marked: Page 291
3 Offered: Page 287
4 Denied: Page 291
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MEMORANDUM

TO: Mocha file
FROM: KAG
DATE: August 17, 1995
RE: Theory of liability

→ Lincoln
7/15/95 →
4 Miles N of M
1.5 EAST + 1/2 WEST
- Newspaper
- Did somebody want to get him out
- (Prognosis) withheld
- Anderson into construction

→ Tasha Stamp

Karee at the Chandler DA's office said that they believe the boy who shot Mocha is dead. His father, Anderson, has said that the boy did not have permission to use the gun. However, it was not reported stolen. Barry Barnett is the assistant DA with primary responsibility for the file. I left a message for him to call me.

DA has two offices:
Shawnee: 275-6800
Chandler: 258-1674

I need to get Mocha in and sign him up.

The first thing to do is to get a statement from other boy and attempt to get a statement from the Anderson boy's Dad.

JJ - PLS get Mr. Mocha in here. See notebook.

Ther

DEFENDANT'S EXHIBIT

9m 2