

A look at the EMT report that details the wounds of Officer Barnes the night Malcolm Gracia was killed

There is nothing that brings up more emotion on social media in New Bedford than to discuss the shooting death by police of 15-year old Malcolm Gracia. Anytime a teenager is killed, by police or other means, it's important to learn from it, hold people accountable, and seek out the truth. As a journalist, you must be skeptical and ask the tough questions of the players with a vested interest in the case – the police and the family lawyer suing the City for a large sum of money.

I recommend you read **'A deep dive into the 2012 shooting death of 15-year old Malcolm Gracia in New Bedford'** before proceeding to get educated on the case. The article is written based on the 14-page Bristol County District Attorney investigation and details provided by Gracia's family lawyer Donald Brisson (to include a 1-hour interview with him). Brisson for several months now has stated he will present more evidence to the public, so expect more on this case in the future.

One of the biggest claims against the police is that Malcolm Gracia should have never been stopped and that the police officer was never stabbed or that his stab wounds were not serious. **A judge recently ruled that the stop was illegal.** Though the stop was ruled not legal, being unlawfully stopped by the police doesn't justify stabbing police.

Several police officers on the scene and an independent witness that watched the entire stabbing/shooting, state that Malcolm did in fact thrust a knife towards Detective Barnes

twice before being tasered then shot to death. Photos I've seen of Officer Barnes shown by Gracia's family lawyer Donald Brisson did show a wound to the torso though Brisson pointed out that there was no blood on the officer's muscle shirt (a valid point, but not concussive on its own). The internet is full of claims from people who have very little knowledge of the case except what they've been fed by social media, the mayor/police, or Don Brisson. Some claim Officer Barnes was never stabbed, others claim he was only stabbed on the arm and not the chest, or that the chest wound wasn't serious. So what does the EMT report state? He was stabbed in the chest *and* the arm, and that the chest wound was serious.

A copy of the redacted report (they took out the names of the EMT) can be seen below, but here are the transcribed details on the stabbing from the EMT that treated Officer Barnes. I spelled out some of the acronyms:

"Dispatched for an officer down. En route to the scene police department updated that they needed an additional medic. On arrival found a mob of people located at the corner of Cedar and Middle. About 50 yards north on Cedar found two patients. One patient was not breathing, the second was stabbed to the right chest and having trouble breathing. Immediately went to the officer down with the stab wound while (another medic) began care on patient not breathing. Our patient is a 34-year-old police officer with a single stab wound to the right chest with a hooked knife approximately 6 inches long. Upon initial assessment found the chest wound to be a sucking chest wound. Immediately applied pressure with gloved hand and then placed a chest seal."

The medic then talks about the vitals and medical history of the police officer before continuing.

"Lung sounds were clear on the left, and present but slightly diminished on the right side. Patient is complaining of some difficulty breathing."

The medic again talks about the vitals before continuing.

“Penetrating stab wound to the right chest wall the 5-6th nb. Abrasion to the left forearm. After placing the chest seal on, immediately placed the patient on 15 LPM02 via NRB. Patient transported via stretcher with assistance of police and fire department. Patient transported to Medic 1. Vital signs assessed. EKG Sinus. Multiple IV attempts made without success. Did eventually establish two IVs. 20g. NS lock flush to left forearm. 20g NS lock flush to right.”

“En route to Rhode Island hospital, patients respiratory rate increased and patient began to show signs of an increase in difficulty breathing. LS (Chest seal?) became absent on the right side of the chest. At this moment performed a needle decompression on the right side of the chest located in the 2-3 intercostal space. Immediately heard and felt a rush of air. Sealed the needle decompression with a second chest seal. Patient’s respiratory rate decreased within normal limits. SP02 increased and patient no longer had any difficulty breathing. Patient was able to be placed on a NC at 4LPN. Rhode Island Hospital notified via C-med CH 1. Upon arrival at Rhodes Island Hospital, patient was brought to trauma 2 and report was given to Rhodes Island Hospital ED staff. Patient status remained stable at the time of the transfer. Patient transported to Rhodes Island Hospital with fire department driver, police officers present in the back of the ambulance with police intern student as well.”

Based on this EMT report, Officer Barnes suffered two wounds, the more serious one a sucking chest wound. A chest seal was applied to Barnes’s chest at the scene of the stabbing and then again while being transported to Rhode Island Hospital. It’s important to note at the time of the stabbing in 2012 all seriously wounded patients were sent to Rhodes Island Hospital, not St. Luke’s because there wasn’t a trauma center there at that time. The medical records of Officer Barnes have not been released – I’ve been told they won’t be released as

part of the settlement. Besides the photos that Don Brisson showed me but hasn't released yet, the EMT report is the only medical document that we currently have available to make judgement.

It's hard to read this EMT report and not conclude that Officer Barnes suffered a serious and a minor stab wound. All witnesses on the scene of the stabbing/shooting state that Malcolm Gracia thrust a knife twice at officer Barnes and the EMT report confirms two wounds. To say otherwise is just to ignore the facts to continue to push a false narrative. Anyone who says officer Barnes wasn't stabbed that night could only conclude a deep cover-up by not only the police but the district attorney, fire department personnel, EMT, all the doctors/staff that treated officer Barnes at Rhode Island Hospital and the independent witness at the scene. For me, the wounds are irrelevant – it's clear that Malcolm Gracia thrust a large knife at a police officer. If a suspect shoots at police, would you honestly say police shouldn't shoot back because the suspect missed?

People are allowed to conclude whatever they want about this case, but at least now you have not only a 14-page DA investigation report but the EMT report detailing the wounds inflicted on Officer Barnes.

Dispatched to the a a for an officer down. En route to the scene PD updated that they needed an additional medic. UOA found a mob of people located on the corner of Cedar and Middle. About 50 yards north on Cedar found two pts. One pt was not breathing, the second was stabbed to the right chest and having trouble breathing. Immediately P- went to the officer down with the stab wound while P- began assessing the male not breathing. Soon after Medic 2 arrived and began care on the pt not breathing. Our pt is a 34 yom Police Officer with a single stab wound to the R. Chest wall approx around the 5-6 rib. Pt is complaining of difficulty breathing. Pt was stabbed with a hooked knife approx 6 long. Upon initial assessment found the chest wound to be a Sucking Chest wound. Immediately applied pressure with gloved hand and then placed an Chest Seal. Pt Denies any PMHx or Allergies. Neuro: CAO x3, - LOC, - Dizziness, - Neuro Deficits, Pupils PERL. Resp: RR 24 initially. Lung Sounds were Clear on the Left, and Present but slightly diminished on the Right Side. Pt is complaining of some difficulty breathing. SPO2: 93. CV: Skin: Pale, Warm, Dry HR BP as noted. GI: abd soft, non tender. -n v d at this time GU: unremarkable MSI: 1.2cm Penetrating Stab Wound to the Right Chest Wall around the 5-6th rib. Abrasion to the L Forearm. After placing the chest seal on, immediately placed the pt on 15 LPM O2 via NRB. Pt tx to stretcher with the assistance of PD and FD. Pt tx to Medic 1. VS assessed. EKG Sinus. Multiple IV attempts made without success. Did eventually establish 2- IV s. 20g NS Lock Flush to L Forearm 20g NS Lock Flush to R. Hand Started Normal Saline at KVO 2-1000cc bags of NS. CBG: 80. Pt remained stable at this time and was lp to RIH. En route to RIH, pts respiratory rate increased and pt began to show signs of an increase in difficulty breathing. LS became absent on the R side of the chest. At this moment performed a Needle Decompression of the R. Chest Located in the 2-3 intercostal space. Immediately heard and felt a rush of air. Sealed the needle decompression with a second chest seal. Pt's Respiratory rate decreased within normal limits, SPO2 increased, and pt no longer had any difficulty breathing. Pt was able to be placed on a NC at 4 LPM. RIH notified via C-med Ch 1. Upon arrival at RIH pt tx to trauma 2 and report was given to RIH ED Staff. Pts status remained stable at time of transfer. PT tp to RIH with FD driver. PO officers: T. Pereira and T. Jupin present in the back of the ambulance with P-Intern Student: S- as well. Cleared the hospital w o changes or incident. END RS.

DATE 09/17/2012	SERVICE / AGENCY New Bedford EMS	RUN NO QA	VEHICLE Medic One																																																																																														
NAME Barnes, Tyson		Call Recvd	20:39																																																																																														
HOME ADDRESS		Dispatch	20:39																																																																																														
CITY STATE ZIP		Respond	20:39																																																																																														
INCIDENT ADDRESS Middle St Cedar St		On Scene	20:41																																																																																														
CITY STATE ZIP		At Patient	20:42																																																																																														
SS #		Leave Scene	20:51																																																																																														
TELEPHONE # (555) 555-5555		At Hospital	21:22																																																																																														
INSURANCE (Other)		In-Svc/Clear																																																																																															
POLICY NUMBER x																																																																																																	
CITY STATE ZIP New Bedford MA 02740																																																																																																	
REASON FOR CALL Officer Down																																																																																																	
ALLERGIES (None)																																																																																																	
MEDICATIONS:																																																																																																	
HISTORY:																																																																																																	
<p>Dispatched to the scene for an officer down. En route to the scene PD updated that they needed an additional medic. UOA found a mob of people located on the corner of Cedar and Middle. About 50 yards north on Cedar found two pts. One pt was not breathing, the second was slumped to the right chest and having trouble breathing. Immediately P- went to the officer down with the stab wound while P- began assessing the male not breathing. Soon after Medic 2 arrived and began care on the pt not breathing. Our pt is a 34 yom Police Officer with a single stab wound to the R. Chest wall approx around the 5-6 nb. Pt is complaining of difficulty breathing. Pt was stabbed with a hooked knife approx 6 long. Upon initial assessment found the chest wound to be a Sucking Chest wound. Immediately applied pressure with gloved hand and then placed an Chest Seal. Pt Denies any PMHx or Allergies. Neuro: CAO x3, - LOC, - Dizziness, - Neuro Deficits, Pupils PERL. Resp: RR 24 initially. Lung Sounds were Clear on the Left, and Present but slightly diminished on the Right Side. Pt is complaining of some difficulty breathing. SPO2: 93. CV: Skin: Pale, Warm, Dry HR BP as noted. GI: abd soft, non tender. - n v d at this time GU: unremarkable MSI: 1.2cm Penetrating Stab Wound to the Right Chest Wall around the 5-6th nb. Abrasion to the L Forearm. After placing the chest seal on, immediately placed the pt on 15 LPM O2 via NRB. Pt tx to stretcher with the assistance of PD and FD. Pt tx to Medic 1, VS assessed. EKG Sinus. Multiple IV attempts made without success. Did eventually establish 2- IV s. 20g NS Lock Flush to L Forearm. 20g NS Lock Flush to R Hand. Started Normal Saline at KVO 2-1000cc bags of NS. CBG: 80. Pt remained stable at this time and was up to RIH. En route to RIH, pts respiratory rate increased and pt began to show signs of an increase in difficulty breathing. LS became absent on the R side of the chest. At this moment performed a Needle Decompression of the R Chest Located in the 2-3 intercostal space. Immediately heard and felt a rush of air. Sealed the needle decompression with a second chest seal. Pt's Respiratory rate decreased within normal limits, SPO2 increased, and pt no longer had any difficulty breathing. Pt was able to be placed on a NC at 4 LPM. RIH notified via C-med Ch 1. Upon arrival at RIH pt tx to trauma 2 and report was given to RIH ED Staff. Pt's status remained stable at time of transfer. Pt up to RIH with FD driver. PD officers: T. Pereira and T. Jupin present in the back of the ambulance with P-Intern Student: as well. Cleared the hospital w/o charges or incident. END RS.</p>		<table border="1"> <tr><td>20:38</td><td>IV (Attempt Unsuccessful)</td><td>Ri 88</td><td></td><td></td></tr> <tr><td>20:42</td><td>Paramedic Assessment</td><td>RS 99</td><td></td><td></td></tr> <tr><td>20:44</td><td>Oxygen</td><td>RS 99</td><td>15</td><td></td></tr> <tr><td>20:46</td><td>IV (Attempt Unsuccessful)</td><td>RS 99</td><td></td><td></td></tr> <tr><td>20:47</td><td>IV (Attempt Unsuccessful)</td><td>Ri 88</td><td></td><td></td></tr> <tr><td>20:48</td><td>Orthostatic BP (semi)</td><td>RS 99</td><td></td><td></td></tr> <tr><td>20:49</td><td>Pulse Oximetry (Finger)</td><td>Ri 88</td><td></td><td></td></tr> <tr><td>20:51</td><td>EKG Monitor</td><td>RS 99</td><td></td><td></td></tr> <tr><td>20:53</td><td>IV (Attempt Unsuccessful)</td><td>RS 99</td><td></td><td></td></tr> <tr><td>20:54</td><td>IV (Attempt Unsuccessful)</td><td>Ri 88</td><td></td><td></td></tr> <tr><td>20:56</td><td>IV (Attempt Unsuccessful)</td><td>RS 99</td><td></td><td></td></tr> <tr><td>21:00</td><td>IV 20 gauge</td><td>RS 99</td><td></td><td></td></tr> <tr><td>21:01</td><td>IV 20 gauge</td><td>Ri 88</td><td></td><td></td></tr> <tr><td>21:01</td><td>Normal Saline Lock 0.9%</td><td>RS 99</td><td></td><td></td></tr> <tr><td>21:02</td><td>Normal Saline - Room</td><td>RS 99</td><td></td><td></td></tr> <tr><td>21:03</td><td>Normal Saline - Heated</td><td>Ri 88</td><td></td><td></td></tr> <tr><td>21:05</td><td>Blood Glucose</td><td>RS 99</td><td></td><td></td></tr> <tr><td>21:10</td><td>Chest Decompression</td><td>Ri 88</td><td></td><td></td></tr> <tr><td>21:11</td><td>Oxygen</td><td>RS 99</td><td>4</td><td></td></tr> </table>	20:38	IV (Attempt Unsuccessful)	Ri 88			20:42	Paramedic Assessment	RS 99			20:44	Oxygen	RS 99	15		20:46	IV (Attempt Unsuccessful)	RS 99			20:47	IV (Attempt Unsuccessful)	Ri 88			20:48	Orthostatic BP (semi)	RS 99			20:49	Pulse Oximetry (Finger)	Ri 88			20:51	EKG Monitor	RS 99			20:53	IV (Attempt Unsuccessful)	RS 99			20:54	IV (Attempt Unsuccessful)	Ri 88			20:56	IV (Attempt Unsuccessful)	RS 99			21:00	IV 20 gauge	RS 99			21:01	IV 20 gauge	Ri 88			21:01	Normal Saline Lock 0.9%	RS 99			21:02	Normal Saline - Room	RS 99			21:03	Normal Saline - Heated	Ri 88			21:05	Blood Glucose	RS 99			21:10	Chest Decompression	Ri 88			21:11	Oxygen	RS 99	4	
20:38	IV (Attempt Unsuccessful)	Ri 88																																																																																															
20:42	Paramedic Assessment	RS 99																																																																																															
20:44	Oxygen	RS 99	15																																																																																														
20:46	IV (Attempt Unsuccessful)	RS 99																																																																																															
20:47	IV (Attempt Unsuccessful)	Ri 88																																																																																															
20:48	Orthostatic BP (semi)	RS 99																																																																																															
20:49	Pulse Oximetry (Finger)	Ri 88																																																																																															
20:51	EKG Monitor	RS 99																																																																																															
20:53	IV (Attempt Unsuccessful)	RS 99																																																																																															
20:54	IV (Attempt Unsuccessful)	Ri 88																																																																																															
20:56	IV (Attempt Unsuccessful)	RS 99																																																																																															
21:00	IV 20 gauge	RS 99																																																																																															
21:01	IV 20 gauge	Ri 88																																																																																															
21:01	Normal Saline Lock 0.9%	RS 99																																																																																															
21:02	Normal Saline - Room	RS 99																																																																																															
21:03	Normal Saline - Heated	Ri 88																																																																																															
21:05	Blood Glucose	RS 99																																																																																															
21:10	Chest Decompression	Ri 88																																																																																															
21:11	Oxygen	RS 99	4																																																																																														
20:49	A	72	134	24		DY, N, PA	93		RS 99			15	12																																																																																				
21:00	A	78	140	28		DY, N, PA	95		RS 99																																																																																								
21:11	A	82	166	22	80	DY, N	99		RS 99		PACED	15	12																																																																																				
21:21	A	84	172	20		DY, N	99		RS 99		PACED	15	12																																																																																				
TIME:	COMM METHOD:	DESTINATION:	DISPOSITION:																																																																																														
		RIH	Treated, Transported by EMS																																																																																														
Not Signed - (Other)																																																																																																	
Tyson Barnes																																																																																																	