

1 on file for more than 14 days.

2 MR. DAVIS: No objection.

3 THE COURT: State's 53 is admitted
4 without objection.

5 You may proceed.

6 MS. FALK: *And, Judge, may I approach the*
7 *witness?*

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

9 **SARA DOYLE, M.D.,**

10 having been previously duly sworn, testified as follows:

11 **DIRECT EXAMINATION**

12 Q (BY MS. FALK) Doctor Doyle, I'm going to hand
13 you State's 53 so that we can refer to it in just a
14 minute, but before we get there, can you tell us your
15 full name?

16 A Yes. I'm Doctor Sara Doyle.

17 Q Where do you work?

18 A I work at the Harris County Institute of
19 Forensic Sciences.

20 Q That is the new title for what we used to call
21 the Medical Examiner's Office?

22 A Yes, it is.

23 Q Now, before we talk about what you do at the
24 Institute for Forensic Sciences, I would like to talk
25 about your educational and professional background. Can

1 you walk us through what education you've had?

2 A Yes. I received my undergraduate degree,
3 bachelor of science degree in cell and molecular biology
4 from Tulane University in New Orleans. I then went to
5 medical school at LSU in New Orleans, where I received
6 my M.D. or medical doctorate. That was followed by five
7 years of residency in pathology at the Mount Sinai
8 Hospital in New York City. I then did a one-year
9 fellowship training in forensic pathology at the Office
10 of the Chief Medical Examiner in New York City, and
11 following that, I worked in New York City for a year as
12 a city medical examiner and also studied forensic
13 neuropathology.

14 I have worked at the Harris County
15 Institute for Forensic Sciences now for just over eight
16 years as an assistant medical examiner. And prior to my
17 starting work here at the Harris County Medical
18 Examiner's Office, I studied for and passed board exams
19 in the subjects of anatomic, clinical and forensic
20 pathology. So I am board certified in those subjects.

21 Q Can you tell us what anatomic pathology is?

22 A Anatomic pathology is the larger field of
23 pathology that deals with the study of disease and
24 injury. Forensic pathology is a subset of that, but
25 anatomic pathology includes, in addition to forensic

1 pathology, hospital-based pathology, in which organs
2 that have cancer or such things are removed and the
3 pathologist examines it to make a diagnosis.

4 Q And can you also explain to us what forensic
5 pathology is?

6 A Yes. It is the branch of pathology that deals
7 with determining cause and manner of death in people who
8 die suddenly or unexpectedly or of violent means.

9 Q Now, in your capacity as an assistant medical
10 examiner, do you perform autopsies?

11 A Yes, I do.

12 Q And over the course of your eight years with
13 the Harris County Institute of Forensic Sciences,
14 approximately how many autopsies have you performed?

15 A It's approximately 2300, maybe slightly over.

16 Q Have you testified before as well?

17 A Yes.

18 Q As an expert in district courts in Harris
19 County?

20 A Yes.

21 Q Approximately how many times have you
22 testified?

23 A I'm not sure exactly. It's usually between 5
24 and 10 times a year. So to be conservative, I guess
25 50ish.

1 Q Now, let me talk to you about how autopsies
2 get assigned to each assistant medical examiner, how it
3 works in Harris County. Can you explain to us how cases
4 even get assigned to HCIFS?

5 A Yes. Whenever there's a death in Harris
6 County, if the person was not attended by a physician
7 who knows their cause of death or if the death is due to
8 any kind of injury or is not of natural causes, our
9 office gets a phone call and we have a staff of
10 investigators who decide that it is our jurisdiction to
11 be in charge of the cause and manner of death
12 determination in that case. And so then at that point
13 the person is assigned a case number and their body is
14 brought into our office so that we can do an
15 examination.

16 Q At some point were you assigned an examination
17 on ML11-0939?

18 A Yes.

19 Q And that's the case that you're here to
20 testify about today, right?

21 A Yes.

22 Q Can you tell us how it is you get assigned a
23 case as opposed to another coworker or peer of yours?

24 A It is basically just the order in which the
25 cases come in. There are doctors assigned to be on the

1 autopsy service on a particular day and depending on
2 where you fall in the rotation the day before, you might
3 be first, second or third up, and we have a list of
4 doctors. And so the cases are assigned first by
5 priority cases, which include children or homicide
6 victims, and then just in random order following that.
7 Each doctor gets one case, and then if there are more
8 than that, you go down the row again and each doctor
9 will get a second case until all of the case numbers
10 have been assigned.

11 Q And typically on any given day how many cases
12 would you handle or autopsies would you perform?

13 A It varies, but we don't normally do -- well,
14 at this point we don't normally do more than three
15 autopsies in one day. It was different previously, but
16 now no more than three. So anywhere from zero to three.

17 Q And how many doctors are employed by the
18 Institute of Forensic Sciences?

19 A I need to think for a minute.

20 We have 12 medical examiners who are on
21 the regular rotation to have cases and then one deputy
22 chief who also will do autopsies occasionally. So 13
23 people total to do autopsies.

24 MS. FALK: Your Honor, may I approach the
25 witness?

1 THE COURT: Yes, ma'am.

2 Q (BY MS. FALK) Doctor Doyle, I'm going to show
3 you State's Exhibit No. 54. Are you familiar with this
4 document?

5 A Yes.

6 Q And tell me what this document is generally.

7 A That's a copy of the autopsy report that I
8 prepared on case number ML11-0939, on the body of
9 Mr. Jim Andrew Lee, Jr., and it includes copies of the
10 diagrams that I prepared as well as a copy of a
11 toxicology report that wasn't prepared by me but that's
12 part of the case file.

13 Q And then I'm also going to have you look at
14 State's Exhibit Nos. 55 through 65. I'm going to ask
15 you to look at and glance at those. Are they fair
16 depictions of the body of ML11-0939 of the pictures both
17 before and during the autopsy?

18 A Yes, they are.

19 MS. FALK: Your Honor, at this time the
20 State would offer State's Exhibits 54 through 65.

21 MR. DAVIS: May we approach briefly, Your
22 Honor?

23 THE COURT: Yes, sir.

24 (Discussion up at bench:)

25 MR. DAVIS: State's Exhibit 54, Your

1 Honor, contains some hearsay as well as some statements
2 from some other witnesses who are not here. If I could
3 show it to the Court. It is the last page, and I would
4 argue that the defendant is denied his Sixth Amendment
5 Right to confrontation, to the toxicology report. So I
6 would object to that part of the medical examiner's
7 report. I would object to that portion of the report.
8 I think everything else in there is what Doctor Doyle
9 did.

10 MS. FALK: That is a portion of the
11 autopsy report and it is a public record.

12 THE COURT: The laboratory report, the
13 toxicology report, is not part of the autopsy report; is
14 that correct?

15 MS. FALK: That's correct.

16 THE COURT: So unless you can articulate
17 some exception, some reason, it's voided.

18 MS. FALK: That's fine.

19 THE COURT: 54 will be admitted with the
20 redaction of the very last page.

21 MS. FALK: We will literally tear it. I
22 don't mind you doing it.

23 THE COURT: 54 is now admitted without
24 objection.

25 MR. DAVIS: That is correct, Your Honor.

1 I would also object to State's 60, Judge. 60 contains
2 information that I would just argue that is prejudicial
3 and runs the danger of confusing the jury because it
4 contains things that occurred absent surgery. This is
5 duplicitous. There's other pictures that show the same
6 injury. That picture shows the same injury and this
7 graft that was prepared by the doctor shows the location
8 of that same injury as well, but it -- I'm sorry, it
9 doesn't contain those bed sores, but it does contain the
10 exact same injury. It is a diagram. It is in one of
11 the pictures that she's already introducing, and to add
12 that, I think it is prejudicial because it contains
13 injuries that Mr. Lee sustained that weren't in any way
14 attributed to Mr. Richie. He has bed sores, the part
15 that looks like scalding, those are things that aren't
16 attributed to Mr. Richie at all.

17 MS. FALK: Judge, the reason that I am
18 introducing both of them is because 60 includes -- it
19 shows both portions and it shows the body as it was at
20 the time of autopsy. I have no problem, I'll withdraw
21 61.

22 You're saying it's duplicitous?

23 MR. DAVIS: 61, I don't have a problem
24 with. I'm objecting to 60 in part because it is
25 duplicitous and it contains information that isn't

1 attributed to this. It has some stuff that occurred
2 while he was in the hospital, and it runs the risk of
3 confusing the jury thinking it was all due as a result
4 of this man.

5 MS. FALK: My only concern about doing it
6 the opposite way is that 60 is the more general look.
7 61 is the up close. If you don't have 60, you can't
8 tell where 61 is.

9 THE COURT: Let me see the other
10 photographs. 60 does appear to be the only photograph
11 of those wounds that are depicted in 61 that gives some
12 perspective as to where they are in the picture, one big
13 photo.

14 MR. DAVIS: I would agree with the
15 pictures that she's trying to introduce, but there's a
16 diagram that's also attached to the medical examiner's
17 report that shows where those injuries are in relation
18 to his whole body.

19 THE COURT: I understand under the theory
20 you can always look at the photograph and look at the
21 diagram. You are withdrawing 61?

22 MS. FALK: Yes.

23 THE COURT: We'll admit 60 as long as
24 there is some explanation to the jury through this
25 witness that the medical interventions are not

1 attributable to the cut or stab.

2 MS. FALK: The bed sores?

3 THE COURT: In other words, if there is
4 anything on 60 that is medical intervention, that is to
5 be cleared up in part of the question in the State's
6 questioning on State's Exhibit 60.

7 The Court finds 60 is relevant and will
8 be admitted. The Court further finds that there is some
9 probative value and it does not substantially outweigh
10 any danger or confusion of the issues and the Court will
11 allow 60 in over objection.

12 So 61 is withdrawn.

13 (In the hearing of the jury)

14 THE COURT: State's Exhibit 54 is
15 admitted without objection. State's Exhibit 61 is
16 withdrawn. State's Exhibit 60 is admitted over
17 objection. State's Exhibits 62, 63, 64, 65, 59, 58, 57,
18 56 and 55 are admitted without objection.

19 Q (BY MS. FALK) Why do you all do an autopsy?

20 A We perform autopsies so that we can basically
21 determine a person's cause of death and to look for any
22 disease or injuries that may be on a person's body. So
23 we perform an autopsy to find any injuries or
24 abnormalities in a person's body that could have caused
25 their death.

1 MS. FALK: Your Honor, may I publish the
2 exhibits that were just introduced to the jury?

3 THE COURT: Yes, ma'am.

4 Q (BY MS. FALK) Now, in this case involving the
5 body of Jim Lee, if we look at the very front -- is this
6 your autopsy report? I guess I should ask that first.

7 A Yes, it is.

8 Q What date did you actually do the autopsy?

9 A The autopsy was performed on March the 27th,
10 2011.

11 Q And what do you have for the date of death?

12 A The date of death that we have on record is
13 March 26th, 2011.

14 Q And can you tell me -- and I'll zoom in
15 here -- when did you complete your official report?

16 A On May 24th, 2011.

17 Q Now, when you receive a body that you are
18 supposed to perform an autopsy on, what's the first
19 thing that you do?

20 A It varies depending on what type of death we
21 believe it is in people who have maybe gunshot wounds or
22 penetrating injuries like stab wounds, we will perform
23 X-rays on the body to make sure we're not missing any
24 bullets or pieces of metal from a knife that may be
25 retained in the person's body.

1 After that's done, the first thing that
2 we do is begin our external examination of the body,
3 which is by just looking at the surfaces of a person's
4 body to see if they have any injuries or abnormalities
5 and we take sets of photographs of the person's body
6 exactly how it is when they come to us.

7 Q Now, in regards to this case, how did the body
8 come to you?

9 A He came to us unclothed from a hospital with
10 some evidence of medical intervention on him.

11 Q So just to kind of prepare the jury for what
12 we're going to see, you will see some other injuries
13 that are not really related to his cause of death but it
14 is due to medical treatment and medical intervention?

15 A I wouldn't refer to them necessarily as
16 injuries per se, but there are some changes of his body
17 that are not normally seen on a person's body that are
18 related to his hospitalization and medical intervention.

19 Q And when we talk about his hospitalization,
20 were you aware that he had been hospitalized?

21 A Yes.

22 Q And how were you aware of that?

23 A When we are informed of a death, we have a
24 staff of investigators who try to obtain as much
25 information as possible from the hospital staff who

1 report the death to us or police officers and they
2 prepare a report, so they inform us of the information
3 prior to us beginning the autopsy.

4 Q And were you able to at some point, maybe not
5 before you began the autopsy, but were you able to
6 actually review Mr. Lee's medical records?

7 A Yes.

8 Q And how were you able to do that?

9 A We request copies of the medical records from
10 a hospital where the person may have been hospitalized
11 prior to their death, and they sent us a copy of that.

12 Q Did you receive those?

13 A Yes.

14 Q Were you able to review them?

15 A Yes.

16 Q Are they the same as the big, giant stack
17 that's in front of you that's marked as State's Exhibit
18 53?

19 A I would have to go through page by page to say
20 they are exactly the same.

21 Q I don't want you to go through all 500, 600
22 pages.

23 A I can check the medical record number and the
24 hospital.

25 Q And to clarify for the record, that was

1 State's Exhibit 53?

2 A Yes. They have the deceased's name, they're
3 the same medical record number and they are dated the
4 same hospitalization date as the records I have.

5 Q Why is it you review those records in this
6 case when you're coming to your ultimate conclusion
7 about the cause of death?

8 A We review medical records of any person who
9 has been hospitalized immediately before their death.
10 So anybody who was in the hospital, even if it was for
11 15 minutes in the emergency room, we get those medical
12 records prior to determining a cause or manner of death,
13 and it is just so we have as much information as
14 possible about the person prior to making a
15 determination.

16 Q Now, you said in this case kind of a first
17 step is you do an X-ray to determine possibly a stab
18 wound or gunshot wound that the victim had. So did you
19 all do X-rays in this case?

20 A Yes, we did.

21 Q And then after you performed the X-rays, what
22 was the next step that you all did for this autopsy?

23 A The next step is we do concurrently an
24 external examination in which the outer surfaces of a
25 person's body are examined by me. I look at the

1 surfaces of his body and instruct a photographer to take
2 photographs of his body exactly how we receive it when
3 he's still in the body bag before we remove anything off
4 of him.

5 Q Now, after you do those preliminary photos of
6 the person still in the body bag, what did you do next
7 in this case?

8 A This sort of happens at the same time. If
9 there's any evidence that needs to be collected, in this
10 case I think I did fingernail scrapings and clippings on
11 Mr. Lee, that's collected before the body is
12 manipulated. Then the body will be cleaned and any
13 therapeutic intervention removed so that we can make
14 sure we see all the body surfaces and diagram any
15 injuries or abnormalities on the surface of the body.

16 Q What do you see when you say therapeutic
17 intervention?

18 A Examples would be catheters or IV lines in the
19 arms or other areas. Any adhesive tape over the body
20 surfaces, bandaging over the body surfaces, tubes,
21 either catheter tubes in the bladder, things like that
22 that might obstruct your view of injuries in the body,
23 those are removed after they are documented as being
24 there.

25 Q And so turning to your report, you have

1 several pages that have summaries that say external
2 appearance, right?

3 A Yes.

4 Q And I'm going to actually move these straight
5 back to your diagram and have us walk through that and
6 then intervene with some of the pictures as we get to
7 the relevant external injuries. Okay?

8 So if we look here on the back, it is
9 entitled down at the bottom page one, but it is actually
10 towards the back of the report. Can you tell us what
11 this is?

12 A That's a diagram of Mr. Lee's body where I am
13 specifically diagramming the injuries that I noted on
14 his body.

15 Q And how is it that you start your external
16 observation? Do you start head-toes or toes-head?

17 A I don't think it is necessarily the same every
18 time. Usually it's generally from head to toe, but if a
19 person has absolutely no injuries on their head, I might
20 look at their chest and diagram those first. It's not
21 the same every time for me.

22 Q So on Mr. Lee, let's start up here at the top
23 and work down. Can you tell us what the first injury is
24 that you document as having observed on Mr. Lee's head?

25 A Yes. He had a small cut or what I call it in

1 the autopsy report as an incised wound on his nose.

2 Q And now I'm going to direct your attention to
3 State's Exhibit No. 55. Is this a picture of Mr. Lee?

4 A Yes.

5 Q And do we have a title for this type of
6 photograph?

7 A It's generally referred to as an
8 identification shot of a person's face. I don't think
9 we officially title that, but that's how we refer to it.

10 Q And if we zoom in here on his nose, and
11 actually if we look at State's 56, can you describe for
12 us what we are looking at here?

13 A Yes. It's a curved cut on Mr. Lee's nose or
14 an incised wound is another name for that, and it's got
15 some evidence of healing. The edges are a little bit
16 irregular and the base looks like it's slightly healing.

17 Q And how large did you approximate that incised
18 wound to be?

19 A I said that it was 3/8ths of an inch.

20 Q Now, moving on down, can you tell us about any
21 other injuries that are on his body? And actually I
22 guess let's focus on his abdomen first. So if we refer
23 back to State's Exhibit No. 54, can you tell me about
24 these markings on the right-hand side of his body?

25 A Yes. Of diagram two, incised wounds or cuts

1 that are on the left side of Mr. Lee's torso that were
2 superficial and parallel to each other and also look
3 like they were healing.

4 Q What does that mean when you say superficial?

5 A It means that it didn't penetrate into the
6 chest cavity or abdominal cavity. It only involved the
7 skin and just a little bit of the tissue underlying the
8 skin.

9 Q Now, I want to show you State's Exhibit No.
10 60. Is this a picture of those two wounds or those two,
11 I guess you call them superficial?

12 A Yes, cuts. They are incised wounds or cuts.
13 Yes. The two wounds, I am going to underline both of
14 them. Mr. Lee's head would be on the right side of the
15 picture and his feet are on the left and these two
16 wounds are on his upper left abdomen and lower chest
17 area.

18 Q Now, we can see some other injuries down here.
19 Can you explain to us at all -- I guess I keep using the
20 word "injuries," but you just said there were
21 differences in how a body may appear. Can you explain
22 to us what these spots are and what they are possibly
23 from?

24 A Yes. I don't refer to them as injuries
25 because they are part of the process when a person

1 becomes ill and their organs start to fail. Many times
2 a person can get fluid that accumulates in their skin
3 and muscle tissue that would normally be in their
4 circulation, but because their circulation is failing,
5 it distributes out into the tissues and it can form
6 blisters. So sometimes in patients who are in like an
7 intensive care unit setting for long periods of time,
8 when their organs begin to fail, they'll have fluid that
9 collects in their skin and it forms blisters.

10 Q Looking here on the top left, it appears to be
11 like some sort of tape or discoloration. Can you
12 explain that to us, what it is?

13 A It is adhesive that's covering a surgical
14 incision and sort of packing of the surgical incision on
15 Mr. Lee's abdomen.

16 Q Now, using your diagram -- ours is sometimes
17 temperamental. Going back to your diagram, to the left
18 of the abdomen, what is it that you have marked right
19 here where I am circling?

20 A In the picture it's on the left side, but it's
21 on Mr. Lee's right lower abdomen, there's a stab wound
22 of his right lower abdomen.

23 Q And I'm going to show you what we have marked
24 as State's Exhibit No. 62. I'm going to zoom out and
25 then we'll zoom in a little bit on it. Can you tell us

1 what we're looking at here?

2 A That's a picture, a photograph, of the actual
3 stab wound of Mr. Lee's right abdomen.

4 Q And, again, you can see kind of some
5 differences in his skin. Are those, again, just
6 consistent with the medical treatment that he received
7 and the illness?

8 A Right. Not only the treatment, sometime tape,
9 medical tape, when the skin has got fluid in it and is
10 beginning to disintegrate, the tape can cause a lot more
11 trouble for people in that state of health, and so it is
12 a combination of his being ill and medical tape.

13 Q Now, if we look right here at the center of
14 62, State's 63 is a close-up of that. Can you tell us
15 what that is?

16 A Yes. It's a closer view of the same
17 photograph of the stab wound and it appears healing.
18 It's got a slightly pale border, which is why I say
19 that, because the tissue that forms when a person is
20 healing tends to be pale.

21 Q And then moving forward to State's No. 65, can
22 you describe for us what this is a photograph of?

23 A That's a photograph of the same stab wound
24 that I have pushed the edges together, because when you
25 take away the tension of the skin and push the edges of

1 the stab wound together, you will get a more accurate
2 measurement in shape of the knife that made the wound.
3 The skin tension naturally causes stab wounds to gape
4 open, but if you push it together, you can usually see
5 some of the characteristics of the, not just a knife,
6 but any implement that made the wound.

7 Q Can you tell us approximately how large this
8 wound was?

9 A It was 5/8th inch in length on the skin
10 surface, so that's a little bigger than half an inch.

11 Q And going back to your diagram, we covered all
12 the things that are here on the front diagram that you
13 have marked, but moving over to the back diagram that's
14 marked, can you tell us what this says up here and what
15 it is denoting?

16 A Yes. There were three -- I don't know if I
17 should talk about them together, but that's denoting a 2
18 and 1/4th inch wound that was healing on the back
19 surface of Mr. Lee's elbow region. He also had two
20 other similar superficial wounds, which I refer to as
21 cuts versus abrasions, because they were stabs, and I
22 couldn't necessarily tell if they were from a sharp
23 implement or a scrape from something else. But he had
24 three healing abrasions versus incised wounds around the
25 elbow region.

1 Q And then moving down to his hand, talk to me
2 about that.

3 A He had a healing irregular cut on the back of
4 his right hand that was sort of an irregular Z-shaped
5 wound.

6 Q And how long was that?

7 A I'm sorry?

8 Q Like what was the approximate length of that
9 one?

10 A It was 2 and 1/4th inches in horizontal
11 dimension and 3/4th inches in vertical dimension.

12 Q And then moving right above there, we talked
13 about those three cuts and the large cut on his hand.
14 What do we have depicted here?

15 A There was another cut on the back of Mr. Lee's
16 right forearm that was about 1 and 3/4th inches in
17 length.

18 Q I'm going to turn to State's Exhibit No. 58
19 and zoom out so you can see it. Is this a picture of
20 that cut?

21 A Yes, it is. There's some glare on the -- I
22 don't know if there's a way to adjust it.

23 Q Is that better?

24 A Yes, that's better. And that cut did
25 penetrate into the underlying muscle of Mr. Lee's arm

1 and that's the cut that I'm referring to on the back of
2 his arm.

3 Q And looking at State's Exhibit 59, is that
4 just a close-up then of that cut?

5 A Yes, it's a closer view and it has the similar
6 pale appearing borders that you see was healing of the
7 stab wound.

8 Q Now, where was that cut located on his body?

9 A That was on the back of his right arm.

10 Q After you do an external -- actually, let me
11 turn back. On page two of three, that is the next page
12 of your diagram attached to State's 54, what do these
13 diagrams denote?

14 A In general that diagram is indicating the
15 therapeutic interventions that he had as well as some of
16 the changes of his skin secondary to the illness.

17 Q And then on the third page can you tell us
18 what this is a diagram of?

19 A That diagram has both the cut of his nose as
20 well as some of the skin changes and ulceration around
21 his nose and mouth from being intubated.

22 Q Now, after you do the external observation and
23 documentation, what's the next step in your autopsy?

24 A The next step would be to do the internal
25 examination in which incisions are made on the person's

1 body and the organs are removed and looked at to see if
2 there's any evidence of injury or disease.

3 Q And did you do that in this case?

4 A Yes.

5 Q And what were your findings in regards to any
6 internal injuries?

7 A The stab wound of Mr. Lee's right abdomen did
8 enter his abdominal cavity and cause injury to his small
9 intestine and an area called the mesentery which holds
10 the blood vessels to the intestine. There was a
11 perforation there. He also had a portion of his small
12 intestine that was surgically removed that contained the
13 stab wound and he had sign of extensive infection called
14 peritonitis over all of his abdominal organs that's
15 related to infection from the stab wound.

16 Q Now, how is it that you are able to tell that
17 the stab wound that appeared to be externally in his
18 abdomen actually perforated his abdominal cavity?

19 A You can actually see when you open the abdomen
20 the same shape, knife-shaped defect that's on the inside
21 of the abdominal wall, and then also in the mesentery
22 fat there was a similar shape defect, so you could see
23 the track that the knife made through the intestine.
24 And I also received a portion of the intestine that was
25 removed from him at the hospital so that I could examine

1 it myself that had the same type cut through it.

2 Q And so I'm a little confused, but when you got
3 the medical records, were you able to learn or just did
4 you learn in the process of your investigation that
5 Mr. Lee had had surgeries?

6 A Yes.

7 Q Walk me through the surgeries that he had had.

8 A Shortly after he arrived to the emergency
9 room, he had a surgery in which his abdomen was opened
10 and they did what's called a washout, because he had
11 intestinal contents inside of his abdomen, and they also
12 removed a piece of the intestine that had been injured
13 by the stab wound.

14 Q And did the hospital actually retain then that
15 portion that they removed?

16 A Yes. They do not discard anything that's
17 removed from the body.

18 Q And then that's the portion that you were able
19 to view to track the stab wound from the outside through
20 the abdominal cavity through the abdominal wall through
21 the intestine; is that correct?

22 A That's correct.

23 Q What, if any, other surgeries did Mr. Lee have
24 while he was at the hospital?

25 A He had two additional surgeries in which

1 surgeons went back into his abdomen, because he wasn't
2 improving, to see if there was any other portion of the
3 intestine that needed to be removed due to lack of
4 oxygen or if any other thing could be done to improve
5 the condition of his abdomen.

6 Q Were they ever successful in improving
7 Mr. Lee's condition?

8 A No.

9 Q So do you know what date it was that Mr. Lee
10 went to the hospital?

11 A He arrived on the evening of March the 22nd.

12 Q And what was his actual date of death?

13 A March the 26th.

14 Q So over the course of those four days he has
15 approximately three surgeries in order to try and save
16 his life?

17 A Yes.

18 Q And are each of those surgeries directly
19 related to the stab wound that pierced his exterior,
20 pierced his abdominal wall and his intestine?

21 A Yes.

22 Q Now, Doctor Doyle, were you able to observe
23 any other internal injuries when you performed the
24 autopsy on Mr. Lee?

25 A No, no other internal injuries as far as

1 separate from the stab wound. There's damage to many of
2 the internal organs that are related to him being in
3 septic shock and not getting enough blood to the organs,
4 but there aren't any separate injuries of the internal
5 organs.

6 Q And really that leads me to the next thing
7 that I want to talk to you about, and that's septic
8 shock. Can you tell me what symptoms, according to the
9 medical records, Mr. Lee was experiencing on March 22nd
10 when he admitted to the hospital?

11 A Yes. They described him as being lethargic or
12 having lethargy, which means overly sleepy and sluggish.
13 They also described him as having drops in his blood
14 pressure, and after becoming -- after coming into the
15 emergency room he had episodes of fainting. He also
16 reportedly fainted before the emergency medical service
17 got to his residence.

18 Q Now, can drops in blood pressure and fainting
19 and really the beginning of having sepsis, can they
20 cause you at times to be nonsensical?

21 A Yes.

22 Q Can you explain to us how that works or what I
23 mean when I say that?

24 A If a person is not getting enough blood flow
25 to all of their organs or enough blood flow to their

1 brain, they may have changes in their mental status that
2 can cause them to be confused: Sometimes they don't
3 know their name, sometimes they don't know what day it
4 is. It depends on the person. Sometimes people
5 cannot -- can speak without realizing what they're
6 saying when they're very ill.

7 Q And so explain to us now how sepsis works, how
8 this infection takes over, what occurred over the four
9 days just within his body.

10 A Sepsis is, the word means bacteria has gotten
11 into a person's blood stream, and there are a lot of
12 bacteria that live in the intestine and they are fine if
13 they stay in the intestine, but if they get outside of
14 the intestine, an example of that that commonly happens
15 would be a person's appendix rupturing. It can cause
16 the bacteria to be able to get into the bloodstream, and
17 when that happens, another name for it, people call it
18 blood poisoning. It causes a lot of problems with
19 toxins from the bacteria being in the blood. It causes
20 the person's blood pressure to drop and they can die
21 from it if it's not treated.

22 Q Had Mr. Lee not been stabbed, would he have
23 gotten sepsis? Pending anything crazy happening, him
24 getting stabbed a second time, or years down the road
25 from having some sort of wound, but generally speaking,

1 within this time frame, let's say March 21st, 2011, had
2 Mr. Lee not been stabbed, would he have died from
3 sepsis?

4 MR. DAVIS: I object to that as calling
5 for an improper opinion. I object to the form of the
6 question.

7 THE COURT: Sustained as to the form of
8 the question.

9 Q (BY MS. FALK) Based on your training and
10 experience, if you look at the time frame hypothetically
11 of March 21st to March 27th and using your expertise, is
12 it your opinion that Mr. Lee would have died but for his
13 stab wound?

14 A I believe he would not have died if it weren't
15 for the stab wound during that time period.

16 Q Now, as soon as -- just hypothetically and
17 generally speaking, as soon as someone is stabbed and
18 there's an internal injury, meaning that infection leaks
19 into the blood, and you used the term, people call it
20 blood poisoning, so their blood is poisoned, can you
21 always if you received immediate medical treatment, can
22 that person always be saved?

23 A No.

24 Q Are you familiar with the legal definition of
25 a deadly weapon?

1 A Yes.

2 Q Is it your understanding that the legal
3 definition of a deadly weapon includes anything that in
4 the manner of its use or intended use is capable of
5 causing death or serious bodily injury?

6 MR. DAVIS: Objection, Your Honor.
7 Relevance.

8 THE COURT: Overruled.

9 A Yes.

10 Q (BY MS. FALK) And would you qualify a knife as
11 a deadly weapon?

12 MR. DAVIS: Objection, Your Honor. That
13 calls for improper opinion.

14 THE COURT: Sustained as to the form of
15 the question.

16 Q (BY MS. FALK) Based on your training and
17 experience as well as your understanding of the
18 definition that I just gave you of a deadly weapon,
19 would you consider a knife a deadly weapon?

20 MR. DAVIS: Again, Your Honor, objection.
21 Calls for improper opinion.

22 THE COURT: Overruled as to improper
23 opinion, but rephrase the question, please.

24 Q (BY MS. FALK) So you told us that you're
25 familiar with the definition of a deadly weapon, right?

1 A Yes.

2 Q And would you agree with me that a knife is
3 one thing that in the manner of its use or intended use
4 is capable of causing death or serious bodily injury?

5 A Yes.

6 Q And based off your autopsy, your review of the
7 medical records, your review of the body as well as the
8 internal organs of Mr. Jim Andrew Lee, Jr., do you have
9 an opinion as to the cause of his death?

10 A Yes, I do.

11 Q And what is that opinion?

12 A That it was the complications of the stab
13 wound of his abdomen with perforation of his intestine.

14 MS. FALK: Pass the witness, Your Honor.

15 THE COURT: Mr. Davis, before you begin
16 cross, I'm going to go ahead and excuse the jury for
17 lunch.

18 Ladies and gentlemen, we're going to
19 recess you for lunch. Before I excuse you for lunch, I
20 must give to you instructions and admonitions: You are
21 not to discuss this case among yourselves nor permit
22 anyone to discuss it with you. If anyone attempts to do
23 so, please notify the deputies and they will notify the
24 Court. As I mentioned before, you are not to engage in
25 any independent investigations or look up anything in

1 any resource materials.

2 I will ask that you now go with the
3 deputies to lunch and we will resume this case when you
4 get back from lunch.

5 (Lunch recess)

6 (Jury seated)

7 THE COURT: Mr. Davis, you may proceed.

8 **CROSS-EXAMINATION**

9 Q (BY MR. DAVIS) Doctor Doyle, good afternoon.

10 A Good afternoon.

11 Q You and I have met before, have we not?

12 A Yes, we have.

13 Q I know you are fairly busy in your work doing
14 autopsies; is that right?

15 A Yes.

16 Q And you were gracious enough to take time out
17 of your schedule to meet with me and some of the
18 investigators in this case, right?

19 A Yes.

20 Q And we sat down and you went through every
21 slide and you went through all the reports and
22 everything with us?

23 A Yes. I don't recall that we went through
24 every slide, but I think we went through the majority of
25 them.

1 Q It seemed like a lot.

2 A Yes.

3 Q And you explained different things that
4 happened in the case?

5 A Yes.

6 Q And we talked a little bit about statements
7 and information that helped formulate your opinions. Do
8 you remember that?

9 A Yes.

10 Q Generally when you're making a conclusion as
11 to what the cause of death is, you try to collect as
12 much information as possible; is that right?

13 A Yes, that's correct.

14 Q It gives you a complete picture of what
15 happened, right?

16 A Yes.

17 Q One of the things you're called upon to do is
18 to analyze the information that comes in to you?

19 A Yes, I am.

20 Q So if you have more information, it gives you
21 an opportunity to get a more clear picture, correct?

22 A Yes, that's correct.

23 Q In this particular situation you relied on
24 information you received from Mike Miller in reaching
25 your conclusion, true?

1 I get them mixed up, Mike and Todd
2 Miller. I don't mean to make a distinction between the
3 two, but the Miller brothers. You relied on information
4 you received from the detectives, the Millers, in
5 reaching your conclusion?

6 A I relied on the general information to reach
7 the conclusion, yes.

8 Q They told you some information about some
9 witnesses seeing a homeless person do something?

10 A If you could give me one second.

11 Yes, I had a phone conversation in which
12 I wrote down that Officer Miller stated a witness saw --

13 Q You can't say what he said, but I need you to
14 kind of confirm the representation I am making in terms
15 of receiving information was true.

16 A Okay. I'm sorry, can you repeat the question?

17 Q Yes, ma'am. You received information from
18 Officer Miller that there were witnesses that saw things
19 and he reported that to you; is that right?

20 MS. FALK: Objection, hearsay.

21 THE COURT: Overruled.

22 That's a yes or no.

23 A Yes.

24 Q (BY MR. DAVIS) Now, ma'am, you used that
25 information based on what he told you to formulate your

1 opinion, right?

2 A Yes.

3 Q Some of the information you heard was that the
4 witnesses saw a homeless person attacking the
5 complainant?

6 MS. FALK: Objection, Your Honor. That's
7 based on hearsay.

8 THE COURT: Excuse me. Approach the
9 bench, please.

10 (Discussion up at bench:)

11 THE COURT: Is this information that she
12 relied upon to reach any of the conclusions she
13 testified to today?

14 MR. DAVIS: Yes, and I think some of them
15 she's going to testify to. There is an issue about her
16 reaching a conclusion about defensive wounds. Defensive
17 wounds, I think, was argued to the jury in opening
18 statement, et cetera, and the only way she could
19 categorize them as defensive wounds is if she was told
20 that Mr. Richie was the attacker, and that's what she
21 was told, which is inaccurate. I think it was argued in
22 opening statement.

23 THE COURT: But opening statement is not
24 evidence.

25 MR. DAVIS: True, but I plan on asking

1 her about that, about the wounds.

2 THE COURT: But you can't open the door
3 to hearsay.

4 MR. DAVIS: I'm not trying to use it for
5 the truth of the matter asserted, because I contend it
6 isn't true. I contend it's information that she got and
7 she relied on, so I'm not offering to prove that it's
8 true. I'm offering to show that it formulated or helped
9 her formulate her opinion.

10 THE COURT: I understand that. But if
11 you had elicited the opinion and then you asked her how
12 she got to the opinion, there's a difference than if she
13 elicited an opinion and you are testing that based on
14 the opinion.

15 But before I rule on this particular
16 objection, does the State have a response?

17 MS. FALK: I mean, Judge, my response to
18 that is that he's trying to bootstrap hearsay what some
19 officer told her, and the facts of what the officer told
20 her was clearly an out-of-court statement that's being
21 offered here in court.

22 MR. DAVIS: Judge, I can move on. It's
23 not crucial. It's not worth the fight. I can move on
24 to something else. If I have to bring it back again, I
25 will.

1 THE COURT: Okay.

2 (In the hearing of the jury)

3 Q (BY MR. DAVIS) The bottom line is, you relied
4 on information that was provided to you, right?

5 A To some extent, yes.

6 Q You can't always verify the accuracy of the
7 information that's given to you, true?

8 A That's true, yes.

9 Q And so you kind of have to decipher through
10 it. Even though it may affect your opinions, you still
11 have to decipher through them, right?

12 A Yes. That's difficult to answer with a yes or
13 no. Yes, in some ways you have to determine whether or
14 not information is accurate, but there are some things
15 you can determine independently from an autopsy without
16 necessarily outside information also.

17 Q Agreed. Agreed. But there are some things
18 that you need to have outside information to help you
19 interpret an autopsy, correct?

20 A Yes, that's correct.

21 Q For example, oftentimes in cases you are
22 called to make a decision as to whether or not a death
23 is accidental or intentional, right?

24 A Yes, correct.

25 Q And oftentimes in making a decision, you have

1 to look to outside information to help you interpret
2 what you're seeing? That's a yes or no.

3 A Yes, that's correct.

4 Q Now, you talked a little bit about someone
5 possibly being nonsensical if they had some of the
6 injuries in the report and they are syncopatic and they
7 may be delusional. Do you remember talking about that?

8 A Yes, I did.

9 Q Sometimes people can say things that doesn't
10 make sense, right?

11 A Yes, they can.

12 Q Oftentimes if you are examining a patient, you
13 can determine whether or not that person is being
14 syncopatic, right?

15 A I personally don't examine patients, but just
16 from my medical knowledge, yes, you can determine if a
17 person is possibly fainting or has altered mental status
18 during a mental exam.

19 Q And people who do medical exams, they
20 oftentimes will do that and they'll categorize
21 information that they receive, right?

22 A I'm not sure I understand the question.

23 Q If someone reports to the hospital, a nurse or
24 maybe a doctor will assess the patient, right?

25 A Yes.

1 Q They'll take a history and physical?

2 A Yes.

3 MR. DAVIS: May I publish an exhibit
4 that's already in evidence, Judge?

5 THE COURT: Yes.

6 MR. DAVIS: For the record, it's State's
7 Exhibit 53, and for the sake of time I've tabbed some
8 copies to show so that I won't fumble through all the
9 records, Your Honor.

10 THE COURT: Yes, sir. Thank you.

11 Q (BY MR. DAVIS) And those medical records, you
12 got to look at those, right?

13 A Yes, I did.

14 Q And there were some of those that you used in
15 formulating your opinion to help give you some guidance?

16 A Yes, that's correct.

17 Q Now, I want to show you one page of the
18 record. I'm going to zoom in a little bit. This is a
19 lot of them. It's like 300 something pages in the
20 record, and this is page 150 of 172. Do you see that?

21 A Yes.

22 Q And it has that medical record number on it
23 from Jim Lee. Do you see that?

24 A Yes.

25 Q I'm going to see if I can get that text in the

1 bottom where it talks about the history of the present
2 illness. Do you see that?

3 A Yes, I do.

4 Q Now, this would have been part of the history
5 taken from someone at the hospital, true?

6 A Yes, that's correct.

7 Q The person who would have taken this history
8 would have the opportunity to assess the patient?

9 A In most cases, yes. In some cases the history
10 is sometimes obtained from other sources besides the
11 patient if the patient is unable to give out history
12 themselves.

13 Q In this particular situation we have a history
14 that appears to be, at least was taken -- appears to be
15 taken or at least noted on March 23rd. Do you see that?

16 A Yes.

17 Q And the history that's there seems to say that
18 the patient reported falling on barbwire. Do you see
19 that, ma'am?

20 A Yes, I see it.

21 Q And that's a notation that was on March 23rd
22 when he was in the hospital, right?

23 A Right. The day of this particular page of the
24 medical record says March 23rd.

25 Q That's the date of the particular note that's

1 entered on March 23rd, true, prior to his death?

2 A Yes.

3 Q Now, obviously neither you or I did any
4 examination of the patient, so we can't determine
5 whether or not he was lethargic or not. Would you agree
6 with me?

7 A Yes.

8 Q We can't determine whether or not he was lucid
9 or not?

10 A Right, I can't determine whether or not he was
11 lucid.

12 Q I want to show you another page. This looks
13 like this is page 125 in the records. And there's
14 another note, it looks like another situation where it
15 is a surgery note or at least consult and there's a
16 repeat of the history and physical. It says the same
17 thing: In ER, and it says -- it even gives a date and
18 time, right? It says the patient is a 58-year-old
19 African-American male. And then it says: In ER,
20 patient reported falling on barbed wire yesterday. Do
21 you see that?

22 A Yes.

23 Q It even talks about, it says his blood
24 pressure was in the 80s and that he collapsed in the ER
25 briefly. Do you think that's his blood pressure

1 collapsing or him collapsing in the ER briefly?

2 A It's difficult to tell based on that
3 statement, but collapse is not a medical term that
4 people use to describe blood pressure, so I believe that
5 they're describing him just personally.

6 Q So when he's in the ER at some point he's
7 standing up from what we can gather from this record?

8 A Well, it depends on -- you can collapse from a
9 seated position also, so I have no way of knowing that.

10 Q I understand, but you would agree with me that
11 normally when someone collapses, they're in a standing
12 position?

13 A Not necessarily.

14 Q Okay. I will accept that.

15 I now want to show you another note, same
16 medical records. You'll see it's the same medical
17 records at the bottom. This is a different page, a
18 little further back in the medical records. Generally
19 medical records usually start from the back and work
20 their way forward in terms of sequence?

21 A That depends also, in electronic records
22 usually the history and physical and what's called the
23 daily notes are the most recent to the least recent.
24 But some of the other things may be in chronological
25 order from the beginning. It varies.

1 Q Well, with this one, we have a larger number
2 at the bottom, but the date on it looks to be
3 March 22nd, which would be the day he checked into the
4 hospital, right?

5 A Yes.

6 Q Now, that's right around the time he checked
7 into the hospital. Maybe two hours or so after he's
8 seen by an ambulance. So this is close in time to the
9 time he got to the hospital. Would you agree with that?

10 A I believe so, but I can check for sure. I
11 think I wrote that down.

12 Q Yes, ma'am.

13 A Yes, that appears to be close to the time he
14 arrived.

15 Q In the note, the day he is arriving at the
16 hospital, I guess maybe at the time he's arriving at the
17 hospital, he's saying, again, open lacerations. Do you
18 see that section? Open lacerations noted on abdomen per
19 patient. These lacerations were sustained yesterday
20 after running into barbed wire. Do you see that?

21 A Yes.

22 Q And it goes further to say, Patient repeatedly
23 denies being hit or stabbed. Do you see that section?

24 A Yes.

25 Q That he's repeatedly denied being hit or

1 stabbed?

2 A Yes.

3 Q So this isn't a situation where this person
4 who's making the note and there's an ambulance person
5 being in the lobby besides someone by the name of
6 Heather Peto. Do you see that?

7 A Yes.

8 Q Who's the author of the note?

9 A Yes.

10 Q It isn't a situation where this person is
11 saying, well, he's kind of lethargic. He's going in and
12 out. They're saying that he's repeatedly denying it
13 when asked about it; is that right?

14 A That's what it means, that he has denied it.

15 Q Now, he goes to the hospital and the hospital
16 sees these injuries and they note that it looks like
17 it's some type of a stab wound, right?

18 A Yes, I believe in the medical records they do
19 believe it is consistent with a stab wound.

20 Q Usually when a patient goes to a hospital and
21 he reports that there is a stabbing, based on your
22 training and experience, if he reports that he's been
23 stabbed or there's been some type of an injury that
24 looks like it's been caused by criminal activity, the
25 normal protocol is to call the police; isn't that right?

1 A I really don't know what their normal protocol
2 is.

3 Q Fair enough. If they see evidence from a
4 crime, you know that they would normally call the
5 police, right?

6 MS. FALK: Objection, Your Honor. Calls
7 for speculation.

8 THE COURT: You may answer if you know.

9 A No, I do not know.

10 Q (BY MR. DAVIS) Well, in this situation nobody
11 was reporting a murder, correct?

12 A I really don't know.

13 Q In other words, in this situation you got this
14 case because it came from a hospital contact, right?

15 A Yes, but I have no knowledge whether or not
16 the hospital reported a murder to the police.

17 Q Yes, ma'am. But I'm asking you a different
18 question slightly, and I apologize for not being
19 articulate in the question. You have an investigator
20 that works with the Medical Examiner's Office, correct?

21 A Yes.

22 Q And that investigator compiles a report,
23 right?

24 A Correct.

25 Q And have you had an opportunity to look at the

1 investigator's report before coming to court today?

2 A I don't believe I looked at it today, but I
3 have looked at it before.

4 Q I was trying to find a clean copy of it.
5 Maybe I can at a later time. Okay?

6 There's another note on page 168, same
7 record. It looks like it's a progress note where it's
8 the same information: Patient reports falling on barbed
9 wire. I'm not sure if I showed you that note before.
10 If I did not, I'm sorry.

11 You would agree with me that there are
12 notations throughout the medical records of Jim Lee that
13 talk about him reporting that he fell on barbed wire?

14 A Yes.

15 Q And that hospital staff confronted him with it
16 and talked to him about it and he repeatedly denied it?

17 A That is in the record, yes.

18 Q There's even points in the record to where he
19 directs them away from the question?

20 A I do not know about that.

21 Q Ma'am, I want to ask you a little bit about
22 something different at this point. You talked a little
23 bit about the injury and the causation aspect of the
24 injury, and you said, ma'am, that it's not certain
25 whether or not he could have been saved if he had gotten

1 to the hospital sooner?

2 A I don't think that's exactly what I said.

3 Q I think the exact quote -- and I'll get closer
4 to it -- was that you can't make a determination as to
5 whether or not, even if he had gotten to the hospital
6 sooner, whether or not his life would have been saved?

7 A I don't agree. I think it was a general
8 statement about if people who sustain valve perforations
9 can always be saved if they get immediate medical
10 attention, and I disagreed with that statement.

11 Q That's right, you are disagreeing with them to
12 always being saved, right?

13 A That's correct.

14 Q In this particular situation, in this
15 situation specifically, we don't know, do we?

16 A I don't know, no.

17 Q You don't know, because he didn't get to the
18 hospital sooner?

19 A That's correct.

20 Q He didn't go to the hospital sooner to give a
21 doctor an opportunity to try to save his life; isn't
22 that right?

23 A That's correct.

24 Q And you really don't know why he didn't go to
25 the hospital, do you?

1 A No, I don't.

2 Q Because you haven't been provided with that
3 information, right?

4 A That's correct.

5 Q And, in fact, making that decision is
6 somewhat or at least making that determination is
7 somewhat out of your area of expertise, would you agree
8 with me?

9 A Which determination?

10 Q As to whether or not he would have gotten to
11 the hospital sooner or whether or not it would have
12 saved this particular patient.

13 A Yes. I mean, I don't treat ill patients.

14 Q That's right, you're not a trauma surgeon?

15 A No.

16 Q Or a general surgeon?

17 A No.

18 Q Or a gastroenterologist?

19 A No.

20 Q Your expertise is looking at and making
21 decisions after a patient has died, right?

22 A Yes, that's correct.

23 Q And you would agree with me that someone who
24 actually treated this patient, may have worked on this
25 patient, would probably be in a more superior position

1 than you to determine the outcomes or the likelihood of
2 outcomes. Would you agree with that?

3 A In general, yes.

4 Q Now, ma'am, I want to talk to you a little bit
5 about wounds. There was no stab wound to a major
6 artery. Would you agree with that?

7 A Yes.

8 Q And you would agree with me there was no stab
9 wounds to a major artery?

10 A I would disagree with that.

11 Q And by "major artery," I mean the heart.

12 A There were no stab wounds in his heart, that's
13 correct?

14 Q There's no stab wound to a spleen?

15 A No.

16 Q Now, the area where it's punctured, now you
17 would agree with me that there's a difference if someone
18 is trying to stab someone in the heart as opposed to
19 them getting stabbed in the stomach or a side area.
20 Would you agree with that, there's a difference between
21 the damage that can be done?

22 A Well, there is a difference as far as
23 immediate blood loss would go, if someone hits a
24 blood-filled organ like the heart or any major blood
25 vessels versus a different organ.

1 Q In this situation there wasn't any organ that
2 was hit that would cause this rapid, major blood loss.
3 Would you agree with that?

4 A I would, yes.

5 Q If a spleen had been punctured or a heart had
6 been punctured, one would see a lot of blood rapidly?

7 A Yes.

8 Q And in this situation that wasn't the case,
9 right?

10 A That's correct.

11 Q So if someone had been involved in an
12 altercation with Jim Lee and Jim Lee was somehow cut or
13 had a puncture wound, if he had been punctured in an
14 area where there was a major artery, his shirt would
15 have filled with blood quickly?

16 A In some cases the clothing doesn't fill with
17 blood quickly, but you would get -- if the heart or a
18 major blood vessel is injured, you can get internal
19 bleeding immediately.

20 Q So even in the case where you hit a major
21 artery, the clothing may not necessarily be full of
22 blood?

23 A Not right away, not necessarily.

24 Q So you could actually be engaged in some
25 altercation with someone cut in that area and if you're

1 not sure you cut them, you wouldn't have blood to be an
2 indicator to you, because the person may not necessarily
3 bleed, is what you're saying?

4 A What I'm saying is they may not necessarily
5 fill up their clothing. Even a small cut usually bleeds
6 a little bit, but the clothing may not be blood-soaked
7 unless you hit an artery that's close to the skin, the
8 orbit, like, for example, a carotid artery in the neck
9 or one of the major arteries in the arm, but sometimes
10 when you hit a major internal structure that holds a lot
11 of blood, you may not immediately see blood pouring out
12 from skin surface.

13 Q In terms of those arteries and in terms of
14 those organs that we're talking about that are filled
15 with blood and ones that people would normally think of
16 as being organs that if something happens, you're going
17 to die, none of those were affected in Mr. Lee's body?

18 A That's correct, there were no major
19 circulatory organs like the heart or any major blood
20 vessels hit.

21 Q So if someone had this intent to kill Mr. Lee,
22 you might see them stabbing some place that a normal
23 person or reasonable person would think would cause his
24 death?

25 A I don't know about that. I don't know what

1 people think when they intend to kill someone, how
2 they're thinking.

3 Q Yes, ma'am. In your experience and training,
4 you would agree with me that when some major organs like
5 the heart or someone's head, the brain, when those
6 organs are injured by bullets or injured by projectiles,
7 that death can occur immediately?

8 A Immediately or very quickly.

9 Q Very quickly?

10 A Yes.

11 Q And in most homicide cases that you see -- and
12 I'm not asking you if every homicide case is, because I
13 know they come in a wide variety, right?

14 A Yes, there are all different types of
15 homicides.

16 Q But the majority of the homicides that you
17 see, gunshot wounds, stabbings, they're usually injuries
18 that occur to major organs; isn't that correct?

19 A They are. It's difficult for me to answer
20 that, because I do consider the intestine as one major
21 organ. It may not be a major organ for a blood loss if
22 you don't hit a blood vessel that goes to the intestine,
23 but I feel that it's also a major organ, it's necessary
24 for your function.

25 Q You need it to live basically?

1 A Right.

2 Q Without an intestine, you can't live. Without
3 a kidney, you can't live. But in terms of causing
4 immediate death, the colon or the small intestine isn't
5 one of those organs?

6 A That's correct.

7 Q Now, and in this case that was the only organ
8 that was impacted?

9 A Yes, that's correct.

10 Q And you would agree with me that you can't
11 always tell. It's not one --

12 MR. DAVIS: Strike that question, Your
13 Honor.

14 THE COURT: Yes.

15 Q (BY MR. DAVIS) You would agree with me that
16 the small organ or the small intestine isn't an organ
17 that you can always track, that people are aware of
18 where it is. Would you agree with me, with that
19 statement?

20 A I think it's hard for me to answer that,
21 because I don't know if a person without medical
22 training would know where the intestine is. I mean, I
23 would know where it was, but I think maybe there are
24 many people who don't know where your intestines are
25 located.

1 Q Yes, ma'am. Now, you talked a little bit --
2 well, you haven't talked about it, but there has been
3 some mention -- and I'm going to say this -- there was
4 some mention about defensive wounds. Are you aware of
5 what defensive wounds are?

6 A I'm aware of what people refer to as defensive
7 wounds, yes.

8 Q And usually they'll refer to defensive wounds
9 like on the palms of somebody's hands if they've got
10 their hands up or something of that nature. Would you
11 agree with that?

12 A Yes, some people do refer to those types of
13 wounds as defensive wounds.

14 Q In this situation, from the wounds you saw on
15 Jim Lee that are depicted, he's got wounds on the back
16 of his hands, in that area; is that right?

17 A He's got additional wounds on the back of his
18 hand and on the back of his right arm.

19 Q And the back of his arm. That, from your
20 medical training and your experience, could that also be
21 consistent with having a fist stabbed or a fist cut?

22 A Yes, it would.

23 Q An area in placement of the wound?

24 A Yes.

25 Q And unlike some, he's not cut in this area as

1 if he's like in the surrender position or open position.
2 He's cut in these areas (indicating); is that correct?

3 A That's correct. It's actually only the right
4 arm, but he's cut on the back of the right hand and the
5 right arm.

6 Q He's cut on the back of the right hand and the
7 back of the right arm, right?

8 A That's correct.

9 MR. DAVIS: May I have one moment to
10 demonstrate something?

11 THE COURT: Sure.

12 Q (BY MR. DAVIS) If he's in a position like this
13 or doing something like this (indicating), the cuts that
14 he has on his hands will be consistent with that. Would
15 you agree with that?

16 A They could be, yes.

17 Q Now, the cuts across his chest, you talk about
18 the cuts across his chest. You said those were
19 superficial?

20 A Yes, I did.

21 Q In other words, those were things that didn't
22 break into his tissue?

23 A They didn't enter any of his body cavities.

24 Q You can't tell when these injuries actually
25 occurred; is that accurate?

1 A That's accurate, yes.

2 Q And you can't tell if they occurred all at the
3 same time, can you?

4 A There's no way to tell precisely exactly when
5 they occurred.

6 Q In other words, some of these injuries may
7 have occurred in the morning, other of these injuries
8 may have occurred later that evening?

9 A That's possible.

10 Q It is consistent with the aging of injuries,
11 right?

12 A I wouldn't agree with that, no. I would agree
13 that the injuries all look to be about similar age,
14 however, for me to say exactly that it happened at this
15 precise moment is impossible based on an autopsy.

16 Q Yes, ma'am. But I think during the course of
17 your testimony, you talk about some crusting and seeing
18 some injuries, some of the wounds being in certain
19 stages of healing. Do you remember that?

20 A I did not say they were in different stages of
21 healing. I said they all exhibited some healing.

22 Q Yes, ma'am. I apologize. I don't want to put
23 words in your mouth. But what I'm getting at is because
24 of the nature of them, at least the healing of some, you
25 can't tell based on those healing stages the different

1 ages of the wounds. Would you agree with that?

2 A That's difficult. I don't believe the wounds
3 are different ages. If they are of slightly different
4 ages based on a few minutes' difference or a few hours'
5 difference, there's no way to physiologically determine
6 that. They all look to be approximately the same age.

7 Q Now, ma'am, we talked about the statements
8 that were made by Jim Lee when he went to the hospital
9 about him being cut on barbed wire. Now, obviously you
10 discount those statements because you think maybe he was
11 syncope, that he may have been delusional or
12 something of that nature, right?

13 A I disagree with that. There are a few reasons
14 why I not necessarily discounted the statements, but
15 disagreed with that barbed wire caused the injuries.

16 Q I'm not asking about the truth of the
17 statements, because people go to the hospital, for
18 whatever reason, they lie at the hospital, right?

19 A Sometimes, yes.

20 Q It's not a good practice to lie at the
21 hospital because it can interfere with your treatment,
22 right?

23 A That's correct.

24 Q But people have reasons why they might lie?

25 A They may, yes.

1 Q What I'm asking you is, that because these
2 things were said, you discounted them because you
3 thought maybe he was delusional or maybe he may have
4 been going through a syncopatic episode?

5 A I don't know why he said them. I think the
6 possibilities include that either he was confused or he
7 said them intentionally. I really can't tell.

8 Q I'm sorry, I didn't mean to cut you off,
9 ma'am. If he had said them sooner, like right after he
10 had an encounter with someone and sustained these
11 injuries, it would be more likely that he wouldn't have
12 been confused or delusional. Would you agree with that?

13 A Unless there was something else going on that
14 made him confused, yes.

15 Q Now, the injury he sustained -- and I'm
16 shifting gears on you. The injury he sustained when he
17 sustained the injury to his bowel, the basic effect was
18 he had a transection of his small intestine and had
19 leaking that occurred. Is that accurate?

20 A Yes.

21 Q And he has this leaking of feces or whatever
22 is inside the small intestine. Would you agree with
23 that?

24 A Yes. Intestinal contents, yes.

25 Q He has bacteria that's leaking inside, right?

1 A Yes.

2 Q And it's something that happens slowly, would
3 you agree?

4 A Oh, not necessarily. It can happen quickly.

5 Q And in this situation we don't know whether or
6 not it happened slowly or quickly?

7 A That's correct.

8 Q But we know it was happening?

9 A Yes.

10 Q And it's constantly being dispelled more and
11 more as time goes on, right?

12 A Usually that's how it would occur, yes.

13 Q So if he gets this injury at 6 o'clock in the
14 morning and he doesn't get any medical attention, at
15 that point in time he's got some of this bacteria going
16 out, right?

17 A Yes.

18 Q And two hours later he's still got bacteria
19 going out if he hasn't gotten any medical attention?

20 A Yes.

21 Q Twelve hours later he still hasn't gotten
22 medical attention, he's got more and more bacteria going
23 out?

24 A I'm not sure about that. He could have more
25 going out, but the body tries to wall off the area with

1 pus and shuts down the motility of the intestine when
2 you begin getting sick, so it's hard to say that there
3 would have been more material coming out of his
4 intestine 12 hours later.

5 Q Well, let's say 12 hours later he wasn't sick
6 and he was able to go to work and he was functioning
7 fine at work.

8 A Unless his intestines were empty at that
9 point, then there would be no more coming out.

10 Q And then he goes the next day, let's say the
11 next morning, a full 24 hours later he's still moving
12 around, functioning fine, doesn't appear to be ill.
13 He's got more intestinal matter leaking out?

14 A As I said, unless the intestines are empty at
15 that point and have become empty, then, yes, it would
16 continue to leak.

17 Q And would you agree with me that by "empty,"
18 for it not to leak at all, it wouldn't be a situation
19 not that he would have an empty stomach, but that
20 everything would have passed through his intestine
21 basically before it would be empty?

22 A Yes.

23 Q You would agree with me that takes a
24 considerable amount of time? That we keep things in our
25 intestines for a long time?

1 A Well, I mean, a day it has usually passed.

2 Q So all that stuff I hear about pork staying
3 inside of you?

4 A I've never seen that.

5 Q Never seen that? I'll tell my wife.

6 MR. DAVIS: May I have one moment, Your
7 Honor?

8 THE COURT: Yes.

9 MR. DAVIS: I have no other questions,
10 Your Honor.

11 MS. FALK: May I proceed, Your Honor?

12 THE COURT: Yes.

13 MS. FALK: May I retrieve the exhibits?

14 THE COURT: Yes.

15 MS. FALK: Your Honor, may I stand and
16 also kind of use my body for demonstrative purposes?

17 THE COURT: Yes.

18 **REDIRECT EXAMINATION**

19 Q (BY MS. FALK) Now, when Mr. Davis talked to
20 you about defensive wounds, you do not use that term,
21 right?

22 A I do not.

23 Q Because it's not like clinical or a
24 pathological term that you use in terms of your lexicon,
25 your dictionary, right?

1 A That's correct.

2 Q Mr. Davis kind of walked through a
3 hypothetical with you, and describe for me what
4 Mr. Lee's -- his injuries just on his arms. Can you
5 tell me what injuries he had on his arms?

6 A On the back of Mr. Lee's right hand, he had a
7 cut that was a Z-shaped jagged cut. He also had a cut
8 on the back of his right forearm, and then he had three
9 healing abrasions versus cuts: One below the elbow and
10 then -- actually two below the elbow and one slightly
11 above the elbow.

12 MS. FALK: Your Honor, may I publish some
13 of the exhibits to the jury?

14 THE COURT: Yes, ma'am.

15 Q (BY MS. FALK) So if you look at 58, this is
16 the cut that you said was on his left back forearm,
17 right?

18 A It's the right forearm, and it's sort of the
19 thumb side, back side of the right forearm.

20 Q And then if we look at State's Exhibit No. 57,
21 this is the jagged Z-marked injury on his hand, right?

22 A Yes.

23 Q And which hand did you say that was?

24 A The right hand.

25 Q Okay. So Mr. Davis talked to you about like

1 if someone was coming -- and the stance he took was kind
2 of a boxing stance, right?

3 A Yes.

4 Q Now, tell me what was the injury that was on
5 Mr. Lee's face.

6 A It was a cut across the bridge of his nose.

7 Q So hypothetically if someone, another person
8 has a knife and it's aimed at Mr. Lee, if he were to get
9 slashed on the knife and pulled his arms up, would that
10 be consistent with the wounds that you saw, or I guess
11 not would it be, but could it be?

12 A If he were to be cut on the nose and then pull
13 his arms up in front of his head, yes, it would be
14 consistent.

15 Q Now, you mentioned on cross-examination, you
16 said that there's reasons why -- we quibbled with the
17 word "discounted." Mr. Davis asked you a question about
18 discounting the statement by the victim, that he had
19 been stabbed by barbed wire, and your statement was you
20 didn't discount it, but there were reasons why you felt
21 like it wasn't a barbed wire stabbing or cutting. Can
22 you tell us those reasons?

23 A Yes. Because the wounds do not fit the
24 pattern of barbed wire. The wound of his abdomen is
25 consistent with being made by a knife, a knife that

1 people normally think of with one cutting edge.
2 Examples would be a pocketknife, kind of a large
3 pocketknife, a kitchen knife. A knife that has a blade
4 with one side that cuts, and the other side, you know,
5 the back part of the blade.

6 Q Now, you qualified, when you said a
7 pocketknife, you said a large pocketknife. Why did you
8 add that qualifier of it being large?

9 A I guess it wouldn't necessarily have to be
10 large, but the wound with -- on the skin is fairly
11 larger for a pocketknife and the depth that I estimated
12 the track to be is approximately six inches. So if it
13 were a really small knife, although you can make a deep
14 track in the abdominal tissue with a small knife because
15 you can compress the tissue, it just would seem less
16 likely to me to be a very small knife.

17 Q Let me follow up on that. You said that you
18 can use a small knife and the tissue compresses.
19 Explain to us how that works. Like how you can have a
20 three-inch blade but a four-inch track or wound.

21 A That can really only occur on soft parts of
22 the body, like the abdomen. If someone is using a knife
23 and stabs deeply into the abdomen, the tissue can be
24 compressed down with the knife so that the track in the
25 abdomen is actually deeper than the knife blade is long,

1 and so then when the knife is withdrawn, the track ends
2 up being longer than the blade itself.

3 Q Next I want to direct your attention to, it is
4 labeled down at the bottom, page 166 of 172. Do you see
5 the medical record here and name Jim Lee, right?

6 A Yes.

7 Q And this is one of the pages Mr. Davis talked
8 to you out of State's Exhibit No. 53. I would like for
9 you to read this line right here that I'm underlining.

10 A It says history limited by patient pain and
11 mental status.

12 Q You weren't at the hospital, right?

13 A No.

14 Q You never met Mr. Lee, right?

15 A No.

16 Q So all you had to review in regards to what
17 Mr. Lee said or did or how he presented was his medical
18 records from LBJ?

19 A Yes.

20 Q Do you recall how long he was conscious while
21 he was at LBJ before he went into a coma?

22 A I don't recall exactly, but I can find -- they
23 put a breathing tube in his airway shortly after he was
24 admitted to the hospital. So after that point, he would
25 not have been able to make verbal statements about what

1 happened to him.

2 Q And when you say "shortly after," are you
3 using shortly as in minutes?

4 A Minutes. The notes that I have says that they
5 intubated him at 22:38, and that's -- the first note
6 when he entered the hospital was at 22:17. So that's
7 about 20 minutes after.

8 Q What was the date on those just so we're all
9 clear?

10 A The 22nd of March.

11 MS. FALK: Pass the witness.

12 THE COURT: Mr. Davis?

13 MR. DAVIS: No other questions, Your
14 Honor.

15 THE COURT: Thank you. You may stand
16 down, Doctor.

17 May this witness be excused?

18 MR. DAVIS: Subject to recall.

19 MS. FALK: No objection.

20 THE COURT: You may stand down.

21 State, call your next.

22 MS. FALK: Yes. The State calls
23 Gwendolyn Lee.

24 THE COURT: You may proceed.

25