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 LPMO2 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 nottified 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 slabbed to the right chest and having trouble breathing. Immediately P. went to the officer down with the stab wound while Pnot breathing. Soon after Medic 2 arrived and began care on the pt not breathing. Our pt is a 34 yorn 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 stabled with a hooked trule 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 Seat. Pt Denies any PMHx or Altergies. 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. Gl. abd soft, non lender. In vid 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 02 via NRB. Pt tx to stretcher with the assistance of PD and FD. Pt bt to Medic 1, VS assessed. EKG. Sinus, Multiple IV attempts made without success. Dld. 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 all this time and was to to RIH. En route to RIH, ots respiratory rate increased and ot began to show signs of an increase in difficulty breathing. LS became absent on the R side of the chest. At this mament prefermed 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 oraced on a NC at 4 LPM. RfH notified via C-med Ch.1. Upon arrival at RlH pt bt to trauma 2 and report was given to RRH ED Staff. Pts status remained stable at time of transfer. PT to to RIH with FD driver. PC officers: T. Pereira and T. Jupin present in the back of the ambulance with P-Intern Student: S as well. Cleared the hospital wio changes or incident. END RS.

COME ADDRESS COME ADDRESS COME ADDRESS COME ADDRESS STATE ZP NCIDENT ADDRESS SS	DATE SERVICE / AGENCY New Bedford EMS					R	VE	/EHICLE Medic One												
Comparison Com						《 學》。1900年,1920年(1920年)					Call Recu			20-1	19	17	d De - "			
SS TELEPHONE Section														20,00						
A Platent DATE SET OF STATE SET						ET. ESW TROY										M				
A Patient 20-2	YIL	- 3. 4	STATE	-	710											-		-		
ACCEPT ADDRESS SS TELEPHONE # Latine Score 2053 Loaded Mail 31. Mixed SQUARY 272 MISURANCE Coner's 2555 55555555 Misupper 2122 Department U. Mixed SQUARY 272 MISURANCE POLEY MUMBER Misure Public 212 Mi	A-12		VINC	Table 1														31.10		
Mischell SCheder ST ITP	NCIDENT	ADDRE	22		-	Con				Leaves						100		21.15		
STATE 2P ASSIRANCE (Closed) M. O240 (Clo					- 1	- CLEAN				ONE# At						LOS				
New Bedoing MA 02740 (Order) County	ITY		STATE	-	~	110				0) 333-3333			Syc/Clear	21.22		Department Use		nlUse		
MEAN DESCRIPTION OF TRAINING AND THE CONTRICT OF THE CONTRICT	New Red	diord		POL	POLICY NUMBER			ara oregi	S. C. Land Street, Str		_	Chaire In								
Chest Frauma Chicago Chest Che	_		-	027										Masanchi	earls	Corrica. Impression				
Chest Trauma (Notos) The Books Fig. 19		1				REASU								State Police						
EDICATIONS STORY: Paking distribution of the sale of an oilicer down. En route to the scane PD updated that they ded an acid sonet medic. UOA found a not oil people located on the corner of Catar Model. About 50 years not not not acid found two pb. One oil years not herefully and such such such such such such such such		9		-	M		_	_	Office	or Down							Chest Tra	uma		
EDICATIONS: STORY. patched to the a a for an officer down. En route to the scane PD updated that they ded as a sold sonal medic. UOA found a not of people located on the corner of Cadar Modifie. About 50 years north on Cadar found horp 50. One pt was not obsenting, the old of the control of the scane of the scane and the										-				Haw Bertley	dFim					
STORY: statched to bite a a for an officer down. En route to the scare PD updated that they dod an acd Spanial medic. U.O. I bound a mot of people located on the corner of Cedar Modifies. About 59 years not not cedar found from pb. One per was not breathing, the down and stated to the right chest and having locable breathing. In the state of the right chest and having locable began assessing the male point one began and stated with the state bound whise Pages and the state of the people of of t		-			-															
salched to the a a for an officer down. En route to the scene PD updated that they bed an add sonal medic UOA found a mob of people located on the corner of Cedar Modifie. About 50 yeards north on Cedar found five pits. A construction of the pits of the stand harving tousible breathing. In many of the pits of the stand harving tousible breathing. In many of the pits of the stand harving tousible breathing for medically pits. The pits of the pits of the stand harving tousible breathing. Son and the pits of the stand harving tousible breathing for medical prome Potes Officer with a single stip wound in the R. Chast well approx around the 5-year companies. The pits complaining of shore difficulty breathing. Plays stabled with a hooked furth approx of the complaining son and the pits of the pits of the pits. The pits of the pi	EDICATK	ONS:														-				
## A 72 134 24 DY, N, PA 93 RS 99 PACED 15 111 A 82 168 22 80 DY, N 99 RS 99 PACED 15 21 A 84 172 20 DESTINATION: DESTINATION: DESTINATION: DESTINATION: DESTINATION: Trealed, Transported by EMS	of to the off the office of th	ifficer dovo Soon a Soon a	with line a sing of the with a sing of difficulty as the sing of diffi	antived an alle stab wo herathing of the chest gloved ha (O x3, - LC) is were Che complaint order. After place shelf by the complaint of the c	alaying to the day of	ouble breathing, poly long and with a Robert Men of the Robert Men	Immedian assessment of brain approximate a	alely P. Filming alely P. Filming alely P. Filming and the target approximate and the table and the target alely P. Pupits P.	le is 5- x 6	20:44 20:46 20:47 20:48 20:49 20:51 20:53 20:54 20:56 21:00 21:01 21:02 21:03 21:05 21:05	Para IV (Aff. IV (Aff. Orth Pulse IV (Aff. IV (Aff. IV (Aff. IV (Aff. Normal Normal	Oxoga empt Unempt Unemp	assessment assessment assessful asse	RS 99 RS 99 RS 99 RS 99 RI 88	15					
DY, N, PA 93 RS 99 15	es or incid	dent EN	D RS.	可能	ds	well. Cleared t	ne hosp	ilat w o		a de la companya de	feet and the	in second								
11 A 82 168 22 80 DY, N 99 RS 99 PACED 15	_							DY, N. PA	0	3	Section 1	00.20		2565(2)				2-1 213		
A 62 166 22 80 DY, N 99 RS 99 PACED 15 21 A 84 172 20 DY, N 99 RS 99 PACED 15 COMM METHOD: DESTINATION: DISPOSITION: Treated, Transported by EMS	_	-		-	28				_					1				12		
A		_		168	22		80		_				-				15	12		
COMM METHOD: DESTINATION: DISPOSITION: PAS 99 PACED 15 Treated, Transported by EMS	21 /	_		172	20					_	_						15	12		
RIH Trealed, Transported by EMS		COMM	METHOD			DESTINATION:	-	2.7.1				(S 99		PAC	ED	1	15	12		
The state of the s							RIH		1			dad b	C140							
	183	100									, Harspo	A SU UY	EMIS		: 35	VII (C. 38.1	3.00		
Hot S'grad - (Other)					L				_	-	_	_	_	1		_				
Mot Signad - (Other)														(Allega		S .	78	1,1		
Tyson Barnes														Hot Signed - (Other)						

ArtuPro EVIS