passion. And then I'm going to ask you to deliberate his punishment under the appropriate second degree felony statute. Thank you.

THE COURT: State, call your first witness.

MS. PALMER: Dr. Michael Condron.

THE COURT: You may proceed.

MS. PALMER: Thank you, Your Honor.

MICHAEL CONDRON,

having been first duly sworn, testified as follows:

DIRECT EXAMINATION

BY MS. PALMER:

Q Could you please introduce yourself to the jury?

A Yes. Good morning. I'm Dr. Michael Robert Condron, the II. I'm one of the assistant medical examiners with the Harris County Medical Examiner's Office or as we now call ourselves, the Harris County Institute of Forensic Sciences.

Q And what is your educational background?

A I received my doctor in medicine degree from the Meharry Medical College in Nashville, Tennessee. I then completed a four-year residency program in anatomic and clinical pathology at the University of Texas here in Houston. I then did a one-year fellowship training

in surgical pathology at the Methodist Hospital here in Houston. I then did a one-year fellowship in forensic pathology at the office where I work now.

Q What licenses do you have to be an assistant medical examiner?

A I have a Texas state medical license.

Q And do you have any other qualifications or special qualifications in relation to your job?

A Other than the training, I'm currently working on becoming board certified in pathology.

Q And how long have you been an assistant medical examiner in Harris County?

A A little bit longer than three years.

Q What are your daily duties as an assistant medical examiner in Harris County?

A Our daily duties include preforming autopsies or external examinations and completing the associated reports and documentation as well as meeting with attorneys for pretrial purposes or testifying as I'm doing today.

Q Is this a Monday through Friday, 8:00 to 5:00 job?

A Sometimes but not always, no.

Q I want to turn your attention to a case you worked on on December 27th, 2010; and the victim's name

is Cristina Garcia. When did you get assigned this case?

A That would have been December 26, 2010.

Q And when a new case comes in, how does that work? How do you get assigned a case?

A I'm sorry. I misspoke. I was assigned this case on December 27th, 2010. And your question?

Q It's okay. When a new case comes in, how are you assigned a case?

A Monday through Friday we have a meeting in the morning where all of the pathologists on duty for that day are sequentially assigned cases, basically, numerically with a little bit of modification. And the order that we get assigned is simply based on the order in which we were hired at the office. On the weekends -- and I don't remember which day of the week this case was done. On the weekends we typically divide up the cases among the three doctors that are on for that weekend, just sort of cooperatively with no formal process.

Q So, when you were assigned to Cristina's case, what's the first step you took?

A The first step is usually reviewing the scene photographs if there are any or reviewing police reports if we have them at the time. Generally I'll try to make

contact with any law enforcement officers that are investigating the case, and then I'll begin the examination.

Q In some situations does the medical examiner's office have -- or the Institute of Forensic Sciences have a team that goes out to scenes and investigates the scene?

A Yes, we do. The pathologists don't usually participate directly in that process, but we do have a staff of forensic investigators that go to scenes and collect evidence that may be associated with the body. We have trace evidence technicians that can collect hair and things like that from bodies; and the investigators will talk with the police, talk with other people, and gather information for us, yes.

Q So, after you reviewed the scene photos and learned the -- about the scene in this case, what was your next step?

A The next step after that is beginning the actual examination of the body.

Q And where does that take place?

A That takes place at the morgue portion of our building.

Q And where is your building located?

A On Old Spanish Trail in the Texas Medical

Center.

Q And how long does it typically take -- just an average case, how long does it take for you to examine the body?

A It's difficult to say an average. A case with very few injuries or abnormalities to document, that's relatively simple to do. The investigation can take as little to perhaps an hour or hour and a half. A more complex case, such as this one, can take all day long and sometimes even extending into the next day.

Q How long did it take you to conduct the examination on Cristina's body?

A I don't specifically remember; but judging from the complexity of this particular case, probably --

MS. REKOFF: I object to speculation, Your Honor.

THE COURT: Overruled.

A Probably more than one day.

Q (BY MS. PALMER) So we can talk about your examination --

MS. PALMER: May I approach?

THE COURT: Yes.

Q (BY MS. PALMER) I'm going to have you look at what's been marked as State's Exhibit 1, and then I've taken part of this out and labeled it State's 1a through

1i. So, if you can look at those and make sure that those are fair and accurate.

A Yes.

Q So, I would ask you: Are State's Exhibits 1 and State's Exhibit 1a through 1i fair and accurate copies of your report in relation to Cristina Garcia's case?

A Yes.

MS. PALMER: And I'd offer these at this time.

MS. REKOFF: Judge, if I may have a second to make sure.

THE COURT: Absolutely.

MS. REKOFF: Judge, the defense has no objection to 1 and State's Exhibit 1i.

MS. PALMER: It's 1 and then 1a through 1i.

THE COURT: State's 1 and 1a through 1i are admitted.

Q (BY MS. PALMER) What I have on the screen is Diagram 1a. Do you have a copy of your report in front of you?

A Yes, I do. I have the original.

Q I want you to tell the jury what we're looking at in Diagram 1a.

A This is one of the diagrams that I prepared while completing this report. This shows an overall view of the body and some of the medical intervention and other details about the body as I first saw her.

Q Can you tell us what you noticed about the body in general.

A I am not sure I understand that.

Q Okay. What did you understand or what did you notice about the condition of the body in general when you started your examination?

A She had several stab wounds on her, and she had obviously been through some attempts to treat her injuries.

Q In discussing the stab wounds, starting with State's Exhibit -- this is 1b, diagram. First of all, I guess I didn't ask; but who creates these diagrams?

A I created these diagrams.

Q And how do you come up with -- do you come up with labeling the stab wound by number?

A Yes. I generally label any wounds on the body that need to be labeled. I label them essentially top to bottom, front to back. Sometimes I miss something and have to go back and use a different number, but generally it's top to bottom and front to back.

Q So, the first picture that we're looking at in

State's Exhibit 1b is a frontal diagram; and we see Stab Wound 1 labeled SW1. Can you tell us about that wound?

A Yes. It's on the upper left chest, and it goes through the subcutaneous tissues of the chest and the chest muscles about 1 to 2 inches deep.

Q And when you say "subcutaneous tissues," what do you mean? What does that mean?

A The skin deeper than the skin surface, the underlying fat and the muscles that are beneath that.

Q And was there a specific path this wound was directed in?

A It was directed upward, front to back, and left to right.

Q And what does that mean? Why do you look at the path? Why do you even put that in your report?

A We simply try to document the direction in which the knife passed through all stab wounds. It's a routine part of documenting all the details of the wound.

Q Does that tell you anything, or can you draw any conclusions when labeling the path and the direction?

A I'm not sure what you mean.

Q Okay. We can just move on to Stab Wound No. 2, which is right below it, labeled SW2. Can you tell us

about this wound?

A Yes. This wound is also on the left side of the chest. It perforates the subcutaneous tissues of the chest and the chest muscles also. It's about 1 to 2 inches deep. It goes from front to back; essentially straight, front to back.

Q And Stab Wound No. 3, where is that located?

A Stab Wound 3 is on the upper right abdomen, just about the bottom of where the ribs are.

Q And can you tell us about that wound?

A Yes. It goes through the space between the seventh and eighth ribs and it penetrated the liver. It was about 2 to 3 inches deep; and it's directed right to left, front to back, and a little bit upward.

Q What is the effect of penetrating the liver?

A The liver receives a great deal of blood supply; and when it's penetrated, it will start bleeding.

Q And what could that cause, or what could be the result of that?

A Eventually if it's enough blood, it can cause death.

Q Stab Wound No. 4, where is that located?

A Stab Wound 4 is right next to Stab Wound 3 on the upper right part of the abdomen.

Q And I think we talked about this. If you don't mind, I'm going to take a break for a second. When you label these by number, are you suggesting that this is the order in which these occurred?

A No. These are simply the order in which I chose to identify them on the diagram. Again, it's almost always, for me personally, going to be from top to bottom and front to back, sequentially.

Q So, back to Stab Wound No. 4, can you tell us how -- can you tell us about this wound?

A Yes. It's on the upper right abdomen, and it goes through the eighth intercostal space -- that's the space between the eighth and ninth ribs. It also penetrates the liver and it's about 2 or 3 inches -- the depth is about 2 to 3 inches. It's directed from right to left, front to back, and a little bit upward.

Q Stab Wound No. 5, where is that located?

A Stab Wound 5 is on mid abdomen, sort of below the bottom of the ribs. Yeah.

Q And can you tell us about that wound.

A That wound goes through the muscles of the front of the abdominal wall. It also penetrates the liver, and it's about 4 inches deep. It's directed front to back and it's got a little bit of left to right, but it doesn't have any up or down component to

it.

Q And did that penetrate the liver?

A Yes, it did.

Q Stab Wound No. 6, can you tell us about that.

A That wound is also, it's sort of the middle of the abdomen, a little bit farther down from Stab Wound 5, a little bit below it. It goes through the muscles of the abdominal wall, and it just barely hit the outside surface of the stomach. It's about 3 to 4 inches deep; and it's directed front to back, left to right, and doesn't go up or down.

Q And Stab Wound No. 7 is right below that. Can you tell us about that wound?

A Yes. That's kind of next to the naval on the abdomen. It goes through the musculature of the abdominal wall, and it doesn't enter the actual cavity of the abdomen where the internal organs are. So, it just stays within the muscle or fat tissue of the abdominal wall. It's about 1 inch deep and it goes also front to back and it's a little bit downward, left to right.

Q Stab Would No. 8 we also see on this diagram. Can you tell us about this wound?

A Yes. Stab Wound 8 is on the right thigh and it goes through the subcutaneous tissues and muscles of the

front of the thigh but doesn't hit any major blood vessel or nerve and it's about 3 and a half inches deep.

Q So, I see on the diagram it actually says "Exit No. 8" as well?

A Yes.

Q How does that occur? How can that occur where a stab wound has both an entrance and a exit in the same area of the thigh?

A Sorry. I should have mentioned that. It was directed sideways; so, the tip of the knife came out where the mark -- where it's labeled "exit."

Q Now, I'm going to skip around just for a second because it's on this diagram as well. On the back part of this diagram is Stab Wound No. 19. Can you -- do you mind skipping to Stab Wound No. 19 and telling us about that wound?

A Yes. This wound is on the upper left back, and it goes through the muscles of the upper left back and the left scapula. The scapula is the large flat bone in the shoulder in the back. It goes through that and then it goes through the fifth intercostal space, which again is the space between the fifth and sixth ribs, and then it goes through the upper lobe of the left lung. It's between 3 and 4 inches deep and it also fractured the scapula and there is some blood. From the penetration

of the lung, there's some bleeding in the left side of the chest that goes along with that.

Q I'm going to skip to State's Exhibit 1c which is a new diagram. And I'm actually going to go in order here, if that's okay with you, starting with Stab Wound No. 9. Can you tell us about that wound on this diagram?

A Yes. Stab Wound 9 is on the side of the chest. It is -- yes. It goes through the muscles of the side of the abdomen, and it goes into the liver. It's about 3 inches deep, and it's directed right to left and a little bit back to front.

Q And also here we see Stab Wound No. 10. Can you tell us about that wound?

A Yes. Stab Wound 10 is on the right side of the torso. It goes through the muscles of the abdominal wall and the liver; about 3 inches deep; and it's directed back to front, right to left, and downward.

Q And also Stab Wound No. 11?

A Yes. Stab Wound 11 is on the lower posterior right torso. It goes through the underlying muscles, about 2 to 3 inches deep, but it does not enter the abdominal cavity where the internal organs are.

Q And going to the diagram that shows the left side of the body but still on State's Exhibit 1c, we're

looking at Stab Wound No. 12. Can you tell us about that here?

A Yes. That's on the left side of the chest. It goes through the subcutaneous tissue of the chest and the left pectoralis muscles. It also contacted the left fourth rib, but it did not enter the chest cavity where the lungs and heart are. It's about 1 to 2 inches deep, and it goes left to right and front to back.

Q And Stab Wound 13, can you tell us about that one.

A Actually, I -- in error, what I just read was 13.

Q Let's talk about 12, and then we'll go to 13.

A Okay. Stab Wound 12 is on the left side of the chest. That goes into the subcutaneous tissue about one-half inch, and it's directed left to right.

Q And Stab Wound 13?

A 13 -- yes. 13 perforates the subcutaneous tissue of the chest and the left pectoralis muscle, contacts the fourth rib, fractures it but it does not go into the chest.

Q And what is the depth of the penetration of Stab Wound 13?

A 1 to 2 inches.

Q And we also see here Stab Wound 14, which is a

cluster of stab wounds. Can you tell us about that?

A Yes. This is a cluster of three wounds that are close enough together and their paths are close enough together to where I couldn't identify individually which specific defect on the skin did what underneath. They are very, very closely aligned with each other. One of them went through the left seventh intercostal space, which again is the space between the seventh and eighth ribs; and it also penetrated the lower lobe of the left lung. It -- collectively they are 1 to 3 inches deep and directed left to right and slightly back to front.

Q Now I'm showing you State's 1g, which is a picture of Cristina's left arm. It's a diagram, and we see Stab Wound 15 on there. Do you mind telling us about Stab Wound 15?

A Yes. Stab Wound 15 is on the left arm, on the side of it. It goes left to right and slightly downward or away from the body, away from the top, the shoulder area. It goes through the subcutaneous tissues of the arm and it penetrated the left triceps muscle a little bit. The total depth is 1 to 2 inches, and there was no large blood vessel or nerve involved.

Q Right next to that is Stab Wound 16. Can you describe that wound?

A Yes. This is a little farther down the arm. It goes through the subcutaneous tissue of the arm, and it penetrated the biceps muscle about 1 to 2 inches deep. It also did not involve any major blood vessel or nerve; and it's directed, basically, front to back.

Q And Stab Wound 17?

A Stab Wound 17 is on the side of the left arm a little bit farther down from 16. It goes through the subcutaneous tissues of the arm and the biceps muscle, 2 inches deep, and it also does not involve any major blood vessel or nerve.

Q Stab Wound 18 right next to it?

A Stab Wound 18 goes through the subcutaneous tissues of the arm and biceps muscle. It's about 2 inches deep and it also does not involve a major blood vessel or nerve.

Q Now, we have already talked about Stab Wound 19 on State's Exhibit 1b; so, we will skip over that and talk about Stab Wound No. 20. And I also see an Exit Wound 20. So, if you can tell us about that?

A Yes. Stab Wound 20 is on the medial part which is the part of the arm that's closer to the body. It's on the medial left arm, it perforates the soft tissue of the arm, it's about 2 inches deep, and it exits a little bit upward from there. It does not involve any major

vessel or nerve.

Q And Stab Wound 21?

A Stab wound 21 is -- yes. This one has an entrance and an exit. The entrance is on -- well, the entrance and the exit, I can't tell which is which. One of them is on the, basically, the forearm. The other one is a little bit above the elbow. It's only involving the subcutaneous tissue, and it's about 2 and a half inches long. There's no major blood vessel or nerve involved.

Q Now, you have labeled a total of 21 stab wounds; but there's actually 23 stab wounds when you count the cluster; is that correct?

A Yes. There's 21 things labeled, one of those is a cluster of three; so, that's 22 -- 23 altogether, yes.

Q Before we talk about the rest of your findings, I did want to go back to 1a and talk about some of the information you received. If an individual, in this case Cristina, was transported to the hospital, did you have medical records from the hospital that you were able to review in making your final determination in this case?

A There's some very -- a very short set of medical records here.

Q But, I see on the label -- on the diagram that she had hospital ID bracelets on, that you diagrammed that.

A Yes.

Q So, do you know whether she went to the hospital or not?

A Oh, yes, she definitely went to the hospital. Yes.

Q And also on this diagram, you have some EKG tags, I guess?

A Yes.

Q Labeled as well and some places where IV was attempted.

A Yes. She had some electrocardiogram electrodes placed in several areas where intravenous catheters were placed, yes.

Q Also on Cristina's body on the left-hand side there was an 11-inch incision. Do you know how that occurred?

A That is what's called a thoracotomy incision. It's done in the hospital to either evacuate blood out of the chest or attempt internal cardiac massage or some other operative management from her injuries.

Q Do you know from her records how long she -- she was at the hospital before she was pronounced dead?

A I'll find out. About ten minutes. It was about ten minutes.

Q I want to go back and continue your findings and talk about some of the blunt trauma that you found. Starting with 1d, Diagram 1d, and let's start at the top of the body. You have a notation here that is on the upper part of the chest. Can you tell us about that, talking about abrasions?

A Yes. There's a sort of linear abrasion. It's about 2 inches long and three-sixteenths inch wide on the upper right chest and the right shoulder. And it had sort of a stippled or finely dotted pattern to it.

Q Could you tell where that came from?

A No.

Q And also on the lower part of her -- the front part of her torso, there were also abrasions there. Can you describe those abrasions to us?

A Yes. There is -- well, an abrasion is a superficial sort of rubbing of the skin that makes it turn red that doesn't actually tear the skin. If it tears the skin, we call that a laceration. So, there's four abrasions there one-eighth inch to 2 inches on her lower right abdomen. And again, I can't tell what caused those specifically.

Q What's the difference between an abrasion and a

contusion?

A A contusion is bleeding within the skin that is caused by a blunt impact. A lot of times the same impact that causes a contusion also causes an abrasion; so, there can be some overlap between the two. We think of an abrasion as something that's rubbing the surface of the skin and scraping off the surface and causing bleeding from that. And a contusion is just an impact that doesn't necessarily have to rub the skin and causes, basically, a bruise.

Q And you have marked some contusions on her legs. Can we start with the right leg and the top, and can you describe those contusions to us?

A Yes. She's got three quarter-inch contusions and a half-inch contusion on her thigh, and on her knee she has a five-eighths-inch contusion.

Q And then on her left leg, there's two contusions. Can you describe those?

A Yes. There's four quarter-inch contusions and -- on the left leg; and then on the left foot, there's a 1-inch cluster of contusions that are one-quarter to one-half inch.

Q I want to next talk about the blunt injuries on her arms, if that's okay with you. And we'll start up here on the right arm. Sometimes it's hard to read your

handwriting a little bit. So --

A Sorry.

Q It's okay. If we can start at the top of your diagram and have you describe for us what you were demonstrating, what you were showing on this diagram.

A Okay. I'm circling here a -- that says "punctate defect." That's, basically, just a small dot-sized defect that I can't tell if it's a sharp injury from a pointy object like a needle or if it's a very, very tiny abrasion. I couldn't tell what it was. So, it's just a generic term, "defect," that we use; and it's very small.

How do I make the circle go away?

Q Bottom left, double tap.

A Next to that, there's a quarter-inch contusion also on the front side of the forearm. And then on the arm, kind of up near the armpit area, there's two quarter-inch contusions.

Q And then we see on her right hand you have marked another defect.

A Yeah. That says "Punctate defect with quarter inch surrounding contusion." And again, I use the word "defect" when I can't tell exactly what something is. There's something that's not, you know, completely intact skin; but I can't tell what caused it.

Q And then the third diagram is the top part of her right arm. What are you -- what are you showing on her hand, on her right hand there?

A Yeah, that's actually the back. We're talking about this part here (indicating)?

Q Yes.

A Yes. This is the back of the right hand, and essentially there's several contusions on the back of her hand and on the backs of various fingers.

Q Okay. What are the findings and the contusions going up on her upper arm, the front part of her arm?

A Okay. From the elbow to the wrist, we call that the forearm. So, if you see that term in the report, that's where that means. So, on the back of the forearm that we're seeing here, there's a cluster of punctate abrasions. There's another cluster a little bit closer to the elbow. There's a one-half-inch cluster of some more abrasions. There's a contusion that's a quarter of an inch, and there's a two-and-a-quarter-inch cluster of abrasions and contusions on the back of the forearm right next to the elbow.

Q I want to talk about the left arm as well. And you found on the inner portion of her arm a small contusion, right here?

A Yes. That's the inner part of the front surface of the left forearm. There's a one-half -- I think it was a one-half-inch contusion.

Q Yes. On the final diagram there at the bottom, you mark different contusions that you saw. Can you tell us about those -- and the abrasions actually. So, why don't we start from the left-hand side and talk about those abrasions.

A So, we're starting up at the shoulder part of the diagram?

Q Yes, please.

A Okay. So, the left end of the screen is representing the upper part of the arm and the shoulder. There, there are several 3-inch abrasions which are here. There's several abrasions and contusions -- and this is sort of the front and side view. There are two abraded contusions right here. There's a linear abrasion right here, another linear abrasion right here. So, that's everything from the shoulder to the elbow which is anatomically called the arm.

And then from here, the elbow to the wrist, forearm, this is the backside of the forearm, there are quite a few, looks like five or six, contusions that are quarter to one-half inch. And another linear abrasion right there.

Then, from the wrist onward, down the hand -- this is the backside of the left hand -- there are several contusions and small abrasions on the back of the hand and the base of the fingers.

Q On -- I want to move to State's 1e and talk about the blunt trauma findings on her head. So, if we start with the first diagram, can you tell us about the abrasions and the one contusion that you found on the front of her head?

A Yes. She has a quarter-inch contusion on the right side of her forehead, right there. And it was pretty faint. There is a one-eighth-inch abrasion here; this part of the face is called the glabella, G-L-A-B-E-L-L-A, glabella. Around the sides of her nose she has several abrasions, and that's all we can see here on the front view.

Q On the side view -- let me move it down so we can see the writing. What are these contusions that you found?

A There's a 2-by-1-inch contusion that seems to have sort of a crisscrossing pattern to it and a 3-quarter-by-1-inch contusion with a similar pattern with intersecting lines. And underneath that the subcutaneous tissues of the scalp under that had some hemorrhage.

Q And then here, you also found some contusions and abrasions on the -- this would be the left side of her face. Can you tell us about that?

A Yes. That's a 1 and a quarter by 3-quarter-inch faint pink contusion that's on the left of -- we call it temporal parietal scalp, the left side of her head, basically.

Q And I'm going to move to State's Exhibit 1f, which talks about her neck. So, can you tell us about your findings on her neck?

A Yes. On the chin right up in here, there's a small -- well, three-sixteenths-inch abrasion and there are several groups of these sort of stippled three-sixteenths-inch-wide abrasions going around the sides of the neck. I think on some of the side view diagrams they show, they're a continuation. There are also several abrasions at different spots of the neck and I diagrammed here several punctures that are, in my opinion, associated with attempts of intravenous access. In other words, they're therapeutic.

Q Some of these wounds most likely happened at the hospital when they were trying to save her life?

A That would be -- the ones I'm sure are that are the ones that I've circled here that are marked one and a -- 1 by 1 and 1-quarter-inch cluster punctures and

then in parentheses it says "IV access."

Q Finally the final diagram is the hand diagram talking about the injuries on the hands. If you're looking at the -- we had some injuries that you documented on the top of the hands that we looked at on Diagram 1h where you documented the blunt injuries. Then you have a second hand diagram here. Is there any reason why you didn't duplicate those injuries on the top of the hands in this diagram?

A This diagram was intended to show the sharp force injuries.

Q Okay. So, there were no sharp force injuries on the top of her hands, right?

A By "top" you mean the back?

Q Sorry. Lawyer term. Doctor term, back?

A Yes. There were no sharp force injuries on the back surfaces of her hands, yes.

Q But on the front of her hands, there were -- or palm of her hands, there were injuries. Can you tell us about those. And let me get in there. There. I think we can see that better. Can you tell us about those?

A Yes. So, on the front surface of the middle finger of the left hand there's three small eighth-to-quarter-inch incised wounds. Then, on the middle finger of the right hand there's a

three-sixteenths-inch incised wound and on the thumb there were three incised wounds that were a quarter-to-one-half inch.

Q So, on your report that is State's Exhibit No. 1, this is what the cover looks like. But it has -- in words it has what you have said here today. It's just in writing; is that right?

A Yes, the report has descriptions of all the injuries that we just went through.

Q And on the front of this report, you indicate what you termed -- or what you deemed the cause of her death. What did you determine was the cause of Cristina Garcia's death?

A Multiple sharp force injuries.

Q And what did you determine was the manner of her death?

A Homicide.

Q And what was the date of her death?

A December 26, 2010.

Q And after your report -- and then we have the diagrams here -- there is a lab report. Now, who decides what labs are ordered?

A Fundamentally each pathologist is responsible for each test ordered. However, in our office we have a standard procedure that a particular panel of testing is

done on all homicide cases.

Q So, in this case Cristina's blood was tested for ethanol, alcohol; is that right?

A Yes.

Q Okay. And what were the findings of the blood sample?

A She had 0.13 grams per deciliter of ethanol in her blood.

Q And did that, in your investigation of the case and your conclusion, have anything to do with her death?

A No.

Q And we also see -- so we have the ethanol in the blood. We also have the ethanol in the urine. And what result is that?

A In the urine, the ethanol concentration was .15 grams per deciliter.

Q So, that's different than in the blood.

A A little bit different, yeah.

Q Why is that, do you know?

A Alcohol distributes through the body, different body fluids, and then is eliminated. So, depending on where you are in the absorption and elimination phases of things, the concentrations are slightly different in different fluids.

Q And further down, there was blood taken from

the right chest that was analyzed for amphetamine, methamphetamine, cocaine metabolite, and phencyclidine. What was the result there?

A None of those were detected.

Q And also in your report is an anthropology consultation report. Do you have an anthropologist who works with y'all at the Institute of Forensic Sciences?

A We have actually three of them, yes.

Q And she included a diagram talking about the ribs. Why did you ask for this consultation?

A This was to help me further document the quality of some of the -- or the nature of some of the injuries that I saw on the ribs.

Q And -- but as we talked about each of the stab wounds, you've incorporated these findings into your -- what you've told us about the stab wounds?

A Yes. And some of the injuries to the ribs were almost certainly associated with resuscitative attempts rather than any of the stab wounds.

THE COURT: Ms. Palmer, I'm going to stop you right there just so we can take our 15-minute break. So the Court can address some other issues regarding our docket. So, we'll be in break until 35 after 11:00.

(Jury out)

(Recess taken)

(Jury in)

THE COURT: State, you may proceed.

MS. PALMER: Thank you, Your Honor.

Q (BY MS. PALMER) Dr. Condron, in your report you talk about a number of the wounds penetrating organs of the chest and abdomen. Can you tell us what the results were in those situations?

A Yes. At least one of the wounds involved the lungs and the lungs, as is the liver, receive a tremendous amount of blood. And, so, when they're injured, they bleed quite a bit. In this particular case, I found 250 milliliters, which is about several cups' worth of blood in the right side of the chest. The left side of the chest, we went over the surgical intervention that had been done there and they must have taken some blood out but there's no way for me to know how much. Additionally, there was some blood in the abdomen, it was a small amount, about 50 milliliters.

MS. PALMER: May I approach the witness?

THE COURT: Yes.

MS. PALMER: I'm going to offer State's 2 through 25.

MS. REKOFF: No objection by defense at this time to State's Exhibits No. 2 through 25, Your Honor.

THE COURT: 2 through 25 will be admitted.

Q (BY MS. PALMER) In State's 2 through 25 are some of the photos that were taken during Cristina's autopsy. Who takes these photos?

A We have several professional photographers that work with us during the autopsy.

Q So, what I'm going to do is talk about these photos and then with the permission of the Court to publish these photos, to publish them to the jury directly.

THE COURT: That's fine.

Q (BY MS. PALMER) State's Exhibit No. 2, what kind of photo is this?

A This is what we call an identification photograph. It's essentially just the face or if anybody needs to do a visual identification.

Q And there's something in Cristina's mouth here. What is that?

A That is what's called an endotracheal tube. It's the airway that's put there by the doctors or the paramedics to help her breathe.

Q Okay. State's Exhibit No. 3, what is this?

A This is one of the series of photographs that are taken of the body after she's been cleaned. It's

what we call second rounds. I believe this was a second round shot; but anyway, this is a photograph of the upper part of her body.

Q Okay. And we see the same upper part of the torso in State's Exhibit No. 4. And in State's Exhibit No. 5, it's a side view; but in State's Exhibit No. 5 we see an area that has some redness, what I would call redness. What is that? What are we looking at there?

A That is what we call lividity. That's caused -- it's a postmortem change or something that happens to a body after death. When the heart stops beating, blood will simply flow and redistribute in tissues under the influence of gravity. So, whatever part of the skin is lower down -- usually if somebody has died in the hospital, that's going to be their back. Whatever part is lower down, blood will accumulate there; and the skin over a period of several hours will start to turn pink or purple.

Q And we also see that in State's Exhibit No. 6. So, I'm going to publish -- already published State's 2 and I'll publish State's 3 to 6 to the jury at this time.

State's Exhibit Nos. 7, 8, and 9 are looking at Cristina's hands. And also in Cristina's hands it looks like there's redness in the palm area.

Why is that?

A That's also a postmortem change that's related to lividity.

Q Okay. State's Exhibit No. 10 is showing what we talked about what happened at the hospital. Is that right?

A Yes. There's several stab wounds, and there's also the surgical wound on the left side of the chest.

Q Okay. And State's Exhibit No. 11 has more stab wounds, and State's Exhibit 12 has some of the contusions and abrasions that we discussed. Is that right?

A Yes.

Q Can you tell anything from the pattern of these markings?

A It's very difficult to point to any specific cause of this kind of injury. However, it's typical for this pattern of a central mark with two parallel blanched areas and then some more redness outside of all that with a contusion around it, that's typical for an impact of something with kind of a curved surface.

Q And we see that in State's Exhibit No. 12. State's Exhibit 13, 14, 15, 16, shows the neck area that we discussed before.

(Exhibits published)

Q And then State's Exhibit 17 shows the thigh injury. And then State's 18, 19, 20, and 21 shows the clothing. Now, what I'm going to do on this, I'm actually going to put this up there on the shirt on State's Exhibit No. 19 and State's Exhibit 21 so we can all kind of speak the same language here.

On State's Exhibit No. 19 we see a black top, clearly, and then we see different colored pins that you have marked there. What do those symbolize?

A Each of the markers is marking a defect in the clothing.

Q Okay. So, what we're looking at in this exhibit is all of the different defects in the clothing?

A Yes.

Q Okay. And then same thing with State's Exhibit No. 21. This is an opposite view of the same top; is that right?

A Yes, I think this is the back.

Q Right. Okay. Great. Just wanted to put that up there so we could all talk about that together.

And then these last few pictures, I'm introducing those so we can talk about the difference between blunt injuries and sharp injuries. Can you tell the jury about that difference?

A Sure. A blunt injury is an injury by an object

or an impact that causes either an abrasion which is a rubbing off of the skin surface, a laceration which is a tearing of the skin surface in underlying tissues, or a contusion which is, basically, just bleeding. Those three elements can overlap a little bit. They can all happen in the same injury; but that group of injuries we distinguish -- in forensic pathology, we distinguish those from sharp injuries which are caused by things that cut, like a knife. That's essentially it.

Q So, in State's Exhibit 22, there's an injury that has the ruler, I would call, right below it. What kind of injury are we looking at there?

A That is a stab wound.

Q Okay. And so, is that how you would describe that or?

A Yes. It's a sharp force injury. And the reason I hesitated was sharp force injuries, there's two types. One is a stab wound; the other is what we call an incised wound. And the difference is based on whether the depth is bigger than the hole on the surface or whether the hole on the surface is bigger than the depth. Just looking at the surface, you obviously can't tell how deep it is. But that's a sharp force injury, and I'm fairly sure it's one of the stab wounds.

Q Let's talk about the difference between State's

24 and 25, and then I will pass those along. What is the difference here?

A They are the same wound. One thing that we do with stab wounds, to get a better sense of what the nature of the weapon was, is we push the edges of it back together. When you penetrate the skin surface with a knife, most areas of the skin on the body are under some sort of tension; so, that tension will pull the edges of the wound apart. And instead of having a straight defect like this, they'll tend to open up and create kind of an oval shape hole in the skin surface. That obscures the characteristics that help us see whether the ends are sharp or one corresponding to another sharp part of the knife edge. So, what we do is we either push them back together with our fingers or sometimes we'll cut the skin around it so that there's no tension from the surrounding skin and get a better view of the wound that way.

Q So, to be clear, State's 24 and 25 are actually the same wound.

A Okay.

Q Is that right? Is that right?

A Without having the original photographs in front of me, I can't be sure; but I believe they are.

Q So, what we're seeing here is State's 25. You

can actually see two -- two items here which are probably fingers with gloves on pushing that wound together; is that right?

A Yes. Now that I look at it more carefully, I can see they are the same because there's a little surrounding abrasion on the skin. And yes, there's two gloved fingers on 25 that are pushing the stab wound back together.

Q So, State's 24 and 25 are of the same wound just two different, showing it pushed together and showing it as it's found?

A Yes.

Q Okay. Great. Thank you so much.

MS. PALMER: I pass the witness.

CROSS-EXAMINATION

BY MS. REKOFF:

Q Dr. Condron, how many years' experience did you say you had?

A I've been working at the institute for three years, little over three years.

Q And did you work anywhere before that?

A Not as a forensic pathologist, no.

Q Now, in the three years that you've been working there, is it fair to say that you've probably conducted a lot of examinations on dead people that

resulted in your conclusion being that it was a homicide?

A I don't know how many, but it's roughly 20 to 25 percent of our cases are classified as homicides.

Q So, that's what you spend a majority of your time, or I guess, some of your time doing is strictly homicide cases, correct?

A We do a large number of homicide cases each year, yes.

Q Now, isn't it true that sometimes when you look at the evidence and you're examining a body, you can kind of get an idea of how the death occurred and, you know, what happened as far as what the victim went through before they died?

A Depending on the nature of the findings, we can come to different degrees of certainty about that type of conclusion, sure.

Q Now, have you ever examined a body where somebody was dead and they were -- they were -- you believed it was a homicide and you thought a knife was used?

A Yes.

Q And isn't it true that if a person wanted to kill somebody with a knife, it could just take one stab wound to do that?

A There are ways of killing a person with a single stab wound, yes.

Q And when you look at the evidence in this case and you look at how all the wounds are distributed over the body -- and you've done that because you've counted them all up, correct?

A Yes.

Q Can you tell the members of the jury, can you tell the time frame that passed -- I mean, could one of those wounds have happened three hours before the other; or generally speaking, do you think they all happened at the same time?

A It's hard to say how much time passed from the first one to the last one. There's no evidence of any healing on any of them. So, I would say they all happened roughly within the same 24-hour period; but whether it was minutes of each other or over a span of multiple hours, I can't tell.

Q And I guess to further make my question more concise, the injuries that you observed you think happened before she was brought, immediately before she was brought to the hospital, not days before or anything like that, correct?

A "Immediately" is a vague term, but it was probably roughly the same day.

Q And when you see multiple stab wounds like you do in this case -- and by the way, can you tell what kind of knife made each incision?

A No.

Q And can you tell if different knives were used to make these incisions?

A No.

Q And so, as far as you're concerned, all of the information you can give the members of the jury is that you believe it was caused by some type of sharp instrument like a knife?

A Yes.

Q When you see multiple stab wounds like this, isn't it true that you generally associate that with some type of rage passion killing?

A I don't think it's within the scope of my job to reach that kind of conclusion.

Q So, when medical examiners talk about evidence showing rage and passion killings and multiple stab wounds and things like that, you don't think that that's part of your job when you're examining to think what could have happened to this person and how this was caused?

A The way you phrased it in my mind implies an intent on the part of the person that was doing it that

I am not in a position to evaluate.

Q Well, let me ask it to you another way. Are any of these incisions the same exact precise movement that caused these incisions?

A You mean were they caused by multiple different angles of attack?

Q Yeah. Would it be fair to say that the wounds that we're seeing here, some were caused like this, some were caused like this, some were caused like this, all different angles and ways that these injuries are occurring, correct?

A Yes.

Q And different laceration levels. Some are superficial, some are damaging, correct?

A They penetrated to different depths, yes. Some were quite deep; others were relatively superficial.

Q Now, she had alcohol in her system; and the amount that you testified to, I think, was 0.13 in her blood and 0.15 in her urine, correct?

A Yes.

Q Now, can you tell the members of the jury in layman's terms what that means; and can you base it on the scale in the state of Texas? You are considered intoxicated if your alcohol level is .08, correct?

A As far as I know, that's correct, yes.

Q So, what -- how is the breakdown, the result that you received from her? Where would she fall on that scale?

A She's above the legal limit for being able to drive. As far as what the specific number means in terms of her functional state, that varies a lot from person to person. Some people would be quite drunk at this level. Other people might hardly notice it.

Q Now, there was a lot of stuff on her body. Other than the stab wounds that we talked about, the incisions, and the other contusions and abrasions that you talked about, there was a lot of damage to her body that happened at the hospital; isn't that fair to say?

A There was some. I mean, she had undergone the thoracotomy procedure, which is a very significant operation and she had multiple punctures on her neck from intravenous attempts.

MS. REKOFF: Your Honor, may we approach?

(Off-the-record discussion at the bench.)

MS. REKOFF: Your Honor, at this time may I ask that the witness step down so I can ask him some questions about the pictures?

THE COURT: Yes.

MS. REKOFF: Thank you, Your Honor.

Q (BY MS. REKOFF) Doctor, if you don't mind

stepping down with me.

A Sure.

Q I'm going do get these back in order. Doctor, just so we're clear, the bruising that you see around Ms. Garcia's neck in this picture, that is caused from the blood pooling after she has died, correct?

A This here, I think, is lividity. It may be a little bit of hemorrhage tracking back from the intravenous access. It might be related to this injury here, but I think it's lividity.

Q And the little dots again on her neck, that's where they were trying to work on her at the hospital, correct?

A Not every one of them. The ones where you would go to get access to a large blood vessel here would be on the side, not in the center.

Q And again, Doctor, all of the bruising, what looks like bruising -- and if a layperson looks at this, they might consider this bruising, that is again after what happens after the blood pools once somebody -- after passing away?

A With a sharp demarcation like this spread over the back, limited to just the back, this is pretty classic lividity.

Q So, this had nothing to do with what

Mr. Martinez did, this had to do with the result of passing away?

A Some of the change of color around a stab wound might be related to that stab wound; but this stuff far away from that, that's lividity.

Q And that would be the same thing in State's Exhibit No. 7 in her hands, correct?

A For some reason, the palm of the hand especially right here, tends to start turning pink and gray related to lividity, yes, even if it's not down.

Q And in State's Exhibit No. 10, this is the injury or this is what the hospital personnel did trying to save her life?

A Yes. That is a surgical incision done at the hospital to try to either get blood out of her chest or do cardiac massage or both.

Q And again, Doctor, I'm showing you State's Exhibit No. 3. When you're examining the lacerations on her body, there is no way for you to tell what exact instrument made this laceration, correct?

A There is just --

Q Incisions?

A Right. Make that point. These are sharp entries or stab wounds, not lacerations. Lacerations are blunt injuries but, right. Aside from the one

that's obviously the surgical wound, I can't specifically tell what weapon caused those stab wounds.

THE COURT: Ms. Rekoff, the jury, the ones in the corner can't see.

MS. REKOFF: I'm sorry.

Q (BY MS. REKOFF) Now, in addition to that, you can't tell them that it wasn't just one instrument that caused these incisions, correct?

A Right. It may have been one knife, it may have been more than one knife.

Q Thank you, Doctor. You may be seated, please.

A Okay.

MS. REKOFF: May I have just one second, Your Honor?

THE COURT: Yes.

MS. REKOFF: Thank you.

Pass the witness, Your Honor.

THE COURT: Anything further, Ms. Palmer?

MS. PALMER: No, Your Honor.

THE COURT: May this witness be excused?

MS. REKOFF: Yes, Your Honor.

THE COURT: State, call your next.

MS. REKOFF: Robert Gross.

THE COURT: State, you may proceed.

MS. PALMER: Thank you, Your Honor.