



Armed Forces Medical
Examiner System

DEFENSE HEALTH AGENCY
115 PURPLE HEART DRIVE
DOVER AIR FORCE BASE, DELAWARE 19902

CASE CONSULT

DATE: 10 June 2020

ACCESSION NUMBER: C0022-20

NAME: George Perry Floyd

ME CASE NUMBER: ME20-3700 (Hennepin County Medical Examiner's Office)

CONTRIBUTOR: US Department of Justice

CAUSE OF DEATH: Cardiopulmonary arrest complicating law enforcement subdual, restraint, and neck compression

MANNER OF DEATH: Homicide

MATERIALS REVIEWED: Case file including autopsy photographs; Minnesota Police Department General Offense Hardcopy (incident date 5/25/2020); Hennepin County Autopsy report (Dr. Andrew Baker); Video footage from police body cameras and surveillance cameras; emergency medical services and emergency department medical records; interview documents from Federal Bureau of Investigation.

SYNOPSIS:

George Perry Floyd was a 46 year old African-American male who died while in police custody on 25 May 2020 in Minneapolis, MN. Per report, Mr. Floyd was detained under suspicion of forgery. Upon review of the police body camera footage, he was handcuffed and became extremely agitated when officers attempted to place him into a police vehicle. In the subsequent struggle, he was taken to the ground in the prone position with his hands cuffed behind his back, one officer placing a knee on the back of Mr. Floyd's neck, and a second officer placing a knee on his buttocks/upper thigh region. While he was held in this position for over 9 minutes, Mr. Floyd gradually became devoid of purposeful speech and motion before becoming unresponsive. Upon arrival by emergency medical services, resuscitation efforts were initiated and were ultimately unsuccessful.

The initial autopsy was performed by Dr. Andrew Baker, Chief Medical Examiner of the Hennepin County Medical Examiner's Office. Significant findings included, but were not limited to, multiple abrasions and contusions consistent with the subdual and restraint, and hypertensive atherosclerotic cardiovascular disease with severe coronary artery atherosclerosis. Of note, no petechial hemorrhages were identified in the conjunctivae and oral mucosa, the layered neck

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dissection and the posterior neck were absent of hemorrhage, and there were no fractures of the hyoid bone or thyroid cartilage. Toxicologic examination was positive for methamphetamine, fentanyl, and metabolites of tetrahydrocannabinol (THC) in hospital blood samples. Swab testing for COVID-19 was positive, however there were no gross or histologic findings consistent with an active COVID-19 infection. Mr. Floyd was noted to have a previously positive COVID-19 test on 4/3/2020. Ancillary testing was positive for sickle cell trait and examination of an antemortem peripheral blood smear (drawn 5/25/20 at 2100) demonstrated no evidence of antemortem sickling.

The United States Department of Justice requested an independent evaluation of the Hennepin County Autopsy Report and its conclusions by the Office of the Armed Forces Medical Examiner. A private second autopsy was performed by Dr. Michael Baden at request of the family. Dr. Baden's report is unavailable at the time of this consultation.

OPINION:

The Office of the Armed Forces Medical Examiner agrees with the autopsy findings and the cause of death certification of George Floyd as determined by the Hennepin County Medical Examiner's Office. His death was caused by the police subdual and restraint in the setting of severe hypertensive atherosclerotic cardiovascular disease, and methamphetamine and fentanyl intoxication. The subdual and restraint had elements of positional and mechanical asphyxiation. The presence of sickle cell trait is a significant finding in this context.

We concur with the reported manner of death of homicide.

This case was reviewed in a staff consultation review conference. All are in concurrence with the synopsis and opinion of this report.

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Paul S. Uribe M.D.
LTC MC USA
 Director, Office of the Armed Forces Medical Examiner

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Louis N. Finelli D.O.
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