

Arkansas
State Claims Commission

DEC 22 2014

Please Read Instructions on Reverse Side of Yellow copy

Please print in ink or type

BEFORE THE STATE CLAIMS COMMISSION
Of the State of Arkansas

RECEIVED

- ☐ Mr.
☒ Mrs.
☐ Ms.
☐ Miss

Matilda Matthe Ann Bradford, Claimant

vs.

State of Arkansas, Respondent

State of Arkansas

Do Not Write in These Spaces		
Claim No.	15-0479-CC	
Date Filed	Dec 22, 2014	
	(Month)	(Day) (Year)
Amount of Claim \$?	
Fund	SOA	

COMPLAINT Death Benefits

Matilda Matthe Ann Bradford, the above named Claimant, of P.O. Box 5274 West Memphis

AR 72303 870 636-5379

County of Crittenden

represented by: none

(Legal Counsel, if any, for Claim)

of (Street and No.) (City) (State) (Zip Code) (Phone No.) (Fax No.) says:

State agency involved: ARKANSAS Claim Commission

Amount sought: \$125,000 + Educational benefits

Month, day, year and place of incident or service: April 2, 2014

Explanation:

on 4-2-14 while on duty at the Turrell Police Department Chief Keith Bradford Sr. died as result of Hypertensive Atherosclerotic Cardiovascular Disease.

See Attached independent documents

As parts of this complaint, the claimant makes the statements, and answers the following questions, as indicated: (1) Has claim been presented to any state department or officer thereof? No; when? (Month) (Day) (Year) to whom? (Department)

and that the following action was taken thereon:

and that \$ was paid thereon: (2) Has any third person or corporation an interest in this claim? No; if so, state name and address

and that the nature thereof is as follows: (Name) (Street or R.F.D. & No.) (City) (State) (Zip Code)

and was acquired on in the following manner:

THE UNDERSIGNED states on oath that he or she is familiar with the matters and things set forth in the above complaint, and that he or she verily believes that they are true.

Matilda Matthe Ann Bradford
(Print Claimant/Representative Name)Matthe Bradford
(Signature of Claimant/Representative)

SWORN TO and subscribed before me at

Little Rock, ARKANSAS

(SEAL)

on this 25 day of Nov

(Date)

(City)

(State)

(Month)

(Year)

Deborah Freeman

(Notary Public)

My Commission Expires: 7

(Month)

(Day)

(Year)

SF1- R7/99

DEBORAH FREEMAN
 PULASKI COUNTY
 NOTARY PUBLIC - ARKANSAS
 My Commission Expires July 30, 2020
 Commission No. 12377679

U.S. DEPARTMENT OF JUSTICE
OFFICE OF JUSTICE PROGRAMS
BUREAU OF JUSTICE ASSISTANCE
PUBLIC SAFETY OFFICERS BENEFITS PROGRAM
WASHINGTON, D.C. 20531
REPORT OF PUBLIC SAFETY OFFICER'S DEATH

FOR DOJ USE ONLY

CASE NUMBER _____

DATE RECEIVED _____

This information is being requested pursuant to the Omnibus Crime Control and Safe Streets Act of 1968, as amended (42 U.S.C. 3796), and the disclosure is voluntary. This form will be used by the Department of Justice to determine eligibility of a claimant for the payment of benefit and the information may be disclosed to Federal, State and local agencies to verify eligibility for benefits. Disclosure of an individual's Social Security number is mandatory. Failure to supply requested information may result in a delay in processing this form and receipt of benefits. **PLEASE PRINT CLEARLY OR TYPE.**

1. NAME OF OFFICER (Last, First, Middle)

Keith Bradford

2. OFFICER'S TITLE

Chief Turrell PD

3. SOCIAL SECURITY NUMBER

4. DATE OF INJURY

4-2-14

5. DATE OF DEATH

April 2, 2014

6. NAME AND PHYSICAL ADDRESS OF EMPLOYING AGENCY, ORGANIZATION OR UNIT IN WHOSE SERVICE DEATH OCCURRED (Include zip code)

Turrell Police Dept 1600 Eureka St Turrell, AR 72384

PART I: NOTICE OF LINE OF DUTY DEATH OF PUBLIC SAFETY OFFICER

7. AT THE TIME OF INJURY THAT RESULTED IN DEATH WAS THE OFFICER WORKING A REGULAR SHIFT OR AN ASSIGNED OVERTIME SHIFT? YES ☒ NO ☐

IF NO, ATTACH AN AFFIDAVIT EXPLAINING THE OFFICER'S DUTY STATUS.

AS A

IN THE SERVICE OF

LAW ENFORCEMENT ☒

STATE GOVERNMENT ☒

CORRECTIONS OFFICER ☐

LOCAL UNIT OF GOVERNMENT ☐

PROBATION OFFICER ☐

FEDERAL GOVERNMENT ☐

PAROLE OFFICER ☐

LEGALLY ORGANIZED VOLUNTEER FIRE, AMBULANCE OR RESCUE SQUAD, DEPARTMENT ORGANIZED, CHARTERED OR FORMED BY A PUBLIC AGENCY TO ACT ON ITS BEHALF IN PROVIDING FIRE OR RESCUE SERVICES TO THE PUBLIC ☐

FIRE FIGHTER ☐

JUDICIAL OFFICER ☐

AMBULANCE AND RESCUE SQUAD MEMBER ☐

OTHER (Specify) ☐

OTHER (Specify) ☐

8. OFFICER'S EMPLOYMENT STATUS WHEN INJURY OCCURRED.

FULL-TIME ☐

PART-TIME ☒

VOLUNTEER ☐

OTHER ☐

9. WAS INJURY CONTRIBUTED BY:

OFFICER'S GROSS NEGLIGENCE? ☐

YES

NO

UNKNOWN

OFFICER'S INTENTIONAL MISCONDUCT? ☐

OFFICER'S INTENT TO BRING ABOUT HIS OWN DEATH? ☐

OFFICER'S VOLUNTARY INTOXICATION? ☐

ANY PERSON WHO MAY BE ENTITLED TO BENEFIT? ☐

(Attach explanations for any "yes" answer.)

PART II: INFORMATION CONCERNING POSSIBLE CLAIMANTS: Provision of this information does not constitute a finding for or against an interim Payment of Benefits or Final Award of Benefits. If the officer was not married at the time of his death, but was cohabiting with another person in what could be construed as a common-law marriage, please indicate that relationship below.

10. NAMES, RELATIONSHIP, AND ADDRESS OF PERSONS IN PRECEDENCE ORDER AND APPLICABILITY CATEGORY AS FOLLOWS:

SURVIVING SPOUSE OR COHABITANT

NAME (Last, First, Middle)

MATILDA MATTIE ANN BRADFORD

SOCIAL SECURITY NO

MAILING ADDRESS (Include zip code)

PO Box 5274 W Memphis AR

PART II CONTINUED

CHILDREN:
NATURAL, ADOPTED, STEPCHILDREN,
POSTHUMOUS, OUT OF WEDLOCK,
REGARDLESS OF AGE OR DEPENDENCY STATUS

10a. NAME (Last, First, Middle)	DATE OF BIRTH	SOCIAL SECURITY NO.	Marital status regardless of age
Bradford Lakesha	9-10-85		Married <input type="checkbox"/> Single <input checked="" type="checkbox"/>
Address (if different from item 11, above) and Telephone Number		PARENT OR LEGAL GUARDIAN NAME & SOCIAL SECURITY NUMBER	
10a. NAME (Last, First, Middle)	DATE OF BIRTH	SOCIAL SECURITY NO.	Marital status regardless of age
Bradford Keith JR	7-29-87		Married <input type="checkbox"/> Single <input checked="" type="checkbox"/>
Address (if different from item 11, above) and Telephone Number		PARENT OR LEGAL GUARDIAN NAME & SOCIAL SECURITY NUMBER	

Please attach a separate sheet of paper if there are additional children.

10.b IF THE DECEDENT IS SURVIVED BY NEITHER SPOUSE NOR ELIGIBLE CHILDREN, PROVIDE A COPY OF THE OFFICER'S MOST RECENT DEPARTMENTAL LIFE INSURANCE POLICIES, INCLUDING BENEFICIARY DESIGNATION PAGE.
PLEASE NOTE: The decedent's family will be asked to provide the most recent private insurance policies.

BENEFICIARIES:	
NAME (Last, First, Middle)	SOCIAL SECURITY NO.
MAILING ADDRESS (Include zip code)	
NAME (Last, First, Middle)	SOCIAL SECURITY NO.
MAILING ADDRESS (Include zip code)	

PART III: INFORMATION CONCERNING OTHER CLAIMS

11. TO YOUR KNOWLEDGE HAS OR WILL A CLAIM BE FILED FOR BENEFITS UNDER:

- A) Federal Employees Compensation Act, Section 8191 title 5, U.S. Code? YES ☐ NO ☒
B) D.C. Retirement and Disability Act of September 1, 1916, Section 4-622? YES ☐ NO ☒

PART IV: CERTIFICATION A false answer to any question in this Statement may be grounds for non-payment of benefits and may be punishable by fine or imprisonment (U.S. Code, Title 18, Sec. 1001). All the information you give will be considered in reviewing the claim and is subject to investigation.

12. EMPLOYING ORGANIZATION - To the best of my knowledge and belief, the above stated information is true and complete.

ORGANIZATION City of Turrell	TYPED NAME & TITLE OF EMPLOYING AGENCY HEAD Allen Spears Mayor	SIGNATURE OF EMPLOYING AGENCY HEAD <i>[Signature]</i>
ADDRESS (Include zip code) PO Box 249 Turrell, AR 72374	PHONE NO. 870-343-2537	E-MAIL ADDRESS Allen1971@Arl.com
		DATE 10-10-2014

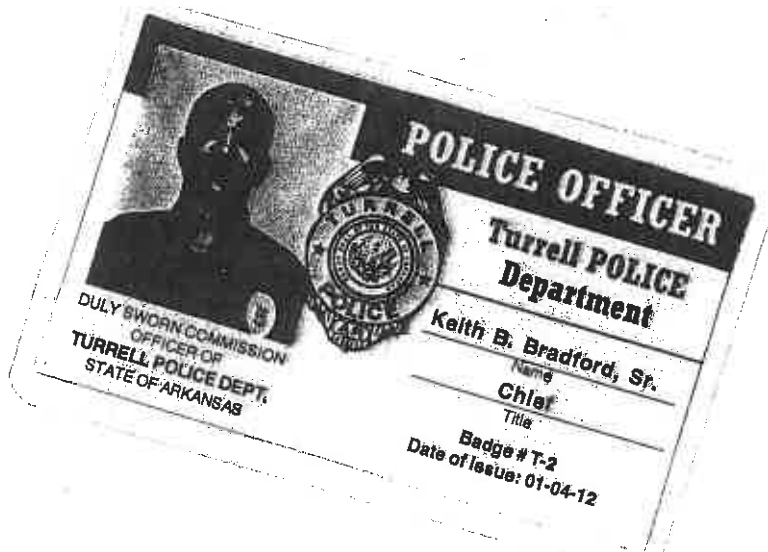
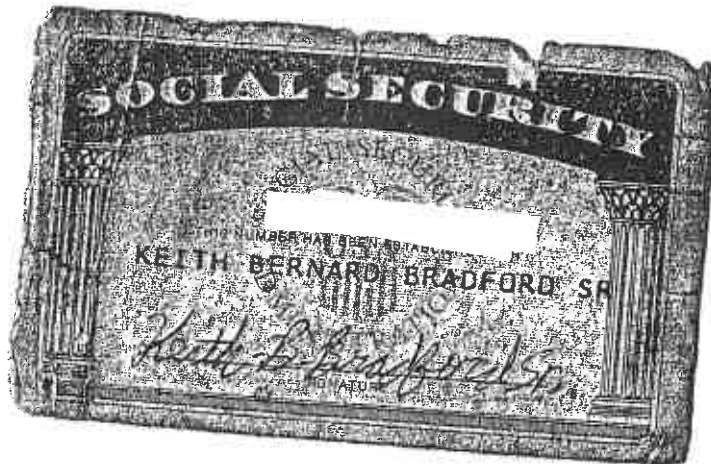
13. IS THERE A RETIREMENT/DISABILITY BOARD, WORKERS COMPENSATION BOARD, COURT, OR OTHER ENTITY THAT WILL CONSIDER OR HAS BEEN CONSIDERED THE FACTS OF THIS CASE IN ORDER TO DETERMINE ELIGIBILITY FOR OTHER BENEFITS? YES ☐ NO ☒

14. WAS A FAVORABLE DECISION RENDERED? YES ☐ NO ☐

If "yes," on a separate sheet of paper please give address and telephone number for each entity.

Public Reporting Burden

Paper Reduction Act Notice. Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and that impose the least possible burden on you to provide us with information. The estimated average time to complete and file this application is 2 1/2 hours per application. If you have comments regarding the accuracy of this claim, or suggestions for making this claim form simpler, you can write to the Public Safety Officers' Benefits Program, Bureau of Justice Assistance, 810 7th Street, NW, Washington, D.C. 20531 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20530.



City of Turrell

MAYOR
Allen Spears

TURRELL DISTRICT JUDGE
Fred Thorne

CLERK/TREASURER
Dora Jordan

WATER CLERK
Feleshia Williams

P.O. Box 249
160 Eureka Street
Turrell, Arkansas 72384
PHONE (870) 343-2537
FAX (870) 343-2977

RECORDER
Dora Jordan

CITY COUNCIL
Andre' Coleman
Eldon McAnally
Floyd Holmes
James Lowery
Charles Webster
Jeffery Thomas

To: Jeff Langley

From: Allen Spears, Mayor

Date: November 25, 2014

Re: 24 hours before Chief Bradford's Death

During the last 24 hours before his death, Chief Bradford worked a normal shift (late evening), the day before his death. On the day of his death (April 2, 2014), he attended a meeting concerning Police Business. About an hour and half before his death, he and other officers responded to a call from Jericho Police Department that resulted in a high speed chase. After returning to Turrell Police Department and meeting two (2) officers he got up to go make copies of reports and fell to his death. Officer Kinney came to my home and stated, "I think we just lost Chief Bradford. He then transported me to the Turrell Police Department.

If any other information is needed, Please let me know.

Sincerely,



Allen Spears
Mayor

Statement of Circumstances

In the matter of the Death of Police Chief Keith Bradford on April 2, 2014.

Upon looking into the circumstances involving the death of Chief Bradford I have found the following:

That Chief Keith Bradford was on duty on April 2, 2014 when at approx. 7:05 pm he was at the police department meeting with two of his officers going over some departmental changes in the way they do paperwork. According to witness's he got up to send a fax and collapsed in the hallway and was unresponsive. Witness (D. Clemmson) went to his police unit and asked for EMS. Upon arrival of first responders Fire Chief Troy Lauderdale began CPR until the ambulance arrived. Chief Bradford was transported to Crittenden Regional Hospital where he was pronounced dead at by doctors at approx. 8:15 pm.

Upon checking into the events of the previous 24 hours I spoke with Mattie Bradford and Officer David Kinney. Mrs. Bradford stated that her husband had worked on April 1st and April 2nd and to her knowledge had not been in any major physical activities. She stated that when he got home on the 1st there were nothing that he did that would have caused physical stress. I also asked her if he had a history of heart disease and she said that he had not and was not being treated for any heart disease. She stated that he was taking pain medication for recovery of hip surgery that had been recently performed on him. She stated that he had not complained of any heart related symptoms prior to the incident.

Officer Kinney stated that he had worked with him all day on the date of the incident and that there had not been anything that would have been considered physical assertion. Officer Kinney did state that on the date of the incident around 4:30 pm the Jericho Police had got into a pursuit with a vehicle heading toward the City of Turrell and was requesting assistance. Officer Kinney stated that he and Officer Clemmson responded to the request and went to assist the Jericho Police in the pursuit. He stated that the information was that the vehicle was traveling at a high rate of speed toward the city. When Officer Kinney was approaching the location the vehicle stopped. Officer Kinney stated Chief Bradford arrived shortly after to check on the situation and make sure everyone was ok. Officer Kinney stated he transported an occupant of the vehicle to the Exxon Station and then met Chief Bradford at the Police Department. He said they were working on some paperwork changes when the incident happened.

I also spoke with Chief Roy Hill of the Jericho Police Department. Chief Hill stated that when Chief Bradford arrived at the location of the traffic stop that he appeared shaken out of concern for the officers involved in the pursuit. He asked Chief Bradford if he was ok and Chief Bradford stated he was. He said that he heard later that evening Chief Bradford had died.

Jeff Langley Concerns of Police Survivors (COPS)

STATE OF ARKANSAS

ARKANSAS DEPARTMENT OF HEALTH

Vital Records CERTIFICATE OF DEATH

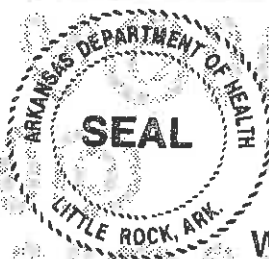
FILE NUMBER 2014005030

To Be Completed / Verified by FUNERAL DIRECTOR

To Be Completed / Verified by MEDICAL CERTIFIER

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) KEITH BERNARD BRADFORD				2. SEX MALE		3a. DATE OF DEATH APR. 2, 2014		3b. TIME OF DEATH UNKNOWN	
4. SOCIAL SECURITY NO.		5a. AGE - Last Birthday (Years) 55		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH JUNE 01, 1958	
8a. RESIDENCE STATE OR FOREIGN COUNTRY ARKANSAS				8b. COUNTY CRITTENDEN		8c. CITY OR TOWN WEST MEMPHIS			
9d. NUMBER AND STREET 3501 E POLK AVE				9e. APT. NO.		9f. ZIP CODE 72301-4981		9g. INSIDE CITY LIMITS? YES	
9. EVER IN US ARMED FORCES? YES		10. MARITAL STATUS AT TIME OF DEATH MARRIED				11. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage) MATTIE PARKER			
12a. IF DEATH OCCURRED IN A HOSPITAL EMERGENCY ROOM / OUTPATIENT				12b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL				12c. COUNTY OF DEATH CRITTENDEN	
12d. FACILITY NAME (If not institution, give number & street) CRITTENDEN MEMORIAL HOSPITAL-W MEMPHIS				12e. CITY OR TOWN WEST MEMPHIS				12f. ZIP CODE 72301-4277	
13. FATHER'S NAME (First, Middle, Last) ROBERT BRADFORD, SR				14. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) LUCILLE FLETCHER					
15a. INFORMANT'S NAME MATTIE PARKER		15b. RELATIONSHIP TO DECEDENT WIFE		15c. MAILING ADDRESS (Number and Street or PO Box, City, State, Zip Code) 3501 E POLK AVE, WEST MEMPHIS, AR, 72301-4981					
16a. METHOD OF DISPOSITION BURIAL				16b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) PARADISE GARDENS CEMETERY					
17a. EMBALMER'S NAME ISSACHAR JARRETT				17b. EMBALMER'S LICENSE # 22394		17c. SIGNATURE (FUNERAL SERVICE LICENSEE OR OTHER AGENT) /s/ WILLIAM L WOLFE			
17d. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY WOLFE BROTHERS FUNERAL HOME, INC. 128 S. SEVENTH, WEST MEMPHIS, AR, 72303				17e. LICENSE # 398					
18a. DATE PRONOUNCED DEAD APR. 2, 2014		18b. TIME PRONOUNCED DEAD 09:55 PM		18c. NAME AND TITLE OF PERSON PRONOUNCING DEATH (PRINT / TYPE) LARRY D WOLFE, DEPUTY CORONER				18. WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	
20. PART I: Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. HYPERTENSIVE ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE Due to (or as a consequence of) b. Due to (or as a consequence of) c. Due to (or as a consequence of) d. Due to (or as a consequence of) Sequitely list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death). LAST.								APPROXIMATE INTERVAL Onset to Death UNKNOWN	
PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.								21a. WAS AN AUTOPSY PERFORMED? YES	
								21b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? YES	
22. MANNER OF DEATH NATURAL				23. DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN					
25a. DATE OF INJURY (Mo/Day/Yr)		25b. TIME OF INJURY		25c. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)				25d. INJURY AT WORK?	
25e. LOCATION OF INJURY: (Number, Street, Apartment No., City, State, Zip Code)				25f. IF TRANSPORTATION INJURY, SPECIFY					
25f. DESCRIBE HOW INJURY OCCURRED:									
26a. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Medical Examiner — On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.									
SIGNATURE: /s/ STEPHEN A ERICKSON				TITLE: DEPUTY CHIEF MEDICAL EXAMINER		DATE: APRIL 04 2014			
26b. NAME AND COMPLETE MAILING ADDRESS OF PERSON SIGNING (ITEM 26a: Type / Print) STEPHEN A ERICKSON, DEPUTY CHIEF MEDICAL EXAMINER 3 NATURAL RESOURCES DR, LITTLE ROCK, AR, 72205				26c. LICENSE # C-7689					
27a. SIGNATURE OF REGISTRAR: <i>Paul W Johnson</i>				27b. FOR REGISTRAR ONLY - DATE FILED APR. 9, 2014					

• DENOTES AMENDED ITEMS:



THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THE ARKANSAS DEPARTMENT OF HEALTH.

Paul W Johnson 4174440
Paul W. Johnson
State Registrar

WARNING: A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE ARKANSAS DEPARTMENT OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.



Status Active	Exception Clearance	Date	Reporting Officer	ORI/Agency
	Not Applicable		632 Clemmson, Erick	AR0180000
	Assigned Officer		Entered By EClemmso	Approving Officer Dunkin, Bill
Assisting Officers Banks, Gary Callender, Mike Dunkin, Bill Mayo, Roy				

Complainant

SSN/ID/TIN	Title	Name	DOB	Age	Sex	Resident Status
		Clemmson, Derick Edward	02/16/1984	30	M	Resident
Race Black/African American	Ethnicity Not Hispanic/Latino	Home Phone (901)283-9779	Work Phone	Other Phone	DL (#, ST)	
US Citizen Yes	Legal Alien	Doc Type	Immig Doc #	Nationality		
Home Address				Employer Turrell Police		
Work Address 160 Eureka ST, Turrell, AR 72384				Occupation Police Officer		

Offenses

Incident Location 160 Eureka ST Turrell, AR 7238-4			Zone ZONE-4					
Earliest Possible Date 04/02/2014	Time 19:27	Latest Possible Date 04/02/2014	Time 22:57					
#	Statute/Code	Description	Fel/Misd	Att/Comp	Loc	Bias	Wpn	CATypes
1	GENERAL INFO-4	DEATH/NATURAL/UNATTENDED-GENERAL INFORMATION		Completed	11	88,88,88,88,88	99	
MO						Method Of Entry n/a	# Prems 0	
Location Types			Bias Motivation Codes					
13 Hwy/Road/Alley 14 Hotel/Motel 15 Jail/Prison 16 Lake/Waterway 17 Liquor Store 18 Parking Lot/Garage 19 Rental Storage 20 Residence/Home 21 Restaurant 22 School/College 23 Service/Gas Station 24 Specialty Store 25 Unknown/Other 37 Abandoned/Condemned Structure 38 Amusement Park 39 Arena/Stadium/Fairground 40 ATM Separate from Bank 41 Auto Dealership New/Used 42 Camp/Campground 44 Daycare Facility 45 Dock/Wharf/Freight/Modal Terminal 46 Farm Facility 47 Gambling Facility/Casino/Race Track 48 Industrial Site 49 Military Installation 50 Park/Playground 51 Rest Area 52 School - College/University 53 School - Elementary/Secondary 54 Shelter - Mission/Homeless 55 Shopping Mall 56 Tribal Lands 57 Community Center			ANTI- 11 White 12 Anti-Black or African American 13 Anti-American Indian or Alaska Native 14 Anti-Asian 15 Multi-racial group 16 Anti-Native Hawaiian or Other Pacific Islander 21 Jewish 22 Catholic 23 Protestant 24 Moslem 25 Other Religion 26 Multi-religious group 27 Atheist/Agnostic 31 Arab 32 Anti-Hispanic or Latino 33 Anti-Not Hispanic or Latino 41 Gay (male) 42 Lesbian 43 Anti-Lesbian, Gay, Bisexual, or Transgender, Mixed Group (LGBT) 44 Heterosexual 45 Bisexual 51 Phys Disability 52 Mental Disability 61 Anti-Male 62 Anti-Female 71 Anti-Transgender 72 Anti-Gender Non- Conforming 88 None 99 Unknown					

Suspected Of Using None	Criminal Activity Types	Weapon Type(s)	20 Knife/Cutting Instr	65 Fire/Incendiary Device
	B Buying/Receiving P Possessing/Concealing D Distributing/Selling E Exploiting Children C Cultivating/Manuf/Publishing O Operating/Promoting/Assisting T Transport/Import/Transmit U Using/Consuming	11 Firearm (Auto) 12 Handgun (Auto) 13 Rifle (Auto) 14 Shotgun (Auto) 15 Other Firearm	30 Blunt Object 35 Motor Vehicle 40 Personal Weapons 50 Poison 60 Explosives	70 Drugs/Narc./Sleeping Pills 85 Asphyxiation 90 Other 95 Unknown 99 None

Incident # 14-00800

Crittenden County Sheriff's Office

Report Date 04/02/14

Page 2 of 8

Incident Report

Report Time 10:57 PM

Victim #1		Event #s Related 1				
SSN/ID/TIN	Title	Name	DOB	Age	Sex	Resident Status
		Bradford, Keith Bernard	06/01/1958	55	M	Resident
Race Black/African American	Ethnicity Not Hispanic/Latino	Home Phone	Work Phone	Other Phone	DL (#, ST) 917688715, AR	
US Citizen Yes	Legal Alien	Doc Type	Immig Doc #	Nationality		
Home Address				Employer Turrell Police Department		
Work Address 160 Eureka ST, Turrell, AR 72384				Occupation Chief Of Police		
Victim Type Individual	Injury Type None,	Aggravated Assault/Homicide Circumstances None		Relationship To Suspect		
Justifiable Homicide Circumstances None			Taken to: (Hospital Name)			
Injury Description						

Witness #1

SSN/ID/TIN	Title	Name	DOB	Age	Sex	Resident Status
		Clemmson, Derick Edward	02/16/1984	30	M	Resident
Race Black/African American	Ethnicity Not Hispanic/Latino	Home Phone (901)283-9779	Work Phone	Other Phone	DL (#, ST)	
US Citizen Yes	Legal Alien	Doc Type	Immig Doc #	Nationality		
Home Address				Employer Turrell Police Department		
Work Address 160 Eureka ST, Turrell, AR 7238-4				Occupation Police Officer		

Witness #2

SSN/ID/TIN	Title	Name	DOB	Age	Sex	Resident Status
		Kinney, David	05/04/1948	65	M	Resident
Race White	Ethnicity Not Hispanic/Latino	Home Phone (901)692-7698	Work Phone	Other Phone	DL (#, ST) , AR	
US Citizen Yes	Legal Alien	Doc Type	Immig Doc #	Nationality		
Home Address				Employer Turrell Police Department		
Work Address 160 Eureka ST, Turrell, AR 72384				Occupation Police Officer		

Witness #3

SSN/ID/TIN	Title	Name	DOB	Age	Sex	Resident Status
		Lauderdale, Troy	09/03/1960	53	M	Resident
Race Black/African American	Ethnicity Not Hispanic/Latino	Home Phone (901)634-9342	Work Phone	Other Phone	DL (#, ST)	
US Citizen Yes	Legal Alien	Doc Type	Immig Doc #	Nationality		
Home Address 64 Wapona ST, Turrell, AR 72384				Employer Turrell Fire Department		
Work Address				Occupation Fire Chief		

Witness #4

SSN/ID/TIN	Title	Name	DOB	Age	Sex	Resident Status
	Mr	Spears, Allen Gene	11/14/1953	60	M	Resident
Race Black/African American	Ethnicity Not Hispanic/Latino	Home Phone (870)514-6666	Work Phone	Other Phone	DL (#, ST) 922815491, AR	
US Citizen Yes	Legal Alien	Doc Type	Immig Doc #	Nationality		
Home Address 100 2Nd ST, Turrell, AR 72384				Employer City Of Turrell		
Work Address 160 Eureka ST, Turrell, AR 72384				Occupation City Mayor		

Witness #5

SSN/ID/TIN	Title	Name	DOB	Age	Sex	Resident Status
		Mcanally, William Eldon	06/10/1955	58	M	Resident
Race White	Ethnicity Not Hispanic/Latino	Home Phone	Work Phone	Other Phone	DL (#, ST) 922229401, AR	
US Citizen Yes	Legal Alien	Doc Type	Immig Doc #	Nationality		
Home Address 105 Davidson CRC, Turrell, AR 72384				Employer Unemployed		
Work Address				Occupation		

Witness #6

Incident # 14-00800

Crittenden County Sheriff's Office

Report Date 04/02/14

Page 4 of 8

Incident Report

Report Time 10:57 PM

SSN/ID/TIN	Title	Name Wilhoite, Mark		DOB	Age	Sex M	Resident Status Resident
Race White	Ethnicity Not Hispanic/Latino		Home Phone	Work Phone	Other Phone	DL (#, ST)	
US Citizen Yes	Legal Alien	Doc Type	Immig Doc #		Nationality		
Home Address					Employer		
Work Address					Occupation		

Witness #7

SSN/ID/TIN	Title	Name Mr Coleman, Andrea		DOB 10/14/1969	Age 44	Sex M	Resident Status Resident
Race Black/African American	Ethnicity Not Hispanic/Latino		Home Phone	Work Phone (901)481-7922	Other Phone	DL (#, ST)	
US Citizen Yes	Legal Alien	Doc Type	Immig Doc #		Nationality		
Home Address Highway 77 ,Turrell, AR 72384					Employer City Of Turrell		
Work Address 160 Eureka ST,Turrell, AR 72384					Occupation		

Narrative & Statements

Narrative & Statements

Narrative - Clemmson, Erick - 4/3/2014 (Initial)

ON MARCH 2, 2014, AT APPROXIMATELY 7:10PM, I (DEPUTY CLEMMSON) WAS DISPATCHED TO A MEDICAL CALL AT 160 EUREKA ST IN TURRELL, AR. I WAS ADVISED THAT THE VICTIM (KEITH BRADFORD/ TURRELL'S CHIEF OF POLICE) HAD FALLEN TO THE FLOOR, AND WAS UNRESPONSIVE.

UPON MY ARRIVAL (7:27PM), I OBSERVED THE VICTIM, WHO WAS LYING ON THE FLOOR NEAR A UTILITY CLOSET, BEING POSITIONED BY WITNESS #3 (TROY L AUDERDALE/ TURRELL FIRE DEPARTMENT) ONTO HIS BACK. WITNESS #3 BEGAN GIVING HIM CPR. LIFELINE EMS SERVICE ARRIVED ON THE SCENE AT APPROXIMATELY 7:29PM AND BEGAN RESCUE EFFORTS FOR THE VICTIM. AT 7:45PM LIFELINE EMS BEGAN TRANSPORTING THE VICTIM TO CRITTENDEN REGIONAL HOSPITAL. I SECURED THE SCENE AND SGT. DUNKIN NOTIFIED CID CHIEF CALLENDER AND DETECTIVE MAYO. UPON THEIR ARRIVAL, THE SCENE WAS TURNED OVER TO CHIEF CALLENDER.

COMPLAINANT/WITNESS#1 (DERICK CLEMMSON) AND WITNESS#2 (DAVID KINNEY SR), BOTH TURRELL POLICE OFFICERS, ADVISED THAT AT APPROXIMATELY 7:04PM, THE VICTIM LEFT THE CONFERENCE ROOM TO USE THE FAX MACHINE. BOTH OFFICERS STATED THAT THEY HEARD A LOUD CRASHING SOUND. THEY GOT UP TO INVESTIGATE AND SAW THE VICTIM LYING ON THE FLOOR, FACE DOWN, BLEEDING FROM THE NOSE. WITNESS#2 STATED THAT HE CHECKED AND FOUND THE VICTIM TO BE UNRESPONSIVE. WITNESS #1 STATED THAT HE WENT TO HIS PATROL CAR AND RADIOED FOR EMS. WITNESS#3 STATED THAT WHEN HE ARRIVED HE OBSERVED THE VICTIM LYING ON THE FLOOR WITH BLOOD AROUND HIS HEAD. HE STATED THAT HE CHECKED FOR A PULSE, AND DID NOT FIND ONE. WITNESS#3 STATED THAT HE THEN BEGAN CPR. WITNESSES #1, #2, AND #3 COMPLETED WRITTEN STATEMENTS AS TO WHAT THEY OBSERVED AND THE ACTIONS THEY TOOK. AT 8:45PM DETECTIVE MAYO REQUESTED THAT A CORONER MAKE THE SCENE AT CRITTENDEN REGIONAL HOSPITAL.

INVESTIGATION TO CONTINUE BY CID.

Narrative & Statements**Narrative - Dunkin, Bill - 4/3/2014 (Initial)**

I, Sergeant Dunkin, along with Deputy Erick Clemmson, #632, responded to the Turrell Police Department in reference to a call from Turrell Police Officers Derick Clemmson, T-4, and David Kinney, Sr., T-6, that Turrell Police Chief Keith Bradford had fallen inside the Police Department and he was not breathing. We were also advised that he was bleeding from his nose. Deputy Clemmson and Lifeline Ambulance personnel were already on the scene when I arrived. The scene was secured. Chief Bradford was being placed in the ambulance when I arrived. Officer Kinney advised me that he and Officer Clemmson and Chief Bradford were working on some paperwork in the conference room when Chief Bradford left the room. Officer Kinney then stated that a short time after Chief Bradford left the room, he and Officer Clemmson heard a loud "crash" and they found Chief Bradford lying on the floor in the front office area. He was bleeding from his nose. Turrell Fire Chief Troy Lauderdale arrived on the scene and administered CPR to Chief Bradford until Lifeline Ambulance personnel arrived.

I did observe blood on the hallway floor. Captain Gary Banks, #605, arrived on the scene and he was advised of the situation. Chief Investigator Mike Callender, #603, was notified and he advised that he and Detective Roy Mayo, #649, would be en route. Chief Callender and Detective Mayo arrived on the scene a short time later and the scene was turned over to them.

Chief Bradford was transported to Crittenden Regional Hospital by Lifeline Ambulance and Detective Mayo also proceeded to the Hospital. At 8:45 pm, Detective Mayo requested a Coroner at the Hospital. I spoke with Detective Mayo via telephone and he advised that Chief Bradford had expired. The exact cause of death was unknown at the time of this report.

Investigation to continue by CID.

Narrative & Statements

Narrative - Mayo, Roy - 4/14/2014 (Investigative)

I, (Inv. Mayo), along with Chief Callender, responded to the Turrell Police Department in reference to a call from dispatch stating, that Turrell Police Chief Keith Bradford had fallen inside the Police Department and he was not breathing. We were also advised that he was bleeding from his nose. Deputy Clemmson and Lifeline Ambulance personnel were already on the scene when I arrived. The scene was secured. Chief Bradford was being placed in the ambulance when I arrived. Officer Kinney advised me that he and Officer Clemmson and Chief Bradford were working on some paperwork in the conference room when Chief Bradford left the room. Officer Kinney then stated that a short time after Chief Bradford left the room, he and Officer Clemmson heard a loud "crash" and they found Chief Bradford lying on the floor in the front office area. He was bleeding from his nose. Turrell Fire Chief Troy Lauderdale arrived on the scene and administered CPR to Chief Bradford until Lifeline Ambulance personnel arrived.

When I arrived, I did observe blood on the hallway floor and in the middle of the doorway to Chief Bradford office. I took pictures of the scene, and gathered statements from everyone at the scene. Chief Bradford was being transported to the Crittenden Regional Hospital by Lifeline Ambulance. After finishing up at the scene, I proceeded to the Hospital to check on Chief Bradford. Upon my arrival at the Hospital At 8:20 pm, the doctors at the Crittenden County Hospital advised me around 8:15 pm, that Chief Bradford had passed. I advised dispatch by radio to send me a Coroner to the Crittenden County Hospital. The Coroner arrived at the Hospital around 8:47 pm. The body was turned over to Coroner Wolfe to have an autopsy performed. There were questions concerning the victim's death, being related to a high speed chase that started on Hwy 77, in Jericho by Jericho's Police Units. The vehicle involved in the chase was stopped in the city limits of Turrell by Jericho's police units, according to radio logs. The radio log had no entry of The Turrell police Department being involved in the chase. I (Inv. Mayo) reviewed the radio logs from 4/2/2014 and place a copy in the case file.

Narrative & Statements

On 4/4/2014, I (Inv. Mayo) received the result back from the Arkansas State Crime Lab and the cause of death was Hypertensive Arteriosclerotic Disease.



Mike Beebe
Governor

ARKANSAS STATE CRIME LABORATORY

Case Number: 0368-14

Exam Date: April 04, 2014

Date Sent: April 03, 2014



Kermit Channell II
Executive Director

To:

William Wolfe, Coroner

Crittenden County Sheriff's Office, Roy Mayo

Scott Ellington, P.A.

CAUSE OF DEATH

Keith Bernard Bradford

55

Black

Male

Name of Decedent (First, Middle, Last)

Age

Race

Sex

April 2, 2014

April 2, 2014

@

9:55 PM

Date of Death

Pronounced (Date)

(Time)

160 Eureka Street, Turrell, AR

April 2, 2014

@

Unknown

Incident Occurred or Found Dead (Location)

Incident (Date)

(Time)

Cause of Death: Determined by Investigation and ☐ Inspection ☒ Autopsy

Hypertensive Arteriosclerotic Cardiovascular Disease

Other Significant Findings:

Manner of Death:

Natural

If Pending (Reason): ☐ Toxicology ☐ Police Investigation ☐ Microscopics ☐ Standard SIDS Work Up ☐ Medical Records Review

Will expedite case as far
as tox

Investigating Agency:

- ☐ Please send investigation report.
- ☐ Please call this office.
- ☐ Please send medical/hospital records.
- ☐ Please send dental records.
- ☐ Further investigation needed.

Stephen A. Erickson

Stephen A. Erickson, M.D.
Deputy Chief Medical Examiner

#3 Natural Resources Drive • P.O. Box 8500 • Little Rock, Arkansas 72215

Fax 501-227-0713
Phone 501-227-5747
Laboratory Services

Fax 501-221-1653
Phone 501-227-5936
Medical Examiner

16

Confidential Fax Transmission: Crittenden County Sheriff's Department

CRIMINAL INVESTIGATION DIVISION

350 Afco Road West Memphis, AR. 72301

Office 870-702-2026

Fax 870-702-2086



Date:

of pages:

(including fax cover sheet)

Attention : STATE CRIME LAB

Fax No : 1

Subject : BRADFORD, KIETH BERNARD

CONFIDENTIAL NOTICE:

This facsimile transmission (and/or the documents accompanying) contains CONFIDENTIAL information belonging to the sender which is protected by federal law and local federal court policy. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or the taking of any action in reliance on the contents of this information is strictly prohibited.

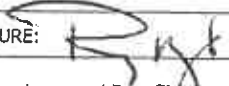
ARKANSAS STATE CRIME LABORATORY

BODY SUBMISSION FORM

P.O. Box 8500
3 Natural Resources Drive
Little Rock, Arkansas 72215

Phone: (501) 227-5936
Fax: (501) 221-1653

Please completely fill in form.

NAME OF DECEASED: BRADFORD, KIETH BERNARD				
AGE:	RACE: BLACK	SEX: MALE	DATE OF BIRTH: 06/01/1958	OCCUPATION: POLICE OFFICER
DATE/TIME LAST SEEN ALIVE: 04/02/14		BY WHOM: SGT DUNKIN		
MARITAL STATUS: <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> UNKNOWN				
Infectious Diseases: HIV? <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Unknown HEPATITIS? <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Unknown TUBERCULOSIS? <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Unknown				
DATE OF INCIDENT: 04/02/14		TIME: 9:45		<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
PLACE OF INCIDENT (ADDRESS): 160 EUREKA ST				
CITY: TURRELL		COUNTY: CRITTENDEN		
OR FOUND ON DATE: 04/02/14		TIME:		<input type="checkbox"/> AM <input type="checkbox"/> PM
DATE PRONOUNCED DEAD: 04/02/14		TIME: 9:45		<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM BY WHOM: WOLFE
PLACE OF DEATH: TURRELL POLICE DEPARTMENT		DECEDENT'S ADDRESS? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		DECEDENT'S ADDRESS: 160 EUREKA ST, TURRELL
LAW ENFORCEMENT AGENCY: CRITTENDEN COUNTY SHERIFF DEPARTMENT				OFFICER: INV. MAYO
ADDRESS: 350 AFCD RD				TELEPHONE:
CITY: WEST MEMPHIS		STATE: AR	ZIP: 72301	
CORONER ASSIGNED TO WORK CASE: WOLFE			AGENCY CASE #: 14-00800	
LOCATION OF BODY TO BE PICKED UP: WOLFE			TELEPHONE: 870-702-2000	
TYPE: <input type="checkbox"/> HOMICIDE <input type="checkbox"/> SUICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUSPICIOUS DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> JAIL DEATH <input type="checkbox"/> FIRE DEATH <input type="checkbox"/> MVA <input type="checkbox"/> OVERDOSE <input checked="" type="checkbox"/> OTHER, PLEASE EXPLAIN:				
IF SUSPICIOUS DEATH, STATE REASONS: THE VICTIM WAS IN A MEETING AT THE TURRELL POLICE DEPARTMENT. THE VICTIM LEFT THE MEETING TO SEND A FAX. THE PEOPLE AT THE MEETING HEARD SOMEONE HIT THE WALL. THEY CAME OUT THE ROOM TO SEE WHAT HAD HAPPEN. THE VICTIM WAS LAYING ON THE FLOOR WITH BLOOD COMING FROM HIS NOSE AND EARS. THE OFFICERS ON SCENE STATED THAT HE WAS COLD TO THE TOUCH. EMS WAS CALLED AND THE VICTIM WAS TRANSPORTED TO CRITTENDEN COUNTY HOSPITAL WHERE HE WAS LATER PRONOUNCE DEAD.				
SPECIFIC CONCERNS REGARDING CASE: THE VICTIM WAS IN A MEETING AT THE TURRELL POLICE DEPARTMENT. THE VICTIM LEFT THE MEETING TO SEND A FAX. THE PEOPLE AT THE MEETING HEARD SOMEONE HIT THE WALL. THEY CAME OUT THE ROOM TO SEE WHAT HAD HAPPEN. THE VICTIM WAS LAYING ON THE FLOOR WITH BLOOD COMING FROM HIS NOSE AND EARS. THE OFFICERS ON SCENE STATED THAT HE WAS COLD TO THE TOUCH. EMS WAS CALLED AND THE VICTIM WAS TRANSPORTED TO CRITTENDEN COUNTY HOSPITAL WHERE HE WAS LATER PRONOUNCE DEAD.				
Summary of circumstances (Please include ALL known information pertaining to the circumstances of death. Use additional paper if necessary.): THE VICTIM WAS IN A MEETING AT THE TURRELL POLICE DEPARTMENT. THE VICTIM LEFT THE MEETING TO SEND A FAX. THE PEOPLE AT THE MEETING HEARD SOMEONE HIT THE WALL. THEY CAME OUT THE ROOM TO SEE WHAT HAD HAPPEN. THE VICTIM WAS LAYING ON THE FLOOR WITH BLOOD COMING FROM HIS NOSE AND EARS. THE OFFICERS ON SCENE STATED THAT HE WAS COLD TO THE TOUCH. EMS WAS CALLED AND THE VICTIM WAS TRANSPORTED TO CRITTENDEN COUNTY HOSPITAL WHERE HE WAS LATER PRONOUNCE DEAD				
NAME OF OFFICER (PRINT): R. MAYO		TITLE: INVESTIGATOR		SIGNATURE: 

649 14-00800

Crittenden County Sheriff's Office

Dispatch Call Detail

Call #: C52710 - Pursuit (VEHICLE)

Received Date/Time: 04/02/2014 16:23:58
Cleared Date/Time: 04/02/2014 18:20:46
Cleared By: Matthews, Richard

Taken By: Coleman, Jeanette
Caller Name
Phone: () - 870
Caller Loc.:

Location: WAPPONAKO @ BOAT RAMP
 Turrell, AR 72384

Units Dispatched

	Dispatched	Enroute	Arrived	Transport	Trans Dest	Cleared	Mileage
804 - Strickland, James (JERPD)	04/02/2014 16:24:03		04/02/2014 16:25:13	04/02/2014 17:37:14		04/02/2014 18:20:41	
801 - Hill, Roy (JERPD)	04/02/2014 16:32:24		04/02/2014 16:32:26			04/02/2014 18:20:41	

Vehicles Involved

AR-103OTW	1999 CHEVROLET Suburban	Silver	Towed by: AIRPORT
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Wreckers Involved

Wrecker Company	Assigned
AIRPORT	04/02/2014 16:42

Narrative

Date/Time	Dispatcher	Narrative
04/02/2014 16:24	Coleman, Jeanette	VEHICLE IS ENTERING TURRELL AT THIS TIME,
04/02/2014 16:26	Coleman, Jeanette	VEHICLE HAS STOPPED
04/02/2014 17:16	Coleman, Jeanette	RODNEY BOWLES IS BEING TURNED TO TURRELL PD TO BE TRANS TO COUNTY LINE AND RELEASED
04/02/2014 17:24	Coleman, Jeanette	TRANS 10-15 TO JERICHO'S CITY HALL
04/02/2014 17:30	Coleman, Jeanette	804 OUT AT CITY HALL W/10-15

Dispositions

Incident Report,

Incidents

Association

Association	Name	DOB	Race	Sex	DL	Home Phone	Home Address
	Cassidy, Larry T	09/04/1979	White	M			299 Eureka

Crittenden County Sheriff's Office

Dispatch Call Detail

Call #: C52710 - Pursuit (VEHICLE)

Bowles, Rodney G

06/08/1981 White

M

1292 Griffin
RD

14-06800

Crittenden County Sheriff's Office

Dispatch Call Detail

Call #: C52724 - Medical

Received Date/Time: 04/02/2014 19:05:28

Taken By: Matthews, Richard

Cleared Date/Time: 04/02/2014 21:48:48

Caller Name

Cleared By: Matthews, Richard

Phone: () - 870

Caller Loc.:

Location: TURRELL PD
Hughes, AR 72348

Units Dispatched

	Dispatched	Enroute	Arrived	Transport	Trans Dest	Cleared	Mileage
L-2 - ALS-LLEMS L2 (LIFE LINE EMS)	04/02/2014 19:09:59	04/02/2014 19:09:59	04/02/2014 19:29:59	04/02/2014 19:45:59		04/02/2014 21:47:59	
611 - Dunkin, Bill (CCSO)	04/02/2014 19:06:19	04/02/2014 19:22:39	04/02/2014 19:27:57			04/02/2014 20:29:53	
632 - Clemmson, Erick (CCSO)	04/02/2014 19:27:16	04/02/2014 19:27:20	04/02/2014 19:27:21			04/02/2014 20:41:37	
649 - Mayo, Roy (CCSO)	04/02/2014 19:53:40	04/02/2014 19:53:54	04/02/2014 20:08:01			04/02/2014 21:47:52	
603 - Callender, Mike (CCSO)	04/02/2014 19:56:23	04/02/2014 19:56:30	04/02/2014 20:02:28			04/02/2014 20:28:44	
605 - Banks, Gary (CCSO)	04/02/2014 20:10:21		04/02/2014 20:10:35			04/02/2014 20:28:47	
94 - Crittenden County, Coroner (CCSO)	04/02/2014 20:46:17	04/02/2014 20:47:08				04/02/2014 21:48:11	

Vehicles Involved

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Wreckers Involved

Wrecker Company	Assigned
LIFE LINE EMS	04/02/2014 19:06

Narrative

Date/Time	Dispatcher	Narrative
04/02/2014 19:06	Matthews, Richard	T4 CALLED AND REQUESTED AN AMBULANCE FOR A PARTY FELL INSIDE OF PD THEY THINK HE BROKE HIS NOSE AND WAS BLEEDING
04/02/2014 19:10	Matthews, Richard	IT IS T-2 HE IS GURGLING
04/02/2014 19:11	Matthews, Richard	632 IO- 21 WITH T-4 ADVISED THAT HE WAS NOT BREATHING
04/02/2014 19:11	Matthews, Richard	T-6 CALLED AND ADVISED THAT HE WAS NOT BREATHING AND WAS TURNING BLUE
04/02/2014 20:18	Matthews, Richard	649 IS IN ROUTE TO CRH
04/02/2014 20:45	Coleman, Jeanette	649 REQUEST CORONER TO COME TO HOSPITAL

Dispositions

Crittenden County Sheriff's Office

Dispatch Call Detail

Call #: C52724 - Medical

Incident Report,

Incidents

Association



Medical Examiner
(501) 227-5936

State Crime Laboratory

P.O. Box 8500
3 Natural Resources Drive
Little Rock, Arkansas 72215



Medical Examiner Division

Case No: 2014-006985 / ME-0368-14 **Date of Examination:** April 04, 2014
Name: BRADFORD, Keith Bernard
Age: 55 Years **Race:** Black **Sex:** Male
County: Crittenden

CONCLUSIONS

CAUSE OF DEATH: Hypertensive Arteriosclerotic Cardiovascular Disease

MANNER OF DEATH: Natural

June 11, 2014

Stephen A. Erickson, M.D.

Deputy Chief Medical Examiner - Pathologist of Record

Jennifer Forsyth, M.D.

Associate Medical Examiner - Reviewer

Charles P. Kokes, M.D.

Chief Medical Examiner - Reviewer



Mike Beebe
Governor

ARKANSAS STATE CRIME LABORATORY

Case Number: 0368-14

Exam Date: April 04, 2014

Date Sent: April 03, 2014



Kermit Channell II
Executive Director

To:

William Wolfe, Coroner

Crittenden County Sheriff's Office, Roy Mayo

Scott Ellington, P.A.

CAUSE OF DEATH

Keith Bernard Bradford

55

Black

Male

Name of Decedent (First, Middle, Last)

Age

Race

Sex

April 2, 2014

April 2, 2014

@ **9:55 PM**

Date of Death

Pronounced (Date)

(Time)

160 Eureka Street, Turrell, AR

April 2, 2014

@ **Unknown**

Incident Occurred or Found Dead (Location)

Incident (Date)

(Time)

Cause of Death: Determined by Investigation and ☐ Inspection.

☒ Autopsy

Hypertensive Arteriosclerotic Cardiovascular Disease

Other Significant Findings:

Manner of Death:

Natural

If Pending (Reason): ☐ Toxicology ☐ Police Investigation ☐ Microscopics ☐ Standard SIDS Work Up ☐ Medical Records Review

*Will expedite case as far
as FOX*

Investigating Agency:

- ☐ Please send investigation report.
- ☐ Please call this office.
- ☐ Please send medical/hospital records.
- ☐ Please send dental records.
- ☐ Further investigation needed.

Stephen A. Erickson
Stephen A. Erickson, M.D.
Deputy Chief Medical Examiner

#3 Natural Resources Drive • P.O. Box 8500 • Little Rock, Arkansas 72215

Fax 501-227-0713
Phone 501-227-5747
Laboratory Services

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Medical Examiner



Medical Examiner
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State Crime Laboratory

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Medical Examiner Division

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Chief Medical Examiner - Reviewer

EXTERNAL DESCRIPTION:

The body was that of a normally developed, normally nourished, adult black male. The body weighed 229 pounds, measured 77 inches in length, and appeared consistent with the reported age of 55 years. At initial examination, the body was clad in a black unbuttoned uniform shirt, a cut sleeveless t-shirt, black pants in which the lower left pant leg had been cut, and boxer shorts. Socks and black boots were present. On the pants were a black belt and a duty belt containing an empty gun holster. With the body was found a set of ear bud-type headphones and five cents. The body was cold. Rigor was present and fixed in the extremities. Lividity was present and fixed on the posterior surface of the body except in areas exposed to pressure. The head was normally formed. No forehead trauma was noted. The scalp hair was short and gray-black. A well groomed mustache and lower lip beard were present. The irides were brown, with arcus senilis. The corneae were clear. The sclerae were pigmented, without petechiae. The conjunctivae were without petechiae or other abnormality. Moderate amounts of blood were present in the nares. The nasal bone was palpably stable. A left upper lip laceration will be described below. The gums were edentulous. The ears were unremarkable. The neck was externally normal, without scars or injuries. The chest was externally normally formed; no scars or injuries were noted. The abdomen was soft. Scattered hypopigmented skin changes were noted without major scars. No abdominal trauma was seen. The external genitalia were of a normal adult male, without external abnormality. The lower extremities were normally formed, with no acute trauma. Scattered, well healed scars were present on the knees, extending down the pretibial aspects of the legs. No lower leg or foot edema was noted. On the lateral posterior aspect of the left thigh was a 1 3/4 inch vertical well healed scar, with surgical hash marks. The upper extremities showed normal formation. Other than the right index finger, no external trauma was seen. No major scars were noted. The posterior surface of the body showed normal development. The spine appeared externally normal. The buttocks and anus were unremarkable.

EVIDENCE OF MEDICAL ATTENTION:

A secured endotracheal tube was inserted into the oral cavity. An intravascular catheter was inserted into the lateral aspect of the right neck. An intramedullary catheter was inserted into the pretibial aspect of the left lower leg. EKG and defibrillator pads were present.

Internal examination revealed anterior lateral and parasternal rib fractures secondary to cardiopulmonary resuscitative efforts. On the right internal aspect of the chest, the parasternal 3rd and 4th ribs showed laceration of the associated pleura. This was associated with a 1/4 inch laceration of the anterior pericardial sac and 1/4 inch laceration of the anterior aspect of the right atrium. Due to this, there was 1000 ml of blood present in the right pleural cavity and 40 ml of blood present in the pericardial sac.

EVIDENCE OF OLD INJURY:

Scars as noted above.

EVIDENCE OF RECENT INJURY:

There was blood present in the nares and mild crepitance of the nasal cartilage below the nasal bone, with mild violaceous discoloration. A 5/16 inch left upper lip laceration was present. A 5/16 inch "V" shaped shallow cut was on the proximal dorsal right index finger.

INTERNAL EXAMINATION

The subcutaneous fat layer measured up to 3/4 inch. CPR related changes to the right pleural cavity and pericardial sac were described above. The left chest cavity and peritoneal cavity contained no abnormal fluid. Other than the above described changes, the organs were all present in normal anatomic position and maintained normal relationships, with the lungs both inflated. No internal trauma was noted to the cranio-cerebral or cervical areas. All traumatic changes to the thoracic cavities appeared to be from cardiopulmonary resuscitation efforts. No abdominal trauma was seen.

CARDIOVASCULAR SYSTEM:

The pericardial and epicardial surfaces were smooth and glistening. The defects to the pericardial sac and right atrium were described above. Of note, there was no associated thrombus, edema, or other acute reactive or aging changes to these areas. The pericardial sac contained 40 ml of bloody fluid and there were no adhesions. The heart was significantly enlarged in size, and of normal shape and configuration. Examination of the coronary arteries revealed that they arose normally and followed the usual distribution. The circumflex coronary artery was clear of significant atheromatous change. Multifocal areas of up to 50% left anterior descending coronary artery atheromatous change were present. In the lateral aspect of the right coronary artery was a 1 1/2 cm area of 60 to 75% atheromatous narrowing. Examination of the chambers and valves revealed bi-ventricular dilation and moderate left ventricular hypertrophic changes. The endocardial surfaces, chorda tendinea, papillary muscles and valve leaflets appeared grossly normal. Multiple sections of the myocardium revealed in the mid aspect of the heart, a 2.5 cm area of posterior lateral left ventricular endomural fibrosis. At the same level, in the lateral ventricle, an area measuring 1/2 cm of red myocardial change was present. The aorta and its major branches arose normally, followed the usual course. There was no aortic dissection or intimal disruption. Only mild atheromatous plaque formation was present. The vena cava and its major tributaries returned to the heart in the usual distribution and were free of thrombi. The heart weighed 605 g.

RESPIRATORY SYSTEM:

The pleural surfaces were smooth and glistening. In the both of the apical areas of the lungs there was emphysematous bleb formation of up to 3/8 inch. The pulmonary arteries were normally developed, patent, and without thrombus or embolus. The upper and lower airways were clear of debris and foreign material. The mucosal surfaces were smooth, of normal coloration, and unremarkable. Hilar and carinal lymph nodes were unremarkable. The pulmonary parenchyma was diffusely congested. No focal lesions were noted. The right lung weighed 910 g. The left lung weighed 860 g.

NECK:

Examination of the soft tissues of the neck, including strap muscles, thyroid gland and large vessels, revealed no hemorrhage. The thyroid was diffusely enlarged with a tan-white micronodular character on cut section. The hyoid bone and larynx were intact. The epiglottis and vocal cords were unremarkable and the airway appeared patent.

ALIMENTARY TRACT:

The tongue was without evidence of recent injury. The esophagus was lined by gray-white, smooth mucosa. The gastric mucosa was unremarkable and the lumen contained 150 ml of freshly masticated food material. The small and large bowels were grossly normal. The rectum and anus were grossly normal. The appendix was present.

LIVER AND BILIARY SYSTEM:

The hepatic capsule was smooth, glistening and intact, covering uniform congested, tan-brown parenchyma with no focal lesions noted. The gallbladder contained a normal amount of unremarkable appearing bile. The mucosa was normal. The extrahepatic biliary tree was grossly normal. The liver weighed 1885 g.

PANCREAS:

The pancreas had a normal uncinate shape with a tan lobulated, glandular appearance. Multiple sections showed no focal lesions.

GENITOURINARY SYSTEM:

The renal capsules stripped normally from the underlying granular, red-brown cortical surfaces. The cortical widths were normal and there was sharp delineation from the medullary pyramids. The calyces, pelves, and ureters were unremarkable. The urinary bladder contained 10 ml of cloudy yellow urine. The mucosa was gray-tan and smooth. Prostate and testes were unremarkable. The right kidney weighed 170 g. The left kidney weighed 150 g.

IMMUNOLOGIC SYSTEM:

The spleen had a smooth, intact capsule covering red-purple firm parenchyma. The white pulp was not prominent. No lymphadenopathy was noted. The spleen weighed 250 g.

ENDOCRINE SYSTEM:

The pituitary, thyroid, and adrenal glands were free of obvious abnormality. The thyroid gland was diffusely enlarged, with a tan-white micronodular character.

MUSCULOSKELETAL SYSTEM:

Muscles were beefy red-brown and within normal development. Other than the above described CPR related changes, there were no palpable or grossly obvious bone or joint abnormalities noted. The cervical, thoracic, and lumbar spine showed scattered osteophyte formation, without other abnormality.

CENTRAL NERVOUS SYSTEM:

The scalp showed no edema or hemorrhage. The calvarium and base of the skull showed no fractures. The dura mater and falx cerebri were intact. There was no epidural, subdural, or subarachnoid hemorrhage present. The leptomeninges were thin, delicate, and clear. The cerebral hemispheres were symmetric. The cranial nerves and circle of Willis vasculature were externally normal with the exception of mild to moderate narrowing obstructed areas of circle of Willis atheromatous plaque formation. Sections through the cerebral hemispheres, brain stem, and cerebellum revealed no focal lesions or herniation. The spinal cord was not examined. The brain weighed 1485 g.

HISTOLOGY:

Thyroid gland: There is complete destruction of the normal follicular morphology by an inflammatory process. Remnant islands of lymphoid aggregates are present. No neoplastic change is noted.

Lungs: There is vascular congestion with geographic areas of pulmonary edema. Aggregates of anthracotic macrophages are present. No abnormal sickling or sludging is present. No changes of reactive airway disease or significant small airway inflammatory component are noted. No polarizable material is present. A mild increase in pigment laden macrophages is present. No intra-alveolar acute inflammation. Focal mild areas of emphysematic degeneration.

Heart: A section of coronary artery shows arteriosclerotic plaque with microcalcification and cholesterol clefts. One area of peripheral recanalization lined by endothelial cells is present. Sections of myocardium show myocytes hypertrophic changes, characterized by widening of the fibers and boxcar nuclei. There is the usual increased stellate fibrosis in the papillary muscles. In the left ventricular wall, is an area of advanced fibrosis, surrounded by hypertrophic myocytes. The intraparenchymal vessels are relatively normal. No inflammation necrosis or hemorrhage is seen.

Liver: Rare fat vacuoles are present in the hepatocytes. The triads show no significant inflammation. There is a mild chronic triaditis without hepatocyte necrosis.

Kidneys: The small vessels show a symmetric intimal hyperplasia. Mild numbers of sclerotic glomeruli are present. Scattered areas of interstitial chronic inflammation.

RADIOLOGY:

None.

IDENTIFICATION:

By the investigating agency.

EVIDENCE:

All clothing and personal articles were returned with the body. Fingerprints, hair exemplars, DNA matrix card, and organ biopsies were retained.

SPECIMENS:

Peripheral blood and urine were submitted for toxicology. Vitreous humor was submitted for glucose and electrolytes.

PHOTOGRAPHS:

Standard external photos.

WITNESSES:

None.

LABORATORY RESULTS**TOXICOLOGY:****Keith Bradford:**

Peripheral blood

Volatiles assay

Methanol	not detected
Isopropanol	not detected
Ethanol	not detected
Acetone	not detected

General Toxicology

Hydrocodone	< 0.05 µg/mL
Oxycodone	< 0.10 µg/mL

The reported drug amounts have not been corroborated by replicate analysis.

Citalopram/Escitalopram	present
Dihydrocodeine	present

Urine

Immunoassay

PCP	Negative
Oxycodone	Negative
Opiates	Positive
Cocaine Metabolite	Negative
Cannabinoids	Negative
Benzodiazepines	Negative
Barbiturates	Negative
Amphetamines	Negative

CHEMISTRIES:

Basic Metabolic Panel (vitreous humor):

Na	158.0 mEq/L
K	12.9 mEq/L
Cl	132 mEq/L
BUN	14 mg/dL
Creatinine	0.7 mg/dL
Glucose	12 mg/dL

FINDINGS

- I. Hypertensive arteriosclerotic cardiovascular disease:
 - A. Cardiomegaly (heart weight 605 g), with biventricular dilation and left ventricular hypertrophic changes.
 - B. 50% multifocal areas of left anterior descending coronary artery arteriosclerosis.
 - C. 60 to up to 75% lateral right coronary artery arteriosclerosis.
 - D. Left lateral posterior ventricular area of fibrosis.
 - E. Arterioneurosclerosis.
- II. Apical emphysematous bleb formation.
- III. End stage thyroiditis.
- IV. Aggressive cardiopulmonary resuscitation procedures:
 - A. Anterior parasternal and anterior lateral rib fractures.
 - B. Laceration of pericardial sac and right anterior atrium.
 - C. 1000 ml of blood present in right chest cavity; 40 ml of blood present in pericardial sac.
- V. Terminal fall, injuries to nose, left upper lip, right index finger.

OPINION:

In consideration of the circumstances of death and after autopsy of the body, it is our opinion that Keith Bradford, a 55 year-old black male, died of hypertensive arteriosclerotic cardiovascular disease. The agencies responsible for the investigation of his death were the Crittenden County Sheriff's Office and Coroner's Office. They reported that the decedent was a law enforcement officer on-duty, at the Terrell Police Department, when he collapsed. He was transported to a local emergency center, where he was declared dead.

At autopsy, the cause of death was prolonged hypertensive arteriosclerotic cardiovascular disease. Of note, secondary to aggressive cardiopulmonary resuscitation, there were rib fractures and a heart injury, with significant hemorrhage within the chest cavity. In all likelihood, these injuries were sustained at a point where they would not have affected the outcome. Blood present after the initial event was in all likelihood due to sudden collapse, with injuries to the nose, left upper lip and finger.

MANNER OF DEATH: Natural

U.S. DEPARTMENT OF JUSTICE
OFFICE OF JUSTICE PROGRAMS
BUREAU OF JUSTICE ASSISTANCE
PUBLIC SAFETY OFFICERS BENEFITS PROGRAM
WASHINGTON, D.C. 20531
CLAIM FOR DEATH BENEFITS

FOR DOJ USE ONLY

CASE NUMBER _____

DATE RECEIVED _____

This form should be filed by a surviving spouse, child/children, insurance beneficiary and/or parent(s) of the deceased public safety officer. This claim may be prepared by someone on behalf of these individuals. If you are filing on behalf of others, you must attach evidence of your authority to do so. **PLEASE PRINT PLAINLY OR TYPE**

1. NAME OF OFFICER (Last, First, Middle)

Bradford Keith Bernard SR

2. OFFICER'S TITLE

Chief

3. SOCIAL SECURITY NUMBER

4. DATE OF INJURY

4-2-14

5. DATE OF DEATH

4-2-14

6. NAME AND PHYSICAL ADDRESS OF EMPLOYING AGENCY, ORGANIZATION OR UNIT IN WHOSE SERVICE DEATH OCCURRED (Include zip code)

TURRELL Police Dept 160 Eureka St. TURRELL, AR 72384

INSTRUCTIONS: To ensure payment to all eligible individuals, attach valid documentation (such as notarized, certified, or attested to documentation) regarding marriage, divorce, separation decrees, death certificates, birth certificates, adoption papers, custody agreements, or other evidence of parent-child relationship, as appropriate for any claimant in Parts I and II

**PART I
INFORMATION
ON SURVIVING
BENEFICIARY**

If at the time of an officer's death the officer was survived by a husband, wife, or parent(s), Part I should be completed. If there are children of the officer, regardless of age or dependency, Part II must be completed. (Attach certified copies of marriage license, all divorce decrees (including custody agreements), or separation agreements as applicable to marital relationship with the officer and certified copies of children's birth certificates.) If the decedent is survived by neither spouse nor eligible child, provide a copy of the officer's most recent life insurance policies. **PLEASE NOTE:** The decedent's employing agency will be asked to provide departmental insurance policies.

7. ELIGIBLE BENEFICIARY

Spouse ☒ Mother ☐ Father ☐ Other beneficiary ☐

NAME (Last, First, Middle)

Bradford Matilda Mattie ANN

SOCIAL SECURITY NO.

431-21-6552

MAILING ADDRESS (Include zip code)

P.O. Box 5274 W Memphis AR

NAME (Last, First, Middle)

SOCIAL SECURITY NO.

MAILING ADDRESS (Include zip code)

8. MARITAL STATUS OF OFFICER AT TIME OF DEATH.

MARRIED ☒ SINGLE ☐SEPARATED ☐ OTHER ☐DIVORCED ☐ (Please identify)

9. DO YOU HAVE REASON TO BELIEVE THAT THE OFFICER WAS MARRIED AT ANY TIME TO ANYONE ELSE?

YES ☐ NO ☒ UNKNOWN ☐

If yes, please list number of marriages and submit documents to show dissolution of prior marriages, such as death certificates or divorce decrees. _____

9a. List number of times surviving spouse was previously married. 2

10. DO YOU HAVE REASON TO BELIEVE THAT THE OFFICER HAD A CHILD(REN) FROM A PREVIOUS MARRIAGE OR RELATIONSHIP?

YES ☒ NO ☐

If yes, include in Part II or explain on a separate sheet of paper and attach to this form.

Attach necessary documentation such as marriage certificates, all divorce decrees and custody agreements, or separation agreements.

**PART II
SURVIVING
CHILDREN
INFORMATION**

If the officer was survived by a natural, out-of-wedlock, adopted or posthumous child, or stepchild (or children) at the time of death, complete this part. All surviving children should be listed regardless of age or dependency status at the time of the officer's death. Attach a certified copy of birth certificates, adoption papers, DNA results, or other evidence of parent-child relation, as appropriate.

11. NAME (Last, First, Middle Initial)

Date of Birth

Social Security No.

If over 13, educational status at the time of parent's death

Marital Status regardless of age

Bradford, Lakisha B

9-10-85

Full-Time ☐ Part-Time ☐ N/A ☒Married ☐ Single ☒

Address (if different from item 7, above) and Telephone Number

PARENT OR LEGAL GUARDIAN NAME & SOCIAL SECURITY NUMBER

PART II CONTINUED

11. NAME (Last, First, Middle Initial)	Date of Birth	Social Security No.	If over 18, educational status at the time of parent's death	Marital Status regardless of age
Bradford, Keith Jr. B	7-29-87		Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	Married <input type="checkbox"/> Single <input checked="" type="checkbox"/>
Address (if different from item 7, above) and Telephone Number		PARENT OR LEGAL GUARDIAN NAME & SOCIAL SECURITY NUMBER		
11. NAME (Last, First, Middle Initial)	Date of Birth	Social Security No.	If over 18, educational status at the time of parent's death	Marital Status regardless of age
Parker, Sherrell Y	12-4-77		Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	Married <input type="checkbox"/> Single <input type="checkbox"/>
Address (if different from item 7, above) and Telephone Number		PARENT OR LEGAL GUARDIAN NAME & SOCIAL SECURITY NUMBER		
11. NAME (Last, First, Middle Initial)	Date of Birth	Social Security No.	If over 18, educational status at the time of parent's death	Marital Status regardless of age
Gardner, Teknika, L	7-5-81		Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	Married <input type="checkbox"/> Single <input checked="" type="checkbox"/>
Address (if different from item 7, above) and Telephone Number		PARENT OR LEGAL GUARDIAN NAME & SOCIAL SECURITY NUMBER		

Please attach a separate sheet of paper if there are additional children.

PART III

STATEMENTS AND CLAIM: All claimants are required to complete this Part. The purpose of this claim is to establish survivorship eligibility and assert the rights to benefits under the Omnibus Crime Control and Safe Streets Act of 1968, as amended (42. U.S.C. 3796). The filing of this claim does not constitute a determination by the Department of Justice that benefits will or will not be awarded to the claimant(s).

This claim may be prepared by a person acting on behalf of the claimant(s) such as a parent, legally appointed guardian, other legal representatives, or duly designated representatives of the claimant(s). Evidence of authority to represent claimant(s) should be attached.

A. STATEMENT ON OTHER CLAIMS FILED WITH THE UNITED STATES GOVERNMENT AND/OR THE DISTRICT OF COLUMBIA:

Has claim been filed for benefits under

- (1) Federal Employees Compensation Act, Section 8191 title 5, U.S. Code? YES ☐ NO ☐
 (2) D.C. Retirement and Disability Act of September 1, 1916, Section 4-622? YES ☐ NO ☐

B. STATEMENT OF FINANCIAL NEED: If an immediate financial hardship has been incurred as a result of this death, an interim payment of \$3000 may be made. If you are experiencing an immediate financial hardship, please attach a statement of financial circumstances and need. This statement must include all financial responsibility, all benefits that you are eligible for, and the benefits that you have received to date. If all documents required to complete this claim are received an interim payment may not be necessary.

This form will be used by the Department of Justice to determine eligibility of a claimant for paying death benefits. The information may be disclosed to Federal, State, and local agencies to verify eligibility for benefits. We must have Social Security Numbers to process payments.

I certify that the above information is correct and complete to the best of my knowledge. I certify further that I am not aware of any potential claimant for this PSOB death benefit other than those listed above. I know of no facts or circumstances that would render the above-listed persons ineligible for this benefit. I understand that a false or incomplete statement or a failure to fully disclose pertinent information concerning this claim may be grounds for non-payment of benefits or for prosecution for a false statement under 18 U.S.C. § 1001.

All the information you give will be considered in reviewing the claim and is subject to investigation.

SIGNATURE OF CLAIMANT OR AUTHORIZED REPRESENTATIVE
 (If representative, provide claimant's affidavit granting power of attorney)

DATE

E-MAIL (If available)

Home number (Including Area Code)

Work number (Including Area Code)

Alternate number (Including Area Code)

870-636-5379

870-739-5155

Public Reporting Burden

Paper Reduction Act Notice. Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and that impose the least possible burden on you to provide us with information. The estimated average time to complete and file this application is 90 minutes per application. If you have comments regarding the accuracy of this claim, or suggestions for making this claim form simpler, you can write to the Public Safety Officers' Benefits Program, Bureau of Justice Assistance, 810 7th Street, NW, Washington, D.C. 20531 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20530.

A Abstract of Marriage Record

OFFICIAL CUSTODIAN OF MARRIAGE RECORDS

County Clerk's Office
County of Crittenden
State of Arkansas

Name of Groom KEITH BERNARD BRADFORD, SR. Age 43
Address MARION, ARKANSAS COUNTY OF CRITTENDEN
Maiden Name of Bride NATILDA MATTIE ANN PARKER Age 43
Address WEST MEMPHIS, ARKANSAS COUNTY OF CRITTENDEN
Date of Marriage JANUARY 1 ST, 2002
By Whom Married REV. KATIE THOMAS
Recorded in Volume B-82 of Marriage Certificates at Page 551

I, Paula Brown, County Clerk of the County of Crittenden, State of Arkansas, do hereby certify that the above is a true Abstract of the Marriage recorded in my office.

WITNESS my hand and Official Seal the 11 TH day of APRIL, 2014

Paula Brown
PAULA BROWN, County Clerk
Jenna Wells D.C.

STATE OF TENNESSEE }
SHELBY COUNTY

I, DONNA L. RUSSELL, Clerk and Master of the Chancery Court of Shelby County, Memphis, Tennessee do hereby certify that the foregoing (3) THREE pages contain a full, true, and perfect transcript of the _____
FINAL DECREE OF DIVORCE

in a certain cause pending in the said Court, wherein _____
RHONDA BRADFORD
complaint, and _____
KEITH BRADFORD _____ defendant, as the
same appears of record and on file in my office.

In testimony whereof, I hereunto subscribe my name and affix the seal of
said Court, at office, this 6TH day of NOVEMBER, 20 14

Donna L. Russell Clerk and Master

STATE OF TENNESSEE }
SHELBY COUNTY

I, WALTER EVANS, sole and presiding Chancellor of Part I, of the Chancery Court of said County, do hereby certify that Donna L. Russell, whose genuine signature appears to the foregoing Certificate, is now and was at the time of signing the same, Clerk and Master of said Court, and that her attestation is in due form, and by the proper officer, and that said Court is a Court of Record, and that full faith and credit are due to all her official acts.

WITNESS my hand and private seal (having no seal of office) this
6TH day of NOVEMBER, 20 14

Walter L. Evans Chancellor

STATE OF TENNESSEE }
SHELBY COUNTY

I, DONNA L. RUSSELL, Clerk and Master of the Chancery Court of said County, do hereby certify that the Honorable Walter Evans, whose genuine official signature appears to the above and hereto annexed certificate, is and was at the time of signing the same, the sole and presiding Chancellor of Part I of the Chancery Court in and for the County and State aforesaid duly commissioned and qualified and that all his official acts as such are entitled to full faith and credit.

WITNESS my hand and seal of Court, at office, in the City of Memphis
the 6TH day of NOVEMBER, 20 14

Donna L. Russell Clerk and Master

IN THE CHANCERY COURT OF SHELBY COUNTY, TENNESSEE
FOR THE THIRTIETH JUDICIAL DISTRICT AT MEMPHIS

RHONDA BRADFORD,
PLAINTIFF,

vs.

KEITH BRADFORD,
DEFENDANT.

)
)
)
)
)
)
)

No. D29291-I

FINAL DECREE OF DIVORCE

THIS CAUSE came on to be heard before the Honorable Chancellor Neal Small of part I of Chancery Court of Shelby County, Tennessee on July 27, 1998, upon the complaint for divorce filed herein by the Plaintiff, Rhonda Bradford, against the Defendant Keith Bradford, upon the marital dissolution agreement heretofore filed in this cause waiving all notices and service of process by the Defendant, upon the sworn oral testimony of the Plaintiff in open Court, upon the statement of counsel for the Plaintiff and upon the entire record in this cause, from all of which it satisfactorily appears to the Court:

That the Plaintiff shall be granted an absolute divorce, and be vested with all the rights of an unmarried person, on the ground that irreconcilable differences exist in the marriage such that preclude continuation of this marriage and that the parties have made adequate and sufficient provision by written agreement for the custody and maintenance of the parties' minor child Keith Bradford, Jr. and that the marital dissolution agreement heretofore filed in this cause is fair and equitable and shall be approved.

IT IS THEREFORE ORDERED, ADJUDGED, AND DECREED:

1. That the bonds of matrimony heretofore subsisting between the Plaintiff and the Defendant are hereby absolutely and forever dissolved and that the Plaintiff is granted an absolute divorce on the ground of irreconcilable differences exist such that preclude continuation of this marriage, and

the parties are restored to all of the rights and privileges of unmarried persons.

2. That the Marital Dissolution Agreement filed in this cause is fair and equitable and the same be and hereby is approved and incorporated into this decree and made part hereof.

3. That the custody of the Parties' minor child Keith Bradford, Jr., be and the same hereby is granted to the Plaintiff Rhonda Bradford. The Defendant be and hereby is granted visitation of the said child which shall be exercised by mutual agreement.

4. That the order of child support entered by the Juvenile Court shall continue in full force and effect and the Juvenile Court, Shelby County, Tennessee shall continue to exercise exclusive jurisdiction in matters of child support.


5. That the maiden name of the Plaintiff, namely, Rhonda Gale Reynolds be and the same hereby is restored to her.

6. That the court costs in this cause be and the same hereby are assessed against the Defendant for which let execution issue if necessary.


CHANCELLOR, PART I

7-27-98
DATE

APPROVED FOR ENTRY:


K. JAYARAMAN
Attorney for the Plaintiff
B.P.R. No. 13654
147 Jefferson Avenue
Suite 804
Memphis, TN 38103
901-522-8242

CERTIFICATE OF SERVICE

I, K. Jayaraman, attorney for the Plaintiff hereby certify to the best of my knowledge and belief that a true and exact copy of this decree has been sent by U.S Mail, first class postage prepaid, to the Defendant Mr. Keith Bradford at P.O. Box 5274 West Memphis, Arkansas 72303-5274 on this 27th day of July 1998.



K. JAYARAMAN

DEPARTMENT OF PUBLIC HEALTH - STATE OF TENNESSEE - DIVISION OF VITAL STATISTICS			
1. NAME OF CHILD <i>Keith Bernard Bradford</i>		BIRTH NO. <i>141-16</i>	
2. SEX <i>male</i>	3A. THIS BIRTH <i>SINGLE</i> <input checked="" type="checkbox"/> <i>TWIN</i> <input type="checkbox"/> <i>TRIPLET</i> <input type="checkbox"/>	3B. IF TWIN OR TRIPLET, THIS CHILD BORN <i>1ST</i> <input type="checkbox"/> <i>2ND</i> <input type="checkbox"/> <i>3RD</i> <input type="checkbox"/>	
5. PLACE OF BIRTH		4. DATE OF BIRTH <i>Jan 1958</i>	
COUNTY <i>Shelby</i>	CITY OR TOWN <i>Memphis</i>	CIVIL DISTRICT <i>054</i>	
E. NAME OF (IF NOT IN HOSPITAL, GIVE STREET ADDRESS OR LOCATION) <i>BHN GASTON HOSPITAL</i>		F. STREET ADDRESS (OR LOCATION) <i>1411 Michigan</i>	
7. FULL NAME <i>Robert Lee Bradford</i>		FATHER OF CHILD	
9. AGE (as time of this birth) <i>25</i> YEARS	10. BIRTHPLACE (State or Foreign Country) <i>Miss</i>	11A. USUAL OCCUPATION <i>Welder</i>	
12. FULL MAIDEN NAME <i>Lucille</i>		MOTHER OF CHILD	
14. AGE (as time of this birth) <i>23</i> YEARS	15. BIRTHPLACE (State or Foreign Country) <i>Mo.</i>	16A. USUAL OCCUPATION <i>House</i>	
17. PREVIOUS DELIVERIES TO THIS MOTHER (DO NOT INCLUDE THIS CHILD)		16B. KIND OF BUSINESS OR INDUSTRY	
18. MOTHER'S MAILING ADDRESS <i>1411 Michigan Memphis Tennessee</i>		16C. KIND OF BUSINESS OR INDUSTRY	
19. SIGNATURE <i>W. H. Stockard</i>		16D. HOW MANY OTHER CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? <i>0</i>	
20A. DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 12 1958</i>		20B. REGISTRAR'S SIGNATURE <i>L. M. Brown</i>	

STATE OF ARKANSAS

Registration District No. 167

ARKANSAS STATE BOARD OF HEALTH
Bureau of Vital Statistics

58 009405

Primary Registration District No. 3250

CERTIFICATE OF LIVE BIRTH

1. PLACE OF BIRTH

a. COUNTY

MAY 7 1958

b. CITY, TOWN, OR LOCATION

Marion

2. USUAL RESIDENCE OF MOTHER (Where born mother that

a. STATE

Arkansas

b. COUNTY

Crittenden

c. CITY, TOWN, OR LOCATION

Marion

3. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)

Gen Delivery

d. STREET ADDRESS

Gen Delivery

4. IS PLACE OF BIRTH INSIDE CITY LIMITS?

YES ☒ NO ☐

5. IS RESIDENCE INSIDE CITY LIMITS?

YES ☒ NO ☐

6. IS RESIDENCE ON A FARM?

YES ☐ NO ☒

CHILD

7. NAME (Type of Child)

First MARILYN

Middle MARICANN

Last PARKER

8. SEX

Female

9a. THIS BIRTH

SINGLE ☒ TWIN ☐ TRIPLET ☐

9b. IF TWIN OR TRIPLET, WAS CHILD BORN

1st ☐ 2d ☐ 3d ☐

10. DATE OF BIRTH

Month April Day 11 Year 1958 Hour 7:15 P.M.

FATHER

11. NAME

First Ben

Middle Lee

Last Parker

12. AGE (At time of this birth)

22

13. BIRTHPLACE (State or foreign country)

Arkansas

14. USUAL OCCUPATION

Construction work

15. HIND OF BUSINESS OR INDUSTRY

Construction work

MOTHER

16. MAIDEN NAME

First Opella

Middle Wallace

Last Wallace

17. AGE (At time of this birth)

21

18. BIRTHPLACE (State or foreign country)

Mississippi

19. PREVIOUS DELIVERIES TO MOTHER (If not include this birth)

a. How many OTHER children are now living?

0

b. How many OTHER children were born alive but are now dead?

0

c. How many fetal deaths (miscarriages born dead at ANY time after conception)

0

20. INFORMANT

Opella Parker

21. MOTHER'S MAILING ADDRESS

Gen Delivery Marion Arkansas

I hereby certify that this child was born alive on the date stated above.

22a. SIGNATURE

Mattie Parker

22b. ADDRESS

Route 1 Box 96 Marion, Arkansas

23. ATTENDANT AT BIRTH

M.D. ☐ MIDWIFE ☒ OTHER (Specify) ✓

24. DATE SIGNED

April 11, 1958

25. DATE RECD. BY LOCAL REG.

4-25-58

26. REGISTRAR'S SIGNATURE

Michael A. Adams

27. LENGTH OF PREGNANCY

9 months

28. WEIGHT AT BIRTH

10 LB.

29. Was Mother's Blood Tested for (1) Syphilis? Yes ☒ No ☐

(2) Rh Type? Yes ☐ No ☒ Rh Sensitization? Yes ☐ No ☒

30. PREGNANCY, Complications of

None

31. Did baby have any:

(1) Congenital malformations? No Describe ✓

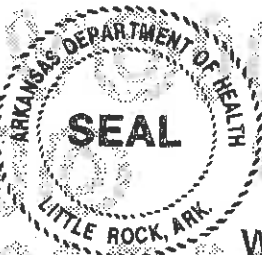
(2) Birth injury? No Describe ✓

32. LABOR, Complications of

None

33. Was there an operation for delivery? Yes ☐ No ☒

34. Was a prophylactic drug used in baby's eyes? Yes ☐ No ☒ If "yes" state drug nitrate



THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THE ARKANSAS DEPARTMENT OF HEALTH.

APR - 7 08

Michael A. Adams
State Registrar

WARNING: A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE ARKANSAS DEPARTMENT OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

1558063

VR:12

STATE OF TENNESSEE
DEPARTMENT OF HEALTH

NAME

SEX

FEMALE

LAKESHA ROCHELL BRADFORD

MAIDEN NAME OF MOTHER: LISA ROBERTSON

NAME OF FATHER: KEITH BRADFORD

DATE OF BIRTH

CERT. No.

SEPTEMBER 10, 1985

DATE ISSUED

COUNTY OF BIRTH

SHELBY

OCTOBER 2, 2014

FILE DATE

OCTOBER 7, 1985

I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.
Tennessee Code Annotated 68-3-101 et. seq, Vital Records Act of 1977.



Teresa S. Hendricks

Teresa S. Hendricks
STATE REGISTRAR

John J. Dreyzehner

John J. Dreyzehner, MD, MPH, FACQEM
COMMISSIONER



CERTIFICATION OF BIRTH

PH 1987
Rev. 05-14

V783913

RDANA

LAKESHA ROCHELL BRADFORD
4396 OLD NORTH BRIDGE DR
MEMPHIS, TN 38125

MBW01002

783913

AUG 6 1981

ARKANSAS DEPARTMENT OF HEALTH

Division of Vital Records

CERTIFICATE OF LIVE BIRTH

103 81 015664

TYPE OR PRINT IN PERMANENT BLACK INK

DATE OF BIRTH

PLACE SIGNATURE

DATE RECEIVED

SIGNATURE OF REGISTRAR

DATE RECEIVED

SIGNATURE OF REGISTRAR

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SIGNATURE OF REGISTRAR

DATE RECEIVED

SIGNATURE OF REGISTRAR

DATE RECEIVED

SIGNATURE OF REGISTRAR

GIVEN NAME		FIRST		MIDDLE		LAST		SEX		DATE OF BIRTH		TIME	
TERNIKA		LETRICE		PARKER		PARKER		FEMALE		JULY 5, 1981		3:47 AM	
HOSPITAL - NAME (If not in hospital, give street and number)						CITY, TOWN OR LOCATION OF BIRTH				COUNTY OF BIRTH			
CRITTENDEN MEMORIAL HOSPITAL						WEST MEMPHIS				CRITTENDEN			
DATE OF BIRTH (If not in hospital, give date of birth)						NAME AND TITLE OF ATTENDING PHYSICIAN (If not in hospital, give name and title of physician)				DATE RECEIVED BY REGISTRAR (If not in hospital, give date)			
3/2/81						2001 S. RHODES, WEST MEMPHIS, AR. 72301				Aug 4, 1981			
REGISTRAR						DATE RECEIVED BY REGISTRAR (If not in hospital, give date)				DATE RECEIVED BY REGISTRAR (If not in hospital, give date)			
MATTIE MATILDA ANN PARKER						STATE OF BIRTH (If not in hospital, give state)				STATE OF BIRTH (If not in hospital, give state)			
ARKANSAS						ARKANSAS				ARKANSAS			
CITY, TOWN OR LOCATION						STREET AND NUMBER OF RESIDENCE				CITY, TOWN OR LOCATION			
72301						3053 HENRY ST.				CITY, TOWN OR LOCATION			
FATHER'S NAME (If not in hospital, give name)						MOTHER'S NAME (If not in hospital, give name)				MOTHER'S NAME (If not in hospital, give name)			
MATTIE PARKER						MOTHER				MOTHER			

AR



WARNING

A REPRODUCTION OF THIS DOCUMENT RENDERED USELESS AND INVALID IF NOT ACCURATELY REPRODUCED UNLESS EMBOSSED SEAL OF THE ARKANSAS DEPARTMENT OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

02-25-2014

4238144







CERTIFICATE OF LIVE BIRTH

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL RECORDS

141- 9123

CHILD-NAME 1. KEITH BERNARD BRADFORD, JR.			DATE OF BIRTH (MONTH, DAY, YEAR) 2a. JULY 29, 1987		HOUR 2b. 268:12A. M.
SEX 3. MALE	THIS BIRTH - SINGLE, TWIN, TRIPLET, ETC. (SPECIFY) 4a. SINGLE		IF NOT SINGLE BIRTH - BORN FIRST, SECOND, ETC. (SPECIFY) 4b.		
COUNTY OF BIRTH 4a. SHELBY	CITY, TOWN, OR LOCATION OF BIRTH 5b. MEMPHIS		HOSPITAL - NAME - IF NOT IN HOSPITAL, SPECIFY PRIVATE RESIDENCE, DOCTOR'S OFFICE, ETC. 5d. BAPTIST EAST		INSIDE CITY LIMITS (SPECIFY YES OR NO) 5c. YES
MOTHER-MAIDEN NAME 6a. RHONDA GAIL REYNOLDS			AGE (AT TIME OF THIS BIRTH) 6b. 31		STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) 6c. TENNESSEE
RESIDENCE-STATE 7a. TENNESSEE	COUNTY 7b. SHELBY	CITY, TOWN, OR LOCATION 7c. MEMPHIS	STREET AND NUMBER 7d. 1008 PHILADELPHIA		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7e. YES
FATHER-NAME 8a. KEITH BERNARD BRADFORD			AGE (AT TIME OF THIS BIRTH) 8b. 29		STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) 8c. TENNESSEE
I CERTIFY THAT I HAVE INSPECTED THIS CERTIFICATE FOR ACCURACY.					
9. MOTHER'S SIGNATURE <i>Rhonda Reynolds</i>			ATTENDANT - M.D. OTHER (SPECIFY) 10b. M.D.		DATE SIGNED (MONTH, DAY, YEAR) 10c. 8-1-87
10a. SIGNATURE NAME (TYPE OR PRINT) <i>Claudia Moise</i>			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 10e.		
10d. DR. CLAUDIA MOISE REGISTRAR - SIGNATURE <i>Claudia Moise</i>			Deputy		DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 11b. AUG 4 1987
11a. MOTHER'S MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 1008 PHILADELPHIA			MEMPHIS, TN. 38104		
12. 1008 PHILADELPHIA MEMPHIS, TN. 38104					

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Jakesha Rochen Bradford

Keith Bernard Bradford Jr



STATE OF ARKANSAS

Certificate Number
19

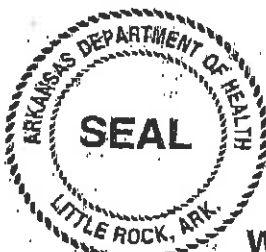
Registration District No. **19**

ARKANSAS DEPARTMENT OF HEALTH Division of Vital Records CERTIFICATE OF LIVE BIRTH

'76 032329

WRITE PLAINLY WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD
CERTIFICATE NOT LEGAL UNLESS IT BEARS STATE SEAL AND SIGNATURE OF STATE REGISTRAR

1. PLACE OF BIRTH A. COUNTY Crittenden		2. USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE) A. STATE Arkansas	
B. CITY, TOWN, OR LOCATION West Memphis		B. COUNTY Crittenden	
3. NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL, GIVE STREET ADDRESS) Crittenden Memorial Hospital		D. STREET ADDRESS 114 Grant	
6. IS PLACE OF BIRTH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		E. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
5. NAME (TYPE OR PRINT) FIRST Darrell MIDDLE Arnez LAST Parker		9. DATE OF BIRTH MONTH 12 DAY 27 YEAR 76 HOUR 10:38	
4. SEX Male		8. IF TWIN OR TRIPLET, CHILD WAS BORN 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	
7. NAME FIRST Darrell MIDDLE Arnez LAST Parker		D. COLOR OR RACE Black	
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arkansas		11. USUAL OCCUPATION Black	
12. MAIDEN NAME FIRST Mattie MIDDLE Ann LAST Mattie		13. COLOR OR RACE Black	
14. AGE (AT TIME OF THIS BIRTH) 18 YEARS		15. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arkansas	
16. PREVIOUS DELIVERIES TO MOTHER (DO NOT INCLUDE THIS BIRTH) A. HOW MANY OTHER CHILDREN ARE NOW LIVING? 0 B. HOW MANY OTHER CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? 0 C. HOW MANY FETAL DEATHS (FETUSES BORN DEAD AT ANY TIME AFTER CONCEPTION)? 0		DATE SIGNED (MONTH, DAY, YEAR) 12-27-76	
17. ATTENDANT NAME Mattie Ann Parker		ATTENDANT NAME (SPECIFY) M.D.	
18. SIGNATURE H. Wade Westbrook, M.D.		19. SIGNATURE Adda Mae Jones	
20. REGISTRAR NAME Adda Mae Jones		DATE RECEIVED BY LOCAL REGISTRAR MONTH 1 DAY 3 YEAR 77	
CONFIDENTIAL INFORMATION FOR MEDICAL AND HEALTH USE ONLY			
21. WAS MOTHER MARRIED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		22. LENGTH OF PREGNANCY 34-36 COMPLETED WEEKS	
23. WEIGHT AT BIRTH 6 LB 3 1/4		24. MOTHER'S BLOOD TYPE B+	
25. DID BIRTH HAVE ANY: (1) CONGENITAL MALFORMATION? None (2) BIRTH INJURY? None		26. WAS A PROPHYLACTIC DRUG USED IN BABY'S EYES? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
27. WAS THERE AN OPERATION FOR DELIVERY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		28. WAS PHENYLETHANAMINE TEST MADE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	



THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THE ARKANSAS DEPARTMENT OF HEALTH.

Melinda Allen
Melinda Allen
State Registrar

4611694

11/24/2014

4611694

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VR-112

**Bradford Sr., Keith B**

55 Y old Male, DOB: 06/01/1958
P O Box 5274, West Memphis, AR-72303
Home: 870-225-8706

Guarantor: Bradford Sr., Keith B Insurance: Self Pay

Referring: Ellen Speak

Appointment Facility: E Arkansas Family Hlth Center Inc

03/11/2014

Progress Notes: Ellen L. Speak, APN

Current Medications

Ketorolac Tromethamine 10 MG Tablet 1 tablet every 8 hours as needed for pain
Oxycodone-Acetaminophen 5-325 MG Tablet 1 tablet as needed every 8 hours for pain
Levothyroxine Sodium 200 MCG Tablet 1 tablet every morning on an empty stomach Once a day
Lisinopril 40 MG Tablet 1 tablet Once a day
Hydrochlorothiazide 25 MG Tablet 1 tablet Once a day
Procardia XL 90MG Tablet Extended Release 24 Hour 1 tablet Once a day
Aspirin 81 MG Tablet Delayed Release 1 tablet Once a day, stop date 08/03/2014
Colace 100 MG Capsule 1 capsule as needed TWICE DAILY
Warfarin Sodium 7.5mg Tablet 1 tablet 1 TABLET
Medication List reviewed and reconciled with the patient

Past Medical History

Hypertension
Hypothyroidism

Surgical History

left hip replacement, HAD 3 SCREWS
PLACED IN HIP 2/2014

Family History

Father: deceased 79 yrs diabetes, hypertension, stroke, colon carcinoma
Mother: deceased 67 yrs stroke
Siblings: alive
Children: alive
Son(s): alive
Daughter(s): alive
Spouse: alive
2 brother(s) , 1 son(s) , 1 daughter(s) .

Social HistorySocial History:

Sexual Hx Had sex in the last 12 months (vaginal, oral, or anal)? Yes, with Women only, Use protection? No, Prevention Strategies discussed: Other. Tobacco Use Are you a: current smoker, How often do you smoke cigarettes? every day, How many cigarettes a day do you smoke? 11-20, How

Reason for Appointment

1. Here for a follow up on coumadin level
2. Requesting refill on thyroid, lisinopril, and nifedipine at eafhc

History of Present Illness

:

55 yo male here for PT/INR, recently frx his R hip and had 3 pins placed per Cambells clinic, has a flu w them 3/26/14, needs refills, he was placed on Coumadin d/t dx of A Fib at pre op EKG, his last inr was too low so we inc Coumadin to 7.5mg q day, denies bleeding or bruising.

Care Management:

Nursing Checklist Daily huddle? Yes, Verified OTC Medications? Yes, Asked About HIV Testing Yes.

Vital Signs

Wt 220, Ht 77, BMI 26.09, BP 133/90, HR 90, Temp 98.0, RR 18, Pain scale 0, SaO2 100.

ExaminationGeneral Examination:

GENERAL APPEARANCE: alert and oriented, good color, in no acute distress, pleasant. CARDIOVASCULAR: regular rate and rhythm, normal S1S2. RESPIRATORY: clear to auscultation bilaterally, no wheezes, rhonchi, rales. MUSCULOSKELETAL: L hip TTP pt w/alking on crutches, no wt bearing.

Assessments

1. Coumadin Regulation - V58.61 (Primary)
2. Hypothyroidism - 244.9
3. Hypertension, benign - 401.1
4. Pain in limb - 729.5

Treatment**1. Hypothyroidism**

Refill Levothyroxine Sodium Tablet, 200 MCG, 1 tablet every morning on an empty stomach, Orally, Once a day, 30 day(s), 30, Refills 5
Refill Hydrochlorothiazide Tablet, 25 MG, 1 tablet, Orally, Once a day, 30 day(s), 30, Refills 5
Refill Procardia XL Tablet Extended Release 24 Hour, 90MG, 1 tablet, Orally, Once a day, 30 day(s), 30, Refills 5
Refill Lisinopril Tablet, 40 MG, 1 tablet, Orally, Once a day, 30 day(s), 30, Refills 5

Patient: Bradford Sr., Keith B DOB: 06/01/1958 Progress Note: Ellen L. Speak, APN 03/11/2014

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

Bradford Sr., Keith B

P O Box 5274, West Memphis, AR, US
72303

DOB: 06/01/1958 **Age:** 56 Y **Sex:**
male

Home: 870-225-8706

Work:

Cell: 870-636-5379

Email: noemail@eafhc.org

Primary Insurance:

PCP: Ellen Speak

Account No: 37451



Allergies : N.K.D.A

Medical History**Active Problem List****Past Medical History**

hypertension

Hypothyroidism

Medications**Name strength formulation, Sig: take route frequency**

Hydrochlorothiazide 25 MG Tablet, Sig: 1 tablet Orally Once a day Start Date: 06/01/2012

Oxycodone-Acetaminophen 5-325 MG Tablet, Sig: 1 tablet as needed Orally every 8 hours for pain

Levothyroxine Sodium 200 MCG Tablet, Sig: 1 tablet every morning on an empty stomach Orally Once a day Start Date: 04/11/2012

Ketorolac Tromethamine 10 MG Tablet, Sig: 1 tablet Orally every 8 hours as needed for pain

Lisinopril 40 MG Tablet, Sig: 1 tablet Orally Once a day Start Date: 06/01/2012

Warfarin Sodium 7.5mg Tablet, Sig: 1 tablet Orally 1 TABLET

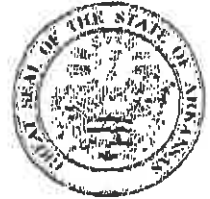
Colace 100 MG Capsule, Sig: 1 capsule as needed Orally TWICE DAILY

Procardia XL 90MG Tablet Extended Release 24 Hour, Sig: 1 tablet Orally Once a day Start Date: 04/09/2012



JERICHO POLICE DEPARTMENT

31 WALLACE ST, JERICHO, AR 72337 (870)739-4918



From the office of Chief Roy Hill

October 20, 2014

Re: Keith Bradford Sr.

On Wednesday April 2, 2014 officers were at Jericho City Hall, when noticed a silver suv traveling east bound on Wallace approaching Highway 77. The subject blew pass the stop sign on Wallace. After officers saw the vehicle blow pass the stop sign officers engaged behind the vehicle, traveling N/B on Highway 77. Officers had sirens whirling and lights flashing, officer's vehicle (squad car). Officer Strickland's unit had gotten up to 120M.P.H. to catch up to the subjects vehicle. Jericho officer requested backup from neighboring town Turrell to assist on high speed chase T2 Chief Bradford and his officers T4, T6 also assisted.

The subject looked backed at the squad car and sped his vehicle up. Subject was also driving left of center, almost leaving the road, because of high rate of speed, once officers got vehicle to stop the situation became very hostile because of the chase and officers had to order the suspect of the vehicle to get on the ground. Passenger Rodney Bowles had advised officers, the reason of the speeding he had just got into an altercation with his girlfriend, in west Memphis that had sprayed him in his face with mace. Officers ran subject (Driver). Larry Cassidy in ACIC subject appears to have a parole violation warrant.

While T2 (Chief Bradford) was on the scene he appeared to be very nervous and shaken. I asked Chief Bradford was he okay he stated that he was but from looking at him he appeared to be all shaken up from the chase. Later I received a call from the sheriff department that Chief Bradford had gone back to the City Hall and had a heart attack. And later pronounced dead. It is my opinion that Chief Bradford's death was caused from the stress from that incident. The subject was charged with Reckless Driving, Failure To Stop at A Stop Sign and Fleeing.

I officer d. kinney was in the persute from another police department we had the car stop on hwy 77 when chief Bradford pulled to check on us then he left at that time he looked ok then I meet hem at the pd. Too go over some reports then he said he had to fax some papers too standards at that time I hard hem fall I ran in to where he was at but it was too late

OFFICER D. KINNEY T-6

To: Honorable Allen Spears

Mayor of Turrell Arkansas

Mayor Spears,

I am requesting that you please supply me with the following information on City of Turrell letterhead.

A prepared statement accounting for the 24 hour period prior to Chief Bradford's untimely death. It must include the hours on duty during the 24 hour period and details of on duty actions during that period. I understand that you will need to talk to any witnesses of his actions during that time period. Please document anything non routine stressful activity. Also include summary of his death.

As Mrs. Mattie Bradford may have advised you I am assisting her in completion application for Line of Duty Death Benefits. I appreciate your assistance in this matter as this information is required to complete application. I know that you have previously signed a Officers Death Report but I was unaware at the time I needed this other information from you on letterhead. If you have any questions please call me at 501-515-2562. Please mail the completed document me at White County Sheriff's Office Attn. Jeff Langley 1600 East Booth Searcy AR. 72143.

Thank You



Jeff Langley

Arkansas Concerns of Police Survivors (COPS)

CRITTENDEN COUNTY SHERIFF'S DEPARTMENT AND DETENTION CENTER

Tommy Trammel
Chief Deputy
(870) 702-2021

350 AFCO ROAD
WEST MEMPHIS, ARKANSAS 72301

George Blair
Chief of Enforcement
(870) 702-2022

Ronnie Coleman
Jail Administrator
(870) 702-2080

Phone (870) 702-2010
Fax (870) 702-2015
Toll Free (877) 540-6010

Michael Callender
Chief Investigator
(870) 702-2023

Michael W. Allen
Sheriff
(870) 702-2020

Mattie Bradford – 870-636-5379





CRITTENDEN COUNTY SHERIFF'S DEPARTMENT PROCLAMATION

Whereas, Chief Keith Bradford played an essential role in safe guarding the rights and freedoms of all citizens and;

Whereas, it is important for all Citizens to understand the problems, duties and responsibilities of a peace officer and;

Whereas Peace Officers recognize their duty to serve the people by safe guarding life and property by protecting them against violence and disorder and by protecting the innocent against deception and intimidation and the weak against oppression and;

Now therefore , We, Mike Allen Sheriff along with Woody Wheelless County Judge of the County of Crittenden do hereby Proclaim April 12, 2014 as Chief Keith Bradford day in Crittenden County and call on our citizens to observe this special day in honor of Chief Keith Bradford who did honorably and faithfully served his community by preserving the Peace, the rights and the Security of those he was sworn to protect.

**In Witness there unto set out
Hands and caused the seal of the County of Crittenden**

**Michael W. Allen
Sheriff**

**Woody Wheelless
County Judge**

JAN 13 2015

BEFORE THE STATE CLAIMS COMMISSION
OF THE STATE OF ARKANSAS

RECEIVED

MATILDA BRADFORD

CLAIMANT

v.

NO. 15-0479-CC

STATE OF ARKANSAS

RESPONDENT

ANSWER

Comes Respondent, the State of Arkansas, by and through Arkansas Attorney General Leslie Rutledge and Assistant Attorney General Charles Lyford, and states as follows for its Answer:

1. Respondent admits jurisdiction is proper with the Claims Commission pursuant to Ark. Code Ann. § 21-5-702(a).

2. Respondent admits Claimant, Matilda Bradford, has made a timely claim pursuant to Ark. Code Ann. § 21-5-703(b)(1).

3. Claimant asserts a right to death benefits by way of decedent Keith Bradford, Sr. Claimant attaches to her Complaint correspondence from the City of Turrell dated November 25, 2014, as well as correspondence from the "Concerns of Police Survivors," undated, and other statements by law enforcement officers.

4. These documents are proof of the decedent's employment with the Turrell Police Department. Respondent therefore admits the decedent was a covered public employee under Ark. Code Ann. §§ 21-5-701(1) and 701(6).

5. The Incident Report from the Crittenden County Sheriff's Office and the decedent's certificate of death, both attached to the Complaint, are proof the death resulted from an incident that occurred on April 2, 2014, within the course

and scope of covered public employment. The cause of death appears to have been acute symptoms associated with hypertensive arteriosclerotic cardiovascular disease.

✓ 6. Respondent admits that Ark. Code Ann. § 21-5-704(a)(1)(A) requires payment of \$50,000.00 to a covered decedent's designated beneficiary, surviving spouse, or surviving children younger than twenty-two years of age.

✓ 7. Claimant appears to request payment under Ark. Code Ann. § 21-5-704(a)(1)(A) as the decedent's surviving spouse. Based on the certified marriage certificate attached to the Complaint dated January 1, 2002, Respondent admits Claimant and the decedent were husband and wife at the time of death. Respondent therefore recommends payment of \$50,000.00 to Claimant.

✓ 8. Claimant also asserts a right to payment under Ark. Code Ann. § 21-5-705, which allows an additional benefit of \$150,000.00 to certain employees whose deaths occurred while performing specified duties within the course and scope of their employment.

✓ 9. According to Ark. Code Ann. § 21-5-705(a)(1)(b)(i), this additional benefit shall be paid to the surviving spouse of a police officer whose death resulted from a third party's criminal or negligent act, or from engaging in exceptionally hazardous duty.

✓ 10. While there is no doubt the decedent died while acting within the course and scope of his employment as a police officer, it does not appear a criminal

or negligent act led to his death, nor does it appear the decedent was engaged in exceptionally hazardous duty at the time of death.

✓11. According to the findings of the State Crime Laboratory attached to the Complaint, the decedent died of natural causes, specifically hypertensive arteriosclerotic cardiovascular disease.

✓12. Likewise, the attached investigative report by the Crittenden County Sheriff's Office, and supporting documents from the cities of Turrell and Jericho, state that the decedent collapsed while walking through a hallway of the Turrell Police Department on April 2, 2014.

✓13. It appears a high-speed chase occurred on April 2, 2014 within the Turrell city limits, lasting from approximately 4:24 p.m. to 4:26 p.m. The decedent reported to the scene after the vehicle and suspect in question had been secured. The decedent's collapse appears to have occurred approximately two-and-a-half hours later, at around 7:05 p.m.

✓14. Because the circumstances set out in paragraphs 11-13 do not support a finding that the decedent was engaged in exceptionally hazardous duty at the time of death, the State recommends denying the additional benefit of \$150,000.00 under Ark. Code Ann. § 21-5-705.

15. Claimant also attaches birth certificates for Darrell Parker (DOB 12-27-76); Teknika Parker (DOB 7-5-81); Lakesha Bradford (DOB 9-10-85); Keith Bradford, Jr. (DOB 7-29-87). To the extent there is a claim for scholarship benefits for surviving children of the decedent, that claim must be denied because the

individuals identified in the certificates are older than age twenty-three. Ark. Code Ann. § 6-82-505(a).

16. While Claimant would be entitled to scholarship benefits as the decedent's surviving spouse, this claim must be denied because the decedent did not "suffer[] fatal injuries or wounds . . . in the performance of a hazardous duty." Ark. Code Ann. § 6-82-503(a).


17. Respondent denies all allegations not specifically admitted, and reserves the right to amend and plead further.

WHEREFORE, the State of Arkansas requests that the Arkansas State Claims Commission grant Matilda Bradford's claims for death benefits in the amount of \$50,000.00, deny her claim for death benefits in the amount of \$150,000.00, and deny claims for scholarship benefits to the extent they are made.

Respectfully submitted,

LESLIE RUTLEDGE,
Attorney General

By:


Charles W. Lyford
Arkansas Bar No. 2010-200
Assistant Attorney General
323 Center Street, Suite 200
Little Rock, Arkansas 72201
Telephone: (501) 682.3676
Fax: (501) 682.2591
charles.lyford@arkansasag.gov

CERTIFICATE OF SERVICE

I, Charles Lyford, Assistant Attorney General, do hereby certify that a copy of the foregoing document has been served by placing a copy of same in the U.S. Mail, on this 13th day of January, 2014, addressed to the following:

Ms. Matilda Bradford
P.O. Box 5274
West Memphis, AR 72303



Charles W. Lyford

Arkansas
State Claims Commission

JAN 13 2015

RECEIVED

BEFORE THE STATE CLAIMS COMMISSION
OF THE STATE OF ARKANSAS

MATILDA BRADFORD

CLAIMANT

v.

NO. 15-0479-CC

STATE OF ARKANSAS

RESPONDENT

FINDINGS OF FACT AND CONCLUSIONS OF LAW

Comes Respondent, the State of Arkansas, through Arkansas Attorney General Leslie Rutledge and Assistant Attorney General Charles Lyford, and proposes for the Findings of Fact and Conclusions of Law:

1. The claimant, Matilda Bradford, asserted a right to death and scholarship benefits by way of decedent Keith Bradford, Sr. Mr. Bradford was Chief of the Turrell, Arkansas Police Department. As such, he was a covered public employee under Ark. Code Ann. §§ 21-5-701(3) and 701(8).

2. Mr. Bradford died within the course and scope of his employment on April 2, 2014. The cause of death was a heart attack resulting from prolonged hypertensive arteriosclerotic cardiovascular disease.

3. The claimant is entitled to payment of \$50,000.00 under Ark. Code Ann. § 21-5-704(a)(1)(A) because Mr. Bradford was performing job functions at the time of death. The claimant may take payment as the surviving spouse.

4. The claimant is not entitled to additional benefits under Ark. Code Ann. § 21-5-705 or Ark. Code Ann. § 6-82-503(a).

5. According to Ark. Code Ann. § 21-5-705(a)(1)(b)(i), an additional benefit shall be paid to the surviving spouse of a police officer whose death resulted from engaging in exceptionally hazardous duty.

6. Medical examiners at the State Crime Laboratory concluded that Mr. Bradford died of natural causes, specifically chronic heart disease and high blood pressure.

7. The Crittenden County Sheriff's Office found that Mr. Bradford collapsed in the Turrell City Hall. Eyewitnesses from the Turrell Police Department stated that he was walking down a hallway to send a fax when he fell.

8. On the day Mr. Bradford died, there was a one-vehicle chase that lasted around five minutes. The chase began in the city of Jericho, Arkansas before making its way to Turrell.

9. Mr. Bradford reported to the scene after the Jericho police had stopped the vehicle and placed its driver in custody. Mr. Bradford did not participate in the chase or the arrest.

10. Crittenden County dispatch records show that the pursued vehicle was within the Turrell city limits from 4:24 p.m. to 4:26 p.m., at which time the chase ended. Mr. Bradford collapsed around 7:05 p.m., approximately two-and-a-half hours later.

11. Because Mr. Bradford's death did not result from performance of exceptionally hazardous duty, benefits under Ark. Code Ann. § 21-5-705 are denied. Because Mr. Bradford did not "suffer[] fatal injuries or wounds . . . in the

performance of a hazardous duty," benefits under Ark. Code Ann. § 6-82-503(a) are denied.

Respectfully submitted,

Leslie Rutledge,
Attorney General

By:

C24522 9-10-15
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**STATE CLAIMS COMMISSION DOCKET
OPINION**

Amount of Claim \$ 50,000.00

Claim No. 15-0479-CC

Attorneys	
<u>Matilda Bradford</u>	Claimant
<u>Scott P. Richardson, Attorney</u>	Claimant
vs.	
<u>State of Arkansas</u>	Respondent
<u>State of Arkansas</u>	Respondent
<u>December 22, 2014</u>	Death Benefit
<u>Date Filed</u>	Type of Claim

FINDING OF FACTS

This claim was filed for death benefit in the amount of \$50,000.00 against the State of Arkansas. Present at a hearing September 10, 2015 was the Claimant, Represent by Scott Richardson, and the Respondent, represented by Charles Lyford, Assistant Attorney General.

The Claims Commission hereby unanimously finds, upon the admission of liability and a recommendation of payment by the Respondent that the Claimant, Matilda Bradford the wife of deceased Keith Bradford is entitled to a death benefit in the amount of \$50,000.00 in accordance with AR Code Annotated §21-5-704(a)(1)(A), and allows the claim.

The Claimant, Matilda Bradford, asserted a right to death and scholarship benefits by way of decent death Keith Bradford, Sr. Mr. Bradford was Chief of the Turrell, Arkansas Police Department. As such, he was a covered public employee under ARK. Code Ann. §§21-5-701(3) and 701(8). Mr. Bradford died within the course and scope of his employment on April 2, 2014. The cause of death was a heart attack resulting from prolonged hypertensive arteriosclerotic cardiovascular disease. The Claimant is entitled to payment of \$50,000.00 under Ark. Code Ann. §21-5-704(a)(1)(A) because Mr. Bradford was performing job functions at the time of death. The Claimant may take payment as the surviving spouse. The Claimant is not entitled to additional benefits under Ark. Code Ann. §21-5-705 or Ark Ann. §6-82-503(a). According to Ark. Code Ann. § 21-5-705(a)(1)(b)(i), an additional benefit shall be paid to the surviving spouse of a police officer whose death resulted from engaging exceptionally hazardous duty. Medical Examiners at the State Crime Laboratory concluded that Mr. Bradford died of natural causes, specifically chronic heart disease and high blood pressure. The Crittenden County Sheriff's Office found that Mr. Bradford collapsed in the Turrell City Hall. Eyewitnesses from the Turrell Police Department stated that he was walking down a hallway to send a fax when he fell. On the day Mr. Bradford died, there was a one vehicle chase that lasted around five minutes. The chase began in the city of Jericho, Arkansas before making its way to Turrell. Mr. Bradford reported to the scene after the Jericho police had stopped the vehicle and placed its driver in custody. Mr. Bradford did not participate in the chase or the arrest. Crittenden County dispatch records show that the pursued vehicle was within the Turrell city limits from 4:24 p.m. to 4:26 p.m., at which time the chase ended. Mr. Bradford collapsed around 7:05 p.m., approximately two-and-a-half hours later. Because Mr. Bradford's death did not result from performance of exceptionally hazardous duty, benefits under Ark. Code Ann. § 21-5-705 are denied. Because Mr. Bradford did not "suffer fatal injuries or wounds in the performance of a hazardous duty," benefits under Ark. Code Ann. §6-82-503(a) are denied.

Therefore, the Claims Commission hereby **unanimously awards this claim in the amount of \$50,000.00 and directs the Claims Commission Clerk to issue a voucher in payment thereof.**

CONCLUSION

IT IS SO ORDERED.

Upon consideration of all the facts as stated above the Claims Commission hereby unanimously awards this claim in the total amount of \$50,000.00 to Claimant and hereby directs the Claims Commission Clerk to issue a voucher in payment thereof.

Date of Hearing September 10, 2015

September 10, 2015
Date of Disposition

	Chairman
	Commissioner
	Commissioner

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**BEFORE THE STATE CLAIMS COMMISSION
OF THE STATE OF ARKANSAS**

Arkansas
State Claims Commission
SEP 29 2015

RECEIVED
CLAIMANT

MATILDA MATTIE ANN BRADFORD

VS.

NO. 15-0479-CC

STATE OF ARKANSAS

RESPONDENT

NOTICE OF APPEAL

Claimant Matilda Bradford, through her attorney Scott P. Richardson gives notice of her appeal to the Arkansas General Assembly from the Claims Commission's September 10, 2015, final decision on this claim. Ark. Code Ann. § 19-10-211.

For the record on appeal, Claimant designates the entire record of the Commission for Claim number 15-0479-CC, including any and all pleadings, motions, briefs, evidence, orders, audio recordings of hearings, and notices of appeal.

Claimant requests tha the Commission notify, in a timely manner, the Legislative Council or the appropriate committee of the General Assembly and all parties to the claim when this notice of appeal to the General Assembly is filed, pursuant to Ark. Code Ann. § 19-10-211(c).

By: 

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CERTIFICATE OF SERVICE

I, Scott P. Richardson, hereby certify that on September 28, 2015, a copy of
the forgoing was served on the following by electronic mail:

Mr. Charles W. Lyford
Assistant Attorney General
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Little Rock, AR 72201
charles.lyford@arkansasag.gov

/s/ Scott P. Richardson