

Exhibit 4



HARRIS COUNTY
INSTITUTE OF FORENSIC SCIENCES
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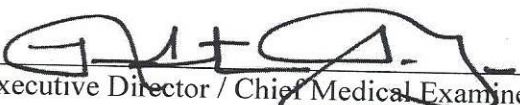
Luis A. Sanchez, M.D.
Executive Director &
Chief Medical Examiner

STATE OF TEXAS §
 §
COUNTY OF HARRIS §

I, Luis A. Sanchez, M.D., Executive Director & Chief Medical Examiner of Harris County, do hereby certify that the attached autopsy report and toxicology report (where applicable) represent a true and correct copy of the Autopsy/External Examination findings on the body of

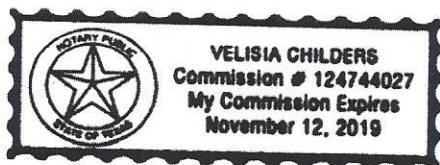
Jeray Chatham, Case # ML15-4119.

Witness my hand in Harris County, Texas, this 5th day of June, 2017.


Executive Director / Chief Medical Examiner
Harris County, Texas

Subscribed and sworn to before me this 5th day of June, 2017.


Notary Public, Harris County, Texas





HARRIS COUNTY
INSTITUTE OF FORENSIC SCIENCES
SCIENCE. SERVICE. INTEGRITY.

Luis A. Sanchez, M.D.
Executive Director &
Chief Medical Examiner

AUTOPSY REPORT

Case No. ML15-4119

November 18, 2015

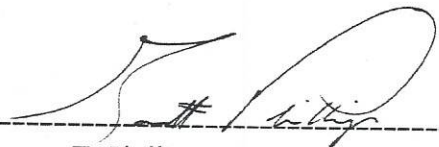
ON THE BODY OF

Jeray Chatham

CAUSE OF DEATH: Gunshot wounds of the right arm and chest, and right leg

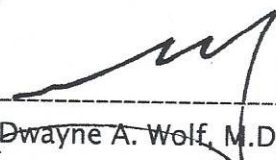
MANNER OF DEATH: Homicide

DATE OF DEATH: November 17, 2015



Garrett T. Phillips, M.D. 12/15/15
Assistant Medical Examiner MMDDYY

Reviewed by:



Dwayne A. Wolf, M.D., Ph.D. 12/15/15
Deputy Chief Medical Examiner MMDDYY

Jeray Chatham

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POSTMORTEM EXAMINATION ON THE BODY OF

Jeray Chatham

HISTORY: This initially tentatively identified 30-year-old black male was pronounced dead at the scene on November 17, 2015, at 6:55 p.m. The decedent was subsequently positively identified on the basis of fingerprint comparison.

AUTOPSY: The autopsy is performed at the Harris County Institute of Forensic Sciences by Assistant Medical Examiner Garrett T. Phillips, M.D., pursuant to Article 49.25, Texas Code of Criminal Procedure, beginning at 9:45 a.m. on November 18, 2015.

NOTE: Deputy D.D. Lewis, Homicide Investigator, Harris County Sheriff's Office, is in attendance for portions of the examination.

CLOTHING: When first viewed, the decedent is clad in blue underwear and a black sock on the left foot. Additionally received with the body is a black sock. Vegetation is on and about the clothing and the body. The blue underwear displays defects to the right lateral and right anterior thigh panel, consistent with gunshot wounds to be described below under EVIDENCE OF INJURIES. No gross gunshot residues are identified on the clothing.

EXTERNAL APPEARANCE: The body is that of a normally developed, well nourished male adult, measuring 77 inches in length, weighing 266 pounds, and appearing consistent with the reported age.

Well developed, nonfixed livor mortis is distributed posteriorly and rigor mortis is fully developed in the extremities. The body is cool and does not display changes embalming or significant decomposition.

The black scalp hair averages 3/4 inches in length and a short mustache and soul patch are on the face. The conjunctivae are congested, but without petechiae; the sclerae are white; the corneas are clear; and the irides are brown. The ears and nose are unremarkable and the nasal septum is palpably intact. The mouth contains natural teeth in good condition, with few missing teeth.

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The neck and chest appear normally formed. A 1.5 centimeter oval scar involves the right superior chest.

The abdomen is soft and slightly protuberant, displaying numerous vertically oriented, linear striae. A 7 centimeter linear, well-healed scar involves the right lower abdomen.

The arms and legs, including the hands and feet, appear normally formed. The fingernails are short-to-medium length and intact. The ventral right lower leg displays a 1.5 centimeter irregular, well-healed scar immediately inferior to the knee. On the mid ventral right lower leg is a 1 by 0.3 centimeter crusted abrasion and a 5 by 4 centimeter area of scattered irregular, well-healed scars.

The external genitalia are unremarkable and atraumatic.

The back is straight. The anus is patent and unremarkable.

Tattoos, documented photographically, are on the neck, torso, and bilateral upper extremities.

Except as described below under EVIDENCE OF MEDICAL INTERVENTION and EVIDENCE OF INJURY, the remainder of the external examination of the body is unremarkable.

EVIDENCE OF MEDICAL INTERVENTION: Multiple cardiac monitor pads are on the body.

EVIDENCE OF INJURY:

Paper bags surround the hands. The hands are restrained behind the back by black plastic handcuffs, which are removed by cutting. Encircling the left wrist is a black metallic handcuff bracelet. The free wrist bracelet of this handcuff is interlocked with a wrist bracelet of a second pair of white metallic handcuffs, which do not encircle any body part of the decedent. The handcuff wrist bracelet attached to the left wrist is released by a key.

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NON-BALLISTIC INJURIES:

Adjacent to the right nasal ala is a 3 by 1.5 centimeter area of abrasion. Approximately three 0.3 centimeter abrasions involve the inner upper lip. A 1.5 by 1 centimeter abrasion is on the medial left jaw.

On the right superior, lateral chest and shoulder is a 4.5 centimeter linear abrasion. A 2.2 centimeter cluster of approximately 4 linear abrasions, ranging from 0.3 to 1.2 centimeters in greatest dimension, is on the right lateral chest. A 0.1 centimeter abrasion is on the left lateral chest.

Partially encircling the right wrist is 11 by 1.5 centimeter discontinuous track-like skin indentation, consistent with the application of the plastic handcuffs.

Completely encircling the left distal forearm is a 1 centimeter wide track-like, circumferential skin indentation, consistent with the application of the metal handcuff bracelet. Partially encircling the left wrist is a 12 by 1.3 centimeter discontinuous track-like skin indentation, consistent with the application of the plastic handcuffs. On the dorsal left third finger is a 0.7 by 0.3 centimeter abrasion.

On the ventral left lower leg is a 3 by 0.4 centimeter elongated abrasion.

On the medial superior back is a 0.7 by 0.3 centimeter abrasion.

Subsequent internal examination of the subcutaneous tissues of the back and upper and lower extremities, including the wrists and ankles, reveals no additional injuries apart from the ballistic injuries to be described below. No wrist soft tissue hemorrhages are associated with the application of the above described restraints.

BALLISTIC INJURIES:

Gunshot wound #1 (GSW #1): A gunshot wound of entrance is on the right lateral upper arm, centered 6 inches below the top of the shoulder, in the lateral midline of the arm. The gunshot wound consists of a 1 centimeter circular defect with a thin rim of abrasion, measuring up to 0.1 centimeter wide, from 4 to 11 o'clock. No soot or stippling are present.

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Subsequent internal examination of the arm and chest reveals that the wound track perforates the subcutaneous tissue and musculature of the right upper arm, passing posterior to the humerus; fractures the right fifth rib; perforates the right lower lung lobe; enters the pericardial sac at the right pulmonary hilum, at the inflow of the right pulmonary veins; perforates the left atrium, exiting immediately inferior to the inflow of the left pulmonary veins; and terminates, creating a small perforation of the posterior left pericardial sac.

A deformed, jacketed projectile is recovered within fluid and clotted blood removed from the pericardial sac.

The gunshot wound is associated with a 625 milliliter fluid and clotted right hemothorax, a 300 milliliter fluid and clotted left hemothorax, and a 200 milliliter fluid and clotted hemopericardium.

The path of the wound is right to left and slightly back to front, without significant upwards or downwards deviation.

Gunshot wound #2 (GSW #2): A gunshot wound of entrance is on the proximal right lateral thigh, centered 37-1/2 inches below the top of the head in the lateral midline of the leg. The wound consists of a 1 centimeter circular defect displaying a 0.4 centimeter wide area of dermal bevelling from 6 to 10 o'clock. No soot or stippling are present.

Subsequent internal examination of the leg reveals that the wound track perforates the subcutaneous tissue and musculature of the lateral and anterior right proximal thigh before exiting the body.

A gunshot wound of exit is on the anterior right proximal thigh centered 38-1/4 inches below the top of the head and 3-3/4 inches right of anterior midline. The wound consists of a 2.7 by 1 centimeter irregular defect with ragged edges.

No projectile is recovered.

The path of the wound is right to left and back to front, without significant upwards or downwards deviation.

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INTERNAL EXAMINATION: *Having once been described, traumatic injuries will not be repeated.*

HEAD: The scalp is incised and retracted, the cranial cavity is opened, and the dura is inspected and removed. No scalp or intracranial hemorrhage, purulence, dural abnormalities, or skull fractures are identified. The leptomeninges are transparent. The brain weighs 1425 grams. The external surfaces of the cerebral and cerebellar hemispheres, midbrain, and pons are grossly unremarkable. The cerebral cortical ribbon is well demarcated from the white matter. The deep nuclei and ventricles have the standard configuration with no lesions. The cerebellum and brainstem are unremarkable on cut section. The cerebral vessels and cranial nerves appear normally distributed, and the vasculature is free of significant atherosclerosis.

BODY: The body is opened with a Y shaped incision. The abdominal pannus averages 4.5 centimeters in thickness. Examination of the organs in-situ reveals no anatomic abnormalities. The peritoneal cavity displays mild adhesions in the right lower quadrant and is free of abnormal fluid accumulation.

NECK: In situ examination of the neck is unremarkable. The hyoid bone and laryngeal cartilages are intact. Examination of the tongue, larynx, and trachea reveals no obstructions or abnormalities. No cervical dislocations or fractures are identified.

CARDIOVASCULAR SYSTEM: The 500 gram heart is grossly enlarged. The epicardial surface is smooth and glistening. The coronary arteries arise normally; the right coronary artery displays up to 50 percent atherosclerotic stenosis; and the left anterior descending and left circumflex arteries are free of significant atherosclerosis. Sectioning reveals smooth endocardium and dark red, firm myocardium without pallor, softening, or fibrosis. The wall thickness of the left ventricle is 1.6 centimeters, the septum 1.8 centimeters, and the right ventricle 0.5 centimeters. The four cardiac valves are thin, freely mobile, and measure as follows: Tricuspid 12.5 centimeters, pulmonic 7.5 centimeters, mitral 11 centimeters, and aortic 8 centimeters.

The aorta is opened and is free of significant atherosclerosis or other abnormalities.

RESPIRATORY SYSTEM: The right lung weighs 400 grams, and the left lung weighs 400 grams. The lungs have normal lobation, and the pleural surfaces are pink to purple,

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smooth, and glistening, with slight anthracotic pigment deposition. Sectioning reveals soft parenchyma without discrete mass lesions, prominent congestion, or edema. The pulmonary vessels and airways are unobstructed.

HEPATOBIILIARY SYSTEM: The liver weighs 2000 grams. The capsule is intact. Cut sections reveal dark red-brown parenchyma, without increased fibrosis or discrete mass lesions.

The gallbladder contains 15 milliliters of bile; the mucosa is unremarkable.

ALIMENTARY SYSTEM: The esophagus is lined by smooth mucosa. The gastric mucosa is unremarkable, and the lumen contains 300 milliliters of green mucoid fluid containing unrecognizable food fragments. The serosal surfaces of the small intestines and colon are unremarkable. The pancreas displays the usual tan, lobulated parenchyma.

GENITOURINARY SYSTEM: The right kidney weighs 200 grams, and the left kidney weighs 200 grams. The capsules strip with ease to reveal smooth and shiny cortical surfaces. Sectioning reveals tan-red parenchyma with distinct corticomedullary demarcations. The collecting systems, ureters, and bladder are unremarkable. The bladder contains 250 milliliters of urine. The testes and prostate gland are present and unremarkable.

LYMPHORETICULAR SYSTEM: The 175 gram spleen has an intact, slate-blue capsule, and dark red, soft parenchyma.

ENDOCRINE SYSTEM: The thyroid gland has a normal shape and size with uniform beefy-red parenchyma. The adrenal glands are unremarkable.

MUSCULOSKELETAL SYSTEM: The vertebrae, clavicles, sternum, ribs, and pelvis are without developmental anomaly. The diaphragm is intact.

TOXICOLOGY: Blood, vitreous fluid, urine, bile, stomach contents, liver, and brain are submitted.

HISTOLOGY: Portions of the tissues are retained in formalin.

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ANCILLARY STUDIES: Photographs and fingerprints are obtained. The decedent is positively identified on the basis of fingerprint comparison.

RADIOLOGY: Radiographs are obtained prior to examination.

PHYSICAL EVIDENCE: The clothing, gunshot residue stubs, fingernail scrapings and clippings kit, pulled scalp hair, the interlocked metal handcuffs, the plastic handcuffs, and the projectile from the pericardial cavity (GSW #1) are submitted.

PATHOLOGICAL FINDINGS

- I. Gunshot wound #1
 - A. Entrance wound of right lateral upper arm
 - B. No evidence of close-range firing
 - C. Injuries: Musculature and subcutaneous tissue of the right upper arm, right fifth rib, right lung, pericardial sac, and heart
 - D. Associated bilateral hemothoraces and hemopericardium
 - E. Projectile recovered
 - F. Path: Right to left and slightly back to front
- II. Gunshot wound #2
 - A. Entrance wound of right lateral thigh
 - B. No evidence of close-range firing
 - C. Injuries: Subcutaneous tissue and musculature of right thigh
 - D. Exit wound of anterior right thigh
 - E. No projectile recovered
 - F. Path: Right to left and back to front
- III. Atherosclerotic cardiovascular disease
 - A. Cardiomegaly (500 grams)
 - B. Moderate atherosclerotic stenosis, right coronary artery



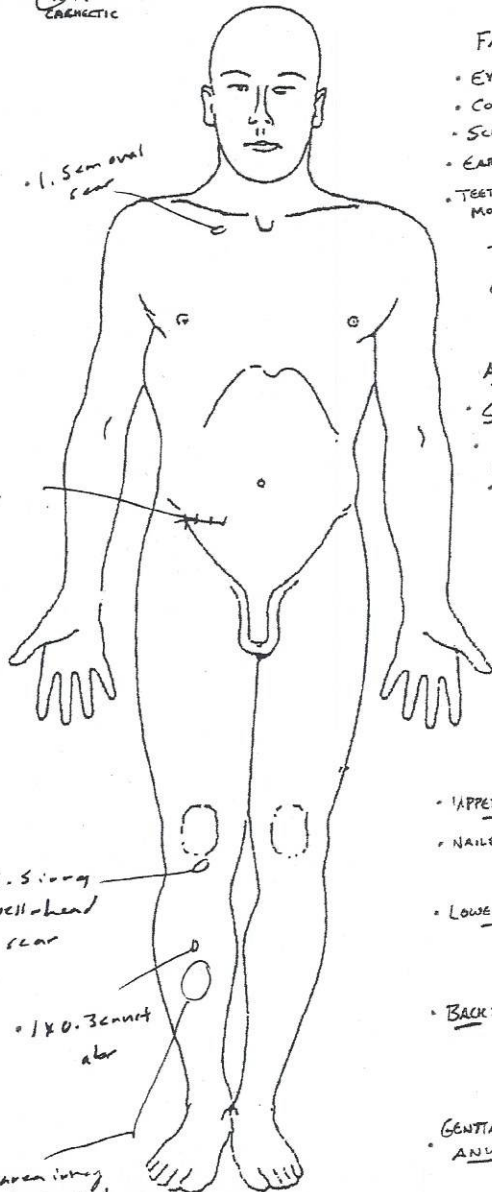
Harris County Institute of Forensic Sciences

Case Number: MLIS-4119Page: 1 of 3Decedent's Name: JERAY CHATHAMLength: 77"Weight: 266 #Examiner: PHILLIPSDate: 11/18/15Time: 9:45ARACE B AGE 30HAIR 3/4" mustache 2 soul path.
ShortDEVELOPMENT NI ABNLNOURISHMENT NI THIN OBSE
CARNOTICLIVOR: FIXED NOT FIXED
DISTRIBUTION Post.RIGOR: Full

CLOTHING

- Blue underwear
- Black sock L foot
- Black sock rec
to body
- Vcg on cloth 2 body

- Underwear:
defects
to lateral
2 Ant
panel
- Signs
GSK

FACIAL BONES: INTACT? Y N

- EYE COLOR brown
- CORNEAS: clear CLOUDY lensy
- SCLERA White CONJUNCTIVA Post
- EARS NI NOSE NI
- TEETH/ MOUTH Nat good NECK NI
few miss

CHEST: NI

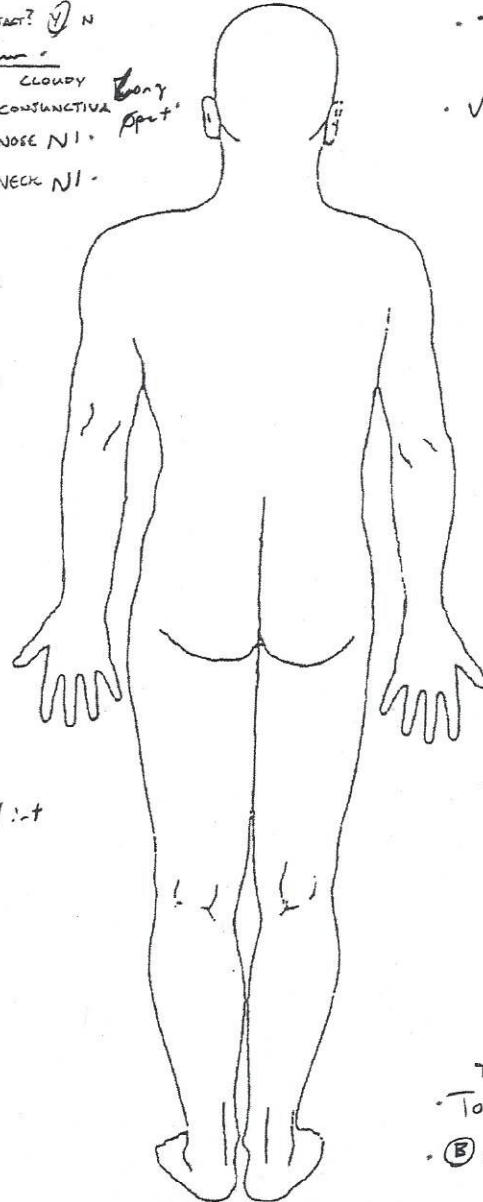
ABDOMEN:

- Soft slight
- protub
- Striae

- UPPER EXT: NI
- NAILS Short-med: +

- LOWER EXT: NI

• BACK: NI

• GENITALIA/
ANUS: NI

TATTOOS

- Torso, neck,
- luc

Section: Pathology

Form Title: Autopsy Diagram - Adult Male, Front/ Back

Rev.:

Authorized by: DA Wolf

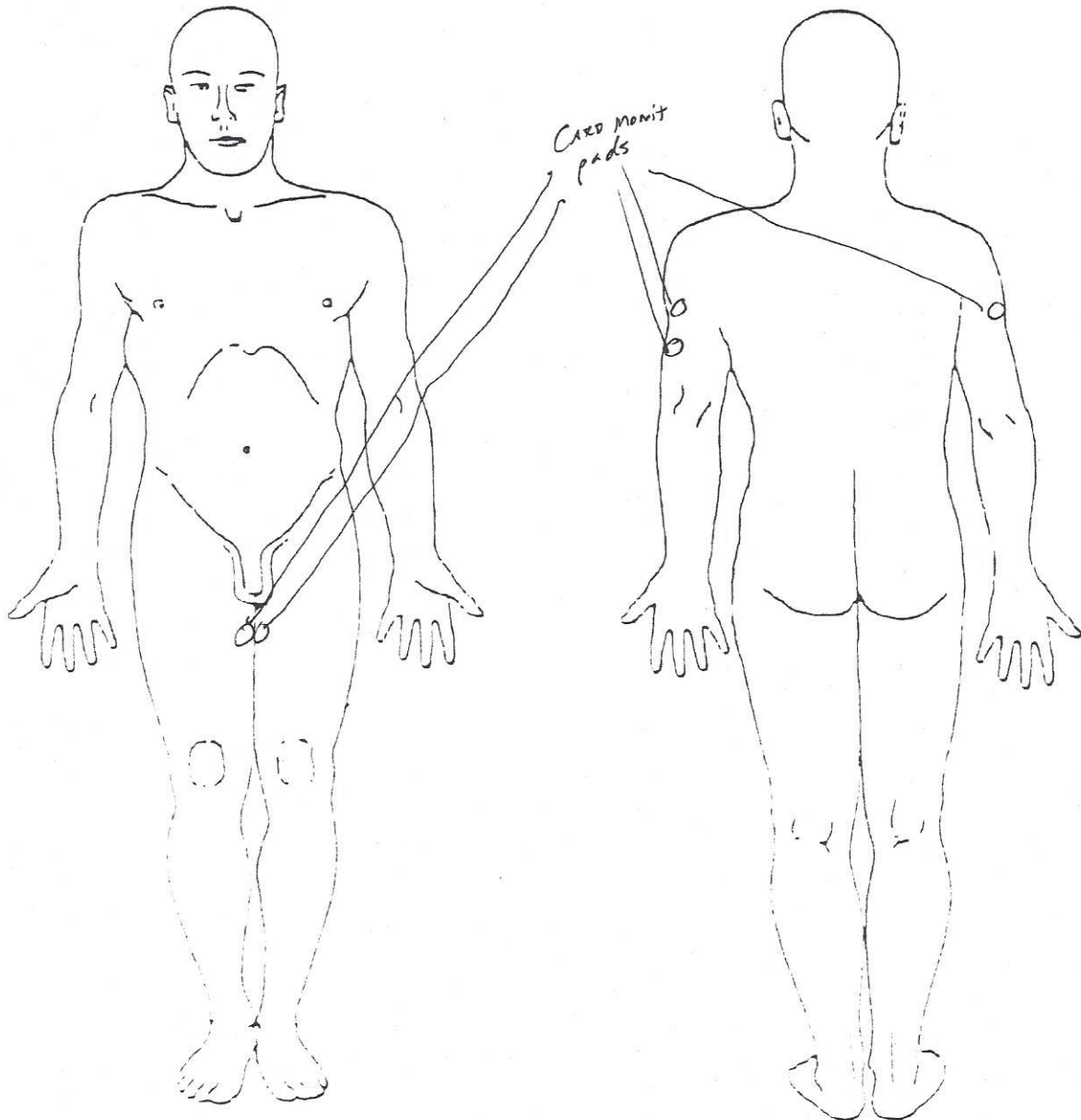
Form No.: PAT.001

Rev. date: 11/5/13



Harris County Institute of Forensic Sciences			
Case Number:	MLJS-4119	Page 2 of 3	
Decedent's Name:	JERRY CHATHAM	Length: 77"	Weight: 266#
Examiner:	PHILLIPS	Date: 11/18/15	Time: 9:45A

MEDICAL



Section: Pathology

Form Title: Autops. Diagram - Adult Male: Front, Back

Rev:

Authorized by: DA Wolf

Form No: PAT 001

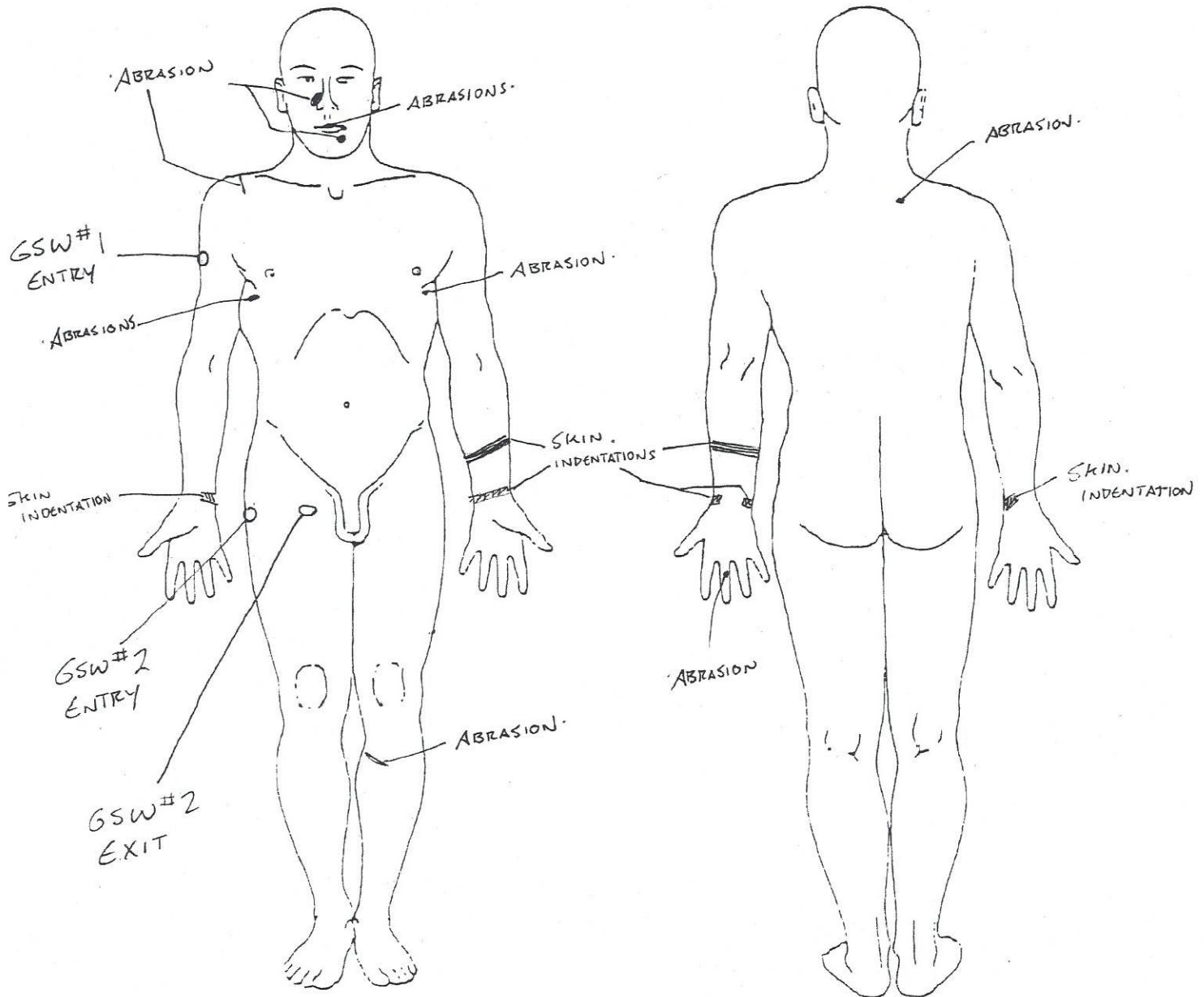
Rev date: 11/5/13

GTP



Harris County Institute of Forensic Sciences

Case Number:	MLIS-9119	Page 3 of 3	
Decedent's Name:	JERAY CHATHAM	Length: 77"	Weight: 266#
Examiner:	PHILLIPS	Date: 11/18/15	Time: 9:45A



Section Pathology
Form Title Autopsy Diagram - Adult Male, Front/ Back
Rev

Authorized by: DA Wolf
Form No: PAT 001
Rev date: 11/5/13

GTP

HARRIS COUNTY INSTITUTE OF FORENSIC SCIENCES

1885 Old Spanish Trail
Houston, Texas 77054-2001
Phone: 713-796-6830 Fax: 713-796-6838

LABORATORY REPORT

January 06, 2016

LABORATORY NUMBER: ML15-4119**Deceased:** JERAY CHATHAM**Submitted By:**

Garrett Phillips, M.D.
Assistant Medical Examiner
Harris County Institute of Forensic Sciences
1885 Old Spanish Trail
Houston, TX 77054

Agency Number: ML15-4119**Submission Date:** November 18, 2015**Specimen: Blood (femoral)**

<u>Analyte</u>	<u>Result</u>	<u>Analytical Method</u>	<u>Analyst</u>
Ethanol	0.052 ± 0.005 g/100mL	Headspace GC	K. Peterson

Specimen: Urine

<u>Analyte</u>	<u>Result</u>	<u>Analytical Method</u>	<u>Analyst</u>
Ethanol	0.044 ± 0.005 g/100mL	Headspace GC	K. Peterson

Specimen: Vitreous Humor

<u>Analyte</u>	<u>Result</u>	<u>Analytical Method</u>	<u>Analyst</u>
Ethanol	0.063 ± 0.006 g/100mL	Headspace GC	K. Peterson

Specimen: Blood (femoral)

<u>Analyte</u>	<u>Result</u>	<u>Analytical Method</u>	<u>Analyst</u>
Acetone, Methanol, Isopropanol	None Detected	Headspace GC	K. Peterson

Specimen: Blood (heart)

<u>Analyte</u>	<u>Result</u>	<u>Analytical Method</u>	<u>Analyst</u>
Amphetamine/Methamphetamine, Cocaine Metabolite, Phencyclidine	None Detected	Immunoassay - ELISA	L. Lozano

Specimen: Urine

<u>Analyte</u>	<u>Result</u>	<u>Analytical Method</u>	<u>Analyst</u>
Acetone, Methanol, Isopropanol	None Detected	Headspace GC	K. Peterson

Specimen: Vitreous Humor

<u>Analyte</u>	<u>Result</u>	<u>Analytical Method</u>	<u>Analyst</u>
Acetone, Methanol, Isopropanol	None Detected	Headspace GC	K. Peterson

Medical Examiner's Initials and Date GTP 1/8/16

Specimens will be retained for at least one year following the issuance of an original laboratory report.

An ASCLD/LAB-International, Texas Forensic Science Commission, and American Board of
Forensic Toxicology Accredited Testing Laboratory

LABORATORY NUMBER: ML15-4119

DATE: January 6, 2016

INSTITUTE OF FORENSIC SCIENCES

JAN 06 2016

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[Signature]

The uncertainty value for ethanol represents an expanded uncertainty expressed at the 99.73% level of confidence. The uncertainty values for all other analytes represent an expanded uncertainty expressed at the 95.45% level of confidence.

Linda Alvarado

Linda Alvarado, BS, C(ASCP), D-ABFT-FT
Technical Reviewer
Toxicologist II Specialist
January 04, 2016

F. Guale

Fessessework Guale, DVM, D-ABVT, D-ABFT-FT
Expert Reviewer
Toxicology Analytical Operations Manager
January 06, 2016

Medical Examiner's Initials and Date GTP 1/8/16

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