

1 A. No, sir.

2 MR. WENTZ: I'll pass the witness, Your
3 Honor.

4 THE COURT: All right.

5 MR. STAYTON: No further questions, Your
6 Honor.

7 THE COURT: You may step down, sir.

8 Call your next witness.

9 MS. COLLINS: State calls Dr. Merrill Hines
10 to the stand.

11 THE COURT: Okay.

12 THE BAILIFF: Judge, this witness has not
13 been sworn in.

14 THE COURT: Okay.

15 (Witness sworn)

16 THE COURT: All right. Go ahead.

17 MS. COLLINS: Thank you, Your Honor.

18 **DR. MERRILL HINES,**

19 having been first duly sworn, testified as follows:

20 **DIRECT EXAMINATION**

21 **BY MS. COLLINS:**

22 Q. Could you please introduce yourself to the
23 Court?

24 A. My name is Merrill Hines.

25 Q. And, Dr. Hines, what do you do for a living?

1 A. I'm employed as an assistant medical examiner
2 at the Harris County Institute for Forensic Sciences.

3 Q. How long have you been doing that job?

4 A. Nearly nine years.

5 Q. And over your time as an assistant medical
6 examiner, can you give us an idea of how many autopsies
7 you've performed?

8 A. I've performed over 2,000 autopsies.

9 Q. Now, Dr. Hines, could you tell us about your
10 background and education that allows you to hold this
11 position?

12 A. I attended Louisiana State University Medical
13 School in New Orleans. And following that, completed a
14 five-year residency in anatomic and clinical pathology,
15 as well as a one-year fellowship in forensic pathology.
16 I hold an active medical license in the state of Texas,
17 and I am certified by the American Board of Pathology in
18 anatomic, clinical, and forensic pathology.

19 Q. As part of being a licensed medical examiner,
20 do you have to do ongoing continuing education?

21 A. Yes, I do.

22 Q. And can you tell us a little bit about that?

23 A. I perform online modules, I attend meetings and
24 various lectures.

25 Q. And can I assume that you're caught up on

1 whatever requirements you need to fulfill?

2 A. Yes.

3 Q. Okay. Dr. Hines, can you tell us just a little
4 bit about your normal practice and procedure in
5 performing an autopsy?

6 A. I regularly perform autopsies, and in some
7 cases external examinations of deceased persons. When I
8 perform an autopsy, I'm assigned that autopsy during the
9 course of a daily morning meeting where the assignments
10 are essentially random. And following that assignment,
11 I will review any information surrounding that case
12 that's in my possession at that time.

13 And following that, I will perform the
14 actual autopsy, which consists of an external
15 examination portion, during which time photographs are
16 taken, I take notes, documenting observations that I
17 make about the body as it's received in the office, be
18 it clothed or unclothed, covered with blood, dirt,
19 etcetera.

20 Once I've completed that round of the
21 examination, the clothing, if it's present, and medical
22 intervention, also if present, are removed, the body is
23 cleaned, and a second round of external observations are
24 made as well as photographs.

25 Following those external examination

1 rounds, the body is opened and the organs are viewed
2 both in the body, then are removed, and additionally
3 examined, all the while looking for the presence of
4 injuries and natural disease, as well as the collection
5 of various fluids and tissue samples for possible
6 laboratory analysis.

7 Q. Ultimately, what are you hoping to determine
8 through this process?

9 A. The primary objective is to determine the cause
10 of death, and in conjunction with autopsy findings and
11 other investigative information the manner of death.

12 Q. Now, throughout your time -- I guess I haven't
13 asked this. Where do you work, Dr. Hines?

14 A. I work at the Harris County Institute for
15 Forensic Sciences here in Houston.

16 Q. During your time there, have you had
17 opportunity to actually train and supervise others?

18 A. Yes. Both as an assistant medical examiner and
19 for the last -- it's going on four years now, as the
20 director of the forensic pathology fellowship training
21 program.

22 Q. When you're supervising someone -- and who
23 would you be supervising? Can you give us an idea of
24 what that's like?

25 A. We, on an annual basis, train one to two

1 forensic pathology fellows. A forensic pathology fellow
2 is a physician who has completed residency training in
3 the field of pathology and is spending a final year of
4 training to learn the subspeciality of forensic
5 pathology.

6 Q. When you're supervising such a fellow, do they
7 actually perform autopsies?

8 A. Yes, they do.

9 Q. As their supervisor, do you participate and
10 assist in those autopsies?

11 A. Yes.

12 Q. And ultimately, when they perform those
13 autopsies, are you responsible for reviewing their
14 findings?

15 A. Yes.

16 Q. Is that just to make sure that everything has
17 been done correctly?

18 A. That's the primary reason, yes.

19 Q. In July of 2013, were you supervising someone
20 at the Harris County Institute of Forensic Sciences?

21 A. Yes.

22 Q. And who was that?

23 A. I believe it was Dr. Victoria Sorokin, but if
24 you don't mind, I'd like to refer to my autopsy report.

25 Q. Of course.

1 A. Yes, it was Dr. Victoria Sorokin.

2 Q. Specifically on July 18th of 2013, did you come
3 into contact with a Gerald Lynn Williams?

4 A. Yes.

5 Q. And how did you come in contact with him?

6 A. That was the individual who was autopsied by
7 Dr. Sorokin under my supervision.

8 Q. In preparation for court today, have you
9 reviewed both the report that you're looking at as well
10 as any and all photos that were taken of that autopsy?

11 A. Yes, I have.

12 Q. And, again, specifically with the autopsy of
13 Mr. Gerald Williams, when you supervised Dr. Sorokin,
14 did you participate in that autopsy?

15 A. Yes, very much so. It was early in
16 Dr. Sorokin's training, and, therefore, she was very
17 closely supervised.

18 Q. Now, you mentioned that in any autopsy one of
19 the first things that you do is take photos. Is that
20 correct?

21 A. Yes.

22 Q. And was that done in this case?

23 A. Yes.

24 Q. And do you continue to take photos at each step
25 of the process, both external and internal examinations?

1 A. Yes.

2 Q. And, again, was that done in this case?

3 A. Yes.

4 MS. COLLINS: Permission to approach the
5 witness, Your Honor?

6 THE COURT: Yes.

7 Q. (By Ms. Collins) May the record reflect I'm
8 showing the witness what has been premarked as State's
9 Exhibits No. 79 through 89. Dr. Hines, if you could
10 take a look at these photos (indicating).

11 A. (Witness complies).

12 Q. Can you tell me if you recognize what I just
13 handed you?

14 A. Yes, I do.

15 Q. Okay. And what are these?

16 A. These are photographs that were taken during
17 the course of the autopsy of Gerald Williams.

18 Q. And do these all fairly and accurately depict
19 how he looked on July 18th of 2013?

20 A. Yes.

21 MS. COLLINS: Your Honor, at this time, I
22 would offer into evidence State's Exhibits No. 79
23 through 89 and tender to opposing counsel.

24 **(State's Exhibit No. 79 through 89 Offered)**

25 MR. WENTZ: And we have no objection, Your

1 Honor.

2 THE COURT: State's 79 through 89 are
3 admitted.

4 (State's Exhibit No. 79 through 89
5 Admitted)

6 MS. COLLINS: Permission to publish at this
7 time, Your Honor?

8 THE COURT: Okay.

9 Q. (By Ms. Collins) Dr. Hines, you mentioned that
10 one of the first things you do in any examination is an
11 external examination. What exactly are you looking for
12 during that phase of the examination?

13 A. I'm looking for injuries, any external evidence
14 of disease, any evidentiary material such as fibers or
15 hairs that may represent possible items of interest in a
16 legal setting, and general identifying features of an
17 individual such as tattoos or scars.

18 Q. In this case, upon your initial examination of
19 Mr. Williams, did there appear to be a fairly apparent
20 possible cause of death?

21 A. Yes.

22 Q. I'm showing you State's Exhibit No. 79. Is
23 this the person that you knew to be Gerald Lynn Williams
24 (indicating)?

25 A. Yes.

1 Q. And is this the person that as we go along
2 we'll be referring to concerning the autopsy on
3 July 18th of 2013?

4 A. Yes.

5 Q. Showing you State's Exhibit No. 86. Can you
6 show us -- tell us what we're looking at here, Doctor
7 (indicating)?

8 A. This photograph shows a shotgun wound on the
9 right side of the chest.

10 Q. And is this what you thought was a fairly
11 apparent possible cause of death?

12 A. Yes.

13 Q. Now, through your external examination, did you
14 find anything else of interest on Gerald Williams?

15 A. I noted some minor blunt force injuries
16 consisting of abrasions.

17 Q. And where did you find those injuries?

18 A. There was an abrasion on the right cheek as
19 well as the scalp and the left leg.

20 Q. Showing you State's Exhibit No. 80. Is this
21 the abrasion you are referring to on Mr. Williams' face
22 (indicating)?

23 A. One of them, yes.

24 Q. This abrasion and the other abrasions that you
25 found on the leg and face, would they all be consistent

1 with an impact fall, someone falling to the ground?

2 A. Yes.

3 Q. Consistent with blunt force trauma as well?

4 A. A fall would be a type of blunt force trauma,
5 but the type of blunt force trauma that caused these
6 injuries is not clear based on their appearance.

7 Q. When you continue your external examination, is
8 it typical for you to look for signs of defensive
9 wounds?

10 A. Yes.

11 Q. And in this case, did you find anything on
12 Mr. Williams that you believed was consistent with some
13 type of defensive wound?

14 A. No.

15 Q. And when we talk about defensive wounds, what
16 types of injuries are you looking for?

17 A. Typically defensive wounds refer to sharp force
18 injuries. However, in some instances in individuals
19 that were attacked with other objects other than bladed
20 instruments, they may sustain injuries of the hands or
21 in some cases the backs of the forearms in an effort to
22 ward off blows.

23 Q. And in this case, did you find any such
24 injuries on the hands or backs of the forearms?

25 A. No.

1 Q. Now, when you continued -- well, let me ask you
2 this, Dr. Hines: Was there anything else of
3 significance during your external examination of
4 Mr. Williams?

5 A. No.

6 Q. Continuing onto the internal examination, were
7 you able to confirm that the gunshot wound you noticed
8 was, in fact, the cause of death in this case?

9 A. Yes, I -- I determined that the shotgun wound
10 was the cause of death.

11 Q. Can you tell us exactly what happened with
12 regard to that shotgun wound to lead to Mr. Williams'
13 death?

14 A. The pellet mass from the shotgun caused
15 injuries of the lungs, the heart, and the aorta, which
16 is the largest artery in the body, and led to internal
17 bleeding.

18 Q. Dr. Hines, would that be considered a fairly
19 significant injury?

20 A. Yes.

21 Q. Is this the type of injury that you would
22 expect someone to be able to survive?

23 A. Under these circumstances, no. It's
24 theoretically possible to survive an injury such as
25 this, but it would require immediate, high-level medical

1 care. And even if that was rendered, there would be no
2 guaranteed survival.

3 Q. Once shot, can you give us an estimate of how
4 long you expect that Mr. Williams would have been able
5 to survive?

6 A. It's really difficult to say, but I would
7 estimate on the order of potentially minutes.
8 Certainly, under an hour. And it's difficult to say how
9 many minutes.

10 Q. Is this something that -- the type of injury
11 you would expect to pretty much immediately incapacitate
12 Mr. Williams?

13 A. Not necessarily. Individuals have been shot
14 directly in the heart with a shotgun nearly destroying
15 the heart and still have been witnessed to run many
16 yards. And so, it's quite possible for them to function
17 in other ways.

18 Q. So, it wouldn't surprise you if Mr. Williams
19 had been able to take a few steps?

20 A. Not at all.

21 Q. When looking at the shotgun injury, Dr. Hines,
22 were you able to determine anything about the distance
23 from the shooter to Mr. Williams?

24 A. Yes.

25 Q. Can you tell us what you were able to learn?

1 A. Based on the appearance of the shotgun wound,
2 which featured scalloping of the margins, indicating
3 that the pellet mass had not disbursed sufficiently to
4 cause individual or satellite entrance wounds, and the
5 presence of an abrasion along the margin of the wound
6 that is consistent with an abrasion caused by a portion
7 of the wadding material, a portion of the shot cup, as
8 well as the presence of the wadding material in the
9 wound, all give me information on which I can base an
10 estimate.

11 And based on all of those factors, I
12 believe that the muzzle of the shotgun was approximately
13 3 feet, possibly even a little bit more, maybe 4 feet
14 from the skin of the decedent.

15 Q. And just to clarify, so that would mean that
16 the end of the gun would be approximately 3 to 4 feet
17 away from where impact was made. Am I hearing that
18 right?

19 A. Yes.

20 Q. Okay. Can you tell from the shotgun wound the
21 trajectory of that shotgun cup?

22 A. Well, the trajectory or direction of the cup
23 and the pellets generally passed from right to left,
24 slightly from front to back and downward.

25 Q. Would that be consistent, Dr. Hines, with the

1 shooter being to the right and slightly in front of
2 Mr. Williams?

3 A. Yes.

4 Q. Now, when you say that the trajectory was
5 slightly downward, can you give us any idea of -- well,
6 let me back up.

7 Dr. Hines, if Mr. Williams had been
8 standing at the time that he was shot and his shooter
9 had been sitting at the time that he was shot, would you
10 have expected that slightly downward trajectory that you
11 saw?

12 A. No, I would expect an upward trajectory.

13 Q. Dr. Hines, other than this wound that we see
14 here in shot 87, did you find anything else that would
15 have contributed to Mr. Williams' demise?

16 A. Mr. Williams did have some cardiac disease,
17 high blood pressure, which certainly may have, in some
18 ways, hastened the effects of the shotgun wound, but
19 essentially I found no other cause of death or
20 significant contribution to the cause of death other
21 than the shotgun wound.

22 Q. You mentioned that you found evidence of heart
23 problems. Did you find any evidence that he had, in
24 fact, had surgery for those heart problems?

25 A. He did have a scar on the center of his chest.

1 Q. Would that have been consistent with someone
2 who had had some form of heart surgery?

3 A. It would, but it's unclear based on the
4 description of the heart exactly what that surgery was.
5 It does not appear to have been a coronary artery
6 bypass. I see no mention of abnormal cardiac valves.
7 So, it's -- while a scar on the central chest is
8 something you would associate, typically, with cardiac
9 surgery, beyond the scar on the chest I don't see any
10 evidence of actual cardiac surgery.

11 Q. In the process of your examination, Dr. Hines,
12 did you take any toxicology samples or samples for
13 toxicology testing?

14 A. Yes.

15 Q. And in this case, were you able to find any
16 evidence of alcohol or drug use?

17 A. In all cases of homicides or potential
18 homicides, our office, as a matter of policy, tests for
19 a specific number of substances that include alcohol and
20 basically stimulants. So, there are a number of drugs
21 and substances that we do not test for. Therefore, I
22 can't speak to their presence or absence. However,
23 there was no alcohol or any of the stimulants that we
24 test for.

25 Q. Dr. Hines, in this case, what did you determine

1 the cause of death to be?

2 A. Shotgun wound of the chest.

3 Q. And what did you determine the manner of death
4 to be?

5 A. Homicide.

6 MS. COLLINS: Pass the witness, Your Honor.

7 THE COURT: Mr. Wentz.

8 MR. WENTZ: May it please the Court?

9 THE COURT: Yes.

10 **CROSS-EXAMINATION**

11 **BY MR. WENTZ:**

12 Q. Good morning.

13 A. Good morning.

14 Q. My name is Kurt Wentz, and I'm going to be
15 asking you a few questions. If you don't understand my
16 question, would you please ask me to repeat it and I'll
17 try to make it clearer?

18 A. Yes.

19 Q. I think on Page 2 of your autopsy you indicate
20 that Mr. -- you found Mr. Williams to be approximately
21 5-foot-11 in height and weighing approximately
22 230 pounds; is that correct? That's in the fourth
23 paragraph.

24 A. Yes.

25 Q. And an age of 54?

1 A. Yes.

2 Q. When a body is brought to your office, are his
3 personal effects also brought to that office, such as a
4 wallet?

5 A. Yes. Any items that are on the person of the
6 decedent at the scene are brought with them to the
7 office.

8 Q. And they can then subsequently be checked out
9 by a law enforcement agency for subsequent testing if
10 they feel it is necessary; is that correct?

11 A. I believe so.

12 Q. You've indicated today or this morning that
13 while there is evidence of a scar to the center portion
14 of Mr. Williams' chest, you found no evidence of cardiac
15 surgery; is that correct?

16 A. Yes.

17 Q. And on Page No. 4 of your autopsy, bottom
18 paragraph, did you find significant stenosis of portions
19 of the heart where plaque had accumulated?

20 A. Yes. The coronary arteries, which supply blood
21 to the heart, were diseased and in some areas narrowing.

22 Q. And could you tell us, for the purpose of the
23 record, the percentage of narrowing and which particular
24 arteries you're referring to?

25 A. Yes. The left anterior descending coronary

1 artery was narrowed up to 80 percent. The left
2 circumflex artery was narrowed up to 40 percent. And
3 the right coronary artery was narrowed up to 70 percent.

4 Q. Approximately how far from the midline of the
5 body was the wound that you've described for us this
6 morning, referring to Page 3?

7 A. Five-and-one-half inches.

8 Q. And I'm going to assume that everyone's body is
9 different in terms of how far it can -- not how far it
10 can be from the midline, necessarily, but how much
11 further it can be from the body. So, given
12 Mr. Williams' wound of approximately 5-and-a-half inches
13 from the midline, how much more of his body extended
14 beyond that 5-and-a-half inches?

15 A. That's a good question. I can't say based on
16 the autopsy report because the width of the body is not
17 something that we regularly record.

18 MR. WENTZ: May I approach, Your Honor?

19 THE COURT: Okay.

20 Q. (By Mr. Wentz) Let me show you what has been
21 marked as State's Exhibit No. 50 -- or I'm sorry --
22 No. 86. And if this is the midline, you're indicating
23 that this is approximately 5-and-a-half inches from the
24 midline; is that correct (indicating)?

25 A. Yes.

1 Q. And would you agree with me that that is almost
2 to the extreme right of the chest of Mr. Williams?

3 A. I would agree with you.

4 Q. And that it is probably three-quarters of the
5 way from the midline to the furthest portion of his
6 chest, indicating approximately there (indicating)?

7 A. Well, it's a complex surface, but I think the
8 closest shape that you could approximate it to would be
9 like a box and the wound is very near one corner of the
10 box.

11 Q. Thank you.

12 And you've indicated that it's your belief
13 that the firearm was approximately 3 to 4 feet away from
14 Mr. Williams when the shot that you just observed was
15 fired. Is that correct?

16 A. Yes, the muzzle, the end of the firearm.

17 Q. And you're not here to tell us under what
18 circumstance that shot was fired, are you?

19 A. No, I'm not.

20 Q. There's a notation in your report that no soot
21 or stippling was found. That is on Page 3. Could you
22 tell us what is the significance of that or why you note
23 that in your report?

24 A. The presence of soot or stippling, under
25 certain circumstances -- well, I should say the presence

1 **BY MS. COLLINS:**

2 Q. Dr. Hines, defense counsel just made mention of
3 soot and stippling. Did you look for that -- the
4 presence of soot or stippling on the shirt that
5 Mr. Williams was wearing?

6 A. Yes.

7 Q. Now, were you able to see anything on that
8 shirt?

9 A. I didn't see anything that I was convinced
10 represented gunpowder particles.

11 Q. Now, showing you State's Exhibit No. 88. Is
12 this one of the x-rays that you took in the course of
13 your examination (indicating)?

14 A. Yes.

15 Q. And can you tell us what, if anything, this
16 x-ray tells us about the shotgun wound -- shotgun wound
17 that Mr. Williams suffered?

18 A. It tells me that the ammunition was
19 small-caliber pellets or birdshot, and that it was
20 present throughout his chest.

21 Q. Now, this may sound like a silly question,
22 Dr. Hines, but in the course of your time at the Harris
23 County Institute of Forensic Sciences, did -- what you
24 found, was that consistent with Mr. Williams being shot
25 with a form of a firearm?

1 Let's take a 15-minute break.

2 (Recess)

3 (Open court, defendant present, no jury)

4 THE COURT: Ready?

5 All right. Call your next witness.

6 MS. COLLINS: State calls Gary Scott to the
7 stand.

8 THE COURT: Okay. All right. Go ahead.

9 **GARY SCOTT,**

10 having been first duly sworn, testified as follows:

11 **DIRECT EXAMINATION**

12 **BY MS. COLLINS:**

13 Q. Can you tell us your name, Mr. Scott?

14 A. Gary Scott.

15 Q. Mr. Scott, are you -- do you live here in
16 Houston?

17 A. Yes.

18 Q. How long have you lived here?

19 A. All my life.

20 Q. Do you have family here?

21 A. Yes, I do.

22 Q. Can you tell us a little bit about your family?

23 A. Close-knit, Christian family. I don't know
24 what particulars you'd like.

25 Q. Fair enough.