

1 DR. M.L. GONSOULIN,
2 having been duly sworn, testified as follows:

3 DIRECT EXAMINATION

4 BY MS. FULLER:

5 Q. Good afternoon. Would you please state and then
6 spell your name for the record.

7 A. My name is Dr. Morna Gonsoulin. That's M-o-r-n-a
8 G-o-n-s-o-u-l-i-n.

9 Q. Dr. Gonsoulin, who are you employed with?

10 A. I'm employed with the Harris County Institute of
11 Forensic Sciences, or the medical examiner's office.

12 Q. Okay. It used to be called the medical examiner's
13 office; is that right?

14 A. Yes.

15 Q. And they changed the name?

16 A. Yes.

17 Q. Okay. What are your job duties there?

18 A. Well, in general, it's determining cause and manner
19 of death in unintended deaths and deaths involving trauma in
20 Harris County.

21 Q. How long have you been employed there?

22 A. Since July of 2000.

23 Q. All right. Could you tell the jury a little bit
24 about your educational background and your professional
25 training that qualifies you in that area.

1 A. In 1989 I graduated from Howard University with a
2 bachelor of science in medical technology. I then attended the
3 University of Texas Southwestern Medical Center at Dallas from
4 1991 to 1995 where I obtained my M.D. degree. Then I underwent
5 a pathology residency in anatomic pathology or hospital
6 pathology from 1995 to 1999. Then from July 1999 to June of
7 2000 I did a subspecialty year in forensic pathology at the
8 Southwestern Institute of Forensic Sciences or the Dallas
9 County medical examiner's office. And then I started work here
10 at the Harris County medical examiner's office.

11 Q. All right. And what real quickly are your job
12 duties, or what is your title at the M.E.'s office?

13 A. I'm an assistant medical examiner.

14 Q. And what is forensic pathology?

15 A. Forensic pathology is a specialty of pathology. And
16 pathology just studies the process of disease in man in
17 general, how the body works, and forensic pathology takes that
18 knowledge and applies it to how injury affects the body so that
19 you can determine the cause and the manner of death.

20 Q. All right. So do you use forensic pathology in the
21 course of your daily duties when you're trying to determine
22 somebody's cause of death?

23 A. Yes.

24 Q. In your capacity as an assistant medical examiner for
25 the Harris County Institute of Forensic Sciences, do you

1 perform autopsies?

2 A. Yes.

3 Q. And have you testified in court before as an expert
4 witness in the area of forensic pathology?

5 A. Yes, I have.

6 Q. And is that on few or many occasions?

7 A. Many occasions.

8 Q. All right. Could you describe for the jury basically
9 what an autopsy is?

10 A. An autopsy is a type of examination where we not only
11 take a look at the external part of the body, but we make cuts
12 into the body to check for evidence of disease as well as
13 injury, and we try to come up with a reason to explain why this
14 person died.

15 Q. Do you have a set, generally speaking again, a set
16 procedure for how you go about performing an autopsy?

17 A. Yes.

18 Q. Could you describe that to the jury.

19 A. Well, in terms of when I do it or just in terms of
20 the office?

21 Q. Your -- I'm assuming that -- well, let me back up. I
22 mean, the medical examiner's office has a procedure for how
23 autopsies should be conducted?

24 A. Right.

25 Q. And do you follow that procedure?

1 A. Yes.

2 Q. Okay. Can you describe that procedure to the jury.

3 A. When a death that falls under our jurisdiction is
4 reported, it's assigned a specific number that's a unique
5 identifier, and after reviewing the case with other doctors,
6 the case is assigned to a doctor, and the case, if it involves
7 any trauma, it is x-rayed prior to examination, and photographs
8 are taken throughout, both once it arrives and throughout the
9 examination, to document the condition of the body at every
10 stage. And evidence is collected, and we examine the body as
11 it comes to us, document that, clean the body, document that as
12 well, and gather evidence as necessary as well as do the
13 autopsy.

14 Q. Okay. Now, in terms of actually doing the autopsy,
15 what does that mean?

16 A. That means that we examine the body, and take
17 photographs, document injuries, which includes pictures and
18 diagrams and notes. Then we cut into the body and trace the
19 path of injury as necessary to describe exactly what it did.

20 Q. Okay. And that then leads you to your -- to be able
21 to make a determination of a cause of death?

22 A. That's correct.

23 Q. All right. Among your duties as an assistant medical
24 examiner, are you also a custodian of records for the Harris
25 County Institute of Forensic Sciences?

1 A. Yes.

2 Q. And as such, do you have care, custody, and control
3 of autopsy records?

4 A. Yes.

5 Q. Are those records made and kept in the regular course
6 of -- of business of the Harris County Institute of Forensic
7 Sciences?

8 A. Yes.

9 Q. Are the records made at or near the time of the
10 transactions that they describe?

11 A. Yes.

12 Q. And are they made by someone who has personal
13 knowledge of those transactions?

14 A. Yes.

15 MS. FULLER: May I approach the witness?

16 THE COURT: You may.

17 Q. (By Ms. Fuller) Did you bring a copy of your original
18 autopsy report?

19 A. Yes, I did.

20 Q. And on June 20, 2010, did you have an occasion to
21 perform an autopsy?

22 A. Yes.

23 Q. And who was that on?

24 A. I performed an autopsy on -- Ms. Aidee Alba Reyna.

25 Q. And was she assigned a medical-legal number when her

1 body was brought into the morgue?

2 A. Yes, she was.

3 Q. What was that medical-legal number?

4 A. She was assigned the medical-legal number ML10-1797.

5 Q. Okay. I'm going to show you what's been marked as
6 State's Exhibit 90. Is that a -- do you recognize that?

7 A. Yes.

8 Q. You also brought -- tell me what State's 90 is?

9 A. State's 90 is a copy of the autopsy report that was
10 generated in connection with ML10-1797.

11 Q. Okay. Is that State's 90, is that an exact copy of
12 the original autopsy report that you brought with you to court?

13 A. Yes.

14 Q. Okay.

15 MS. FULLER: At this time State moves to admit
16 State's 90, tenders to Defense counsel for inspection.

17 MS. SCARDINO: No objection.

18 THE COURT: State's 90 is admitted without objection.

19 Q. (By Ms. Fuller) Now, you stated that when the body --
20 let's specifically talk about Aidee Reyna. On June 20, 2010,
21 when you started to perform your autopsy, what would have been
22 the first thing that you would have done?

23 A. Well, we look at the body as it was in the body bag
24 with all the clothes, and in cases that involve gunshot wounds,
25 we also cover -- at the scene they cover the hands with bags,

1 and we look -- look at those as well and collect evidence.

2 Q. Okay. And do you start documenting what you see by
3 photographing each stage as you perform it?

4 A. Yes.

5 MS. FULLER: May I approach the witness, your Honor?

6 THE COURT: You may.

7 Q. (By Ms. Fuller) I'm going to show you what has been
8 marked as State's Exhibit 69 through 89. If you could please
9 take a look at those.

10 A. (Complies.)

11 Q. Do you recognize those photographs?

12 A. Yes.

13 Q. And who are these photographs taken of?

14 A. They were taken in connection with case ML10-1797,
15 Ms. Reyna.

16 Q. And is there documentation in these photos to link
17 that medical-legal number to the person that is in the photos?

18 A. We put a small ruler with the medical-legal number in
19 every picture to be sure that it belongs to this case.

20 Q. Okay. And do these fairly and accurately depict the
21 body of Aidee Reyna as you saw it when you performed the
22 autopsy?

23 A. Yes.

24 MS. FULLER: Your Honor, at this time State moves to
25 admit State's Exhibit 69 through 89, tenders to Defense counsel

1 for inspection, and moves to admit.

2 MS. SCARDINO: Defense has no objection to State's 69
3 through 89.

4 THE COURT: They will be admitted without objection.

5 MS. FULLER: Permission to publish, your Honor?

6 THE COURT: You may.

7 Q. (By Ms. Fuller) State's Exhibit 69, State's
8 Exhibit 69, is this a picture of Aidee Reyna after she had been
9 cleaned up?

10 A. Yes.

11 Q. Okay. And what is the purpose of taking a photograph
12 like the one in State's Exhibit No. 69?

13 A. This is a standard photograph that we take in all of
14 our cases just for purposes of identification.

15 Q. Okay. So when Aidee Reyna came in for her autopsy,
16 the body has not been cleaned up by anyone; is that right?

17 A. That's correct.

18 Q. What would have been the first thing that you would
19 have done in your autopsy with Aidee Reyna?

20 A. Well, initially we just look at the body and assess
21 injury as well as the regular state, do height and weight, that
22 sort of thing.

23 Q. Okay. I'm going to show you State's Exhibit 70. Was
24 that photograph taken prior to her being cleaned up?

25 A. Yes.

1 Q. What do you see in State's Exhibit 70?

2 A. Well, you see that she still has the blood sort of
3 coated toward the left-hand side of the photograph, that she
4 has this wound here, again there's blood spattered kind of
5 around there, and then there's also this injury that's
6 associated with this hole here.

7 Q. Okay. Can you tell if there's any type of soot or
8 stippling around the wound?

9 A. It looks very dark, but typically margins of a wound
10 look dark and blood is caked on there. It looks like that
11 there should be some, and there's searing, but again, you have
12 to clean it up to be sure.

13 Q. Okay. State's Exhibit 71, is this still prior to the
14 wound being cleaned up?

15 A. This is the same area, just closer to focus on the
16 characteristics of the wound.

17 Q. What kind of characteristics of the wound are you
18 noticing in photograph State's 71?

19 A. In this one there's a little more granularity to the
20 dried material around the wound, which is more in line with
21 there being soot at the margin, and you can also appreciate the
22 searing abrasions here.

23 Q. Okay. What are searing abrasions?

24 A. Uh, well, because the muzzle of the gun is very hot
25 and the smoke cloud is very hot when the bullet is discharged,

1 typically if it's very close to the skin it will actually burn
2 patterns. Sometimes it's a circular pattern just from the
3 muzzle itself, but in this case there's a distinct abrasion
4 that's almost V shaped where it's clear. It's not a complete
5 circle around.

6 Q. Okay. So, you're talking about the two areas in
7 between the lines that you've drawn?

8 A. Yes.

9 Q. Okay. Is that -- let me show you State's Exhibit 72,
10 after -- is this after the wound has been cleaned?

11 A. Yes.

12 Q. All right. So now that the wound has been cleaned
13 up, what do you see?

14 A. Now you can see better that there are three dots or
15 almost freckle like indications around there. Some of them are
16 actually black. Those are soot particles that are imbedded in
17 the skin, as well as some red marks that indicate that soot was
18 on the skin and kind of made a small burn. And you see also
19 better definition of these searing marks next to the actual
20 defect.

21 Q. Is it normal for you to see those types of searing
22 marks in cases with a gunshot wound like this?

23 A. If the gun is held right next to, or practically
24 right next to the skin, you can see searing marks. The pattern
25 is rather unusual for a handgun.

1 Q. Why is that?

2 A. Typically handguns will produce a round collar or
3 partial collar where the muzzle is, but this V shape
4 indicates -- this V shape kind of indicates that there's some
5 sort of structure creating an obstacle or a blocking, and that
6 there's a channel of -- there's a channel of heat or hot
7 material that's got something in between it, and makes it fan
8 out.

9 Q. Okay. So in addition to the burn mark that you see
10 around the wound itself, there's some other type of heat source
11 that is coming out of the gun to cause those searing marks?

12 A. Yes. It's coming out of the gun in a particular way
13 such that it sort of splits off into a V shape.

14 Q. And do you know what kind of firearm or what type of
15 firearm can produce something like that?

16 A. The muzzle, on top of the muzzle of the Glock handgun
17 has what's called a compensator that sort of disperses the
18 energy when the gun is discharged, and it will produce that
19 pattern.

20 Q. Okay. Is there anything else that you noticed about
21 the wound in State's Exhibit 72?

22 A. Besides the residues and the searing marks?

23 Q. Right.

24 A. It's a typical configuration of an entrance wound.
25 It's round, very distinctly round with no sort of irregular

1 edges or triangulation. So it's very consistent with an
2 entrance.

3 Q. Can you tell from these photographs from State's
4 Exhibit 27 how close the firearm was to her neck?

5 A. Well, given the fact that the muzzle of the gun had
6 to be close enough to leave the soot, some unburned particles
7 and sear her skin, it had to be next to or practically next to
8 her skin at the time of discharge.

9 Q. Okay. When you say practically next to, can you give
10 me a, you know, how far away?

11 A. It's --

12 Q. Kind of an estimation?

13 A. A very rough estimation would be less than an inch.
14 I mean, it's practically touching the skin. It's extremely
15 close.

16 Q. Okay. Where did the -- so this is the entrance,
17 State's Exhibit No. 72, of the bullet. Where did you find the
18 path of the bullet traveled?

19 A. The bullet basically went along the right side of her
20 neck, and into her where her brain, and got the right side of
21 her brain, exited her skull, and scalp.

22 Q. Okay. So, State's Exhibit 73, what is that?

23 A. That was the exit wound that we found and shaved the
24 hair around to get a better look at. And it's sort of to the
25 back of the head just to the right of the midline.

1 Q. Now, did you find any parts of the bullet inside her
2 skull or through -- along this pathway?

3 A. No.

4 Q. You mentioned that the bullet traveled through her
5 brain. What part of her brain did it travel through?

6 A. It went through the cerebellum. Most people when
7 they think of a brain it's the cerebrum, that big kind of --
8 bi-lobed organ, but there's a smaller organ that looks very
9 similar towards the bottom. And a lot of neurons and
10 connections that enable breathing and balance and regulation of
11 heartbeat and breathing go through that pathway.

12 Q. Okay. So the bullet traveled through that cerebellum
13 portion of her brain?

14 A. Yes.

15 Q. And does that portion of the brain control a lot of
16 the functions within your body that are not -- that are
17 reflexive, movements or motions?

18 A. Yes.

19 Q. And can you give us some examples of what those types
20 of things would be.

21 A. Well, again, things like balance. Things like, uh,
22 being able to stand. A lot of people who have problems with
23 their cerebellum also have problems with dizziness. And,
24 again, a lot of the connections that go into the brain stem
25 travel through the cerebellum.

1 Q. So if you sustain an injury to any part of your
2 cerebellum, is that usually a type of injury that you can
3 survive?

4 A. It depends. If it's far enough away from the middle
5 where the connections are probably their strongest to the brain
6 stem, if it's far away you can survive it. People have strokes
7 that affect their cerebellum and they recover, especially if
8 it's on one side.

9 Q. Okay. So at some point in your autopsy you do cut
10 into her head; is that correct?

11 A. Yes.

12 Q. Okay. I'm going to show you photos from that so you
13 can help describe the path and what part of the brain it went
14 through.

15 State's Exhibit 87, can you point out the
16 significance of what we're looking at here?

17 A. Okay. This -- you kind of have to use your
18 imagination, because she's on a table. This part up towards
19 the top of the screen, that's where her eyes are. This --
20 these sort of wing shaped things in the middle, that's where
21 basically above your ears. So this thing in the back here,
22 this is the back of her head, and there are two sort of divots
23 here, and that's where the cerebellum rests.

24 And here, that's -- disrupted by a hole, and that
25 hole is where the bullet is coming from the crease in her neck,

1 through the salivary glands and into the cranial vault or the
2 area of the skull where the brain sits. And the right
3 cerebellum lobe is right here, and it would be here,
4 connections to the brain stem right there.

5 Q. State's Exhibit 88, is that a close-up of the area
6 that you were just describing?

7 A. Yes. And in the other picture you really couldn't
8 see it well because it was left hanging on the flap, but we
9 kind of put them close together.

10 This is where the bullet enters the head here. This
11 whole -- and then it travels to the back of the head. And this
12 is near the area in the back of her head where that defect was
13 that corresponds to the exit. So it's basically creating a
14 large track of injury through the entire right cerebellar lobe.

15 Q. State's Exhibit 89. If you could touch the screen.

16 A. Sorry.

17 Q. What are we looking at in State's Exhibit 89?

18 A. This is a close-up of that flap that corresponds to
19 the exit that's on the back of the head.

20 Q. Move this down a little bit here.

21 A. Okay.

22 Q. Okay.

23 A. And this here just shows how the bone is broken.
24 Sometimes there's -- when there's an entrance and an exit, just
25 to confirm that we have the pathways right and we're not

1 getting them backward, we assess the bone to see if the bone
2 breakage corresponds to what we think the path of the bullet
3 is. And in this case it does.

4 Q. Okay. So the bone that you're talking about, would
5 that be the skull?

6 A. Yes. It's the occipital bone of the skull.

7 Q. Okay. So, in terms of -- in terms of injury that you
8 saw because of the path of the bullet, can you tell us what
9 types of functions were disturbed based on the path of the
10 bullet.

11 A. Specifically in her case, in very general terms, you
12 would expect there to be some problems with her breathing, with
13 brain function in general because of an injury that significant
14 would compromise both the space the brain has to work in as
15 well as create a lot of bleeding and blood loss in the brain.
16 So as a result of that injury, you will get shut down of the
17 rest of the brain gradually if not immediately, and -- but
18 that's an area that affects respiration, breathing, basic
19 reflexes, such as blood pressure, balance.

20 Q. Would she have been able to scream for help?

21 A. She may have, but again, that probably might have
22 been -- what we call agonal, which is sort of like a last gasp
23 or breath.

24 Q. Okay. Would she have been able to move herself from
25 the position she was in?

1 A. It's highly unlikely that she would do anything but
2 react to whatever the terminal blow was since a lot of the
3 voluntary function would be compromised by that injury.

4 Q. Is it possible for you to give an estimation of how
5 long she lived after suffering that kind of a gunshot wound to
6 her right cerebellum?

7 A. Without support and immediate treatment, I wouldn't
8 expect her survival to be very long, probably seconds to
9 minutes.

10 Q. In addition to -- well, let me back up. You do an
11 external evaluation examination of her body as well; is that
12 right?

13 A. Yes.

14 Q. Did you find any other signs of trauma on her body?

15 A. She had some minor abrasions or scrapes on her lower
16 extremities, or basically her shin and her foot.

17 Q. And is that documented in State's Exhibit 87?

18 A. Yes.

19 Q. That would be her --

20 A. Right shin, and the knee next to the shin.

21 Q. And in State's Exhibit 86?

22 A. That would be her right great toe.

23 Q. Now, going back to State's Exhibit 69, did you note
24 any signs of trauma on Aidee Reyna's face, aside from the wound
25 to her neck?

1 A. No.

2 Q. Okay. Were there any bruising or abrasions to the
3 left side of her face?

4 A. No.

5 Q. Were there any bruising or abrasions to her chin or
6 her right side of her face?

7 A. No.

8 Q. Okay. So in your autopsy report you make no note of
9 her having any type of trauma to her face other than what you
10 see on her right neck?

11 A. That's correct.

12 Q. Okay. Now, if someone were to have struck her with a
13 Glock 40 firearm in the right side of her -- excuse me -- on
14 the left side of her face, would you expect to see any type of
15 trauma?

16 A. I would expect to see at least some superficial
17 scraping or disturbance of the skin, at the very least, but it
18 just depends on where she's hit.

19 Q. Okay. Now, if somebody described an event happening
20 as being struck on the left side of the face with a Glock 40,
21 would you see the type of injury that she sustained on the
22 right side of her neck?

23 A. If she were hit on the left side and --

24 Q. Yes. Let me ask it this way. If she had been hit on
25 the left side of her face with a Glock --

1 A. Okay.

2 Q. -- is the injury that she sustained to the right side
3 of her neck consistent with a gun being struck on the left side
4 of her face and discharging?

5 A. It's -- it's inconsistent with the striking and the
6 discharge together.

7 Q. Okay. And can you explain why?

8 A. Given the positioning of the entrance wound and the
9 path of the bullet, again, presuming that there's no abnormal
10 contortion of the head, it would be unlikely that the gun is in
11 anything but a resting position at the time of discharge
12 because it's right at the crease of the neck and the angle in
13 almost just sort of a pocket, so to scrape and discharge at
14 that angle and have a wound that goes straight back would be
15 difficult to execute without some other indication of an
16 abrasion or a scrape or something to sort of connect that path.

17 Q. Okay. And again, you don't see anything, any
18 connection that would -- any signs of connection that would
19 connect that, what I just told you with the wound that we're
20 seeing?

21 A. That's correct.

22 Q. Okay. In addition to doing the external examination,
23 did you look at her -- at Aidee Reyna's hands?

24 A. Yes.

25 Q. Let me show you State's Exhibit 74. What are we

1 looking at here?

2 A. That's one of the protocol shots that we take to
3 document injuries or lack of injuries on the hands.

4 Q. Okay. Did you note any injuries on this hand?

5 A. No.

6 Q. And this was the right hand; is that right?

7 A. That looks like the left.

8 Q. Left, left hand. Okay.

9 State's Exhibit 75?

10 A. That's --

11 Q. What are we looking at here?

12 A. That appears to be the left hand at the fingernails.

13 Q. Okay. And do you note any signs of trauma or injury
14 to her nails?

15 A. No.

16 Q. State's Exhibit 76?

17 A. No.

18 Q. Any injuries -- is this still the left hand?

19 A. Yes.

20 Q. Okay. Any signs of injury?

21 A. No.

22 Q. State's Exhibit 77, you see any signs of trauma?

23 A. No.

24 Q. State's Exhibit 78, did you see any signs of trauma?

25 A. No.

1 Q. State's Exhibit 79?

2 A. No.

3 Q. No trauma?

4 A. No trauma.

5 Q. State's Exhibit 80, any signs of trauma?

6 A. No.

7 Q. State's Exhibit 81, any signs of trauma?

8 A. No.

9 Q. So during the autopsy of Aidee Reyna, is it fair to
10 say that the only signs of trauma that you see are -- is the
11 gunshot entrance to her neck and exit out of her head; is that
12 right?

13 A. That's correct, in addition to the abrasions on her
14 legs.

15 Q. Right. So then also the abrasion to the shin and the
16 abrasion to the toe?

17 A. Yes.

18 Q. Okay. But everything else, no signs of trauma to the
19 rest of her body?

20 A. No.

21 Q. Okay. Doctor, can you describe to the jury what
22 lividity is?

23 A. Lividity is a process that happens after death where
24 the blood settles into the tissues and is fixed and it creates
25 what looks like discoloration or a bruising pattern, wherever

1 the body position lets the blood settle. Most of the time in
2 the autopsies we see it on the back because they've been lying
3 on their backs, but if they come from the scene and they've
4 just come from the scene and they're sitting, for instance,
5 it's in their legs and that sort of thing.

6 MS. FULLER: Permission to approach, your Honor?

7 THE COURT: You may.

8 Q. (By Ms. Fuller) Can you tell the difference between
9 lividity and bruising?

10 A. Yes.

11 Q. I'm going to show you State's Exhibit 52. Do you see
12 any signs of lividity in State's Exhibit 52?

13 A. It's -- it's more distinct on the monitors, but
14 roughly there's red discoloration here, that's on the knuckles,
15 that is different from this paler or blanched area that's on
16 the back of her hand.

17 Q. Okay. And that appears to be lividity?

18 A. Yes.

19 Q. And we've seen photographs of that hand, of both
20 hands that don't show any signs of bruising; is that correct?

21 A. That's correct.

22 Q. State's Exhibit 56, do you see any signs of lividity
23 in State's Exhibit 56?

24 A. Yes.

25 Q. And when you did the autopsy and you examined the

1 back of Aidee Reyna, did you see any bruising on her back?

2 A. No.

3 Q. Okay. So State's Exhibit 56 is also displaying
4 lividity?

5 A. Yes.

6 Q. As part of the autopsy was a toxicology examination
7 performed on Aidee Reyna's body?

8 A. Yes.

9 Q. And do you know what the results of that toxicology
10 report were?

11 A. Yes.

12 Q. What was it?

13 A. There was no ethanol or any of the alcohols we test
14 for detected, as well as amphetamine, cocaine, or PCP.

15 Q. So none of that was in her system?

16 A. That's correct.

17 Q. What is the purpose of doing a toxicology
18 examination?

19 A. In general or --

20 Q. In general.

21 A. In general, it's to detect the presence of alcohol or
22 other drugs in the system.

23 Q. Okay. And is that done on every autopsy performed?

24 A. No.

25 Q. When do you call for a toxicology examination?

1 A. Well, sometimes as in homicide, it's part of a
2 routine protocol that is established between the DA's and the
3 medical examiner's office, and in other cases, it may have
4 something to do with the motivation or some part of the case
5 and it's specifically requested.

6 Q. Now, we already -- you already stated that the
7 autopsy was done on June 20, 2010. Do you have a time that you
8 began the autopsy?

9 A. Yes.

10 Q. And what time was that?

11 A. Let's see -- I began the autopsy at 10:12 a.m.

12 Q. Now, in addition to doing your external examination
13 and examining the path of the bullet, do you also still do an
14 examination of the internal organs during the autopsy?

15 A. Yes.

16 Q. And did you do so on Aidee Reyna's body?

17 A. Yes.

18 Q. Did you find that she had any disease or defects in
19 any of her organs that would have prevented her from living a
20 normal life?

21 A. No.

22 Q. Based on your autopsy, do you have an opinion as to
23 the cause of Aidee Reyna's death?

24 A. Yes.

25 Q. And what is that opinion?

1 A. Aidee Reyna died as a result of a gunshot wound to
2 the head.

3 Q. Based on your training, your experience, your
4 education as a medical doctor and a forensic pathologist, can
5 you tell the jury whether or not a firearm is a deadly weapon?

6 A. Yes, it is.

7 Q. And in your opinion, did the gunshot wound inflicted
8 on Aidee Reyna cause her death?

9 A. Yes, it did.

10 MS. FULLER: May I approach the witness?

11 THE COURT: You may.

12 Q. (By Ms. Fuller) I'm going to show you what's been
13 marked as State's Exhibit 97. Hopefully I'm right on my
14 numbering. Does that look familiar to you?

15 A. No.

16 Q. Okay. Let me ask you this: When Aidee Reyna's body
17 was brought to you, how were her hands -- how were her hands
18 presented to you?

19 A. Her hands had been covered with bags at the scene to
20 preserve evidence.

21 Q. Okay. And what kind of evidence were we attempting
22 to preserve?

23 A. Well, sometimes if there's small particulate matter
24 or some trace evidence, if the body is in transit once it's in
25 the body bag it can get wet with blood and the evidence can get

1 washed away. So to address that concern they cover the bags.
2 And when we receive the body at autopsy and as we're collecting
3 evidence, we carefully remove the bags and preserve them as
4 well and submit them just in case there's something in there
5 that fell.

6 Q. Okay. Do you take any swabbings of the hands?

7 A. Gunshot residues are collected in cases that may
8 involve firearms, and typically if it's something that
9 potentially involves an altercation, we also get fingernail
10 scrapings and clippings.

11 Q. Okay. In this case did you get fingernail scrapings
12 and clippings?

13 A. Yes, we did.

14 Q. And did you also get the swabbings of the inside of
15 the hands, an SEM kit?

16 A. Yes.

17 Q. Okay. Is an SEM kit different from swabbing of the
18 hands?

19 A. It's actually a small adhesive attached to a little
20 plastic tube, and it's actually more dabbed than swabbed.

21 Q. So after you get the fingernail clippings and the SEM
22 kit, that evidence, what would you have done with it?

23 A. Well, as each item is collected I personally seal it
24 with evidence tape and initial the margin of that tape so that
25 once it's opened you can tell, and then I put one of our labels

1 on it, and I -- each item of evidence that's individually
2 sealed in that fashion is then sealed in a larger envelope and
3 placed in a locked room until it's release to an authority.

4 Q. Are any of your initials on the outside of State's
5 Exhibit 97?

6 A. No.

7 Q. For the record, I am removing the contents of State's
8 Exhibit 97. Do you recognize those?

9 A. Yes.

10 Q. Okay. And tell me how you recognize those?

11 A. Uh, this plastic bag that the evidence was submitted
12 in has my handwriting, and the label from the case and the case
13 number is written on the -- the tubes.

14 Q. Okay. And is the medical-legal number that's
15 associated with Aidee Reyna also on these labels?

16 A. Yes.

17 Q. Okay. And these are what?

18 A. These are the -- I guess those -- the -- I'm
19 forgetting the actual technical name for them, but this is what
20 we use for the SEM or gunshot residue kit where the residues
21 will attach to adhesive points on these brown tops and they're
22 analyzed.

23 Q. Okay. Thank you.

24 MS. FULLER: If I could have just one quick moment,
25 your Honor.

1 THE COURT: Sure.

2 Q. (By Ms. Fuller) Did you document how tall Aidee Reyna
3 was and what her weight was?

4 A. Yes.

5 Q. And could you tell us what that was?

6 A. We measured her to be 61 inches in height and
7 110 pounds.

8 Q. What does 61 inches equate to when we're talking
9 about feet and inches?

10 A. 5-foot-1.

11 MS. FULLER: Pass the witness, your Honor.

12 THE COURT: Cross-examination.

13 MS. SCARDINO: Thank you, your Honor.

14 CROSS-EXAMINATION

15 BY MS. SCARDINO:

16 Q. Dr. Gonsoulin, on your offense -- or excuse me, on
17 your autopsy report, I noted that on -- I thought I wrote down
18 the page number. I think it's page three. It is page three --
19 where you're describing the gunshot, evidence of injury,
20 gunshot wound to the head, do you see that paragraph?

21 A. Yes.

22 Q. And the last sentence reads no distinct muzzle
23 imprints are apparent. Does that mean that the gun was within
24 1 inch as you testified in response to Ms. Fuller but just not
25 touching the body of Ms. Reyna?

1 A. That means that a pattern that resembled the muzzle
2 of a firearm was not distinct. I didn't see that cuff or that
3 circle that I typically see that I can definitively call a
4 muzzle.

5 Q. Well, let me make sure that I'm understanding. So if
6 somebody says the gun was stuck in her neck and the trigger was
7 pulled, that is not what you see. That's not what -- that's
8 not here; is that correct?

9 A. (No response.)

10 Q. The gun did not touch her skin to -- sufficiently to
11 leave a muzzle imprint. I'm just trying to understand.

12 A. I'm saying -- I'm just describing the wound as I see
13 it. The characteristics are still consistent with the muzzle
14 being up against her skin, but for whatever reason it did not
15 form a lesion that I specifically recognized as being a muzzle,
16 but there's a pretty good pattern of soot and searing around
17 there that could have the muzzle imprint in it, it's just too
18 difficult to tell because the gun was so close and left so much
19 residue.

20 Q. Okay. And in other gunshot injuries that you've
21 dealt with, if a gun is -- what would you normally see if a gun
22 is pushed up to a -- the head or some other part of the body
23 and fired? What would you see that would be different from
24 this one?

25 A. It depends on the gun and the -- the -- do you mean

1 like right up against the skin or close?

2 Q. Yes.

3 A. Okay. Right up against the skin, typically we don't
4 see that searing pattern with the two triangles as I previously
5 described, that's very unusual, and we --

6 Q. But -- excuse me -- but you said that was because of
7 the type of weapon, correct?

8 A. Right, right. And typically if it's right up against
9 the skin, sometimes you can see just a circle with a complete
10 cuff of soot, and a distinct muzzle imprint almost to the point
11 where you could compare the actual gun to the imprint that's
12 left.

13 Q. So --

14 A. Sometimes it's just not that distinct.

15 Q. Okay. So what -- just so that I'm clear, so what you
16 mean when you say a muzzle imprint, you're meaning the end of
17 the firing -- the barrel of the gun, you would be able to see
18 it on the wound itself?

19 A. That's correct.

20 Q. Okay. But here you did not?

21 A. That's correct.

22 Q. Without being able to describe a specific set of
23 circumstances, I'm going to ask you a real general question.
24 If -- before the death, if Ms. Reyna had been hit in the face
25 with anything, a gun, just assuming maybe it was a gun, but it

1 didn't break the skin and it wasn't real hard, would you be
2 able even then to tell, if she had died almost instantly, that
3 she had been hit in the face?

4 A. She could be struck with an object, depending on how
5 heavy it was, and how it struck the skin, it might not leave a
6 mark.

7 Q. And if it didn't -- if it didn't break the skin or
8 cause a serious abrasion, it would not be -- would it be
9 noticeable do you think at the time that you're doing the
10 autopsy?

11 A. If it doesn't cause an abrasion, I can't notice it at
12 the time of autopsy.

13 Q. With regard to the gunshot residue and the fingernail
14 scrapings and clippings, do you all do the testing at your
15 facility or do you turn that over to the Houston Police
16 Department?

17 A. The answer to that is actually both.

18 Q. Okay.

19 A. The evidence is stored in a locked room, and then if
20 the police department wishes it to be tested, it's released to
21 them and then they release it back to the building so that it
22 can be tested.

23 Q. And do you know what ultimately happened with the
24 gunshot residue test and the fingernail scrapings and clippings
25 that were taken from Ms. Reyna?

1 A. No.

2 Q. Did anybody send those back to you, or any of this --
3 evidence that you took, was any of it returned to you for
4 testing?

5 A. My role in terms of the evidence, unless it has some
6 bearing on my ruling, such as suicide versus homicide.

7 Q. Right.

8 A. It ends when I submit the evidence for the chain of
9 custody.

10 Q. All right. I think I misunderstood you. I thought
11 you said sometimes it gets sent back to you for testing?

12 A. The office, but not me.

13 Q. So you wouldn't know?

14 A. I typically don't even check to see, because that has
15 no bearing on my ruling.

16 Q. Okay. Thank you.

17 MS. SCARDINO: I'll pass the witness, your Honor.

18 THE COURT: Anything further?

19 MS. FULLER: May I have a moment, your Honor?

20 (Pause.)

21 MS. FULLER: Pass the witness, your Honor.

22 THE COURT: All right. Thank you so much, Doctor.

23 You are excused.

24 Call your next.

25 MR. REISS: Your Honor, the State of Texas would call

1 Jason Schroeder.

2 May I proceed?

3 THE COURT: You may proceed.

4 MR. REISS: Thank you.

5 JASON SCHROEDER,

6 having been duly sworn, testified as follows:

7 DIRECT EXAMINATION

8 BY MR. REISS:

9 Q. Good afternoon, sir.

10 A. Howdy, sir.

11 Q. Scoot forward a little bit. That would be great.

12 A. (Complies.)

13 Q. Will you please introduce yourself to the ladies and
14 gentlemen of the jury?

15 A. Sure. My name is Jason Schroeder. I'm a forensic
16 chemist with the Harris County Institute of Forensic Sciences.

17 Q. And how long have you worked there, sir?

18 A. I've been there about twelve and a half years now.

19 Q. What are your current roles and responsibilities?

20 A. My current roles and responsibilities, I'm a forensic
21 chemist in the trace laboratory. My primary responsibility
22 right now is working gunshot residue cases.

23 Q. And were those your roles and responsibilities in
24 August 2012?

25 A. Yes, sir, they were.