

1 warn them, or do you want --

2 THE COURT: Yeah, but you warn as you  
3 go, okay? Doctor, I want to I talk to you about  
4 this. I want to talk to you about the photos.

5 MS. COOPER: Okay.

6 (Bench Conference Concluded.)

7 THE COURT: Members of the jury, the  
8 State's going to ask questions of the doctor and the  
9 defense may ask questions of the doctor. And during  
10 this question and answer session, photographs may be  
11 shown of -- concerning the topic of this discussion  
12 and the evidence that's going to be presented.

13 As the lawyer for the State or defense  
14 talks about a photograph, you're free to look at the  
15 screen or not. These are -- are going to be autopsy  
16 photos that are taken in every autopsy. There's  
17 external photos and external photos of the person's  
18 body. But in this case, there's going to be only  
19 external photos.

20 So having said that, you may proceed.

21 MS. COOPER: Thank you, Judge.

22 **DR. ANNA LOPEZ,**

23 having been first duly sworn, testified as follows:

24 **DIRECT EXAMINATION**

25 BY MS. COOPER:

1 Q Doctor, can you introduce yourself to the  
2 members of the jury, please.

3 A My name is Dr. Anna Lopez. I'm an assistant  
4 medical examiner at the Harris County Institute of  
5 Forensic Sciences.

6 Q Can you tell the members of the jury about  
7 your background and your education?

8 A I received my bachelor of science degree  
9 from the University of Notre Dame. I completed my  
10 medical doctorate degree at the University of Texas  
11 Houston Medical School. I did a five-year pathology  
12 residency at UT Houston. I did a one-year  
13 subspeciality training in forensic pathology in the  
14 Dallas County Medical Examiner's Office.

15 I'm board certified by the American  
16 Board of Pathology, and I'm licensed to practice  
17 medicine in the State of Texas.

18 Q How long have you been employed at the  
19 Harris County Institute of Forensic Sciences?

20 A For 11 years.

21 Q And what is the Harris County Institute of  
22 Forensic Sciences?

23 A It's the forensic institute for Harris  
24 County.

25 Q What do you do -- I mean, what all do --

1 what all is encompassed there?

2 A Well, there's many divisions in our  
3 institute, including pathology, as well as other  
4 laboratory, such as toxicology, DNA, firearms,  
5 controlled substances.

6 Q All right. And at the Harris County  
7 Institute of Forensic Sciences, what is your job  
8 title?

9 A I'm an assistant medical examiner.

10 Q What does an assistant medical examiner do?

11 A I perform medical-legal autopsies for Harris  
12 County. So all violent deaths that occur within  
13 Harris County get an examination at our office, as  
14 well as any natural sudden or unexpected deaths that  
15 occur within Harris County.

16 Q What is forensic pathology?

17 A Forensic pathology is a branch of medicine  
18 that deals with diagnosing diseases and injuries, by  
19 performing a postmortem examination in order to  
20 determine the cause and the manner of death of an  
21 individual.

22 Q And what is -- what's an autopsy?

23 A An autopsy is just that. A postmortem  
24 examination that's done by doing an external  
25 examination and -- as well as an internal

1 examination, looking at the organs and diagnosing of  
2 injuries and injury patterns, in order to determine a  
3 cause and a manner of death.

4 Q About how many autopsies have you conducted  
5 over the course of your career?

6 A About 2000 autopsies.

7 Q Have you testified in court before?

8 A Yes.

9 Q Regarding forensic pathology?

10 A Yes.

11 Q And the manner and causes of death?

12 A Yes.

13 Q And is that courts in Harris County?

14 A Yes.

15 Q Before you were employed at the Harris  
16 County Institute of Forensic Sciences, you said that  
17 you worked in Dallas?

18 A Yes. I did my forensic pathology fellowship  
19 training in -- at the Dallas County Medical  
20 Examiner's Office.

21 Q Did you also conduct autopsies there?

22 A Yes.

23 Q Okay. I want to talk to you specifically  
24 about an autopsy.

25 If you can tell the members of the jury

1 what the first stage is. When you get a body in,  
2 what is the first thing that you do?

3 A The first thing that I do is read the  
4 investigator report that's prepared by a group of  
5 investigators in our office. And that report  
6 includes details regarding the circumstances of death  
7 of that individual.

8 I then take photographs of the body  
9 exactly as we receive it at the morgue, and I then  
10 prepare a body diagram and collect evidence as well.

11 Q And then after you take photographs of the  
12 body, how it's received, is that before any cleaning  
13 or anything is done?

14 A Correct. Photographs are taken all along  
15 throughout the autopsy, both external and internal.  
16 Clean photographs, as well as unclean photographs.  
17 So when the body first comes in, there's a lot of  
18 typically blood and body fluid, depending on the  
19 amount of injury.

20 The body is then cleaned up and then  
21 rephotographed in a clean state, and I document the  
22 injuries on a body diagram that I prepare as I'm  
23 doing the autopsy.

24 Q How do the bodies get to the Harris County  
25 Institute of Forensic Sciences?

1           A       It depends on each individual case. We have  
2 a group of employees that will either go to the scene  
3 of death and bring the body back to our morgue, or  
4 they'll go to the hospital in certain cases when the  
5 body goes to the hospital and is pronounced -- and  
6 the person is pronounced dead at the hospital,  
7 they'll go to the hospital and transport the decedent  
8 that way.

9           Q       Okay. And then after -- when you receive  
10 the body and the photos -- the uncleaned photos, what  
11 do you do next?

12          A       As I mentioned, I collect evidence of -- on  
13 the body while I'm doing the external examination.  
14 And then I do an internal examination and I look at  
15 the thoracic and abdominal organs.

16          Q       Okay. And let me ask you -- or what is --  
17 if you explain to the jury what the external  
18 examination is, what it consists of?

19          A       It consists of an examination that I  
20 perform, documenting any types of injuries or injury  
21 patterns on the external skin surface.

22          Q       And then after the external examination, do  
23 you do an internal examination?

24          A       Yes.

25          Q       What is that?

1           A        I make a Y incision across the thorax and  
2 the abdomen. The chest plate is opened and I look at  
3 the internal organs of the thorax and the abdomen.  
4 We also exam the scalp, the skull and the brain, as  
5 well.

6           Q        So, what is the purpose of an internal  
7 examination?

8           A        To document any natural disease process to  
9 the organs, as well as documenting any injuries to  
10 the internal organs.

11          Q        Whenever you get a body in, is each body  
12 given a unique identification number?

13          A        Yes.

14          Q        I want to talk to you specifically about an  
15 autopsy you did on the body of Keith Brown.

16                    Was he assigned a case number?

17          A        Yes.

18          Q        And what was his case number?

19          A        That case number is ML11-1479.

20          Q        And the case number, is that unique to him?

21          A        Yes. That number is unique to him and it's  
22 associated with all the paperwork and all the  
23 photographs that are generated with this case.

24          Q        When -- do you know how -- whether or not  
25 Keith's body was taken from the scene or from the

1 hospital?

2 A Yes. He was transported to Ben Taub General  
3 Hospital at 10:08 p.m. on May 19th, where he was  
4 pronounced dead at 10:09 p.m. on that same day.

5 Q Okay. And then when did you conduct your  
6 autopsy?

7 A I conducted my autopsy the following day, on  
8 May 20th, 2011.

9 Q Okay. I want to --

10 MS. COOPER: May I approach the  
11 witness, Judge?

12 THE COURT: You may.

13 Q (BY MS. COOPER) Whenever you do an autopsy,  
14 is there a report that's made?

15 A Yes.

16 Q And is that called an autopsy report?

17 A Yes.

18 Q What's the purpose of that?

19 A For documentation purposes.

20 Q And I want to show you State's Exhibit No.  
21 78.

22 Do you recognize State's Exhibit No.  
23 78?

24 A Yes. This is a copy of the autopsy report  
25 that I prepared on Mr. Keith Brown. And it includes



1 the toxicology report with it.

2 Q Is there a signature on the front of the  
3 autopsy report?

4 A Yes.

5 Q Whose signature is that?

6 A My signature, as well as the signature of  
7 the deputy chief medical examiner who reviewed my  
8 findings.

9 Q Okay. And is that common? Does that happen  
10 in every case?

11 A Yes.

12 Q All right. And then were there also  
13 photographs that were taken of when this autopsy was  
14 performed?

15 A Yes.

16 Q You've testified that photographs are taken  
17 both of the internal and the external examination; is  
18 that right?

19 A Correct.

20 Q And then also clean photos and photos in the  
21 natural state; is that right?

22 A Yes.

23 Q Okay. I want to show you State's Exhibit 80  
24 through 91.

25 I want to ask you if you recognize

1 these?

2 A Yes. These are copies of the autopsy  
3 photographs that I took on Keith Brown.

4 Q Are these all of the autopsy photos that  
5 were taken?

6 A No. There were many more taken.

7 Q Okay. Are these photos just of some of the  
8 external examination?

9 A Yes.

10 Q None of the internal examination?

11 A No.

12 Q And are these photos after the body's been  
13 cleaned?

14 A Yes. These photographs are taken after the  
15 body has been cleaned and directed at specific areas  
16 of injury.

17 Q Okay. So is there any blood or anything  
18 gore on these photos?

19 A No.

20 Q And do they fairly and accurately depict the  
21 injuries that you observed, the gunshot wounds  
22 specifically of the complainant in this case, when  
23 you conducted the autopsy?

24 A Yes.

25 Q Then I want to show you State's Exhibits 93,

1 90 -- and 94.

2 Do you recognize those?

3 A Yes.

4 Q What are those?

5 A This is -- State's Exhibit 93 is a  
6 photograph of the bullet that I recovered from  
7 Mr. Brown on the right chest.

8 And then State's Exhibit No. 94, is a  
9 copy of an x-ray that I took prior to performing my  
10 autopsy.

11 Q And then State's Exhibit No. 79, which has  
12 actually already been admitted into evidence, but do  
13 you recognize that photo as well?

14 A Yes.

15 Q And each photo, is the identification number  
16 pictured in each photo?

17 A Yes.

18 Q Okay. Hold on one second. I also want to  
19 show you State's Exhibit No. 95.

20 What is this that we're looking at  
21 here?

22 A An evidence envelope.

23 Q Okay. And if we -- I'm going to open it up.

24 You testified there was a bullet that  
25 was recovered. I want to show you that -- the

1 contents, the inside of State's Exhibit No. 95.  
2 There's a little bag down there that is also shown  
3 here in State's Exhibit No. 93.

4 Do you recognize that?

5 A Yes.

6 Q You need to see the back side?

7 A Yeah. I need to see it, I believe.

8 Q How do you recognize the contents of State's  
9 Exhibit No. 95?

10 A This is the envelope that I prepared when I  
11 did the autopsy, where I placed the bullet in to for  
12 evidence.

13 Q And is your -- is it the same identification  
14 number written on the bag?

15 A Yes.

16 Q And is your initials also written on the  
17 bag, as well?

18 A Yes. My initials and my handwriting  
19 regarding the location of the bullet.

20 MS. COOPER: Your Honor, at this time,  
21 I'm tendering to opposing counsel State's 80 -- I'm  
22 sorry, State's 78, which is the autopsy report. And  
23 then State's 80 through 91, which are the photos.  
24 State's Exhibit 93 and 94 and State's 95.

25 MR. MAYR: Judge, we have no objection

1 to State's Exhibit No. 78.

2 THE COURT: All right. It's admitted.

3 (State's Exhibit No. 78 was admitted.)

4 MR. MAYR: As to 80 through 91, we  
5 would object under Rule 403, Texas Rules of Evidence.

6 THE COURT: All right. It's overruled  
7 at this time.

8 MR. MAYR: And 93 and 94, we have no  
9 objection to, as well as 95.

10 THE COURT: All right. Ninety-three,  
11 94 and 95 are admitted. State's 80 through 91 are  
12 admitted.

13 (State's Exhibit Nos. 93, 94 and 95 and  
14 Nos. 80 through 91 were admitted.)

15 Q (BY MS. COOPER) Dr. Lopez, I want to show you  
16 --

17 MR. MAYR: And just so we're clear,  
18 Your Honor. In addition to my Rule 403 objection for  
19 80 to 91, I would furthermore object to the  
20 publications of those exhibits as well in the  
21 courtroom, based on the reasons that we discussed  
22 earlier, presuming -- most importantly that the  
23 potential for a mistrial.

24 THE COURT: All right. Same ruling.

25 Q (BY MS. COOPER) I want to show you State's

1 Exhibit No. 78.

2                   What are we looking at here?

3           A       This is the cover sheet of my autopsy report  
4 on Mr. Keith Brown.

5           Q       And do we have his unique identification  
6 number shown here on the front of State's Exhibit No.  
7 78?

8           A       Yes.

9           Q       And then is your signature down here on the  
10 bottom?

11          A       Yes.

12          Q       And along with Dr. Wolf, who is -- that's  
13 the chief medical examiner or deputy chief medical  
14 examiner?

15          A       Yes.

16          Q       All right. You indicated that you did a  
17 body diagram. I want to start with the external  
18 examination. Can you tell the members of the jury --  
19 I'm looking at -- inside of State's Exhibit No. 78,  
20 the first page, page 1 of 3 of the body diagram.

21                   If you can tell the members of the jury  
22 the observations that you made in your external  
23 examination of Keith Brown?

24          A       On the first page on this body diagram, I  
25 just indicated that he had various tattoos and scars.

1 And then on the second page is where I indicated  
2 gunshot wound entry and exits on his torso and on the  
3 lower extremities.

4 Q All right. Were you able to, in making  
5 observations of the bullet holes, were you able to  
6 determine entry and exit wounds?

7 A Yes.

8 Q How were you able to make that  
9 determination?

10 A Based on the characteristics of the wound  
11 and the directions within the body.

12 Q How many bullet wounds did he have?

13 A He has a total of four. Three of which were  
14 penetrating and one graze wound that was on the  
15 forearm.

16 Q Okay. As far as -- if you can start at  
17 the -- his torso, were there any bullet wounds on his  
18 torso?

19 A He's got an entrance wound on the left  
20 lateral hip.

21 Q Okay. And then what about the front of his  
22 body?

23 A And then he has an entrance and an exit on  
24 -- through the right thigh. The entrance is on the  
25 inner surface of the right thigh, and it exits out

1 the front or the right thigh. And then he has an  
2 exit on the inner surface of the left thigh. And the  
3 entrance to that wound is on the back of the left  
4 thigh.

5 Q And is that shown here on the -- on page 2  
6 of 3 of the body diagram, the portion that has the  
7 back of the body?

8 A Yes.

9 Q Okay. I want to go -- I'm going to go into  
10 some of the pictures now. I want to start with  
11 State's Exhibit No. 79.

12 What are we looking at here?

13 A This is an identification photograph that's  
14 taken on Mr. Keith -- that was taken on Mr. Keith  
15 Brown.

16 Q And is that the way that he looked when you  
17 were doing the external exam -- the autopsy?

18 A Yes.

19 Q I want to start with this -- if we go back  
20 to the body diagram, page 2 of 3. The bullet wound  
21 you said was an entry wound on his left -- right  
22 above his left hip?

23 A Yes.

24 Q I want to start with that one. And I want  
25 to show you State's Exhibit No. 80.



1           Can you tell the members of the jury  
2 what is it that we're -- we're looking at here and  
3 what's important to your examination?

4           A       That's a photograph of the left side of his  
5 torso. And you can see there's an entrance gunshot  
6 wound on the left lateral hip area.

7           Q       And I want to show you State's Exhibit No.  
8 81, which is the same bullet wound, but just closer  
9 up.

10                   Can you explain to the jury, when you  
11 say it's an entrance wound, what do you mean by that  
12 and how do you know?

13           A       Well, this is an entrance wound. It's a  
14 closeup photograph and yet you can tell it's -- the  
15 bullet wasn't directly penetrating with the nose of  
16 the bullet straight on. So it was kind of entering  
17 tangentially. So you can get kind of a rectangular  
18 shape, almost the shape of a bullet going in from the  
19 side, is what it looks like.

20                   And you can see there's a little bit of  
21 abrasion on the skin surrounding it, and this bullet  
22 tracks upward into the torso. And then I recovered  
23 the projectile up on the -- in the right chest wall.

24           Q       So is this consistent with -- I mean,  
25 obviously it's not going straight in; is that right?

1           A       It's not -- the bullet isn't going straight  
2 in from the front of the bullet. Because if it was,  
3 it would be a nice circular defect, and this one's  
4 rectangular. So we know that the bullet just kind of  
5 turned in flight. It could be an intermediary target  
6 that it struck before striking him. So it's not a  
7 nice circular round defect that most bullets produce.

8           Q       Is it consistent with going in, maybe if the  
9 left side of the complainant was facing the shooter  
10 going in that way, versus head on?

11          A       Yes. I mean, the trajectory is, you know,  
12 from left to right. It's going upward and slightly  
13 back to front.

14          Q       Okay. So if -- let me show you State's  
15 Exhibit No. 94.

16                       What is this?

17          A       That's an x-ray that I took before doing the  
18 autopsy, and you can see there's a bullet in the  
19 right upper chest.

20          Q       Is this the same bullet that corresponds  
21 with the entrance wound here in State's Exhibit No.  
22 81?

23          A       Yes, it does.

24          Q       All right. The one that we can see here in  
25 State's Exhibit No. 80?

1 A Yes.

2 Q Okay. So it goes in the -- let me go back  
3 to State's Exhibit No. 78, page 2 of 3 of the  
4 diagram. It goes in the left -- bottom left torso  
5 area, and then you say it's recovered in the upper  
6 right chest area?

7 A Yes.

8 Q Can you -- is there anyway -- like would the  
9 gun have to have been underneath, shooting up?

10 A Not necessarily. I mean, if it had struck  
11 an intermediary target. If he had been bending over,  
12 there's different -- many different scenarios.

13 Q Can you describe what you mean by "if he had  
14 been bending over"?

15 A If he had been bending over like this, the  
16 bullet could have traveled in an upward direction.

17 Q Okay. Maybe like leaning?

18 A Leaning, yes.

19 Q Okay. With his hip maybe closer to the  
20 shooter and his chest further away?

21 A Yes.

22 Q All right. Can you tell by looking at the  
23 entry wound -- or are you able to tell, generally,  
24 how close or far away a bullet was -- or a gun was  
25 fired from a person?

1           A       Yes. This is considered to be a distant  
2 range of fire. In other words, greater than 2 and a  
3 half to 3 feet, because there is no soot and there's  
4 no gunpowder stippling on the skin surface  
5 surrounding this entrance wound.

6           Q       So if it had been closer then 2 to 3 feet --  
7 if the victim would have been closer than 2 to 3 feet  
8 from the gun when the gun fired, would you expect it  
9 to look -- the entrance wound to look like it does in  
10 State's Exhibit No. 81?

11          A       No. You'd expect to see some gunpowder  
12 stippling, if definitely -- if it was within that 2  
13 and a half to 3 foot range. There would definitely  
14 be some kind of gunpowder residue on the skin  
15 surface.

16          Q       Okay. So what does this tell you in State's  
17 Exhibit No. 81, as far as the distance?

18          A       That it's a distant range of fire. So, he  
19 was standing at least 2 and a half to 3 feet away  
20 from the gun when he was shot.

21          Q       Okay. But as far as how far, anyway to tell  
22 that at all?

23          A       No. There's no way to tell. And beyond 3  
24 and a half -- beyond 3 feet there's no way to tell.

25          Q       Okay. And so this one that goes in near the

1 left hip, is that the bullet that was recovered?

2 A Yes.

3 Q And we've already looked here at State's  
4 Exhibit No. 94, it was recovered in the chest. I  
5 want to show you State's 93.

6 What is this?

7 A This is the photograph that I took of the  
8 bullet with the envelope containing the decedent's  
9 name and his identification number and the location  
10 that I recovered the bullet from. That is from the  
11 pectoralis muscles in this right upper chest.

12 Q And I want to show you the contents of  
13 State's Exhibit No. 95.

14 Is this the same -- do you recognize  
15 the same envelope and bullet --

16 A Yes.

17 Q As shown here on State's 93?

18 A Yes.

19 Q Now, is -- when you say "a bullet," is that  
20 something that's consistent with being fired from a  
21 firearm?

22 A Yes.

23 Q Do you have an opinion as to whether or not  
24 a firearm is a deadly weapon?

25 A Yes.

1 Q And after conducting -- or let me, I want to  
2 go back to the body diagram, State's Exhibit No. 78,  
3 page 2 of 3. You've indicated that there were  
4 additional bullet holes, other than the one that went  
5 into the left torso and that was recovered?

6 A Yes.

7 Q Were there any other bullet holes or bullets  
8 that were recovered, besides the one out of the right  
9 chest?

10 A No. The other two -- the other three wounds  
11 were just perforating -- well, two that were  
12 perforating and then the one graze wound. So, there  
13 were no projectiles recovered from those wounds.

14 MS. COOPER: Can I have one second,  
15 Your Honor?

16 THE COURT: Yes.

17 Q (BY MS. COOPER) Okay. Were there other -- I  
18 want to talk to you about the bullet wounds in his  
19 legs.

20 Can you talk to the members of the jury  
21 about another entrance wound that you observed in the  
22 defendant's legs?

23 A So he had an entrance wound on the inner  
24 right thigh, which I indicated as right medial thigh,  
25 that exited the front of the right thigh. And then

1 --

2 Q Let me show you State's Exhibit -- or can  
3 you point out that entrance wound to the jury on the  
4 diagram?

5 A Right there (indicating.) Sorry, I kind of  
6 covered both.

7 Q Okay.

8 A Sorry.

9 Q It's the one on the right?

10 A It's this one (indicating). That one.

11 Q If we go over to State's Exhibit No. 84, can  
12 you see that same bullet wound on the inside of the  
13 right thigh?

14 A Yes.

15 Q And State's Exhibit No. 85, which is a  
16 closer up view of it, how do you know that this is an  
17 entrance wound?

18 A Well, it's oval and it corresponds with the  
19 other wound. It's not got the typical circular  
20 entrance margin of abrasion, which again, could be  
21 some kind of intermediary target that the bullet  
22 struck before striking him. But it is an entrance  
23 wound, and it correlates with the exit on the front  
24 of the right thigh.

25 Q I want to show you State's Exhibit No. 82.

1                   What are we looking at here?

2           A       That's the front of his right thigh and  
3 there's an exit wound.

4           Q       I'm going to show you State's 83, which is  
5 that same exit wound, but it's a little bit closer  
6 up.

7                   And can you explain to the jury that --  
8 how you know this is an exit wound?

9           A       It's an exit wound because it's got an  
10 irregular shape to it. It doesn't have a margin of  
11 abrasion, which most entrance wounds have. And the  
12 skin is kind of pouching out. It's kind of going  
13 outward, and so I can tell -- I can tell that this  
14 was an exit wound.

15          Q       And if we go back to page 2 of 3 of the body  
16 diagram, State's Exhibit No. 78, does this one go  
17 kind of like, you know, it goes in the right thigh  
18 and then out above that diagonally?

19          A       Correct. It's going from back to front,  
20 left to right and upward.

21          Q       All right. And what -- how would that  
22 happen? If you can explain that.

23          A       It's an extremity shot, so there's a variety  
24 of positions he could have been in, because the  
25 extremities are freely mobile. So, he could have,



1 you know, been turning and gotten shot that way.

2                   It's hard for me to say the exact  
3 position that he was in when he was shot.

4       Q       Okay. All right. And then is there another  
5 entrance wound on his legs?

6       A       Yes. There's an entrance wound on the back  
7 of the left thigh.

8       Q       I want to show you State's Exhibit No. 89.  
9                   Can you see the entrance wound on the  
10 back of the left thigh?

11      A       Yes.

12      Q       All right. If we go to State's Exhibit No.  
13 91, can you see that entrance wound a little bit  
14 clearer?

15      A       Yes. And this wound looks a little more  
16 circular, so it's more typical of an entrance -- more  
17 of a -- more typical entrance wound that I usually am  
18 -- that I usually see.

19      Q       Did you track that bullet wound to an exit  
20 wound?

21      A       Yes.

22      Q       Where was that exit wound?

23      A       It exits on the front of the inner -- left  
24 inner thigh.

25      Q       And State's Exhibit No. 86, can you see that

1 exit wound?

2 A Yes.

3 Q I want to go to State's Exhibit 87, which is  
4 a closer shot of that?

5 A Yes.

6 Q And how can you tell that that's an exit  
7 wound?

8 A It's an exit wound because it's more  
9 irregularly shaped, almost star shaped and that's  
10 very typical for exit wounds.

11 Q Were any of these bullet wounds -- were you  
12 able to -- did you find any soot or stippling on any  
13 of them?

14 A No.

15 Q And then was there any other -- let me show  
16 you page 3 of 3 of the body diagram.

17 What are we looking at here?

18 A This is a photograph of the upper  
19 extremities. And I indicated that he had a graze  
20 wound on his right forearm in this body diagram.

21 Q What's a graze wound?

22 A A graze wound is a wound that does not  
23 actually penetrate. It just grazed the surface of  
24 the skin.

25 Q And can you see that here in State's Exhibit

1 No. 88?

2 A Yes.

3 Q All right. So with a graze wound, the  
4 bullet doesn't actually go inside?

5 A Correct.

6 Q Just like rubs against the skin?

7 A Correct.

8 Q Do you have any idea by looking at the graze  
9 wound in State's Exhibit 88, the direction or  
10 anything like that that the bullet was traveling in?

11 A I can't -- I'm not able to tell the  
12 direction on this -- on this particular wound. It's  
13 too superficial.

14 Q Okay. Any stippling or soot or anything  
15 that indicates how close or far away the shooter was?

16 A No. Again, this would considered distant,  
17 because there's no gunpowder or residue.

18 Q Was there a toxicology test run on the  
19 complainant in this case?

20 A Yes. I routinely collect blood and body  
21 fluids that are collected, and typically on homicide  
22 cases I request drugs of abuse and -- and alcohol to  
23 be done, which was done in this particular case.

24 Q And what's the purpose of that?

25 A Just -- it's part of our protocol to run

1 toxicology screens.

2 Q And I want to show you the -- page 1 of the  
3 toxicology report.

4 What are we looking at here?

5 A So you can see that in the femoral blood,  
6 he's got a phencyclidine level of greater than 50  
7 micrograms per liter. And then the other drugs that  
8 were tested for, including amphetamines, cocaine,  
9 methamphetamines were all negative, as well as the  
10 alcohols. Which is ethanol, methanol, isopropanol  
11 and acetone.

12 Q And as far as phencyclidine, is that what's  
13 commonly referred to as PCP?

14 A Yes.

15 Q And then State's Exhibit -- well, on the  
16 last page of State's Exhibit No. 78, we have another  
17 page that says, supplement to the lab report?

18 What is this?

19 A The -- this is a quantitation of the  
20 phencyclidine in the femoral blood. And just because  
21 -- the first report just said greater than 50  
22 micrograms per liter, so the laboratory went back to  
23 quantitate it, and it came back at 226 micrograms per  
24 liter.

25 Q And as far as toxicology and -- well, let me

1 ask you this: Did the PCP in the body weigh into or  
2 have any impact on the cause of death in this case?

3 A No.

4 Q Did you -- after you did your internal  
5 examination, your external examination of the body,  
6 did you form an opinion as to the cause of death in  
7 this case?

8 A Yes.

9 Q What was that opinion?

10 A That he died as a result of gunshot wounds  
11 of the left hip and the thighs.

12 Q When you were conducting your autopsy,  
13 specifically the internal examination, did you find  
14 any -- anything that indicated to you natural disease  
15 or any other reason that would cause his death?

16 A No. There were no other natural disease  
17 processes that I found.

18 Q Okay. And then as far as the gunshot  
19 wounds, you said that there were four.

20 Were all of them -- were all of the  
21 gunshot wounds fatal?

22 A No.

23 Q All right. Can you -- what do you mean by  
24 that? I'm showing you here the -- page 2 of 3 of the  
25 body diagram on State's Exhibit No. 78. The -- how

1 many of these were fatal gunshot wounds?

2 A The -- what I mean by that is the lethal  
3 gunshot wound was the one on the hip. Because that  
4 one went through the abdominal viscera and -- as well  
5 as the heart, and it caused extensive internal  
6 bleeding. Whereas the ones on the thighs, they did  
7 cause bleeding into the soft tissue, but they didn't  
8 directly injure any major vessel.

9 So in and of themselves, they were not  
10 fatal or lethal injuries. They would be survivable  
11 injuries. However, the injury to the hip, on the  
12 other hand, was not a survivable injury because it --  
13 it went directly through the heart, as well as the  
14 lungs, the liver and as I said, caused extensive  
15 internal bleeding.

16 Q And then did you form an opinion as to  
17 whether or not a deadly weapon was used in this case?

18 A Yes.

19 Q What was that?

20 A A gun.

21 Q Okay. And is -- that's a firearm, right?

22 A Yes.

23 Q Was there anything else that you did on the  
24 autopsy in this case?

25 A No. Other than the standard routine

1 protocols of collecting evidence and documenting  
2 everything photographically and -- as well as in  
3 written format.

4 Q Okay.

5 MS. COOPER: I pass the witness.

6 THE COURT: All right. Any questions?

7 **CROSS-EXAMINATION**

8 BY MR. MAYR:

9 Q Good afternoon, Dr. Lopez.

10 A Good afternoon.

11 Q What is phencyclidine.

12 A Phencyclidine is a drug of abuse.

13 Q Okay. Can you tell us more from a  
14 scientific standpoint what it is?

15 A Well, it's considered to be a dissociative  
16 drug. Meaning that it produces a dissociative  
17 anesthesia, such as the person is -- their perception  
18 of reality is maybe not accurate.

19 Q Okay. It has a substantial impairing effect  
20 on a person's normal functioning. Would you agree  
21 with that?

22 A It can, yes.

23 Q The quantity that you found it in this case,  
24 the 226 micrograms, do you have an opinion as to  
25 whether that is a high content, a low content?

1                   What -- do you have any opinions  
2 regarding the level of phencyclidine found in the  
3 complainant's body in this case?

4           A       Well, it would be a significantly high  
5 quantity of -- of the drug.

6           Q       And this might seem intuitive, but again,  
7 from a science standpoint, if a person has more  
8 phencyclidine than less, it's going to be more  
9 impairing; is that fair to say?

10          A       It's possible; however, the dose of this  
11 particular drug does not necessarily correlate with  
12 the behavioral effects.

13          Q       Okay.

14          A       So it's hard to say exactly how that person  
15 would be behaving. I think a lot of it would depend  
16 on their -- maybe possibly their prior usage, their  
17 prior dependence or tolerance to the drug. And it's  
18 hard to say exactly what their behavioral affects are  
19 going to be, based on that dosage.

20          Q       Okay. When we talk about prior effects,  
21 when you performed the autopsy, we think of terms of  
22 an alcoholic who drinks a lot is going to have  
23 cirrhosis of the liver.

24                   Is there something that you can see in  
25 your autopsy that shows continual or repeated use of



1 PCP in the complainant?

2 A No. It's not. It's not considered to be a  
3 drug like alcohol, like you say, where you could get  
4 cirrhosis. And it's not like methamphetamine use,  
5 where it causes a lot of decay in their teeth. It's  
6 not that type of drug. So I can't tell any --  
7 anything about his long-term usage of the drug, based  
8 on my autopsy findings.

9 Q Fair enough. Let me ask you this though, it  
10 is still, to your knowledge, a very dangerous illegal  
11 drug; is that right?

12 A Yes.

13 Q And would continual use of PCP, will that  
14 have any sort of negative consequences on a person's  
15 health?

16 MS. COOPER: I'm going to object to  
17 relevance, Judge.

18 MR. MAYR: Judge, she said --

19 THE COURT: Well, that's overruled.  
20 It's overruled. Go ahead.

21 Q (BY MR. MAYR) Would that have any effect or  
22 impact on the person's overall health?

23 A Not to my knowledge. I'm not exactly  
24 familiar with the long-term effects of PCP. It's not  
25 something -- I'm not a toxicologist, so it's not

1 something I'm familiar with.

2 Q And I was just going to get to that. You're  
3 just -- you're a medical examiner, but you have  
4 forensic toxicologists within the medical examiner's  
5 office, who are probably better qualified to talk  
6 about those types of effects?

7 A Correct.

8 Q Okay. Fair enough. In that case, thank you  
9 very much for your time, Dr. Lopez.

10 MR. MAYR: I have no further questions?

11 THE COURT: Anything else?

12 MS. COOPER: No, Your Honor.

13 THE COURT: All right. Thank you,  
14 Dr. Lopez.

15 THE WITNESS: Thank you.

16 THE COURT: Members of the jury, at  
17 this time we're going to take a lunch break for 45  
18 minutes, till 1:35. Let's see -- and we'll resume  
19 this trial. Both sides be ready, 1:35.

20 THE BAILIFF: All rise for the jury.

21 THE COURT: And remember the  
22 instructions I gave you. Don't discuss the case.  
23 Don't do any investigation.

24 (Jury exits courtroom.)

25 (Lunch recess taken.)

1 THE COURT: Both sides ready?

2 MR. MAYR: Yes.

3 MS. COOPER: Let me make sure --

4 (Discussion off the record.)

5 THE COURT: All right. Bring in the  
6 jury, please.

7 THE BAILIFF: All rise.

8 (Jury Panel enters courtroom.)

9 (Open court; defendant and jury panel  
10 present.)

11 THE COURT: Be seated, please.

12 What says the State?

13 MS. COOPER: State calls Officer  
14 Burrow.

15 THE COURT: Okay. I think he just  
16 stepped out of the hall.

17 (Pause in proceedings.)

18 THE BAILIFF: Your Honor, the witness  
19 has not been sworn.

20 THE COURT: All right.

21 Good afternoon, Officer Burrow. How  
22 are you doing?

23 THE WITNESS: Afternoon, Judge. How  
24 are you?

25 THE COURT: Real good.

1                   Raise your right hand, please.

2                   THE WITNESS: Yes, sir.

3                   (Witness sworn).

4                   THE WITNESS: I do, sir.

5                   THE COURT: All right. Feel free to  
6 adjust the chair and microphone. Were you able to  
7 complete your call you had to make?

8                   THE WITNESS: Yes, sir. Thank you.

9                   THE COURT: Okay. Answer as directly  
10 as you can, and you know about the Rule? The Rule  
11 has been invoked.

12                   THE WITNESS: Yes, sir.

13                   THE COURT: All right. You may  
14 proceed.

15                   **OFFICER MICHAEL BURROW,**

16 having been first duly sworn, testified as follows:

17                   **DIRECT EXAMINATION**

18 BY MS. COOPER:

19           Q       Can you introduce yourself to the members of  
20 the jury, please?

21           A       My name is Michael Burrow. I'm an  
22 investigator with the Houston Police Department  
23 homicide division.

24           Q       Can you tell the members of the jury about  
25 your -- your education?