

1 admittance of State's Exhibits 25 and 26?

2 MS. PALMER: 26 and 27.

3 MS. REKOFF: 26 and 27.

4 THE COURT: All right. 26 and 27 are
5 admitted.

6 MS. PALMER: And my next witness is
7 Charles Dodson.

8 THE COURT: State, you may proceed.

9 MS. PALMER: Thank you, Your Honor.

10 **CHARLES DODSON,**

11 having been first duly sworn, testified as follows:

12 **DIRECT EXAMINATION**

13 BY MS. PALMER:

14 Q Could you please introduce yourself to the
15 jury.

16 A I'm Officer Charles Dodson.

17 Q And how are you employed?

18 A I'm employed with the City of Galveston.

19 Q And what do you do at the city of Galveston?

20 A I'm part of a Special Ops, training for the Sea
21 Wall division.

22 Q So, are you a police officer?

23 A Yes, ma'am.

24 Q Are you a certified peace officer in the state
25 of Texas?

1 Q And the only thing you heard her say, other
2 than "Please don't let me die," is she said who stabbed
3 her?

4 A Yes.

5 MS. REKOFF: Pass the witness.

6 THE COURT: State?

7 MS. PALMER: Nothing further.

8 THE COURT: May this witness be excused?

9 MS. PALMER: Yes, Your Honor.

10 MS. REKOFF: Yes, Your Honor.

11 THE COURT: Ladies and gentlemen, your
12 lunch is here so we're going to break for an hour. I'm
13 going to tell the attorneys to be back in 40 minutes;
14 so, if you guys eat quickly, feel free to buzz. But if
15 you want to take a full hour, feel free to do that as
16 well.

17 *(Jury out)*

18 *(Lunch recess)*

19 *(Jury in)*

20 THE COURT: State, call your next.

21 MS. PALMER: Before I call my next, I'm
22 going to offer State's Exhibit 26, which is the DNA
23 report and State's Exhibit 27, which is Houston
24 Northwest medical records as exhibits.

25 MS. REKOFF: No objection to the

1 neighbor?

2 A Yeah. I mean, I knew them better than of
3 course I knew Cristina. But hello, chitchat here and
4 there, but not close friends or nothing.

5 Q Did you -- do you remember anything about
6 Cristina's hair when you -- when you saw her?

7 A Not her hair. I mean, I just remember seeing
8 puncture wounds close to her -- her, like, upper body,
9 like in her arms. I remember seeing that. It was just
10 bloody, a lot of blood.

11 Q Thank you.

12 MS. PALMER: I pass the witness.

13 THE COURT: Defense.

14 MS. REKOFF: Briefly, Your Honor.

15 **CROSS-EXAMINATION**

16 BY MS. REKOFF:

17 Q So, Mr. Montemayor, you didn't know anything
18 about what took place with Cristina. The only part you
19 were involved in was that she came to your house looking
20 for help, correct?

21 A Yes.

22 Q So, you didn't hear any argument, you didn't
23 hear anything?

24 A No. I didn't hear anything until the doorbell
25 rang.

1 Q Did you ask her questions?

2 A Yeah, I asked her -- I asked her, you know, Are
3 you okay? Of course, she was saying not to let her die.
4 I didn't know what to do. I mean, I was just -- the
5 officer asked her, Who did this to you? And she said
6 his name. She said his full name.

7 Q Do you remember what that was?

8 A Yeah, she said, Adolpho Martinez.

9 Q Now, you were -- how long did it take for the
10 police to arrive?

11 A I think the cop arrived maybe between 5 and 15
12 minutes, no later than 15. Probably more under 10
13 minutes.

14 Q And once the police arrived, did you
15 participate or have anything to do with the case?

16 A No. They just interviewed me later on that
17 evening.

18 Q So, you remember you talked to a police
19 officer?

20 A I talked to the police officer that was with me
21 on my porch. He told me just to stay outside, I
22 couldn't go inside, and then I spoke to the detective
23 later that -- early early that morning, probably about
24 4:00 in the morning.

25 Q Did you know Robert Gross who was your

1 Q Why didn't you bring her into the house at that
2 time?

3 A I just didn't feel -- I had my dogs there and
4 they were barking already and they were -- they're not
5 polite to people, so. And so, right then and there I
6 stepped outside and that's when some of the other
7 neighbors were coming and about five minutes later I
8 think the cop showed up. So, we just stayed out there
9 with her; and it was really cold. My wife gave me a
10 blanket to put on her. She was -- she wasn't very
11 comfortable, I know that.

12 Q Did you know Cristina?

13 A No, not personally I didn't. Maybe seen her a
14 few times and just hello, like driving in but never met
15 her, not personally.

16 Q Did you know anybody that lived at her home?

17 A No. I think I knew -- I mean, I met -- I
18 forget his name, but I think he was the neighbor right
19 next door. But no, I really didn't know them
20 personally.

21 Q So, you don't know the defendant in this case?

22 A No.

23 Q Now, when you were with Cristina that morning,
24 did you talk to her?

25 A Yeah, I did talk to her.

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MICHAEL MONTEMAYOR,

having been first duly sworn, testified as follows:

DIRECT EXAMINATION

BY MS. PALMER:

Q Could you please introduce yourself to the jury?

A My name is Michael Xavier Montemayor.

Q And we're going to talk about something that happened on December 26, 2010. Where were you living at that time?

A I was living at 22204 Moss Falls, that's in Spring, Texas.

Q Okay. Early on the morning of December 26, something happened right outside your home.

A Yes.

Q Can you tell this jury about that?

A It was early in the morning and my doorbell rang like two or three times. I got up, looked out the peephole, and I couldn't see anything. The light was on. So, that's when I opened the door and the -- she was laying on my porch with her head kind of propped up on the doorjamb, where, like, you go to step into the house. And right away, I just -- I heard her say, "Help me." So, I shut the door, got my phone, and that's when I called 9-1-1.

1 A No.

2 Q Or anything like that. In fact, he stayed at
3 the house, correct?

4 A Yes.

5 Q Did you hear any conversation between Tony and
6 Cristina that you could identify and say, yes, that was
7 absolutely the two of them?

8 A No. No.

9 Q And the woman that you said you saw at their
10 home, did you believe that she lived there; or did you
11 believe she was just a friend that came and visited?

12 A I think she was roommates for a little while
13 with Cristina. I think.

14 Q Okay.

15 MS. REKOFF: Pass the witness, Your
16 Honor.

17 THE COURT: Anything further from the
18 State?

19 MS. PALMER: No, Your Honor.

20 THE COURT: May this witness be excused?

21 MS. PALMER: Yes.

22 MS. REKOFF: Yes.

23 THE WITNESS: I get to go home?

24 THE COURT: State, call your next.

25 MS. PALMER: Michael Montemayor.

1 A Thank you.

2 Q So, you called your then fiance but now your
3 wife, outside of the house and you said, what do you
4 think. You asked her to listen, didn't you?

5 A Yes.

6 Q When you guys heard the commotion continue, you
7 told her, you better go call 9-1-1?

8 A Yes.

9 Q So, this wasn't a lengthy period that happened,
10 you know, over hours. This was something that happened
11 pretty quick? While you were out there, you went to
12 figure out what was going on, you called her out, this
13 was something that took place in a relatively short
14 period of time. Is that fair to say?

15 A Yes.

16 Q And then, after Cristina came out of the house
17 and went to the neighbor's house, isn't it true that you
18 saw Tony? You remember telling the police that?

19 A Yes. Somebody came to the door.

20 Q You thought it was him?

21 A Yes.

22 Q And he didn't come outside and run after her?

23 A No.

24 Q He didn't yell at you and tell you to leave her
25 alone?

1 Q Okay. And let's talk a little bit about the
2 fact that you knew Tony and Cristina and you had seen
3 them together as a couple, correct?

4 A Yes, yes.

5 Q And you had never seen any problem between the
6 two of them as a couple?

7 A No.

8 Q You never observed any marks on Cristina or
9 anything that made you think she was an abused woman,
10 anything like that?

11 A No.

12 Q And the woman that you thought you heard --
13 because didn't you tell the police that night you
14 thought you heard a third voice coming from that house?

15 A Yes.

16 Q What did you think you heard that person say?

17 A Didn't say anything, I heard moaning.

18 Q So, you weren't sure who the moaning was coming
19 from?

20 A Exactly.

21 Q Okay. Now, you hear this commotion going on
22 and you hear somebody say, Don't kill me, and then you
23 call your -- did you get married since then?

24 A What year was this? Yeah, got married in 2011.

25 Q So, congratulations.

1 MS. PALMER: I pass the witness.

2 THE COURT: Defense.

3 MS. REKOFF: Thank you, Your Honor.

4 **CROSS-EXAMINATION**

5 BY MS. REKOFF:

6 Q Mr. Gross, do you remember talking to, I guess
7 it would have been, Deputy Hunter that took your
8 statement right about the time this happened?

9 A Maybe. The name I don't know. I remember
10 talking to the police.

11 Q Well, do you remember when the police got
12 there, that they separated all the witnesses out --

13 A Yes.

14 Q -- and put y'all in different cars. And then
15 they had a officer come over, deputy come over, and take
16 your statement, correct?

17 A Yes.

18 Q Okay. At the time that you talked to him, you
19 didn't tell him that you went over and put your ear to
20 the residence of Mr. Martinez and Cristina, did you?

21 A That was two years ago. I don't remember.

22 I --

23 Q But you remember now --

24 A -- know I did it, and I would have told
25 somebody.

1 know what's going on. And I went back over towards
2 Tony's house, and that's when the police showed up.

3 Q So, did you call the police?

4 A My wife did. I had my wife call the police.

5 Q And who's your wife?

6 A Vanessa Bazzel.

7 Q When the police arrived, what did you do?

8 A I told them, I said, I don't know who all's
9 inside the house, but I think there may be another woman
10 inside the house.

11 Q Had you seen another woman before at the house?

12 A Yeah, yeah.

13 Q And did you know her name?

14 A No. I think she was just there temporarily or
15 as a roommate or just a friend.

16 Q Had you met her?

17 A Just saying hi to Tony and Cristina.

18 Q So, after the police arrived, did you have
19 anything else to do with helping Cristina?

20 A No.

21 Q Did you ask Cristina what happened to her?

22 A No.

23 Q Did Cristina tell you anything else other than
24 Help me?

25 A No.

1 Q What did she look like?

2 A She was dressed to go to bed, you know, like a
3 satin pajama outfit, I guess. And I couldn't tell from
4 where I was at that she had been stabbed or anything. I
5 just -- I thought maybe -- I thought maybe he hit her or
6 something. And she ran not to my house, she ran two
7 houses over looking for help and I'm in the middle of
8 the street trying to tell her to come over to the house
9 to get her inside to find out what was going on. When
10 she finally made it over to three houses over, that's
11 when I finally saw that she had been stabbed.

12 Q When she was trying to look for help, was she
13 saying anything?

14 A Help me.

15 Q And when you -- when you caught up with her,
16 can you describe to us what she looked like.

17 A She was bloody and stabbed. She was -- I mean,
18 she actually -- when she got to the house, she collapsed
19 on their front porch. So, you know.

20 Q Did you say anything to her?

21 A No, because I couldn't remember, I thought they
22 had a roommate and I didn't know what happened, you
23 know. So, when those neighbors opened their door, of
24 course they see me standing there with Cristina on the
25 ground and I told them, Get her inside, because I don't

1 kill me" again?

2 A Probably a few minutes because like I say, I
3 walked inside and got my wife and came back outside,
4 which wasn't very long, probably a few minutes. Then I
5 heard it again, and then I heard the moaning.

6 Q Okay. Now, when you say "moaning," could you
7 tell whether it was a man or a woman?

8 A No, I really couldn't.

9 Q And how long did the moaning last?

10 A A few minutes, probably I'd say five minutes at
11 least.

12 Q So, after you heard the moaning, did you see
13 anything?

14 A At that time?

15 Q After you heard that --

16 A After the moaning and everything, that's when
17 Cristina came outside. I guess, not right then but a
18 little while later, maybe 15 minutes, 20 minutes later,
19 something along those lines.

20 Q So, after -- so, you heard "Don't kill me";
21 then you went over there; checked; came back; you heard
22 "Don't kill me" again; you heard moaning; then about 15
23 minutes later, 20 minutes later, Cristina came out of
24 the house?

25 A Yes, ma'am.

1 sometimes, did you expect drama from them?

2 A No.

3 Q So, you're not saying that you had heard drama
4 before from them?

5 A No, not at all.

6 Q So, after you heard her say Don't kill me, you
7 went across the street and you listened to the door?

8 A I went to the porch, I actually put my ear to
9 the door just to find out because I -- knowing them as
10 people, I didn't know what to expect, I guess.

11 Q So, did you hear anything else while you were
12 there?

13 A No.

14 Q So, after you listened, how long did you
15 listen?

16 A At the door?

17 Q Yes.

18 A Very briefly because it would be very
19 embarrassing if somebody came outside and I was standing
20 at their door.

21 Q Sure. Right. So, you went back --

22 A Across --

23 Q -- to your house.

24 A To my house, yes.

25 Q And how long was it before you heard "Don't

1 heard Cristina saying Don't kill me, did you recognize
2 whether it was a male or female voice?

3 A It was definitely a female's voice.

4 Q Could you tell that it was Cristina?

5 A I'd have to say assumption.

6 Q Okay. So, it was coming from her house across
7 the street?

8 A Yes, ma'am.

9 Q And you heard the words "Don't kill me"?

10 A Yes, ma'am.

11 Q Were the words -- how loud was it?

12 A It wasn't like a scream or anything. It was
13 more like -- like if I was talking to you from here to
14 there, like I was trying to tell you from this distance,
15 I guess, it's -- strictly for volume. That's the best I
16 could do.

17 Q Did it sound like she was saying Don't kill me
18 in a calm manner? Or what -- I don't want to put words
19 in your mouth.

20 A Definitely sounds like they were scared. But
21 it wasn't enough to where I felt like I needed to call
22 the cops at that time because, like -- people can be
23 dramatic sometimes. And I knew the couple and that's
24 really -- wasn't what I would expect.

25 Q So, when you say that people can be dramatic

1 THE COURT: The record will reflect.

2 Q (BY MS. PALMER) So, can you tell the jury what
3 you heard on that Christmas night, so going into
4 December 26th.

5 A When I went outside -- I went outside to smoke
6 a cigarette, and I don't remember the time. It was two
7 years ago. I don't remember the exact time. And I
8 heard Cristina, because that was coming from their house
9 and I heard -- and she just was saying, Don't kill me.
10 And that's pretty much all I heard. I didn't hear
11 anything else, and I actually did -- still a little
12 upset about it. Sorry.

13 I actually walked up to Tony's door
14 and -- just to listen to see if I heard anything, you
15 know, like hitting or anything along those lines that
16 would indicate to me that something was happening. So,
17 I walked back across the street because I didn't hear
18 anything other than her saying, Don't kill me.

19 And then little while later, I went back
20 outside again to double-check, because I went inside to
21 get my wife to come listen also and she said it again.
22 That's when I heard the loud moaning. And I'm not sure
23 who exactly made the noise. I just know it was coming
24 from the house.

25 Q Let me stop you right there. When you said you

1 Q So, from where you are sitting in the jury --
2 or in the witness box to the sign that says "notice" in
3 the back of the courtroom?

4 A Yes, ma'am.

5 Q That's about the distance between your house
6 and the house where Cristina lived?

7 A Yes, ma'am.

8 Q Did you know Cristina Garcia?

9 A Yeah, yeah. They're friendly neighbors.

10 Q How long did you know her?

11 A Oh, just -- she hadn't lived there very long,
12 just a few months.

13 Q And did you know a man -- I know him as Adolpho
14 Anthony Martinez. Did you know him?

15 A Yes, ma'am.

16 Q How did you know him? What was his name that
17 you called him?

18 A I called him Tony.

19 Q Do you see Tony here in the courtroom?

20 A Yes, ma'am.

21 Q Could you point to where he's sitting and tell
22 us what color shirt he's wearing.

23 A Black shirt.

24 MS. PALMER: Your Honor, I'd ask that the
25 record reflect the witness has identified the defendant.

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ROBERT GROSS,

having been first duly sworn, testified as follows:

DIRECT EXAMINATION

BY MS. PALMER:

Q Mr. Gross, could you the please tell the ladies and gentlemen of the jury your name?

A Robert Gross.

Q And we're talking about something that happened on December 26, 2010.

A Yes, ma'am.

Q Where did you live at that time?

A Almost directly across the street.

Q Okay. What street?

A Moss Falls Lane.

Q And what's your address?

A 22127.

Q And the address where this happened, what we're talking about, where did that occur?

A I think 22124.

Q Okay.

A That's a guess.

Q Okay. So, where in relation to your house is this house?

A That black sign on the wall right there, about that far.

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

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

5 MS. REKOFF: I'm sorry.

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

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

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

12 A Okay.

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

15 THE COURT: Yes.

16 MS. REKOFF: Thank you.

17 Pass the witness, Your Honor.

18 THE COURT: Anything further, Ms. Palmer?

19 MS. PALMER: No, Your Honor.

20 THE COURT: May this witness be excused?

21 MS. REKOFF: Yes, Your Honor.

22 THE COURT: State, call your next.

23 MS. REKOFF: Robert Gross.

24 THE COURT: State, you may proceed.

25 MS. PALMER: Thank you, Your Honor.

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

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

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

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

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

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

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

21 A There is just --

22 Q Incisions?

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

1 stepping down with me.

2 A Sure.

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

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

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

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

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

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

25 Q So, this had nothing to do with what

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

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

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

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

18 MS. REKOFF: Your Honor, may we approach?

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

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

23 THE COURT: Yes.

24 MS. REKOFF: Thank you, Your Honor.

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

1 I am not in a position to evaluate.

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

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

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

12 A Yes.

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

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

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

20 A Yes.

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

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

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

4 A No.

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

7 A No.

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

12 A Yes.

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

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

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

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

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

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

7 A Yes.

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

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

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

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

1 resulted in your conclusion being that it was a
2 homicide?

3 A I don't know how many, but it's roughly 20 to
4 25 percent of our cases are classified as homicides.

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

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

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

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

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

22 A Yes.

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

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

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

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

12 A Yes.

13 Q Okay. Great. Thank you so much.

14 MS. PALMER: I pass the witness.

15 **CROSS-EXAMINATION**

16 BY MS. REKOFF:

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

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

21 Q And did you work anywhere before that?

22 A Not as a forensic pathologist, no.

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

1 24 and 25, and then I will pass those along. What is
2 the difference here?

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

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

21 A Okay.

22 Q Is that right? Is that right?

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

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

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

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

13 A That is a stab wound.

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

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

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

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

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

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

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

14 A Yes.

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

18 A Yes, I think this is the back.

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

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

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

1 Why is that?

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

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

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

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

13 A Yes.

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

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

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

25 *(Exhibits published)*

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

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

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

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

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

1 THE COURT: 2 through 25 will be
2 admitted.

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

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

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

12 THE COURT: That's fine.

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

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

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

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

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

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

1 (Jury in)

2 THE COURT: State, you may proceed.

3 MS. PALMER: Thank you, Your Honor.

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

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

19 MS. PALMER: May I approach the witness?

20 THE COURT: Yes.

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

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

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

4 A None of those were detected.

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

8 A We have actually three of them, yes.

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

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

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

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

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

24 (Jury out)

25 (Recess taken)

1 done on all homicide cases.

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

4 A Yes.

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

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

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

11 A No.

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

15 A In the urine, the ethanol concentration was
16 .15 grams per deciliter.

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

18 A A little bit different, yeah.

19 Q Why is that, do you know?

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

25 Q And further down, there was blood taken from

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

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

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

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

14 A Multiple sharp force injuries.

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

17 A Homicide.

18 Q And what was the date of her death?

19 A December 26, 2010.

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

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

1 then in parentheses it says "IV access."

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

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

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

14 A By "top" you mean the back?

15 Q Sorry. Lawyer term. Doctor term, back?

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

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

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

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

4 A Yes. That's a 1 and a quarter by
5 3-quarter-inch faint pink contusion that's on the left
6 of -- we call it temporal parietal scalp, the left side
7 of her head, basically.

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

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

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

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

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

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

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

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

20 A There's a 2-by-1-inch contusion that seems to
21 have sort of a crisscrossing pattern to it and a
22 3-quarter-by-1-inch contusion with a similar pattern
23 with intersecting lines. And underneath that the
24 subcutaneous tissues of the scalp under that had some
25 hemorrhage.

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

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

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

11 Q Yes, please.

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

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

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

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

6 Q Yes.

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

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

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

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

1 handwriting a little bit. So --

2 A Sorry.

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

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

13 How do I make the circle go away?

14 Q Bottom left, double tap.

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

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

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

1 contusion?

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

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

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

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

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

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

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

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

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

13 Q Could you tell where that came from?

14 A No.

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

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

25 Q What's the difference between an abrasion and a

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

4 A Yes.

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

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

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

11 A Yes.

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

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

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

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

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

1 vessel or nerve.

2 Q And Stab Wound 21?

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

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

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

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

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

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

6 Q And Stab Wound 17?

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

12 Q Stab Wound 18 right next to it?

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

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

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

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

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

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

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

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

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

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

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

11 A Actually, I -- in error, what I just read was
12 13.

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

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

17 Q And Stab Wound 13?

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

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

24 A 1 to 2 inches.

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

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

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

8 A Yes. Stab Wound 9 is on the side of the chest.
9 It is -- yes. It goes through the muscles of the side
10 of the abdomen, and it goes into the liver. It's about
11 3 inches deep, and it's directed right to left and a
12 little bit back to front.

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

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

19 Q And also Stab Wound No. 11?

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

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

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

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

5 A Yes.

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

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

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

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

1 it.

2 Q And did that penetrate the liver?

3 A Yes, it did.

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

5 A That wound is also, it's sort of the middle of
6 the abdomen, a little bit farther down from Stab Wound
7 5, a little bit below it. It goes through the muscles
8 of the abdominal wall, and it just barely hit the
9 outside surface of the stomach. It's about 3 to 4
10 inches deep; and it's directed front to back, left to
11 right, and doesn't go up or down.

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

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

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

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

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

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

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

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

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

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

20 Q And can you tell us about that wound.

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

1 about this wound?

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

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

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

10 Q And can you tell us about that wound?

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

15 Q What is the effect of penetrating the liver?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

23 A I'm not sure what you mean.

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

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

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

7 A I am not sure I understand that.

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

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

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

17 A I created these diagrams.

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

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

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

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

3 A Yes.

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

8 A Yes.

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

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

13 THE COURT: Absolutely.

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

16 MS. PALMER: It's 1 and then 1a through
17 1i.

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

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

23 A Yes, I do. I have the original.

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

1 Center.

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

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

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

13 A I don't specifically remember; but judging from
14 the complexity of this particular case, probably --
15 MS. REKOFF: I object to speculation,
16 Your Honor.

17 THE COURT: Overruled.

18 A Probably more than one day.

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

21 MS. PALMER: May I approach?

22 THE COURT: Yes.

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

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

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

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

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

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

21 Q And where does that take place?

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

24 Q And where is your building located?

25 A On Old Spanish Trail in the Texas Medical

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

3 A That would have been December 26, 2010.

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

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

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

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

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

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

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

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

6 A I have a Texas state medical license.

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

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

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

13 A A little bit longer than three years.

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

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

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

23 A Sometimes but not always, no.

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

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

4 THE COURT: State, call your first
5 witness.

6 MS. PALMER: Dr. Michael Condron.

7 THE COURT: You may proceed.

8 MS. PALMER: Thank you, Your Honor.

9 **MICHAEL CONDRON,**

10 having been first duly sworn, testified as follows:

11 **DIRECT EXAMINATION**

12 BY MS. PALMER:

13 Q Could you please introduce yourself to the
14 jury?

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

20 Q And what is your educational background?

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

1 himself and the killing occurred and she was stabbed 23
2 times. That screams sudden passion. Person loses it,
3 and they can't stop.

4 What else you're going to hear from the
5 witnesses is he did not know that she was hurt to the
6 point that would cause her death. He kept inquiring
7 about, where is she? Is she okay? When can I see
8 Cristina? Where is she? Where is she? And they'll
9 tell you how he responded when he found out that she was
10 dead. He lost it. The evidence will show that this is
11 the type of murder, ladies and gentlemen, that wasn't
12 planned. It's the type of murder that when he snapped,
13 he grabbed a knife and he started stabbing; and when you
14 do that, even though you don't intend to kill a person
15 in the state of Texas, when you stab somebody, that is
16 an act that is clearly dangerous to human life. And
17 because she died, it's murder in the state of Texas. He
18 never intended to hurt her that day. He never intended
19 to snap; and even after he snapped, he didn't intend to
20 murder. He lost control.

21 Now, at the close of evidence I'm certain
22 that from everything you've heard and everything you've
23 looked at in this court, that you will be sure of one
24 thing: That this is, in fact, a sudden passion murder.
25 You will check the affirmative finding for sudden

1 The evidence is also going to show you
2 that once the officers got to the scene, they found out
3 it was Mr. Martinez who did this to Cristina. When they
4 went to the house, he was inside the house and he was a
5 little confused. He was a little dazed. And again,
6 ladies and gentlemen, drinking alcohol and having
7 diabetes does not dispute sudden passion. It's factors
8 that you will consider could that person in those shoes
9 have felt this rage, have felt this emotion, have felt
10 this resentment, have felt this anger; and if they were
11 drinking, could they have felt it even more? It's a
12 factor that supports somebody snapping and losing it and
13 doing something that they would not have done had they
14 not been provoked. But they're going to tell you he was
15 there. He had the weapons right with him.

16 They're also going to tell you that
17 that -- everything that was used in this murder was not
18 a special killing knife, wasn't something that you go
19 out and get. It was a pocketknife that a person carries
20 around. It was a kitchen knife. This was not a
21 preplanned murder. In addition to that, they're going
22 to tell you about that crime scene. It's bloody, it's
23 messy, it's chaotic. You're not going to like looking
24 at the pictures. It's horrible. Why? Because he
25 snapped under sudden passion. He couldn't control

1 for Ms. Garcia and for Mr. Martinez, he snapped.

2 At the end of his testimony I believe
3 that the evidence will prove by a preponderance of the
4 evidence that we've shown this is sudden passion; but
5 lucky for us, we don't have to rely on his testimony
6 alone because all of the evidence that the State enters
7 from the stand is going to corroborate and support the
8 fact that this is a sudden passion killing. And I'm
9 going to tell you right now: The evidence is going to
10 be hard for you to look at. The evidence is not pretty
11 in this case. The evidence is tough. But your job is
12 to determine if this is a sudden passion killing or not.

13 And when those witnesses testify from the
14 State, this is what they're going to tell you that
15 supports the fact that this was indeed a sudden passion
16 killing. The witnesses are going to take the stand, the
17 first one's going to tell you that he heard the
18 commotion. There were witnesses. He's also going to
19 tell you that he saw Cristina leave the home. In
20 addition to that, he's going to tell you that he saw
21 Tony Martinez at the doorway and he didn't run after
22 Cristina. He didn't drag her back. When she left the
23 home, he went inside the home, shut the door and went
24 inside the home. He had snapped. He was in a fit of
25 rage.

1 he was under the immediate influence of sudden passion
2 arising from an adequate cause.

3 Now, you already know from yesterday and
4 this morning, he's pled guilty to this case. He's taken
5 accountability, he's taken responsibility for his
6 actions. What the evidence is also going to show you is
7 this is the one and only time he has ever been arrested
8 or charged with an offense. There's no criminal
9 history, not even a traffic ticket.

10 And yes, the evidence is going to show
11 you that Mr. Martinez did something really bad on
12 December 26, 2010. Horrific is what happened on that
13 day. But it's also going to show you that he did that
14 under the influence of sudden passion. Now, he's going
15 to take the stand and he's going to tell you about
16 Cristina's betrayal, about the provocation that led to
17 his breaking point. He's going to describe for you from
18 that stand the anger he felt, the resentment he felt,
19 and the rage that swelled up inside of him before he
20 snapped and began stabbing her. And the evidence will
21 support that the anger and the resentment and the rage
22 that he felt is the exact same emotions that ordinary
23 people would have felt. I'm not saying they would have
24 stabbed and killed, but those are the emotions that
25 everybody would have felt. Unfortunately, on that day

1 So, after saying and lying and saying
2 that a masked intruder did it, he said he did it. And
3 he stabbed Cristina 23 times. That's the evidence.
4 That's what you're going to hear, and I look forward to
5 presenting this case to you. Thank you.

6 THE COURT: Ms. Rekoff, does the defense
7 wish to make an opening at this time?

8 MS. REKOFF: I do, Your Honor.

9 May I proceed?

10 THE COURT: Yes.

11 **OPENING STATEMENT**

12 MS. REKOFF: Good morning, everybody.

13 THE JURY: Good morning.

14 MS. REKOFF: Sudden passion is the reason
15 why Cristina Garcia died on December 26, 2010, and
16 sudden passion alone. And we are going to raise the
17 issue of sudden passion during this punishment hearing
18 for one reason and one reason alone: It's the truth.
19 And the evidence that you hear -- and ladies and
20 gentlemen, not just the testimony that you hear from
21 Mr. Martinez when he tells you the full story of what
22 happened that day, but the evidence that you hear from
23 all the State's witnesses, all the documentation they
24 present, all the evidence they present, it all supports
25 one conclusion, that Mr. Martinez stabbed Cristina while

1 the sheriff's department, the homicide detectives,
2 that's where they work. So, he was taken there and he
3 talked to a homicide detective, Lance Fisher. And Lance
4 Fisher sat in a room -- you're going see that video --
5 and sat in a room and the defendant sat here with him
6 and he asked him -- and I got to tell you, when Lance
7 was sitting in the room with the defendant, he had
8 already been to the scene. He knew what the scene said.
9 And so, he's sitting there asking the defendant, Well,
10 tell me what happened. And the defendant said, A masked
11 man did it. Actually, he didn't even say man. He said,
12 A masked intruder came in.

13 That's not what happened and Lance Fisher
14 told him, I know, I've been to the scene, I know that's
15 not what happened. What happened?

16 And what the defendant said is Cristina
17 got upset with him because he wasn't working and called
18 him worthless. He didn't stab her right away, either.
19 I want you to really focus and listen to his statement.
20 Because what he said was, She called me worthless, I had
21 a few more drinks -- which I want you to listen to what
22 the evidence shows. If he has diabetes, which you may
23 hear, should he be drinking? But he was drinking. He
24 had a few more drinks and then he got mad and stabbed
25 her.

1 And what happened, I can tell you what
2 the physical evidence showed. And what that showed is
3 that Cristina Garcia was stabbed 23 times all over her
4 body with two different knives, switchblade and a
5 kitchen knife. There's blood throughout many rooms in
6 her home. And after she was stabbed multiple times, she
7 actually escaped her home and was asking her neighbors
8 for help. And her neighbors are going to come and tell
9 you about that and tell you about what they saw. You're
10 going to hear from some of the responding deputies who
11 responded that day and talked to Cristina. They were
12 the last people who really talked to her.

13 And you're going to hear from these
14 deputies that they saw the defendant inside the home
15 with the knives. They were there. And the defendant
16 had -- just smelled like alcohol, okay? That's what
17 these witnesses are going to tell you. And you're going
18 to hear from the deputy who rode in the ambulance with
19 the defendant to the hospital. He went to the hospital
20 and he was treated and released and what he was treated
21 for is some -- he was given some insulin. So, you're
22 going to hear about that, that he was given insulin; and
23 he was released a few hours later. After he was
24 released, he was taken over to Lockwood.

25 Over on Lockwood there's a place where

1 opportunity to testify. When you're waiting in the
2 lobby, please don't discuss the case or your testimony
3 with any of the other witnesses.

4 State, do you wish to give an opening at
5 this time?

6 MS. PALMER: I do, Your Honor.

7 May I proceed?

8 THE COURT: Yes.

9 **OPENING STATEMENT**

10 MS. PALMER: On December 26, 2010, this
11 actually happened really early that morning. So, really
12 late Christmas is when this started. And Cristina
13 Garcia was 26 years old. She moved here from
14 California, left her mother and her family because she
15 wanted a new life. She wanted -- she really wanted to
16 help people, and she really wanted to learn about a
17 field that she could get involved in and do what she
18 wanted to do with her life. So, she moved to Houston,
19 Texas; and the person she knew here was Adolpho
20 Martinez, the defendant. And they dated for quite some
21 time. And you're going to hear about what happened that
22 night. And you're going to hear about what the
23 witnesses saw, what the neighbors saw and heard, because
24 Cristina Garcia, she was murdered in her own home by her
25 boyfriend.

1 weapon; namely, a knife.

2 It is further presented that in Harris
3 County, Texas, Adolpho Anthony Martinez, hereinafter
4 styled the defendant, heretofore on or about December
5 26, 2010, did then and there unlawfully intend to cause
6 serious bodily injury to Cristina Garcia, hereinafter
7 called the complainant, and did cause the death of the
8 complainant by intentionally and knowingly committing an
9 act clearly dangerous to human life; namely, by stabbing
10 the complainant with a deadly weapon; namely, a knife.

11 Against the peace and dignity of the
12 State.

13 Undersigned, the foreman of the grand
14 jury.

15 THE COURT: Mr. Martinez, to that charge,
16 how do you plead: Guilty or not guilty?

17 THE DEFENDANT: Guilty, Your Honor.

18 THE COURT: I understand there are some
19 witnesses in the court. If you are a witness in this
20 trial, if you would stand and raise your right hand to
21 be sworn.

22 (*Witnesses sworn.*)

23 THE COURT: All right. Gentlemen and
24 ma'am, the Rule has been invoked which means that you
25 will need to retire to the lobby and wait for your

1 *(Open Court; Defendant and Jury present.)*

2 THE COURT: Jury, if you would raise your
3 right hand so I can administer the oath.

4 *(Jury sworn.)*

5 THE COURT: All right. You may be
6 seated. Welcome back, ladies and gentlemen. Just to
7 give you a road map of the day, it's 10:15. We'll begin
8 hearing testimony in just a second and do that for about
9 an hour before we'll break about 11:15 so I can take
10 care of some business not associated with the trial,
11 just for a short stretch break. Then we'll reconvene
12 until about 12:30 when your lunch should be here.

13 State, if you would arraign the
14 defendant.

15 MS. PALMER: The State of Texas vs.
16 Adolpho Anthony Martinez. Cause No. 1290021.

17 In the name and by the authority of the
18 State of Texas: The duly organized grand jury of Harris
19 County, Texas, presents in the district court of Harris
20 County, Texas, that in Harris County, Texas, Adolpho
21 Anthony Martinez, hereafter styled the defendant,
22 heretofore on or about December 26, 2010, did then and
23 there unlawfully, intentionally, and knowingly cause the
24 death of Cristina Garcia, hereinafter called the
25 complainant, by stabbing the complainant with a deadly

1	89	Photo of Defendant	94	94	4
2	90	Photo of Defendant	94	94	4
3	91	Photo of Defendant	94	94	4
4	92	Switchblade knife	135	135	4
5	93	Kitchen knife	135	135	4
6	94	Knife sharpener	135	135	4
7	95	Wallet and contents	137	137	4
8	96	Clump of hair	137	137	4
9	97	Sketchbook	140	140	4
10	98	Recorded Statement of defendant	99	99	4
11					
12	99	Copy of photo of Complainant	163	163	4
13	100	Copy of photo of Complainant	163	163	4
14					
15	101	Copy of photo of Complainant	163	163	4
16					
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1	64	Scene photo	122	122	4
2	65	Scene photo	122	122	4
3	66	Scene photo	122	122	4
4	67	Scene photo	122	122	4
5	68	Scene photo	122	122	4
6	69	Scene photo	122	122	4
7	70	Scene photo	122	122	4
8	71	Scene photo	122	122	4
9	72	Scene photo	122	122	4
10	73	Scene photo	122	122	4
11	74	Scene photo	122	122	4
12	75	Scene photo	122	122	4
13	76	Scene photo	122	122	4
14	77	Scene photo	122	122	4
15	78	Scene photo	122	122	4
16	79	Scene photo	122	122	4
17	80	Scene photo	122	122	4
18	81	Scene photo	122	122	4
19	82	Scene photo	122	122	4
20	83	Scene photo	122	122	4
21	84	Scene photo	122	122	4
22	85	Scene photo	122	122	4
23	86	Photo of Defendant	94	94	4
24	87	Photo of Defendant	94	94	4
25	88	Photo of Defendant	94	94	4

1	39	Scene photo	122	122	4
2	40	Scene photo	122	122	4
3	41	Scene photo	122	122	4
4	42	Scene photo	122	122	4
5	43	Scene photo	122	122	4
6	44	Scene photo	122	122	4
7	45	Scene photo	122	122	4
8	46	Scene photo	122	122	4
9	47	Scene photo	122	122	4
10	48	Scene photo	122	122	4
11	49	Scene photo	122	122	4
12	50	Scene photo	122	122	4
13	51	Scene photo	122	122	4
14	52	Scene photo	122	122	4
15	53	Scene photo	122	122	4
16	54	Scene photo	122	122	4
17	55	Scene photo	122	122	4
18	56	Scene photo	122	122	4
19	57	Scene photo	122	122	4
20	58	Scene photo	122	122	4
21	59	Scene photo	122	122	4
22	60	Scene photo	122	122	4
23	61	Scene photo	122	122	4
24	62	Scene photo	122	122	4
25	63	Scene photo	122	122	4

1	15	Autopsy photo	48	49	4
2	16	Autopsy photo	48	49	4
3	17	Autopsy photo	48	49	4
4	18	Autopsy photo	48	49	4
5	19	Autopsy photo	48	49	4
6	20	Autopsy photo	48	49	4
7	21	Autopsy photo	48	49	4
8	22	Autopsy photo	48	49	4
9	23	Autopsy photo	48	49	4
10	24	Autopsy photo	48	49	4
11	25	Autopsy photo	48	49	4
12	26	HCIFS Laboratory Report	80	81	4
13	27	Houston Northwest Medical Center records	80	81	4
14	28	Scene photo	122	122	4
15	29	Scene photo	122	122	4
16	30	Scene photo	122	122	4
17	31	Scene photo	122	122	4
18	32	Scene photo	122	122	4
19	33	Scene photo	122	122	4
20	34	Scene photo	122	122	4
21	35	Scene photo	122	122	4
22	36	Scene photo	122	122	4
23	37	Scene photo	122	122	4
24	38	Scene photo	122	122	4