



1 one-year fellowship in forensic pathology at the Dallas  
2 County Medical Examiner's Office.

3 Q. Have you received any other professional training  
4 that qualifies you to -- qualifies you in the field of  
5 forensic pathology?

6 A. My fellowship, I'm board certified in anatomic and  
7 forensic pathology and I'm also very active in the forensic  
8 academic organizations.

9 Q. Okay. What is forensic pathology?

10 A. Forensic pathology is a specialized branch of  
11 pathology, which is essentially the study of disease and  
12 disease processes. When you use the term "forensic  
13 pathology," you just kind of apply that specialty to  
14 individuals who have died. So, it's essentially the study  
15 of disease and disease processes in people who die.

16 Q. Now, what exactly is your title with the Institute  
17 of Forensic Sciences?

18 A. I'm an assistant medical examiner.

19 Q. Now, in your capacity as an assistant medical  
20 examiner, do you perform autopsies?

21 A. Yes, I do.

22 Q. Now, in a typical case, can you tell the jury a  
23 little bit about what you do to perform an autopsy?

24 A. Sure. I basically describe an autopsy as having  
25 four parts. The first part is what I call the external

1 examination. It's where we look at the individual, we  
2 document things like hair color, eye color, scars, tattoos  
3 and as well as any trauma that we see on the individual.

4 The second part is we draw some blood and  
5 fluids to submit for toxicology testing if we deem that  
6 necessary. Then the third part is we'll make an incision in  
7 the skin so that we can look at all of the organs inside the  
8 body to document the things like natural disease processes,  
9 make sure everything looks right, is in the right place, as  
10 well as to document any trauma that's there. And the fourth  
11 part is as we're looking at the internal organs, we'll take  
12 little pieces to look at under the microscope. So, that's  
13 the typical, normal, full autopsy procedure.

14 Q. Okay. Have you testified in the courts of Harris  
15 County before?

16 A. Yes.

17 Q. And have you testified as an expert in those  
18 courts?

19 A. Yes.

20 Q. Have you done so on few or many occasions?

21 A. Many.

22 Q. Now, when a body or someone's remains are brought  
23 to the Institute of Forensic Sciences, does the institute  
24 assign a unique number to that body or those remains?

25 A. Yes.

1 Q. And I want to turn your attention to June 26th of  
2 2010. Did you perform an autopsy around that time?

3 A. Yes, I did.

4 Q. And can you tell us the case number or the  
5 institute's number, the unique number that was assigned to  
6 the autopsy that you performed?

7 A. On June 26th, 2010, I performed an autopsy on Case  
8 ML, which stands for medical legal, 10-1866.

9 Q. What does the 10-1866 stand for?

10 A. The 10 stands for the year, 2010, and the 1866 is a  
11 sequential numbering system that starts the first of the  
12 year and goes to the end of the year. So, this is the  
13 1,866th case for the year.

14 Q. Okay. When you received Case No. ML10-1866, what  
15 was the first thing that you did in this case?

16 A. The first part of the autopsy procedure with the  
17 external examination is to take photographs.

18 Q. Okay.

19 MS. FULLER: May I approach the witness, Your  
20 Honor?

21 THE COURT: You may.

22 Q. (BY MS. FULLER) I want to show you what has been  
23 marked as State's Exhibit 108, 109, 110 and 111. Can you  
24 please take a look at those and tell me if you recognize  
25 those photos?

1           A.    I do recognize them.  State's 1 exhibit -- State's  
2 Exhibit 108, 109, 110 and 111 represent copies of  
3 photographs that were taken at the time of the autopsy.

4           Q.    Okay.  And is it in State's Exhibits 108 through  
5 111 represent case -- represent the autopsy, ML10-1866?

6           A.    Yes.

7           Q.    And are these fair and accurate copies of the  
8 photographs that were taken during the autopsy?

9           A.    Yes.

10                    MS. FULLER:  Your Honor, at this time State  
11 moves to admit State's Exhibits 108 through 111 and tenders  
12 to defense counsel for inspection.

13                   MR. CORNELIUS:  No objection, Judge.

14                   THE COURT:  108 through 111 will be admitted.

15                   MS. FULLER:  May I publish, Your Honor?

16                   THE COURT:  You may.

17           Q.    (BY MS. FULLER)  All right.  So, you said that the  
18 first thing that you did when you received these remains was  
19 that you took photographs; is that correct?

20           A.    That's correct.

21           Q.    I'm going to show you State's Exhibit 108.  What  
22 are we looking at here?

23           A.    So, these are the remains that we received.  They  
24 came and they were placed in the transport bag and some of  
25 them are in a paper bag.  And then there's another paper bag

1 that contains clothing items.

2 Q. Okay. I'm going to show you State's Exhibit 111.  
3 Is this what you're referring to as the bag that contained  
4 clothing?

5 A. Yes.

6 Q. Okay. Now, you get this -- the bag that contains  
7 the remains. After you photograph, what is the next thing  
8 that you do?

9 A. The next thing that I do is attempt to lay the  
10 remains out in an anatomic position. Number one, to  
11 inventory what all is there, see what all we might be  
12 missing, and to look for any obvious signs of trauma.

13 Q. Okay. I'm going to show you what has been marked  
14 as State's Exhibit 109. Is this what you just described?

15 A. Yes.

16 Q. And State's Exhibit 110?

17 A. Yes, this is the lower half of the remains.

18 Q. Okay. Now, when you're laying out the remains in  
19 anatomical order, do you have anyone there assisting you?

20 A. We do have an autopsy assistant that works with us.  
21 In a case like this, I wouldn't necessarily utilize their  
22 assistance but for consultation purposes, we do enlist the  
23 help of anthropologists for a case like this.

24 Q. Okay. So, after you receive the remains and you  
25 lay them out in anatomical order, what did you do next?

1           A.    Then I asked for a consultation with the  
2 anthropologist.

3           Q.    And did the anthropologist come into the suite with  
4 you and perform that consultation at that time or was that  
5 performed on another date?

6           A.    The full evaluation was performed on another date.

7           Q.    Okay.  In addition to laying the remains out, do  
8 you take any x-rays of the remains?

9           A.    Yes.  The x-rays were performed actually prior to  
10 me laying the remains out like this.

11          Q.    Okay.  And what was the purpose of taking those  
12 x-rays?

13          A.    We typically take the x-rays in cases like this to  
14 look for any projectiles, such as bullets, any sort of knife  
15 tips which might be in there, in the remains.  We also use  
16 them to look for items of property that might show up, such  
17 as a ring or item of jewelry that belongs to the decedent.  
18 So, there are a few reasons we do the x-rays but the main  
19 reason in a case like this is look for any sort of  
20 projectile or, you know, knife tip or something like that.

21          Q.    And are those x-rays taken while the remains are  
22 still in the bag?

23          A.    Yes.  The first set are, yes.

24          Q.    Okay.  And when you received the results of the  
25 x-rays, did you find any type of bullet holes or knife

1 puncture wounds that you could tell in any of these bones?

2 A. No.

3 Q. Okay. Now, can you tell us a little bit about the  
4 condition of the remains as you saw them?

5 A. Well, we have a fairly full skeleton that we  
6 received. Some of the bones have obvious animal scavenging  
7 activity on the ends. It's very common in a situation like  
8 this to see that type of postmortem change.

9 Q. What kind of postmortem change specifically are you  
10 talking about?

11 A. Well, some of the ends of the long bones are gone  
12 and there's actual tooth marks on them that are indicative  
13 of an animal chewing on them. So, you'll see some of the  
14 bones don't look the same from side to side and that's  
15 because parts of them are missing due to this postmortem  
16 scavenging activity.

17 Q. Okay. Now, were there any soft tissues, any flesh,  
18 any muscle that was attached to any of these bones?

19 A. No, not of any significance.

20 Q. When you say "not of any significance," what does  
21 that mean to you?

22 A. Well, there might be a few little strands of some  
23 dried tissue, you can see some in one of them, the upper arm  
24 bones that might also be dirt. I don't recall. But there's  
25 no big muscles, there's no skin, there's no organs, there's



1 nothing there that I can really do anything with from a soft  
2 tissue standpoint.

3 Q. Okay. Now, let's talk about what you could have  
4 done with the soft tissue, had it been there. Could you  
5 have used the soft tissue to do a toxicology request or a  
6 toxicology test on the remains?

7 A. Yes.

8 Q. And how could that have been benefited or what  
9 would that have done for you had you been able to do that?

10 A. Well, toxicology testing helps us determine whether  
11 or not there are drugs in a decedent's system. It can be  
12 anything from their prescription medications to illegal  
13 drugs such as cocaine, heroin, things like that.

14 Q. All right. But you found no tissues that you were  
15 able to take any kind of samples for toxicology.

16 A. That's correct.

17 Q. Now, what about -- was there or were there any type  
18 of tissues that you could use for any type of DNA testing?

19 A. Well, bone can be used for that.

20 Q. Okay. And what purpose would that serve if you  
21 were able to do DNA testing?

22 A. I guess DNA in this type of situation could be  
23 utilized, if necessary, for identification purposes. But  
24 that's really the only thing I can see it being used for in  
25 this case.

1 Q. Okay. Now, in this case did you have any -- did  
2 you take any part in the identification of these remains?

3 A. I did not do the actual identification, no. I  
4 initiated the requirement for a scientific identification  
5 based on the fact that this individual is unknown. So, we  
6 start the series of requests for a scientific identification  
7 to be made.

8 Q. Okay. So, after -- after you pretty much laid out  
9 the remains and you -- do you inspect as many of the bones  
10 as you can?

11 A. I do look at them, yes.

12 Q. Okay. And you stated that you noted that there was  
13 some scavenger activity on them?

14 A. Yes.

15 Q. Did you notice anything else?

16 A. No.

17 Q. So, after you did your examination, what did you do  
18 next?

19 A. After I did my examination, the photographs, I had  
20 the remains placed back in the bag -- in the transport bag  
21 and placed in our secure cooler until the anthropologist can  
22 do their examination.

23 Q. Okay. Now, when the anthropologist does their  
24 examination, are you then released from or does your portion  
25 of this autopsy end when you hand it off to the anthropology

1 team?

2 A. No.

3 Q. Do you continue to be the medical examiner assigned  
4 to this case?

5 A. Yes.

6 Q. What benefit does the anthropologist team provide  
7 to you?

8 A. Anthropologist provides his expertise in the field  
9 of skeletal trauma, skeletal analysis. They can provide a  
10 skeletal profile, which can estimate things like age,  
11 stature, race, gender, just from looking at the bones so  
12 they can help us -- guide us with an identification if  
13 necessary as well. And they're -- you know, that's their  
14 field of expertise. They can arrange the bones in the  
15 proper manner, make sure that we have all our -- they can do  
16 fragmentary bones and figure out where they're supposed to  
17 go as well, which is something I'm not skilled at. But  
18 they -- that's their area of expertise. So, utilizing their  
19 expertise helps me with my analysis as well.

20 Q. Okay. So, they'll report their findings back to  
21 you of what they find during their examination?

22 A. Yes. And during their examination, I'm -- I went  
23 in a couple of times while they were examining the remains  
24 to see where they were, see what they were finding. So,  
25 it's not like they take them and go off into a hole and hide

1 away from me, you know. We're interacting, we're talking,  
2 we're discussing, you know, what they're finding and --  
3 throughout the whole process.

4 Q. All right. And you're working as a team?

5 A. Correct.

6 Q. Okay. Now, you do your portion of the autopsy on  
7 June 26th; is that correct?

8 A. That's correct.

9 Q. Okay. And I want to talk about in addition to  
10 utilizing the expertise of the forensic anthropologist, now,  
11 typically speaking as a medical examiner, what else do you  
12 get to consider when you are making a determination for  
13 cause of death in a case?

14 A. Well, in our cases we have to use what's available.  
15 Sometimes we have toxicology testing to help us. Sometimes  
16 we have police investigations to help us. Sometimes we have  
17 anthropology reports or medical records or just witness or  
18 family member reports. So, we use all of that in  
19 conjunction with what I find, what I see with my eyes, what  
20 I see at the time of autopsy, what I see under the  
21 microscope in cases that involve that and then we put all of  
22 that together when making the determination of cause and  
23 manner of death.

24 Q. Are some situations where -- can you give me an  
25 example of a situation where you would need to work closely

1 with law enforcement in order to make a determination of  
2 what happened to that person?

3 A. Oh, gosh. There's lots of times. I mean, we can't  
4 work in a vacuum, essentially. We have to have their help.  
5 Anyone who dies in a house fire, I cannot determine their  
6 manner of death without an arson investigation. The source  
7 of the fire is what determines how that person died. If I  
8 don't have that information, I can't do it. Same thing for  
9 some of the shootings that go on. I need to know, you know,  
10 were there intervening targets that affect how the injuries  
11 look on the person. There's all kinds of things that we  
12 rely on their information to help us with our determination.  
13 Like I said, we can't work in this cloud or otherwise we  
14 couldn't determine anyone's cause of death perhaps as  
15 accurately as we need to.

16 Q. Okay. And do police officers ever -- are they ever  
17 present during autopsies?

18 A. Oh, yes.

19 Q. Okay. Now, is it important for them to provide you  
20 information about what happened at the scene or where the  
21 body was found at the scene?

22 A. Yes.

23 Q. Okay. And you continue -- do you continue to be in  
24 touch with them throughout the course of their investigation  
25 and throughout the course of your investigation as well?

1           A.    Yes.  Sometimes I will initiate further  
2 conversation with them regarding something that may have  
3 come up.  Other times they initiate the conversation with me  
4 regarding information that they found out.  So, I mean, you  
5 have to keep the lines of communication open while you're  
6 working on the cases.

7           Q.    Okay.  Now, among your duties as an assistant  
8 medical examiner, are you also the custodian of records of  
9 the Harris County Institute of Forensic Sciences?

10          A.    Yes.

11          Q.    As such, do you have care, custody and control of  
12 autopsy records?

13          A.    Yes.

14          Q.    Are these records made and kept in the regular and  
15 normal course of business of the Institute of Forensic  
16 Sciences?

17          A.    Yes.

18          Q.    And those records, are they made at or near the  
19 time of the transactions reflected in them?

20          A.    Yes.

21          Q.    Are they made by someone who has personal knowledge  
22 of the transactions reflected in them?

23          A.    Yes.

24                    MS. FULLER:  May I approach the witness?

25                    THE COURT:  You may.

1 Q. (BY MS. FULLER) I'm going to show you what's been  
2 marked as State's Exhibit No. 123. Do you recognize that?

3 A. Yes, I do. State's Exhibit 123 represents the  
4 autopsy report I prepared on Case ML10-1866.

5 Q. Okay. Did you bring a copy of that record with you  
6 as well?

7 A. Yes, I did.

8 Q. Is it a fair and accurate copy of the record that  
9 you brought with you?

10 A. Yes.

11 Q. And again, you have care, custody and control of  
12 these records?

13 A. Yes.

14 MS. FULLER: Your Honor, at this time State  
15 moves to admit State's Exhibit 123, tenders to defense  
16 counsel for inspection.

17 MR. CORNELIUS: Can I look at it just a  
18 moment, Judge?

19 THE COURT: Sure.

20 MR. CORNELIUS: Could I ask a couple  
21 questions, Judge?

22 THE COURT: Sure.

23 MR. CORNELIUS: On voir dire.

24 **VOIR DIRE EXAMINATION**

25 Q. (BY MR. CORNELIUS) With respect to State's 123,

1 the autopsy protocol, there's a report in here from the  
2 anthropologist consultation that apparently is signed by  
3 Deborrah Pinto. Who is that?

4 A. She is a forensic anthropologist postdoctoral  
5 fellow.

6 Q. And who does she work for?

7 A. She works for Harris County at that time in the  
8 anthropologist division but for the Harris County Institute  
9 of Forensic Sciences.

10 Q. And now?

11 A. She's still there but she's just in a different  
12 position.

13 Q. Okay. That is also -- that part of the report's  
14 also signed by Jason Wiersema. Who is that?

15 A. He's one of our forensic anthropologists.

16 Q. And he's scheduled to be a witness in this case.  
17 Do you know that?

18 A. Yes, sir.

19 Q. And this person, Jennifer C. Love, who is that?

20 A. She's a forensic anthropology division director.

21 MR. CORNELIUS: Okay. I don't have any  
22 objection.

23 THE COURT: 123 will be admitted.

24 **DIRECT EXAMINATION (CONTINUED)**

25 Q. (BY MS. FULLER) Dr. Pinneri, let's talk



1 specifically about -- you stated that at some point you're  
2 going to hand over the -- you're going to ask for an  
3 anthropology consultation. Did they complete their  
4 consultation?

5 A. Yes, they did.

6 Q. And they report -- did they report their findings  
7 back to you?

8 A. Yes.

9 Q. Now, in the meantime, had you also been  
10 communicating with the Houston Police Department?

11 A. Yes.

12 Q. And did you receive information about this case  
13 that aided you in making a determination of cause of death?

14 A. Yes, I did.

15 Q. Okay. Can you please tell us what the cause of  
16 death was that you concluded?

17 A. I determined the cause of death to be homicidal  
18 violence.

19 Q. Can you tell the jury how you came to that cause of  
20 death?

21 A. Well, skeletal remains are a little bit different  
22 when trying to determine the cause of death because you  
23 don't have the usual structures to look at. You really just  
24 have the bones. So, I received information from the police  
25 investigators on the case and I had information from the

1 anthropologist regarding their investigation and the two of  
2 them together led me to the conclusion this is not a natural  
3 death. I don't know everything that happened to the  
4 individual but one thing that I could tell from the  
5 information that I was given was that there was some sort of  
6 forceful neck compression because one of the bones that was  
7 recovered was the hyoid bone, which is a small bone in the  
8 neck and it had a fracture on it, which would go along with  
9 some sort of neck compression.

10 Q. And let me stop you there. Have you -- have you  
11 had occasion to perform autopsies on bodies where the person  
12 was strangled?

13 A. Yes.

14 Q. And in those cases can you tell us in regard to the  
15 hyoid bone -- first of all, tell us where the hyoid bone is  
16 located.

17 A. The hyoid bone is up in your upper neck. It's  
18 above your thyroid cartilage which is the part you can see  
19 sticking out in men more than women, but it just sits right  
20 above that.

21 Q. And can you tell us some of the other -- tell us  
22 some of the anatomy around the hyoid bone.

23 A. So, the hyoid bone sits right here right above your  
24 thyroid cartilage, which, cartilage is not a bone. It can  
25 become ossified as you age but it's really not a bone.

1                   And there are neck muscles that go from the  
2                   hyoid bone to the thyroid cartilage, they go from the hyoid  
3                   bone down to your -- the sternum or your breastbone right  
4                   here, they go to your clavicles, which are your collarbones  
5                   and so there's all these neck muscles that span this  
6                   distance.

7           Q.     Can you tell us, from what you've observed, when  
8                   somebody's neck is compressed, what can happen to that hyoid  
9                   bone.

10          A.     What we see is hemorrhage in the muscles where the  
11                   hyoid bone is and where the structures of the neck are from  
12                   the compression and you can see a fracture of the hyoid  
13                   bone.

14          Q.     Okay.  And since we don't have actual muscles in  
15                   this case, you were able, though, to see the hyoid bone.

16          A.     Yes.  One portion of the hyoid bone was recovered.

17          Q.     Okay.  Do you recall which portion of the hyoid  
18                   bone was recovered?

19          A.     I believe it's the body of the hyoid bone.

20          Q.     Okay.  And the fracture was in the body of it?

21          A.     Yes.

22          Q.     Now, when you received -- you laid out the body  
23                   anatomically like we see in State's Exhibit 110, were you  
24                   able to find the hyoid bone when you laid out the remains?

25          A.     No.

1 Q. Okay.

2 A. No.

3 Q. When you received information that there might  
4 have -- that there were neck compressions in this case, were  
5 you -- what did you do with that information?

6 A. Well, I made note of it for myself and went down to  
7 the anthropology laboratory to see if they had recovered any  
8 of the neck structures.

9 Q. Okay. And when you went down there, did you learn  
10 if they had found or had recovered the hyoid bone?

11 A. Yes, I was informed that they had found a portion  
12 of the hyoid bone.

13 Q. Okay. And did you observe the fracture yourself?

14 A. Yes, I did.

15 Q. Now, in cases where you do have strangulation, is  
16 the hyoid bone something that you always look for in your  
17 autopsies?

18 A. Yes.

19 Q. And why is that?

20 A. Because it's a indicator of some sort of neck  
21 compression and it's very common for us to actually take the  
22 hyoid bone and the thyroid cartilage and submit it for  
23 anthropology consultation in those cases, as well for  
24 further documentation of the -- any fractures.

25 Q. Now, when -- you said that you also observed the

1       hyoid bone; is that correct?

2           A.    Yes.

3           Q.    You mentioned there was a lot of scavenger activity  
4       on the rest of the remains, on the rest of the skeleton.  
5       Did you notice any scavenger activity on the hyoid bone?

6           A.    No, I didn't see tooth marks or anything like that.  
7       There was just a well-defined irregular fracture on one  
8       edge.

9           Q.    Okay.  And you -- did you say earlier that it was a  
10       partial hyoid bone?

11          A.    Yes.  The hyoid bone has a body and two horns, a  
12       left and right horn, and sometimes they're fused together.  
13       Sometimes there's a little bit of a -- not a true joint but  
14       a little connection where there's more movement there.  And  
15       so, in young people they're not fused together.  In older  
16       people they become fused.  So, in this case we only found  
17       the one piece of it.

18          Q.    The body of the hyoid bone?

19          A.    The body, yes.

20          Q.    Okay.  And you said that there were no teeth marks  
21       in that -- the body of the hyoid.

22          A.    No.  That -- I didn't appreciate any and neither  
23       did the anthropologist.

24          Q.    Okay.  Now, I want to talk to you a little bit  
25       about when somebody is being strangled, is it common or

1 likely for them to convulse?

2 A. Yes. It's certainly not uncommon for them to have  
3 seizure-like activity.

4 Q. Can you tell us why?

5 A. Well, the -- you're obstructing the flow of blood  
6 and subsequently oxygen to the brain during those types of  
7 scenarios. So, as a result of that, the body goes into  
8 seizure activity.

9 Q. And can you describe -- when you say "seizure  
10 activity," what does that mean, medically speaking?

11 A. Well, there's lots of different types of seizure  
12 activities. It has a different appearance to different  
13 people. It can be anything from just a mild shaking of the  
14 arms and legs to full flailing of the arms and legs. So,  
15 there's a whole spectrum of what people describe as  
16 seizure-like activity.

17 Q. Okay. Now, are there any other -- generally  
18 speaking, are there any other things that happen with the  
19 body if somebody is being strangled, if their neck is being  
20 compressed? Are there any other traits that would normally  
21 occur?

22 A. Well, there are things that we would see on the  
23 skin, such as bruising, things like that, marks on the skin.  
24 You can have a manual strangulation with hands; you can have  
25 a ligature strangulation. So, it just kind of depends on

1 what the actual mechanism used is as to what we may see.

2 Q. Would you see things like foaming at the mouth or  
3 somebody's tongue coming out of their mouth?

4 A. Yes. Those are -- we don't really use the word  
5 "foaming at the mouth" but the tongue certainly comes  
6 through the teeth. That's a very common finding. Sometimes  
7 you can get fluids that come back up from the nose a little  
8 bit. We'll see petechial hemorrhages, which are little  
9 dot-like hemorrhages, in the eyes, sometimes on the face,  
10 sometimes on the inner lips from blood vessels that are kind  
11 of bursting from the blood not being able to go where it  
12 needs to go. So, those are things that we see in  
13 individuals that are not skeletonized.

14 Q. Now, in this case, you -- the only thing that you  
15 had left to actually corroborate a possible strangulation is  
16 this structure in the hyoid bone; is that correct?

17 A. That's correct.

18 Q. So, no skin to look at for bruising, no muscles to  
19 see for bruising. The hyoid bone is the only thing that  
20 gave indication of that being a possibility.

21 A. That's correct.

22 Q. Okay. I want to also talk to you a little bit  
23 about the -- since this -- these remains were skeletonized,  
24 there's no ability for you or there's no way for you to test  
25 for any other type of diseases or problems that this person

1 may have had; is that correct?

2 A. Mostly correct. I mean, we did see that this  
3 person has arthritis from the bones. You can tell whether  
4 or not the person has osteoporosis, things like that, but as  
5 far as whether or not they had heart disease or  
6 hypothyroidism, we can't tell that just from bones.

7 Q. Okay. Now, if a person has Type 2 diabetes -- can  
8 you describe to the jury what Type 2 diabetes is?

9 A. Type 2 diabetes is a fairly common medical  
10 condition that -- it's also called adult onset diabetes.  
11 It's generally associated with obesity and it's just a  
12 glucose regulation problem where you have too much glucose  
13 in your system. Over time too much glucose in your system  
14 can cause problems with things like your kidney,  
15 predominantly your kidney, your heart eventually. So, it's  
16 a glucose disregulation problem for which there are  
17 medications.

18 Q. In addition to medications are there other ways --  
19 can it go away?

20 A. Yes. Actually Type 2 diabetes is the form of  
21 diabetes that if a person loses weight and starts exercising  
22 and things like that, it can go away so you won't need  
23 medications for it.

24 Q. How common is it for somebody to die from Type 2  
25 diabetes?



1           A.    I don't use Type 2 diabetes as an actual cause of  
2 death.  It can contribute to kidney problems and heart  
3 disease but that -- generally I'll list it as a contributory  
4 condition.  Type 1 diabetes, insulin-dependent diabetes, is  
5 one that can be associated with a cause of death or can be  
6 the cause of death.

7           Q.    Okay.  So, Type 2 diabetes, if properly treated, or  
8 if you lose weight, can actually go away?

9           A.    That's correct.

10          Q.    And then that person can maintain a healthy  
11 lifestyle with diet and exercise.

12          A.    Correct.

13          Q.    Okay.  Now, in this case did you talk to any family  
14 members?

15          A.    No, I did not.

16          Q.    Is it common for you to talk to family members on  
17 every case that you perform an autopsy on?

18          A.    No, I don't at all.

19          Q.    Okay.  If there's information that you needed to  
20 get from the family, certainly that's available to you to  
21 call them and talk to them if you needed to?

22          A.    Yes, I will call them if I need information.  
23 Subsequently if they call me, I will speak with them but it  
24 can be upsetting for some family members to receive calls  
25 from us unexpectedly or during the day, if all we have is a

1 phone number and it's their work number, it can be very  
2 upsetting. So, sometimes I'll wait for them to contact us.  
3 However, our investigative staff does call and notify family  
4 members, the next of kin, of an identification or a death  
5 when it comes to our office.

6 Q. Okay. Now, can you tell me again what you ruled  
7 the cause of death to be in this case?

8 A. I determined the cause of death to be homicidal  
9 violence.

10 Q. And what exactly does that mean?

11 A. It -- the way that I use that is that there was  
12 some sort of traumatic event that led to this person's  
13 death.

14 Q. Now, are there other -- why did you go to homicidal  
15 violence?

16 A. I went with that cause of death because of the  
17 findings with the hyoid bone and from the investigative  
18 information I received from the police.

19 Q. Now, what is that investigative information that  
20 you received? Because you used that to determine your cause  
21 of death, what exactly was it that you received from the  
22 police that made you use that and make your ruling?

23 A. I was informed by the police that the person had  
24 sustained neck compression at the time of her death and I  
25 used that information in conjunction with what the

1 anthropologists had found and put them together.

2 Q. Okay. Were you given any information about where  
3 she was found?

4 A. Yes.

5 Q. And where was that?

6 A. In an open field or a kind of wooded field.

7 Q. Okay. Were you given any information about whether  
8 or not she had a home?

9 A. Yes, I was.

10 Q. And what information was that?

11 A. I was told that she had a home.

12 Q. And were you also given any information about her  
13 being missing?

14 A. Yes.

15 Q. Okay. Were you given information regarding how  
16 long she had been missing?

17 A. Yes. We did receive a copy of a missing persons  
18 flier.

19 Q. Okay. And that, in addition to the actual remains  
20 that you found, shows that she was missing for several  
21 weeks.

22 A. Yes.

23 Q. Okay. Were there any other factors that you were  
24 told about that played into your ruling of cause of death?

25 A. Well, I kind of looked at all of the circumstances,

1 like I said, the information regarding the neck compression,  
2 the finding of the hyoid bone fracture, the fact that this  
3 person has a home, routinely -- I was told would go home,  
4 was uncommon for this person to disappear, from what I was  
5 told, and the fact that she's found in this field, I  
6 thought, was very unusual for her to be so close to her home  
7 and for her to be found there, given the circumstances. I  
8 put it all together that she did not go -- she did not die  
9 in this field of anything other than some sort of traumatic  
10 event.

11 Q. Dr. Pinneri, based on your education, your training  
12 and your experience as a medical doctor and as a forensic  
13 pathologist, can you tell the ladies and gentlemen of the  
14 jury whether or not the hand can be used as a deadly weapon?

15 A. Yes, the hand can be used.

16 Q. And can you give us a -- an example of how a hand  
17 can be used as a deadly weapon?

18 A. A hand, as we discussed, can be used for manual  
19 strangulation, you can use it to hit someone.

20 MS. FULLER: May I have one moment, Your  
21 Honor?

22 THE COURT: Sure.

23 MS. FULLER: Pass the witness.

24 THE COURT: Mr. Cornelius.  
25

**CROSS-EXAMINATION**

1  
2 Q. (BY MR. CORNELIUS) Dr. Pinneri, I'm Skip  
3 Cornelius. We've talked before and on this case before,  
4 correct?

5 A. That's correct.

6 Q. You did not find that she was strangled, correct?

7 A. I do think that she was strangled.

8 Q. Why didn't you make that the cause of death?

9 A. I chose not to put that as the cause of death  
10 because I don't know what else may have happened to her. I  
11 don't know if there was any other sort of inflicted trauma  
12 that may have contributed to her death and I didn't want to  
13 lock myself into just one mechanism because that's all that  
14 I had to go with. So, I chose to use a broader term.

15 Q. Okay. Well, you understand that this person here  
16 is on trial and has been indicted for strangling someone and  
17 you're the expert, medical examiner in this case and you  
18 file an autopsy protocol that does not list the cause of  
19 death as strangulation, right?

20 A. My cause of death does not say strangulation,  
21 that's correct.

22 Q. And you filed this autopsy protocol in August of  
23 2010, right?

24 A. Correct.

25 Q. And everything that could be known about this case

1 was known in August of 2010, right? You didn't have any  
2 conversation with the police after that, did you?

3 A. I don't recall, no.

4 Q. Okay. Now, let me ask you a question about that.  
5 You work for the -- what we used to call the medical  
6 examiner, the Institute of Forensic Sciences, correct?

7 A. Correct.

8 Q. And that's a position in Harris County, right, or  
9 the Harris County government?

10 A. Yes.

11 Q. It's not law enforcement, though, is it?

12 A. No.

13 Q. It's not really your job to solve murder cases, to  
14 figure out who did it, right?

15 A. No, sir.

16 Q. Your job is as a medical doctor to determine the  
17 cause of death.

18 A. Correct.

19 Q. And as a medical doctor, you cannot determine this  
20 cause of death, can you?

21 A. I can't determine the exact mechanism of death.

22 Q. Okay. I mean, everybody knows that this person,  
23 whoever this person is, is dead. I mean, obviously they're  
24 dead. But you as a medical doctor cannot say how the person  
25 died, can you?

1           A.    In this case, I feel that I did have enough to  
2 determine that there was neck compression.

3           Q.    Well, why didn't you put that? I mean, why didn't  
4 you make that finding?

5           A.    For the reason I stated just moments ago, that I  
6 don't know what else may have happened, if there was some  
7 other mechanism involved in the -- if I use strangulation,  
8 that needs to be clarified with manual or ligature and I  
9 don't know in this case what.

10          Q.    Okay. You based that on what the police told you,  
11 didn't you?

12          A.    I based it partially on that in addition to what  
13 the anthropologist found.

14          Q.    When the police told you -- what did they tell you?  
15 And who was it that told you this?

16          A.    I received a voice mail from, I believe it was  
17 Sergeant Cisneros, regarding the -- a confession that was  
18 given and what it was and --

19          Q.    What does that mean? "A confession," "what it  
20 was"? What was it? What did he tell you it was?

21          A.    He told me that they had a suspect in custody and  
22 that person had confessed to -- I don't recall the exact  
23 words.

24          Q.    It led you to believe he confessed to strangling  
25 the person?

1 A. Yes.

2 Q. Did you ever hear the confession?

3 A. No.

4 Q. Do you have any idea if it's true or not?

5 MS. FULLER: Objection, speculation.

6 THE COURT: Sustained. Maybe you can  
7 rephrase.

8 Q. (BY MR. CORNELIUS) Okay. I mean, you're basing  
9 your decision as to cause of death on something you got off  
10 a voice mail from a homicide investigator. Did you do  
11 anything to see if what he told you was true?

12 A. Yes. I went down and looked at the bones and saw  
13 that there was a fracture of a bone that is frequently  
14 broken in cases that involved neck compression.

15 Q. Okay. Y'all already had that, though. The  
16 anthropologist already had that fractured bone along with a  
17 whole bunch of other fractured bones, right?

18 A. A lot of bones with postmortem scavenger activity,  
19 yes.

20 Q. You got a lot of bones that are fractured that  
21 don't have any postmortem activity, don't you?

22 A. No, not a lot, no.

23 Q. Okay. We'll go into that in just a minute. So,  
24 from a medical standpoint, the only thing that you have to  
25 substantiate what you're telling this jury today is part of



1 a hyoid bone that has a fracture, right?

2 A. Yes.

3 Q. Nothing else?

4 A. Correct.

5 Q. And you don't know how that fracture got on there,  
6 do you?

7 A. The most likely reason, in my opinion, is with neck  
8 compression. It does not look like postmortem scavenger  
9 activity to me.

10 Q. How about somebody stepping on it?

11 A. Be very unlikely.

12 Q. Well, how do you know it didn't happen?

13 A. I don't see where there's any evidence that these  
14 bones were stepped on.

15 Q. Have you seen pictures of the scene?

16 A. Yes.

17 Q. And you don't think any of those bones were stepped  
18 on? How about by animals? You think animals stepped on  
19 them?

20 A. I guess they -- yes, they could have. I know that  
21 they were in there with the bones for sure.

22 Q. Don't you think it would be impossible for animals  
23 not to have stepped on these bones? I mean, they ate  
24 virtually all the flesh, right?

25 A. Oh, not necessarily, no. The body decomposes and

1 it liquifies. You can see from the scene photos that they  
2 didn't --

3 Q. Okay. The bones were scattered 40 feet one way and  
4 20 feet the other. How do you think they got there?

5 A. They were dragged by --

6 MS. FULLER: Objection, Your Honor, that's a  
7 misstatement of the evidence.

8 MR. CORNELIUS: It is?

9 Q. (BY MR. CORNELIUS) Well, I stand by my statement.  
10 I believe the evidence is from the crime scene unit that in  
11 one direction the bones were scattered 40 feet and the  
12 other, 20 feet.

13 MS. FULLER: Objection, Your Honor, that's a  
14 misstatement of the law (sic). He's talking about the total  
15 area of the scene from the first point of where bones are  
16 found to the homeless camp to the other direction. He's not  
17 talking about the small area where there's the main bone  
18 cluster and the -- however many feet out it went with the  
19 bones.

20 MR. CORNELIUS: Maybe I'll --

21 THE COURT: That is my recollection, sort of,  
22 but it has -- we covered a lot of testimony since then so  
23 maybe if you want a hypothetical or something like that.  
24 Maybe rephrase it.

25 Q. (BY MR. CORNELIUS) Have you seen the pictures?

1           A.    Yes.

2           Q.    How about the police report? We figured it out  
3 mathematically on the police report how far they were from  
4 one set of bones to the furthest set of bones this way and  
5 from one set of bones to one set of bones this way. I think  
6 it's more than 40 by 20 actually. I think it's 60 by 20.

7           A.    The whole set of bones didn't start out here and be  
8 dragged over here. The bones started in one area and some  
9 were taken this way and some were taken that way, which does  
10 not mean they were dragged the whole distance; so, I don't  
11 think that's really -- I mean, they were dragged. Some were  
12 dragged away but not the entire distance for the recovery  
13 site.

14          Q.    Okay. I agree with everything you just said, all  
15 right. How did they get dragged?

16          A.    They were taken by animals.

17          Q.    Okay. How did the animals -- don't you think the  
18 animals had to stand in the area where the body was at one  
19 point when it was mostly together to take it apart and move  
20 the bones wherever they moved them?

21          A.    Well, you're assuming that the animals had to take  
22 the bones apart. I mean, the -- if the bones are  
23 skeletonized, they're just laying there and they just go up  
24 and take them and drag them.

25          Q.    Okay. So, do they get there on their furry four

1 feet?

2 A. Yes.

3 Q. Okay. And they get hold of a bone and they take it  
4 someplace else?

5 A. Yes.

6 Q. Okay. So, don't you think it's impossible animals  
7 didn't step on those bones?

8 A. I said I think it is possible that they stepped on  
9 the bones.

10 Q. Well, how do you know they didn't step on the hyoid  
11 bone?

12 A. They may have but I don't think there would have  
13 been enough pressure to break the hyoid bone where it was  
14 broken.

15 Q. Really?

16 A. Yes.

17 Q. You don't think a dog can break a hyoid bone?

18 A. No.

19 Q. Okay. How large is the hyoid bone?

20 A. It varies from individual but it's one and a half  
21 centimeters for the body, if that's what you're talking  
22 about. The whole thing is C-shaped and gosh, I've never  
23 measured all the dimensions.

24 Q. Now, as I understand it, there's only one of three  
25 parts that were found.

1 A. That's correct.

2 Q. What happened to the other two parts?

3 A. They were not recovered.

4 Q. Okay. Why is that?

5 A. It's -- actually the hyoid bone is one of the bones  
6 that is frequently not recovered and the fact that we found  
7 one, I thought, was very good. It indicated a very thorough  
8 search but because of the size, a lot of times the hyoid  
9 bone is not recovered.

10 Q. Okay. So, you think they just missed it or you  
11 think an animal ate it.

12 MS. FULLER: Objection to speculation, Your  
13 Honor.

14 MR. CORNELIUS: It's all speculation, Judge,  
15 she's an expert witness.

16 THE COURT: If you can answer the question.

17 A. I don't know what happened. No, I'm not  
18 necessarily sure that an animal ate it. It could be  
19 displaced by wind. It can be sunk into the soil after the  
20 decomposition. It can be small, it can be washed away by  
21 rain.

22 Q. (BY MR. CORNELIUS) Do you know that the  
23 anthropologist team dug under that area where most of the  
24 bones were found?

25 A. Uh-huh.

1 Q. And sifted through the soil.

2 A. Yes.

3 Q. And they're professionals at doing that, right?

4 A. Yes.

5 Q. It's probably unlikely that they missed it; would  
6 you agree with me? You have confidence in your anthropology  
7 team?

8 A. Absolutely.

9 Q. Okay. You think the wind blew them away, those two  
10 parts, but not the one part that was found?

11 A. I think it could have been washed away with rains.  
12 There's all kinds of situations.

13 Q. Why didn't the rain wash away the part that you  
14 found?

15 A. Because it was found.

16 Q. It's kind of wishful thinking, isn't it?

17 A. I don't wish for anything.

18 MS. FULLER: Object to argumentative and  
19 sidebar, Your Honor.

20 A. I just look at what I've got. I didn't wish for  
21 anything.

22 Q. (BY MR. CORNELIUS) Okay. So, you found this one  
23 part of a bone, one part of a bone that has three parts and  
24 it's got a structure on it and that's the only evidence you  
25 have as a medical doctor to say that this woman was

1 strangled, right?

2 A. That's the only physical evidence, yes, sir.

3 Q. Can you say as you sit there she didn't have a  
4 heart attack?

5 A. Okay. Heart attack is a layman's term that just  
6 means the heart stops; so, it's a hundred percent sure that  
7 her heart stopped because she died.

8 Q. Okay. Well, I'm not trying to mince words with  
9 you. The diabetes that she had can sometime cause heart  
10 problems.

11 A. Yes.

12 Q. And it can sometimes cause heart failure, right?

13 A. Over time, yes.

14 Q. Uh-huh. Somebody that loses a ton of weight, who  
15 has a deplorable health activity using drugs and alcohol,  
16 losing almost all of their teeth before they die, can you  
17 tell us that this woman didn't -- because of her diabetes,  
18 have heart disease and ultimately had a heart attack?

19 A. Well, I see that a lot. There are lots of people  
20 that die from heart disease and diabetes and alcoholism and  
21 drug use but they don't have broken hyoid bones.

22 Q. Okay. Do they get eaten by dogs and raccoons? How  
23 many do you see like that where they've been eaten,  
24 literally eaten or decomposed and nothing left but bones.  
25 How many do you see like that?

1           A.    Well, it's actually more common than you think.

2           Q.    That somebody died of heart disease and then  
3 nothing was left but their bones?

4           A.    It's not that uncommon -- well, in that situation,  
5 I don't know that we could say they died of heart disease  
6 but there are lots of individuals in Harris County that die  
7 that don't get found in a timely fashion that have animals  
8 that get hungry.

9           Q.    And if you don't have anything but the bones,  
10 you're never able to say they died of heart disease, are  
11 you?

12          A.    No.

13          Q.    Some sort of cerebral hemorrhage. How can you tell  
14 us she didn't have some sort of cerebral hemorrhage or some  
15 kind of reaction to the drugs, to crack cocaine?

16          A.    Well, the hemorrhage, a lot of times blood is dark  
17 and it will stain the inner surface of the skull. So, we  
18 can see a suggestion of that in some individuals that have  
19 an intracerebral hemorrhage or subdural hemorrhage or  
20 something where there's bleeding in the skull but as far as  
21 the drugs, no.

22          Q.    You say you consult with the police on your cases,  
23 that that's normal to do?

24          A.    Yes.

25          Q.    When the police come to -- and it's been asked do



1 they come to the autopsies and you say that's -- that  
2 happens, correct?

3 A. Yes, sir.

4 Q. Do they come there to tell you how to do the  
5 autopsy and to tell you what the cause of death is or do  
6 they come there to learn from you things they can learn in  
7 investigating their case?

8 A. They certainly don't tell me how to do the autopsy.  
9 But it -- certainly our findings will aid them in their  
10 investigation and vice versa, the information that they have  
11 aids us in our cause and manner of death determinations.

12 Q. So, when the police come to view an autopsy, are  
13 they coming to help you determine what the cause of death is  
14 or are you determining the cause of death so that it will  
15 help them in their investigation?

16 A. Are you asking that from my point of view or from a  
17 law enforcement point of view?

18 Q. Well, I'm asking it from your point of view.

19 A. From my point of view, they're there to provide  
20 information that will help me determine cause and manner of  
21 death.

22 Q. Really?

23 A. Yeah.

24 Q. So, you're not interested in just doing it from a  
25 doctor's standpoint. You want to get information from the

1 police, what they think. I mean, it would seem to me that  
2 you would try to get the cause of death as a medical doctor  
3 and not based on hearsay and themes that the police might  
4 have in their minds as to how this person got killed.

5 A. Of course I make it on my medical opinion. But  
6 that's -- I'm not going to close my ears and not hear about  
7 things like I discussed earlier about how -- a house fire,  
8 not hear what they found at the scene about how the fire may  
9 have started. I can't do that. I can't function in a  
10 vacuum, as I said earlier. I don't rely on their  
11 information. A lot of times what they find isn't what they  
12 were initially thinking.

13 Q. Okay. I understand the house, the arson  
14 investigation. I understand that. This is not like that,  
15 though. This is a police detective telling you that the  
16 defendant confessed to strangling this person, right?

17 A. Correct.

18 Q. And you finding a single bone, which is just part  
19 of the hyoid bone, that has a fracture and deciding that  
20 this is a strangulation, even though you wouldn't put that  
21 in writing in your report. But you're telling this jury  
22 that.

23 A. Correct.

24 Q. Okay. As a part of the autopsy protocol that's in  
25 evidence there, is there a skeleton that's put together here

1 to show all these bones that were recovered? Do you have a  
2 copy of that where you are?

3 A. Yes, I do.

4 Q. It might be easier for you to see.

5 MR. CORNELIUS: May I approach the --

6 THE COURT: Sure.

7 MR. CORNELIUS: -- screen, Your Honor.

8 THE COURT: Sure.

9 MS. FULLER: Skip.

10 MR. CORNELIUS: Does she not have one?

11 MS. FULLER: She does. I just didn't know if  
12 you wanted the one that's in evidence.

13 MR. CORNELIUS: I've got that one.

14 Q. (BY MR. CORNELIUS) You've seen this before,  
15 correct?

16 A. Yes, sir.

17 Q. And this was done by whom?

18 A. Dr. Pinto.

19 Q. And Wiersema?

20 A. Yes.

21 Q. And this was done June 30th, 2010?

22 A. That's correct.

23 Q. Okay. And does it have on here the bones that are  
24 present and the bones that are missing? With the ones in  
25 black being gone and the ones -- there's a little graph on

1 the right-hand side over there.

2 A. Uh-huh.

3 Q. The ones in black are bones that were not  
4 recovered, as I understand this; is that correct?

5 A. That's correct, although the hyoid bone is not  
6 listed on this.

7 Q. Okay. And what does FRX mean?

8 A. Fracture.

9 Q. Okay. And what does puncture mean?

10 A. A penetrating wound.

11 Q. Okay. And is that consistent with -- could it be a  
12 tooth bite, a bite mark?

13 A. Yes. That's what's implied.

14 Q. Okay. Because some of these say that they're bite  
15 marks or chewing or whatever and some just say a puncture or  
16 a puncture mark, right?

17 A. Yes. But I don't take this to be that this is all  
18 that they saw on each of the bones. It's just too  
19 cumbersome to list every single tooth mark or puncture on  
20 all of the bones but it's a very good documentation of what  
21 they found.

22 Q. What is this bone right here?

23 A. That's the clavicle, the collarbone.

24 Q. Does it have a fracture up here? Is that what that  
25 means?

1           A.    She has a fracture posterior, yes.

2           Q.    Okay.  That means in the back?

3           A.    Yes.

4           Q.    All right.  Now, that bone doesn't have any -- it  
5 doesn't have any bite marks on it, does it?

6           A.    Not that she's drawn.  I'd have to look at the  
7 actual bone to see what it looked like.

8           Q.    Okay.  Well, she didn't even draw the hyoid bone on  
9 here at all, right?

10          A.    That's correct.

11          Q.    This is kind of what we've got to work with, right?

12          A.    Well, there should be -- yes.  I mean, there should  
13 be photos of the bones.

14          Q.    So, if this is a fractured bone up here, the  
15 clavicle -- what is that?  The collarbone?

16          A.    Yes.

17          Q.    It's got a fracture on it.  It doesn't have any  
18 bite marks on it.  Does that mean a human did it; an animal  
19 didn't fracture this bone?

20          A.    You're asking me to make an opinion about something  
21 that I would need to see in person, not somebody's drawing.  
22 I'd need to see the bone to make that determination.

23          Q.    How about this fracture right here?  There's no  
24 bite marks.

25          A.    There's no bite marks that are listed, that's

1 correct.

2 Q. Does that mean a human did it?

3 A. No, it does not.

4 Q. How about this one over here? There's a fracture  
5 there. In fact, it's broken off completely and there are no  
6 bite marks on it, at least none of them recorded. Does that  
7 mean a human did that? An animal didn't do that?

8 A. I can't say that there aren't puncture marks on  
9 these things just because they're not written down. The  
10 areas that are listed, the ends of long bones are one of the  
11 most common places for postmortem animal activity. That's  
12 what they grab; that's what they start eating first.

13 Q. How about this foot down here? Parts of it are  
14 gone. Think they got washed away, these parts?

15 A. Yeah, I can't tell you exactly.

16 Q. Blown away?

17 A. Sure, yeah. The foot and hand bones and the hyoid  
18 bone as well as the thyroid cartilage are the most common  
19 bones to not be recovered in skeletal cases. They're very  
20 small, they get displaced by wind, by water. They don't get  
21 recovered for those reasons, plus more that I'm probably not  
22 mentioning.

23 Q. These bones were there. They were recovered,  
24 right?

25 A. Yes.

1 Q. They don't have any bite marks on them. There's a  
2 picture of this. Do you remember the picture of this?  
3 There was a picture of this foot right here, what's left of  
4 this foot. Do you remember seeing that picture?

5 A. That's been admitted into evidence?

6 Q. Yeah.

7 A. No, I don't.

8 Q. State's 81, is that a foot?

9 A. They look like -- it is not a foot. They look like  
10 foot bones.

11 Q. It looks like what?

12 A. They look like bones from the foot.

13 Q. Okay.

14 A. But I don't know that it's a complete foot. It  
15 does not look to be like a complete foot.

16 Q. Okay. Well, the reason it's not a complete foot is  
17 because the right foot was gone, according to this diagram.  
18 There is no right foot. It's gone because it's in black  
19 here, right? This is the only part that was recovered,  
20 according to this diagram, right?

21 A. Yes.

22 Q. That would have to be a picture of that, wouldn't  
23 it?

24 A. Yes.

25 Q. Okay. Does any of that look like it's in danger of

1 being blown away or washed away by water? I'll put it up  
2 here.

3 A. Well, clearly some parts of it were because they  
4 were not recovered with that.

5 Q. How do you know they weren't just eaten?

6 A. I don't know.

7 Q. By animals.

8 A. I don't know what happened to them. If they're not  
9 recovered, I don't know. All I can tell you is what can  
10 happen.

11 Q. Okay. If they were eaten by animals, how come we  
12 don't have bite marks all over them? There are no bite  
13 marks recorded on here.

14 A. I'm sorry. I guess I'm not understanding where  
15 you're -- what you're asking me.

16 Q. Well, let's see if you can understand it. You're  
17 saying that because the hyoid bone that was recovered  
18 doesn't have any bite marks on it, it wasn't broken by an  
19 animal, right?

20 A. I'm saying that the hyoid bone does not have any  
21 tooth marks on it. The hyoid bone is also not a commonly  
22 scavenged bone in my -- to my knowledge and that is what I  
23 used to determine the significance of the fracture found on  
24 it.

25 Q. This is State's 51. Is that the skull?



1           A.    One of the items is the skull as well as ribs and  
2           the sacrum, which is the upper part of the butt bone, if you  
3           want to think of it that way, and multiple ribs and it looks  
4           like vertebra and one of the long bones.

5           Q.    The one up top is a skull.

6           A.    Uh-huh.

7           Q.    Sacrum is which one?

8           A.    The one right by it.

9           Q.    And this is the sacrum.  And what is that?

10          A.    That's the lower part of the -- it's part of the  
11          pelvis.  It's the back part of the pelvis.

12          Q.    So, this is not very anatomical, is it?

13          A.    No, sir.

14          Q.    The wind didn't do that, though, did it?  Wind  
15          didn't blow that skull around?

16          A.    Oh, gosh, the skull moves all the time.  The skull  
17          is one of the first things -- it's rounded.  It rolls.  It's  
18          not uncommon for the skull to be found farther away from  
19          everything else.  What we typically find --

20          Q.    Because the wind blew it?

21          A.    Sure.  It rolls.  It can be --

22          Q.    Do you really think the wind blew this skull down  
23          here to the sacrum or the sacrum up to the -- do you really  
24          think that?

25                    MS. FULLER:  Objection to argumentative, Your

1 Honor.

2 *THE COURT:* Rephrase, please.

3 Q. (BY MR. CORNELIUS) That really what you think?

4 A. I see skulls displaced by wind, water, gravity, all  
5 the time. I don't think it's uncommon. What we use for a  
6 placement of an individual when they're found like this are  
7 the vertebra. The spinal column is usually what stays where  
8 the person dies. That's what stays the most. Everything  
9 else scatters.

10 Q. All right. Is this the spinal column right here?

11 A. Yes.

12 Q. Almost all of it's recovered, isn't it?

13 A. Yes.

14 Q. And the parts that aren't recovered, do they get  
15 blown away by the wind or washed away by the rain? Or do  
16 you think they were carried away by animals?

17 *MS. FULLER:* Objection to argumentative, Your  
18 Honor.

19 *THE COURT:* Overruled.

20 A. I can't say what happened to them. I think it's  
21 possible that they could have been moved by wind, water,  
22 rain or animals.

23 Q. (BY MR. CORNELIUS) Okay. But you don't think the  
24 hyoid bone could have been moved by an animal.

25 A. I think it could have been moved by an animal. I

1 don't think the fracture was made by -- I think the fracture  
2 was real.

3 Q. What's -- why would it be unreal? It's just a  
4 fracture.

5 MS. FULLER: Objection to argumentative and  
6 sidebar, Your Honor.

7 THE COURT: Overruled.

8 Q. (BY MR. CORNELIUS) I mean, the hyoid bone has the  
9 horns that come off of it, right?

10 A. Uh-huh, correct.

11 Q. Well, it's got at least two fractures because  
12 they're gone, right? I mean, you don't have them anymore  
13 because you can't see it but they're gone. Right?

14 A. They were not recovered, yes.

15 Q. So, what's left is this little piece -- and it's  
16 much smaller than what I'm showing you, right? It's not  
17 even an inch, correct?

18 A. Typically, yes. It can be up to an inch but I  
19 don't believe it was in this case.

20 Q. And two parts of it are gone. They obviously were  
21 removed somehow. They're fractured somehow, removed from  
22 it, right?

23 A. Not necessarily. The --

24 Q. Maybe they didn't exist?

25 A. Is that a real question you'd like me to answer?

1 Q. No, I thought maybe if people don't -- maybe they  
2 don't develop those or something.

3 A. No, but what happens is sometimes, as I was stating  
4 earlier, that horns don't fuse to the bone so it's just a  
5 cartilaginous structure so when the bones -- when the body  
6 decomposes and becomes skeletonized, that cartilage  
7 dissolves as well. So, one horn, it appears that it was  
8 nonfused on the -- make sure I get the right side. It  
9 appears that it was nonfused on the right side. So, the  
10 right side was not fused together. There's just a little  
11 bit of cartilaginous tissue keeping that together. So, when  
12 that dissolved, due to decomposition, that other side could  
13 just fall off.

14 Q. Okay.

15 A. Because the other side appeared to be fractured, it  
16 is consistent with there being some fusion of those two  
17 structures and when the fracture happens, they become  
18 separated and you lose the other piece.

19 Q. Uh-huh. You know what a wishbone is on a turkey?

20 A. Yes, I do.

21 Q. Is it possible one animal had one part of that  
22 hyoid bone and another animal had the other and they broke  
23 it just like a wish bone?

24 A. No. Well, I think that would be an extremely  
25 unlikely scenario.

1 Q. Why? Why would that be unlikely?

2 A. Because a hyoid bone is not that big. The hyoid  
3 bone would have tooth marks on it if there were -- you would  
4 have two animals pulling on it almost mouth to mouth and I  
5 don't see that happening.

6 Q. Like little animals, like raccoons or rats.

7 A. Whatever animal you pick, if it's a rat, you're  
8 going to see -- rats -- okay. Rats give gnaw marks on  
9 bones. They don't give puncture marks like we're seeing on  
10 here. They're more gnaw marks. That's what they do. They  
11 gnaw on --

12 Q. Every single time. There's never been an occasion  
13 where an animal bit a bone and didn't leave a teeth mark.  
14 There's always been a puncture every single time.

15 MS. FULLER: Objection to argumentative, Your  
16 Honor.

17 THE COURT: Overruled.

18 A. I don't know. I haven't seen every single time a  
19 bone has been bitten by an animal.

20 Q. (BY MR. CORNELIUS) Well, I guess I'll ask  
21 Dr. Wiersema about this chart but you're telling me that  
22 you're not buying the fact that these bones that have  
23 fractures don't have tooth marks in them, just because it's  
24 not written up here. That's what you're saying to the jury,  
25 right?

1           A.    I'm -- can I phrase it the way -- I'm not sure  
2 exactly what you said.

3           Q.    Yes, yes.

4           A.    Okay. I know that there are fractures on some of  
5 these bones. Most of them are associated with tooth mark  
6 and animal activity. I do recognize that they observed some  
7 fractures to not have associated tooth marks but a lot of  
8 those are in areas that are very commonly scavenged by  
9 animals. The hyoid bone is not necessarily one of those  
10 that is frequently scavengerized (sic).

11          Q.    Let's take this bone, the large bone in the shin,  
12 what's that bone called?

13          A.    That is the tibia.

14          Q.    Tibia. The tibia at this end has puncture marks  
15 like it's been gnawed on, right?

16          A.    Yes.

17          Q.    This part is gone. It's gone. But it -- they  
18 don't record that it has any animal activity, correct?

19          A.    That -- yes. That --

20          Q.    So why would --

21          A.    It's not written on here but I don't know that it  
22 didn't have it. I don't record every single piece of  
23 information on my diagrams and I don't believe they do  
24 either.

25          Q.    Okay. And over here we've got a fracture at both

1 ends like we do here and no mention of any puncture marks,  
2 right?

3 A. Correct.

4 Q. What about this little part right here? Of this  
5 bone in the arm? It's a fracture. Do you think that means  
6 that a human did that, not an animal? Because there aren't  
7 any tooth marks there?

8 A. I can't say who did that. It's a very tiny  
9 fragment of bone.

10 Q. Okay. Is there any record of where the hyoid bone  
11 was found?

12 A. I don't know if I have the answer to that  
13 immediately. The hyoid bone, when I saw it, was part of a  
14 collection of small bones that included the feet, so I'm not  
15 sure if that was known that it was the hyoid bone at the  
16 time of the recovery or not. Or if maybe they thought it  
17 was just a fragment.

18 Q. Do you know that all these yellow markers indicate  
19 where bones are found?

20 A. Yes.

21 Q. Do you know that the anthropology team assisted by  
22 the crime scene unit or vice versa tried to mark where --  
23 what the bones were and where they were found?

24 A. Yes.

25 Q. So, do you know if there's any record as to where

1 the hyoid bone was found?

2 A. No. I would be surprised if there was because I  
3 don't know that they were aware that they had actually  
4 recovered the hyoid bone at the scene.

5 Q. Okay.

6 A. I certainly was not aware when I observed the bones  
7 when I started my autopsy.

8 Q. This picture right here, do you recognize the  
9 people in this picture?

10 A. Yes, I do.

11 Q. Who are they?

12 A. The female is Dr. Deborrah Pinto and the male is  
13 Dr. Jason Wiersema.

14 Q. Okay. So, he's the one that's going to testify in  
15 this case, right?

16 A. Correct.

17 Q. Now, this is -- do you think this is the burn area  
18 that they're looking at?

19 A. I'm --

20 Q. Where the body decomposed or do you know?

21 A. I don't know. I don't know for sure. It looks  
22 like it is a site of decomposition but I don't know what  
23 the -- what else is around there.

24 Q. These are the two people that would be most expert  
25 out there in identifying bones, correct?



1           A.     Correct.

2           Q.     And you're telling me that you'd be surprised if  
3 they knew they recovered the hyoid bone?

4           A.     At the scene, yes. I mean, maybe they thought they  
5 did but if you're just recovering a piece of it, it's not --  
6 they might have thought it was a fragment of another bone.  
7 I don't know -- I can't -- actually I don't know what they  
8 were thinking.

9           Q.     This is State's 77. This is the scene, I'm told,  
10 up here, if you can barely see it, where all those yellow  
11 flags are, where most of the bones are found, and this is  
12 some distance away from that. Are you really telling the  
13 jury that you think the bones that have been found here were  
14 washed down here or blown down here by the wind?

15          A.     I don't know what bones were found down there. If  
16 they have scavenger marks on them, I would say that they're  
17 brought down there by an animal.

18          Q.     Okay. So, you're sticking to your opinion that  
19 this is a strangulation because you have a crack on that  
20 bone, a fracture of that one bone. It can't be anything  
21 else. Has to be a strangulation.

22          A.     I'm sticking to the position that I think this is a  
23 nonnatural death, given all of the circumstances put  
24 together. I think that neck compression is the most likely  
25 mechanism for her death, given what we found and what I was

1 told by the investigation. That's how I came to my cause of  
2 death.

3 Q. Okay. So, you're saying it's the most likely  
4 explanation. Is that what you just said?

5 A. Yes. I don't know if -- I'm sorry. Yes.

6 Q. Okay. So, that's as far as you're going to get  
7 with it. It's most likely what the cause of death is.

8 A. No, my cause of death is homicidal violence.

9 Q. Well, which is it? I mean --

10 A. Homicidal violence.

11 Q. I don't want you to mince words with us. Tell us.

12 A. Homicidal violence.

13 MS. FULLER: Objection to argumentative and  
14 sidebar, Your Honor.

15 THE COURT: Overruled.

16 A. My cause of death is homicidal violence.

17 Q. (BY MR. CORNELIUS) Okay.

18 A. I can't tell you whether her airway was obstructed  
19 or anything else that may have happened to soft tissues that  
20 I don't have to examine. All I can tell you is what was  
21 found on the bones and what I was told from the police, I  
22 put them together for my cause of death.

23 Q. Okay. Now, all of these, you said that's based on  
24 all of the circumstances. Is that what you said? I've  
25 forgotten the word you used.

1           A.    Yes, the investigative information regarding the  
2           circumstances and the anthropology findings.

3           Q.    Are you talking -- when you say "circumstances,"  
4           are you talking about the hearsay that the police told you?

5                    MS. FULLER:  Objection to asked and answered,  
6           Your Honor.

7                    THE COURT:  Overruled.

8           A.    I'm referring to the information regarding the  
9           confession.  I'm also referring to the information regarding  
10          the individual and her whereabouts and going missing and  
11          that she's -- has a home to return to and she did not and  
12          for some reason she's found dead skeletonized in a field.

13          Q.    (BY MR. CORNELIUS)  Okay.  And you know all that  
14          because somebody told you that, right?  You know she has a  
15          home to go home to because somebody told you.

16          A.    Yes.

17          Q.    Because you didn't talk to her family, right?

18          A.    I did not personally but someone in our office did.

19          Q.    Because they called y'all, right?  Her sister and  
20          her husband called the ME's Office, didn't they?

21          A.    They may have but we also initiate calls to the  
22          family as well.

23          Q.    So, you're saying the ME's Office called her  
24          family?

25          A.    We do next-of-kin notification for deaths and

1 whenever we get a positive ID, we do call the family member  
2 to notify them that their loved one, number one, either has  
3 been identified or we also notify them that their loved one  
4 has died.

5 Q. So, when whoever it was from the ME's Office talked  
6 to them, did they find out any information about this woman  
7 that you believe is the woman that died here?

8 A. Not that they documented, no.

9 Q. Don't you think her health would be something that  
10 would be important for you to consider in determining the  
11 cause of death?

12 A. I did have some information regarding her health.

13 Q. Which was what?

14 A. That she abused drugs and alcohol.

15 Q. Okay. Now, Dr. Pinneri, the fact that she didn't  
16 go home, okay, means that she -- or could mean that she  
17 died, correct? She didn't go home because she was dead,  
18 right?

19 A. That's what it appears, yes.

20 Q. How does that mean she was strangled, though? Why  
21 didn't she have a heart attack? Why didn't she commit  
22 suicide? Why didn't she have a drug overdose? How does  
23 that mean she was strangled because she didn't go home?

24 A. Okay. Well, because we look at all of the  
25 circumstances and --

1 Q. Well, what are the circumstances? What are you  
2 looking at? You've already told us what it is.

3 A. There's no pill bottles, there's no suicidal  
4 mechanism that anyone could find at the scene or in her  
5 residence. There's no -- I was not notified of any  
6 significant medical conditions other than the drug and  
7 alcohol abuse.

8 Q. Can you tell the jury that she wasn't stabbed?

9 A. I can tell the jury that she was not stabbed such  
10 that it left a mark on a bone that we recovered; however,  
11 the possibility exists that she could have been stabbed in  
12 soft tissues that we did not receive.

13 Q. Could she have been grabbed by the neck and  
14 stabbed?

15 A. Grabbed in the neck?

16 Q. No, grabbed by the neck, grabbed by the neck and  
17 held and stabbed in the stomach.

18 A. I guess that's a possibility. It's still homicidal  
19 violence.

20 Q. Sure is.

21 MR. CORNELIUS: Could I have just a moment,  
22 Judge?

23 THE COURT: You may.

24 Q. (BY MR. CORNELIUS) Okay. Just one more thing.  
25 Why was there no attempt to get DNA from the bones or from

1 the clothing that this woman was wearing? I mean, I know  
2 there's attempt to try to get foreign DNA or touch DNA or  
3 trace evidence from that stuff but why wasn't there an  
4 attempt to get the person who died's DNA?

5 A. I'm not entirely sure I have an answer for that.  
6 It's not common for us to do that.

7 Q. Really?

8 A. Yes.

9 Q. When you don't know the identity of someone, it's  
10 not common to get their DNA?

11 A. If our other mechanisms for identification have  
12 failed, then, yes, we will go to DNA but it's very  
13 expensive, it's very time consuming. It's essentially a  
14 last resort for identification and if we're able to make it  
15 by other means, we do that instead.

16 Q. Don't you have your own DNA lab right there in the  
17 Institute of Forensic Sciences?

18 A. Yes, we do.

19 Q. Okay. Do you think it would cost more to hire a  
20 professional forensic witness for a dental examination than  
21 for y'all to do it yourself in office? That would cost more  
22 than doing the DNA.

23 A. I'm sorry.

24 Q. Do you think it's cheaper for y'all to hire this  
25 forensic dentist --

1                   MS. FULLER: Objection as speculation for this  
2 witness, Your Honor.

3                   THE COURT: Sustained, sustained.

4           Q.    (BY MR. CORNELIUS) Well, if you know. I mean, do  
5 you know?

6           A.    It's absolutely cheaper to use Dr. Stimson than it  
7 is to do a DNA profile.

8           Q.    Really?

9           A.    Yes.

10          Q.    Okay. Well, I'll take your word for it.

11                   I know this woman was cremated and that's what  
12 the evidence says. Did y'all keep anything upon which DNA  
13 could be determined?

14          A.    We did not keep any of the bones, to my knowledge.  
15 I don't have the body release form but usually we document  
16 when we retain any skeletal elements and I don't see they  
17 were retained. The clothing was submitted as evidence to  
18 the -- back to the investigating agency.

19          Q.    Do you think you could get DNA from the clothing,  
20 the decomposing body's fluids that went into the clothing,  
21 think you could get DNA from that?

22          A.    I don't know. Decomposed DNA isn't all that  
23 reliable. I don't know. I'm not a DNA analyst.

24          Q.    Doesn't the Medical Examiner's Office always keep  
25 some sort of tissue or something in case there's a request

1 later for a DNA exam?

2 A. Actually we don't keep it for that reason, no. We  
3 do keep tissues from -- we keep blood samples for a certain  
4 period of time. We don't keep them indefinitely for people.  
5 We try to return as much of the individual to the legal next  
6 of kin for proper burial or however -- whatever disposition  
7 they choose, we try to give them back as much as we can.

8 Q. All right.

9 MR. CORNELIUS: I'll pass the witness.

10 MS. FULLER: Nothing further, Your Honor.

11 THE COURT: May this witness be excused?

12 MS. FULLER: Yes, Your Honor.

13 MR. CORNELIUS: Yes, Your Honor.

14 THE COURT: Thank you, Doctor. You're free to  
15 go. The Rule has been invoked; so, don't discuss your  
16 testimony with any other witness.

17 Can I see the lawyers for just a second?

18 *(At the bench, on the record.)*

19 THE COURT: Okay. Marie left and went and  
20 talked to him. What's the story?

21 MS. FULLER: I believe he said his doctor's  
22 appointment is at 1:00. As long as we get him out of here  
23 by noon, I think we're okay.

24 THE COURT: Maybe we should start at 9:30.

25 MR. CORNELIUS: Whatever time you say.