

282A-MP-3270547-Interviews Serial 226

FD-302 (Rev. 5-8-10)

- 1 of 7 -

FEDERAL BUREAU OF INVESTIGATION

Date of entry 09/01/2020

Andrew Baker, MD, Hennepin County Medical Examiner, with his personal attorney, Patti Jurkovich, was interviewed via Microsoft Teams video conference by Assistant United States Attorneys LeeAnn Bell, Jeff Paulsen, Evan Gilead, and Samantha Bates, Department of Justice attorney Samantha Trepel, Federal Bureau of Investigation Special Agents (SA) Blake Hostetter and Jessica Stults, and Bureau of Criminal Apprehension agent Brent Peterson. After being advised of the identity of the interviewing agents and attorneys and the nature of the interview, Baker provided the following information:

A curriculum vitae was provided to Assistant United States Attorney (AUSA) Jeff Paulsen prior to the interview.

External materials were reviewed as part of the examination and prior to signing the autopsy report. This included viewing body camera video, videos from Cup Foods, and cellular telephone videos that were posted by the Washington Post. No outside materials have been viewed since preparing the report.

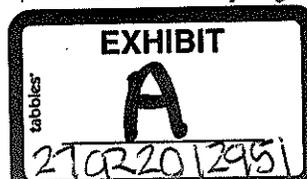
There were certain records that were used routinely during medical examinations. This included contacting the Primary Care Provider (PCP) for a medical history, reviewing medical records, and speaking with next of kin. Often the investigators for the medical examiner will contact next of kin and obtain additional medical history and gather information for funeral arrangements.

The case title of "Cardiopulmonary arrest complicating law enforcement subdual, restraint, and neck compression" mirrors the cause of death. A manner of death was not listed because that was the procedure at the Hennepin County Medical Examiner's office.

No other writings or documents were created by Baker in regards to George

Investigation on 07/08/2020 at Brooklyn Center, Minnesota, United States (, Other (Microsoft Teams Video Conference))
 File# 282A-MP-3270547-Interviews Date drafted 07/09/2020
 by STULTS JESSICA, HOSTETTER BLAKE S

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038776

FD-302a (Rev. 5-8-10)

282A-MP-3270547-Interviews Serial 226

282A-MP-3270547-Interviews

Continuation of FD-302 of (U) Interview of Dr. Andrew Baker, On 07/08/2020, Page 2 of 7

Perry Floyd's (Floyd) death, however the press release from Baker's office included some personal comments to help the public understand the autopsy report.

Other articles or presentations created by Baker that may be beneficial to review included an abstract regarding asphyxia in a child and a paper believed to be titled "The Perfect Murder, How a Suicide Became a Homicide" regarding a neck hold a boyfriend applied to a girlfriend that resulted in her death.

Baker had testified in a case involving similar circumstances. This case involved the Minneapolis Police Department and David Smith, though Baker could not recall the year this occurred. Baker was deposed by the plaintiff's counsel for the investigation.

Beginning an autopsy 12 hours after the time of death was a normal time to begin an autopsy. There was no delay, as autopsies are routinely done the next day unless a very specific set of circumstances were involved such as religious guidelines. The passage of time did not affect toxicology reports as blood for the toxicology reports was used from the hospital, not postmortem.

Cardiopulmonary arrest defined for a lay person would be the stopping of the heart and lungs. Other factors that contributed to Floyd's cardiopulmonary arrest included hypertension, the presence of fentanyl and methamphetamine, as well as arteriosclerotic heart disease.

The term "complicating" in the case title was a medical term meaning occurring after, during, or as a result of.

Baker could not provide an answer if "but for" the actions of the officers would Floyd have lived. Baker could not predict what would have occurred. Baker did not know if Floyd would have lived but for the officer's actions.

Baker did believe that because of Floyd's heart disease and intoxicants, the stress from the events that occurred with Minneapolis police officers was more than Floyd could tolerate.

Baker defined the mechanism of death as Floyd's heart and lungs stopping

038777

FD-302a (Rev. 5-8-10)

282A-MP-3270547-Interviews Serial 226

282A-MP-3270547-Interviews

Continuation of FD-302 of (U) Interview of Dr. Andrew Baker . On 07/08/2020 , Page 3 of 7

due to the combined effects of his health problems as well as the exertion and restraint involved in Floyd's interaction with police prior to being on the ground.

Floyd's heart was larger than it should be. There was no evidence that Floyd's airway was literally blocked shut. When viewing the body camera footage, the pressure did not appear to be directly over Floyd's airway. Floyd would have been unable to speak if pressure was directly over his airway.

Just because Floyd had the ability to talk does not mean that his organs were receiving enough oxygen.

Officer Chauvin's positioning on Floyd's body does not fit anatomically with occluding Floyd's airway.

There was no anatomic evidence of injury to Floyd's neck but that does not rule out that pressure was applied by Chauvin.

The absence of petechiae weighs against strangulation. Petechiae occurs due to vascular occlusion that causes blood vessels to rupture. Petechiae would be found in the eyes and sometimes in severe cases may be seen on the skin of the face.

Baker did not know which officers were positioned on particular parts of Floyd's body and could only identify officer Chauvin. Officer Kueng was identified by AUSA Paulsen as being positioned on the lower buttocks or upper end of Floyd's thigh. Baker noted that Floyd had no injury to the body from that officer. Officer Lane was identified by AUSA Paulsen as being positioned on Floyd's feet. Baker noted that there was no relation to Floyd's cause of death by Lane's position.

Baker could not characterize how intense the struggle was between Floyd and the police officers. Baker believed it appeared that Floyd was exerting himself for an unknown amount of time.

The struggle between officers and Floyd weighed into Baker's opinion because physical exertion increases heart rate, releases adrenaline, and increases respiratory rate as well as cardiac demand. All of these things increased the likelihood of a bad outcome.

038778

FD-302a (Rev. 5-8-10)

282A-MP-3270547-Interviews Serial 226

282A-MP-3270547-Interviews

Continuation of FD-302 of (U) Interview of Dr. Andrew Baker . On 07/08/2020 . Page 4 of 7

Baker could not recall a lactate level because lactate levels are not a useful test postmortem.

The presence of fentanyl in Floyd's system was important to note. However, individuals can develop a tolerance to opioids and Baker could not know Floyd's tolerance to fentanyl and did not know Floyd's exposure to the drug. The level of fentanyl in Floyd's blood was relatively high compared to other cases that Baker had investigated.

Baker agreed that the more fentanyl was used and the longer fentanyl was used, the more likely that tolerance would occur. One would be at higher risk of fentanyl death if a naive user.

Baker could not tell when Floyd had ingested fentanyl. Baker noted that fentanyl was a respiratory depressant and slowed down the brain's drive to breathe.

Fentanyl may cause pulmonary edema in some individuals. Evidence of pulmonary edema was found during Floyd's autopsy. This evidence was that Floyd's lungs were heavy compared to normal lungs. Additionally, Floyd's lungs were diffusely edematous. Baker defined edematous as "full of fluid".

Methamphetamine (meth) was a stimulant, which has a significant effect on the heart. Baker believed someone with hypertension and arteriosclerotic heart disease would not want meth in their system. The amount of meth in Floyd's blood was relatively small compared to other meth fatalities that Baker had seen.

Baker could not opine on the combined effects of meth and fentanyl and believed a toxicologist could provide better insight.

Arteriosclerosis was the hardening and narrowing of arteries. Baker referenced his autopsy report to provide the specific percentage of narrowing of each artery of Floyd's heart. A narrowing of 75% or greater was considered both life threatening and significant narrowing.

The Minnesota Department of Public Health discovered that Floyd was COVID positive, not Baker. The positive COVID result did not factor into Baker's cause of death opinion, there was no evidence of COVID and no changes when viewing lung tissues under a microscope.

038779

FD-302a (Rev. 5-8-10)

282A-MP-3270547-Interviews Serial 226

282A-MP-3270547-Interviews

Continuation of FD-302 of (U) Interview of Dr. Andrew Baker, On 07/08/2020, Page 5 of 7

The presence of sickle cell trait did not factor into Baker's cause of death opinion. There was no evidence of antemortem sickling.

Baker did not normally make a diagnosis of excited delirium and believed an Emergency Department physician would be better suited to speak on that topic. Baker was not aware of the criteria for excited delirium.

Floyd did not have any cuts on his body, he had abrasions and contusions. The injury to the left side of Floyd's face was probably because of Floyd's position on the ground prior to becoming unresponsive. The injuries to Floyd's wrists were probably patterned from the handcuffs. The injury to Floyd's mouth could be due to officer positioning but could also be due to medical interventions such as endotracheal intubation.

Baker did see video footage of Floyd up and walking around in a store but did not know the time stamps on that video. It did not appear that Floyd was near death when he was upright and walking.

When Floyd was handcuffed and sitting on the sidewalk, it did not appear that he was near death.

Baker agreed that Floyd was talking while there were three officers on and around him while he was on the ground for approximately nine minutes. Baker recalled that Floyd stopped talking at some point. Baker had no opinion on when Floyd became critical or near death.

Baker agreed that not having a pulse means someone is near death, however the absence of a pulse does not mean death is inevitable. Baker believed that an individual may live after being without a pulse for six, eight, or even ten minutes. However, after that time, irreversible brain damage, even if a pulse is restored, was likely.

Baker believed an Emergency Department physician should be consulted to speak about cardiopulmonary resuscitation (CPR) and defibrillation as that was not Baker's area of expertise.

Baker did not believe that the prone position was any more dangerous than other positions based on an article or journal he had read.

Baker had not seen the autopsy from Dr. Baden and was not aware of any conclusions of that autopsy.

038780

FD-302a (Rev 5-8-10)

282A-MP-3270547-Interviews Serial 226

282A-MP-3270547-Interviews

Continuation of FD-302 of (U) Interview of Dr. Andrew Baker , On 07/08/2020 , Page 6 of 7

Baker could not provide an answer on a "but for" cause. Baker did not know when someone's heart disease would become lethal. The added stress and exertion that occurred between Floyd and the officers is not something one would want to see in someone with heart disease as significant as Floyd's. Playing basketball and moving furniture may not have had an effect at all. Baker did not believe you could know which activity would cause a disease to exert it's lethal effects.

Baker would defer to a cardiologist to speak more about the likelihood of a cardiac episode occurring due to the degree of heart disease present in Floyd and could not provide an opinion.

Baker would defer to a toxicologist to speak about the rate of metabolism of fentanyl. The presence of norfentanyl was not unusual to Baker as it became present when fentanyl breaks down in the body.

Baker could not determine the cause of pulmonary edema as it may occur from CPR, from fluids administered during a resuscitation, or from fentanyl use.

Baker would not opine on the amount of air needed to speak. Baker agreed Floyd may be critically ill even though air was moving through his vocal cords because his heart may be starting to fail. Even though someone was speaking, they could be critically ill.

Baker assumed that when asking if Floyd suffered from compressional asphyxia, that mechanical asphyxia of the neck was being referenced. There was no autopsy evidence that blood or air supply was cut off. There was no evidence of compressional asphyxia of the back.

Baker could not opine about the amount of pressure applied by officer Kueng while Floyd's wrists were in a lock.

There was no autopsy evidence of mechanical asphyxia. Baker could not opine how much pressure was applied to Floyd's body and could not know how much pressure was exerted on Floyd.

Absent suspicious circumstances, if Floyd had been found dead in his bed with the level of fentanyl in his blood that was present for this autopsy, it may be classified a fentanyl fatality due to the level of fentanyl.

038781

FD-302a (Rev. 5-8-10)

282A-MP-3270547-Interviews Serial 226

282A-MP-3270547-Interviews

Continuation of FD-302 of (U) Interview of Dr. Andrew Baker , On 07/08/2020 , Page 7 of 7

When a death was labeled a homicide, it was not a legal ruling being made. The label was classified as such for public health purposes. A classification of homicide means that the actions of someone else contributed to the death.

Baker could not opine at what point the subdual and restraint became a problem for Floyd.

Fentanyl can also cause edema in the trachea or airway. There was no edema in the trachea and Baker could not identify the cause of pulmonary edema.

Interview notes are attached as a 1A package. This document was written on 07/09/2020 in compliance with FBI policies for documenting interviews.

038782