

ORANGE COUNTY Statement – Atlas Fraley Incident

On August 12, 2008 a community tragedy occurred. On that date members of Orange County Emergency Services responded to calls from 202 Fan Branch Lane. The responders to the second call found Atlas Fraley unconscious and unresponsive. They were unable to revive Mr. Fraley. He died that day.

The North Carolina Medical Examiner's report has been released. The Medical Examiner's Certification states the cause of Mr. Fraley's death to be: "Undetermined natural causes." The Medical Examiner's Report of Autopsy summary includes, "no definite explanation for this young man's death is evident at autopsy." The Report of Autopsy Examination is enclosed with this Statement.

An Orange County paramedic was dispatched to Mr. Fraley's home on August 12, 2008, in response to Mr. Fraley's 911 call. The paramedic evaluated Mr. Fraley and advised him in regard to adequate hydration.

Paramedics are trained to care for the sick and injured, alleviate pain and provide reassurance to the community they serve. The Board of Orange County Commissioners and Orange County Emergency Services are committed to having the men and women who serve and protect this community ready, willing and able to provide that protection with compassion and competence. The County's resolve is to review the cause of all actions and decisions with a focus on excellence.

The Orange County Emergency Services Communications Division dispatches more than 12,000 calls during the course of a year. The division continually reviews all operations, policies and practices in order to improve every aspect of its delivery system.

- Treatment protocols are continually reviewed and tested to maintain currency, safety and effectiveness.
- Emergency Medical Dispatch policies and procedures are reviewed regularly by department staff and by the Orange County Medical Director's Office to remain current, and all telecommunicators are trained to follow appropriate protocols in

order to quickly and efficiently dispatch personnel and equipment to all calls for service.

- The organizational model of Orange County Emergency Services is being monitored to determine any changes that may be appropriate to ensure that excellence in service delivery is maintained.
- Training is a major effort of Orange County Emergency Services.

On August 13, 2008, Orange County began an internal investigation of all actions and decisions related to the response to a call for assistance made from Mr. Fraley's home. The goal was to assure adherence to County policy and to statutory guidelines, and to improve the level of care for all citizens. Those efforts included:

- A Peer Review conducted by a committee to evaluate all of the paramedic's actions at the scene in response to the first call from Mr. Fraley.
- The Orange County Medical Director's review of all documentation and information from the Peer Review committee.
- North Carolina law limiting the disclosure of information in an Orange County employee's personnel file prohibits Orange County from commenting further on the Peer Review committee findings and the Orange County Medical Director's review of those findings.
- North Carolina law limiting the disclosure of medical records prohibits Orange County from producing those records and commenting on them except with the permission of the patient or with the permission of the duly authorized representative of the patient.

Orange County officials and staff deeply regret any pain and distress experienced by the members of the Fraley family, their friends, and the community at-large as a result of the events of August 12, 2008. Orange County is committed to assuring the residents of the County of the highest possible level of attention to public health and safety in all aspects of County operations.

Office of the Chief Medical Examiner

CB # 7580 Chapel Hill, NC 27599-7580
Telephone 9199662253

REPORT OF AUTOPSY EXAMINATION

DECEDENT

Document Identifier B200803480
Autopsy Type ME Autopsy
Name Atlas Shaquille Fraley
Age 17 yrs
Race Black
Sex M

AUTHORIZATION

Authorized By John D. Butts MD **Received From** Orange

ENVIRONMENT

Date of Exam 08/13/2008 **Time of Exam** 12:45
Autopsy Facility Office of the Chief Medical Examiner **Persons Present** MS Sara Davidson, Ms. Tracey
Gurnsey, Dr. Tom Clark, Ms. Molly Hupp

CERTIFICATION

Cause of Death
Undetermined natural causes

The facts stated herein are correct to the best of my knowledge and belief.

Digitally signed by
John D. Butts MD 17 March 2009 17:09

DIAGNOSES

Pulmonary congestion and edema, marked
Bronchial changes consistent with reactive airway disease

IDENTIFICATION

Body Identified By
Papers/ID Tag

EXTERNAL DESCRIPTION

Length 71 inches
Weight 261 pounds
Body Condition Intact
Rigor Present
Livor Posterior
Hair Dark, braided into dreads
Eyes Brown, 6 mm pupils
Teeth Natural

These are the remains of a robust appearing young male clothed only in a pair of white mesh nylon boxer shorts. He has several tattoos present that include a cross with some clouds on the right upper arm and then, vertically oriented, "Jesus." On the left upper arm/shoulder area is a figure holding up the world; above it is inscribed "The World is Mine" and below that "Atlas." A vertically oriented tattoo "Saves" is present running down the left arm. He is circumcised.

EKG electrodes are present on the body. There is no edema of the lower extremities.

INJURIES

No evidence of trauma either external or internal is present.

DISPOSITION OF CLOTHING AND PERSONAL EFFECTS

The following items are released with the body

Shorts

PROCEDURES

Radiographs

None

Microbiology

None

Chemistry

Vitreous sample obtained for electrolytes.
Blood sent for hemoglobin electrophoresis

Special Evidence Collection

Blood stain sample obtained.

INTERNAL EXAMINATION

Body Cavities

The pleural, peritoneal and pericardial cavities are unremarkable without evidence of inflammation, exudation or hemorrhage. The organs all lie in a normal relationship.

Cardiovascular System

Heart Weight 410 grams

The coronary arteries show a normal distribution and only some minimal atherosclerotic streaking. The right coronary supplies the posterior septum. All lumens are clear. The myocardium is reddish-brown without any areas of discoloration or thinning. There is no dilatation of the left or right ventricles. There is no fatty infiltration. The valves are normally formed. The aorta and its major branches are without atherosclerosis or anomaly.

Respiratory System

Right Lung Weight 820 grams

Left Lung Weight 700 grams

The lungs are mildly hyperinflated. On section they do not collapse. There is congestion and prominent edema. There is a slight excess of mucous present within the smaller bronchi. No areas of consolidation are noted. The pulmonary arteries are free of clot. The trachea is unremarkable. There is no edema of the epiglottis or larynx. The tongue is unremarkable. The hyoid bone and thyroid cartilages are intact.

Gastrointestinal System

The GI tract is intact throughout its length. The appendix is present. The stomach contains a small amount of grayish fluid. No particulate matter is noted. There is a slight greenish tint to the small bowel and there are foci of grayish-green semi-liquid content.

Liver

Liver Weight 1850 grams

The liver is reddish-brown without accentuation of the lobular architecture. The gallbladder contains bile and the extrahepatic system is intact.

Spleen

Spleen Weight 220 grams

There is mild prominence of the follicles.

Pancreas

The pancreas is autolyzed but appears within normal limits.

Urinary

Right Kidney Weight 160 grams

Left Kidney Weight 170 grams

The cortical surfaces are smooth. There is a clear corticomedullary demarcation. The ureters are intact. The bladder contains approximately 40 cc of clear urine.

Reproductive

The prostate is unremarkable.

Endocrine

The thyroid gland is normal in size and configuration.

The adrenals are normally situated and relatively thin.

Neurologic

Brain Weight 1390 grams

The meninges are thin and delicate. The gyri are full but not edematous. The vasculature at the base of the brain is intact. There is no blood in the epidural, subdural or subarachnoid compartments. Multiple coronal sections reveal unremarkable symmetrical internal structures.

Skin

Unremarkable.

Immunologic System

No lymphadenopathy noted.

Musculoskeletal System

Unremarkable.

MICROSCOPIC EXAMINATION

Cardiovascular

No acute ischemic change or inflammation noted in the heart sections.

Respiratory

Some alveoli contain red cells. The bronchi show thickening of the basement membranes and there are numerous eosinophils in the peribronchial tissues. Overall there is an increase in the volume of peribronchial mucous glands. Mucous is present in some small bronchi but plugging is not evident.

Liver

Unremarkable

Hematologic

Spleen is congested.

Genitourinary

Kidney is unremarkable.

Endocrine

Thyroid is unremarkable. Adrenal is thin but both medulla and cortex are present. There is some autolysis.

Neurologic

Brain sections are unremarkable.

Musculoskeletal

Section of neck strap muscle shows some variation in the size of the fibers but is within normal limits.

SUMMARY AND INTERPRETATION

This was a 17-year-old male high school football player whose medical history included asthma which was successfully treated with inhalers as needed. On the morning of his death, he had participated in a football scrimmage in another town. He developed a headache during the scrimmage and was taken out. He complained of muscle cramping on the trip back to Chapel Hill and returned to his home accompanied by some fellow players.

He was apparently still having cramps when they left. He called 911 saying that he was hurting all over and a paramedic came to the residence and evaluated him. He was felt to be stable and advised in regard to adequate hydration and then left alone. He was subsequently found deceased on the floor of the residence that evening when his parents returned from work.

His past history is significant for a similar episode of cramping following a football related period of exercise one year previously. On that occasion his family had called 911 and their report states that he felt dizzy and like he was going to

pass out. He was hypotensive with a blood pressure of 86/47. A glucose was 79. EMS treated him with intravenous fluids leading to the resolution of the symptoms. It was judged at that time that his cramping was the consequence of inadequate pre-exercise hydration leading to dehydration and he was instructed to follow a regimen of hydration before undergoing strenuous activity. He had, however, possibly not followed the hydration regimen the day of his death. His family relates that during the earlier attack he had not complained of any muscle weakness though the EMS report relates that he was "feeling weak." He did not complain of weakness the day of the fatal event. He also did not complain of or show signs of shortness of breath or respiratory difficulty and denied chest pain. He participated in other active sports and per family had not experienced similar episodes on those occasions. There is a family history of cramping episodes in cousins.

Autopsy examination revealed no evidence of any physical trauma. The heart was of normal size for his build. There was no coronary disease or abnormalities of the coronary distribution. There was no evidence of any intracerebral pathology. The lungs were congested, edematous and mildly hyperexpanded. Microscopically there were changes typical for reactive airway disease, asthma, but no evidence of mucus plugging. Vitreous electrolyte studies were within normal limits with no findings indicative of dehydration. A hemoglobin electrophoresis showed 96.7 % hemoglobin A and no abnormal hemoglobins.

Screens on blood for common drugs and medications were negative. Reportedly bottles of water and gatorade were found adjacent to the body. There were no medication containers present. There is no history of drug or medication use other than the aforementioned asthma inhaler.

No definite explanation for this young mans death is evident at autopsy. The history of a prior cramping episode and that similar symptoms have occurred in relatives raises the possibility of an inherited disorder of metabolism affecting muscle function although those presenting at this age are not ordinarily fatal. It may be that there are multiple factors involved. He may have become relatively dehydrated with the resulting fluid and electrolyte imbalances causing the cramping, the resulting agitation precipitating a fatal cardiac event or even an acute asthmatic attack.

There is no evidence that his death was due to other than natural causes.

DIAGRAMS

1. Adult (front/back)

APPENDICES

1. Fluid chemistry
2. Hemoglobinopathy/Thalassemia

State of North Carolina

Office of the Chief Medical Examiner

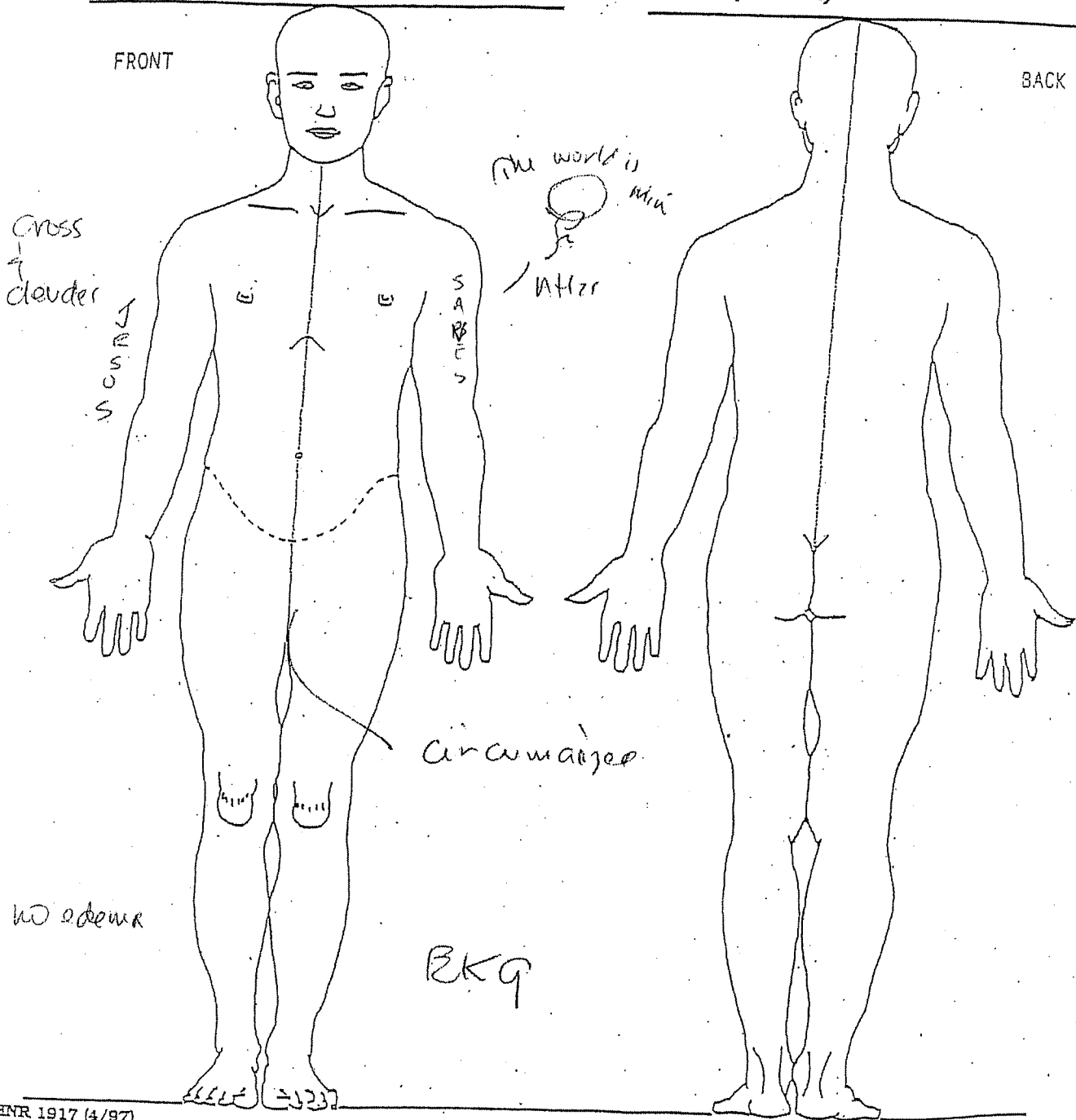
Chapel Hill, North Carolina 27599-7580

Name of Decedent: Atlas Fraley

Autopsy # BOB-2480

Examined By: J. Burch Date: 8/13/08

BODY DIAGRAM: ADULT (Front/Back)



DEENR 1917 (4/97)
Medical Examiner

This form may be photocopied.

PAGE ___ OF ___

McLendon Clinical Laboratories
University of North Carolina Hospitals
101 Manning Drive, Chapel Hill, NC 27514
CLIENT LABORATORY REPORT

Name: T200806152, S080018388
M.R.N.: AAA00094028
DOB: 01/01/1870 Age: 138 Sex: N
Loc: 0149 OFFICE OF CHIEF MEDICAL
Req.MD: * DR. WITHECKER, OCME

Order Id : B6153041
Date&Time Ordered: 08/15/08 14:36

FINAL

1208 - 3480

CHEMISTRY

Atlas Fracture

TEST-NAME	RESULT	AB	NORMAL RANGE	UNITS	LOC
FLUID CHEMISTRY					
COLLECTED 08/15/08 11:28					
SODIUM, FLUID	139		VARIABLE	MMOL/L	
POTASSIUM, FLUID	8.4		VARIABLE	MMOL/L	
CHLORIDE, FLUID	121		VARIABLE	MMOL/L	
CO2, FLUID	6		VARIABLE	MMOL/L	
UREA NITROGEN, FLD	10		VARIABLE	MG/DL	
CREATININE, FLUID	0.6		VARIABLE	MG/DL	
GLUCOSE, FLUID	<20		VARIABLE	MG/DL	
FLUID TYPE	VITREOUS				

Printed: 08/15/2008 17:02

Dr. Butts
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KEY FOR ABNORMAL COLUMN: L-LOW, H-HIGH, AB-ABNORMAL, C-CRITICAL
KEY FOR LOC COLUMN: R-ARUP; F-FAMILY PRACTICE

McLendon Clinical Laboratories
University of North Carolina Hospitals
101 Manning Drive, Chapel Hill, NC 27514
CLIENT LABORATORY REPORT

Name: T200806152, S080018385
M.R.N.: AAA00094027
DOB: 01/01/1870 Age: 138 Sex: N
Loc: 0149 OFFICE OF CHIEF MEDICAL
Req.MD: * SAME AS ABOVE,,

Order Id : B6153021
Date&Time Ordered: 08/15/08 14:32

FINAL

HEMATOLOGY

ECG 3450
Admission

TEST-NAME	RESULT	AB	NORMAL RANGE	UNITS	LOC
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HEMOGLOBINOPATHY/THALASSEMIA

COLLECTED 08/15/08 11:29

HB's PRESENT	:		A, A2, F		
A, A2, F					
HB A	96.7		95.1-98.5	%	
HB A2	2.9		1.5-3.5	%	
HB F	0.4		0.0-1.9	%	

Dr. Burt

Printed: 08/19/2008 13:51

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KEY FOR ABNORMAL COLUMN: L-LOW, H-HIGH, AB-ABNORMAL, C-CRITICAL
KEY FOR LOC COLUMN: R-ARUP; F-FAMILY PRACTICE