

Case: State of Missouri v. Darren Wilson

Transcript of: Grand Jury

Date: September 9, 2014

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STATE OF MISSOURI

VS.

DARREN WILSON

GRAND JURY

SEPTEMBER 9, 2014

VOLUME III

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1 IN THE CIRCUIT COURT OF ST. LOUIS COUNTY

2 STATE OF MISSOURI

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4 STATE OF MISSOURI

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7 vs.

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9 DARREN WILSON

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12 The following is a hearing before the Grand
13 Jury of St. Louis County, at the offices of St.
14 Louis County Prosecuting Attorney's Office, 100
15 South Central Avenue, in the City of Clayton, State
16 of Missouri, on the 9th day of September, 2014,
17 before

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1 APPEARANCES OF COUNSEL:

2

3 FOR THE STATE:

4 Ms. Kathi Alizadeh & Ms. Sheila Whirley

5 Assistant Prosecuting Attorneys for St. Louis

6 County

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1 GRAND JURY HEARING

2 MS. ALIZADEH: Good afternoon. For the
3 record, I'm Kathi Alizadeh with the Prosecutor's
4 Office. Also present is Sheila Whirley with the
5 Prosecutor's Office, and all 12 jurors are present
6 today and as well as the court reporter who is
7 taking down everything that's being said as well as
8 audio recording the proceedings that are going on
9 this afternoon.

10 As you can tell, we've kind of rearranged.
11 We're trying to figure out how to best work the room
12 with the equipment that we have.

13 As you can see this screen kind of moves.
14 Do you see the wind, the air blowing on it? It is
15 blowing on the screen, but not on you,
16 unfortunately. So we're going to try this out.

17 If this is too annoying, we'll next time
18 try something else out, but this is a bigger screen
19 and we thought maybe it would be easier for
20 everybody to see it. If everybody gets car sick
21 because pictures are kind of wiggling on there, we
22 will figure something out.

23 Also, and we have some additional fans,
24 I'm going to try to bring another fan in tomorrow to
25 make it a little more comfortable. I'm doing the

1 best I can as far as the heating and cooling.

2 So my understanding that you all are going
3 to be able to be seated today from 1:00 to 5:00; is
4 that correct? And so for today we've scheduled two
5 witnesses. The first witness is here and it will be
6 another crime scene detective.

7 His name is Detective

8 And then the second witness that's
9 going to testify is the medical examiner who
10 conducted the autopsy, his name is Dr. and
11 because of his schedule, I'm going to tell ,
12 Dr. probably isn't going to be here until
13 two, he's going to get here as soon as he can.

14 If we're not done with Detective ,
15 we are just going to interrupt his testimony because
16 he can very easily come back on another day. It is
17 hard for me to get the doctor here. He is going to
18 be going out of town, so we might have to interrupt
19 Detective and bring him back to finish up
20 with whatever questions or additional we have with
21 him, okay?

22 So with that being said.

23

24

25

1 What do you do, what department do
2 you work for?

3 **A** For the past 22 years I've been with St.
4 Louis County Police Department.

5 **Q** And currently, what is your job assignment
6 with the St. Louis County Police Department?

7 **A** For the past 14 years I'm a crime scene
8 detective.

9 **Q** Now, we've already heard from a Detective
10 about what crime scene detectives do. Would
11 that be similar to what you do with your job
12 responsibilities?

13 **A** Yes.

14 **Q** Are you a training officer for crime scene
15 detectives?

16 **A** Yes, both in division patrol and also the
17 crime scene unit. For the past 27 years, I've been
18 a field training instructor.

19 I also teach the basic and advance
20 crime scene schools at our police academy and I also
21 lecture at four area schools and universities.

22 **Q** And is there a board certification for
23 crime scene investigators?

24 **A** Yes, I hold currently the highest
25 certification level that's possible through the

1 International Association of Identification. I'm a
2 Board Certified Senior Crime Scene Analyst.

3 Q Were you working then as a crime scene
4 investigator for St. Louis County on August 9th of
5 this year?

6 A I was.

7 Q And did you receive a call sometime in the
8 early afternoon of that day to respond regarding a
9 police involved shooting?

10 A I did.

11 Q About what time did you get that call?

12 A Uh, about 1:00 p.m. I was notified at home
13 by my supervisor to respond to our office, which is
14 in north county, to retrieve a crime scene van and
15 then contact one of our crimes against person
16 detectives at Christian Northwest Hospital.

17 Q So did you go from your home to the office
18 to pick up a crime scene van?

19 A I did.

20 Q Now, we've also heard Detective talk
21 about his crime scene van, were you in your
22 separation van?

23 A Yes, ma'am.

24 Q And is your van outfitted or equipped with
25 basically the same things that Detective van

1 would have been equipped with?

2 **A** Exactly the same thing, yes.

3 **Q** And so about what time did you arrive at
4 your office in north county?

5 **A** Probably about 2:00 p.m.

6 **Q** And then after retrieving the crime scene
7 van, did you go directly to Christian Northwest?

8 **A** I did, I arrived about 2:20 p.m.

9 **Q** And did you make contact with a detective,
10 now you say crimes against person, are you all
11 familiar with the bureau in St. Louis County? The
12 detective bureau is divided up into separate
13 distinct units, crimes against persons is a unit
14 that deals with, obviously, crimes against persons,
15 but it would be homicides, assaults, rapes and so
16 forth.

17 So Detective when you got to
18 the hospital, who did you contact?

19 **A** One of our detectives by the name of

20

21 **Q**

22 **A** I'm sorry, Mr. Wilson was
23 there, the assist chief of Ferguson Police
24 Department and an attorney for the paternal order of
25 police for Mr. Wilson.

1 **A** He gave me an overview, yes.

2 **Q** What did you understand your role was in
3 responding to Christian Northwest Hospital?

4 **A** Based on the information that I received,
5 I was to document visible injuries or complaint
6 sites of injury on Darren Wilson. We were to
7 document his clothing. I was going to seize his
8 clothing and also the weapon that he carried that
9 day.

10 At some point in time I was also
11 tasked with the processing of the Ferguson police
12 vehicle, which was a fully marked Tahoe.

13 **Q** So, Detective you said you were
14 also then tasked with processing the vehicle, the
15 fully marked Ferguson police car, which was a
16 ?

17 **A** Tahoe.

18 **Q** Tahoe, okay. And so about what time did
19 you arrive at the hospital?

20 **A** 2:20 p.m.

21 **Q** And where was Darren Wilson?

22 **A** He was in the ER room.

23 **Q** And did you have a conversation, did you
24 introduce yourself to him?

25 **A** Of course.

1 **Q** Were you dressed similarly to how you are
2 today?

3 **A** No, ma'am. I was in my normal daily
4 uniform, which consist of a polo shirt and what we
5 refer to as BTU pants, they are cargo. The rest of
6 my accouterments, department issue badge, obviously
7 my side arm, handcuffs, magazine holder, and then on
8 the polo shirt itself it is marked St. Louis County
9 Police Department with our badge, Crimes Against
10 Unit and on the back is pretty much glow in the dark
11 letters that says St. Louis County Police
12 Department.

13 **Q** Have you met Darren Wilson before this
14 date?

15 **A** No, ma'am.

16 **Q** And so when you saw him in the emergency
17 room, how was he dressed?

18 **A** He had his department issued Navy blue
19 uniform pants on, his boots, but he was wearing a
20 T-shirt. He was not carrying a sidearm or his duty
21 leather and he did not have his uniform shirt on.

22 **Q** Did you tell him what you were there for?

23 **A** Yes, ma'am.

24 **Q** And did you ask him any questions that
25 would assist you in knowing what to photograph?

1 **A** I asked him what areas hurt other than
2 what I was seeing. He went through several sites
3 that he complained of injuries. I retrieved the ER
4 charge nurse to make sure that I wasn't missing
5 anything as far as the ER staff doing their initial
6 assessment of Darren Wilson.

7 **Q** So you spoke with the charge nurse, do you
8 recall his name?

9 **A** No, I do not.

10 **Q** Did he indicate to you that there were
11 additional injuries that you did not assess or not
12 see?

13 **A** No, we walked through with Darren Wilson
14 his injury complaint sites, consisting of mainly his
15 facial area, the back of his neck and he said his
16 head hurt.

17 **Q** Did you photograph the areas that he
18 indicated hurt?

19 **A** I did.

20 **Q** Now, we also heard Detective
21 yesterday, not yesterday, I keep saying yesterday,
22 previously, about when he photographs crime scenes,
23 are you all instructed similarly that you would
24 have, I guess, a procedure that you follow in how
25 you do photographs?

1 **A** Correct. There's a standard format that
2 we teach in the crime scene school and we also teach
3 during our field training program.

4 There's a normal sequencing event. In
5 this case you take overall pictures, you take what's
6 called midrange pictures to tie in that location to
7 something else that's recognizable, you will take a
8 specific image and in these kind of circumstances
9 you'll also put a measuring device or a scale in
10 your information to give you an idea of how large
11 this area is or how small this area is.

12 **Q** Did you do that when you were
13 photographing the injuries on Darren Wilson?

14 **A** I did.

15 **Q** And then after you completed all of your
16 investigation in this case, did you remove the
17 memory card from your camera?

18 **A** I did.

19 **Q** And did you have those, I can't remember,
20 do you burn it onto a desk or do you take the memory
21 card to the lab?

22 **A** No, the memory card is placed in, in the
23 old days referred to as a film envelope, and then
24 that was hand carried by myself to our photo lab.
25 The photo lab will download the original images from

1 the media card onto a disc and then after that's
2 completed, on homicide cases, officer involved
3 shootings and other cases of note, they will print
4 the photo lab, meaning they, will print 8 X 10
5 photographs. This was done in this case.

6 I will respond back to the photo lab,
7 those images are reviewed by me and then they are
8 stamped with official photographs and for the
9 prosecuting attorney's set. I will circle the image
10 number on the back of the 8 X 10s and put my
11 initials and DSN on the back of them.

12 Q All right. Did you do that in this case?

13 A I did.

14 Q When you examined the photographs after
15 the lab had printed them out, did the lab print each
16 and every image that you had snapped during your
17 investigation?

18 A They did.

19 Q So there is no images that you deleted
20 from the camera or images that might have been
21 developed that you discarded?

22 A Absolutely not.

23 Q Do you in any way crop these photographs?

24 A Absolutely not.

25 Q Do you in any way edit them or use a

1 filter when you are photographing or change or
2 enhance color?

3 **A** No, ma'am.

4 **Q** Do you recall how many photographs you
5 took in this case?

6 **A** I believe around 50.

7 (Deposition Exhibit Number 10
8 marked for identification.)

9 **Q** (By Ms. Alizadeh) I'm going to hand you
10 what I have marked as Grand Jury Exhibit 10. Did
11 you and I get this envelope yesterday, did you
12 recognize this from my office yesterday?

13 **A** We did. When I stamp these photographs, I
14 fill out the front of this with a header information
15 as far as date, complaint number, what type of
16 incident it is, and in this scenario since I went to
17 three different locations, those three different
18 locations are also marked on front of the envelope.

19 In addition to that, I put my
20 information on there as far as crime scene unit,
21 Detective my DSN.

22 We also stamp in front, which matches
23 what's on the back of the photographs so it is
24 marked official photograph. And as far as the
25 dissemination, in this case this was marked PA,

1 standing for the prosecuting attorney's office.

2 **Q** All right. And I want you to remove the
3 photographs that are inside Grand Jury Exhibit 10.
4 And just briefly leaf through them. Do those appear
5 to be the photographs that you took during your
6 investigation of this case?

7 **A** They are.

8 **Q** And do they, each photograph bear your
9 markings where you stamp them as an official
10 photograph and you circle the image number and place
11 your initials there?

12 **A** Yes, ma'am. It is reflected here.

13 **Q** Okay. Can you tell me what the last
14 photograph that is in that stack is numbered?

15 **A** Number 50.

16 **Q** Okay. So you have 50 photographs in your
17 hand there?

18 **A** Yes, ma'am.

19 **Q** And so for the sake of ease, if you want
20 to sit in that chair right there, and I will have
21 you one by one we're going to go through each
22 photograph and you are going to describe what is
23 depicted in that photograph. So this is Image
24 Number 1, correct?

25 **A** It is.

1 **Q** We already have testimony from Detective
2 about the placard that is photographed, is
3 that your habit to do that as well?

4 **A** Every time, yes, ma'am.

5 **Q** And that contains the date that the
6 photograph, what date, is that the date of the
7 incident always or the date that the photographs are
8 being taken?

9 **A** Usually both. If I respond to a scene to
10 photograph that, if it is the original scene, at
11 this point it was, then the original date here.

12 Now, if I had been involved in this
13 with further investigation, if I have another aspect
14 of this investigation, I will put in parentheses
15 next to the complaint number the date of the
16 original incident. Let's say we had to go back and
17 do something today, okay.

18 The date of the original incident
19 would be here next to the county complaint number,
20 but the date of the image that I took, these would
21 be in the first part.

22 **Q** So in this case, your investigation?

23 **A** Occurred on 8/9/14 yes, ma'am.

24 **Q** That was the date of the shooting?

25 **A** Correct.

1 **Q** And then we've already had some testimony,
2 the top number is the county complaint number?

3 **A** It is.

4 **Q** And below that is the Associated Ferguson
5 Police Department generated complaint?

6 **A** Yes, ma'am.

7 **Q** And then the incident as it was called in
8 originally, correct?

9 **A** Correct.

10 **Q** And then is that your department serial
11 number?

12 **A** Yes.

13 **Q** And your initials?

14 **A** And DSN.

15 **Q** All right. And can you go to Image Number
16 2. I will take these from you as we go.

17 Can you then go ahead and describe
18 for the jurors what appears in that image?

19 **A** This is an overall view of Darren Wilson
20 at the time of my investigation. As I described to
21 you folks earlier, this is how he was dressed.

22 **Q** Hang on a second, I don't want to put
23 anybody to sleep, but I'm going to try and see if it
24 goes totally dark.

25 For the record, I was just adjusting

1 the light to make it easier to see that image on the
2 screen. And is that how he appeared in the
3 emergency room dressed in a T-shirt and the pants
4 he's wearing, those are his department issued pants?

5 **A** Yes, ma'am.

6 **Q** All right. And Image Number 3?

7 **A** Image Number 3 is an overall view of the
8 back of him from the rear.

9 **Q** I think push it up?

10 **A** I'm trying to lose that glare.

11 MS. WHIRLEY: Can you zoom it in some?

12 **Q** (By Ms. Alizadeh) I don't know how to make
13 that different. Again, if you want the photos
14 passed around because it is easier to see the actual
15 photograph, but for the purposes of this testimony.

16

17 : . I want
18 to see the first picture.

19 MS. ALIZADEH: You want to see Image
20 Number?

21 I personally, if you can
22 give me the picture.

23 MS. ALIZADEH: And when this is done, if
24 you want, we'll just pass them through you, okay,
25 because there aren't a whole lot of these

1 photographs.

2 Image Number 3 again, this is the back of
3 Officer Wilson, correct?

4 **A** It is.

5 **Q** (By Ms. Alizadeh) And are you aware of the
6 T-shirt that he is wearing, is that the T-shirt he
7 had on that day?

8 **A** It is.

9 **Q** And when you, I know you didn't examine
10 him like a doctor, did you see anything on him that
11 indicated that he had been bleeding?

12 **A** No, ma'am.

13 **Q** No open wounds?

14 **A** None that I observed, no.

15 **Q** Did you ask him if he had been bleeding or
16 if he was cut?

17 **A** I did.

18 **Q** And what was his response?

19 **A** He said no.

20 **Q** Okay. Now Image Number 4. No, wait, that
21 was Image Number 4, isn't it?

22 **A** Correct.

23 **Q** And just for the record, we have to make a
24 record, Image Number 4 is?

25 **A** Overall view of the facial area of Darren

1 Wilson.

2 Q Image Number 5?

3 A Overall view of the left side of his face.

4 Q Image Number 6?

5 A Overall view of the right side of his
6 face.

7 Q Image Number 7?

8 A It is a part of a series of two, the first
9 part of this is a close-up view of the left side
10 facial area without a measuring device.

11 The next image is one with the
12 measuring device.

13 Q And the next image is Number 8?

14 A Yes.

15 Q All right.

16 . What is it you
17 are measuring there?

18 A That was one of the injury complaint sites
19 by Darren Wilson. He complained that his face was
20 hurting. So when I asked him specifically, he
21 pointed to these sides of his face. We'll get to it
22 shortly, but also the back of his neck.

23 Okay, thank you.

24 Q (By Ms. Alizadeh) That is Image Number 9?

25 A It is. Again, part of a series of two,

1 this is a close-up of the right side of his face
2 without a measuring device and then one with a
3 measuring device.

4 **Q** And with the measuring device is Image
5 Number 10?

6 **A** Correct.

7 Image Number 11 overall view of the
8 back of his neck.

9 Again, part of one, two series of
10 images, close-up view of the back of his neck
11 without a scale.

12 **Q** And that's Image Number 12?

13 **A** It is. And 13 reflects one with the
14 scale.

15 Next Image 14 is the left rear side
16 of his neck without a scale and 15 with the scale.

17 MS. WHIRLEY: Sheila Whirley. What are
18 you measuring on there?

19 **A** Again, Miss Whirley, just a complaint site
20 that he complained of.

21 MS. WHIRLEY: So that line of demarcation
22 does not have anything to do with the complaint
23 site?

24 **A** No, ma'am, that's a natural crease in his
25 neck area.

1 **Q** (By Ms. Alizadeh) Next Image Number?

2 **A** 16.

3 **Q** Okay.

4 **A** Is the right rear side of his neck without
5 a scale, and then 17 is with a scale.

6 18 is the left side of his neck
7 without a scale, and then 19 is with a scale.

8 **Q** All right. So those 18 total photographs
9 were how Darren Wilson appeared when you
10 photographed him on August 9th shortly after 2:20,
11 or about what time did you actually photograph him?

12 **A** At 2:20 that's when I initiated my, I
13 turned my back to you folks, I'm sorry, that's when
14 I initiated my investigation and documentation as I
15 stated earlier of the injury sites that Darren
16 Wilson complained of.

17 **Q** Did you photograph any other parts of his
18 body?

19 **A** No, ma'am.

20 **Q** Did he complain of any other injuries?

21 **A** No, ma'am.

22 **Q** Did you examine his hands?

23 **A** I looked at them, I did not examine them.

24 **Q** Okay. Did he complain that his hands were
25 injured or hurting in any way?

1 **A** No, ma'am.

2 **Q** When you looked at his hands, did you see
3 the backs of his hands?

4 **A** I did.

5 **Q** And did you notice anything that appeared
6 to you that might indicate an injury to the backs of
7 his hands?

8 **A** No, ma'am.

9 **Q** Now, at the hospital, did you seize
10 anything from Darren Wilson?

11 **A** I did not.

12 **Q** And you had indicated previously that you
13 were also charged with the duties of seizing his
14 clothing?

15 **A** Correct.

16 **Q** And his gun?

17 **A** Correct.

18 **Q** And now you said that he had his
19 department issue pants on in the hospital; is that
20 correct?

21 **A** Yes.

22 **Q** Did you talk to him about those pants?

23 **A** I did.

24 **Q** And did he show you anything on the pants?

25 **A** He said there was blood on his left thigh.

1 **Q** And did you look at the pants?

2 **A** I did.

3 **Q** Did you see something that was some type
4 of stain on the left thigh of his department
5 trousers?

6 **A** I did. There was a reddish stain on the
7 upper thigh area.

8 **Q** And did you photograph those pants in the
9 hospital?

10 **A** No, ma'am, we did that at Ferguson Police
11 Department.

12 **Q** Did you seize his pants at the hospital?

13 **A** No, ma'am.

14 **Q** Why is it that you just have him take his
15 pants off right then and give it to you?

16 **A** He had nothing else to wear. I didn't
17 want him traveling in just a hospital gown back to
18 Florissant Police Department.

19 **Q** So was there a decision made for you, as
20 well as Darren Wilson and others to go back to the
21 Ferguson Police Department?

22 **A** Yes.

23 **Q** And was there a discussion about somebody
24 bringing clothing for him?

25 **A** Yes. I did discuss with Lieutenant

1 Colonel from Ferguson Police Department to
2 see if we could make arrangements from
3
4 whoever, to make arrangements if they
5 could bring clothes to Ferguson Police Department so
6 that Darren Wilson had something to wear home that
7 day.

8 Q All right. Now, did you travel directly
9 from the hospital to the police department?

10 A I did.

11 Q Now, let me ask you this, getting back at
12 little bit at the hospital, did you ask Darren
13 Wilson any questions about what happened that day?

14 A No, ma'am.

15 Q You didn't ask him about, tell me what
16 happened or anything of that nature?

17 A No, ma'am.

18 Q Did you hear him talking to anybody else
19 about what happened that day?

20 A No, ma'am, not while I was photographing.

21 Q All right. So did you go by yourself in
22 your crime scene van to Ferguson?

23 A I did.

24 Q To your knowledge, did Darren Wilson
25 travel there with another officer?

1 **A** Lieutenant Colonel I believe,
2 yes.

3 **Q** Did you all arrive at the Ferguson Police
4 Department at around the same time?

5 **A** Yes.

6 **Q** When you got there, what's the first thing
7 you did?

8 **A** After meeting with Detective Darren
9 Wilson, Lieutenant Colonel we entered
10 Ferguson Police Department and went to their
11 detective bureau.

12 I was told that's where Officer
13 Wilson or Darren Wilson's department issued firearm
14 was, his uniform shirt and that's where we were
15 making arrangements to have clothes brought to him
16 so I could document the uniform that he was wearing
17 and also seize those uniform pants from him.

18 **Q** And so when you went into the detective
19 bureau, did you locate the weapon?

20 **A** Yes, I inquired of its whereabouts and I
21 was told that someone had placed Darren Wilson's
22 department issued side arm in an evidence envelope,
23 which wasn't sealed. It was on a desk there in the
24 detective bureau with other detectives from that
25 department present.

1 **Q** And did you locate that envelope with the
2 firearm inside of it?

3 **A** I did.

4 **Q** And you said it wasn't sealed, did you
5 remove the contents of the envelope?

6 **A** I did.

7 **Q** What was inside the envelope?

8 **A** His department issued Sig Saur firearm,
9 the magazine and one live round, and that's how the
10 firearm was placed in that envelope. I did not
11 download that weapon when I inquired about it. I
12 was told that Darren Wilson had downloaded the
13 weapon and then probably at the direction of the
14 supervisor, it was placed in that envelope and
15 merely for conveyance purposes, I assumed from the
16 scene back to Ferguson Police Department until I
17 arrived.

18 **Q** But that was not your firsthand knowledge,
19 correct?

20 **A** No, ma'am.

21 **Q** So the gun, the empty magazine and one
22 live round was in that envelope?

23 **A** Correct.

24 **Q** And you were told that the gun was
25 downloaded by Darren Wilson?

1 **A** Yes.

2 **Q** And you all know what that means,
3 downloading, other than like on the internet, can
4 you explain what that means for the jurors?

5 **A** Sure. When you download a semiautomatic
6 weapon for our terminology, that means that the
7 magazine is removed, all rounds that are in the
8 magazine and whatever is chambered is removed and
9 the slide is locked back. That's a safe way to
10 store a weapon.

11 **Q** So was that in the condition it was when
12 you got it out of the envelope?

13 **A** Yes, ma'am.

14 **Q** Okay. And now you are not a ballistics
15 person; is that correct?

16 **A** I am not a certified ballistics expert,
17 no, ma'am.

18 **Q** Are you familiar with this weapon?

19 **A** Very.

20 **Q** And is it, in fact, the same weapon that
21 you carry?

22 **A** Yes, ma'am.

23 **Q** And so did you, when you removed the
24 weapon from the envelope, did you photograph it in
25 the state it was in?

1 clarification. What is the protocol for when you
2 seize a weapon and it is placed in the evidence bag
3 to be inspected, what's the protocol as far as
4 putting it in there and everything else after that?

5 **A** I can speak for the County Police
6 Department, I can't speak for another agency, okay.
7 We do not package firearms in this manner.

8 If I go to a scene and there's a
9 firearm laying there, okay. There's a standard
10 protocol that we always follow, and I think you may
11 have seen some of those from Detective

12 We'll take an overall view, we'll
13 take what is called a midrange view to tie in that
14 firearm, if we are talking about bag this, where it
15 is on this section of the table. The overall view
16 would be the entire room, okay. Midrange view would
17 say, well, it is near these two jurors and these two
18 microphones.

19 Then we would take a close-up view of
20 it, but it is still in place. We have not
21 manipulated it, we have not touched it and then what
22 you folks will see here shortly we follow the same
23 protocols as far as images.

24 Once it is photographed in place,
25 then wearing gloves, we will pick it up, usually lay

1 it on another surface, whether it is an evidence
2 envelope or evidence box, which would be the County
3 Police Department. We don't put fires arms in a
4 package.

5 And then we would lay that firearm,
6 we would photograph both sides, we would take an
7 image of the serial number, we would remove the
8 magazine, photograph all of these things as they
9 are, and then we would unload the magazines and
10 whatever rounds in the magazine. We would display
11 them next to the magazine to document, well, these
12 are the rounds that we found in there.

13 We would then lock the slide back and
14 whatever is in the chamber or not in the chamber
15 then we would document that.

16 We would package those items
17 separately, but they all go into one gun box.

18 If we were to seize this and render
19 it safe, then it would be inspected by another
20 detective or one of my supervisors to confirm
21 Detective looked at this gun and he cleared
22 it, and I'm checking to make sure that it is cleared
23 so everyone is safe.

24 We would then put what's called a
25 lead seal, which has a number on it through the

1 trigger guard, which would be this section right
2 here. And per our firearms unit, we would put in
3 essence, it is a orange zip tie that runs from, if I
4 can change images, Miss Alizadeh?

5 MS. ALIZADEH: Sure, just identify the
6 image you are going to put up there.

7 **A** The next image is Number 21. This is the
8 other side of the weapon. Again, our normal
9 sequence. And right here would be the ejection
10 port, that orange zip tie would initiate going
11 through here, it comes out of the bottom of the
12 magazine, goes in and then we would secure that.

13 Then it is sent to the firearms unit
14 to verify when that gun gets there, that it couldn't
15 have accidentally slide, go forward, it could have
16 been knocked around or something. And we want to
17 confirm when it goes to our crime lab personnel that
18 that gun is safe, has been inspected and has been
19 confirmed.

20 So come back to your original, I
21 can't speak for other departments, I can only share
22 with you what is our protocol policy and procedure.

23 : One more question. Did
24 you take a picture of the envelope while the weapon
25 is in the envelope?

1 **Q** Can you, just with the pointer, point out
2 where the serial number is?

3 **A** Right in the center of the image is the
4 serial number of that firearm.

5 **Q** Now, also not clearly visible on the
6 screen, but again, we will pass these around, there
7 is, there is something right there?

8 **A** There's a red stain right here. And also
9 in this area on the slide.

10 **Q** All right. Were there any other red
11 stains that you found anywhere else on the gun?

12 **A** Yes, they're on the slide also.

13 **Q** Okay. And now before we get to, I know
14 you depleted your photographs, but while we have
15 this up, let's go forward to you swabbing the gun.

16 **A** Okay.

17 **Q** We also heard Detective talk about
18 these kits that you are equipped with in your crime
19 scene van?

20 **A** Yes.

21 **Q** They are prepackaged and sterile swabs,
22 correct?

23 **A** Correct.

24 **Q** Did you swab that gun?

25 **A** I did.

1 firearm, how would you go about examining that, do
2 you want those firearm pictures again?

3 **A** Just let me have one of them please,
4 ma'am.

5 **Q** How would you go about looking on that
6 weapon for fingerprints?

7 **A** Okay. Based on the information that I was
8 told regarding the incident, I was informed that
9 Darren Wilson while holding his firearm, his
10 department issue pistol, while he's holding it,
11 there was a struggle between Mr. Brown and
12 Mr. Wilson while the officer was seated in his
13 police vehicle and Mr. Brown was outside.

14 So if you take that and say okay,
15 well, the officer is holding his gun, he never
16 relinquished it, the gun was never taken away,
17 however, we are wrestling over this gun.

18 Common sense would tell you that if
19 I'm holding the handle of the gun here, then what
20 opportunity or what else is the other person
21 struggling over. Probably this area of the gun.

22 The magazine was never released from
23 the gun during the incident, it was never dropped or
24 picked up, the officer never lost control of his
25 gun.

1 If you have a violent event like
2 that, you have to make a decision whether you are
3 concerned about hopefully getting a DNA profile or
4 the possibility of retrieving latent fingerprint
5 evidence.

6 **Q** Let me stop you really quick here. We are
7 going to finish him up describing this because our
8 doctor is here, but I'm going to let him finish this
9 area about the fingerprint versus swabbing.

10 Now, I want to clarify that the
11 things that you are talking about concerning a
12 struggle over the gun, that is not from your
13 firsthand knowledge, correct?

14 **A** Absolutely not.

15 **Q** That's information that came to you from
16 other sources?

17 **A** Yes.

18 **Q** And not Darren Wilson?

19 **A** Correct.

20 **Q** And then you are making some assumptions
21 about where you might fingerprint based upon just
22 common sense and your experience?

23 **A** Yes.

24 **Q** Okay. So this is not to say that this is
25 how it happened, but this is based upon your

1 experience and what you have been told at this point
2 where you might expect to find fingerprints?

3 **A** Correct.

4 **Q** Okay. You can then go ahead and talk
5 about, you have to make kind of a decision between
6 whether to swab for DNA or to look for fingerprints?

7 **A** Correct.

8 **Q** So why did you make a decision to swab for
9 DNA?

10 **A** Based on training and experience, and also
11 based on the information that I was given, you're
12 not going to have fine ridge detail during a violent
13 encounter. It would be different if this gun was
14 like this and someone just came up, other than the
15 officer, and touched it.

16 When we process that, yes, you can
17 get fine ridge detail. So the decision was made
18 between myself and the crimes against person
19 detective, homicide detective, that it would be
20 better to swab the weapon.

21 Now, if you are going to swab it,
22 then you need to swab all the relevant areas that
23 could be touched by someone other than Darren
24 Wilson.

25 **Q** Because, of course, you know Darren Wilson

1 has touched that gun?

2 **A** Exactly, he was holding it.

3 **Q** It would tell you nothing if his DNA is on
4 it?

5 **A** Absolutely not.

6 **Q** We know he touched the gun?

7 **A** Right, it is his gun.

8 **Q** All right.

9 **A** Once that decision is made and you swab,
10 then you're going to have to swab those areas that
11 were described earlier. If there was fingerprint
12 evidence, you are going to be swabbing through them,
13 so that's why you need to make a decision whether
14 you want to process this for fingerprints or do you
15 want to process this for DNA.

16 **Q** And in processing this weapon for
17 fingerprints, could you after that swab it for DNA?

18 **A** No.

19 **Q** So you had to pick one or the other?

20 **A** Right.

21 **Q** And based upon your information and
22 consulting with the detective, crime scene
23 detective, not crime scene, crimes against person
24 homicide detective, was a decision made to swab for
25 DNA?

1 two at one time. One for the prosecuting attorney's
2 office, that's going to end up going to the lab and
3 potentially a defense attorney so we keep one on
4 file.

5 When you are holding these two cotton
6 swabs, if you folks can picture Q-Tips, okay. You
7 are holding two of them together, unless you're
8 going back and forth and completely swabbing every
9 little spot on this thing, you're not going to
10 remove all of the DNA, all right.

11 You're trying to get the most profile
12 or profiles that you can by swabbing those areas
13 back and forth. Kind of like painting a first coat,
14 you're not going to paint, you're not going to cover
15 everything with your first coat. The same thing
16 applies when we're swabbing for DNA. So potentially
17 could be DNA left on there, but we try to get the
18 largest sample as we can.

19 : .

20 **A** Yes, ma'am.

21 : I just need to know this.
22 When the weapon was seized, before you got to the
23 weapon.

24 **A** Okay.

25 It was in the envelope?

1 shooting?

2 **A** No, ma'am.

3 **Q** In fact, Ferguson had asked county to come
4 in and take over this investigation within maybe an
5 hour of the shooting, would that be your
6 understanding?

7 **A** Yes, ma'am.

8 **Q** And so to your knowledge, did any Ferguson
9 crime scene detectives have anything to do with
10 seizing evidence, processing any scenes?

11 **A** No, ma'am, that's why they requested my
12 unit to respond.

13 **Q** And so I'm only guessing or speculating,
14 had a Ferguson crime scene detective actually seized
15 this weapon, he might have handled it in a different
16 manner than what was done in this case, would that
17 be a guess or fair to say?

18 **A** That would be accurate because Ferguson
19 Police Department has sent some of their officers to
20 the crime scene school that I teach at our academy.
21 I'm confident in stating that they would probably
22 have followed protocols if they were actually
23 seizing pieces of evidence.

24 MS. ALIZADEH: Okay. Any other
25 clarifications?

1 Yes. . You
2 may have said it, who actually put the gun into the
3 envelope?

4 **A** I have no idea.

5 Okay. Would there be an
6 issue when you do the swab of somebody else's DNA on
7 the gun.

8 **A** What I was told is that Darren Wilson had
9 unloaded his own weapon, so if he handed it to
10 someone else, I was never informed of that.

11 MS. ALIZADEH: Now, I will tell you we
12 will have DNA people testify and they will tell you
13 what DNA was found on that gun and if they can
14 identify whose DNA it was.

15 So as far as that goes and let me ask you,
16 Detective did you take a swab from Darren
17 Wilson at the hospital.

18 **A** Yes, ma'am.

19 **Q** (By Ms. Alizadeh) So there was a sample of
20 Darren Wilson's DNA taken by you at the hospital?

21 **A** Yes.

22 **Q** And that is done by rubbing something on
23 the inside of his cheek?

24 **A** Yes, it is called a buccal swab.

25 **Q** And you are fully gloved?

1 **A** Uh-huh.

2 **Q** Do you have a protocol on how to take that
3 swab and package it so that there is no
4 contamination?

5 **A** We do.

6 **Q** You do not want your DNA on that swab in
7 any way?

8 **A** No.

9 MS. ALIZADEH: So at any rate, there will
10 be some testimony sometime down the road about what
11 was discovered on the swabs that Detective
12 used when he processed that gun and then, you know,
13 any conclusions to be drawn from that.

14 Anybody else about the gun?

15 We're going to have to break with him and
16 Detective I'm sorry, you will get an invite
17 back on another day.

18 **A** I love to come chat again.

19 MS. ALIZADEH: We'll go ahead and have him
20 finalize the disc and while the disc is finalizing,
21 because we all know that takes a couple minutes, how
22 about if we take a break. And in shifts, I'll start
23 these photographs over here so if you all want to
24 like, if you need a restroom break and then come
25 back as these are getting passed around, and you

1 might be able, you will be able to see. We're not
2 going to do the ones we haven't talked about yet,
3 just the ones we identified.

4 (Recess)

5

6 DR.

7 of lawful age, having been first duly sworn to
8 testify the truth, the whole truth, and
9 nothing but the truth in the case aforesaid,
10 deposes and says in reply to oral
11 interrogatories, propounded as follows, to-wit:

12 EXAMINATION

13 BY MS. ALIZADEH:

14 Q For the record, this is Kathi Alizadeh
15 present in the grand jury room with Sheila Whirley
16 we are both with the St. Louis County Prosecutor's
17 Office. All 12 jurors are present and, as well as
18 the court reporter who is taking down the testimony
19 and also audio recording the proceedings today.

20 For our next witness, would you state
21 your name, please?

22 A Name Dr.

23 Q Could you spell for the court reporter
24 your first and last name?

25 A

1 **Q** And what is your profession?

2 **A** I'm a forensic pathologist.

3 **Q** And can you describe for the jurors your
4 education and how you obtained the degrees to become
5 a pathologist?

6 **A** For starters, I obtained my bachelor of
7 science degree at Xavier University at Louisiana,
8 that was a four year education. I then attended
9 medical school four years at Louisiana State
10 University. College medical school down in New
11 Orleans, which was a four year training. And then I
12 did a four year anatomical and clinical pathology
13 residency at St. Louis University here in St. Louis.

14 I did one additional of pediatric
15 pathology, which was a one year fellowship and
16 fellowship specifically in forensic pathology at St.
17 Louis City Medical Examiner's Office.

18 **Q** Can you explain for the jurors what is,
19 what is a pathologist, what does he do?

20 **A** The basic definition of a pathologist is
21 someone who is a medical doctor who is in the
22 profession of studying disease.

23 **Q** Can you describe for the jurors what is a
24 forensic pathologist?

25 **A** A forensic pathologist is a specialized

1 doctor in the field of pathology who is dealing with
2 determining the cause and manner of death.

3 Q And you are a forensic pathologist?

4 A Yes, I am.

5 Q Are you board certified?

6 A Yes, I am board certified in anatomical
7 pathology as well as forensic pathology.

8 Q Are you employed as a forensic
9 pathologist?

10 A Yes, I am.

11 Q Where are you employed?

12 A I'm currently employed as an assistant
13 medical examiner at the St. Louis County Medical
14 Examiner's Office.

15 Q Is that the office, is the chief medical
16 examiner for St. Louis Dr. ?

17 A Yes, she is.

18 Q You work under her supervision?

19 A Yes, I do.

20 Q How long have you worked for the County
21 Medical Examiner's Office?

22 A A little over two years.

23 Q Prior to that, did you work for any other
24 medical examiner's office?

25 A No.

1 **Q** And so when you began working for the
2 County Medical Examiner's Office, was there any
3 training that you underwent or any on-the-job
4 training that you had to go through when you first
5 began?

6 **A** Um, I mean, the main thing that's
7 important is that you've done a certified or
8 approved forensic fellow, which I did do at St.
9 Louis University through their system at the St.
10 Louis City Medical Examiner's Office. So that's the
11 main thing that you do need, plus your medical
12 degree and eventually being board certified to be
13 able to practice what I practice at.

14 **Q** And so in probably, what I would say in
15 layman's terms, one of your chief duties and
16 responsibilities is to perform autopsies, correct?

17 **A** Correct.

18 **Q** And just we all think we know what an
19 autopsy is, but can you explain for the jurors in
20 general when you have a deceased person how you
21 begin an autopsy?

22 **A** The autopsy itself, it is kind of layman's
23 terms just for the general examination that occurs
24 that I have for a case and it entails a lot of
25 features depending on the circumstances, some things

1 are not done or done, but in a complete sense of an
2 autopsy, you do an external examination, which is
3 looking at the external features of the body with
4 the clothes on and then removed.

5 Once they are removed, you want to
6 look at any type of identifying characteristic, any
7 kind of scar, any type of wounds, any type of
8 tattoos, anything that you can physically see on the
9 body that may be an abnormality or be something
10 different, that's the external portion of the
11 examination.

12 That is then ultimately followed with
13 an internal examination where you are actually
14 assessing all of the organs, weighing the organs
15 looking at the organs to see if you see any type of
16 pathological or disease type changes, any type of
17 injuries on the inside of the body.

18 In terms of different ancillary
19 studies that would be things that are in addition to
20 external, as well as the internal examination we do
21 toxicology, that's taking fluids from the body just
22 in a general sense, blood, urine, fluid from the
23 (listen) eyes where that fluid is tested to see if
24 there is any type of drugs, any type of toxins
25 within the body.

1 The body is x-rayed some time to look
2 for any type of fracture, in homicide to see if
3 there is any type of projectiles within the body or
4 any type of knives or things of that nature.

5 **Q** And by projectile, you mean like a bullet?

6 **A** Correct, like a bullet. Other things that
7 are done, sometimes I do cultures, that is just
8 looking for any type of bacteria or viral packaging
9 that may be in the body, that may be the cause of
10 death. Medical records, if they are present, I will
11 review those as well and sometimes I have to use
12 histology, which is looking at actual tissue that
13 has been processed to be able to look under a
14 microscope, where I look under the microscope and
15 then I can make a diagnosis of different type of
16 disease changes.

17 So those are kind of the basic things
18 that go into an autopsy and as I said, sometimes all
19 of those things are used, and sometimes bits and
20 pieces are used, but more the most part complete
21 external examination, internal examination and the
22 toxicology, that's pretty much routine on all cases.

23 **Q** And now you are not the toxicologist; is
24 that correct?

25 **A** That is correct.

1 **Q** You just collect the samples that are then
2 tested by a toxicologist?

3 **A** That is correct.

4 **Q** Now, prior to your beginning and autopsy,
5 do you receive information from anyone about the
6 deceased that may assist you in knowing what you are
7 looking at and what to look for?

8 **A** Yes, I did.

9 **Q** And in this case did you have a
10 conversation with

11 **A** Yes, I did.

12 **Q** Is he one of the investigators from the
13 Medical Examiner's Office?

14 **A** Yes, he is.

15 **Q** Now, in this particular case, did you
16 examine the body of Michael Brown?

17 **A** Yes, I did.

18 **Q** What day did you examine him?

19 **A** August 10th.

20 **Q** So this would be the day after the
21 shooting, correct?

22 **A** Correct.

23 **Q** Now, in every autopsy that you perform,
24 are there police officers there during the autopsy?

25 **A** Not every autopsy I perform.

1 **Q** In a situation where there might be
2 criminal activity involved in this person's death,
3 is there always a police officer who is present for
4 the autopsy?

5 **A** Yes, there is.

6 **Q** And are you familiar with some of the St.
7 Louis County crime detectives, crime scene
8 investigators?

9 **A** Yes, I'm familiar with them.

10 **Q** And are those generally, well not
11 generally, do they on occasion attend the autopsies?

12 **A** Yes, they do.

13 **Q** And are you present when a police officer
14 is photographing the autopsy?

15 **A** Yes, I am.

16 **Q** Do you at times direct the officer, you
17 know, get a picture of this because this shows this?

18 **A** Yes, I do.

19 **Q** And then if you are removing anything
20 foreign from the body, do you then, does the officer
21 document that object?

22 **A** Yes, he does.

23 **Q** Does typically the officer would then
24 seize those objects if there was anything seized
25 from the body that might be evidentiary in nature?

1 body is going to have to come in for examination due
2 to the nature of the particular type of event.

3 There is certain cases that are under
4 my jurisdiction as a medical examiner and that
5 particular case of Mr. Michael Brown fit that
6 jurisdiction, so I knew that that case was going to
7 come in for examination.

8 **Q** Are you aware that Missouri has a statute
9 that says that the actual body and its possessions
10 of a deceased person are the property of the Medical
11 Examiner's Office?

12 **A** Yes, I am.

13 **Q** And so in this particular case, well, let
14 me back up.

15 You're aware that
16 ultimately prepared a report, correct?

17 **A** Yes.

18 **Q** But he didn't have his report prepared
19 when you first began your examination; is that
20 correct?

21 **A** Correct.

22 **Q** Okay. And did you see any other police
23 reports or any other reports about this incident
24 before you began your examination?

25 **A** No, I did not.

1 **Q** Did you get any other information from
2 anywhere else, whether it be a police officer or
3 witnesses or anybody else?

4 **A** Before I started my examination, Detective
5 was present at my autopsy
6 examination and I did ask him about the
7 circumstances that he knew at that particular time.

8 **Q** What did he tell you about what he knew at
9 that time?

10 **A** Trying to remember exactly, it is a while
11 back, but it was just basically similar situation of
12 there were two gentlemen in the street, police
13 officer responded to that particular area, from that
14 point in time a struggle ensued and then after that
15 things were difficult to determine at that point in
16 time, but ultimately it ended in the result of
17 Mr. Michael Brown obtaining fatal wounds.

18 **Q** Okay. And so jumping forward now, at the
19 conclusion of an autopsy, do you prepare a report?

20 **A** Yes, I do.

21 **Q** And is that report reviewed by anyone else
22 in your office?

23 **A** Um, there's a secretary who transcribes
24 the information that I speak into a digital
25 recorder, but it is my words and she transcribes my

1 words, I get it back, I correct it.

2 Q Okay. And so did you, you prepared the
3 report after your autopsy of Michael Brown?

4 A Yes.

5 Q And did you approve the final report as
6 correct, in other words, those were the words that
7 you had dictated?

8 A Yes, yes, I did.

9 (Deposition Exhibit Number 6
10 marked for identification.)

11 Q (By Ms. Alizadeh) I'm going to hand you
12 what I marked as Grand Jury Exhibit Number 6. And
13 is that a copy of your report of the post-mortem
14 examination, post-mortem examination just another
15 term for like an autopsy?

16 A Correct.

17 Q Is that your report of the autopsy of
18 Michael Brown?

19 A Yes, it is.

20 Q All right. And I'm going to pass around
21 to all of you a copy of the report. Again, as I
22 have mentioned before, if you are reading a document
23 when a witness is testifying, just keep in mind that
24 you might be missing something that's being said.
25 These reports are yours to keep in your folders that

1 we've provided for you to review at any time. And
2 if at a later date after reviewing the report you
3 have additional questions, we will try to get those
4 questions answered for you.

5 I'm also handing you a document, I
6 didn't mark this, Dr. did I show you that
7 prior to your testimony today?

8 **A** Yes, you did.

9 **Q** This is a list of terms of anatomic
10 orientation. In your report, you use terms that I
11 would say a layperson isn't going to be familiar
12 with, would that be fair to say?

13 **A** That's fair.

14 **Q** And when you are autopsying a body, is it
15 one of your jobs and responsibilities to describe
16 the location of a wound?

17 **A** Yes, it is.

18 **Q** And if it is some kind of piercing wound,
19 whether it be from a knife or projectile, you
20 describe the path of that wound or the trajectory so
21 to speak of that wound?

22 **A** That is correct.

23 **Q** You use terms that might not be common
24 everyday terms that laypeople would understand?

25 **A** That is correct.

1 **Q** Do you agree that these terms that I
2 showed you on this list are accurate?

3 **A** Yes, I do.

4 **Q** And do you think it would assist the grand
5 jurors if they have a copy of this if they later
6 want to use the report?

7 **A** Yes, I did.

8 MS. ALIZADEH: So I will pass those around
9 as well. Again, if you will write your grand juror
10 number on the upper corner of these documents,
11 please do not write on them. If you have notes to
12 take, go ahead and take those notes in your
13 notebook, but these are going to be, do we already
14 have somebody that wrote on it? Did you write on
15 it? If need be, I can get you a clean one. I want
16 to make sure that the notes that you take are in
17 your notebook.

18 So, Dr. are you assisted during
19 the autopsy?

20 **A** Yes, I am.

21 **Q** (By Ms. Alizadeh) And is it someone who is
22 employed by the Medical Examiner's Office who assist
23 you?

24 **A** Yes, that is true.

25 **Q** And do you recall, you said Detective

1 **Q** And tell me do you recognize these as the
2 photographs that were taken during the autopsy of
3 Michael Brown?

4 **A** Yes, I do.

5 **Q** Now, we've already done this a couple of
6 times and I think the easiest way to do this is if
7 you would sit in that chair there and take those and
8 have them on your lap.

9 And when we talk about these, now we
10 have already had some testimony from some crime
11 scene detectives about these photographs, and
12 including the fact that each photograph has a number
13 on the back of it. And so when I refer to the
14 photographs, since I haven't marked these
15 individually, we will just say this is Image Number
16 1, okay?

17 **A** Okay.

18 **Q** And so forth.

19 **A** Okay.

20 **Q** So let me turn down the lights again.
21 Makes it easier for people to see.

22 So, Dr. I know you're not
23 necessarily the author of this and not familiar with
24 what is depicted in Image Number 1, but the jurors
25 have heard testimony about this. This is the

1 placard that was prepared by the officer who took
2 these photographs and that would be his DSN down at
3 the bottom And my knowledge is that that is
4 Detective And if necessary he can
5 testify about taking these photographs if you need
6 to hear from him about what he's done.

7 But, of course, it is going to have
8 to be the doctor who testifies about what we are
9 seeing in these photographs for the most part. So
10 Image Number 1 is the placard.

11 Can you put Image Number 2 up there,
12 please? I think it goes towards you on the thing,
13 there you go. Can you describe what you are seeing
14 in that image?

15 **A** On the table is Mr. Michael Brown, the
16 decedent in question, and this is the way that the
17 body was presented to me after removal of the body
18 bag, which is the white bag that you see draped over
19 the table. And there's the placard identifying the
20 particular case and that's myself off into the
21 background in the back.

22 **Q** So that placard, and here is a laser
23 pointer right next to you right there, can you just
24 point to where the placard is you are talking about?

25 **A** This is the placard, identifying placard

1 for this particular case.

2 Q And that's prepared, that's not the one
3 that the county detectives prepared, that's
4 something that the medical examiner does, correct?

5 A Correct.

6 Q Okay.

7 A Actually, sorry, this one is St. Louis
8 County, sorry.

9 MS. ALIZADEH: Okay.

10 . So when the body
11 leaves the scene, is it taken directly to your
12 offices or where is the examining on the 10th, what
13 happens between when it is collected and this day?

14 A The body is picked up from a delivery
15 service, delivery service is responsible for picking
16 the body up from the scene. At that point when the
17 body is picked up from the scene, it is brought
18 directly to the St. Louis County Medical Examiner
19 and it is placed in the morgue, in a cooler, until
20 eventually I'm going to come for the examination.

21 Let me back up a step. When the body
22 comes in and it is checked in by the morgue staff or
23 it is given a number, and just to make sure that it
24 is logged in appropriately and put into the morgue,
25 but the body goes into the cooler to wait until the

1 next day. We will take initial round of pictures
2 and then we will get to the point where we are right
3 now.

4 : Thank you.

5 **A** You are welcome.

6 **Q** (By Ms. Alizadeh) So when the body was
7 removed from the cooler, was it still locked in the
8 bag?

9 **A** Correct.

10 **Q** We heard talk about the fact that
11 there is a lock placed on the bag at the scene by
12 him?

13 **A** That is correct.

14 **Q** After the body is received at the Medical
15 Examiner's Office, does anyone before your autopsy
16 begins unlock that bag?

17 **A** No.

18 **Q** If that lock had been disturbed or broken
19 or opened when you began your autopsy, would you
20 have noted that?

21 **A** Yes.

22 **Q** And so when you open the body bag, this is
23 the body of Michael Brown as it appeared when you
24 open the body bag?

25 **A** That is correct.

1 **Q** So just describe, if you briefly want to
2 describe what we are seeing here?

3 **A** This is just the decedent, Mr. Michael
4 Brown, from the other side of his body, looking from
5 the other angle before the angle is just flip
6 flopped. So it is just the other side, you are
7 looking at the right side of his body as opposed to
8 the first image which was the left side of his body.

9 **Q** Okay. Image Number 4?

10 **A** Image Number 4 is just kind of an overall
11 view of Mr. Michael Brown's face as he is as soon as
12 the bag is removed to expose his face and rest of
13 his upper body.

14 **Q** And this up here, that's the placard that
15 you were talking about?

16 **A** That's the identifying placard that was
17 prepared by St. Louis County Police Department, this
18 is Mr. Michael Brown's face.

19 **Q** Okay. And Image Number 5?

20 **A** Image Number 5. So this is, we actually
21 have a ladder in the actual morgue suite where you
22 are able to get a higher vantage point to be able to
23 get a larger view of the body.

24 So the officer in this particular
25 case has got on top of the ladder, he is doing an

1 overall of Mr. Michael Brown where you can see at
2 least down to the mid thigh, from the head down to
3 the mid thigh and seeing the arms and the torso, and
4 here is the identifying placard again.

5 **Q** Let me stop you here. As you say the body
6 was, you know, the bag was opened and you examined
7 it, are the clothes disturbed for the purposes of
8 these photographs?

9 **A** No, the clothes were not disturbed. This
10 is how they are maintained within the bag as soon as
11 it is opened.

12 **Q** So nobody lifted up the shirt, nobody
13 pulled the pants down, that's how it was when you
14 first saw it?

15 **A** Correct.

16 **Q** Okay. At this point, are you the one who
17 puts the body onto the table?

18 **A** Um, so from here, he was placed on this
19 table initially within the morgue cooler, it is on
20 wheels. So when it comes out, he is staying on here
21 the entire time. So the entire autopsy is going to
22 start coming from the cooler, to this part where you
23 are seeing the pictures, to me actually doing my
24 incisions and remove organs, so he stays on this
25 table the entire time.

1 **Q** And Image Number 6, I believe?

2 **A** Image Number 6. So this is still a view
3 from the ladder where the officer is taking
4 pictures, here is that identifying placard and here
5 is a shot from the head would be here, the feet are
6 down here and you can see the hands and you can see
7 the rest of the lower extremities of Mr. Michael
8 Brown and what he was wearing.

9 **Q** Now, there is a white object that's
10 affixed to his right ankle, do you know what that
11 is?

12 **A** These are added to the body just as
13 identifiers to make sure we know whose who when they
14 are coming in for examination.

15 **Q** So that was placed on there by someone
16 from the Medical Examiner's Office?

17 **A** Correct.

18 **Q** Not prior to him being --

19 **A** Correct.

20 **Q** -- deceased?

21 **A** Correct.

22 **Q** And then the next one, Number 7?

23 **A** Image Number 7, this is Mr. Michael Brown.
24 Again, we can see the face and you can see the shirt
25 that he was wearing, just a closer image of the face

1 and upper body.

2 Q Okay. Number 8?

3 A This is number 8. So we are looking at
4 the right side of Mr. Michael Brown's face and you
5 can see the shirt that he's wearing and you can see
6 the right side of his face.

7 Q Number 9?

8 A This is Image Number 9. And this is
9 predominantly, you know, this is the right side of
10 the face here, the left side would be here off of
11 the view of the picture. So you can see some of the
12 injuries here to the right side of the face.

13 Q Now, before I get too far ahead of
14 ourselves here, do you have other images in this
15 stack that better document the injury that you
16 documented?

17 A Yes, I do.

18 Q So you haven't, in other words, you
19 haven't cleaned him up?

20 A No, that is correct.

21 Q And at some point do you clean him up?

22 A Yes, I do.

23 Q And is it easier to visualize the injuries
24 after that?

25 A That is true.

1 **Q** Okay. So we'll go through these and then
2 we will talk about the injuries when we have the
3 other photographs. And that is Number 9 is next, I
4 think?

5 **A** Yes, it is. This is Number 10.

6 **Q** Yes, that's right. This one is Number 9,
7 you've got Number 10 up there on the screen?

8 **A** Yes. This is similar image to what I just
9 showed. We are still looking at the right side of
10 the face and what has been introduced here by the
11 officer who is taking the photos. He has introduced
12 a ruler, the ruler is important for scale in order
13 to if you want to go back in time to say how big or
14 how small things are, that's the purpose of the
15 ruler that has been introduced into this picture.

16 **Q** Okay. And the next would be Number 11?

17 **A** So this image is flip flopped a little
18 bit, mouth and the nose would be up here, the top of
19 the head is here, we are still looking at the right
20 side of the face and then you still have this ruler
21 that has been introduced into the picture.

22 **Q** Okay. Number 12?

23 **A** This is Image Number 12. Now, we're
24 seeing a little bit more of the left side of the
25 face, but still predominantly focused on the right

1 side of the face and once again the ruler is here
2 for scale.

3 **Q** Number 13?

4 **A** This is Image Number 13. And here we're
5 looking at the right side of the face, getting a
6 little bit lower near the draw line, jaw line
7 depicting an injury here on the right side of the
8 face.

9 **Q** Number 14?

10 **A** This is Image Number 14. Similar to the
11 last image that I just showed you. The only
12 difference is the ruler has been inserted into the
13 photograph for scale. So we are looking at the
14 right side of the face, again, focusing on this
15 wound.

16 **Q** Number 15?

17 **A** Image Number 15. Flipped upside down, but
18 the mouth would be here, the top of the head is down
19 here, once again focusing on the right side of the
20 face depicting injuries.

21 Image Number 16. So we're looking at
22 the right side of the body, there was a similar
23 image of this before, but the feet are down here,
24 the head is up here, this is the right side of the
25 body.

1 **Q** Now, in this image, the shirt of Michael
2 Brown, the shirt is actually above his --

3 **A** Nipple line.

4 **Q** -- nipples? That was actually manipulated
5 prior to the photograph?

6 **A** The shirt has been manipulated prior to
7 this point to better get an assessment of the body
8 looking for other injuries.

9 **Q** Okay.

10 **A** This is Image Number 17. So what we're
11 looking at here is once again, we are still looking
12 at the right side of the body, the feet would be
13 here, the head is up here, you have the right arm
14 being extended kind of perpendicular in a 90 degree
15 angle from the table. The hand is up here, the
16 shoulder would be down there. And we have these
17 wounds here near the forearm, this is the forearm.

18 **Q** Okay. Image Number 18, I believe?

19 **A** This is Image Number 18. This is the
20 right forearm and we are looking at a wound here,
21 that is what is being depicted at this point.

22 **Q** Number 19?

23 **A** This is Number 19. We are looking at, do
24 you want me to just go through the picture or you
25 want me to reference them to my report at this

1 point, what is the best way?

2 Q This is prior to being cleaned up or not?

3 A It is kind of in between. It is a little
4 bit cleaned off in order to get a better shot.

5 Q Okay.

6 A But we're still, the shirt is still on.

7 Q Let's go through these and then we will
8 start with the injuries as you've documented them.

9 A Okay. I can just go back and pull them
10 out.

11 Q We can pull them out?

12 A Okay.

13 Q And, Doctor, is it your habit when you
14 begin to describe injuries, do you like start from
15 the head and work your way down, or do you just pick
16 a certain way to describe them?

17 A Um, my usual approach is, I kind of go in
18 terms of more significant injuries to the least
19 significant. So I typically will start with the
20 things that look to me to be, you know, more
21 immediately impactful to the life of an individual.

22 So when I get to the situation where
23 I have wounds of the arms and things of that nature,
24 those would be further down in my report. That's my
25 typical approach when I do cases.

1 **Q** Okay. So we've scene the photographs of
2 the head and the side of the body, and now we are
3 looking at injuries to the right arm?

4 **A** To the arm, yes. So this is the right
5 forearm and there is an injury right here where they
6 introduce the ruler scale in this particular photo.

7 This is Image Number 20. We're still
8 looking at the right forearm and this is on that
9 previous photo, that's the wound that you were
10 seeing and this is a new wound here on the right
11 forearm.

12 MS. WHIRLEY: This is Sheila Whirley.
13 When you say the forearm, where are you speaking of?

14 **A** The forearm, particularly is the region of
15 your arm between your wrist and your elbow.

16 MS. WHIRLEY: Okay. And those are two
17 separate wounds did you say?

18 **A** Yes, they are two separate wounds. There
19 is one here and there is one here.

20 MS. WHIRLEY: Okay.

21 **Q** (By Ms. Alizadeh) At some point we will
22 describe them and what you conclude from those
23 wounds?

24 **A** Yes, I will.

25 **Q** We are just going through the photographs

1 in order just so we can get them all in, all right?

2 And the next Number is 21, I think, 21, yeah?

3 **A** Yeah, 21, and similar photos to what you
4 just saw, but there's rulers here. You still have
5 that wound here on the forearm and then here is
6 another one on the right forearm.

7 Is this 22?

8 **Q** Yeah.

9 **A** This is Image 22. So we're backing up a
10 little bit and it is kind of hard, I can see it on
11 my picture, we will get a little bit closer. So the
12 head of Mr. Michael Brown is here, this is still his
13 right arm, and this is like his torso here. What
14 I'm going to be focusing on there is a wound right
15 here on the middle part of his upper right arm.
16 There is a wound right here.

17 **Q** Number 23?

18 **A** This is Number 23. And this is a closer
19 picture of the wound that I couldn't really show too
20 well on the overhead projector, but this is the
21 wound in question right here. So it is on the upper
22 portion of his right arm, but it is on the inside
23 portion of the arm, medial.

24 MS. WHIRLEY: That's the medial.

25 **A** Yeah.

1 MS. WHIRLEY: We talking about the armpit
2 area.

3 **A** Close to that.

4 This is Image Number 24. This is
5 just the same picture again, but you see the ruler
6 inserted for scale and this is the wound.

7 This is Image Number 25, so the head
8 of Mr. Michael Brown is here, the hand, the right
9 hand is out here, this is the shoulder area and we
10 are looking at the medial or kind of the inner
11 aspect of the right arm, but what I'm focusing on
12 right here there's another wound right here in the
13 bicep region on the right arm. And then there is
14 also a tattoo here on the forearm that reads Big
15 Mike.

16 **Q** (By Ms. Alizadeh) This is 26 now?

17 **A** This is Image 26. And this is just a
18 closer picture of that wound that I was showing
19 before on this part of the bicep and on the right
20 arm.

21 Image 27. Same image, again, of the
22 wound of right bicep. You have a ruler introduced
23 for scale.

24 This is Image 28. Backing up a
25 little bit, but it is still the right arm,

1 Mr. Michael Brown's head is here and there is a
2 wound right here on the upper part of the right arm.

3 So here, and specifically this region
4 would be, we call it the ventral surface or anterior
5 surface or the front surface of the arm, but there
6 is a wound here that I'm depicting right here.

7 **Q** Which arm is this?

8 **A** This is the right arm.

9 **Q** So there is a tattoo we saw in an earlier
10 photograph on the right forearm?

11 **A** Yes.

12 **Q** That read downward, correct?

13 **A** Correct.

14 **Q** And in this image there is another tattoo,
15 that's not the same tattoo, correct?

16 **A** This is a different tattoo on the upper
17 portion of the right arm. When I say the upper
18 portion of the right arm, I'm talking from the elbow
19 to the shoulder. So where your bicep would be and
20 this is a different portion of the right arm, but
21 there's a different identifying tattoo here.

22 **Q** 30?

23 **A** Image Number 30. Showing that same wound
24 on the front portion of that upper right arm, but
25 the only difference is the ruler has been introduced

1 into the photo for scale.

2 Q 31.

3 A Image 31. So now we are looking, the
4 shirt has been raised, we are still looking at the
5 right sides of the body. So over here on the right
6 lateral side of his chest, lateral is to the
7 outside, you have a wound right here and that's the
8 main thing that I'm focusing on at this point.

9 So this would be 32. This is just a
10 closer up view of that wound that I just showed you
11 previously here on this lateral part of the right
12 chest. And this is the nipple on right side.

13 Q 33, it should be?

14 A Image Number 33. The only thing different
15 in this photo is, the ruler has been introduced per
16 scale. Still looking at the same wound I just
17 showed you.

18 This will be Image Number 34. So
19 here is Mr. Michael Brown's head, the shirt has been
20 raised up further in this particular situation.
21 That previous wound that I was just showing you was
22 down here, there is a new wound here on the, kind of
23 the upper part of right chest, and that's what I'm
24 focused on right now, a different wound?

25 Q 35.

1 **A** This is a close-up view of that wound that
2 I showed you on the upper part of that right chest.

3 **Q** 36.

4 **A** Image 36. The only difference is a ruler
5 has been introduced per scale and there is also a
6 wound out here, this is like an abrasion here on the
7 right side of the chest. So there is two things of
8 interest here and here.

9 Image 37. We have switched over to
10 Mr. Michael Brown's left arm and what, so his head
11 is here, this is the left side of his body, this is
12 the left arm and left hand that is still bagged with
13 a brown paper bag. And there's an injury here on
14 left forearm as well as there is a tattoo right next
15 door.

16 So this close-up image of the left
17 forearm showing that injury that I just mentioned as
18 well as the identifying tatoo.

19 **Q** Just for the record, that was Image 38.

20 **A** Image 39. Only thing different is the
21 introduction of the ruler, still showing that injury
22 on left forearm as well as the identifying tattoo.

23 : . Now,
24 you are classifying this as an injury rather than an
25 wound, any significance to that?

1 that's the main difference with this photo.

2 This is Image 41, this is still left
3 arm, the head is here, this is showing the dorsal,
4 or the back side of the hand after the bag has been
5 removed.

6 This is 42. Now, I'm flipping back
7 over to the other side of the body and this is going
8 to be his right hand and the bag has been removed
9 and here you can see an injury.

10 **Q** I think 43?

11 **A** Yes, 43. Image 43. This is the back side
12 of the right hand and this is the, you know, the
13 right forearm, right hand, this is after the bag has
14 been removed from the hand.

15 Image 44. This is just a closer view
16 of the injury to the right hand and this is the
17 ventral surface of the hand or the palmar surface of
18 the hand. And that's the particular part that we
19 are looking at.

20 This is a close-up of the ventral or
21 palmar surface of the hand. This is the right hand,
22 this is the thumb and this is the particular area of
23 interest, there is an injury.

24 Image 46. Only thing different here
25 is the introduction of a ruler. We are still

1 actually used to remove the finger nails, that is
2 also submitted as evidence. So all of those things
3 are done before the hand has been altered or washed.
4 And then at that point once I have taken the
5 fingernail clippings and the scrapings, then I go
6 ahead and wash the hands and then continue my
7 process.

8 **Q** (By Ms. Alizadeh) So the clippers that you
9 used to clip the nails, those are one use clippers,
10 they are sterile, correct?

11 **A** Correct.

12 **Q** And then regarding, let's talk about that
13 injury to the right palm. We have seen in the
14 photograph that you have washed it off so you can
15 get a better look at the injury, correct?

16 **A** Correct.

17 **Q** Now, at some point you took, you cut a
18 piece of that wound out; is that right?

19 **A** That is correct.

20 **Q** But you haven't done that at this point?

21 **A** No, I have not.

22 **Q** What do you wash the wound with?

23 **A** Usually just water, warm water and a towel
24 or a rag, or sometimes they have like kind of like a
25 bristle type brush to be able to scrub off that

1 blood that is kind of stuck to the hand. It is
2 pretty resilient, sticks pretty good. So just using
3 water, warm water and scrubbing, that's how we
4 remove it.

5 **Q** No chemicals?

6 **A** No.

7 **Q** Nothing like that?

8 **A** No.

9 **Q** Okay.

10 : . Water from
11 the sink or?

12 **A** Water from the sink.

13 **Q** (By Ms. Alizadeh) Okay. So now back to
14 the image that you last showed?

15 **A** We are at 48 now. So this is still the
16 right hand, the hand has been cleaned, it is just a
17 closer view of that injury to the palmar surface of
18 the right hand.

19 This is Image 49. So only thing
20 different, a ruler has been introduced for scale.

21 So this is Image 50 and now we are
22 back on the left side of the body. And this is the
23 left hand and that's that wound or injury I was
24 showing you guys earlier. I'm trying to focus on
25 the thumb here, there is a little abrasion there.

1 **Q** Now, let me ask you, let me put this back
2 up here. We see the position of the arm and the
3 wrist and the hand is bent.

4 **A** Uh-huh.

5 **Q** Is that being held in that position or is
6 that the way the body is fixed?

7 **A** Most likely some of it is me putting a
8 little bit of tension onto the hand to be able to
9 better see the particular injury that I'm looking
10 for, but at the same time there is also particular
11 ways that the body, it is called rigor mortis, the
12 body will be kind of fixed in a certain position.
13 So there is mixtures of kind of these two events
14 happening at the same time.

15 The natural fixation or rigor mortis
16 of the body, plus me putting tension on it to get a
17 better look at the injury that I'm trying to show in
18 this photograph.

19 **Q** Okay. So the next photo is?

20 **A** This is Image 51. So this is a close-up
21 of that left hand and it is just this little injury
22 right here. Technically it is an abrasion, this is
23 what I'm focusing on right here.

24 **Q** 51?

25 **A** This should be 52.

1 **Q** 52, I'm sorry.

2 **A** Image 52. Still showing that little
3 injury/abrasion there on the hand. And the only
4 difference is the introduction of the ruler for
5 scale.

6 This is 53. So we are still looking
7 at the left hand and I've, I'm starting to pull this
8 fifth finger or the pinky finger on the left hand,
9 I'm trying to expose a little area of discoloration
10 on that hand.

11 Showing you 54. So this is that
12 fifth finger, that pinky finger on the left hand and
13 this is this little area of discoloration, that's
14 all I'm focusing on in this photo.

15 **Q** Just so we know, did you determine was
16 that an injury, that little area of discoloration?

17 **A** No, I don't feel that it is.

18 **Q** Okay.

19 **A** This is 55.

20 **Q** It is getting tired.

21 **A** There it is. That's just that little area
22 of discoloration on the left hand right here by the
23 pinky finger. For anatomical purposes, this is the
24 dorsal surface of the finger, the posterior or back
25 side of the finger.

1 now.

2 Q Okay.

3 A There is another one that I have to
4 expose.

5 Q Okay. But at this point now, you remove
6 the clothing?

7 A Yes.

8 Q All right. And is the clothing seized and
9 packaged by a police officer?

10 A Yes, the clothing is seized and packaged
11 as evidence to the officer.

12 Q Now, let me ask you this. At some point
13 is his clothing searched while he is in the morgue.

14 A Yes, it is.

15 Q And who does that?

16 A Usually the morgue attendant will search
17 the clothing.

18 Q Were you present when that was done?

19 A I do not remember.

20 Q Okay. And so if there was anything that
21 was inside the clothing or attached to the clothing,
22 that would have been removed by the morgue
23 attendant?

24 A That is correct.

25 Q And so who actually removed the clothing

1 from the body?

2 **A**

3 **Q** And is the clothing removed by cutting it
4 off?

5 **A** Um, it depends, but in this situation it
6 was just removed normally as you and I would take
7 off our clothing. The only time the clothing is cut
8 is if it is too difficult to remove it, but in this
9 situation the clothing was not too difficult to
10 remove, so it was not cut.

11 **Q** Okay. And after the clothing is removed
12 and that's seized and packaged by someone else, any
13 items that were inside the clothing is taken care of
14 by someone else, do you then clean up the body?

15 **A** Yes, yes, I do.

16 **Q** And so this next image, which I can't
17 remember what number that is?

18 **A** We are on 59.

19 **Q** Okay. This is now the body after the
20 clothing is removed and the body has been cleaned of
21 excess blood and so forth, correct?

22 **A** It is the best possible attempt to do so.

23 **Q** Okay. Now, let me ask you this. I don't
24 know if I'm jumping back or forward here, but
25 initially in your examination, I don't know if you

1 do this with clothing on or without the clothing on,
2 but do you weigh the body?

3 **A** Yes, I do.

4 **Q** How much did he weigh? Do you have your
5 report there if you want to refer it?

6 **A** Specifically 289 pounds.

7 **Q** Is that without clothing or with clothing?

8 **A** That's with clothing.

9 **Q** And then do you also measure the height of
10 this person?

11 **A** Yes, we do.

12 **Q** And how tall was Michael Johnson?

13 **A** 77 inches.

14 **Q** And I'm not good at math, but is that
15 6 feet 5 inches?

16 **A** Yes.

17 **Q** I had to use a calculator before when I
18 did that, I'm a lawyer.

19 **A** Yes, it is.

20 **Q** 6'5". Were you told how old Michael Brown
21 was or his date of birth?

22 **A** I was told how old he was.

23 **Q** And how old was he?

24 **A** 18.

25 **Q** Okay. And in examination of his body, do

1 you make any type of conclusion about does he appear
2 to be his stated age?

3 **A** Yes.

4 **Q** And developmentally?

5 **A** Yes, I do. That's the general approach.
6 I do make that reference one, there are some facial
7 injuries, but there is still enough to be able to
8 make that assessment.

9 **Q** Okay. Now, as we go forward with these
10 photos, the wounds that you already documented will
11 be photographed again and now we will go and
12 describe them.

13 **A** Okay.

14 **Q** And you document them in your report,
15 correct?

16 **A** Yes.

17 **Q** And so when you get a photograph, let's
18 say the name of the image, and then in your report
19 you have these injuries as number one, number two
20 and so forth. So let's refer to them like that. So
21 if you want to go along in the report, ladies and
22 gentlemen, if it makes it easier.

23 **A** I'm trying to see when I get, we're still
24 kind of going back through and looking at tattoos
25 and cleaning off stuff.

1 **Q** Okay.

2 **A** When I get there I'll do that.

3 **Q** All right.

4 **A** This is 59.

5 **Q** 59, and this is the first picture that
6 we've seen where his clothing is removed, correct?

7 **A** Correct. So here we have the head, there
8 is the feet, Mr. Michael Brown's clothing has been
9 removed. Once again we have that identifying
10 placard and this is his body without the clothing.

11 This is Image 60. We have the
12 identifying placard, this is Mr. Michael Brown, this
13 is looking at the right side of his body with his
14 clothing removed, feet are here, head is here, that
15 right arm is extended coming out at you.

16 This should be Image 61. This is
17 Mr. Michael Brown, clothing removed and then once
18 again the officer who is taking the photos, he has
19 ascended upon the stair step ladder to get an
20 overall view of Mr. Michael Brown without his
21 clothing.

22 Image 62. This is showing the lower
23 half of Mr. Michael Brown's body without the
24 clothing and here is the legs and the lower portion
25 of the abdomen.

1 This is Image 63. Looking at the
2 right side of the body and in here getting a better
3 visualization of one of those identifying tattoos on
4 the, kind of the upper portion of the right arm.

5 **Q** Now, just for clarification sake, what is
6 this thing right here?

7 **A** That's just a paper towel that is
8 sometimes used to remove blood or to get rid of
9 anything that's obscuring anything that I'm trying
10 to see.

11 This is Image 64. And this is just a
12 close-up of that tattoo, you know, with the blood
13 that was obscuring it removed from the upper right
14 arm.

15 This is Image 65. This is a better
16 image of the forearm with that identifying tattoo,
17 still see a wound here near the bicep and this is
18 the right arm and then that wound of the right hand.

19 This is 66. This is just a better
20 image of that identifying tattoo on the right
21 forearm, Big Mike.

22 This is 67. This is the left arm
23 now, the head is here, the feet would be out here,
24 this is the left arm and we are looking at the
25 forearm with the identifying tattoo and that injury

1 that you guys saw earlier.

2 This is 68. So this is the left
3 forearm with the identifying tattoo and then there
4 is this linear abrasion out here on the left
5 forearm. And this is the front part or ventral part
6 or anterior part of the forearm.

7 This would be 69. And with all cases
8 we have it is important to look at the back side of
9 the body as well as the front, and that involves the
10 external examination. So here Mr. Michael Brown's
11 body is being rolled by the autopsy technician
12 so we can document that there are no
13 injuries to the back side of the torso.

14 Q You did not find any injuries to the back
15 side of his torso?

16 A No, I did not.

17 Q How about the back side of his buttocks or
18 his legs?

19 A No, I did not.

20 Q Now, just for descriptive purposes, you
21 talk about front side and the back side or anterior,
22 posterior, ventral, dorsal, those are all
23 interchangeable terms?

24 A Yes.

25 Q When you are talking about your arms,

1 because your hands can move from one way or another
2 anatomically, would it be correct that in an
3 anatomical diagram the person would be standing
4 upright and their palms would be forward?

5 **A** That is correct.

6 **Q** So if you are describing an injury on the
7 palm, that would be a front injury to the front of
8 the hand, anterior, ventral?

9 **A** It is still ventral. The front would be
10 anterior, it could be ventral, all of those are
11 interchangeable terms or palmar, they are all the
12 same, all the same thing. Just depicts the front
13 portion of that body part in the standard anatomical
14 position. And when I document the injury, it is
15 always from this position. This is my reference
16 point. (indicating)

17 **Q** So when you're talking about, for example,
18 an injury to the forearm, your forearms move when
19 you turn your palms outward, correct?

20 **A** Correct.

21 **Q** So when you are talking about front or
22 anterior, you have to imagine that this is a person
23 whose palms is facing out. We might think this is
24 the inside of our arm, he doesn't describe it that
25 way. So for clarification, imagine that your arms

1 are in this position like he describes where the
2 wounds are on the arms, not so for the legs because
3 the legs just stay the way they are.

4 **A** The way they are, yeah.

5 **Q** Sorry.

6 **A** No, that's fine, excellent point.

7 I think I can start trying to
8 describe some of these.

9 **Q** So we're going to start with some wounds
10 now?

11 **A** This is Image 70. And the wound I will be
12 talking about first will be Number 9.

13 The next photo is going to be closer,
14 but just to kind of let you know, so this is Number
15 9 that we're looking at. Specifically I term this
16 is medial ventral right forearm.

17 So what that means is, I will stand
18 up so you guys can see. So the normal anatomical
19 position is like this. So when I'm saying medial,
20 medial is in reference to, you know, draw an
21 imaginary line down the middle of that particular
22 extremity, medial is to the inside, lateral is going
23 to be to the outside of that imaginary line.

24 Ventral, as we have already discussed
25 before, is talking about the front part of that

1 particular extremity or whatever we are looking at.
2 It is also synonymous with anterior, front or
3 whatnot.

4 When I say medial ventral, or right
5 forearm, so talking about something that is off the
6 midline inside, which makes it medial. Ventral
7 meaning it is on the front and depicting a
8 particular area which is the right forearm. So
9 that's the terminology. So, and we're talking about
10 this wound right here.

11 So this next image, which will be 71,
12 showing a close-up of wound Number 9.

13 So a lot of this is just jargon for
14 me to be able to say where it actually is on the
15 body in terms of reference points. So with all of
16 my gunshot injuries, I like to have two reference
17 points.

18 One of them is a fixed point, so in
19 this particular situation, I find something is going
20 to be the right elbow and I'm going to say how far
21 above or down it is to be able to specify, you know,
22 the upper dimension or the lower dimension, which is
23 kind of just your natural body axis.

24 So in this particular situation this
25 wound is 15 centimeters below this right elbow, and

1 then you want to be able to say where in the midline
2 that is and that lets me know medial or lateral.

3 So in this particular situation, this
4 particular wound is 5 centimeters to the left of the
5 anterior midline of the right forearm.

6 So when I say left, it is from my
7 left, not from you looking at me.

8 **Q** From the body's left?

9 **A** From the body's left. So this is the
10 right side of my body, since I'm going to the left,
11 I'm going over here, that's how it gets to where it
12 is supposed to be.

13 So from that point, what I want to do
14 after that is, I measure all of the wounds in terms
15 of dimensions to see how big it is. In this
16 particular situation it is about 2 centimeters wide
17 as it is long. So it is 20 millimeters by 20
18 millimeters or 2 centimeters by 2 centimeters,
19 whatever you want to use. It is the same changeable
20 amount.

21 Once you do that, you want to look at
22 the edges of the wound, meaning why that is
23 important, with exit wounds as well as entrance
24 wounds, there is particular identifying
25 characteristics that you can see on a case by case

1 basis. They are not always there, but there is
2 certain things that kind of give me inside track to
3 kind of figuring out what it is.

4 So in this particular situation when
5 I'm looking at the edge of this wound, it is more
6 irregular, it is kind of like, you know, someone
7 kind of took a bite out of it, it is not a nice
8 smooth circle or oval, it is more irregular. These
9 edges are kind of tattered and look different.

10 So I specify how that looks to me.
11 So in this particular situation I say that there's
12 irregular edges, the wound is irregular and it is
13 also clean, meaning that I don't see any type of
14 injury to the actual edge of the wound.

15 Exit wounds, classically, this is
16 kind of how they look. So once all of that is done,
17 I'm able to say at this point that this is an exit
18 wound.

19 So once I'm familiar with this as an
20 exit wound, eventually I'm going to want to try to
21 find out where the entrance wound is.

22 So we know where we are on the arm,
23 on the right arm, we are on the inside portion of
24 the arm and we are off medially of that midline. So
25 this is the exit wound of that right forearm.

1 ends up being propelled and that's what allows the
2 bullet to come out of the barrel of the gun.

3 The concept with stippling is that
4 when that primer ignites that gunpowder, in theory
5 it all combust or burn, thus ultimately turning into
6 soot, but when it doesn't turn into soot, you still
7 have unburned particles that are real small, but due
8 to the fact that they are being projected or shot
9 out of that barrel of the gun, they are able to
10 injure the skin. And those injuries of the skin is
11 called stippling. So you will see little small
12 individual dots around a wound.

13 What is important about the stippling
14 is it helps you with the range of where that weapon
15 is fired from.

16 So just roughly it depends on gun to
17 gun, bullet to bullet, but roughly if you see
18 stippling, you can say that that gun was fired a
19 foot and a half to 3 feet to that particular part of
20 the body. So that's what stippling is good for.

21 Now soot is, what I just kind of
22 briefly mentioned, is when that primer kind of
23 combusts, then lights that gunpowder, that gunpowder
24 thus combusts and then it turns into soot, that's
25 going to come out of the gun as well. When that

1 comes out of the barrel of the gun that can be
2 deposited on the skin.

3 The concept of soot is when you see
4 soot on the body, you are looking at something
5 that's closer than a foot and a half. You start to
6 look and say that particular bullet was probably
7 fired within 6 to 9 inches, or 6 to 12 inches of the
8 actual body. So that's the importance of mentioning
9 do I see soot, do I see stippling, so I describe
10 what they are, and I describe what the importance of
11 them is.

12 So at the end of the day, it is
13 really helpful with range of where that particular
14 projectile was fired from the gun.

15 **Q** And in this case, you do describe in each
16 wound whether there was present stippling or soot,
17 but this being an exit wound Number 9, you wouldn't
18 expect to see any soot or stippling knowing it is an
19 exit wound, correct?

20 **A** Correct, wouldn't expect to see that, so
21 that's another thing to let you know that okay, this
22 is most likely an exit wound. We don't see those
23 features, you don't always have to see them. That
24 is something that kind of puts you in that category
25 we are not dealing with a close wound.

1 This is 72. This is just showing
2 that same wound of the medial ventral right forearm,
3 like the ruler has just introduced into this picture
4 just for scale.

5 I apologize, these things are hopping
6 all over the place when we take pictures, we just
7 kind of take and keep going. We will get it
8 altogether.

9 **Q** For the sake of going through this and
10 we've already discussed it, we are going to show
11 every photograph and they are numbered.

12 **A** Okay.

13 **Q** So these numbers don't necessarily depict
14 the numbers that you are photographing, or
15 describing, so obviously we started with Wound
16 Number 9. So I apologize, it might get kind of like
17 a puzzle.

18 **A** If you have something you want to talk
19 about, just write it down and we can pull it back
20 out and talk about that, I have no problem.

21 All right. Number 73. So we're
22 looking just to give you reference before I find the
23 right number on our sheet, this is his right arm we
24 are looking at this wound here, there is a right arm
25 pit. And that one is actually, this should be

1 Number 7.

2 **Q** Seven or Six?

3 MS. WHIRLEY: Is that an exit wound?

4 **A** This is Number 7.

5 MS. ALIZADEH: Okay.

6 MS. WHIRLEY: And that's an exit wound?

7 **A** Yes, I'm about to describe it. So we're
8 looking at Number 7. So the particular location is
9 the upper dorsal right arm.

10 So what we are talking about is,
11 remember I was telling you about the forearm is
12 going to be from the wrist to the elbow, the upper
13 arm is going to be from the elbow to the shoulder.
14 So upper arm, that's where we are at. And then when
15 I say dorsal, and dorsal means the back part.

16 So we are looking, you know,
17 anatomically speaking, if you turn around like this,
18 if you look back here, this is kind of where this
19 wound is. It is here. So that's the dorsal part of
20 the upper part of the right arm. And then that's
21 where we are at right now in terms of position.

22 Now, once you look at it, what is
23 important is now I go through that same type of
24 algorithm that I had before. You want to look at
25 the contour of it, so this one is a little more

1 stretched out, more linear as opposed to that other
2 wound, which is a little more irregular. Not really
3 a big deal, but you still want to take the same type
4 of approach in describing what you see.

5 So this particular one, that's kind
6 of the shape and it's length is 18 millimeters by 10
7 milliliters. In terms of location, I do that again,
8 two fixed points. When I say how far it is from the
9 shoulder and say where it is from the midline, I've
10 done that.

11 Then you want to assess the edges,
12 meaning assessing the edges is determining how they
13 appear to you because that is going to be important
14 to determine whether it is entrance or exit.

15 In this particular situation, they
16 are a little bit irregular, but there is no type of
17 additional margin around it, it is still a clean
18 wound.

19 So when I say clean, there is no
20 contusion, there is no abrasion around it, it is
21 just coming, coming right back out the skin, making
22 really no abnormalities to it.

23 So with me seeing that, this once
24 again let's me know that this is another exit wound,
25 but on a different part of the body. I know that I

1 have an entrance wound someplace else. So this
2 would be Number 7 where it is located. Do I have
3 any questions about that?

4 : . So what explains
5 the elongated hole rather than a round hole?

6 **A** A lot of times it is the actual tissue of
7 where it is. So if you have an area where there is
8 more fat on the arm, this particular area you can
9 get a more elongated wound.

10 You have different types of soft
11 tissue make up there. So depending on where you get
12 hit, you are going to see different types of
13 orientation of the wound or contours of the wound.
14 So that is kind of a more fatty area of the body, so
15 it is going to stretch out a little bit more as
16 opposed to a place that's tighter, where the skin is
17 tighter, you are likely going to see a different
18 type of wound and more irregular.

19 If you feel your forearm yourself and
20 you kind of tense it up, your forearm is lot tighter
21 as oppose to the back side of your arm.

22 This is Image 74. And this is the
23 same exit wound and we're looking, only difference
24 is we just introduced the ruler for scale.

25 This is Image 75. So we're looking

1 at Wound Number 11 on the autopsy report. We are
2 looking at the ventral surface of the right thumb,
3 or near the ventral surface of the right thumb. So
4 anatomical position like this. So we are looking at
5 the front part, anterior part of the ventral part of
6 the hand. We are looking at the right hand is where
7 we are at right now.

8 This is 76. There is a lot going on
9 here and I will just try to do it step by step.
10 Wound number, so this is 76, Wound Number 11. So we
11 are looking at the ventral surface of the right
12 thumb.

13 So in terms of describing this one,
14 this wound has looked a little bit different than
15 the two that I just kind of showed you guys earlier.
16 This one is more elongated, meaning it is more
17 stretched out as opposed to being like a circle.

18 When you look at it, what is
19 important to realize is appreciating the elongating
20 nature and then two, there's these little tags that
21 you see, kind of like little sharks teeth. These
22 tags are ultimately going to be important for
23 determining the direction that you can say the
24 bullet is coming out of the gun and how it struck
25 his hand, but I will get to that part after I kind

1 of describe it.

2 The fact that I'm looking at this
3 kind of elongated wound, I'm seeing this kind of
4 shark teeth, call them skin tags. I know that this
5 is like a graze wound or a tangential wound.
6 Tangential just means that it is going parallel to
7 the surface of whatever it is striking.

8 So in this particular situation, got
9 that, and then you want to measure it, which we've
10 done. And the measurement is just five centimeters
11 by two centimeters, and it is orientating kind of a
12 12 o'clock to 6 o'clock fashion. It is 12 o'clock
13 to 6 o'clock based off the anatomical position. So
14 we are kind of going from down, or down to up or
15 however you want to do it, it is no big deal.

16 All right. What is important about
17 these skin tags is how it lets you know what
18 particular way the bullet is coming from. The skin
19 tags point towards where the gun, the barrel of the
20 gun is.

21 I'll come up here and show you. If
22 the gun, the barrel of the gun is pointed this way,
23 this is the way that the bullet is going to be
24 traveling. These skin tags point back towards the
25 barrel of the gun. You can't refute it. It is what

1 it is. These tags are pointing back this way. They
2 are pointing towards this.

3 So I know for a fact that the bullet
4 is coming this way. It is going like that.
5 (indicating)

6 Now, in terms of the anatomical
7 position of the body, in order to keep both
8 reference points the same, I'm still like this. So
9 the reason that my trajectory is up is because it is
10 just going up based on what the body is going
11 towards the head because I'm like this.

12 In real life did it go up? Can't
13 really say that, but just having the anatomical
14 position of how I have to stay static so that I can
15 have a reference point every time that I can discuss
16 these, you have got to keep yourself like this and
17 my direction of upward is purely based off of being
18 like this. I want you to make sure that you
19 understand that.

20 So what I know at this point is I
21 have a tangential wound, I know which way it is
22 going, I know which way it is coming from.

23 Now other things that are important
24 at this point with this wound, I can see it better
25 on here. It is better to see the discoloration that

1 you have. You can kind of see, it is kind of dark
2 here, kind of black, but here is it is a lot darker.
3 Can I show?

4 If you look at the hand, and I will
5 kind of walk around. If you see that material in
6 there, you can't really appreciate it too well on
7 the screen, but that's something where we are
8 talking about soot and talking about stippling, this
9 is where this is coming into play. This isn't
10 stippling, the stippling, I told you, is unburned
11 particles that cause the little dots on the skin.
12 This is soot, which is the burned gunpowder that's
13 coming out of the barrel of the gun and it is being
14 deposited on the skin discoloring it and leaving it
15 there. So there is soot there on the hand.

16 MS. WHIRLEY: So what does soot look like?
17 So that means that it was
18 a close range to the gun? This entered his body or
19 grazed his body at a closer range to the gun than it
20 would be if it was stippling or nothing at all?

21 **A** Correct.

22 MS. WHIRLEY: What does soot look like?

23 **A** Soot looks like, like you get charcoal and
24 kind of the stuff that you have left over that is
25 just black matter. That's what, it is just

1 particle. So it is an organic particle left over.
2 It is going to leave a smearing or something on the
3 hand.

4 **Q** (By Ms. Alizadeh) Kathi Alizadeh. Dr.
5 you did examine a piece of that tissue
6 from that wound under the microscope; is that
7 correct?

8 **A** Yes, I did.

9 **Q** I mean, we can go ahead and talk about
10 that now since we are talking about this wound.

11 **A** Can I make sure they all see good, so then
12 I will talk about that.

13 : . So front
14 of the body facing this way, it can also that it
15 entered, can it be entered this way too?

16 **A** Well, just how you did it, it has to be
17 like that. If you are sitting there, I have to be
18 above like that for it to come. That's the only way
19 it can come, it can't come any other way, or if you
20 are like this or you are like that or you are like
21 this. There's lots of different ways regardless, it
22 has to be coming at you that way, you can't get it
23 coming this way.

24 Okay.

25 **A** It has to come from this way, this way,

1 something like that.

2 : . What
3 again is the maximum distance you would expect to
4 see soot?

5 **A** Soot, it depends, it is a gun by gun
6 basis. It is a primer, gunpowder thing, but about 6
7 to 9 inches roughly where the discharge of that
8 material would be left on the body.

9 : Is there a middle
10 distance, like if his hand was on the end of the
11 barrel, would you still see the soot, so it is up to
12 that 6 to 9 inches?

13 **A** You would still get some discharge of
14 material if his hand was there, but the problem with
15 that is, so when you say hand, you mean like?

16 He was reaching out
17 struggling for the gun?

18 **A** You are like that, the wound is going to
19 look different. Now we are dealing with a contact
20 wound. If you are talking about actually physically
21 holding something, that's something extra and
22 different.

23 And for myself, let me take a step
24 back about the soot and stippling. Stippling, when
25 I see it, that lets me know that I'm dealing with an

1 intermedia type of wound, meaning that it is like
2 maybe like a foot and a half to 3 feet away. Then I
3 have indeterminate wounds where I don't see
4 stippling, don't see soot, I do know it's an
5 entrance wound, so there is nothing extra on the
6 wound to let me know about closeness. So in that
7 situation, those are called indeterminate. They are
8 probably 3 feet or further away, that's all I can
9 say.

10 Soot, like we just discussed, we're
11 talking about 6 to 9 inches. Contact wound, if it
12 is a contact wound, so we are talking about we are
13 up close and personal to whatever it is.

14 So with that you are going to see
15 different type of characteristics on the scene, you
16 are going to see more searing or burning of that
17 skin because there is hot particles and gas escaping
18 from that weapon that are going to cause alterations
19 of that skin surface.

20 And when you actually examine the
21 wound, you may see that soot type material deposited
22 deep into the tissue or be black and deeper on the
23 inside than the outside, or you may see a muzzle
24 imprint. A muzzle imprint is where the end of the
25 gun actually is so close to the skin surface or body

1 surface where it leaves the end part of that barrel
2 imprint on the hand. So those are some of the
3 things you look for a contact wound.

4 So closest thing you've got of a
5 contact wound, next is a close range wound with the
6 stippling, I'm sorry, soot. And then intermediate
7 is where we are dealing with stippling, and then the
8 last thing is indeterminate, too far away, you can't
9 determine. That's kind of my range of wounds and
10 what the actual terms of contact, close,
11 intermediate and indeterminate mean.

12 . This is
13 telling us that it was a closer range and that the
14 hand was open, not around --

15 **A** All I can say it is a close range wound.
16 For him to get that, he is within 6 to 9 inches of
17 however scenario you want to create in your head,
18 that's all that that means.

19 **Q** (By Ms. Alizadeh) And you also know the
20 angle that the bullet traveled across the skin?

21 **A** Yes, we know that too.

22 **Q** And the direction?

23 **A** We do know the direction.

24 **Q** Okay.

25 **A** So the next thing is, is there another way

1 for me to determine that it is soot.

2 So as I said before, when I'm doing
3 an autopsy, part of a complete autopsy examination
4 is sometimes you have histology. Histology is the
5 preparation of tissues that you take from the body,
6 you process through some dehydration steps, alcohol
7 step, you eventually put it into a block of paraffin
8 wax. Where you then take microtone, which is just a
9 blade and cut off a very thin silver of that tissue,
10 put it on a glass slide and then using different
11 type of dyes, pink dye, a blue dye, you are able to
12 stain it. And then I get a slide back and then I
13 put that under my microscope and then I can see the
14 histology. That's just the study of tissues under a
15 microscope.

16 In this situation I took some small
17 pieces of skin from those areas of discoloration and
18 I did histology on them. I got those back, and I
19 looked under there, under the microscope. And when
20 I can see in my actual skin sample is, I see foreign
21 particles of matter, and what that means is, there
22 is some of them are pigmented, some of them have
23 different colors, but there is material there that
24 he wasn't born with that had to be introduced into
25 his skin as foreign material. I know that much.

1 So I'll let you hop in if you want
2 to.

3 **Q** No, I think you covered that well. I'm
4 not a doctor, but I play one on TV.

5 **A** So at that point that's all I can truly
6 say that this is what I have, it is foreign
7 particulate matter that had to be introduced into
8 his skin.

9 Now the next step is well, okay,
10 where did it come from.

11 I can at this point say from what
12 I've seen from textbooks that I have looked in
13 histology and from what I have seen in the past, the
14 material that I'm seeing is consistent with products
15 that are discharged from the barrel of a firearm.

16 So that's why I can look at that
17 picture on my eye, it looked concerning for some
18 type of extracorporeal, meaning something that is
19 coming from outside of the body. Some extra matter
20 that I wanted to figure out what it was.

21 It is not something that he woke up
22 in the morning with or something like that, but
23 taking those samples with my pictures as well as
24 looking at the histology, was consistent with
25 products that are discharged from the barrel of a

1 that I'm going to talk about next. And specifically
2 the region on the body is, it is the right bicep,
3 which is here, the bicep is just the muscle that is
4 in between your elbow and attached to your muscle
5 here, the deltoid, which is your shoulder muscle,
6 that's the area that we are talking about. We are
7 talking about this wound right there.

8 In particular this one too is similar
9 to the other one that I just described, this is also
10 a graze wound or a tangential wound, meaning that it
11 is just running along the surface of the skin.

12 Now, what is different about this one
13 is, this is going to be Image 79. So I'll just
14 describe it first and then we will get to the
15 differences between the two.

16 So this one is located 6 centimeters
17 above the level of the right elbow, so it is a flat
18 fixed point, so it is up above the elbow and then it
19 is just to the left of the anterior midline. So it
20 is more kind of medial than anything. It is going
21 close to here as you saw in the picture.

22 So the wound is measuring 3
23 centimeters by 1 centimeters. In terms of how it is
24 positioned, it is kind of going, you know, I guess
25 you say this is 9 o'clock. So the face of the clock

1 is here, this would be 12, this would be 6, so it is
2 going 9 to 3. So it is going in kind of a
3 horizontal fashion.

4 Now, this one, what's different is,
5 the other one had nice skin tags, we could determine
6 the directionality of the wound because it went deep
7 enough and it also hit a part of the body where the
8 skin on your hand is pretty tight. So it is more
9 resilient to being disrupted. So it is going to
10 pick up more changes of damage.

11 With this particular situation, you
12 don't see any of those skin tags and what you do see
13 is a drying or an area of discoloration here on the
14 outside of this particular wound.

15 And when I palpated it, meaning
16 touched it with my fingers, this wound was very hard
17 and was very firm.

18 So in this situation, this is not
19 soot, this is not any gunpowder, this is just the
20 drying of the edge of the wound where some blood
21 starts to leak out around the edges and interactions
22 with air and interaction with clotting, it turns
23 dark.

24 So this is just discoloration from
25 dry blood, this is not soot or anything like that.

1 So in terms of determining distance on this one, I
2 can't. In terms of trying to determine
3 directionality, I cannot. This is something that
4 came from greater than 3 feet away. I don't have
5 any characteristic things of stippling or soot or
6 searing or muzzle imprint to determine how close it
7 is. So this thing is farther than 3 feet. I don't
8 know exactly even which way it is coming, but I do
9 on, you know, you do mention the directionality of
10 it, the three, I can't even say. There is nothing
11 to let me know which way it is coming from. So
12 that's that wound and that is how it is different
13 from the hand wound, but it is still a gunshot wound
14 nonetheless, but a different type.

15 Questions about that one?

16 Number 80. This same image, still
17 the right bicep, still that tangential graze wound.

18 This one, just a second, let me get
19 my bearings.

20 **Q** (By Ms. Alizadeh) Can I stop you for a
21 second? I'm not peeking, but I don't know if you
22 need to take a break to return the call?

23 **A** Yeah.

24 MS. ALIZADEH: We'll take a quick five
25 minute break. We are going off the record.

1 (Recess)

2 **A** This is 81.

3 MS. ALIZADEH: Okay, hang on, are you
4 ready? We just took a brief break and the witness
5 is still testifying, you are still under oath, Dr.
6 all 12 grand jurors are present as well as
7 Miss Whirley, myself and the court reporter. Please
8 continue.

9 **A** So this is Image 81. On your paper, on
10 the report where I have Wound Number 6, the I
11 specific area of this injury is the upper ventral
12 right arm. So what I'm talking about here is
13 roughly, you know, kind of here in the area of the
14 bicep.

15 You have a gunshot wound here, so it
16 is the upper part, meaning in between the elbow and
17 the shoulder. The right arm, and then dealing with
18 the ventral portion, which is the front part of the
19 arm. So that's where this wound is.

20 And as I said before, I go through
21 the same process of documenting the size and the
22 actual location on the body were two fixed points.
23 So this one is 20 centimeters below the level of the
24 right and 1 centimeter to the right of the anterior
25 midline of the upper arm. This particular wound

1 measured about 10 millimeters by 10 millimeters, or
2 1 centimeter by 1 centimeter.

3 Now, what is different about this one
4 and what I was showing you guys before is, I showed
5 you one wound that was more irregular, some tissue
6 was kind of coming out, there was a little piece of
7 clotty blood, it was more elongated, it had clean
8 exits. This one is more oval in shape.

9 And what I can see here on the
10 picture, which is demonstrated a lot better than
11 here, but the difference between this one, first
12 thing is oval in shape. You can make right here a
13 little bit of pink tissue right here. You can make
14 an argument is that an abrasion. A definition of an
15 abrasion is just the superficial layers of your skin
16 are rubbed off and it exposes the pink of the white
17 meat of your hand and that's what an abrasion is.

18 So when these bullets come in, they
19 don't always go straight in, they can come in at
20 different angles. So when it comes in and it starts
21 to rub that tissue off, that's what an abrasion ring
22 or an abrade is on a gunshot.

23 If you see that, that's kind of
24 indicative of an entrance wound. So in this
25 particular situation you can make an argument is it

1 there or not. I said it wasn't really definitive,
2 but you can see a little bit there. But around it,
3 it is kind of like a little bit of a reddish hue and
4 that's kind of like a contusion ring.

5 So there is an injury to the skin
6 from the outside going in. And so this part, when
7 you see that, these kind of features together this
8 lets me know this is an entrance wound.

9 And then the flip side of the exit
10 wound, the exit wound just pretty much it will stay
11 the same color, brown color of the skin, you can see
12 a little bit of purple around it, you can see a
13 little bit of pink, but it is pretty much just the
14 wound. That's the difference between the two and
15 those are the little small differences that you are
16 trying to look for to be able to appreciate when you
17 are trying to separate out an entrance wound from an
18 exit wound. So that being said, this is an entrance
19 wound.

20 Now at this point, what I do now is
21 that, take a step back.

22 With cases I can also do x-rays with
23 gunshot wound cases where people are dying from
24 wounds or gunshot wounds. You want to be able to
25 x-ray the body to be able to one, determine where

1 there are projectiles, to also see any type of
2 injures that may have fragmented the bullet, or to
3 be able to help with the path of the bullet. Main
4 thing is to see you still have evidence in the body.

5 So the whole body in this case has to
6 be x-rayed from head to toe. So this particular
7 part of the arm that we're looking at has been
8 x-rayed. So when you look here at what I'm talking
9 about. Eventually I say, x-ray showed bullet
10 fragments associated with that wound, that's what
11 that means.

12 So in terms of also looking at range
13 in this case, I said that there is no stippling
14 identified, there is no soot identified. So that
15 lets you know that we're dealing with another one of
16 these wounds that is at least 3 feet away or
17 greater. I don't know, I can't tell. I just can't
18 assess it because I don't have those distortional
19 changes of soot, gunpowder or stippling. They are
20 just not there, that's that part.

21 Now, once that's done, you want to be
22 able to say, okay, I've got the entrance wound now,
23 I should have an exit. So this story now completes
24 that exit wound that was up here by the, kind of the
25 fat up in the armpit, that this entrance wound is

1 related to that exit wound. So once I know these
2 two are related, now I have determined the path and
3 the path is based off of what I told you all before
4 is off of the anatomical position of the body.

5 Now I know I have the in, got the
6 out, then I can say what is trajectory of the body.

7 So in this particular situation this
8 bullet is going slightly upward, instead of
9 backward, and it is going up, meaning that where it
10 comes out at is a little higher than where it comes
11 in at. That's the upward, upward talking from the
12 feet to the head like this. So it is coming out a
13 little bit higher than where it came in at, that's
14 upward.

15 Backward means this is the front part
16 of the body, this is back part of the body. So if
17 it is coming in here, going out there, you know it
18 is going front to back, so it is backwards.

19 In terms of the actual left to right,
20 it is coming back a little bit this way on the body.
21 So it is coming to my left and coming that way. So
22 that's the trajectory of this bullet. A little up,
23 a little to the left and it is going backwards
24 that's the trajectory. It is based off of like this
25 not, you know, jumping around, it is just like this.

1 about the elevation of the weapon used? The injury
2 and exit describe the upper going through the back,
3 I assume it does not necessarily give you any idea
4 where the elevation of that weapon was?

5 **A** Exactly. You have to think about it an
6 arm, this arm can be in so many different type of
7 ways. It is very difficult to be able to say
8 exactly what elevation you are dealing with, that's
9 why the arm is very difficult.

10 The fact that you've got you have an
11 elbow joint, you have a shoulder joint and then the
12 wrist, you have a lot of mobility within that arm
13 and it can be in a lot of different scenarios. It
14 is very tough and even impossible for me to say.

15 **Q** (By Ms. Alizadeh) And, Dr. not
16 necessarily with this wound, but have you found in
17 your experiences that often with projectiles that
18 enter and pass through the body, it is not always
19 necessarily a straight path, depending on if they
20 hit bone or if they pass through other types of
21 tissue, you can't necessarily say if it went
22 straight through, that that was the angle that the
23 bullet entered from and so forth?

24 **A** And that's correct. You have to be
25 cognizant of that fact that there are things that it

1 is hitting and going through that can alter the
2 flight or trajectory of that bullet.

3 This is 82. Same wound, only
4 difference is there is a ruler for scale.

5 This will be 83. We are looking at
6 Number 8. Should be the dorsal right forearm. When
7 I'm saying dorsal, anatomical position. This is the
8 front of the forearm, and the forearm is between the
9 wrist and the elbow. This is the front, dorsal is
10 the back. So we are dealing with a wound here on
11 the back side of the right forearm, and that's right
12 here.

13 And I've already talked about its
14 associated exit wound which is here on the ventral
15 part of the forearm, which is medial. Here is the
16 entrance and here is the exit, I'm going to talk
17 about the entrance now.

18 So we are at Image 84. This is just
19 a close-up view of this gunshot wound here on the
20 dorsal part of the right forearm.

21 So doing same thing again, always
22 want to measure from a fixed point as well as
23 imaginary line, it separates left to right, which is
24 the medial from the lateral.

25 So in this particular situation, it

1 is 16 centimeters below level of right elbow and 2.0
2 centimeters of the posterior midline of right
3 forearm.

4 The hole itself was 11 centimeters by
5 10 centimeters. So it is very similar in size to
6 that last exit wound that I showed you that was part
7 of the ventral arm.

8 Looking at these edges, which is
9 important to do every time. These look, the shape
10 is kind of oval, but what you can start to see now,
11 if you look at this little edge, there is a little
12 bit of a rim of kind of red tissue right here to the
13 outside, a little bit brown. This is kind of a good
14 classical abrasion margin. So the abrasion margin
15 is the thing I talked about before, kind of almost
16 definitive, it lets you know this is an entrance
17 wound, in the right situations.

18 There is some other situations where
19 you can see this, but it is not an entrance. I'm
20 not going to confuse you with all of that right now.

21 But this has the classical features
22 of kind of being round to oval, having a nice
23 abrasion collar right there on the outside, that's
24 kind of critical and that's key.

25 So when I see that, without getting a

1 probe, I also probe the wound with just kind of a
2 little flexible rod to make sure my entrances and
3 exits they are communicating together as they pass
4 through the skin.

5 Sometimes the rod won't pass through
6 and I may have to open up the arm or whatever to see
7 the actual wound track just to verify. Most times
8 they will communicate and I probe these wounds to
9 make sure that they are connected so they are not
10 just a hole here and here. I'm just assuming they
11 are together. I make sure I probe them, I make sure
12 they are in communication whichever. This is the
13 entrance wound here on the right dorsal forearm.

14 So once that's being said, this
15 particular body part, and in this situation when it
16 is being x-rayed, there is little small metallic
17 fragments that are showing up on an x-ray. And most
18 likely these metallic fragments are fragmented
19 bullet and the reason that it's fragmented is, is
20 when this passes through the arm, it hits a bone in
21 the forearm.

22 You have two bones in your forearm,
23 you have the radius and you have an ulnar. Your
24 ulnar, if you feel your arm, you kind of feel the
25 bone that is on the medial part of your arm, that's

1 your ulnar. The other part of the forearm out here,
2 that's your radius. So it kind of makes sense that
3 this exit wound that came out of that medial part of
4 the ventral forearm, that it hit that bone.

5 So when it came from out here, kind
6 of where it is. When it passes through, went
7 through those soft tissues, it hits that ulnar bone,
8 shattered it and then that bullet came out.

9 So going back to your question, why
10 do exit wounds look different and look odd? So if
11 you have a projectile that has now lost its normal
12 shape and it is fragmented when it comes out of that
13 skin, it is going to have a different shape as
14 opposed to something that stayed intact.

15 So that could be an additional reason
16 for why you may see something elongated, some more
17 irregular, you have to take into account the fact of
18 what that bullet's actually doing when it strikes
19 objects within an actual body. And a bone is a hard
20 substance and it can be deflected some, so the
21 actual trajectory is going to be, is going to be
22 slightly upward, forward and left.

23 So once again, it is going, this one
24 in this situation is because the entrance wound is
25 on the back side of the body, which the trajectory

1 is now forward because I'm like this, but it is
2 coming from the back and going to the front, so that
3 is why it is forward. That makes sense it is just
4 purely based off of this position, not like this or
5 anything like that, just like this. So it is coming
6 back to front, and so that's the forward part.

7 And in terms of the actual things
8 that it hit, I have actually kind of said it a
9 little bit, it is going through the skin, soft
10 tissue, hitting that right ulnar and hitting the
11 soft tissue again and coming out of the skin, an
12 exit wound. So now we have another communication of
13 a wound path.

14 So we have entrance and exit right
15 here on the back and the dorsal part to the ventral
16 part, and we just talked about the one that's coming
17 in here on the ventral part of the upper arm and
18 coming out of the dorsal part of the arm, so got
19 that both taken care of.

20 Image 85. Same wounds, just
21 introducing the ruler for scale.

22 **Q** Just so we are clear too, right here, is
23 that an injury or just dried blood?

24 **A** That's just dried blood.

25 **Q** Okay.

1 **A** A new wound here, 86. We are at Number
2 4, the right front chest. We are specifically
3 talking about this wound right here.

4 Just to describe the image, you have
5 Mr. Michael Brown's feet here, his head here,
6 instead of laying on his back you can see another
7 wound here and this is one of interest. You can see
8 the entrance to the right side of his face.

9 This should be 87. So this is a
10 gunshot entrance wound to the upper right chest.
11 And as usual, I always do two fixed points to
12 determine where he's at on the body. So in this
13 particular situation it is 16 centimeters below the
14 level of the hole of your ear going down this way,
15 and then it is to the right of the imaginary midline
16 of the chest, so kind of right there.

17 In terms of the actual dimensions of
18 the actual wounds, it is 15 centimeters, 15
19 millimeters by 10 millimeters. It is oval in shape,
20 meaning it is pretty round.

21 Now the edges, I always assess those
22 to determine entrance or exit. When you look at
23 this one, you can see a little bit on the edge,
24 there is a little bit of a defect there, right there
25 on the side, so that's the abrasion once again.

1 Just letting you know that this is an entrance
2 wound. This one, I just want to show, just show
3 them real quick, this is kind of hard.

4 MS. ALIZADEH: Sure.

5 **A** See that area right there on the edge?
6 That's the abrasion that I'm talking about.

7 **Q** (By Ms. Alizadeh) You know when you are
8 talking to them, keep your voice up because he has
9 to take down what is being said, okay?

10 **A** I'm sorry. So this little area on the
11 side of the skin, that's the abrasion, right, that
12 I'm talking about, the abrasion collar.

13 So we have an abrasion collar.

14 MS. ALIZADEH: Is this the same picture?

15 **A** It is this the same one.

16 MS. ALIZADEH: I think you flipped it. Is
17 this the orientation that we did before? Yeah,
18 yeah, yeah, yeah.

19 **A** Yeah, okay.

20 **Q** (By Ms. Alizadeh) It confuses me.

21 **A** Sorry. So his head is here, feet would be
22 here, this is his neck right there.

23 Okay. So we've dealt with the fact
24 that we are looking at the abrasion collar or the
25 abrasion ring, so that is letting me know that this

1 is most likely an entrance wound. At that point you
2 want to be able to look for any additional injuries
3 that need help with range.

4 So there is no soot, meaning kind of
5 that discoloration that you see around wounds and
6 there is to no stippling, that would be those little
7 small dots that you see around a wound, you don't
8 have that.

9 So once again, I'm looking at a wound
10 where there is an indeterminate distance, is the
11 body greater than 3 feet away. So that is all I can
12 say.

13 Once I know that, I move to the next
14 part saying what's the, you know, looking at my
15 x-rays to see if there is any fragmented bullets,
16 any projectiles I need to get for evidence, that's
17 the next point.

18 So in this particular situation, when
19 I did the x-rays, there actually was a bullet
20 associated with this wound that I knew that I had to
21 get on the inside of the body that I end up doing
22 when I do my internal examination.

23 So like when I told you all at the
24 beginning when I said external and then internal, so
25 when I take all the organs out and looking at all

1 the damages that happens to the organs, at that
2 point I start looking for that bullet.

3 So before anything even happens when
4 I look at the x-rays before the case starts, I know
5 I have a bullet there okay.

6 Q If we can, go ahead and describe, I know,
7 you know, they all know that you opened up the body
8 and assess the injury to the various organs. Can
9 you go ahead and talk about that in relation to this
10 wound generally and then there will be later
11 photographs and discussions about that?

12 A All right. So when this one passed
13 through, went through the skin and hit the collar
14 bone right there and then went through, hit the
15 upper portion of the right lung and then it went in
16 between, so your rib cage, you have to think of it
17 like a bare front part. Your ribs wrap all the way
18 back to your spine. So when it passed through, your
19 body is three dimensional looking from the side, it
20 comes in here, passed through that skin, soft
21 tissue, hitting that collar bone right there,
22 hitting the upper portion of the lung and then
23 burying itself in between the intercostal space of
24 the third rib.

25 So intercostal means, so you have 12

1 ribs total. Think of that as a ladder. So you have
2 rib one, you've got rib two. In between rib one and
3 rib two that's called the intercostal space. That
4 is just the spot in between two ribs. So in between
5 ribs three and four, that's where I got the bullet
6 from this particular wound.

7 So when this bullet went through the
8 lung, it damaged the lung and created a defect. I
9 think the defect is 2 centimeters in dimension. And
10 then at the same time there was blood present within
11 the thoracic cavity. The thoracic cavity are the
12 chambers, you have two on both sides of your chest
13 cavity. You've got a left side, you've got a right
14 side.

15 So within that right side,
16 400 millimeters worth of blood, which is a decent
17 amount filled up within that side of his body. So
18 those are all the main kind of injuries associated
19 with the path of this bullet going through, hitting
20 that bone, hitting that lung and then burying itself
21 in the back part of the thoracic cap area.

22 MS. WHIRLEY: Sheila Whirley. With that
23 wound, would he have been able to survive that
24 wound?

25 **A** Eventually, it would have, it would need

1 surgical attention. If it is not addressed, it
2 could have been a lethal wound.

3 MS. WHIRLEY: But it was not the fatal
4 wound in this case?

5 A No, it is not. Not the immediately.

6 Q (By Ms. Alizadeh) Could someone who have
7 sustained this type of injury, would they be
8 immediately disabled?

9 A No, they would not.

10 Q So they could continue to stand?

11 A Correct.

12 Q They could be mobile for a while?

13 A Correct.

14 Q Okay.

15 : . The trajectory
16 entered here is that it hit the collar bone, did the
17 collar bone deflect it downward, you think, the path
18 of the bullet?

19 A It is possible, but it is hard to tell
20 exactly what role that is going to play with the
21 bullet. It is a wild card. You know, if it wasn't
22 there, it went straight through the body, came out
23 the back we all know, but the main thing you can say
24 about it is, it is going to slow it down. It did
25 fragment the bullet, it kind of broke it up a little

1 bit and it is going to slow it down, but that is
2 about all you can really say. It is kind of an
3 intermediate thing in between where it stops.

4 : You can't say it is a
5 downward shot, it could have been a straight edge
6 shot?

7 **A** It could be straight or down.

8 Okay.

9 **A** You have to think about your head too,
10 your head is on a pivot, so pivot, you know, like
11 that. And say something is passing through it is
12 possible it could do that or it could be a straight
13 on shot.

14 That's the variability that you have
15 with wounds when you are dealing with something
16 close to a joint or something, close where something
17 can pivot around because you can get an exit from
18 something from someplace else and reenter another
19 place in the body. And that's what makes it
20 difficult when you weren't actually there.

21 **Q** (By Ms. Alizadeh) So I'm not saying this
22 is true in this case, but you are saying you can
23 have a bullet that would pass through someone's arm,
24 so you have an entrance wound and exit wound of the
25 upper arm, for example. And then the bullet can

1 then reenter the chest cavity?

2 **A** That is correct.

3 **Q** And do you have any way to know whether
4 that was the case in any of these wounds?

5 **A** No, I do not.

6 It was mentioned
7 earlier, do you have any indication that the grazing
8 from the hand could have been one of the chest
9 entered wounds?

10 **A** It is possible if your hand is in the
11 right way for that to happen, it is possible. But
12 all I can say about that wound is that, I have an
13 idea of range and I have an idea of directionality,
14 but that's really all that I can -- I definitely
15 know from my examination, but after it left there,
16 there is a lot of possibilities.

17 This is 88. And the only difference
18 with this one is the introduction of the ruler.

19 A new wound here. This is going to
20 be Number 5, lateral right chest. So as always,
21 this is a gunshot entrance wound, it is located
22 20 centimeters below the level of the right auditory
23 meatus and then it is to the right of this imaginary
24 midline of the chest. That is how you know where it
25 is located.

1 In terms of the size, it is
2 12 millimeters by 12 millimeters, and this one kind
3 of has a little kind of a teardrop or somewhat of a
4 oval type shape to it.

5 There is a very small abrasion ring
6 around it and that is just that defect that you see
7 associated with wounds and when bullets pass through
8 the skin, it rubs off that little area as it is
9 entering. So that is kind of letting me know that
10 this is an entrance wound.

11 As I always do, want to try to help
12 yourself with range if you can. So I look for soot
13 and I look for stippling. There isn't any on this
14 wound, so now I'm dealing with another wound that is
15 most likely greater than 3 feet away. I don't know
16 how close, it is an indeterminate distance.

17 So x-rays are done, so there is a
18 bullet associated with this wound as well. And it
19 is further down in the body and I recovered it from
20 the lateral part, which is kind of out here, of the
21 right back. So it is kind of coming up here, but I
22 end up getting the bullet out around down here, just
23 so you know.

24 So that kind of lets you know there
25 is a downward trajectory with this particular wound

1 that is based off of this position. So it is coming
2 in here and getting here, you already know it is
3 going down.

4 MS. ALIZADEH: has a
5 question, Doctor.

6 : I notice on both of these
7 that there is other like bruising and other stuff?

8 **A** What are you referring to?

9 The other picture, just
10 the last wound that we saw.

11 MS. ALIZADEH: You want to point with
12 this?

13 **A** This picture.

14 Both of them around the
15 wound. All of this stuff around here, is that
16 normal, is that bruising?

17 **A** Are you talking, like this?

18 Yeah

19 **A** That is just kind of smeared blood.

20 I know it was worse on the
21 last one.

22 **A** That is not bruising. So bruising, the
23 technical means contusion. So bruising, contusion
24 these are kind of synonymous words.

25 The difference between that, and this

1 is just kind of being an artifactual thing, this is
2 something on the outside of the skin, it is on the
3 surface. A contusion or a bruise, that's blood
4 underneath the skin surface. So it is like, you
5 know, someone punches you, kind of turns blue, green
6 whatever over time, you have blood underneath your
7 skin that is going through the process of changing
8 colors.

9 So in this situation, this stuff
10 that's here, this is just some artifact and just
11 kind of cleaning off the wound and it is blood that
12 kind of transfers from here out to the skin so that
13 is not a contusion.

14 Okay. Now, so we got the trajectory,
15 you know, in turn, what did this pass through. It
16 went through the skin, it went through the soft
17 tissue, and as it is going down, you have got to
18 once to think about your rib cage, kind of like a
19 barrel.

20 When it goes down through that skin,
21 you have ribs kind of jetting out there, it kept
22 going down and that rib, that eighth rib, you have
23 12, it is kind of sticking out and the bullet hit
24 that. It fractured that rib and it kind of bounced
25 off a little bit and just stayed in the soft tissue.

1 The problem with that injury is, when
2 that rib fractured, it fractured to the inside and
3 the lung, the bottom portion of the right lung he
4 had got punctured because of the breaking of the
5 bone.

6 So there is an additional injury to
7 the lung further down. You have got one at the top
8 too, one in the upper chest, now you have one
9 further down. So there is a puncture wound from a
10 bone breaking from a bullet hitting it, and you have
11 got one that's just a gunshot wound that is actually
12 hitting the lung.

13 So there is going to be a little bit
14 of blood coming out of that wound as well. So these
15 two gunshot wounds technically of the chest, that
16 400 millimeters of blood is going to be associated
17 with both of those wounds. And so it is important
18 to know that those can be ruled the same, they are
19 both causing injuries to the body that if not
20 corrected, it could end someone's life, but in this
21 situation there is another wound to the head that
22 I'm going to talk about. I just want to make sure
23 that you understand the separation of the two.

24 Q (By Ms. Alizadeh) So, Dr. this
25 wound then, without medical care could be fatal, but

1 not immediately so?

2 **A** Exactly.

3 **Q** And again, with this type of wound, a
4 person sustaining that would they be able to stand
5 and be mobile for a while?

6 **A** Yes.

7 **Q** Okay.

8 : . There is nothing
9 else sequencing of these events, correct?

10 **A** For this wound here, no.

11 : Fatally, you know what the
12 final one was, you don't really know --

13 **A** Right.

14 **Q** (By Ms. Alizadeh) So far, just to be
15 clear, and we don't, you can't say so far the
16 sequence of these wounds?

17 **A** Not right now, no.

18 **Q** Which one happened first, but none of
19 these wounds would immediately incapacitate someone?

20 **A** Correct.

21 **Q** Okay.

22 **A** So this is the same wound that we are
23 looking at. The only thing different is the
24 introduction of the ruler. I'm sorry, I didn't say
25 a number. This is 90, I'm sorry.

1 91. So the head of Mr. Michael
2 Brown, we are looking at the right side of the face.
3 And the wound that I'm going to be getting to next
4 is going to be Number 3. It is going to be right
5 here, it is going to be an exit wound of the right
6 jaw.

7 This is just showing from the top
8 down, just showing some more wounds of the face.

9 This is 93. So this is his neck,
10 this is the top part of his head here and you have
11 this exit wound here of his right jaw. So let's
12 walk through this one.

13 So this one is located about
14 5.5 centimeters below the level of the right ear
15 hole and then it is to the right of the anterior of
16 midline of the head, which is like that. So it is
17 to the right. The hole measures 15 millimeters by 9
18 millimeters.

19 Now looking at the contours of it,
20 the contours meaning the edges, I do that on every
21 wound that I see, the gunshot wounds. If you look
22 at this one, you kind of see this little edge is
23 kind of flapping over a little bit. You don't see
24 those good little peak margins that are around it,
25 it is a little more irregular, it is not as smooth.

1 And you kind of actually see a little bit of tissue
2 kind of streaming out there and a little bit
3 flopping out of the wound to the outside.

4 So when I look at all of the
5 constellation of all of these things, this is
6 letting me know this is consistent with an exit
7 wound.

8 I don't see any stippling, I don't
9 see any soot, shouldn't see that in an exit wound,
10 but the thing is it is a little more irregular,
11 don't see a good abrasion ring, don't see a good
12 contusion, don't see any bruising, don't see
13 anything that I typically see in a situation of an
14 entrance wound, so I know that's an exit wound.

15 This is going to be in relationship
16 to another wound that I will get to eventually.

17 So this is 94. And the only thing
18 different about this is the introduction of the
19 ruler.

20 **Q** This is 95?

21 **A** This is 95. This is the right side of
22 Mr. Michael Brown's face. I am wanting you to focus
23 on this wound right here, which is a gunshot
24 entrance wound. This stuff here, these are
25 abrasions. I'll just describe them.

1 So up here on the right forehead,
2 this kind of irregular area right here. This is an
3 abrasion, as I said before, an abrasion is just
4 where that superficial layer of the skin rubbed off
5 and exposes that underlying soft tissue. That
6 particular abrasion right there measures about
7 7 centimeters at its greatest dimension, kind of the
8 longest point.

9 Then there is one over here on the
10 lateral part of his face, it is kind of dried,
11 meaning when I say dried, see how it is kind of
12 discolored, this is more pink, this is dried.
13 That's an abrasion right there on the right side of
14 the face.

15 And then let's see. And then over
16 here, you will see it later, out there on the lip he
17 has got some abrasions here on the inside of this
18 lip.

19 But back to the gunshot wound which
20 is going to be the main thing I'm going to talk
21 about next and that's going to be number two on your
22 autopsy report.

23 This is 96. Only thing different
24 about this photo than the last one is just the
25 introduction of the scale with the ruler.

1 This is 97. So this is this gunshot
2 entrance wound of the central forehead. So it is
3 located 7 centimeters above the right ear hole and 2
4 centimeters to the right of the anterior midline of
5 the head. So the imaginary midline of the head is
6 here, it is 2 centimeters off to the side. So that
7 just kind of locates the wound.

8 The whole measures 15 millimeters by
9 10 millimeters. The wound itself is somewhat oval,
10 I can see better on the photo here, but right there,
11 there is kind of an abrasion ring out here on the
12 outside.

13 What that is kind of helpful with is,
14 it is kind of letting me know that it is going
15 downward because when this, when this bullet came
16 in, the abrasion ring is more irregular to this
17 side, it is bigger on this side than it is there.
18 So when it is rubbing in, I know that it is coming
19 in a downward fashion. One, just because of the
20 abrasion ring and two, because of where it
21 ultimately went on his face.

22 So it is coming here, think of the
23 anatomical. It is here and when it is coming down
24 passing there and it is going to come out of the
25 face. So that you've got two reasons for how you

1 know it is down. The abrasion collar and also just
2 the starting here and ending up there. It is coming
3 from the top to here.

4 **Q** And, Dr. did you determine that
5 path not only, I mean, possibly via x-rays, but did
6 you probe that wound as well?

7 **A** Yes, I probe all of my wounds to make sure
8 that the entrances and the exits do coordinate.
9 : . Does your
10 assumption in talking about how body parts move
11 that, or like when his head was down, and the
12 officer was standing above him.

13 **A** That's a possible scenario.

14 : Thank you.

15 **A** So we got that. So now we dealt with the
16 abrasion collar, we know there is an entrance wound.
17 So now you want to look at your x-rays to see if you
18 see any type of bullets associated with this. There
19 are little tiny fragments, but no large intact
20 bullets, I can't recover those. Those are not good
21 for ballistics, you need kind of an intact chunk to
22 be good for ballistics.

23 All right. So in terms of soot or
24 any type of stippling, there is nothing around it,
25 only thing that is nearby are these abrasions.

1 So in terms of trajectory, how far
2 away, I can't determine this, this is an another
3 indeterminate wound that is going to be greater than
4 3 feet away.

5 In terms of the actual trajectory
6 itself, it is downward, slightly backward and going
7 to the right. It is going down, going back, meaning
8 this is the front part of the head, it is coming
9 back over here, so it is backward down and going to
10 the right because this is the center, this is right
11 side and it is going that way.

12 All right. Now in terms of the
13 actual tissue planes that it passes through, it is
14 going from the skin, it's going through the soft
15 tissue and the things that is interesting about this
16 one is, so when it is passing through, there is
17 like, there is defect here, call it a laceration,
18 call it a defect.

19 In my particular situation, I called
20 it gunshot related defect because as this bullet
21 passed through, there is enough meat and skin here
22 on the front of Mr. Michael Brown's forehead that
23 this bullet is tunneling underneath that skin. When
24 it got right here where the eyebrow was resting over
25 that ridge of bone that we all kind of have right

1 there, it disrupted that tissue, continued to travel
2 underneath and then went by his eye here. There is
3 another defect, it passed through the actual globe
4 of the eye.

5 Then you have a bone here, right
6 underneath your eye, it went through that bone,
7 passes through there, you have a bunch of soft
8 tissue here in your jaw and cheek, it passes through
9 there and then eventually comes out of the jaw right
10 here on the side. So that's the particular path of
11 this particular shot.

12 Q (By Ms. Alizadeh) Now, does this
13 projectile travel through any portion of the brain?

14 A No, it does not.

15 Q And now I know you said it went through
16 some bone that was below the eye, does it fracture
17 the bone at the entrance site?

18 A No, it does not.

19 Q So it goes into the skin and the soft
20 tissue and then almost travels along the bone, along
21 the, just underneath the skin?

22 A Correct.

23 Q Going through the globe of the eye?

24 A Correct.

25 Q And then breaking a bone?

1 that particular part of your body came in contact
2 with another force. So to get an abrasion, I fell
3 right now, I hit my head right there, I could scrape
4 off skin. I fell down on the ground and collapsed
5 on the ground that could cause those abrasions.

6 From the way he's positioned where
7 he's found after he's rendered disabled, his face is
8 in contact with the ground and that's consistent
9 with that position.

10 : There need to be forward
11 motion on that face to scrape it like that.

12 **A** You would need some sliding.

13 Some sliding

14 **A** For it to rub off. You need a frictional
15 force. You can't just plop straight down, plop
16 straight down and cause more bleeding, you get more
17 contusions from things just stopping and don't
18 slide. When things slide with friction, that's when
19 it gets rubbed off, and that's when you get your
20 frictions.

21 I don't
22 recall, or not speaking about the abrasions, did you
23 find any evidence of any type of burn to the skin or
24 anything, any type of injury like that because we
25 all know, I mean, this happened at 12:00, and the

1 young man laid there on the ground in one of the
2 hottest days of the year. Any type of wounds such
3 as that, any evidence of anything of that nature?

4 **A** There's really no burning per se, but
5 there is one wound on the cheek that had a dry
6 appearance, that's about the only thing that, you
7 know, contact could be a drying affect or something
8 where the pavement is warmer, who knows, but that
9 feature is there. There is no burning of anything.

10 Okay, thank you.

11 . Are the
12 abrasions severe enough that you think the victim
13 would have been in motion at the time of the fatal
14 shot or could have been standing at the time of the
15 fatal shot, absorbs that amount of friction just by
16 simply falling from a standing position?

17 **A** Eventually falling and hitting the ground,
18 and the ground and his face, that's how that
19 happened in my opinion.

20 I think we've got those taken care
21 of.

22 This is 98. And the only thing
23 different about this is the introduction of the
24 ruler.

25 We're at Image 99. So we're looking

1 at the top of Mr. Michael Brown's head. This is the
2 top portion of his scalp. So what is happening here
3 when he originally came in, I documented the body
4 how it is, I shaved the hair off of his head to
5 expose the wound, so this is what I created when he
6 came in. He didn't look like this was all black
7 hair here, you couldn't even see the wound. The
8 reason why I knew it was there is from my x-rays, as
9 well from palpating the head, I could feel a wound
10 and I saw blood coming from there, that's why I knew
11 there was something there.

12 Once I identify a wound like that on
13 the head, it is standard protocol and procedure for
14 me to remove the scalp, not the scalp, the hair in
15 order to one, be able to assess the collar, the
16 abrasion collar, to help with distance and to also
17 look for any type of stippling or soot.

18 Kind of, you know, in a classical
19 sense, typically the hair can block these things
20 from being deposited on the skin, but proper
21 protocol to be able to wipe away that hair to see if
22 you can see anything that may have penetrated the
23 hair and got to the skin to be able to help with the
24 range.

25 So that's the reason why you have to

1 remove the hair to be able to assess wounds to help
2 you with distance and to also be able to
3 characterize the nature of the wound.

4 **Q** (By Ms. Alizadeh) You know that brings up
5 a question regarding the deposit of the soot or
6 stippling. If the projectile enters through a piece
7 of clothing, could that also affect whether or not
8 soot or stippling is deposited on the skin?

9 **A** That is correct.

10 **Q** And in this case, the clothing was removed
11 off of the body, correct?

12 **A** Correct.

13 **Q** And do you recall having a short sleeve
14 shirt on, correct?

15 **A** Correct.

16 **Q** Now, did you examine the clothing yourself
17 to determine if there were any holes in the
18 clothing?

19 **A** I do look at the clothing to look for
20 defects and that's what I refer to them as.

21 **Q** Did you see any defects in the shirt?

22 **A** Yes, I saw defects in the shirt.

23 **Q** Okay. And you don't document those in
24 your report, correct?

25 **A** No, I don't specifically say where they

1 are. I generalize and say there are defects present
2 in the shirt.

3 **Q** Okay, all right. Thank you.

4 **A** All right. So this particular one I think
5 is probably Number 1. We are going to be looking at
6 Wound Number 1 on the autopsy report. This is the
7 gunshot entrance wound to the vertex of the scalp.

8 So positioning as I always do, it is
9 20 centimeters above the level of the ear, we are
10 also going up from here. And it's, and it's near
11 the actual midline of the head. So if you look, it
12 is pretty much in the center, kind of dead on.

13 The hole measures 10 millimeters by
14 8 millimeters. It's roughly round and it has pretty
15 level edges.

16 Now, when you look at the edges as I
17 always do, you can kind of see this little bit of
18 pink tissue around there, that's that abrasion
19 collar that is going to let you know theoretically
20 this is an entrance wound.

21 Now I have to caveat with gunshot
22 entrance wounds to the head. You should never just
23 purely go by the classical thing that we talked
24 about, abrasion rings and contusions. The problem
25 with it is the head is a skull that's underneath and

1 that bone creates a different type of resistant path
2 for the bullet to pass through.

3 The best way to determine if there is
4 an entrance or an exit wound of the skull is on my
5 examination, when I reflect the scalp, which is a
6 normal part of the procedure and remove the skull
7 cap. When you look at the actual hole, and I think
8 there will be some pictures eventually, we'll get to
9 that.

10 When you actually look at the hole,
11 there is a concept called beveling. Beveling is
12 where you will see an outpouching of the bone. So
13 if the outpouching of the bone is to the inner table
14 of the gunshot wound, that's an entrance wound. If
15 the beveling or outpouching is on the outside of the
16 outer table of the skull, that's called external
17 beveling, that's an exit wound.

18 So when I get to it, this particular
19 wound had internal beveling, so that lets me know
20 for sure that this is an entrance wound to the head.
21 It is pretty much every time, I just want to make
22 sure you understand that.

23 MS. WHIRLEY: Sheila Whirley. I know you
24 can't tell us exactly what position would Michael
25 Brown have been in to have the shot to the top of

1 his head?

2 **A** The shot fired has to be above the head.
3 So in theory, if I'm sitting here and somebody's up
4 there and shoots down, you have to be above, the
5 shot has to be fired above his head in order for
6 that to happen.

7 **Q** (By Ms. Alizadeh) Kathi Alizadeh. When
8 you say above, you're talking the anatomical
9 diagram?

10 **A** Right.

11 **Q** I'm just theorizing here, just theorizing.
12 So if someone in this position, in other words, is
13 bent over at the waist and the top of my head is
14 facing the wall, that could account for a bullet
15 that would enter the top of the head, correct?

16 **A** That is correct.

17 **Q** In this case you have no way of knowing
18 where, what position his body was in when he
19 sustained that gunshot wound?

20 **A** No, I do not know specifically, correct.

21 MS. WHIRLEY: But it would be
22 inconceivable for him to be standing at 6'4",
23 straight up and have that shot to the top of his
24 head from someone not as tall as him, taller than
25 him?

1 **A** Correct.

2 MS. WHIRLEY: Okay.

3 **A** So as we always do, we want to see if
4 there is any stippling or soot. That's not soot,
5 that's just his hair. That wasn't scraped all the
6 way off with a scapple. There is no soot, there is
7 no stippling. So in terms of range, that is a wound
8 that is greater than 3 feet away again.

9 An x-ray, full body x-ray on this
10 particular situation, there is a bullet associated
11 with this wound that I ultimately recovered within
12 the soft tissue on the right side of his face that's
13 associated with this wound, there is a projectile.

14 All right. There is internal
15 beveling of this bone of the skull, which I was
16 telling you about before, that lets me know that
17 this is an entrance wound.

18 The path or trajectory on this one
19 based on the anatomical position is going downward,
20 it is going from the top of the head towards the
21 feet and it is going right. Meaning that when it
22 passes through the head and goes through the brain,
23 you got your outer part of your skull here, it is
24 going that way and burying itself. You can see it
25 is down and to the right. So that is how you know

1 that part.

2 In terms of the actual tissue that it
3 is passing through, going through the scalp, the
4 skin surface of the head, soft tissue, the parietal
5 bone of your skull, that's the particular location
6 of the skull cap specific for me, but just layman's
7 term, just your skull.

8 Once it went through the skull, it
9 hit the brain and your brain is separated in
10 hemispheres. So you have a parietal bone, you have
11 a parietal lobe. So it went through the parietal
12 lobe of the brain, then it went through the temporal
13 lobe of the brain. This is all on the right side.

14 Then it passed through the right
15 temporal bone of the skull, which is out here and
16 punched through there and buried itself right here
17 in the skin, the soft tissue beneath the skin on the
18 right side of his head. So that's the path of the
19 bullet.

20 So when it goes through there, it is
21 going to create injuries to the brain. There are
22 small little tears or contusions that are happening
23 to the brain as this bullet is punching its way
24 through the white matter of the brain. You have
25 gray matter on the outside and white matter on the

1 inside.

2 The white matter is responsible for
3 your, the nervous impulses that are going to go
4 through your brain. So those tracks, there is
5 little small contusions there, that's just from the
6 pathway of the bullet going through the brain.

7 There is also hemorrhage associated
8 with the wound. You have multiple spaces in your
9 brain. You have an epidural space, which is, you
10 know, you have your skull, beneath your skull
11 there's a space and then you have your dura. Your
12 dura is kind of like, for lack better of a better
13 word, the skin of the brain. In between that
14 imaginary space is called the dural space, there's a
15 space there.

16 You can get the dural, then you start
17 getting to another space and then you get to the
18 brain. So beneath that dural space is the subdural
19 space.

20 There is blood there and there is
21 actual blood on the surface of the brain, which is
22 the subarachnoid space. There is two areas where
23 there is blood, you have defects of where the bullet
24 is entering and then kind of exiting out on the
25 brain and staying in the soft tissue.

1 kind of sampling of that or was anything sent in to
2 be examined or is it even possible to get any type
3 of evidence out of that?

4 **A** It is always possible, but nothing was
5 sent off with regard to the hair.

6 **Q** (By Ms. Alizadeh) So the hair that you
7 shaved off the scalp was not collected and kept?

8 **A** No.

9 **Q** Or tested in any way?

10 **A** No, it was not.

11 **Q** Okay.

12 Any other questions about this wound?

13 **A** 101. Same wound, but just the
14 introduction of the ruler.

15 **Q** And just so I'm clear on this, the bullet
16 that we're talking about is Wound Number 1 in your
17 report, entered the brain, traveled through the
18 brain and then you said was in the temporal region
19 just beneath the skin or the soft tissue?

20 **A** It is a little bit, it is coming right
21 through the bone of the skull, it is sitting in the
22 soft tissue right there.

23 **Q** In photographs, is there an injury to the
24 side of his face where that bullet rest beneath the
25 surface?

1 **A** It did not make an injury on the outside
2 of the face that would correlate to the inner
3 injury.

4 **Q** Just for the sake of these, all of these
5 injuries that you talked about, there was a
6 projectile that was found in his brain, correct?

7 **A** Well, it is more the soft tissue.

8 **Q** You're right. Wound Number 1, you
9 recovered that projectile?

10 **A** Correct.

11 **Q** Did you give that to the police officer?

12 **A** Yes, I did.

13 **Q** He packaged that?

14 **A** Yes, he did.

15 **Q** And then you also indicated you retrieved
16 a projectile in his chest cavity?

17 **A** Correct.

18 **Q** Was that given to the police officer?

19 **A** Yes, it was.

20 **Q** Was that packaged?

21 **A** That was packaged.

22 **Q** Any other projectile or foreign object
23 that you retrieved from his body?

24 **A** There was another. So the one projectile
25 back out here and one further down here, so there

1 were three projectiles that I recovered.

2 Q Okay. And then regarding any other
3 samples that you took, you've already testified that
4 you took a sample from that thumb area?

5 A Histology.

6 Q And did you take a blood sample from him?

7 A Like for a blood stain card for DNA?

8 Q For DNA, but also for toxicology?

9 A Yes.

10 Q So those are separate samples?

11 A Yes.

12 Q There is a stain card that is made for
13 DNA?

14 A Yes.

15 Q And then there is a sample of blood put in
16 a tube or something?

17 A Yeah, there is two types of tubes. We
18 have a red top tube, which is just basically a tube
19 with no preservatives in it, just going to be pure
20 blood and then we do a gray top tube has a
21 preservative, like sodium chloride. It is important
22 for dealing with testing for like cocaine, things of
23 that nature.

24 Cocaine is kind of volatile and kind
25 of breaks down if you don't put the fluoride in

1 there to stop the activity of the enzymes in the
2 blood. That is what the gray top tube is for.

3 So we do a red top and gray top for
4 toxicology, and the specific blood that I used was
5 chest cavity fluid that was sitting from that
6 gunshot wound. There is a lot of blood there. I
7 used that for my toxicology because the other
8 locations to try to get blood was very difficult.
9 He had lost blood, it is difficult to get sometimes,
10 so you get it where you can get it from. The
11 biggest reservoir of blood was the chest cavity.

12 Q And did you also take a sample of the
13 vitreous fluid from his eye?

14 A Yes.

15 Q He was missing his right eye, correct?

16 A That's correct, it came from the left.

17 Q You do that by a syringe, drawing off some
18 fluid?

19 A Correct.

20 Q And that's preserved for toxicology?

21 A Correct.

22 Q And then you also said earlier you had
23 mentioned urine. Did you take a sample of urine
24 from him?

25 A Yes, I did.

1 **Q** Is that also with the syringe?

2 **A** That is with a syringe.

3 **Q** Is that taken from his bladder?

4 **A** Yes, it is.

5 **Q** And so the cavity blood, the urine and the
6 vitreous fluid, you know those samples were
7 subsequently sent to a toxicology lab?

8 **A** Correct.

9 **Q** And is that lab also a part of the Medical
10 Examiner's Office?

11 **A** Physically it is located in the same
12 building.

13 **Q** But that's run by St. Louis University,
14 correct?

15 **A** Correct.

16 **Q** And other than sending those things off,
17 you don't have any role in testing those?

18 **A** No, I do not.

19 **Q** Okay. I want to try to go through these
20 quicker so that, I don't want to, again, I don't
21 want anybody to not ask questions they want to ask.
22 We've talked about the major wounds that he's
23 documented in his report. He has some additional
24 photographs of some of those tangential wounds and
25 also there is some autopsy photos where there is

1 cutting done. All of these photographs are going to
2 be available for you.

3 If you want, we can have him go
4 through them one by one. I prefer him to testify
5 about what he saw when he opened up the body and so
6 forth. I will tell you they are graphic and that is
7 going to be up to you guys, okay?

8 And so also let's go through the rest
9 of these injuries that are photographed and then
10 when we get to the cutting part, I'll ask you guys
11 if you want to start going through those
12 photographs. If you want to look at them on your
13 own at a later time.

14 I
15 have one question for you. I need to understand,
16 all of the injuries with the exception of number
17 one, accumulatively he could have still survived and
18 been mobile?

19 **A** He could have been mobile, I wouldn't
20 necessarily say survive. Those chest wound
21 injuries, those would have eventually become fatal
22 if not addressed.

23 He would have been
24 mobile, but this one absolutely?

25 **A** Absolutely.

1 : . Those
2 thorax wounds if treated, he could survive that?

3 **A** Unlikely, the chest wound. The problem
4 with chest wounds, this is going to be the
5 physiological problem with it. You need your lungs
6 to breathe. When those bullets went into his lung,
7 it punctured it, it squeezed it down, so now he is
8 only working on one lung. At the same time what
9 happens is there is vessels in there that he
10 injured.

11 So as that chest cavity fills up with
12 blood, it is going to get to the point where it
13 fills up with so much that it shifts all of those
14 organs on the inside of your body to the other side.
15 And the problem with organ shifting is you have a
16 major organ in the middle of your chest, which is
17 your heart.

18 So think of it kind of like a garden
19 hose. You put too much pressure on one end of it,
20 it stops the flow of the water. So the stop of the
21 flow of the water, in this situation is the blood.
22 When that thing starts filling up and pushing over
23 to the side, those vessels get squished, squished
24 and eventually get squeezed off to where now the
25 blood can no longer get returned to the heart to get

1 pump to other areas. And then that's the main
2 problem is your head is not getting blood, now you
3 are going to become unconscious. You are going to
4 have two problems, you're not getting blood, your
5 blood carries your oxygen. So you are not getting
6 any oxygen to the brain, you are physically not
7 getting blood to the brain, you are also losing
8 blood out of your body, inside of your body. So you
9 kind of got a lot of problems there.

10 But he could not
11 immediately, the hemothorax could be reversed?

12 **A** If you had some medical intervention.

13 That's what I mean.

14 **Q** (By Ms. Alizadeh) Would you say,
15 Dr. that medical attention would have to
16 be immediate?

17 **A** I agree.

18 **Q** Like if he were shot in the hospital, then
19 possibly if there was a doctor at his elbow,
20 possibly he could have medically then have survived
21 those injuries?

22 **A** Correct.

23 **Q** Without immediate medical attention, he
24 eventually would have died, alone of the internal
25 thoracic injuries?

1 **A** Correct.

2 **Q** And just to clarify because you talked
3 about bullets passing through his lung. And I
4 thought maybe I misunderstood. I thought one of the
5 injuries to the lung was caused by the rib that
6 punctured the lung?

7 **A** Correct.

8 **Q** Was there more than one bullet know
9 through the lung?

10 **A** One bullet went through the lung, the
11 other bullet struck the rib, the eighth rib, which
12 is nearby, so your right lung is in three pieces.
13 It has got an upper lobe, it's got a middle lobe and
14 it's got a lower lobe. So the first, that bullet
15 that's up here by the clavicle by the collar bone,
16 that hit the upper part of the lung.

17 So when that other bullet passes
18 through and hits the eighth rib, it snapped it, it
19 fracture it. So say this is a rib cage, your lung
20 is sitting there, when it broke it, it snapped it to
21 the inside and when it broke, the bone punctured
22 that lower portion of the rib causing additional
23 injuries to the lung. So the bullet itself didn't
24 do it, but the bullet hit the bone and snapped and
25 did puncture the wound.

1 : Let's just say to the
2 chest.

3 **A** All right.

4 : Could that wound have
5 like, I know you said that he could of still been
6 mobile, could he have not been mobile as well?
7 Could you just like get shot?

8 **A** You can stop walking, that wound is not
9 going to prevent you from using your legs. You've
10 consciously chose to stop moving, you still would
11 have the ability to move with sustaining a shot like
12 that. It is not going to render you unconscious,
13 that's the point I'm trying to make. The wound to
14 the head, he's going to be unconscious, he can't
15 move if he wants to.

16 But you get hit here in the chest,
17 you are going to have some time to be able to move
18 around and it is depending on a variety of factors.
19 How quickly you use blood. The main thing that will
20 make you collapse is, once you block off that blood
21 return, you've got maybe like 10 to 15 seconds of
22 reserve of oxygen going to your brain before you
23 pass out.

24 So when you reach that critical
25 level, each person is going to have a different

1 critical level with body masses, being different
2 sizes, people have different kind of levels of blood
3 reserve, different levels of volume.

4 So someone smaller or bigger maybe
5 last a little bit longer. Also the activity that
6 you are doing before is also going to impact. Say,
7 for instance, if you have been running and your
8 heart was going really, really fast, you're going to
9 pump blood out quicker as oppose to someone really
10 calm, just kind of sitting there, you are not going
11 to bleed as fast. So all of these factors play a
12 role in determining how quickly you are going to be
13 responsive or immobile.

14 **Q** (By Ms. Alizadeh) Okay. Let's go ahead
15 and somewhat quickly if you can run through those
16 other photos. If you go ahead and identify them and
17 put them on what it says, what it shows abrasion?

18 **A** This is 102, I believe. So this is his
19 left arm, this is just showing a linear abrasion on
20 the left arm.

21 **Q** You characterize that before as being like
22 a grazing wound?

23 **A** I wouldn't say it is in that category.
24 This one is some type of blunt force injury caused
25 that. I wouldn't say it is necessarily a

1 projectile. The characteristic of it is different.
2 You could have rubbed on something, it is hard to
3 say. It is nonspecific, but it is not a classical
4 graze wound like you saw on the bicep on the right
5 arm or that graze wound.

6 This is different. This is just an
7 abrasion. It is not specific and I can't say what
8 it is from.

9 : My thought was
10 whether with glasses on, if you were able to tell if
11 it was a clean cut?

12 **A** That's something you can argue about, but
13 the fact that it is so dry and, you know, it is kind
14 of firm, it is kind of difficult to say is it a cut
15 or incise wound. I can definitely say that is a
16 superficial layer of skin has been rubbed off, but
17 it is difficult to say was it a sharp or was it, you
18 know, rubbing on some keys or who knows, a door, I
19 don't know. It is kind of in between and it is
20 difficult to specifically say what caused that. But
21 there is definitely an injury there, the top part of
22 the skin is gone.

23 : Thank you.

24 **A** 104. This is just a close-up, same thing
25 with the showing of that.

1 **Q** (By Ms. Alizadeh) Just out of curiosity
2 lower in the photograph, is this also an abrasion?

3 **A** Yes. This is just showing that right palm
4 again, showing that graze wound of the hand.

5 106. Showing close-up of the graze
6 wound of the hand.

7 107. Same thing, graze wound of the
8 right hand with the ruler.

9 On 108. There is a very, I'm going
10 to get a little bit closer, but it is a little bit
11 of an abrasion here on his right here which is right
12 there.

13 109. This is close-up of that little
14 tie any abrasion on his right hip right there.

15 This should be 110. This is just the
16 same thing, but with ruler inserted for scale.

17 **Q** For those, the abrasion to his right hip
18 again, you can't say what caused that?

19 **A** No, I cannot.

20 **Q** Can you even say if that happened during
21 the same time he sustained the other injury?

22 **A** No, I cannot.

23 **Q** Okay.

24 **A** 111. There is an abrasion here to this
25 upper right chest, that's what I'm focusing on here.

1 112. This is the abrasion here in
2 the upper right chest right there and that bullet
3 hole from the upper right chest from earlier.

4 113. Same picture up, but insertion
5 of the ruler for scale of that abrasion on the upper
6 right chest.

7 This is 114. This is where I'm
8 trying to focus in on his lip. I told you he had
9 some abrasions on the inner portion of his lip.

10 **Q** Can you tell what caused the abrasions on
11 the inner portions of his lips?

12 **A** Not specifically.

13 **Q** Would it be consistent with some, with an
14 impact like involving his teeth or dental work?

15 **A** That's possible.

16 That's a close-up here showing these
17 defects or abrasions or shallow lacerations,
18 whatever you want to call it, here on the left.

19 **Q** Let me just ask the possibilities here.
20 Those injuries to the insides, they are injuries on
21 the inside of his mount?

22 **A** Correct.

23 **Q** Correct?

24 **A** Correct.

25 **Q** Could it be caused by getting punched in

1 the mouth?

2 **A** Possible.

3 **Q** Could it be caused by someone falling on
4 their face on pavement?

5 **A** It is possible.

6 **Q** You have no way of knowing how that
7 happened?

8 **A** I do not.

9 116. Showing the same thing, but
10 with the ruler for scale. I'm getting to the point.

11 **Q** Let me ask you some other things here.
12 Regarding his face, was there any injury to his
13 teeth, any chipped or broken teeth or anything?

14 **A** No.

15 **Q** Did you notice on his face, other than the
16 injuries to the wound that you've described, were
17 there any contusions?

18 **A** No contusions.

19 **Q** Contusions, again, is like a bruise. Note
20 any swelling to the face, other than what was
21 associated with the wound you talked about?

22 **A** Correct.

23 **Q** And then I'm going to ask you specifically
24 about his neck. I am going to show you Image 111,
25 which we already talked about. So this is an image

1 of, he's on his back on the table, correct?

2 **A** Correct.

3 **Q** And --

4 **A** His head is here, his feet is here.

5 **Q** His head is the lower right -- left-hand
6 portion. This defect right here, that's an exit
7 wound in the jaw, correct?

8 **A** Correct.

9 **Q** And these are the chest wounds you've
10 talked about?

11 **A** That's one of the abrasions next to it.

12 **Q** So his chin is up a bit; is that right?

13 **A** Correct.

14 **Q** You can fully see his neck in that
15 picture?

16 **A** Correct.

17 **Q** Did you notice anything when you examined
18 his body, was there any bruising of his neck?

19 **A** No.

20 **Q** Any abrasions on his neck?

21 **A** No.

22 **Q** Have you ever seen an injury, and injury
23 to a person who has been choked?

24 **A** Yes.

25 **Q** Okay. Can you describe someone who has

1 been choked?

2 **A** Well, I would like to clarify for me.
3 Strangulation is a better term, choking is
4 different.

5 **Q** Choking is like I got something, I
6 swallowed something wrong or whatever?

7 **A** Right, right.

8 **Q** So you are right, so you've seen someone
9 who has been strangled?

10 **A** Correct.

11 **Q** What kind of injury would you see on
12 someone who has been strangled?

13 **A** Externally you may see abrasions from, you
14 know, people have nails or whatnot and the rough
15 nature of the event, you can create abrasions on the
16 outside of the neck. You don't always see them, but
17 you can.

18 Then once you open the neck, when I
19 do a dissection of the neck, you have multiple
20 layers of soft tissue as well as muscle.

21 If enough force is applied there, you
22 can see hemorrhaging within the soft tissues of the
23 neck and then also you have a bunch of structure
24 within your neck called the hyoid bone can be
25 fracture or injured. And in a strangulation, those

1 are some of the things I look for in the neck and
2 situations where someone has been strangled or has
3 an injury to the neck.

4 Q In this case you found no injuries to his
5 neck, correct?

6 A Correct, correct.

7 Q And I know when we are talking, when I say
8 strangulation, I think of that as being like someone
9 who is a cause of death, they are dead from
10 strangulation, but people can be strangled, but then
11 survive, correct?

12 A Correct.

13 Q And in some occasions, will you notice
14 bruising to the neck?

15 A Correct.

16 Q And then, obviously, you're not going to
17 cut a living person open to look at the tissue
18 inside?

19 A Right.

20 Q But someone who has been grasped very
21 tightly around the neck, you might see bruising?

22 A Correct.

23 Q Okay. One more thing about, and at some
24 point, the police department, the police officers,
25 they fingerprint the deceased; is that correct?

1 **A** Correct.

2 **Q** And that's just standard protocol,
3 correct?

4 **A** Correct.

5 **Q** Now, do you ever observe in your
6 autopsies, do the police ever dust the body for
7 prints?

8 **A** I haven't specifically seen that unless
9 there is a question or certain circumstance for it
10 to happen. It is not part of routine procedure, I
11 guess that's what I'm trying to say.

12 **Q** I guess you've never seen someone, a
13 police officer try to lift a latent fingerprint off
14 of the skin of a deceased person?

15 **A** I have not, no.

16 **Q** Have you ever heard of that being done?

17 **A** Not specifically, no.

18 (Deposition Exhibit Number 8
19 marked for identification.)

20 **Q** (By Ms. Alizadeh) Okay. So another thing
21 so we can possibly, I don't want to shortcut
22 anything. I'm going to hand you Grand Jury Exit
23 Number 8.

24 For the record, this is a CD. Did
25 you bring that to me at my requests?

1 **A** Yes, I did.

2 **Q** Okay. And that CD contains a number of
3 photographs and some x-rays; is that correct?

4 **A** That is correct.

5 **Q** Have you looked at the photographs and
6 x-rays that are on that disc?

7 **A** Yes, I have.

8 **Q** Now, the photographs that are on those
9 discs, on that discs, were taken by who?

10 **A** Um, by the autopsy morgue assistant

11

12 **Q** So those are not police photographs?

13 **A** No, they are not.

14 **Q** And so those photographs are taken for a
15 different purpose?

16 **A** It is more for just kind of documentation
17 of the body, just getting a general overall of what
18 we are seeing for lack of a better word.

19 **Q** And some of those photographs that are on
20 that disc are after the autopsy is completed and
21 body has been closed up.

22 In this case you removed the top of
23 his head and eventually that's been closed up,
24 correct?

25 **A** Correct.

1 **Q** And have you seen those photographs on
2 there?

3 **A** Yes, I have seen the photos.

4 **Q** And then the x-rays that are contained on
5 those discs, are those the x-rays that you took and
6 examined in relation to the injuries that you've
7 testified to as far as when you can see a projectile
8 and so forth?

9 **A** Correct.

10 MS. ALIZADEH: Is there anyone here who
11 wants me to put on, to go through these xx rays with
12 you? Anybody have any questions about that? We can
13 put them in the player right now and bring up, how
14 many x-rays are there?

15 **A** I don't know, 42.

16 MS. ALIZADEH: The disc says how many
17 photographs and how many x-rays.

18 **Q** (By Ms. Alizadeh) How many photographs?

19 **A** Photographs 39.

20 MS. ALIZADEH: Is there anyone who has a
21 desire, if we can't do it today, we'll bring him
22 back after his vacation and go through these. Is
23 there anyone who wants to see these x-rays now, or
24 have any questions about a particular injury or
25 bullet that he might be able to see in an x-ray?

1 Okay.

2 MS. WHIRLEY: Just for the record, it is
3 about 5:00.

4 Q (By Ms. Alizadeh) I'm trying to finish up.
5 I know Dr. is on vacation for a couple of
6 weeks. I want to get as much as we can. If we have
7 to bring you back, we'll worry about that later.

8 And then, so now the rest of his
9 testimony about his autopsy is going to be about him
10 cutting into the body and examining each organ.

11 Let me ask you, Dr. did you
12 find anything other than the injuries that you
13 talked about to the lung and to the tissue and to
14 the brain, was there anything remarkable about any
15 of his organs?

16 A No.

17 Q There wasn't any heart disease?

18 A No.

19 Q No ulcers of the stomach or anything like
20 that?

21 A No.

22 Q And you are cutting and retrieval of the
23 projectiles that's all documented in these
24 photographs; is that correct?

25 A Correct.

1 MS. ALIZADEH: Is there anyone here who
2 wants right now to go through those photographs, or
3 have any particular question about them?

4 All right. They are going to be here,
5 they are part of the exhibit and they are something
6 that you can examine at a later time. And if at
7 all, there is a question later on down the road,
8 specifically about something, that I didn't have him
9 actually testify about, we will bring him back and
10 have him testify again. Yes.

11 The
12 photographs that we are talking about, they are from
13 the same string timeframe and same situation that
14 we've seen up to this point, correct?

15 MS. ALIZADEH: Yes, they are also
16 photographs that are taken by a police officer
17 during the autopsy and so, for example,
18 Dr. when you are retrieving a projectile,
19 you have to cut into the body. In this case you
20 did, and that is actually photographed that you have
21 cut into the body and in some of these photographs
22 you can see the projectile laying in the tissue of
23 the body.

24 **A** Correct.

25 **Q** (By Ms. Alizadeh) And then in some of

1 these photographs the projectile is removed from the
2 body and sitting on a paper towel, photographed
3 after it is removed?

4 **A** Correct.

5 **Q** But these are all photographs that are
6 taken that day during your autopsy?

7 **A** Yes.

8 **Q** And in conclusion for today, were you able
9 to determine within a reasonable degree of medical
10 certainty the cause of death of Michael Brown?

11 **A** Yes, gunshot wound to the head and chest.

12 **Q** Were you able to determine within a
13 reasonable degree of medical certainty the manner of
14 death of Michael Brown?

15 **A** The manner of death is homicide.

16 **Q** So that would be homicide as opposed to a
17 suicide or accidental or anything like that?

18 **A** Correct.

19 **Q** Homicide just means at the hands of
20 another, it doesn't indicate there is any kind of
21 criminal liability, that is a term that's used in
22 forensic pathology, correct?

23 **A** Correct.

24 MS. ALIZADEH: Anybody have any other
25 questions about the autopsy or what he did in the

1 autopsy?

2 Let me look at my notes real quick.

3 : . Can you
4 tell me how many exit wounds there were?

5 **A** I'd say three.

6 : How many entrance wounds?

7 **A** I don't include the graze wound as one of
8 these things that is in between say 1, 2, 3, 4, 5,
9 6.

10 And two graze wounds?

11 **A** That's 8.

12 Thank you.

13 **Q** (By Ms. Alizadeh) And those again, those
14 wounds, each of them is documented in your
15 post-mortem examination report that I provided
16 copies to the jurors and also is there any way that,
17 do you have any opinion as to the order in which
18 these gunshots were, these wounds were sustained on
19 Michael Brown's body?

20 **A** From what I do, the investigation is
21 ongoing. There is things I'm privilege to. There
22 is things I do know and things that can be shared
23 with you later as the process goes on.

24 In my opinion in terms of what I can
25 say the wound to the hand has to occur at a time

1 when Michael Brown is close enough to the officer
2 for that to have happened. So depending on the
3 circumstances that you guys hear from what I know,
4 there is a point in time where they are in close
5 approximation to each other at the vehicle.

6 In my opinion I feel that's the
7 closest they are for it to happen from the
8 circumstances that I know that that injury occurred.
9 So that has to be early on in the event. In terms
10 of the end of the event, the wound to the top of the
11 head is going to be the last wound that he is going
12 to receive.

13 So in terms of the beginning part
14 with the thumb wound and the part at the end, those
15 two I can feel good about saying that I know when
16 those happened, but the ones in between, it is to
17 difficult to say.

18 **Q** And given the entrance and exits of the
19 wounds that you've described, and I know that we've
20 said there is no entrance wounds on his back?

21 **A** Correct.

22 **Q** Or on his buttocks?

23 **A** Correct.

24 **Q** Or on the back of the his legs?

25 **A** Correct.

1 **Q** No bullet wounds on his legs at all?

2 **A** Correct.

3 **Q** And then there is some wounds to the
4 anterior portion of his torso?

5 **A** Correct.

6 **Q** And then the wounds to his arms are kind
7 of like all over the joint, right?

8 **A** Right.

9 **Q** Any way of telling what position that body
10 was in when those wounds were sustained?

11 **A** No.

12 **Q** Given that they're arms, it just depends
13 on where his arms were?

14 **A** Correct.

15 **Q** And in relation to where the gun was?

16 **A** Correct. But I can say to sustain wounds
17 to the chest, the chest is fixed, those with the
18 arms it can be in a number of positions.

19 MS. ALIZADEH: I don't have any other
20 questions. Does anybody else have anything they
21 want to cover today?

22 : Just one. He did have an
23 entrance wound to the back of his --

24 **A** Anatomical correction, the anatomical
25 position, the dorsal on the back side, posterior

1 portion of that right forearm there is a wound
2 there.

3 Q (By Ms. Alizadeh) So if someone in this
4 position and it is a gunshot wound, the gun could
5 have been fired from behind them?

6 A Correct.

7 Q Someone in this position, the gunshot come
8 from the front of them, correct?

9 A Correct.

10 Q Or in this position, or in this position?

11 A Correct.

12 Q It is difficult to say, correct, or
13 impossible to say?

14 A Correct.

15 : The reason
16 that you are saying most likely the last is because
17 the wounds to the chest and the wounds to the arm he
18 would of had to be somewhat upright to have those
19 somewhat?

20 A What's more of an issue he could still be
21 mobile, he could be moving around, once he got this,
22 he's going to be unconscious.

23 : He's going to be down and
24 there is no way to get to his chest if he were down.

25 A Right, that is true.

1 MS. ALIZADEH: Anybody else?

2 : . The
3 police officer that was there present with you as
4 you were doing your examine.

5 **A** There were three there.

6 There were three there?

7 **A** Which one?

8 The one who takes the
9 photos.

10 **A** There were two kind of crime scene
11 officers and then there was a detective.

12 Okay.

13 **A** But one guy was taking pictures.

14 : As you are doing your
15 exam, like you said before, you are speaking, right,
16 you are talking while you are doing your examine?

17 **A** What do you mean?

18 Are you speaking while you
19 are --

20 Transcribing.

21 **A** I do it after I finish the autopsy.

22 Oh, okay. So there is no
23 talking, you are just taking pictures?

24 **A** It is just pictures, I'm directing them
25 saying what I want them to take pictures of.

1 : Oh, okay.

2 **A** As I am going through the autopsy, I want
3 pictures of this, I need a picture of this, this is
4 important I think, I need that, that's the extent of
5 the talking. I'm not, the generation of this
6 report, this is happening once I complete
7 everything, I go back to my office with all of my
8 notes and then I do this on my Dictaphone after
9 everything is done.

10 They were there also, they
11 were present also when the x-rays were going on?

12 **A** X-rays, no, they came, once you saw that
13 picture when he's out of the bag, he has his clothes
14 on and the placard, that's when they were showing up
15 and that's when it started. The x-rays are done
16 before, the process of the body being processed for
17 me to do my examination, that's happening.

18 : Okay.

19 **Q** (By Ms. Alizadeh) And, in fact, some of
20 the x-rays, the x-rays are done with his clothing
21 on, correct?

22 **A** Correct.

23 **Q** And like in some x-rays you can see the
24 belt buckle on his pants and so forth?

25 **A** Correct.

1 **Q** Did you feel that you didn't have
2 sufficient time to complete your report at all?

3 **A** No, I felt in terms of the adequacy of my
4 report, I was done with it, the only thing that I
5 wasn't finished with when I was told that I needed
6 to finish the report was the histological section of
7 tissue, that takes awhile for that to be processed.
8 It can take four weeks sometimes, but I had to speed
9 that along too.

10 So I had to finish the bulk of the
11 report, and then if you look at my last statement.
12 I comment at the time, the histology examination
13 will be issued as a supplemental report.

14 That portion I was not able to
15 include at the time of this. So this, until the
16 histology, which I testified to you guys about this
17 happened after I did this, so that's an additional
18 important information which helped me understand
19 better that gunshot wound to the hand.

20 At this time, I was suspicious of it
21 being a close range wound until histology came
22 through, I couldn't definitively say. So in my
23 report I say, hey, I see these, I see these
24 discolorations, I have to my histology to confirm.

25 So now I'm testifying I got that

1 back, I can now say that wound is a close range
2 wound so, but outside of the rest of everything
3 else, everything was just fine.

4 Q So, Dr. you had a supplement
5 where you talked about the examination of that
6 tissue?

7 A Yes, I issued that is supplemental report.

8 Q Is that completed yet?

9 A That is not completed.

10 Q Okay. When that is completed, would you
11 provide that to me as soon as it is done?

12 A Yes, I will.

13 Q And so I just want to make clear, this was
14 done in a speedy manner, was there anything about
15 this that you felt that if you had more time or were
16 given, you know, more time to write your report,
17 that it would be a better report or more accurate?

18 A No.

19 Q Did you just put everything else on the
20 back burner and you did this first, is that how that
21 happened?

22 A No, I'm kind of multitasking.

23 Q Okay.

24 A I made sure I got it done.

25 Q So is there a date on your report, the

1 date that it was completed?

2 **A** It just says a start time.

3 **Q** Do you sign it and date it?

4 **A** No, I just sign it. I do know, was that
5 Friday, whatever that.

6 **Q** So the shooting happened a Saturday.

7 **A** I want to say that Friday I was done with
8 it.

9 **Q** Okay.

10 **A** I signed it that day. And then I gave it
11 to the officer, Monday an officer came and picked up
12 my report, which would have been what, the 18th of
13 that month.

14 **Q** Until the officer picked up that report,
15 you did not discuss this with any police officers
16 what your findings were?

17 **A** No, no one. The only people who were
18 privy to what I was seeing, what I was dealing with
19 were the officers who were in the autopsy with me,
20 that's it.

21 **Q** But as far as like them knowing what the
22 gunshot entrance and exit is --

23 **A** No.

24 **Q** -- you didn't explain any of that to them?

25 **A** No.

1 : It

2 talks on the last page here about fingernail
3 clippers and scrapings?

4 **A** Yes.

5 : Is that in your report or
6 is that done by someone else?

7 **A** That is someone else. The lab is going to
8 be responsible for processing that, I just procure
9 the items and I pass it to St. Louis County Police
10 Department as evidence and just take it to the lab,
11 which process it.

12 MS. ALIZADEH: Anyone else?

13 Sheila, do you have any questions?

14 MS. WHIRLEY: I think we are probably all
15 questioned out.

16 MS. ALIZADEH: It has been a long day and
17 thank you for being patient. I don't want anybody
18 to feel like I'm trying to leave something out here,
19 we are not rushing you in any way.

20 **A** I'm fine. If you got a question, feel
21 free. I'm not upset. I'm glad I had the
22 opportunity.

23 MS. ALIZADEH: All I'm saying the photos
24 are here and available. I just, I know from being a
25 layman myself, I can look at these and, you know,

1 but, you know, he can explain them if you want him
2 to. If you later look at them, but he has already
3 testified about what he found and where he found
4 them. So I didn't feel it would be a good use of
5 your time to go through each of the photographs
6 right now, but they are here for you to examine,
7 okay. This will conclude the testimony for today.

8 (End of the hearing for September 9,
9 2014.)

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The said witness, being of sound mind and being

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by the grand jury first carefully examined and duly

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cautioned and sworn to testify to the truth, the

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whole truth, and nothing but the truth in the case

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5 State of Missouri vs. Darren Wilson

6

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9 STATEMENT OF DEPOSITION CHARGES

10

11 DEPOSITION OF Grand Jury

12

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