that might have been evident on that?

A. Perhaps.

Q. Do you remember whether or not -- maybe it's in here in my memory -- but do you remember whether or not he had shoes on?

A. Yes, he had white athletic shoes on.

Q. Do you know whether or not they had a particular pattern on the bottom of those athletic shoes, or did you notice?

A. I don't recall. I know that they were photographed, but I don't remember what pattern they might have had.

MR. SCOTT: I'll pass the witness, your Honor.

MR. PENEGUY: No further questions.

THE COURT: Doctor, you are excused. Thank you so much for your testimony.

Call your next witness, please.

MR. PENEGUY: State calls Dr. Love.

(Witness sworn.)

THE COURT: From the State.

JENNIFER LOVE,

having been first duly sworn, testified as follows:

DIRECT EXAMINATION

BY MR. PENEGUY

Q. Please introduce yourself to the jury.
A. Hi. Yes. My name is Dr. Jennifer Love. I am the forensic anthropology director at the Harris County Institute of Forensic Sciences.
Q. How long have you worked there?
A. I've been there for nearly eight years, since September 2006.
Q. And can you tell us kind of about some of your background and training in your field before coming the Harris County Institute of Forensic Sciences?
A. Certainly. I received my undergraduate in anthropology from Pen State and my master's and PhD from the University of Tennessee in Knoxville. I then served as the forensic anthropologist at the Regional Forensic Center which is in Memphis, Tennessee, before coming to Harris County. I am certified by the American Board of Forensic anthropology.
Q. Can you kind of tell the jury what a forensic anthropologist does?
A. Certainly. So forensic anthropology is the application of physical anthropology to medical/legal cases. So essentially a physical anthropologist studies skeletal remains, studies the skeleton in

order to understand human variation. Also we study biomechanics of bones, looking at fracture patterns and so forth.

So forensic anthropology is simply taking the theories and methods developed through physical anthropology and applying them to medical/legal cases. So basically the anthropologists focus on the bone.

Q. As a forensic anthropologist, have you participated in examinations of bones on few or many occasions?

A. On many occasions. We get involved in two types of cases primarily. Primarily we get involved with full skeletal cases where it's the responsibility of the anthropologist to determine who the individual is as well as what trauma may have occurred around the time of death. But we also get involved in cases that are not decomposed. At the request of the pathologist, we will come in and look strictly at the bone.

Q. Have you testified before as an expert about forensic anthropology?

A. Yes, I have.

Q. On few or many occasions?

A. I would go with many. Approximately three

to four times a year on average.

Q. I'd like to talk to you about an autopsy performed by Dr. Chu, the assistant medical examiner at the institute, in reference to Medical/Legal Number 12-1681. Are you familiar with that case?

A. Yes, I am.

Q. Can you tell us the circumstances by which you became involved in that investigation?

A. Certainly. So this is a case in which this individual was not skeletonized. So this is a case in which the pathologist was performing a standard autopsy and noted extensive bone trauma. So the pathologist then requested that I come in to consult and to do -- to look at the bones specifically to analyze the trauma and determine potential causes for that bone trauma.

MR. PENEGUY: Judge, may I approach the witness?

THE COURT: You may.

Q. *(MR. PENEGUY)* I'm going to show you what has already been admitted in evidence as State's Exhibit Number 154. Are you familiar with this document?

A. I am.

Q. Okay. It also contains additional

reporting in regards to anthropology consultation. Did you prepare that document?

A. I did, yes.

Q. Okay. And there are certain diagrams in regards to this?

A. Uh-huh.

Q. Did you prepare these diagrams?

A. I did, yes.

Q. And is that part of your research in regards to this case?

A. Absolutely, yes.

Q. Dr. Love, I would like to go through portions of your report. Can you specifically tell us for starters -- again this is State's Exhibit Number 154. ML Number 12-1681; is that correct?

A. That's correct.

Q. That's the body of Baron Armstrong?

A. Yes.

Q. In your report, does it carry the same medical/legal number?

A. It does.

Q. And does it detail the same individual and the pathologist that was involved in their autopsy?

A. That's correct.

Q. Here do you talk about the injuries in

detail?

A. Yes. So the first paragraph on my report that you are showing is basically a chain of custody and it's telling what I did. So what I did in this case, there are really three areas of the body that Dr. Chu requested a consult on. One was of the skull, and then of the structures of the neck, and then of three ribs. So the fracture pattern of the skull, I examined that in the autopsy suite. I diagrammed what I saw. I photographed it and did all that in the autopsy suite.

Now, the structures of the neck and the three ribs that were fractured, I actually took those out of the body. I then processed them so I could look directly at the bone. So the neck structures, there is bone, the hyoid bone, and then there's the thyroid cartilage and the cricoid cartilage.

Q. Did you collect those in regards to evidence in this case?

A. I did. Now, the bone, the hyoid bone in the neck, and ribs that I took from the body, I processed those through a chemical processing so that I could get down to the bone and examine the bone.

The thyroid cartilage, because it's

cartilage, I had to fix in formalin. Then I process that manually by taking off the extra tissue so I can look at the structure.

So basically this first paragraph is just detailing what I did in the autopsy suite, what specimens I took from the body, and how I processed them to prepare them for analysis.

Q. In regards to the actual analysis that you conducted, starting with the portion that you did in the autopsy suite, did you document in detail some of your findings on a diagram?

A. Yes. Yes, I did. As I was looking at the decedent, I diagrammed the fractures that I saw and I also had them photographed.

Q. Okay. Is this one of the sections that you diagrammed in this case?

A. Yes. So these are my bench notes. So basically this is just a diagram of a skull which I then used so that I could outline where the fractures are. So on this you see very heavy lines. Those are my lines that are showing where the fracture is versus these lighter lines are actually the skull, image of the skull.

Q. And when you're talking about these bones, are there lots of separate bones that encompass what

we would traditionally call someone's skull?

A. Right. Right. Yes. So many -- your skull is actually made up of many bones that then are joined. These are not moveable joints, but there are several joints. So yes, we have many bones that make up our face as well as our neuro cranium or the -- this part of the skull. And those lines are showing the joints between the various bones.

Q. So some of the joints are fused together, I guess?

A. They fuse with age. So on a child they would be open. An elderly individual you can get complete fusion.

Q. When you're talking about your dark lines that you've drawn, do those reflect what we would call fresh injuries?

A. Right. So those dark lines are the fractures that I am seeing during the autopsy.

Q. When you looked at the bone structure in the skull, did you note any signs of healing?

A. No. No. All of these -- from a gross standpoint, all of this was acute. So all of it occurred at or around the time of death.

Q. In regards to your examination of the bones of the head, what we call the skull, can you detail

for the jury the injuries that you were able to detect, the actual bone structure?

A. Sure. So what I'm seeing in this case is I'm seeing several areas where I have concentration of fractures. So, I'm seeing focal areas of fracture. And what that indicates is that indicates a point of contact between the bone and some sort of instrument. So basically what I have here -- and it's circled on the diagram so I think that you can see it. You see where there's a circle and then there's an "A"? Right here is the "A." Okay. That's one focal area of trauma. So that would be an impact site.

Additionally there is a "B" here. And that's looking at all of that right there under the eye. Again, that is another focal site.

Then we see around the teeth here is the letter "C." And the teeth where I have hashmarks, they were actually above. So they are outside of their socket. They're another impact site.

And then we can see on the cheeks, both side of the cheeks, here and here, we can see that the check bone is actually fractured, not only in the front but on the sides. And that would be

additional strikes to the face.

The mandible is broken in the midline as well as on both sides. That could be from a single impact or that could be from as many as three impacts.

Q. When you're looking at the bones and the injuries caused here, these types of injuries to different surfaces were different, I guess, planes of the face and the skull, are they consistent with somebody falling on the ground?

A. No. No. We're seeing fractures coming from various planes. If an individual falls perhaps on one side of the face where you have a bony prominence, you can fracture that. But to fracture the bone prominence from one side, the bony prominence from another side, as well as areas that are not bony prominences, such as the bridge of your nose and then your teeth, that is several separate impacts.

Q. Looking at the impacts that you studied, can you tell us anything about the size of the -- the focal of the object or the striking object?

A. So with this type of fracture not only did I see fractures or focal areas of fractures but actually the fragments of bones were depressed into

the face. So here as well as here *(indicating).* That indicates an object of a relatively small surface area.

Q. When you are referring to your -- when you're diagramming for the jury there, you are talking about what areas? What part of the body?

A. The bridge of the nose as well as well the cheek here right next to the nose. So here at "A" and "C" on my diagram, *(indicating)* where I've inadvertently put an arrow, those areas there was actually bone embedded into the skull. So it was not only highly fractured but was depressed inward. So that shows me it's going to be something with a relatively small surface area.

Q. Can you tell us anything about the degree of force used to do that damage in those focal areas?

A. You know, that's something that really is difficult to define how much force it would take. It's certainly above normal daily activity. You don't bump yourself on the table and get this sort of fracture. It's an extensive amount of force.

Q. Is it consistent with blunt force trauma?

A. It is, yes.

Q. And blunt force trauma can mean anything, I guess, from a hand to --

A. That's correct.
Q. It could also be an object, like a bat or a hammer?
A. That's correct, yes.
Q. In regards to the structures of the head or the bones of the head, are you able to tell us exactly how many times the person was struck with a blunt object?
A. What I can do from the bones is I can estimate a minimum number of times. Because, you know, a strike may not fracture the bone. An impact also may occur at the same place. So you may have impacts overlying each other. So I can give a minimum count. Not a maximum. Not a definite count.
Q. So it's not even an approximate count; it's just a baseline minimum?
A. It's a baseline minimum, yes.
Q. For the structures of Mr. Armstrong's head, what was the minimum baseline that you were able to determine for blunt injuries?
A. I felt that the fracture probably was consistent with a minimum of five impacts to the face.
Q. The next several diagrams, do they talk or do they show some additional diagrams, additional

diagrams of the structures of Mr. Armstrong's head?

A. Right. So this is just showing the two lateral views of the skull. So the fractures of the cheekbones actually had a more lateral orientation. So this clearly shows where they were located.

Q. And when we're talking about lateral, what do we mean?

A. The sides. The sides of the skull.

This is the base of the skull. So if you cut open the top of the skull and remove the brain, now you're looking down onto the surface of the skull. So this area up here, that's the roof of your eye orbit. Okay? This area here, that sits at your nose.

So basically we have a few fractures over the right orbit. Most likely these are a result of the impact to the face. This is thin bone. If you fracture the facial features, often that fracture will run into the base of the skull. So that's what we're seeing here.

Q. You talked about removing certain parts of the body and bringing them to your lab to do additional processing; is that fair?

A. That's correct, yes.

Q. You did that with some of the fractures of

the neck as well as structures of the face?

A. That's correct.

Q. As part of your diagram that you've attached as part of your examination, what parts do you diagram next?

A. I'm sorry? What part did I?

Q. What part do you diagram next?

A. My next diagram, which is Diagram Number 5 of 7, is of the ribs.

Q. And is that what we're showing?

A. That's correct. So just to get you oriented, what you're seeing here is you're seeing the ribcage. On the right side of the diagram is actually the left ribcage if you were looking at it from the side. In the center, that's going to be the front of the chest. And then away from the center at the edges, that's actually going to be the back of the chest. So if you slice in half and then lay it flat on a piece of paper, that's what you're looking at here.

Q. Does the diagram attempt to kind of show a three dimensional view of the ribcage?

A. It does, yes.

Q. When we're talking about injury to the ribs and the type of processing that you did with the

bones, what type of injuries did you document here?

A. So what happened was during the autopsy when I was looking into the ribcage I noticed that three ribs were fractured. This was rib Number 1 and 4 on the left and rib Number 7 on the right. So because those were the only ribs that were fractured, those were the only ribs that I took from the individual. I processed them, and then I reconstructed them because they were actually broken into several pieces.

What I've done here is I've diagrammed where the fractures are on the body and sort of how the fractures ran, to the best of my ability.

So you see on the right side of the -- you see here --

Q. Let's start here. Can you show us the left rib Number 1?

A. Okay. That's going to be there. *(Indicating.)*

Q. Okay. And did you examine the bony structure of left rib Number 1?

A. I did, yes.

Q. And if it's your body, can you kind of show us where left rib Number 1 is?

A. Right here, up high right under your

clavicle.

Q. Okay. And so is there a bone to get past to get to the left rib Number 1?

A. Yes. So it's sort of -- it's sort of in a more protective area because in the front you have your collar bone, or clavicle. And in the back you have your scapula, which is that blade, your shoulder blade in the back. So it does sit in more of a protected position.

Q. Okay. Can you talk or describe the injury to left rib Number 1?

A. Yes. So the bone is completely fractured. And actually if you look right here, I've hand drawn the rib if you were looking at it from a birdseye view.

Q. Is that in the top right corner of that diagram at the bottom?

A. Yes. Yes, it is.

The way that the rib is fractured, it tells me a bit about what the force is, how the force is being applied to the rib. And in this, when I looked at it, the type of fracture and the location was consistent with an anterior to posterior, so a front to back impact, and superior to inferior. So sort of coming towards the body -- towards the

shoulder from the front and then sort of downward and it's striking that bone.

Q. Now, when you're looking at all of these injuries to the chest, injuries to the head, do you know anything about the positioning of the decedent at the time that he received these injuries?

A. I don't. No.

Q. Is it possible that injuries can come from different angles?

A. Right. Right. Now that I can tell from where the fractures are occurring. So we have a fracture on rib Number 1 that is sort of to the front. Then we have a fracture on the same side on rib Number 4 which is also towards the front towards the back and kind of down to up. Then we have another fracture which is on right rib Number 7 which is more to the axial line kind of in line with the armpits right in the back. It's coming, you know, from left to right. So we're having four separate impacts to the rib. And we have two that are front to back on the left side. One is more up to down. One is more down to up. And then on the right side we have one that's coming from right to left and that's more towards the back, kind of that midline to back position on the ribs.

Q. Are these consistent with a number of different blows?

A. Yes. Because they're individual fractures, they indicate that we're looking at individual blows.

Q. So when we're talking about the head, you told us about the minimum baseline. When we're talking about the ribcage here, were you able to kind of come up with what would be a minimum baseline for the fractures?

A. So these three fractures would be consistent with three separate impact sites.

Q. Now, are they consistent with blunt force trauma?

A. Yes, they are.

Q. Could they be hitting with an object? Would they also be potentially consistent with being kicked in the ribs?

A. Yes. What we're -- because we're seeing individual single bone fractures, what that tells me is again we're thinking of an -- it's consistent with an object of relatively small surface area. When people fall, especially elderly individuals who have poor bone quality, they do fall and break their ribs. And they're striking, typically, a floor, a large flat surface. And when it occurs, we see several

ribs fracture in a line. They line up. Several ribs are involved. And that's that flat surface hitting against -- the bone hitting against the large surface.

Here we have single fractures that are not serial, you know, they're at different places in the body. So that indicates that we're looking at separate impacts with an open object that's relatively small. So it's involving only one rib and not the neighboring ribs.

Q. Minimum baseline on this, how many?

A. Three.

Q. When you're examining the structures in your laboratory, and you talked about tissues in portions of Mr. Armstrong's neck, what can you tell us about the injuries to Mr. Armstrong's neck?

A. Okay. As I stated, I took the hyoid bone and then the thyroid cartilage and cricoid cartilage. So your hyoid bone sits up high, almost near the end of your jawline. Your thyroid cartilage is your Adam's apple. And then your cricoid cartilage just sits right underneath it. So this diagram shown here is the thyroid cartilage, and then this small bump underneath it is the cricoid cartilage. And again we have several fractures. The thyroid cartilage is

fractured at both horns, here and here.

And then it's also fractured in the midline here.

The cricoid structure is fractured here completely.

And then there's an incomplete fracture on this side.

So this is structure is actually sort of cupped as it sits in your neck. So this really indicates that the structure has been crushed.

Q. Okay. Is that consistent with blunt force trauma as well?

A. It is, yes.

Q. In regards to that strike in the neck, blunt force trauma to the neck, were you able to give -- you talk about different areas, were you able the kind of give a minimum number of blows to the surface?

A. To be honest, this could all be done with a single impact.

And then the hyoid, which I didn't, was also fractured, which is the next diagram -- or the previous diagram, six of seven.

So this is the hyoid bone. And you can see it was fractured again on the left side,

which is the right side of the diagram. And I have shown that bone had been forced in at that tract aerosat and that's what I've drawn here. So all those structures that I took of the neck are fractured.

Q. In regards to being able to talk through some of the injuries, there are certain things that you can tell us that are drawn but there are also some things that you really can't tell us about the injuries.

A. Certainly.

Q. Are you able to kind of give us a sequence of injuries?

A. In this case I cannot give a sequence of injuries. The injuries to the ribcage, to the rib, the only -- in order for me to see sequence fractures, fractures must communicate. So when I have a fracture of various ribs, I can't sequence them.

In a skull when a fracture is present, a second fracture will stop at the previous fracture. So at times we can sequence the fractures based on the skull pattern. However, in this situation the fractures were so complex and some of them did not communicate -- so the fracture in the middle of the

face did not communicate with the fractures to the side to the cheekbones-- so I cannot sequence the injuries, no.

Q. In regards to the remainder of Mr. Armstrong's skeleton, did you conduct any analysis on the bones of his arms or legs or hands?

A. No. In this case I was restricted to what Dr. Chu had requested. In order to examine the other bones, it requires making additional cuts on the body that was not deemed necessary. So I only looked at the skull, the neck, and the ribcage in this individual.

MR. PENEGUY: Judge, I pass the witness.

THE COURT: Mr. Scott.

CROSS-EXAMINATION

Q. *(BY MR. SCOTT)* Ms. Love, in relation to the process, I gather you are telling us that you're physically in the room with Dr. Chu at least during part of this process; is that accurate?

A. That's correct, yes.

Q. And I guess the way that works is he's going through his autopsy, he starts seeing things, in some way he communicates to you, and you come on in and you and Dr. Chu then would, I gather,

generally speaking, proceed together, you're answering some questions, but he's also going about his work, too, right?

A. That's correct, yes.

Q. All right. And the questions that you were dealing with is not cause of death or anything like that?

A. That's correct, sir.

Q. That's his job.

A. That's correct.

Q. So the medical doctor would go in and examine the parts of the body, the brain and all the things that we've heard here today; but you would be dealing strictly with the bone and the structure of the bone; is that accurate?

A. That's correct, yes.

Q. So the bone then, of course, has to be exposed for you to be able to analyze say these fractures that you pointed out on the exhibit, correct?

A. That's correct.

Q. All right. And I'm assuming that is just the way it happened in relation to this case, correct?

A. Correct.

Q. Now, there are multiple fractures to the skull, correct?
A. Correct.
Q. And those multiple fractures, at least from what I remember you talking about, seem to have been evident on the front portion of the skull; is that correct?
A. That's correct, yes.
Q. As far as the back, you called it something else I remember.
A. Right. Right.
Q. I call it the back of the skull. There were no fractures; is that correct?
A. That is correct.
Q. All right. Now, I know everything is relative, but you used the phrase a small object. I can't remember when you said it, either about the ribs. I know you said it about the ribs, but I can't remember it about the skull. A small object such as?
A. Okay. So a large object would be like striking the floor. That would be a large surface area. A small object could be anything from the width of let's say a golf club, you know, something very thin, but it could be thicker. I mean, even a baseball bat, I would say that that is a relatively

small surface area.

Q. So some of these injuries then could in fact -- could be struck with a blunt object?

A. Uh-huh.

Q. And when you talk about the size of the object, you're referring to the diameter or the surface area that actually comes in contact with the flesh we see having the effect of the fracture underneath, correct?

A. Correct. Absolutely. It's that surface area that is actually coming in contact with the skin. Yes.

Q. Did you notice -- as far as the injuries to the left and right side of the skull, did you notice blunt trauma on the exterior of the skull before you determined that there had been fracture in those areas?

A. I'm a little bit confused. So the way I knew there was blunt trauma was because the fractures were present. Are you -- so are you referring to the soft tissue?

Q. Yes, ma'am. Soft tissue.

A. Okay. So that would be something for Dr. Chu. When I came in, the soft tissue had already been removed. So I'm looking directly at the bone.

Q. Okay. All right. Now, when a skull hits a flat surface, could it hit the flat surface with enough impact to do damage in more areas than just the point of impact?

A. We see fractures occur at the point of impact. Now, there are some times when we can see a fracture away from the point of impact, for example, most likely with the jaw. When we see someone impacted on one side of the jaw, based on the fact that it's a U, we do see indirect fractures at other locations of the jaw. So it can happen with some elements. Others such as with the cheek, if we see a fracture of the cheekbone, it's because there was an impact at the cheekbone.

Q. So in relation to the diagram that we have as to the frontal picture of the skull, if in fact Mr. Armstrong had gone face down onto the floor with enough force then to shatter his -- break his jaw and have it also, more breaks where the jawbone and that -- they would be jammed back up into the rest of the skull?

A. From a fall, that sort of pattern is unlikely. So if you fall straight onto your chin and you do in fact fracture your chin, we would expect to see a midline fracture.

Q. That is consistent with this?
A. Right. Right. We do have a midline fracture here.
Q. Okay.
A. So -- but now that right there -- now, if you are falling here, we do not expect then to get a depressed fracture here, a depressed fracture here, and then two separate fractures that are involving both sides of the cheekbone. So a fall here, something midline, but not depressed here, depressed here, and then these two prominent.
Q. If a person fell, though, and they actually hit flat face down, not at the point of the chin --
A. Okay. So now we're going like this.
Q. We're standing upright and we just go down like that. *(Indicating.)*
A. Uh-huh.
Q. Flat on our face -- happened to me many times. Flat on our face into the ground, right? Could that radiate not only through the break in the jaw, which would be directly flat on the ground, that would expand that bone, either break it in or out, whichever might be the situation, be radiated up that jawbone to where it comes to a stopping point, whatever might stop it, and radiate the fracture or

additional fractures up into that area?

A. When I see people who do a full face plant -- and we do see people that come fully -- the type of fracture that is most common is a simple fracture of the nasal bone. The rule of thumb is simple fall, simple fracture. Okay? People fall backwards and smack their head and do fracture their skull. Again, a very similar linear fracture.

When you get a more complex fracture, not only complex but you're getting bone depressed into the skull, that is more of a direct impact with a smaller implement, not falling simply onto a flat surface.

Q. Now, at least minimally speaking, what you're talking about, I guess we can debate that number of shots to the face, but we're certainly confident in saying, I think, that there would have been three separate strikes to the ribcage, right?

A. That's correct.

Q. Okay. And those things were individual strikes, correct?

A. Correct, because of the focal fractures and the different locations through the ribcage, yes, sir.

Q. That also confused me. Not the number or

whatever. But when you talk about the ribcage and the picture we've got here that was shown, I kind of got lost in the explanation, I guess. Is that one side of the ribcage, or is that both left and right? I've got it left and right. But I couldn't tell if it was one ribcage cut in half and then flattened out like you said --

A. Yeah.

Q. -- or if it was two ribcages cut or whatever it was.

A. This is showing one person's ribcage. So because the ribs are rounded, right, they wrap around.

Q. They go all the way around your body?

A. Well, no --

Q. Or basically?

A. Right. In the back you have your vertebrae.

Q. Right.

A. And so the rib attaches to the vertebra in the back. Then anterior the rib comes around and you have your breast plate, your sternum. So between the sternum and the rib is cartilage. Okay? So you have bone, cartilage, and then the breast plate. So basically this is showing you the ribs coming around,

the attaching cartilage, and then that sternum. So you cut right through the breast plate. And then so it's one person's ribcage.

Q. Okay. So -- all right. Wherever it was, Number 5 of 7, that would be both sides of the ribcage, left and right complete?

A. Right.

Q. The sternum and that has been removed and there's no backbone shown in there.

A. Right. That's perfect, yes.

Q. All right. Did you notice any damage to the collar bone that was close to proximity of the Number 1 rib?

A. I did not. No. I did not take it and process it. However, there was no grossly obvious fracture. Could there have been an incomplete fracture there that I did not see, it's possible. But it wasn't a displaced fracture like that.

Q. Do you form an opinion based upon your examination -- I know you said that you can't sequence the injuries, correct?

A. That's correct.

Q. Were you able to do anything with debilitating injuries based upon your examination?

A. That's outside my area of expertise.

That's a question for Dr. Chu.

MR. SCOTT: I pass the witness, your Honor.

MR. PENEGUY: No further questions from the State, Judge.

THE COURT: Thank you so much for your testimony. You're excused.

Let's take a five, 10-minute break at the most.

(Jury leaves courtroom.)

(Recess taken.)

THE COURT: Bring the jury out.

(Jury enters courtroom)

THE COURT: State, your next witness, please.

MR. PENEGUY: Judge, the State of Texas rests.

THE COURT: The State of Texas has just rested. If you will go with the bailiff back to the jury room, I'll have you back out extremely quickly.

(Jury leaves courtroom.)

THE COURT: You may be seated. Thank you.

Mr. Scott, do you have something you