

1 excused?

2 **MS. JOHNSON:** Yes, Your Honor.

3 **MR. DAVIS:** He may be excused for all
4 purposes, Your Honor.

5 **THE COURT:** Thank you.

6 Then you're free to go if you wish.

7 **THE WITNESS:** Thank you.

8 **THE COURT:** Thank you, sir.

9 **MS. REYNA:** State calls Dr. Sarah
10 Doyle.

11 **THE COURT:** Thank you.

12 **THE BAILIFF:** Judge, this witness has
13 not been worn.

14 **THE COURT:** Hello, Dr. Doyle. If you
15 would walk around to the witness stand. And if you
16 will look at the jury and raise your right hand, I
17 will give you the oath.

18 **(Witness Duly Sworn)**

19 **THE COURT:** Thank you. Please be
20 seated.

21 **SARAH DOYLE,**
22 having been first duly sworn, testified as follows:

23 **DIRECT EXAMINATION**

24 **Q. (BY MS. REYNA)** Good afternoon, Doctor.
25 Could you please introduce yourself to our jury?

1 **A.** Yes, ma'am. I'm Dr. Sarah Doyle.

2 **Q.** And how are you employed?

3 **A.** I'm an assistant medical examiner for the
4 Harris County Institute of Forensic Sciences.

5 **Q.** And what kind of educational background do
6 you have that qualifies you to be an assistant
7 medical examiner?

8 **A.** Well, I'm a medical doctor, and to get that
9 degree, I received my undergraduate degree in cell
10 biology from Tulane University in New Orleans. Then
11 I received my M.D., or Medical Doctorate, from LSU
12 Medical School, also in New Orleans. I completed a
13 residency training program, which was five years of
14 residency, in pathology at the Mount Sinai Hospital
15 in New York City. And then I did a subspecialty year
16 in forensic pathology training in the New York City
17 Office of the Chief Medical Examiner.

18 I also studied for and passed the
19 American Board of Pathology Examination, no
20 specialties that I went I'm certified in anatomical
21 clinical and forensic pathology.

22 **Q.** And how long have you been an assistant
23 medical examiner here in Harris County, Texas?

24 **A.** My 10-year anniversary will be this July.
25 Almost 10 years.

1 **Q.** And did you spend any time doing the duties
2 of a medical examiner anywhere else before Harris
3 County?

4 **A.** Yes. After my training in New York, I
5 spent one year as city medical examiner there, along
6 with doing a subspecialty fellowship in forensic
7 neuropathology.

8 **Q.** Can you tell the jury what forensic
9 pathology is?

10 **A.** Forensic pathology is the branch of
11 pathology that details with determining how someone
12 died, their cause and manner of death. And it
13 involves performing autopsies on a dead person's body
14 to try and determine how they died.

15 **Q.** So, in your capacity as an assistant
16 medical examiner here in Harris County, do you
17 perform autopsies?

18 **A.** Yes.

19 **Q.** In your career, approximately how many
20 autopsies have you performed?

21 **A.** It's somewhere between 2700 and 3000 now.

22 **Q.** And have you testified in court before,
23 including courts here in Harris County, as an expert
24 in forensic pathology?

25 **A.** Yes.

1 Q. And has it been on few or many occasions?

2 A. Many.

3 Q. Can you tell the jury what an autopsy is?

4 A. An autopsy is the examination of a dead
5 person's body where you look at their body surfaces
6 to see if they have any evidence of disease or
7 injury, and it also includes an internal examination
8 in which incisions are made on the person's body, and
9 organs are examined to see if they have any injuries
10 or disease.

11 Q. And when a case is brought into the Harris
12 County morgue, is that body or the case assigned
13 to -- the body assigned a unique case number?

14 A. Yes, it is.

15 Q. And on October 2, 2012, did you have
16 occasion to conduct an autopsy on the body of a
17 Michelle Leigh Warner?

18 A. Yes.

19 Q. And what autopsy -- unique autopsy case
20 number was assigned to that body?

21 A. It was assigned Case No. 0C12-019.

22 Q. How was the complainant's body identified?

23 A. Her body was identified by comparison of
24 her fingerprints that we took of the body at the
25 morgue, which was compared to known fingerprints of

1 Michelle Warner.

2 Q. And when you received the body, was she in
3 such a state that she would be identified by a family
4 member by looking at a picture of her?

5 A. No.

6 Q. So, she had to be identified by
7 fingerprints?

8 A. There are other ways of identification if
9 fingerprints fail, but she couldn't be visually
10 identified.

11 Q. Okay. And among your duties as an
12 assistant medical examiner, are you also a custodian
13 of records?

14 A. Yes.

15 Q. And as a records custodian, do you have
16 care, custody, and control of autopsy records there?

17 A. Yes.

18 Q. And are those records made and kept in the
19 regular course of business of the Harris County
20 Institute of Forensic Sciences?

21 A. Yes.

22 Q. And are these records made by someone who
23 has personal knowledge of what goes into those
24 records?

25 A. Yes.

1 report because her opinions were made based on --
2 opinions contained in the report are based on
3 information from other witnesses who have not -- at
4 least the defendant doesn't have the opportunity to
5 cross-examine.

6 **THE REPORTER:** I'm sorry?

7 **MR. DAVIS:** Conclusion and findings
8 are based on findings that she got from the
9 anthropologist and, of course, toxicologist and --
10 but the anthropologist, in particular, who is --
11 piece of the report is here, and so you understand,
12 that Mendez/Diaz case, we object to it as containing
13 hearsay, as well as containing or consisting of a
14 confrontation clause violation. The defendant
15 doesn't have the right to confront those people who
16 are here, who are part of the reason she reached a
17 conclusion. I argue the whole report is not
18 admissible because the conclusions are, in large
19 part, based on those people's opinions.

20 **THE COURT:** Response?

21 **MS. REYNA:** Judge -- Judge we will be
22 calling the forensic anthropologist next after
23 Dr. Doyle. So, they will have an opportunity to
24 cross-examine him.

25 **MR. DAVIS:** I think the issue might be

1 an issue of order. Judge, I think if the
2 anthropologist is called first, I don't have any
3 objection. But I think with them not being called
4 first and her called, she is testifying to things
5 that would ultimately be hearsay and things that
6 would be confrontation clause violations. I think
7 it's a matter of order. If they call the
8 anthropologist first, I wouldn't have any objection
9 and withdraw my objection.

10 **THE COURT:** Well, I don't see any harm
11 if the anthropologist is here and available for
12 cross. I would stop and really look at that
13 objection carefully; but since the anthropologist is
14 here, I'm going to overrule it. So, that's admitted.

15 **MR. DAVIS:** Okay.

16 **THE COURT:** Thank you.

17 **(End of Bench Discussion)**

18 **THE COURT:** I believe that was Exhibit
19 193?

20 **MS. REYNA:** Yes, ma'am.

21 **THE COURT:** Admitted.

22 **Q. (BY MS. REYNA)** Doctor I'm going to show you
23 what's been marked as State's Exhibits No. 194
24 through No. 211, and ask you to take a look at those.

25 **A.** (Witness complies.)

1 **Q.** Are you familiar with the items depicted in
2 these photographs?

3 **A.** Yes.

4 **Q.** And were they taken during the course of
5 the autopsy at the Harris County Institute of
6 Forensic Sciences?

7 **A.** They were taken -- some were taken during
8 the course of the trace evidence collection portion,
9 and some were taken during the course of the autopsy.

10 **Q.** And would they assist the jury in
11 understanding your testimony as to the cause of death
12 of Michelle Warner?

13 **A.** Yes.

14 **MS. REYNA:** Your Honor, at this time
15 the State would offer State's Exhibits 194 through
16 211 into evidence, after tendering to Defense
17 counsel.

18 **MR. DAVIS:** May we approach, Your
19 Honor?

20 **THE COURT:** Yes, sir.

21 **(At the Bench)**

22 **THE COURT:** Should I go ahead and
23 take -- should I send the jury out?

24 **MR. DAVIS:** That might be a good idea.

25 **THE COURT:** Thank you.

1 **(End of Bench Discussion)**

2 **THE COURT:** We're going to ask the
3 jury to step back to the jury room, please, for just
4 a moment.

5 **(Jury released)**

6 **(Sidebar discussion outside hearing of**
7 **the Court Reporter)**

8 **THE COURT:** Thank you. Please have a
9 seat.

10 Since the jury is out, you want to
11 just make your objection?

12 **MR. DAVIS:** Yes, Judge. I think
13 Ms. Reyna told me that these are the only autopsy
14 photos that she is planning on introducing and. And
15 I already pulled them out. The ones that I would
16 have objections to are 199, 200, 201, 202, 203, and
17 204.

18 **MS. REYNA:** To be clear, we will do
19 the forensic anthropologist as to the bones.

20 **MR. DAVIS:** Probably won't have
21 objections to those.

22 **THE COURT:** Sorry. There will be
23 other photos coming in with the next witness?

24 **MS. REYNA:** With the forensic
25 anthropologist.

1 **MR. DAVIS:** I think those are the
2 pictures of the bones, to show the breaking of the
3 bone structures.

4 **MS. REYNA:** Yes, ma'am.

5 **(Brief pause)**

6 **THE COURT:** And your objection to
7 those exhibits?

8 **MR. DAVIS:** Similar to the objections,
9 Judge, that I think that obviously in terms of
10 showing the mechanism of injuries, those pictures
11 don't show the mechanism of injury or cause of death.
12 They are pictures of a decomposing body that is
13 covered with maggots -- at least those pictures I
14 picked out, and don't have anything to do with the
15 mechanism or manner of death.

16 I think the jury has already seen
17 pictures associated with the recovery of her body
18 that have some maggot activity and showed that the
19 body was in a field decomposing. These photos are
20 photos that don't depict the state in which the body
21 was left, first of all.

22 And second, they depict the body not
23 at the time of the offense but at the time of
24 recovery and aren't relevant to the explanation in
25 regards to the autopsy as to the manner and mechanism

1 of death, cause of death. So, I would argue that the
2 probative value is low of those photos.

3 Now, the photos are gruesome, Judge.
4 They are photos of a body that's in terrible state,
5 covered with maggots; and we run the risk of showing
6 the photos to the jury that they go to a place of
7 anger and make a decision not based on facts but --
8 based on the law, but based on pure emotions, Your
9 Honor.

10 And I argue that the danger of
11 prejudice substantially outweighs any probative value
12 that these pictures might have. And I look to the
13 case of *State Vs. Reece*, which was a case where the
14 Court found that in a situation where it was one that
15 was different than the circumstances of what the
16 defendant had done to the body. Decomposition is
17 something the body -- that wasn't the state of the
18 body at the time the defendant left it.

19 If the probative value was low, the
20 Court found reversible error in that type of
21 situation where it was activities and circumstances
22 that affected the body after the defendant's contact.
23 And here, nature and elements, water and rain have
24 all affected the decomposition of the body.

25 Previous witness, Sherry Rice,

1 testified that the decomposition may have been
2 accelerated by the fact that the body may have been
3 in water, which are all things that are part -- apart
4 from the defendant's leaving the body.

5 **THE COURT:** Thank you.

6 The State's response?

7 **MS. REYNA:** Judge, the photographs are
8 relevant. First of all, as to the trace evidence
9 collection, how they received the body, the trace
10 evidence that was collected as to the head, the feet,
11 how it was received.

12 Also, a lot of those pictures of the
13 mouth, for instance, they show petechiae that
14 Dr. Doyle observed, which are completely relevant as
15 to the cause of death of strangulation. That's one
16 of the many factors she used to determine what the
17 cause of death were, to look at some of the others.
18 But ones that -- just overall body shot, Judge, which
19 is relevant to identifying the body.

20 And we have picked, Judge, only seven
21 body shots out of over 100 photographs that we chose,
22 the ones that were less graphic. And because of all
23 that, we do not believe that the probative value is
24 outweighed.

25 **THE COURT:** Thank you.

1 **MR. DAVIS:** Judge, 199 is a shot of
2 the body that's a body covered with maggots; and it
3 can't be for purposes of identifying. She was
4 identified by photographs. The testimony has been
5 that that body could not have been identified. That
6 shot has no relevance. There have been other photos
7 that have been shown that showed a bag on the head,
8 that showed the body with the tape on it, that sort
9 of corroborates things that Mr. Castellano said.

10 So, this photo would be cumulative.
11 In addition, because there are other photos that
12 depict the same thing except it is not laying on a
13 gurney like that. That photo shows it laying on a
14 gurney and laying on a gurney in a state different
15 than it was when the defendant left the body where it
16 was. This photograph --

17 **THE COURT:** Hold on just a moment.
18 Are there other photos that you're asking to be
19 admitted that you see are similar?

20 **MR. DAVIS:** Some that had been
21 admitted similar in terms of?

22 **THE COURT:** At the field?

23 **MR. DAVIS:** Field, yes, ma'am.

24 **THE COURT:** Okay.

25 **MR. DAVIS:** Show the same information.

1 **THE COURT:** Thank you. I beg your
2 pardon. I interrupted you. Did you finish?

3 **MR. DAVIS:** You're okay. I was
4 finished. Thank you.

5 **THE COURT:** Okay. Sorry. Any other
6 comments?

7 **MS. REYNA:** No, Judge. These are all
8 pictures we're going through. There will be no
9 redundant photos.

10 **THE COURT:** Thank you.

11 **MS. REYNA:** I will provide to the
12 Court.

13 **THE COURT:** Thank you. Your objection
14 is overruled. 194 through 211 are admitted. Thank
15 you. Then we're ready for the jury.

16 **MR. DAVIS:** Yes, ma'am.

17 *(End of Bench Discussion)*

18 **THE BAILIFF:** Ready, Judge?

19 **THE COURT:** Yes, ma'am.

20 *(Jury enters the courtroom)*

21 **THE COURT:** Thank you. Please be
22 seated.

23 Excuse me just a moment.

24 For the jury, Exhibits 194 through 211
25 have been admitted.

1 **Q.** **(BY MS. REYNA)** Dr. Doyle, I want to talk
2 about how the body was received at the morgue. Can
3 you tell the jury what's shown in State's Exhibit
4 No. 194?

5 **A.** That is a photograph of a body bag and the
6 case number assigned to Michelle Warner's remains is
7 on the front of the bag, 0C12-019 and it is a closed
8 body bag prior to us examining her body and doing any
9 type of evidence collection.

10 **Q.** State's Exhibit No. 195, tell the jury what
11 this is.

12 **A.** That was an additional bag that was with
13 the paper bag that was with the red body bag that
14 also contained parts of the skin that was labeled
15 with the case number, as well.

16 **Q.** And also reads: "Signed by Sherry Rice
17 with the FBI," correct?

18 **A.** Yes.

19 **Q.** What is depicted in State's 196?

20 **A.** That is the seal of the bag as well as the
21 case number of the bag that we actually opened up to
22 start the examination and the trace evidence checks.

23 **Q.** And, again, Harris County case number is
24 also written on that bag, correct?

25 **A.** Yes.

1 **Q.** 197 that was a tag included with the bag,
2 correct?

3 **A.** Yes. And the presumptive name of who we
4 thought the remains belonged to prior to the
5 identification process.

6 **Q.** 198 is just another shot of that body bag,
7 correct?

8 **A.** Yes.

9 **Q.** Okay. When a body comes in like that in
10 the Harris County morgue, what is the first thing or
11 the first step that's taken?

12 **A.** The first step that's taken is a set of
13 photographs will be done after the body bag is opened
14 to document the condition of the body exactly as we
15 received it.

16 **Q.** Showing you State's Exhibit No. 199. What
17 is depicted in this photograph?

18 **A.** That is the -- a photograph from the first
19 set of photos; and it includes our case
20 number, 120019, with the out of county case board
21 and --

22 **Q.** At the top?

23 **A.** Yes. And just the condition of Michelle's
24 body as we received it with her clothing still
25 partially on -- or on and the plastic bag over her

1 head.

2 Q. And where ankles also appeared to be --

3 A. Right. There was tape around the ankles.

4 Q. And that's shown in State's Exhibit 200?

5 A. Yes. That's a photograph of the tape
6 around the ankles and the trace evidence technician
7 performing some swabs on the tape.

8 Q. And tell us about the trace evidence
9 process.

10 A. It's a process in which a specially trained
11 DNA trace evidence technician, along with the
12 pathologist who is supervising the process, looks at
13 the body surfaces and decides and swabs areas that
14 they feel may be most likely to yield DNA from a
15 perpetrator as well as that can collect particles
16 also that they may feel are relevant.

17 Q. And State's 201?

18 A. And that's a photograph of the bag that was
19 over Michelle Warner's head, just the tie of the --
20 and the tie of the bag.

21 Q. Okay. So, after the trace evidence
22 collection team comes in, what do y'all do next with
23 the body?

24 A. In this particular case, the body would
25 have X-rays performed to look for any types of

1 foreign objects such as bullets that might be in the
2 body.

3 Q. And were any foreign objects found during
4 X-rays of Michelle Warner's body?

5 A. No.

6 Q. Okay. What was done after the X-rays?

7 A. Then we continue to take photographs and
8 there are more sets of photographs that are taken and
9 the clothing and other material on the body surfaces
10 is removed so that we can examine the body.

11 Q. And let me ask you this: Were you
12 performing this autopsy by yourself?

13 A. No. I was training a fellow pathology
14 fellow at the time who performed it with me.

15 Q. Okay. So, you performed it together?

16 A. Yes.

17 Q. And did you personally observe every part
18 of the autopsy?

19 A. Yes.

20 Q. And were you supervising and giving
21 instructions to the fellow?

22 A. Yes.

23 Q. And was -- is the body washed off in any
24 way during the process?

25 A. It is, after the evidence collection

1 portion.

2 Q. Showing you State's Exhibit 202. What is
3 depicted in this photograph?

4 A. That is a photograph of Michelle Warner's
5 face after the bag had been removed and the body
6 cleaned as best that it could be.

7 Q. Okay. And we have got the unique case
8 numbers written -- or shown here, as well, correct?

9 A. Yes.

10 Q. Now, did she have -- was she bald like that
11 when she was received at the morgue?

12 A. No. Part of -- part of the decomposition
13 process is that the hair and skin can easily fall and
14 slip from the body; and so, during the process of
15 removing the bag and the clothing, that occurred.

16 Q. Okay. Was there hair that was recovered
17 and set aside during the process?

18 A. Yes.

19 Q. And, obviously, does it appear to have some
20 insect activity, as well?

21 A. Yes.

22 Q. And did you remove the bag and the tape
23 that was found on the victim's body when she was
24 brought in?

25 A. Yes. The fellow and I did it together.

1 **Q.** And did you know how that bag was placed on
2 the complainant's head?

3 **A.** Yes. It was placed over her head, and the
4 ties were looped. The -- sorry. Corners of the bag
5 were looped across the back of the neck and
6 drawstring was tied at the front of the neck and the
7 bag was against the skin but didn't indent the skin.
8 So, it was not tightly compressing the neck.

9 **Q.** Okay. And did you find anything inside of
10 the bag?

11 **A.** There was a small amount of some
12 decomposition fluid inside the bag.

13 **Q.** And tell us about the general condition of
14 the complainant's body overall, as far as
15 decomposition.

16 **A.** In general, as we saw on the photograph of
17 Michelle Warner's face, her skin was discolored, dark
18 gray to green to brown in some areas and had
19 irregular decomposition over the surfaces that was
20 more advanced in the area not covered by the plastic
21 bags. So, the plastic bag preserved her -- the skin
22 of her face and upper neck a little more so than that
23 over the rest of her body surfaces.

24 **Q.** And what state of decomposition was she in?
25 How would you describe it?

1 **A.** We referred to her as -- referred to the
2 state of decomposition as being moderate, I believe.
3 It's moderate to marked.

4 **Q.** And is there any way to tell, based on
5 decomposition like this, how long someone has been
6 dead?

7 **A.** No, there isn't.

8 **Q.** Okay. So, let's talk about the next steps
9 you take in examining Michelle Warner's body.

10 **A.** Well, the body surfaces -- we look at all
11 the body surfaces and photograph any areas that we
12 think may be significant and also make diagrams
13 regarding those areas. And then the internal
14 examination is performed where incisions are made.

15 **Q.** Okay. So, let's talk about evidence of
16 injury. Did you document any evidence of injury in
17 your report?

18 **A.** Yes.

19 **Q.** And what was the first thing that you
20 documented?

21 **A.** The first thing that is described in the
22 injury paragraph in the report is that there were
23 petechiae on surfaces -- inner surfaces of her lips.

24 **Q.** And can you explain to the jury what
25 petechiae are?

1 **A.** Petechiae are small dotlike areas of
2 bleeding that can happen in the skin or in the
3 linings of the mucous membranes. And they can happen
4 in a number of situations, but they happen frequently
5 in people who die from asphyxia or lack of oxygen.
6 So, we see them in hangings, people who hang
7 themselves. We see them in cases where -- neck
8 compressions, say asphyxia due to neck compression
9 occurs. They can occur in other things, but we see
10 those. It's, excuse me, one of the clues that we may
11 need to look for injuries in a person's neck.

12 **Q.** So, by itself, if you see petechia, you
13 can't really say it's due to a particular cause of
14 death, correct?

15 **A.** That's correct.

16 **Q.** So, you look at the total picture?

17 **A.** That's correct.

18 **Q.** Including evidence of injuries around the
19 neck area?

20 **A.** Yes.

21 **THE COURT:** Excuse me. Do you need
22 some water?

23 **THE WITNESS:** That would be great.

24 **THE COURT:** We will get you some.

25 **THE WITNESS:** Sorry.

1 **THE COURT:** Do you need a break just a
2 minute?

3 **THE WITNESS:** I think I'm okay.

4 **THE COURT:** Kind of like -- you know,
5 like being in church or something, when you try not
6 to cough, it just makes it worse.

7 Okay. Let me know if you need to
8 stop.

9 **THE WITNESS:** I think I'm okay.

10 **THE COURT:** Okay.

11 **Q.** **(BY MS. REYNA)** And where did you mention
12 you found petechiae in this case?

13 **A.** On the inner surfaces, inner surfaces of
14 Michelle Warner's lips.

15 **Q.** I'm showing you State's Exhibit No. 203.
16 Can you tell the jury what's depicted in this
17 exhibit?

18 **A.** That's a picture of the inner surfaces of
19 her lips, and you would need to zoom in to be able to
20 see the petechiae. Probably better seen on the
21 photograph itself. Some of it is debris, but there
22 are small dotlike hemorrhages that are the more faint
23 little tiny dots that could be seen in the mucosa.

24 **Q.** Showing you State's Exhibit No. 204. What
25 is this a photograph of?

1 **A.** It's a photograph of the interface of the
2 upper lip. The previous one was her lower lip.

3 **Q.** And did you note any petechiae in the upper
4 lip?

5 **A.** Yes. It is difficult to see on the screen.
6 Probably easier on the photograph itself. But there
7 are some small little dotlike hemorrhages on the
8 mucosa of her lips.

9 **Q.** Do petechiae present anywhere else in the
10 body?

11 **A.** Yes, they can.

12 **Q.** Where else can they present?

13 **A.** Most commonly in the linings of the eyes
14 and in the skin around the eyes.

15 **Q.** Did you check the body of Michelle Warner
16 for petechiae in her eyes?

17 **A.** Yes.

18 **Q.** And tell me about that process.

19 **A.** So, the eyelids are -- you basically look
20 under the eyelids for petechiae. And in people that
21 are decomposed, as in Michelle Warner's case, her --
22 the linings of her eyes were discolored, dark red.
23 So, I was not able to see any petechiae there. It
24 doesn't exclude that they may have been there.

25 **Q.** So, there may be petechiae there; but the

1 decomposition, would that have prevented you from
2 being able to make that determination concretely?

3 **A.** It can, yes.

4 **Q.** And in this case, did it?

5 **A.** Yes.

6 **Q.** Let's talk about, besides the petechiae in
7 the mouth, what other evidence of injury did you
8 document?

9 **A.** There were fractures of the airway of
10 Michelle Warner, two areas of fracture. One area of
11 the fracture was in a part of the windpipe called the
12 cricoid cartilage. It's a ring of cartilage that's
13 just below the Adam's apple. And another area of
14 fracture --

15 **Q.** Let me stop you there. Let's talk about
16 the fracture of the cricoid cartilage.

17 How did you -- how did you begin to do
18 the examination of that area?

19 **A.** We made -- I made incisions on the base of
20 the neck, and then I inspected the muscles in a
21 layer-by-layer-wise fashion of the neck until her
22 windpipe is exposed.

23 **Q.** And are you actually able to extricate that
24 part of the body that you're looking at from the
25 body?

1 **A.** Yes. We removed the larynx, and basically
2 we removed the windpipe from the body in order to
3 examine it.

4 **Q.** Showing you State's Exhibit No. 210. Can
5 you tell the jury what is shown in 210?

6 **A.** Yes. The top part of the picture, I'm
7 going to put my dot where a person's Adam's apple
8 would normally be. It's approximately here. And
9 then -- so, her windpipe is -- or trachea is the
10 structure that you put in between the two lines. And
11 then the cricoid cartilage is a ring of cartilage
12 around the top. And there is a fracture -- I'm
13 drawing an arrow to point to the fracture of the
14 cricoid cartilage. It's a crack or a linear split in
15 the cartilage on the left-hand side.

16 **Q.** And you called that a complete vertical
17 fracture, correct?

18 **A.** Yes.

19 **Q.** Okay. And can you tell the jury -- explain
20 to them what would happens if someone's cricoid
21 cartilage is fractured like that? Just one single --
22 let's say one blow. Let me ask that. Can one blow
23 to the neck actually cause that fracture?

24 **A.** Yes, it could.

25 **Q.** Okay. And if someone was to receive a blow

1 to the -- if someone was to receive a blow to the
2 neck and receive that specific injury, what would
3 result?

4 **A.** In general, a person would still attempt to
5 breathe through their injured airway and may have
6 symptoms as if they were choking; but in a cricoid
7 cartilage fracture, in and of itself, shouldn't cause
8 a person to die.

9 **Q.** So, in and of itself, this injury does not
10 cause death?

11 **A.** Mildly, if there is a lot of bleeding and
12 swelling from it, it may, without medical attention,
13 cause death.

14 **Q.** So, it can cause someone to aspirate blood
15 as the blood is flowing into -- would that be the
16 trachea?

17 **A.** Yes.

18 **Q.** Okay. And was there evidence of that sort
19 of aspiration here?

20 **A.** No.

21 **Q.** Would that cartilage fracturing like this
22 possibly result in some sort of noise?

23 **A.** Yes.

24 **Q.** So, could you hear a pop or crack or
25 something of that nature?

1 **A.** You could, yes.

2 **Q.** Or snap, as well?

3 **A.** Yes.

4 **Q.** Now, you talked about a second fracture.

5 Can you tell the jury where that fracture was?

6 **A.** That fracture is located in the hyoid bone,
7 and that's a bone that's actually high up in the neck
8 just beneath the jawbone. It's a U-shaped bone in
9 the front of the neck.

10 **Q.** Let me show a diagram of a neck. That's
11 included in State's Exhibit 193. It would help the
12 jury. And this is a diagram that's included in
13 State's Exhibit 193, correct, Doctor?

14 **A.** Yes.

15 **Q.** So, on this diagram of the neck where she
16 is looking up, where would the hyoid bone be?

17 **A.** The hyoid bone would be there, just under
18 the jaw and above the Adam's apple.

19 **Q.** Okay. Now, were you able to remove the
20 hyoid bone from Michelle Warner's body?

21 **A.** Yes.

22 **Q.** Showing you State's Exhibit No. 211. Can
23 you tell the jury what's depicted in that photo?

24 **A.** That's a photograph of the hyoid bone of
25 Michelle Warner.

1 **Q.** And where would the fracture -- or where
2 was the fracture of the hyoid bone?

3 **A.** The fracture of the hyoid bone was on the
4 right side of the hyoid bone.

5 **Q.** So, in this picture, hard to tell, but what
6 side would that be?

7 **A.** Yeah. It would be here (indicating.)

8 **Q.** Okay.

9 **A.** You can't actually see the fracture in this
10 photograph because the soft tissue is still on the
11 hyoid bone.

12 **Q.** Doctor, I'm also going to show you some
13 more diagrams in the anthropology report included in
14 State's Exhibit 193. What is depicted there?

15 **A.** That is a diagram of the hyoid bone.

16 **Q.** Okay. So, on this diagram, where would the
17 fracture have been?

18 **A.** The diagram indicates the fracture of the
19 hyoid bone on the right side of the hyoid bone.

20 **Q.** And could the -- would the fracture of the
21 hyoid bone in and of itself, as seen in Michelle
22 Warner, would that cause someone's death?

23 **A.** Not necessarily.

24 **Q.** Okay. So, did you do any other examination
25 of the neck of Michelle Warner?

1 **A.** All of the soft tissues of the neck are
2 also examined during this process.

3 **Q.** And did you examine the exterior of
4 Michelle Warner's neck, as well?

5 **A.** Yes.

6 **Q.** Showing you State's Exhibit No. 205. What
7 is State's 205?

8 **A.** That's a photograph of the underneath of
9 the chin of Michelle Warner.

10 **Q.** And did you look for any skin contusions or
11 any other sort of discoloration around the neck of
12 Michelle Warner?

13 **A.** Yes.

14 **Q.** And why would you do that?

15 **A.** Just to see -- basically, to document any
16 injuries that were there.

17 **Q.** And were you able to document any injuries
18 on the exterior of Michelle Warner's neck?

19 **A.** I couldn't document any definite injuries.
20 There are areas that are more darkly discolored than
21 other areas, which in some cases with decomposition
22 may indicate that there was bruises there. But with
23 the decomposition, you can't really say if there is
24 bruises or not.

25 **Q.** Fair to stay because of the decomposition,

1 you can't tell what's decomposition and what's
2 bruising or injury?

3 **A.** That's correct.

4 **Q.** Did -- and you said you examined other
5 tissues in the interior of the neck. Did you report
6 or document any other evidence of injury to those
7 other tissues?

8 **A.** It was similar to the skin surface. There
9 were areas that were relatively darker, discolored in
10 the internal muscles of the neck, which may indicate
11 that there had been some hemorrhages there. However,
12 due to the decomposition, I couldn't tell if it was
13 solely represented to be decomposition or if there
14 was also hemorrhage.

15 **Q.** And did you examine the spinal cord or
16 spinal column in the neck of Michelle Warner?

17 **A.** Yes. Both.

18 **Q.** And what were the results of that
19 examination?

20 **A.** There were no injuries to the bones of her
21 spine of her neck, and there were no injuries of her
22 spinal cord.

23 **Q.** Okay.

24 **A.** And so, her neck wasn't broken, per se.
25 The spine of her neck was not broken. Her airway or

1 windpipe was fractured, the cartilage area of the
2 windpipe, as well as the hyoid bone.

3 Q. And a fracture and injury to the spinal
4 cord actually could cause immediate death; is that
5 correct?

6 A. Well, it could cause immediate
7 incapacitation and usually death shortly thereafter,
8 yes.

9 Q. Okay. And were there any other notations
10 you made, as far as a layered examination of the
11 throat?

12 A. Not that I know of.

13 Q. So, I want to talk to you about the
14 defendant's statement in this case. Now, you met
15 with Ms. Johnson and myself previous to your
16 testimony here today, correct?

17 A. Yes.

18 Q. And during that meeting, you observed a
19 small portion of the defendant's confession in this
20 case, correct?

21 A. That's correct.

22 Q. And you observed a short demonstration
23 between the defendant and an officer as to what he
24 says happened during this event, correct?

25 A. Yes, that's correct.

1 **Q.** And was that when you saw Sergeant Harris
2 on the table and the defendant standing over him?

3 **A.** I don't recall the sergeant's name, but
4 there was a police officer who was enacting to be
5 Michelle Warner.

6 **Q.** All right. And you heard him say that he
7 put pressure on the complainant's neck for a minute
8 and a half to two minutes; is that correct?

9 **A.** I don't recall if he said a minute and a
10 half to two minutes or one to two minutes; but, yes,
11 approximately that.

12 **Q.** And based on watching that interview, is
13 that consistent with what you saw appear in this
14 autopsy?

15 **A.** Yes.

16 **Q.** Okay. And what -- hold on. Let me back
17 up.

18 Did you form an opinion as to what the
19 cause of death of Michelle Warner was?

20 **A.** Yes.

21 **Q.** And what was that?

22 **A.** Strangulation.

23 **Q.** And how did you come to the determination
24 that it was strangulation?

25 **A.** That determination is based on the -- all

1 of the information that I had from the autopsy as
2 well as police investigative information; and that
3 includes the findings of a young, otherwise healthy,
4 person left out or buried in suspicious
5 circumstances.

6 Q. Let me stop you there. You talked with an
7 officer to obtain this information?

8 A. Yes.

9 Q. Okay. And besides the circumstances of her
10 being left in a field, what else did you use?

11 A. That there aren't any gunshot wounds or any
12 other obvious causes of death. She has fractures in
13 her neck that indicate that her neck was compressed,
14 and she had petechiae hemorrhages of her face. And
15 the combination of those things in a healthy person
16 leads to the diagnosis of strangulation.

17 Q. Okay. So, there was nothing otherwise that
18 you found in your examination that could have lead to
19 Michelle Warner's death?

20 A. No.

21 Q. And when we say strangulation, is that
22 consistent with someone putting their hands around
23 Michelle Warner's neck and squeezing?

24 A. Yes.

25 Q. And when a person dies as a result of

1 strangulation, what is the actual mechanism of death?

2 **A.** The most significant thing that occurs
3 during strangulation that causes death is that the
4 blood flow to the brain is occluded; and so, the
5 brain is not getting enough oxygen mainly because of
6 blood flow occlusion, which can also be attributed
7 directly to the airway is occluded; but you can
8 actually strangle someone without breaking anything
9 in the airway, just by cutting off the blood supply
10 to their brain.

11 **Q.** And let me ask you this: Would the cricoid
12 cartilage, in and of itself, without any sort of
13 prolonged pressure, would that have caused a lack of
14 blood or oxygen to the brain?

15 **A.** It may have caused some impairment of
16 getting air through the windpipe, but it wouldn't --
17 you know, it wouldn't impair the blood flow to the
18 brain, just the fracture itself.

19 **Q.** So, the fracture itself would not be
20 sufficient to cause Michelle's death?

21 **A.** No.

22 **Q.** Now, if the fracture had occurred, let's
23 say after a prolonged period of compression of the
24 neck, say squeezing the complainant's neck for a
25 minute and a half to two minutes and then the

1 fracture occurs, could that have caused the
2 complainant's death?

3 **A.** Yes.

4 **Q.** And what is important in that scenario, as
5 far as the cause of the complainant's death?

6 **A.** The fact -- the fact that she underwent
7 compression of her neck that occluded the blood flow
8 to her head.

9 **Q.** Let me ask you this: Is a victim's tongue
10 sticking out of their mouth, is that a possible
11 indicator of strangulation?

12 **A.** It's not necessarily an indicator of
13 strangulation. We can sometimes see someone's tongue
14 protruding from their mouth when the structures of
15 their neck, like the hyoid bone that are attached to
16 their tongue, are pushed upward. So, that can cause
17 the tongue to protrude from the mouth. And it
18 happens -- we see it in people who hang themselves or
19 if pressure being applied to the neck in an upward
20 direction, it can cause the tongue to come out.

21 **Q.** So, if one is applying pressure upwards to
22 the neck, that can cause the tongue to extrude from
23 the mouth?

24 **A.** Yes.

25 **Q.** Okay. And that same sort of pressure, can

1 that be -- could that be what caused a hyoid fracture
2 such as the one we saw in Michelle Warner?

3 **A.** Yes.

4 **Q.** Doctor, I want to give you a scenario. If
5 a person were to grab someone by the neck, throw them
6 down on a bed and fall on them, hear a pop and let go
7 without a prolonged period of compression, would that
8 cause a loss of consciousness?

9 **A.** Unlikely.

10 **Q.** Would that cause beyond that, somebody's
11 death?

12 **A.** Unlikely that it would occur immediately
13 unless, like I said before, the fracture continued to
14 bleed or swell; but then the person would still
15 breath and try to pass air through their fractured
16 airway.

17 **Q.** Okay. Because that would cause the trachea
18 to be completely obstructed, correct?

19 **A.** Correct.

20 **Q.** So some air is getting through?

21 **A.** That's correct.

22 **Q.** And based on your examination of the
23 complainant, you can't tell this jury how long
24 Michelle Warner's neck was actually compressed, can
25 you?

1 **MR. DAVIS:** Objection to leading, Your
2 Honor.

3 **THE COURT:** Overruled. You may
4 answer.

5 **A.** No, I can't tell how long her neck was
6 compressed based on the autopsy.

7 **Q.** **(BY MS. REYNA)** Are there any studies to
8 show how long it would take to compress somebody's
9 neck before a loss of consciousness would occur?

10 **A.** There are experimental studies in which
11 healthy police volunteers are -- their vascular -- or
12 blood vessels in that neck are compressed using an
13 arm for -- called a carotic sleeper hold. And in
14 those people, they lost consciousness in about 10 to
15 15 seconds. But there aren't any experimental
16 studies -- obviously, you can't do those experiments
17 in how long it takes to kill someone.

18 **Q.** So, in the studies, it's 10 to 15 seconds
19 before the volunteers just lose consciousness?

20 **A.** That's correct.

21 **THE COURT:** Let's go ahead and take
22 the afternoon recess until 3:30.

23 All rise for the jury.

24 May I see the lawyers before you get
25 away, please, at the bench?

1 **A JUROR:** Judge, can we walk around
2 the courthouse?

3 **THE COURT:** Yes.

4 **(Jury released)**

5 **THE COURT:** Thank you. I just wanted
6 to add something. I just wanted to add something to
7 the record with regard to the last photos which were
8 admitted, the ones you objected probative and
9 prejudicial value because I failed, I think, to put
10 on the record -- even though I went through the
11 mental process, that I did find that the probative
12 value outweighs the prejudicial value. I think I
13 failed to actually make a finding even though we were
14 all discussing it. Thank you so much. Thank you.

15 **(Recess taken)**

16 **THE BAILIFF:** All rise for the jury.

17 **(Jury enters the courtroom)**

18 **THE COURT:** Thank you. You may have a
19 seat.

20 You may begin.

21 **MS. REYNA:** Thank you, Judge.

22 **Q. (BY MS. REYNA)** Okay. Doctor, back to the
23 fracture of the cricoid cartilage of the neck. I
24 want to give you another hypothetical. If a person
25 were to grab the complainant by the neck to try to

1 subdue them and then fall into a bed with them,
2 falling, putting pressure on the neck, and that
3 caused a pop of the cricoid cartilage, fracturing,
4 would that cause her immediate death?

5 **A.** Not if we're talking about, you know, a
6 quick less than a second or two fall with -- without
7 some sort of prolonged squeezing of the neck that cut
8 off the blood flow.

9 **Q.** So, it would still require prolonged
10 squeezing or compression of the neck to cause the
11 death of the complainant?

12 **A.** Yes.

13 **Q.** Are the two neck fractures, the cricoid
14 cartilage and hyoid fracture, are those consistent
15 with forceful compression of the neck?

16 **A.** Yes.

17 **Q.** And are they consistent with someone
18 putting their hands on the complainant's neck and
19 squeezing?

20 **A.** Yes.

21 **Q.** And those, combined with petechiae you
22 observed in the mouth of the complainant, did that --
23 did that help determine the case of death here?

24 **A.** Yes.

25 **Q.** I want to talk about just some housekeeping

1 matters on the pictures.

2 Showing you State's Exhibit 206. What
3 is shown in this exhibit?

4 **A.** That is the T-shirt that was worn by
5 Michelle Warner as she came to us.

6 **Q.** And State's 207?

7 **A.** And those are the pants that she was
8 wearing.

9 **Q.** State's Exhibit 208?

10 **A.** That's a photograph of the duct tape after
11 it had been removed from her ankles.

12 **Q.** And State's 209?

13 **A.** And that's a photograph of the plastic bag
14 that had been over her head.

15 **Q.** I want to talk briefly about that plastic
16 bag. You did not include that plastic bag as any
17 sort of evidence as to the cause of death, did you?

18 **A.** I didn't include any sort of asphyxia from
19 the plastic bag over her head in the wording of the
20 cause of death, no.

21 **Q.** And why not?

22 **A.** I felt that she had the neck injuries that
23 indicated her neck was compressed, and I didn't have
24 any good indication that the bag had been placed on
25 her head when she was still alive. I thought it was

1 likely that it could have been placed after she died;
2 and with the evidence that her neck had been
3 compressed by the fractures in the airway and the
4 petechiae, I thought it was more consistent with her
5 being strangled than suffocation by a plastic bag.

6 Q. And if someone placed a plastic bag over
7 somebody's head and they are still alive and
8 breathing, would there be some movement in that bag?

9 A. Yes. Usually, yes.

10 Q. And looking at State's Exhibit No. 193, I
11 want to talk about the date of death shown there.
12 And what date of death does the report show?

13 A. It shows the date of death, September 30,
14 2012.

15 Q. And is that the day we actually think
16 Michelle Warner actually died?

17 A. No. No, it isn't. And it in -- in our --
18 the way that we indicate date of death in our office,
19 many times people are found dead and pronounced at
20 the time they're found dead. And so, that is the
21 date that we use for the date of death for legal
22 purposes, both for the report and the death
23 certificate. It doesn't mean that the person
24 actually died on that date.

25 Q. Okay. And so, September 30, 2012 would be

1 the day she was found in the oil field and pronounced
2 dead by someone at that scene?

3 **A.** Yes, that's correct.

4 **Q.** And you mentioned cause of death was
5 strangulation. What is the manner of death?

6 **A.** The manner of death is homicide.

7 **Q.** Now, as part of your autopsy, did you order
8 any toxicology tests?

9 **A.** Yes.

10 **Q.** And could you tell the jury what toxicology
11 tests are?

12 **A.** Toxicology testing is laboratory chemical
13 testing done on body tissues or blood or body fluids
14 of -- in this case, a deceased person. You can do it
15 on live people, too; but it's to look for any
16 evidence of medications, drugs, or alcohol in their
17 system.

18 **Q.** And you ordered one in this case, correct?

19 **A.** Yes.

20 **Q.** And now, you don't actually do the testing
21 yourself, do you?

22 **A.** No, I don't.

23 **Q.** Okay. Now, what were the results of that
24 testing?

25 **A.** That there was amphetamine detected in the

1 liver tissue of Michelle Warner as well as some
2 ethanol detected in the liver muscle and in the
3 spleen tissue.

4 Q. Okay. I'm showing you on the overhead a
5 portion of State's Exhibit No. 193 or a section of
6 it. What is that?

7 A. Sorry. Can you repeat that?

8 Q. Showing you a section of State's Exhibit
9 No. 193. Could you tell the jury what that is?

10 A. That is a copy of the toxicology laboratory
11 report with the results --

12 Q. Okay.

13 A. -- of the testing.

14 Q. Showing the amphetamine and specimen in the
15 liver?

16 A. Correct.

17 Q. And is that consistent with prescription
18 Adderall?

19 A. Yes, it would be consistent with a
20 prescription or pharmaceutical form of amphetamine.

21 Q. Were there any other drugs other than
22 ethanal found in Michelle Warner's body?

23 A. No. None of the drugs tested were found.

24 Q. Now, when you received Michelle Warner's
25 body, was any blood still inside the body?

1 **A.** No, there was no blood in the circulation
2 anymore.

3 **Q.** Okay. So, you didn't actually have her
4 blood tested for drugs or alcohol, correct?

5 **A.** That's correct. And that's just due to
6 decomposition. It's usual that you can't recover
7 actual blood from bodies that have started to
8 decompose.

9 **Q.** Okay. And I want to focus on the ethanal
10 now because we have got three different results,
11 correct?

12 **A.** Yes.

13 **Q.** Liver, muscle, and spleen. You're looking
14 at a very wide from .07 to .22. And what is ethanol?

15 **A.** Ethanol is the type of alcohol that's found
16 in alcoholic beverages, but it also can be produced
17 by the body during decomposition.

18 **Q.** Okay. So, tell -- can you tell the jury
19 how it's produced in the body during decomposition?

20 **A.** I don't know the actual chemical reaction,
21 but it's -- the cell breakdown causes ethanal to be
22 formed.

23 **Q.** Okay. So, as a body decomposes, does the
24 length of time it spends decomposing determine the
25 ethanol that you may find?

1 **A.** I don't know if there is a direct
2 correlation, but it doesn't start forming right away.
3 So, if a person dies and an hour later they're
4 tested, they're not going to already have ethanol.
5 It does take a time period to start forming ethanol.

6 **Q.** Okay. So, if you find a decomposed body
7 that's been left to decompose for six days, would you
8 expect to find ethanol there?

9 **A.** Yes.

10 **Q.** Would you be surprised if there was no
11 ethanol in the body?

12 **A.** Yes.

13 **Q.** So, can we say what percentage -- or how
14 much of that ethanol is due to decomposition and how
15 much would be to alcohol having been consumed?

16 **A.** No, I can't tell that. It could all be due
17 to decomposition, but the ethanol that you get from
18 decomposition is chemically the same as the type of
19 ethanol in alcoholic beverages. So, there is no way
20 to sort of know if a person had a drink and then also
21 started to decomposing or had multiple drinks and was
22 decomposing, but this level isn't unusual for
23 decomposition.

24 **Q.** So, no way to tell if this was actually
25 alcohol from drinking and how much of it was in the

1 system at the time of death?

2 **A.** That's correct.

3 **Q.** Doctor, based on your education, training,
4 and experience as a medical doctor, can a person's
5 hands be considered a deadly weapon?

6 **A.** Yes.

7 **Q.** And are they capable of causing death or
8 serious bodily injury?

9 **A.** Yes.

10 **Q.** Dr. Doyle, if someone places their hands
11 around someone's neck and squeezes, is that an act
12 clearly dangerous to human life?

13 **MR. DAVIS:** Objection, Your Honor.
14 That calls for an improper opinion.

15 **THE COURT:** Overruled.

16 **A.** Yes. I mean, depending on the force that's
17 used, yes, if they put their hands around the neck
18 and squeeze forcefully, that's dangerous to human
19 life.

20 **Q.** (BY MS. REYNA) And could that also cause
21 serious bodily injury?

22 **A.** Yes.

23 **MS. REYNA:** I pass the witness, Judge.

24 **THE COURT:** Thank you.

25 Cross-examination?

CROSS-EXAMINATION

1

2 **Q.** *(BY MR. DAVIS)* How you are doing, Doctor?

3

A. Good.

4

Q. How are you doing?

5

A. I'm fine. You?

6

Q. Good. Good. Good. My name is Eric Davis.

7

You and I have met.

8

A. Yes, we have.

9

Q. On multiple occasions?

10

A. Yes.

11

Q. In the past over the years --

12

A. Yes.

13

Q. -- right?

14

A. Yes, that's correct.

15

Q. And you just talked about hands being a

16

deadly weapon and squeezing around a neck. Now,

17

obviously, it depends on the force that is being

18

used, right?

19

A. That's correct.

20

Q. Someone just placing their hands around

21

someone's neck and squeezing isn't by itself an act

22

clearly dangerous to human life. You would agree

23

with that?

24

A. I would agree with that, yes.

25

Q. It involves the circumstances, right?

1 **A.** Whether or not it's hazardous to human life
2 would involve the amount of squeezing that's done,
3 yes.

4 **Q.** Yes, ma'am. And the circumstances in which
5 one is doing it, true?

6 **A.** I'm not sure if it would -- if the
7 circumstances would matter more than I think what
8 would matter is the force and duration of the
9 squeeze.

10 **Q.** Yes, ma'am. And that can be indicated by
11 circumstances. Would you agree with that?

12 **A.** I suppose it could, yes.

13 **Q.** Now, in terms of drugs in the system that
14 you found, the toxicology report, the toxicology
15 report showed Adderall, right?

16 **A.** It actually showed amphetamines.

17 **Q.** Yes, ma'am.

18 **A.** Which Adderall is a prescription form of
19 amphetamine.

20 **Q.** Now, you don't know what those drugs were
21 from, prescription or if they were being abused,
22 true?

23 **A.** Can I -- I don't know what exactly they are
24 from, but the -- when you see pure amphetamine in a
25 person's system, it's not consistent with the street

1 type of drug methamphetamine --

2 Q. Certainly.

3 A. -- that people abuse. It's more consistent
4 with being pharmaceutical or a pill form of
5 amphetamine.

6 Q. You agree with me that people abuse
7 prescription drugs all the time, right?

8 A. Yes, they do.

9 Q. And so, my question to you is: When you
10 see Adderall in the system, you don't know if this is
11 from a legitimate prescription or if it is someone
12 who has been abusing drugs, true?

13 A. Oh, yes, that's correct. I can't tell
14 whether it's a prescription or from abusive
15 prescription medication.

16 Q. So, if someone has a history of abusing
17 Adderall and getting Adderall illegally and you
18 founding it in the system, that would be consistent
19 with someone who abused drugs?

20 A. Yes, it could.

21 Q. And in that particular situation,
22 Ms. Warner's body, you actually found the presence of
23 Adderall?

24 A. There was amphetamine, which could be
25 Adderall. Yes, that's correct.

1 **Q.** And this isn't something that's normally
2 produced by decomposition, true?

3 **A.** That's a difficult question. You can get
4 some false positive, but this actually was confirmed
5 to be amphetamine by the toxicology.

6 **Q.** Right. So, my question was: This isn't
7 something that's produced as a result of, from what
8 you found, in terms of toxicology, it wasn't
9 something that was produced as a result of
10 decomposition, true?

11 **A.** Right. This was actually confirmed to be
12 amphetamine.

13 **Q.** Meaning the person had it in their system
14 at the time of their death?

15 **A.** Yes, that's correct.

16 **Q.** Now, the alcohol, we don't know one way or
17 the other whether or not the person had alcohol or
18 not, true?

19 **A.** That's correct.

20 **Q.** Now, there are some treatises and certain
21 textbooks that you consider to be authoritative,
22 correct?

23 **A.** Can you explain what you mean by
24 authoritative?

25 **Q.** Well, when you went to medical school and

1 you did your residency, you used certain textbooks to
2 help guide you and teach you what you were looking
3 for during autopsies, correct?

4 **A.** Yes, I did.

5 **Q.** And there are some textbooks that are
6 considered by other medical examiners across the
7 country as being authoritative, meaning they are used
8 to instruct medical examiners about different
9 situations, correct?

10 **A.** Yes, there are.

11 **Q.** Most of the science, in terms of what
12 you're doing in terms of pathology, is something that
13 is done through observation and learning, true?

14 **A.** Yes.

15 **Q.** So, you build on what other people have
16 learned and other people have written about, correct?

17 **A.** Yes, that's correct.

18 **Q.** A lot of findings that you use, a lot of
19 findings that you make, and things you look for in
20 making those findings, are things that can be readily
21 found in textbooks, right?

22 **A.** Yes.

23 **Q.** There are some textbooks that aren't as
24 authoritative -- by authoritative, that aren't as
25 valid or as accepted as others, correct?

1 **A.** There -- yes, there may be some textbooks
2 that aren't as accepted as others.

3 **Q.** And there is a textbook that you use that
4 you find to be very accepted?

5 **A.** Yes. There was a textbook that we used in
6 our training that we talked about before, Spitz and
7 Fisher's textbook that we use predominantly in our
8 training, but that is not the only --

9 **Q.** Yes, ma'am. I understand.

10 **A.** -- reference.

11 **Q.** There is also a textbook, a reference book
12 by DeMayo, correct? Am I saying his name wrong?

13 **A.** Yeah. I think you're referring to the
14 textbook by Dr. DeMayo.

15 **Q.** DeMayo. Thank you. Dr. DeMayo, which is
16 considered by many to be authoritative; but there is
17 a book by Spitz and Fisher that you consider to be
18 authoritative?

19 **A.** I -- if -- when -- when you are saying
20 "authoritative," you mean that everything in the book
21 is correct. I would disagree with that. But I think
22 there are -- both of those textbooks are useful and
23 have a lot of information.

24 **Q.** Sometimes --

25 **A.** -- that's useful.

1 **THE REPORTER:** Excuse me.

2 **THE COURT:** Sorry. Let's -- guys,
3 it's real important that the two of you not talk at
4 the same time. It's already happened about three
5 times.

6 **MR. DAVIS:** I will control it going
7 forward, Judge.

8 **THE COURT:** You are a little quick on
9 that "I". So, you know, if she is answering the
10 question, don't come back and elaborate or elucidate.
11 Let her give that answer, and then you can come back
12 and clarify. But if you start trying to clarify
13 while she is still giving her answer, it's just very
14 difficult for the court reporter.

15 Thank you. So, if you will be both be
16 extra careful.

17 **THE WITNESS:** Yes.

18 **THE COURT:** Thank you very much.

19 **Q.** **(BY MR. DAVIS)** Dr. Doyle, you and I talked
20 about textbook -- textbooks that you would consider
21 authoritative, and you pointed me to Spitz and
22 Fisher, right?

23 **A.** That's correct.

24 **Q.** You even provided me with a copy of the
25 chapter on asphyxiation, true?

1 **A.** Yes. I didn't; but our office did, yes.

2 **Q.** When we were meeting, you pulled the
3 textbook and we were going to copy it, but I think
4 you had to go into another meeting?

5 **A.** Yes. That's correct.

6 **Q.** In your findings, when you sat down and you
7 looked at it, there were a lot of things that weren't
8 consistent with strangulation; isn't that right?

9 **A.** In my findings in the autopsy?

10 **Q.** Yes, ma'am.

11 **A.** Were there things that weren't consistent?

12 **Q.** Yes, ma'am.

13 **A.** No, I don't agree with that statement.

14 **Q.** All right. Now, usually in strangulation
15 cases, one of the things that's almost a touchtone of
16 a strangulation case are fingertip injuries; is that
17 true?

18 **A.** They occur frequently in strangulations,
19 yes.

20 **Q.** And part of the reason is if a person's
21 airway is being cut off or if there is compression to
22 the neck, the person may be grabbing to try to break
23 the compression, true?

24 **A.** No, I don't -- I don't agree with that
25 statement. Fingertip injuries on the skin of the

1 victim?

2 Q. Skin of the complainant.

3 A. On the skin can be due to the fingertips of
4 a person compressing their neck?

5 Q. In terms of their actual fingertips,
6 though.

7 A. It --

8 Q. Their fingertips.

9 A. Well, the victim's fingertips can sometimes
10 cause injury if they are trying to remove the other
11 person's hands. But, in general, in strangulations,
12 when you have fingertip injuries on the skin, you're
13 talking about injuries from the person that's doing
14 the neck compressing.

15 Q. Yes, ma'am. I'm not talking about
16 fingertip injuries on the skin. I'm talking about
17 injuries to the fingertips of the complainant. One
18 of the things that some of the literature suggests is
19 that injuries to the fingertips is something that you
20 see present in people who have been strangled?

21 A. That, I disagree. That is not going to be
22 prevalent in every case of strangulation. In this
23 case --

24 **THE COURT:** Sorry.

25 A. -- the literature does not say that it is.

1 **THE COURT:** Sorry. One at a time. I
2 was talking. Repeat the last part of the answer.

3 **A.** Injuries on the fingertips of the victims
4 of strangulation are not a necessary part of the
5 diagnosis of the strangulation.

6 **Q.** (**BY MR. DAVIS**) And in this case, you didn't
7 find any injuries to the fingertips?

8 **A.** Her fingertips were sloughed off in the
9 first place, but she didn't -- what was remaining of
10 her, there were no visible injuries.

11 **Q.** And in terms of her neck, you were able to
12 examine her neck, right?

13 **A.** Yes.

14 **Q.** You talked about there being discoloration
15 around her neck?

16 **A.** Yes. There is discoloration on the skin of
17 her neck and internal in her neck.

18 **Q.** And discoloration made it difficult --
19 because of the decomposition made it difficult for
20 you to be able to determine whether or not there was
21 bruising around the neck?

22 **A.** Yes, that's correct.

23 **Q.** But you were able to go into layers of
24 muscle, right?

25 **A.** Yes. So, that's -- a normal part of the

1 procedure is to look at each layer of muscle.

2 Q. And --

3 A. Yes.

4 Q. And, yes or no, you were able to pull back
5 and find that there was hemorrhaging in her neck
6 under the skin, true?

7 A. No. I didn't refer to it as hemorrhaging.
8 It's just discoloration that may represent
9 hemorrhaging; but due to the decomposition, I
10 couldn't be sure.

11 Q. The discoloration that you saw in the neck
12 was in the front of her neck area, correct?

13 A. That's correct. Yes.

14 Q. In terms of the discoloration that could
15 have represented hemorrhaging, it was in this area of
16 her neck. Would that be accurate (indicating)?

17 A. There was some under her chin, and it was
18 also around her airway.

19 Q. There wasn't any discoloration in her neck
20 in the back area; isn't that true?

21 A. That's correct.

22 Q. In other words, the focal point of all of
23 the hemorrhaging was here (indicating) -- or
24 discoloration that could have been hemorrhaging was
25 here (indicating), true?

1 **A.** What I saw as discoloration may have
2 represented hemorrhaging, but it may also represent
3 decomposition, was localized to the anterior port of
4 her neck, yes.

5 **Q.** And in terms of what may have been
6 decomposition, that wasn't any dark coloration here
7 in the back of the neck that could have represented
8 decomposition or hemorrhaging, correct?

9 **A.** Actually, everything in the body sort of
10 gets a darker discoloration. What I was referring to
11 are areas of more relatively darker discoloration
12 than the rest of the decomposition. So, the back of
13 her neck did have some dark discoloration secondary
14 to decomposition, but it didn't have any areas of
15 more relative dark discoloration like I saw in the
16 front of the neck.

17 **Q.** Yes. So, obviously, if there is some
18 grabbing towards the back of the neck, in terms of
19 gripping around the neck and some pulling from the
20 front and from the back, that would be something that
21 could compress an airway?

22 **A.** Yes, that could compress an airway.

23 **Q.** And could cut off airflow?

24 **A.** It could cut off airflow, yes.

25 **Q.** And cut off blood flow?

1 **A.** Yes. That's correct.

2 **Q.** All right. Constant pressure around the
3 front and the back area, pulling, right, would cut
4 off that flow?

5 **A.** Yes, it could. If enough pressure is
6 applied, it could have cut off airflow and blood
7 flow.

8 **Q.** And in this situation, there wasn't any
9 injury that you were able to observe or any
10 discoloration that was darker than any other
11 decomposition to the back of the neck?

12 **MS. REYNA:** Objection, Your Honor,
13 asked and answered.

14 **THE COURT:** Overruled. But then let's
15 move on to something else.

16 **MR. DAVIS:** Yes, ma'am, I am. Thank
17 you.

18 **THE COURT:** Thank you.

19 We were saying "thank you" in unison.
20 All right. Thank you.

21 **MR. DAVIS:** You're welcome.

22 **THE COURT:** Okay.

23 **A.** Now I forgot what the question was. I'm
24 sorry. The back of the neck had no relative darker
25 discoloration as the front of the neck did.

1 **Q.** *(BY MR. DAVIS)* So, obviously, with injuries
2 being isolated in the front, that would be consistent
3 with someone falling and applying pressure to the
4 front, true?

5 **A.** It could be, yes.

6 **Q.** In terms of reaching a decision about this
7 being a strangulation, you really can't say the
8 length of time that there was compression or cutting
9 off of airflow; isn't that right?

10 **A.** That's correct.

11 **Q.** In fact, the only reason you are able to
12 reach a conclusion of strangulation is because you
13 can't find any other apparent reason why the
14 complainant deceased, true?

15 **A.** It's based on the fact she has got injuries
16 of her neck indicating neck compression, petechiae,
17 and that there are no other causes of death.

18 **Q.** That's right. In terms of being able to
19 look at her body and injuries on her body and
20 thinking go back to what actually may have happened,
21 that's outside your area of expertise, true?

22 **A.** I mean, I can usually say if something
23 is -- a scenario is consistent with the injuries that
24 I find on a body; but to specifically say exactly
25 what happened in a -- in a scenario just from looking

1 at a body, I can't say.

2 Q. Because you're not an accident
3 reconstructionist?

4 A. That's correct.

5 Q. And, in fact, you're usually able to say if
6 certain things are possible based on the injuries you
7 saw on the body, right?

8 A. Yes.

9 Q. And in terms of her cause of death, now,
10 some of the literature seems to suggest that if there
11 is a blow to the neck, it could cut off the airway.
12 A fall or blow to the neck could stretch the
13 ligaments and fracture the skeletal positions inside
14 the neck and cut off the airflow; is that true?

15 A. Yes.

16 Q. So, without compression, someone could
17 sustain a blow -- very forceful blow to the neck that
18 could fracture the ligature -- meaning, I guess, that
19 cricoid ligament -- and maybe some bones, as well,
20 and could cut off the airflow; isn't that true?

21 A. A blow to the neck could fracture the
22 airway, but the fracture in the cricoid cartilage was
23 not completely obstructing the airway.

24 Q. Now, obviously, you're looking to after the
25 fact, right?

1 **A.** Yes.

2 **Q.** So, the position that the bone was in terms
3 of the trachea, you can't really say what it was at
4 the time that she died; isn't that right?

5 **A.** I mean, the fracture probably -- I mean,
6 there would be no reason for the fracture to be
7 altered, as far as I know. But, yeah, I don't know
8 exactly what it looked like at the time that she was
9 dead.

10 **Q.** Movement of the body and movement of the
11 head could alter the way the fracture is inside the
12 head; isn't that right?

13 **A.** I don't -- I don't really think that
14 movement can alter the way a fracture is.

15 **Q.** In terms of someone putting a bag over her
16 head, moving her head or twisting her head could
17 cause that?

18 **A.** I mean, the way the fracture is opposed
19 against itself, you would have to put probably more
20 pressure on the neck to alter it in any way. And I
21 think any alteration of it might cause, you know,
22 more obstruction rather than less, after the fact.

23 **Q.** Ten or 15 seconds is what it would take for
24 someone to be rendered unconscious?

25 **A.** That's what was shown in experimental

1 situations with healthy volunteers who weren't
2 struggling against that. So, in an actual situation
3 of strangulation, I don't know that that exact number
4 would apply. Ten to 15 seconds is what it took those
5 healthy volunteers to be rendered unconscious when
6 their carotics were compressed by a carotic sleeper
7 hold.

8 **Q.** And someone was put in a -- if someone was
9 being -- had their airway compressed, it could be
10 less than 10 or 15 seconds; is that right?

11 **A.** I don't -- yeah, I don't know that. Nobody
12 knows that.

13 **Q.** Yes, ma'am. But, basically, from what you
14 know of studies, if the airway is cut off or be
15 obstructed in some manner, a person can faint after
16 10 or 15 seconds?

17 **A.** If it's isolated airway compression, most
18 of the literature says it takes longer to cause
19 unconsciousness than if the blood vessels are cut
20 off.

21 **Q.** And the blood vessels being cut off would
22 just be a tighter grip?

23 **A.** Not necessarily, no. The airway takes more
24 pressure to compress than the blood vessels.

25 **Q.** So, in terms of causing death, the airway

1 would take more pressure -- sorry. Strike that.

2 In terms of causing death, it would be
3 the cutoff of the blood flow to the brain is what you
4 believe would be the ultimate cause of death from
5 strangulation?

6 **A.** It's one of the main mechanisms that's
7 occurring. It's not the only mechanism that's
8 occurring. But, yes, it's prolonged compression of
9 the blood, the blood flow from getting to the brain.
10 And airway compression is also involved.

11 **Q.** Now, you said on a couple of occasions that
12 some cutting off of the airflow and the popping or
13 fracturing of that cartilage in her neck would have
14 caused death; is that right?

15 **A.** I -- can you repeat that? Would have or
16 would not have?

17 **Q.** Could potentially have caused her death?

18 **A.** What I said was that a quick compression
19 with an isolated cricoid cartilage fracture, I do not
20 believe would cause immediate death is what I said.

21 **Q.** Right. But it could cause death over time.
22 I remember that.

23 But my question to you is: Could that
24 pressure to the neck causing the -- on the fracture
25 of the cartilage with the addition of some

1 compression cause death?

2 **A.** Yes.

3 **Q.** Do you know how much pressure would have
4 caused death in this situation?

5 **A.** No.

6 **Q.** If someone's involved in a struggle and if
7 they are -- they have been attacked and they are
8 grabbing and they start to squeeze and then they have
9 a fall and there is force to the neck area and the
10 airway is crushed, is it possible that that could
11 cause death?

12 **A.** Yes.

13 **MR. DAVIS:** May I have one moment,
14 Judge?

15 **THE COURT:** Yes, sir.

16 **(Brief pause)**

17 **MR. DAVIS:** May I approach the
18 witness, Judge?

19 **THE COURT:** Yes, sir.

20 **Q.** **(BY MR. DAVIS)** Now, Dr. Doyle, I'm going to
21 show you a photo that for identification purposes I'm
22 going to mark as Defendant's 3, just for
23 identification purposes only. And I want you to take
24 a look at it.

25 Do you recognize that?

1 **A.** Yes.

2 **Q.** Okay. Is that one of the photos you took
3 as part of the autopsy?

4 **A.** Yes.

5 **Q.** And I want to show you what's been marked
6 as Defendant's Exhibit's 1 and 2. Take them, ma'am.
7 Take a look at them.

8 **A.** (Witness complies.)

9 **Q.** Do you recognize Defendant's 1 and 2,
10 ma'am?

11 **A.** Yes.

12 **Q.** Are these the same or at least, I guess,
13 closeups of the photographs that I just showed you
14 earlier marked as Defendant's 3?

15 **A.** Yes.

16 **Q.** Do they fairly and accurately represent a
17 part of the body during that autopsy that you took?

18 **A.** Yes. It's the photograph of the trachea
19 and larynx from the autopsy.

20 **Q.** And are they fair and accurate
21 representations of the trachea and larynx from that
22 autopsy?

23 **A.** Yes.

24 **Q.** Okay.

25 **MR. DAVIS:** And, Your Honor, I offer

1 Defendant's 1 and 2 into evidence. And let the
2 record reflect that I'm tendering them to the State.
3 Sorry.

4 **MS. REYNA:** The State has no
5 objection, Judge.

6 **THE COURT:** 1 and 2 are admitted.

7 **Q. (BY MR. DAVIS)** Dr. Doyle, Defendant's 1 is
8 a photograph of the trachea; is that right?

9 **A.** Yes, it's the trachea with the larynx
10 attached to it.

11 **Q.** Can you tell us what the function of the
12 trachea is?

13 **A.** Yes. It's the airway that brings air from
14 your nose and mouth when you breathe down into your
15 lungs.

16 **Q.** And in this photograph, is there -- is this
17 trachea how a trachea normally looks like?

18 **A.** No, it is not.

19 **Q.** And this shape of the trachea is different;
20 is that right?

21 **A.** Yes.

22 **Q.** And in this particular situation, the
23 trachea is flattened, true?

24 **A.** It's not totally flattened. There is an
25 area of indentation --

1 **Q.** Uh-huh (affirmative.)

2 **A.** -- that runs along it.

3 **Q.** In the trachea itself, it is kind of more
4 flattened on the right side?

5 **A.** Yes.

6 **Q.** And Defendant's Exhibit No. 2 is also a
7 picture of the trachea, right?

8 **A.** It's actually sort of in the middle that's
9 indented.

10 **Q.** Right.

11 **A.** That picture is kind of at an angle.

12 **Q.** This picture is a little straighter on?

13 **A.** Yes.

14 **Q.** Okay. And this one sort of shows it kind
15 of more so towards the right side, though?

16 **A.** The -- well, I mean, grossly, it's net
17 midline. The other picture where it's not still in
18 the body might be before that to show -- I describe
19 it in the report as the indentation being in the
20 midline.

21 **Q.** Yes, ma'am. Is it above or below the
22 cricoid?

23 **A.** That's below.

24 **Q.** Flattening is below the cricoid?

25 **A.** Yes.

1 **Q.** And could you show us on this photograph
2 where the cricoid is?

3 **A.** (Indicating.)

4 **Q.** And the cricoid has what function, ma'am?

5 **A.** The cricoid is another part of the
6 windpipe. It lays high up in the trachea, and it
7 just lends support to the airway.

8 **Q.** And then in this particular situation,
9 prior to dissecting the body, that cricoid was --
10 sorry. After dissecting the body, you learned that
11 the cricoid was split?

12 **A.** Well, during the dissection of the neck, I
13 learned that it was fractured.

14 **Q.** Now, ma'am, about how far down was the
15 flattening extending towards her chest?

16 **A.** I didn't measure how far down it was, just
17 indented in the midline.

18 **Q.** Was it isolated in an area?

19 **A.** It -- I describe it as being the trachea.
20 So, that usually means the whole trachea.

21 **Q.** How narrow down is the trachea extending?
22 If you could demonstrate for us and show us in terms
23 of a person's body.

24 **A.** The trachea actually goes all the way into
25 the chest cavity. I don't -- it's -- I usually see

1 it internally. So, it's probably to about here
2 (indicating.) And then it splits into two airways
3 that go into each lung.

4 Q. And in this particular situation, the
5 trachea indentation was isolated primarily in the
6 neck area?

7 A. Yes. I did not -- actually, I don't recall
8 if I saw it on the part that's in the chest or not.

9 Q. Are you familiar with the concept of vagal
10 reflex? Vagal reflex?

11 A. Yes. It is vagal reflex.

12 Q. Thank you. Could you describe for us what
13 that is, ma'am?

14 A. Yes. It's basically a fainting reflection
15 that can occur for different reasons. There can be a
16 number of reasons that it occurs.

17 Q. Is one of the reasons that it occurs a
18 force to the neck?

19 A. Yes, it can occur from a force to the neck
20 and can occur in an abrupt force to the neck, yes.

21 Q. And, in fact, it's -- vagal reflex is
22 something that can cause death, true?

23 A. It can in certain circumstances, yes.

24 Q. And, in fact, it actually presents very
25 similar to strangulation in terms of what you see as

1 the cause of death; isn't that right?

2 **A.** I would disagree with that in that people
3 who are thought to be dying from vagal reflex alone
4 tends not to have injuries of their neck.

5 **Q.** Well, if -- if the abrupt impact to the
6 neck that would cause the vagal reflex would leave
7 bruises and injuries, that would be somewhat
8 consistent with the presentation of strangulation,
9 correct?

10 **A.** If you have both, if you have compression
11 or a force to the neck that causes injuries to the
12 neck, that can actually look like strangulation, yes.

13 **Q.** All right. Now, you're saying now not only
14 because of the injuries presented in the neck, right?

15 **A.** I don't understand the question.

16 **Q.** You're saying that it can look like
17 strangulation only because of the injuries to the
18 neck that you would see during strangulation?

19 **A.** You -- what I said was a blow to the neck
20 can cause injuries that you see in strangulations.

21 **Q.** And vagal reflex is something that can
22 cause death instantaneous, pretty quick?

23 **A.** I don't think instantaneously; but it can
24 cause death quickly, yes.

25 **Q.** In fact, the presentation is almost

1 identical to strangulation if there is some -- some
2 compression?

3 **A.** I would disagree with that because in cases
4 of vagal reflex, in -- you tend not to see if someone
5 is dying from an isolated vagal reflex from
6 compression on the nerves in their neck. You don't
7 see the other injuries in the neck.

8 **Q.** Well, you actually see some thyroid
9 cartilage with vagal reflex, right?

10 **A.** No. That has -- vagal reflex is a separate
11 thing from injuries of the neck itself. It's a
12 separate entity. Can they occur together? Yes. But
13 they are two separate things.

14 **Q.** Now, in the textbook with Spitz and Fisher,
15 they talk about vagal reflex, right?

16 **A.** Yes. There is a portion that talks about
17 vagal reflex.

18 **Q.** If you saw it, would that refresh your
19 recollection whether there's discussion of vagal
20 reflex?

21 **A.** Yes.

22 **Q.** Do you need to see it?

23 **A.** If you're going to ask me what's in the
24 textbook, I probably do need to see it; but --

25 **Q.** Yes, ma'am.

1 **MR. DAVIS:** May I approach the witness
2 again?

3 **THE COURT:** Yes, sir.

4 **Q.** **(BY MR. DAVIS)** I'm going to show you this
5 and this page, page 8. And this is -- and this is a
6 textbook that you sent me, right? The chapter you
7 sent me?

8 **A.** Yes. I think the administration person
9 sent it to you; but that's the one they pointed out
10 to you, yes.

11 **Q.** And I'm directing your attention to Page
12 810 of the chapter on asphyxiation, which is chapter
13 14, written by Dr. Spitz?

14 **A.** Yes.

15 **Q.** If you could just read that paragraph to
16 yourself.

17 **A.** A karate chop to the neck --

18 **Q.** To yourself, ma'am. Sorry.

19 **A.** Oh, okay.

20 Okay.

21 **Q.** So, vagal reflex is something that can be
22 present with fractures and injuries; isn't that
23 right?

24 **A.** It can be, but that scenario was describing
25 a karate chop to the neck with extensive destruction

1 of the structures.

2 Q. And in this particular situation, there are
3 some destruction of the structures, would you agree,
4 in the autopsy that you did of Michelle Warner?

5 A. That is fracture of her cricoid cartilage
6 and her hyoid bone.

7 Q. Right. So, you have that present in this
8 case, right?

9 A. Yes, you have that; but you don't have what
10 they are describing in that.

11 Q. Well, now, if a person was to have their
12 hands extended and fall with their weight on
13 someone's neck, that could be the equivalent force of
14 a karate chop, right?

15 A. I don't know how to measure that force.

16 Q. Yes, ma'am. But it could be the equivalent
17 force of a karate chop described in vagal reflex?

18 A. I don't know the answer to that.

19 Q. Yes, ma'am. But vagal reflex force with
20 one blow can cause death?

21 A. That's correct. Yes.

22 Q. And there is no way to differentiate or
23 distinguish it from strangulation; isn't that
24 correct?

25 A. Petechiae can distinguish it.

1 **Q.** You testified petechiae can be caused by a
2 number of different things, true?

3 **A.** Yes. That's correct.

4 **Q.** And petechiae by itself isn't something
5 that you relied on for strangulation; isn't that
6 right?

7 **A.** That's correct, not by itself.

8 **Q.** And oftentimes some other disorders present
9 themselves as petechiae, true?

10 **A.** Yes. They can, yes.

11 **Q.** In this case, you didn't find a lot of
12 petechiae. Would you agree with me?

13 **A.** That's correct. Yes.

14 **Q.** You find a lot of petechiae -- sometimes
15 you can find petechiae in places other than the mouth
16 and the eyes in cases of strangulation; is that
17 right?

18 **A.** Yes. That's correct.

19 **Q.** You can actually find it around areas where
20 the person is alleged to have been strangled, true?

21 **A.** They usually occur above the area where the
22 compression occurs.

23 **Q.** Yes, ma'am. But it can actually occur like
24 in the skin, above the area where the compression
25 occurred?

1 **A.** That's correct. Yes.

2 **Q.** And in this case, you saw no discoloration
3 that would lead you to believe it was petechiae,
4 right?

5 **A.** I did not see any petechiae on her skin.

6 **Q.** And, in fact, you saw decomposition in her
7 mouth, right?

8 **A.** Yes.

9 **Q.** And even though you saw decomposition on
10 her mouth area, you still were able to identify what
11 you believed may have potentially been petechiae in
12 her mouth, correct?

13 **A.** Yes. There were petechiae in her mouth.

14 **Q.** And even though there was discoloration due
15 to decomposition on the skin outside the body, you
16 still were able to note certain types of bruises that
17 were there; isn't that right?

18 **A.** That's incorrect. I just noted that some
19 of the areas appeared darker than others.

20 **Q.** Under her chin, you noticed some bruising,
21 true?

22 **A.** Again, it was discoloration. Could it have
23 been bruising? Yes. Could it just be an artifact of
24 decomposition? Possibly.

25 **Q.** In terms of her neck, there was nothing

1 that you noted that looked like it might be
2 petechiae; is that right?

3 **A.** On her neck I could not see any petechiae.
4 That's correct.

5 **MR. DAVIS:** I pass the witness, Judge.

6 **THE COURT:** Thank you.

7 State, redirect?

8 **MS. REYNA:** Briefly, Judge.

9 **REDIRECT EXAMINATION**

10 **Q.** (BY MS. REYNA) Doctor, I want to talk to
11 you about vagal --

12 **A.** Yes.

13 **Q.** -- vagal reflex.

14 **A.** Uh-huh (affirmative.)

15 **Q.** Can you rule out vagal reflex in the case
16 of Michelle Warner?

17 **A.** It would be highly unlikely in somebody
18 like her to die instantaneous from a vagal reflex.
19 And you can never 100 percent with certainty rule out
20 something like that. But the fact that she has
21 petechiae don't fit with that. And the fact that she
22 is a young person without any other types of
23 cardiovascular disease. Normally people who are
24 going to succumb to a vagal reflex are going to have
25 cardiovascular disease or types of cardiovascular

1 disease like a bad heart that would make them more
2 susceptible.

3 Q. And we don't see that in Michelle Warner's
4 case, do we?

5 A. That's correct.

6 Q. Okay. And you said something about neck
7 injuries helping to rule out vagal reflex. How do
8 they help in this case?

9 A. What I meant by that is that whether -- as
10 a medical examiner, you're trying to decide whether
11 to call something a strangulation or not, the fact
12 that they have evidence, the fact that the person has
13 evidence of forceful neck compression like fractures
14 wouldn't indicate some sort of accidental stimulation
15 of, you know, a nerve that someone didn't mean to do.
16 And sometimes that comes up in cases in which two
17 people are sexually involved and there may be some
18 compression of the neck and then, basically,
19 accidental strangulation is a thought to -- is
20 thought to be a possibility.

21 If someone's got forceful injuries to
22 their neck, you know, it's not just some stimulation
23 of this area of the carotid sinus that causes a vagal
24 reflex, because there is an injury to the neck.

25 Q. Okay. And you saw the video

1 reconstruction, video reenactment, and the
2 defendant's statement of what he claims happened with
3 Michelle Warner, correct?

4 **A.** Yes.

5 **Q.** And there was no karate chop in that
6 reenactment, was there?

7 **A.** No.

8 **Q.** And, in fact, you heard him say he held her
9 for a minute and a half -- or you remember a minute
10 up to two minutes, correct?

11 **A.** Yes.

12 **Q.** And is that consistent with strangulation
13 or vagal reflex?

14 **A.** It's consistent with a death due to
15 strangulation.

16 **Q.** And we talked about the petechiae. Were
17 there hints of petechiae in the complainant's eyes?

18 **A.** There were areas of irregularity of the
19 discoloration; but because I couldn't definitely say
20 that they were petechiae, I don't call things unless
21 I'm sure about it. And could there have been
22 petechiae there? Yes. But because of the
23 decomposition, I could not tell.

24 **Q.** So, you rule on the conservative side and
25 say no petechiae in the eyes, correct?

1 **A.** Correct.

2 **Q.** And it was the decomposition of Michelle's
3 body that keeps you from being able to determine if
4 there was petechiae anywhere else, correct?

5 **A.** Correct.

6 **Q.** And you don't -- your pathological findings
7 don't mention the indentation of trachea as far as
8 your pathological findings. Why not?

9 **A.** Because I was not sure that it was actually
10 an injury and that it could have been from
11 decomposition alone, because the cartilaginous tissue
12 also gets softer.

13 **Q.** So, the decomposition sort of gets in the
14 way of being able to determine what's injury and
15 what's not, correct?

16 **A.** That's correct.

17 **Q.** And, Doctor, with the totality of the
18 circumstances in this case -- the injuries to the
19 neck, the two different fractures, the petechiae you
20 did see in the oral cavity, the fact that this is a
21 young female who is dumped out in an oil field and
22 potentially buried, had no other health issues --
23 these are all -- and the fact that we know some of
24 what the defendant said happened, all these
25 circumstances are what led you to believe this is a

1 strangulation, correct?

2 **A.** Yes. That's correct.

3 **MS. REYNA:** I pass the witness, Judge.

4 **THE COURT:** Thank you.

5 Any recross?

6 **MR. DAVIS:** Very briefly, Judge.

7 **REXCROSS-EXAMINATION**

8 **Q.** (**BY MR. DAVIS**) Now, Dr. Doyle, you talked
9 about her not having any cardiovascular issues or any
10 other health problems. Now, were you given medical
11 records from Michelle Warner?

12 **A.** No, I wasn't.

13 **Q.** Were you given any -- any physical
14 examinations or records of any physical examinations
15 she underwent prior to being present in front of you?

16 **A.** No.

17 **Q.** Are you aware of the fact that certain drug
18 abuse that it has on the cardiovascular system?

19 **A.** Yes.

20 **Q.** People who have a history of abusing
21 cocaine actually have -- and I would say a hindered
22 cardiovascular system. Would you agree?

23 **A.** They could have cardiovascular problems,
24 yes.

25 **Q.** Someone who has abused prescription drugs

1 over a period of time could also have that, as well;
2 is that right?

3 **A.** Yes.

4 **Q.** And the focal point of your autopsy and
5 your examination wasn't looking at a cardiovascular
6 system; isn't that right?

7 **A.** The -- that is part of the examination,
8 yes. The cardiovascular system is also examined.

9 **Q.** In terms of focal point of your
10 examination, that isn't, is it?

11 **A.** There is really no focal point when you're
12 doing an autopsy. You have to look at all the
13 organs.

14 **Q.** When you are doing an autopsy, you're
15 looking for damage to organs, true?

16 **A.** You're also looking for diseases --

17 **Q.** You're looking for --

18 **A.** -- to the --

19 **Q.** You're looking for trauma to the organs, as
20 well, right?

21 **A.** You're looking for both, yes.

22 **Q.** In your autopsy report, you don't make
23 notes of findings about those other organs; isn't
24 that right?

25 **A.** There are findings, yes. They are all

1 described in the autopsy report.

2 Q. And in terms of describing the state of her
3 trachea and the state of her neck area, you go into
4 great detail describing the things you have seen,
5 right?

6 A. So, more detail is needed in the areas
7 where you find abnormalities than in the areas where
8 you don't. And then, otherwise, you state what the
9 normal appearance of the organ is.

10 Q. You sent certain organs out for testing?

11 A. I didn't -- I consulted an anthropologist
12 to look in the neck structures.

13 Q. Yes, ma'am. And he actually did further
14 investigation. That was part of your opinion, right?

15 A. Yes.

16 Q. So, in other words, just from a visual
17 viewpoint of the neck area, that alone wasn't
18 sufficient for you to be able to make that
19 determination of strangulation?

20 A. It probably would have been alone, but the
21 anthropologist can do a better job documenting. They
22 use a special chemical processing to clean the
23 structures better and can get better photographs and
24 do a good job documenting it.

25 Q. That's right. And so, you had some

1 additional microscopic analysis done of those
2 particular structures?

3 **A.** I can't remember if the anthropologist did
4 microscopic analysis or just a gross analysis, but
5 they can do both.

6 **Q.** Right. And you have that available to test
7 certain organs, as well?

8 **A.** We -- no. The anthropologist only looks at
9 bone structures.

10 **Q.** All right. But you have the ability to be
11 able to do a microscopic analysis of certain organs,
12 as well; is that right?

13 **A.** Yes.

14 **Q.** And that wasn't done with any of the other
15 organs; is that right?

16 **A.** Yes, it was.

17 **Q.** Which organs were looked at
18 microscopically, ma'am, in the report?

19 **A.** The heart, lungs, kidneys, liver, brain,
20 and the cricothyroid muscle.

21 **Q.** And where is that referenced in the report,
22 Dr. Doyle?

23 **A.** It's page 9.

24 **Q.** This examination was done by Kristen
25 Alvarenga?

1 **A.** Yes -- yes. But I also looked at the
2 slides with her.

3 **Q.** Yes, ma'am. And in terms of these slides,
4 she talks a lot about petrification; is that right?

5 **A.** Right. Petrifactive changes.

6 **Q.** And that's mostly a function of
7 decomposition?

8 **A.** Yes. That's correct.

9 **Q.** So, for the most part, she wasn't able to
10 really make any findings as to the heart, as to the
11 liver, as to the lungs, or the kidney because of the
12 decomposition?

13 **A.** Basically, decomposition is going to limit
14 everything that you look at.

15 **Q.** Yes, ma'am.

16 **A.** Not only the gross and microscopic
17 findings. You can still see some things even with
18 decomposition. If there is scarring in the heart,
19 you can still see that; but it does limit your
20 ability to --

21 **Q.** So --

22 **A.** -- to --

23 **Q.** So, in terms of being able to tell whether
24 or not she had any issues with her cardiovascular
25 system. Because of the decomposition, you weren't

1 able to find that out; is that right?

2 **A.** I don't agree with that statement, no.

3 **Q.** Now, most of her findings -- every finding
4 she lists says there were no findings in reference of
5 the section; and she talked about petechial changes
6 manifested by a loss of nuclear and cellular detail
7 and bacterial growth. So, she wasn't able to make
8 any findings.

9 **A.** The -- what she says is there are no
10 significant histologic findings. In cases in which
11 people are decomposed that have significant heart
12 disease, you can still see that.

13 **Q.** Significantly?

14 **A.** In those people, yes.

15 **Q.** Significant heart disease --

16 **A.** Yes.

17 **Q.** -- right?

18 In terms of vagal reflex, it doesn't
19 require significant heart disease; is that right?

20 **A.** People would disagree with that.

21 **Q.** There are some people --

22 **A.** With the --

23 **THE REPORTER:** Excuse me.

24 **THE COURT:** Excuse me.

25 **Q.** **(BY MR. DAVIS)** There are some pathologists

1 who would agree with that?

2 **A.** Possibly, but not that I know of.

3 **Q.** The literature you provided me doesn't
4 state that it requires that there be some
5 cardiovascular injury or some decompressed
6 cardiovascular system; is that right?

7 **A.** It doesn't state that it requires that, but
8 it's -- it does make statements that it's highly
9 unlikely in a person that's a young, healthy
10 person --

11 **Q.** Right.

12 **A.** -- that doesn't have a history of some
13 problem --

14 **Q.** Right.

15 **A.** -- with their --

16 **THE COURT:** Excuse me. Mr. Davis, let
17 her finish her answer before you start the next
18 question, please. It's late. The court reporter has
19 had a hard day, and you are making it harder. Thank
20 you.

21 **MR. DAVIS:** I have been trying to go
22 slower, Judge. And I'm sorry.

23 **THE COURT:** Can I tell you, I
24 appreciate how much you have slowed down; but you
25 just are so eager to get the next question out that

1 you talk while she is still talking.

2 **MR. DAVIS:** Right.

3 **THE COURT:** So, if you can just work
4 on that part a little more, I think we will have it.
5 Thank you.

6 **Q.** (**BY MR. DAVIS**) Well, ma'am, it doesn't also
7 assume the person has a history of abusing drugs;
8 isn't that right?

9 **A.** I don't understand -- I can't answer that
10 question accurately. That textbook doesn't talk
11 about drug abuse and vagal reaction at all together,
12 that I know of.

13 **Q.** And the textbook doesn't talk about
14 cardiovascular system being impaired in vagal reflex,
15 either?

16 **A.** Yes, it does.

17 **Q.** In a different place other than where it
18 talks to asphyxiation, ma'am?

19 **A.** No. It's in that chapter.

20 **Q.** All right. Let me ask you this: It would
21 have been better to be able to have some medical
22 information, medical history of Ms. Warner, in making
23 that determination. Would you agree or not agree?

24 **A.** If medical history had been available, I
25 would have definitely looked at it, yes.

1 **Q.** Yes, ma'am. And having medical history
2 might have helped you either rule out vagal reflex or
3 determine that wasn't the cause, true?

4 **A.** I don't think we considered vagal reflex as
5 a cause of death in Ms. Warner.

6 **Q.** Because of petechiae?

7 **A.** Because of the whole case, because of her
8 neck injuries, her petechiae, the way she was found,
9 I would not have considered that as a cause of death.

10 **Q.** You would agree with me that you aren't an
11 accident reconstructionist, right?

12 **A.** Yes, I agree with that.

13 **Q.** And you can't look at the injuries that
14 were sustained and try to extrapolate and figure out
15 what may have happened, true?

16 **A.** I -- I disagree. I think that I can look
17 at injuries that were sustained and give
18 possibilities on how they were sustained. To be able
19 to say exactly how they were sustained, no, I can't
20 do that.

21 **Q.** In terms of giving likelihood about
22 pressure and in terms of actions, you can't -- that's
23 outside your expertise, as well?

24 **A.** To say exactly how much pressure is used, I
25 cannot say that, yes.

1 **Q.** And when you watched the video -- the
2 portion of the video from Mr. Castellano's statement,
3 he shows that he is falling with force on Michelle
4 Warner; isn't that right?

5 **A.** I don't recall if they are falling with
6 force. He shows a fall.

7 **Q.** And he is falling on top of her, right?

8 **A.** I think he was demonstrating falling on top
9 of the police officer.

10 **Q.** And the injuries that you saw, at least the
11 discoloration that you saw, that could be attributed
12 to decomposition or could be attributed to hemorrhage
13 in the areas where he is saying he was falling; isn't
14 that true?

15 **A.** They are in areas in front of her neck
16 where he is saying his hands were present, yes.

17 **Q.** All right. And the areas around her neck,
18 in the areas on the side and in the back, you didn't
19 see the discoloration that could be decomposition or
20 could be some hemorrhage?

21 **MS. REYNA:** Objection, Your Honor,
22 asked and answered.

23 **MR. DAVIS:** Clarifying on
24 recross-examination, Your Honor.

25 **THE COURT:** Yes. That's overruled.

1 But then let's -- ask it again, and then let's go on
2 to something else.

3 **MR. DAVIS:** Yes, ma'am.

4 **THE COURT:** Did you say "yes, ma'am"
5 before I finished? Then let's go on to something
6 else. Thank you.

7 **MR. DAVIS:** Yes, ma'am.

8 **THE COURT:** Thank you.

9 **Q. (BY MR. DAVIS)** Do you need me to repeat the
10 question?

11 **A.** Yes, please. Sorry.

12 **THE COURT:** And I think that had a
13 negative in it. If it did, let's try and ask it
14 without a negative.

15 **Q. (BY MR. DAVIS)** Isn't it true that you did
16 not find any discoloration that could have been a
17 result of decomposition or hemorrhage in the area
18 towards the side and back of Michelle Warner's neck?

19 **A.** The side part is not true. Because part of
20 the discoloration on the sides of the thyroid
21 cartilage, I would consider the side of her, the
22 sides of her neck. But there was no relative darker
23 discoloration in the back of her neck.

24 **Q.** And isn't it true that death could have
25 been caused from a person with the hands around

1 someone's neck and falling with the full force of
2 their weight forward on that person's neck? Isn't
3 that true?

4 **A.** It's highly unlikely.

5 **Q.** We talked about that earlier; and you said
6 yes, that that was possible. And I asked you that
7 same question again, and you're saying it's highly
8 unlikely.

9 **A.** That's correct.

10 **Q.** Now, every time I have cross-examined you
11 or talked, you have always testified for the State;
12 is that right?

13 **A.** That's correct.

14 **Q.** Have you ever testified for the Defense?

15 **A.** No.

16 **Q.** You generally work closely with law
17 enforcement, true?

18 **A.** That's correct.

19 **Q.** The police always contact you, even before
20 they make a case, right?

21 **A.** Before -- I don't think they contact me.
22 It depends on the case. They don't always contact me
23 before they press charges against someone or --

24 **Q.** Your office responds to the scene and
25 investigates along with police officers, true?

1 **A.** In some cases, yes.

2 **Q.** And, in fact, before you even do an autopsy
3 report, you are talking to police officers and
4 getting additional information to help you make your
5 findings, right?

6 **A.** Can you repeat that? I'm sorry.

7 **Q.** Before you complete your autopsy report,
8 you're talking to police officers and gathering
9 additional information to help you make your
10 findings?

11 **A.** In some cases, yes.

12 **MR. DAVIS:** I don't have any other
13 questions.

14 **THE COURT:** Redirect?

15 **MS. REYNA:** Nothing further, Judge.

16 **THE COURT:** Thank you.

17 Is Dr. Doyle excused for all purposes,
18 or do you need her on call?

19 **MS. REYNA:** Subject to recall, Judge.

20 **THE COURT:** Okay. So, you're free to
21 go today subject to recall. Is that a problem?

22 **THE WITNESS:** No, that's fine.

23 **THE COURT:** Okay. Thank you. Thank
24 you so much.

25 **(Witness released)**

1 **THE COURT:** So, members of the jury,
2 we're going to quit for the weekend. I hope you get
3 some nice weather in there somewhere, although the
4 rain sure is nice, isn't it?

5 Please remember the instructions I
6 have given you before. Don't communicate at all
7 about the case. And, of course, don't read, listen,
8 or watch any news. Sorry. And we will see you
9 Monday morning at 10:00. Thank you.

10 All rise, please, for the jury.

11 **(Jury released)**

12 **(END OF TODAY'S PROCEEDINGS)**

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