

1 the University of Texas Southwestern Medical School
2 in Dallas. I did my pathology residency in
3 Tennessee and then I did a year of fellowship
4 training at the Dallas County Medical Examiner's
5 Office.

6 Q. Are you board certified?

7 A. Yes, I am.

8 Q. And in what area are you board
9 certified?

10 A. Anatomic and forensic pathology.

11 Q. Can you explain to the jury the
12 difference between clinical, anatomic and forensic
13 pathology?

14 A. Sure. Pathology encompasses all of
15 those sciences. Anatomical pathology is the branch
16 of pathology that deals more with anatomic
17 structures. Anytime someone undergoes a surgical
18 procedure where their gallbladder is removed, that
19 goes to an anatomic pathologist. So it's someone
20 who has experience dealing with diseases of the
21 body.

22 Clinical pathologist does more with
23 laboratory tests, blood banking, things like that.

24 A forensic pathologist is a specialized
25 branch of the field of pathology that applies the

1 basic work of pathology to individuals that have
2 died. So we look at disease and disease processes
3 that have occurred in someone to cause their death.
4 We also find traumatic events that may be the reason
5 the person died as well.

6 Q. Can you walk them through the various
7 places where you have been employed where you have
8 utilized your forensic pathology expertise?

9 A. Sure. I started doing forensic
10 pathology when I was doing my residency in
11 Tennessee. I worked as a medical examiner during my
12 residency. Then I did my fellowship year in
13 forensic pathology in Dallas County. And then I
14 worked for two years as a medical examiner in
15 Northern Virginia and then I came down here to
16 Houston to work here.

17 Q. And what brought you to Houston?

18 A. The job pretty much.

19 Q. You have had a few unique experiences
20 that I'd like for you to share with the jury because
21 I find it very interesting. It's out of the
22 ordinary.

23 My understanding is that you were part
24 of the disaster mortuary response team?

25 A. Yes, I am a member of what's called

1 DMORT, which is Disaster Mortuary Operational
2 Response Team; and it's a Federal team of volunteers
3 that get deployed whenever there is a mass fatality
4 situation.

5 Q. And what are some of the operations that
6 you have assisted in in connection with that team?

7 A. Well, I joined in August of 2001. So
8 September 11th, New York City, was my first
9 deployment. After that I was deployed to an event
10 in Georgia, a crematorium disaster where the person
11 was not cremating the decedents. I've been to Haiti
12 after the earthquake. Seems like I'm missing one
13 but --

14 Q. Okay.

15 A. -- that's the bulk of it.

16 Q. Over the course of your professional
17 career, any estimate as to how many autopsies you
18 have performed?

19 A. Oh, gosh, well over 1,500. That was the
20 last time I counted, and that was a couple of years
21 ago. So it's probably a couple thousand by now.

22 Q. Explain to the jury what are the
23 determining factors as to whether or not an autopsy
24 is performed on a deceased in Harris County?

25 A. Well, all medical examiners in the State

1 of Texas are given their duties by Texas statute and
2 that defines what types of cases that we have
3 authorization over. And in the State of Texas
4 anyone that dies of an unusual, unnatural,
5 suspicious death, that falls under medical examiner
6 jurisdiction.

7 So our office will be notified of those
8 deaths and then we'll decide whether or not an
9 autopsy needs to be performed based on the
10 information that's given. If it's a traumatic
11 death, such as a homicide or a suicide or even a
12 motor vehicle accident, we do autopsies on those
13 cases almost all the time. Unless it's a motor
14 vehicle accident where they went to the hospital and
15 injuries are documented and we may not do them then.

16 Q. And I do want to make sure that the
17 record is clear. My understanding is that you have
18 published extensively in the field of pathology and
19 forensic pathology?

20 A. Yes, I have.

21 Q. Okay. And you have held faculty
22 appointments in your field, correct?

23 A. That's correct.

24 Q. Where were those appointments?

25 A. I am a Clinical Associate Professor, I

1 think is the term, at Baylor College of Medicine and
2 the University of Texas Health Science Center.

3 Q. Do you also speak on -- speak
4 professionally on your topic in your field?

5 A. Yes, I do.

6 Q. And any professional memberships or
7 organizations that you are part of?

8 A. Yes.

9 Q. Can you tell them?

10 A. I'm a fellow member of the National
11 Association of Medical Examiners. I'm also on
12 several committees with that organization. And I am
13 a fellow member of the American Academy of Forensic
14 Sciences, which is one of our biggest organizations
15 across the country. And I'm currently the Program
16 Chair and Continuing Education Committee Member for
17 the Pathology/Biology Section.

18 Q. Now, you have given us an indication of
19 the number of autopsies that you've performed over
20 the course of your career. Specifically have you
21 been recognized as an expert in your field within
22 Harris County?

23 A. Yes, I have.

24 Q. Okay. You described for us the various
25 circumstances under which an autopsy would be

1 performed. So I'd like to talk a little bit about
2 the process. When -- when a deceased is brought in
3 to the Institute, what mechanism of tracking is used
4 to identify and follow that body through the autopsy
5 process?

6 A. Whenever we are notified of a death and
7 we determine that it falls within the medical
8 examiner jurisdiction, it is assigned a unique
9 identifying case number which stays with them
10 throughout the entire process as a decedent in our
11 office as well as any associated paperwork.

12 Q. And that unique number, that is never
13 used again to identify another body?

14 A. That's correct.

15 Q. And is the number in sequential order?

16 A. Yes, it is starting with No. 1 for the
17 first case of the year until 4,000 and something at
18 the end of the year.

19 Q. Okay. Let's go through the process,
20 just the autopsy process itself. Once a body is
21 brought into the Institute and is documented, what
22 is the first step of the autopsy process?

23 A. The first thing that we do when we have
24 a decedent is take photographs and document the
25 external appearance of the decedent.

1 MS. MAGNESS: May I approach the
2 witness, Judge?

3 THE COURT: Yes, ma'am.

4 Q. (By Ms. Magness) I'm going to show you
5 what's been marked for identification purposes as
6 State's Exhibits No. 86 through 106, and also
7 State's Exhibit 55.

8 A. (Witness reviewing exhibits.)

9 Q. Beginning with State's Exhibit 86
10 through State's Exhibit 106, are these photographs
11 of the autopsy performed on the body of Phillip
12 Anthony Little, Medical/Legal No. 113269?

13 A. Yes, they are.

14 Q. And are these photographs photographs
15 that you reviewed in evaluating this case and
16 forming your opinion as to the cause and manner of
17 Phillip Little's death?

18 A. Yes.

19 Q. State's Exhibit 55, would you examine
20 that item, please?

21 A. (Witness complies.)

22 Q. Could you compare State's Exhibit 55 to
23 the original autopsy report in this case?

24 A. Yes, I have a copy.

25 Q. Can you compare it to your copy?

1 A. Sure.

2 Q. I just want to make sure there aren't
3 any alterations or deletions and that it's an exact
4 duplicate.

5 A. (Witness complies.)

6 State's Exhibit 55 is an exact copy of
7 the original autopsy report.

8 Q. And where is the original report kept?

9 A. It's in our office, currently in my
10 office.

11 Q. The autopsy report, first of all, is
12 that kept in the regular course of business of the
13 Harris County Institute of Forensic Sciences?

14 A. Yes.

15 Q. Are the entries that are made on the
16 autopsy report, are they made by a person who has
17 personal knowledge of what's recorded?

18 A. And they're documented by someone with
19 personal knowledge, yes.

20 Q. The information that's contained within
21 the report, is it documented at or near the time
22 that the autopsy is performed?

23 A. Yes, it is.

24 Q. Okay.

25 MS. MAGNESS: Tendering State's

1 Exhibit 55 and State's Exhibits 86 through 106 to
2 opposing counsel and offering them into evidence.

3 (State's Exhibits No. 55 and 86
4 through 106, Autopsy Report and Autopsy photographs,
5 offered.)

6 MR. CORNELIUS: No objection to 55,
7 Judge.

8 THE COURT: All right. 55 is
9 admitted. You may publish.

10 (State's Exhibit No. 55 admitted.)

11 MR. CORNELIUS: I have no objection
12 to the photographs either, Judge.

13 THE COURT: All right. They are
14 admitted.

15 (State's Exhibits No. 86 through
16 106 admitted.)

17 MS. MAGNESS: May I publish, Judge?

18 THE COURT: Yes, ma'am.

19 Q. (By Ms. Magness) I just want to begin
20 with the autopsy report itself, State's Exhibit 55.
21 The autopsy report, again, has the unique
22 Medical/Legal No. 113269. November 3rd, 2011, what
23 is that date indicative of?

24 A. That is the date that the autopsy was
25 performed.

1 Q. And it identifies the autopsy as
2 performed on the body of Phillip Anthony Little.

3 Now, down at the bottom -- just to be
4 clear, you were not the physician who performed this
5 autopsy, correct?

6 A. That's correct.

7 Q. When it shows here on the autopsy report
8 that the autopsy was performed by a forensic
9 pathology fellow, what exactly does that mean?

10 A. That is someone that's in training in
11 our office to become a forensic pathologist, so
12 we're actually training them in the skills of
13 forensic pathology.

14 Q. And when it indicates "reviewed by
15 Dr. Stephen Wilson," does that indicate that
16 Dr. Stephen Wilson was there to, I guess, observe
17 and assist the fellow as the fellow performed the
18 autopsy?

19 A. That's correct.

20 Q. And there is a second -- actually a
21 second review by the Deputy Chief Medical Examiner,
22 Dr. Dwayne Wolf. Is that indicative of him looking
23 at the fellow's work and then Dr. Wilson's work and
24 signing off and agreeing with the findings?

25 A. That's correct.

1 Q. Now, in -- and I understand that neither
2 the fellow or Dr. Wilson was available for trial
3 today?

4 A. That's correct.

5 Q. So were you asked to review both the
6 autopsy reports and the photographs so that you
7 could render an opinion in this case?

8 A. Yes, I was.

9 Q. And did you do that?

10 A. Yes.

11 Q. When you say that the body comes in and
12 is photographed documenting the condition of the
13 body, let me start here with State's Exhibit No. 86.
14 One of the first things that I wanted to point out
15 here is that there is a placard that is depicted in
16 these photographs and, in fact, in many of these
17 photographs. What -- what is that -- what is that
18 documenting?

19 A. The placard is a number board with the
20 case number, the date that the examination is being
21 performed, as well as the pathologist that performed
22 the examination. And we use that for these overall
23 pictures because it's big and you can see it. In
24 the smaller more close-up pictures, we use a smaller
25 number because that would be too big for some of our

1 other photos. But that is the way that we designate
2 the case number so you could see it in photographs.

3 Q. Now, obviously here we're documenting
4 that there's evidence of medical intervention. Can
5 you explain to the jury what the purpose of this bag
6 over Phillip's hands are?

7 A. Sure. We place paper bags over a
8 decedent's hands when there's a suspicion that there
9 was some foul play or inflicted trauma to the
10 decedent such as a gunshot wound or something --
11 stab wounds or something like that in order to
12 preserve any evidence that may be on that person's
13 hands.

14 Q. And then State's Exhibit No. 87 is just
15 a photograph documenting the back of Phillip.

16 State's Exhibit No. 88 is the first
17 photograph or one of the first photographs that we
18 have depicting an actual injury. Tell the jury what
19 they're looking at there.

20 A. So on this photograph right above the
21 smaller number, which I was describing earlier,
22 there's a wound which is a gunshot wound, an
23 entrance wound, which is right here that I circled
24 in green (indicating).

25 Q. Once the photographs are taken to

1 document the condition that the body comes into the
2 Institute in, is there any sort of cleaning process
3 before the actual autopsy itself begins?

4 A. Yes.

5 Q. And can you describe that for the jury,
6 please?

7 A. Sure. After we first examine the
8 decedent, on gunshot wounds we tend to take a
9 photograph of the wound. We call it dirty. So
10 before it's been cleaned, in case there's any
11 evidence of residue, firearm residue around the
12 wound, then we will take the clothes off, take
13 photographs of the clothing and clean the body so
14 that we can see if there's any other wounds or any
15 other scars, tattoos, things like that that we
16 might -- that will be noted on our autopsy report.

17 Q. And what substance is used to clean
18 them?

19 A. Water.

20 Q. You indicated that you document the
21 condition of the clothing. Let me show you State's
22 Exhibit No. 97. Is that what that photograph is
23 doing is just showing the various items of clothing
24 that Phillip was wearing when he came into the
25 Institute?

1 A. That's correct.

2 Q. Is there any point where the body is
3 x-rayed?

4 A. Yes.

5 Q. And what is the purpose of x-raying the
6 body?

7 A. The x-rays help us localize any bullets
8 that may still be in the body.

9 Q. Once the body is cleaned and the next
10 step of the autopsy process has begun -- which is
11 I'm assuming the secondary external examination?

12 A. Yes.

13 Q. And what -- what is it that you're
14 looking for during this portion of the examination?

15 A. So once we have the decedent cleaned, we
16 will again look for trauma that may have been
17 obscured by overlying blood. We'll document it,
18 we'll measure it, and again photograph it in the
19 clean state.

20 Q. State's Exhibit No. 92 is Phillip in a
21 cleaned state and is the first indication that we
22 have here of an injury. I'm going to show State's
23 Exhibit No. 95. It's a little more -- a more
24 close-up view of that injury, and then, finally,
25 State's Exhibit No. 96 is a close-up of that wound.

1 What kind of injury is that?

2 A. This is a gunshot wound of entrance.
3 So, it's the entry point for the bullet.

4 Q. And was there any corresponding exit
5 wound on Phillip's body?

6 A. No.

7 Q. That gunshot wound, when Phillip was
8 x-rayed, did the x-rays indicate any projectile that
9 had remained in his body?

10 A. Yes, it did.

11 Q. Can you tell the jury approximately
12 where that injury, that wound was located?

13 A. The entrance wound is located on the
14 left lower back still overlying the rib area on the
15 back.

16 Q. Okay. Other than that gunshot wound,
17 did you -- I'm sorry. Is there any indication
18 during the autopsy that there were any other
19 external injuries that were observed that would have
20 contributed to his death?

21 A. No, none that would have contributed to
22 his death.

23 Q. After the external examination, is there
24 then an internal examination of the body?

25 A. Yes.

1 Q. Now, in a case like this when we're
2 dealing with a gunshot wound, it seems relatively
3 obvious as to what caused the death. Why is it
4 necessary to then go one step further and do an
5 internal examination?

6 A. Well, the internal examination is very
7 important in these cases so that we can see exactly
8 what was injured. When we do that, it will give us
9 an idea of how immediately incapacitating the injury
10 may have been. If it did, in fact, cause the death
11 of the individual. So it's very important that we
12 track the bullet path as it goes through the body.

13 Q. And explain to the jury the process of
14 conducting the internal examination.

15 A. When we do the internal examination, we
16 reflect the skin through what's called a Y incision
17 and we remove the front part of the chest plate.
18 And by doing that we can pretty much look at every
19 organ in the internal body cavity with the exception
20 of the head.

21 So once we take that and expose the
22 organs, then we can look for any trauma to those
23 organs and follow the bullet path if there are
24 those.

25 Q. During the -- when you reviewed the

1 findings of the internal examination, does the
2 autopsy report indicate the path that the bullet or
3 projectile traveled through Phillip's body?

4 A. Yes.

5 Q. And will you describe that for the jury,
6 please?

7 A. Sure.

8 So the bullet enters the left mid-back
9 area, mid to lower back, and after going through the
10 skin, it goes through the muscle that's between or
11 just below the ninth rib. It goes through the
12 diaphragm, which is the muscle that enables us to
13 breathe. It goes through the left kidney, the
14 stomach, the liver. It goes back into the --
15 through the diaphragm, goes through the heart and
16 then it strikes the inner surface of the sternum or
17 the breast bone, which is where part of the bullet
18 was recovered.

19 Q. Now, in describing the path of the
20 bullet, you've indicated multiple organs that that
21 bullet traveled through. As a result of that
22 trauma, is there going to be significant blood loss?

23 A. Yes.

24 Q. The projectile came to rest underneath
25 the sternum. Is there an indication in the autopsy

1 report that that projectile was recovered from
2 Phillip's body?

3 A. Yes.

4 Q. And I'm going to show you specifically
5 State's Exhibit No. 103 and then a little bit closer
6 view, State's Exhibit 104. Is that the projectile
7 that was recovered?

8 A. Yes.

9 Q. Now, there was an indication in the
10 autopsy report that there was also a fragment that
11 was recovered from Phillip's shirt. And I'm going
12 to show you State's Exhibit No. 105. Is that the
13 fragment that the autopsy report is referencing?

14 A. Yes.

15 Q. And I think that's further documented in
16 State's Exhibit 101 and State's Exhibit No. 102.

17 I'm going to show you what's been
18 introduced as State's Exhibit -- that's State's
19 Exhibit 98; and this originally, I guess, was a
20 white T-shirt. There is also a red shirt that
21 Phillip was wearing. Let me show you State's
22 Exhibit No. 100.

23 In looking at these defects in his
24 clothing, is that consistent with the gunshot wound
25 that you have previously described?

1 A. Yes.

2 Q. When you reviewed the findings from the
3 internal examination, did you find any other sign of
4 disease or defect that would have contributed to his
5 death?

6 A. No, I did not.

7 Q. As part of the autopsy procedure, is
8 there -- are there samples taken, blood samples
9 taken from the deceased in order to determine if
10 they have any drugs or alcohol in their system at
11 the time of death?

12 A. Yes.

13 Q. And is that toxicology report included
14 as part of the official autopsy report?

15 A. Yes, it is.

16 Q. And State's Exhibit 55, the autopsy
17 report, also has a toxicology report. Did you
18 review this report?

19 A. Yes, I did.

20 Q. Just in terms of the findings, it says
21 that the specimen that was used here was femoral
22 blood?

23 A. Yes.

24 Q. Are there -- are there different
25 specimens that you can use and how is it that you

1 come to decide what sample, representative sample to
2 use?

3 A. Well, in the course of the autopsy we do
4 collect blood in addition to urine, if there is any,
5 bile from the gallbladder, we take some liver, any
6 stomach contents; but typically the best sample to
7 use is blood. We like to get it from a peripheral
8 source, meaning away from the heart and lungs
9 because the closer you get to those organs the
10 more -- or the less reliable your results are
11 because there might be some diffusion contamination
12 from the heart to the lungs as the drugs are going
13 through those organs.

14 So peripheral femoral blood is our
15 preferable source for toxicology testing.

16 Q. And when the toxicology testing was
17 performed on the sample taken from Phillip, it
18 appears that he was not under the influence of any
19 drugs or alcohol, prescription drugs or street drugs
20 for that matter?

21 A. That's correct.

22 Q. Okay. So he sustains this gunshot wound
23 and associated with the injury there is a
24 significant amount of blood loss. Do you have any
25 opinion one way or the other as to the amount of

1 time that he would have been able to maintain
2 consciousness?

3 A. I can't put an exact minute to it, but I
4 can tell you that the injuries that he sustained
5 were not immediately incapacitating. There would be
6 a period of time where he could still do something
7 such as walk, talk, run, you know, drive short
8 distance with these injuries because as the blood is
9 being pumped through the body he's still getting
10 oxygen to his brain because the way the defects
11 are, the blood is pooling inside the body and so it
12 takes time for that to build up. So there would be
13 a period of time for him to be able to function.

14 Q. So, in other words, his death was not
15 instantaneous?

16 A. That's correct.

17 Q. And there was nothing in terms of drug
18 or alcohol within his system that would have numbed
19 or dulled his ability to be aware of his
20 surroundings or to feel the sensations of pain?

21 A. That's correct.

22 Q. Having reviewed the autopsy report and
23 the photographs that were taken during the autopsy
24 report, do you have an opinion as to the cause of
25 Phillip Little's death?

1 A. Yes, I do.

2 Q. And what is that opinion?

3 A. The cause of death is penetrating
4 gunshot wound of the torso.

5 Q. And did you form an opinion as to the
6 manner of death of Phillip Little's death?

7 A. Yes, I did.

8 Q. And what is your opinion?

9 A. The manner of death is homicide.

10 MS. MAGNESS: I'll pass this
11 witness.

12 THE COURT: Mr. Cornelius?

13 **CROSS-EXAMINATION**

14 **BY MR. CORNELIUS:**

15 Q. Dr. Haden-Pinneri, we have met before.
16 My name is Skip Cornelius, but we've never talked
17 about this case before, right?

18 A. That's correct.

19 Q. Just a couple questions for you.

20 The fragment that was recovered from the
21 shirt, was there any attempt to determine if that
22 was a copper jacket or a lead fragment from the
23 projectile itself?

24 A. From the photos it did not look like
25 there was any sort of jacketing on it but all I know

1 is that it was described as a metal fragment but I
2 don't know if they did any further testing or
3 anything on it.

4 Q. And the projectile that was found in the
5 body, was that lead or do you know?

6 A. It looks like it's just a lead fragment.

7 Q. Okay. The path of the projectile,
8 particularly whether it went up, down or on a plane,
9 what was discovered?

10 A. The wound path goes from the left side
11 of the body to the right side. It goes from the
12 back of the body towards the front, and it goes
13 upward. And it does mention that the jacket from
14 the -- under the sternum was not jacketed.

15 Q. Okay. So the bullet was traveling --
16 and this is from head to toe --

17 A. Yes.

18 Q. -- up?

19 A. Correct.

20 MR. CORNELIUS: Okay. I don't have
21 any other questions, Judge.

22 THE COURT: Ms. Magness?

23 MS. MAGNESS: Nothing further, Your
24 Honor.

25 THE COURT: May this witness be