

November 12, 2014

7:20 p.m.

Special Agent = SA
Asst. U. S. Attorney = AUSA
DOJ Atty. =
Dr. = Dr.
Unintelligible = UI

SA : Today is November 12, 2014, the time is 7:20 and we're at the FBI building in St. Louis, 2222 Market Street and in the room is Assistant United States Attorney and DOJ Attorney , and if you could state your name and spelling it.

DR. : , .

SA : Okay.

AUSA : Alright Dr. ah, thanks for meeting with us tonight. Um, I ah, just briefly before we get into the actual a autopsy, your findings regarding the injuries to Michael Brown. Ah, it's ah, my understanding, ah that you um, you have a pretty high opinion of the St. Louis County Medical Examiner's office just from what I've seen and statements you've given, etc. Do you have any experience with that office prior to this case?

DR. : Well, I've-I've had experience with .

AUSA : Uh huh.

DR. : I really don't know the person that did this autopsy but I (stutters) she's a very ah, fine forensic pathologist.

AUSA : Alright, and she's ah the a head medical examiner there...

DR. : The Chief Medical Examiner...

AUSA : ...right, yes right.

DR. : ...in St. Louis.

AUSA : Okay, alright. Have you dealt with her before?

DR. : Um...

AUSA : Or, do you know her just by reputation?

DR. : No-no-no. I know her from meetings and over the years I've had some kind of cases involving St. Louis County including, well a-a recently some ah, case with the Coleman case in which a, a wife and two children were

killed. I...and somehow was within the Illinois-St. Louis major Crime Squad jurisdiction.

- AUSA : Alright.
- DR. : And we had some tangential ah, um, contacts with them.
- AUSA : Okay, and so, you know Dr. the Chief Medical Examiner?
- DR. : Yes.
- AUSA : And, you've had good experience with her?
- DR. : Yeah.
- AUSA : Alright.
- DR. : Yes.
- AUSA : And ah, I think you've described her as-as excellent or ah, as a first rate. Is that fair?
- DR. : Ah, she's...yes. She's good.
- AUSA : Okay, alright. Um, I understand today you had the opportunity to review some additional items that you hadn't reviewed previously...
- DR. : Yes.
- AUSA : ...um, in connection with this case. Can I ask what it was that you reviewed?
- DR. : I reviewed the um, photographs and x-rays of the decedent taken by the medical examiner office personnel, some microscopic slides that they created.
- AUSA : What were the slides?
- DR. : Ah, there were slides of um, one of the gunshot wounds with the right palmer gunshot wound skin and um, then there was also slides of tissue removed from the police car and-and they made it into microscopic slides and then I went over to the um, police headquarters where they have a, crimes labs and things and reviewed their photos of the autopsy which were much better ah, and um, the clothing of um, Mr. Brown that was kept there and ah, um, um so that was largely at the clothing and the um the photographs. This-this is with the disk...this is what I was looking at just before you came. Ah, they had taken photographs

before the autopsy. And the ones at the medical examiner's office were after the autopsy so then they were taken...they took lots of 'em.

AUSA : And you had not-you had not had ah, at-at...you had not reviewed those things prior to today?

DR. : I had no opportunity to see them previously and um, til-til today. Either in the medical examiner's office or in the police department.

AUSA : Alright.

DR. : And, I had no opportunity to look at the clothes which ah-which ah they have in the police department.

AUSA : Okay. And, so you saw those things today.

DR. : Yes.

AUSA : Alright. Um, you've um, ah, in-in previous statements and again I...as-as I've told you I don't intend to get into ah, every ya know, statement that's been in the media or anything like that but in previous statements you've mentioned that you're aware obviously that ah, the Department of Justice requested that a third autopsy after the one that you conducted?

DR. : Yes, I'm aware of that.

AUSA : Alright, and did-did you have any opinion about that or it-it just based on your experience that-that-that's sort of a...is that something you've come across before where you've had three autopsies in a single case or...

DR. : Yeah, in fact with the FBI that-that, down in New Orleans a time ago and ah, from the AFIP ah, people. Ah, it-s-it-s-it's unusual to have three autopsies but it-it-it can happen and um, and a lot depends on the individual...I don't know who did the ah, third autopsy but a city like St. Louis; a city like New York sees lots of shooting cases. F the um... a AFIP or whoever they-they use I don't know, doesn't see too many so it's ah, it...ah, hom...federal homicides aren't that common.

SA : And when you say AFIP you mean Armed Forces Institute of Pathology?

DR. : Yeah, that's what usually, they used to get people to come down it depends...they have some good people and some not so good people that...

AUSA : Uh huh.

DR. : ...from a forensic pathology point of view that pass through there.

SA : Okay.

DR. : So, I don't...

AUSA : I think they typically would deal with well, various things but for example service members returning who've obviously died in-in a...

DR. : Occasionally. Most service members are not autopsied but when they do autopsies, something comes up that they ah-ah they can do it in what Delaware or a Hawaii through the ah-ah federal government.

AUSA : Alright.

DR. : But it's, that's not common.

AUSA : Okay. You've-you'd expressed um, before that um, although it might not be a typical but it's in fact rare that ah, you didn't feel that it was inappropriate necessarily to have a third autopsy in this case?

DR. : No, I don't think it's inappropriate.

AUSA : Okay, alright. Um, I think you suggested before that it-it shows that there's a concern by the federal government regarding this case that they would get a third autopsy ah, at the request of the Justice Department?

DR. : Yes, that would be my opinion.

AUSA : Why don't we talk about your ah, the just generally the autopsy results...what you found, the injuries you found on Michael Brown's body. Um, I-I've ah, we've reviewed the ah, news conference ah, that you had on August 18 of 2014.

DR. : That was on ah, day one after I had looked at the autopsy.

AUSA : Alright. And who the autopsy was actually...was that on August 18th? Was that on the 17th? When-when was it that you actually um, were ah, with the body of Michael Brown? Do you recall?

DR. : (UI)

AUSA : This-this might help you out too. I've got ah, I have...does this look like the diagram that you and ah Mr. (ph) produced from the autopsy? If you want to take a look at that, and that's dated and signed, so that might help-help you also.

DR. : Yeah, but it...hold on. This was something that I gave to the family that they asked for.

: When you say the family, you mean Michael Brown's family?

DR. : Ah, to the lawyers for them, Mr. and all the family.

: Okay.

DR. : And they decided that they had some relationship with the times in there but, and ah, let me see, ah...I'm sorry. I don't have the exact date. I haven't written up a report yet.

AUSA : Do you anticipate doing that?

DR. : It was a...

AUSA : Do you anticipate writing a report to this case?

DR. : Yeah-yeah. And after I've...since I've seen the material it gives me more, enough information to write a report but, it's not gonna be immediate. I came down, I'd have to look at my...I don't have my calendar. Yeah, I don't have my calendar here but it was ah, I forget...ah, what day was a, was the 19th?

AUSA : If the ah, well this-this is ah, I think that's the 17th on there, I think it's a...

DR. : What day is the 17th then?

AUSA : Ah, the 17th would've been a Sunday. August 17th was a Sunday. Ah, August 18th was a Monday. That was the date of the news conference. Does that sound about right?

DR. : It's sounds like I would've done the autopsy on the Sunday, news conference on a Monday...it was in the morning, right about 10:00 or something?

AUSA : The news conference?

DR. : Yeah.

AUSA : Yes, right.

DR. : Something like that.

AUSA : Right, okay.

DR. : That was...pur-pur-pursuant to the family's wishes at that time.

AUSA : That's fine.

DR. : So, on Sunday did the autopsy and um, and a then spoke to the family and discussed it with the family and then they decided they wanted to have a news conference the next day.

AUSA : Alright. And so you think that they, you actually conducted the autopsy the day before the news conference?

DR. : Yes.

AUSA : Okay. Alright, so the news conference was on August 18th of 2014, um, then the autopsy would've been the day before.

DR. : Right.

AUSA : Okay. Um, I-I noted at the news conference you and ah, Mr. (ph) stressed that the-these were preliminary findings and you talked about certain things...

DR. : You keep mentioning Mr. (ph) he's there, he was assistant. But, yeah, that they were preliminary find ah...findings ah, ah based on ah, the information we had available at that time noting that when I saw the body to begin with, the body had already been autopsied and embalmed. See, they didn't call me for about nine days or so. So then in the interim um, things had been done to it. It's a preliminary...yeah, preliminary and eventually even now, I'd be giving more ya know, pretty much ah, what my present findings, op-opinions are.

AUSA : Alright and what we talk about tonight, I would assume that that would be a consistent with whatever it is you're gonna put in your report when do you prepare the report?

DR. : As of now unless they have more information which, a there things we've asked for them to get like the ambulance report and um, other information that may, that I gave 'em a list of what I needed and I didn't get that. I still would like to see the a other things that we haven't received. We-we received things like a this is what-what a, I requested after I was asked to go up to the Grand Jury and that's what I've got...as much as we did today.

AUSA : Alright, and you were, these are requests you made of ah, St. Louis County?

DR. : Yeah.

AUSA : Of the prosecutor's office?

DR. : The prosecutor...or the prosecutor ah, asked Mr. McCulloch...I didn't speak with him. I spoke to a, if the lawyers, ah, Mr. lawyer a that I couldn't really testify unless I had more information. Now I've got more information and...

AUSA : Okay, so barring, barring...

DR. : So this isn't a hundred percent.

AUSA : Sure.

DR. : But, I mean it's...

AUSA : But-but barring any other developments or-or new information that you get you would expect obviously that what we talk about tonight is gonna be consistent with what ends up in your report.

DR. : As of today.

AUSA : Alright.

DR. : I know as of today. If there's any changes, the deviations would be slight. I mean this is 95 percent of what my report is saying.

AUSA : Okay. And that's a, and that's fine. Ah, I don't, yeah, I think we can um, talk ah, generally about the autopsy results without...I mean there some detail obviously we need to get into but I don't think there'd be anything that-that you would expect to change. We can-we can see. Um, if there is, if you think that there's something that might change going forward um, based on additional information that you would want then let me know, although I understand you're not a fortune teller. Okay?

DR. : Yeah, but if I...if anything significant happens and if you give me one of your numbers I'd be glad to tell you...

AUSA : Okay. Great.

DR. : ...down the line.

AUSA : Right-right-right. And I've-I've given you my card. You can feel free to...
: And you have my cell phone number so you can program me in.

DR. : Yes, we have it now, definitely.

: Yes.

DR. : We have your, all your numbers.

AUSA : In any event, the news conference obviously at that time you'd mentioned that these were preliminary findings.

DR. : Right.

AUSA : Today, you're closer to sort of...

DR. : Right.

AUSA : ...final findings, 95 percent you put it at...

DR. : Right.

AUSA : ...an estimate and that's-that's fine, okay.

DR. : Yes.

AUSA : Um, can you tell me about the ah, a-a let's...why don't we start with the gunshot wounds and um, ah, again I've got the diagram here. I don't know if you wanna take a look at that or whatever. A..

DR. : No (UI)...

AUSA : ...Alright, if you could just kind of take me through the-the injuries that you found on the body beginning with the-the gunshot wounds.

DR. : The gunshot wounds beginning, because there are other injuries you a. Um, going down in, from top to bottom and not necessarily at all the order in which they were inflicted, just um, there's one bullet...ah, gunshot wound in the vertex, it goes down and to the right and is recovered from the ah, right cheek area and that's a lethal shot, immediate loss of consciousness by itself. There's another um, complex a series of injuries in the forehead and around the right eye which in summary as the bullet enters the right forehead above the eyebrow and then goes down-downward through the eye and through the orbit causing fractures and ah, exits the right jaw...the side of the right jaw. Now, where a different, with the St. Louis ah, people ah, which is a-a forensic pathology importance but not of general importance, it goes then into the...through the right clavicle. So, it comes through and exits the right jaw and re-enters the right clavicle, they're right next to each other.

AUSA : Uh huh.

DR. : And the difference is that as I read the-the um, the um, official report that's considered a separate wound.

AUSA : Uh huh. Now, in the-in the St. Louis County Medical Examiner's report they don't necessarily say that that's a-a separate and apart from the shot to the head but they don't, also don't say that it's a re-entry. Basically, they just don't express an opinion, is that right?

DR. : Not the way I read it.

AUSA : Okay. And, how do you read it?

DR. : That, there's a-there's an exit wound that disappears and that there's an entry wound that that goes through the clavicle and ah, through the lung and by around the right third rib and is recovered at the autopsy at the third rib.

AUSA : Uh huh.

DR. : And the way I read it is they-they figured that that's a separate shot.

AUSA : Alright. Now, is there-is there anywhere you can point me to in the St. Louis Medical Examiner's report where it states that definitely is not a re-entry wound? I understand that they count that as a separate entry but is there anywhere where they say that it's-that it's not a re-entry wound?

DR. : Ah, I'll show you where...

AUSA : I have a copy here too if you'd like to see it.

DR. : No-no-no I wanna see 'cause I have some notes here on it, but ah...

AUSA : Okay.

DR. : ...in the um, I didn't speak of interest was that when we got to the office this morning Dr. and Dr...the doctor who did the autopsy were not there. Usually when you go to second autopsies it's always better to be able to communicate with the-with the um, people from the first autopsy so that everybody's looking at the same thing, ya know. It gets more confusing if a, if there isn't a the second...we invited them to come down on the second autopsy, ya know the a the when we did the second one and to like to that it a makes for less confusion. 'Cause usually when people see the same thing they have pretty much similar opinions. Well, I'll a, here let's see...ah, I have notes...yeah, here's one I can get notes on the ah so yeah, so here we're talking about the note...the-the gunshot wound in the...

AUSA : The right clavicle.

DR. : ...right clavicle. Ah, that's number four in their-in their list.

AUSA : And, what page are you referring to there?

DR. : Page...these are un...unnumbered pages...

AUSA : Oh yeah.

DR. : Undated reports in here, ya know, but-but here it's-it's a this number four.

AUSA : That's para-numbered paragraph four?

DR. : Yeah. And that would be the entrance wound in the upper right chest, ah, 16 centimeters below the lower right external (UI) and that-that also um, coincided with the-the shirt that I saw today has a bullet hole right at the upper rim of whatever you call the collar around a t-shirt. What's the right name for that?

: Collar sounds good to me.

AUSA : Collar. That's fair.

DR. : Ya know, whatever. 'Cause there's a cu-there's a-a-a perforation there and in the um, in there, of which at the end, see here it says on-on the, this page right here where they have a final summary of their in...it a under Roman numeral two gunshot wound's of chest...is entrance upper right chest and I interpret this as that's number 2A is separate from number 1B.

AUSA : Okay.

DR. : Number 1 and when they count them up, we both arrive at similar numbers but using different a-a...like I'll use the grays as my numbers and things, which they don't use, so-so ah.

AUSA : Uh huh. Okay.

DR. : So...that-that-that's my understanding. I think if-if you spoke to them, I guess you have spoken to them ah, that would be their opinion. A 'cause I think this is presented as...it-it doesn't make any difference as far as except the number of gunshot wounds so instead of three bullets hitting him in the vertex face, chest, and-and other chest, below the chest, that's four and-and the trunk in my opinion did three.

AUSA : Okay, alright. And, ah, I think-I think you'd said initially at the press conference that there might be-there might be two, there might be several re-entry wounds. There could be two re-entry wounds.

DR. : Yeah, I said, right...I said there's at least six maybe up to eight because...

AUSA : Uh huh.

DR. : ...there were two wounds here and-and ah, and the lower one which um, could...which looked like they are re-entry wounds because they line up with other gun, bullet wounds but because of the embalming and the changes the appearance of the ah, and of the perforations you know the abrasion collar, and the ah, where the circular or oval size ah, has been um, changed a little bit because that's goin' on. So, I said between six and eight and I give 'em number six. But ah, here I...it said one of them I think is re-entry and one of 'em isn't.

AUSA : Okay, alright. That's fine.

DR. : In my opinion-in my opinion.

AUSA : Right.

DR. : So, it's a little different with the...I think with the-with the ah, what I read, the way I read the report. But, it's a difference, ya know, for forensic pathologist. It doesn't matter for I-I think in evaluating the case.

AUSA : Understood. So, but what you're referring to, I mean, you inter...that's you interpretation of the St. Louis County report as they refer to for...let's as an example the shot to the forehead over the right eye that goes through the ah, the orbit and exits the jaw. Your-your opinion is that-that would be then what that-that particular bullet would exit the jaw and re-enter the right clavicle.

DR. : That's right.

AUSA : Okay. Ah...

DR. : And the others, no doubt the reason for the way it looks and the fact well what ever happened what else happened to the bullet? Ya know, it did...it doesn't just disappear. It had to hit something on the way out, ya know.

AUSA : And, but that's my-my question is just from the St. Louis County um, ah, autopsy from the medical examiner's autopsy, um, and I understand your interpretation of the report because it basically it refers to

separate entry wounds...the entry wound to the forehead and an entry wound to the clavicle, is that right?

DR. : Yeah.

AUSA : But, is there anywhere in that report where they-where they specifically say that-that right, the right the wound in the right clavicle could not be a re-entry? Is there anyway that it's...

DR. : By just-just the way they-they-they list all their entry wounds here and they list that as an entry wound is the way I interpret it. There's two entry wounds in the head; two entry wounds in the chest; gunshot wound...two gunshot wounds of the arms, so that's ah, ya know, that's the way I read the report. (Phone rings)

AUSA : Alright. That's fine.

DR. : My-my wife is...(stutters) it loves Clint Eastwood.

AUSA : Alright, the ah so we've talked about.

DR. : That's not her.

AUSA : We've talked about...

DR. : But I mean she make, she does all the technology.

AUSA : Oh, she set up your ring tone?

DR. : She's my IT, she's my IT person.

AUSA : Ah, so we talked about the gunshot wound that impacts the head. We've talked about the gunshot wound to the forehead above the right eye, in which in your opinion is a ah, that exited the right jaw and then re-enters the clavicle.

DR. : Right.

AUSA : Right. Um, so then we've talked about the wound to the a, to the right clavicle. Um, from ah there can you tell us about...you also mentioned briefly another wound to the chest, can you tell us about that?

DR. : Yeah, then there's a um, a-a wha-what's considered here um, very confusing autopsy report this is. If we go into wound into number five on-on that series that we were before...

AUSA : Uh huh.

DR. : ...gunshot wound of-of the lateral chest a 20C and below the level of the ear. Ah, and um, that's a separate a wound. That was one of them that I wasn't sure about but it...I think it's a separate wound and that gunshot wound goes in the soft tissues of the back and through the eighth rib and right lower lung so that causes ah...the upper one goes to the right-upper through the right upper lobe of the lung and the lower one goes to the right lower lobe of the lung a and it also causes the fractured ribs that can be seen in the x-ray. They have lots of good x-rays, so...

AUSA : And, you saw those today?

DR. : Yes.

AUSA : Alright.

DR. : Yes.

AUSA : Alright. And so, it-it sounds like then, ah, after reviewing those things today that your-your opinion is that the shot to the forehead that exited the jaw then, it's a re-entry into the clavicle.

DR. : Yes.

AUSA : The other shot to the chest might be...are you saying whether you...can you say whether it is or not?

DR. : No, now I think it's a...yeah, it's a separate wound.

AUSA : You think it is a separate wound.

DR. : And then in correlating the clothing 'cause I saw the shirt today.

AUSA : Okay.

DR. : I mean it's a separate a, um, a separate a, um shot that struck him.

AUSA : Alright. Okay. Um, and then ah, so that brings us then to the a wounds to the right arm. Can you tell me a little bit more about those?

DR. : Yeah, there's a one um, wound to the right upper arm ventral...ventral means front, and goes in the right upper arm and comes out the-the front then comes out the back. There's one graze wound through the biceps and it only goes through the-the skin and a-a little bit of the muscle below without enough information as to which direction it was coming from. Both going from right to left; left to right, ya know, front to back; back to front so that-that ah...

AUSA : And, why is that? Why is, why can't you determine...

DR. : Because it doesn't a, there's no a, it didn't penetrate sufficiently to give it characteristic of an en...of-of...which is the entrance and which is the exit. And um, it-it was too superficial for that. And um, it's also and looking at the clothing and this is, it's so, it's so blood soaked that I can't tell...sometimes you can tell with the clothing but I-I couldn't tell today.

AUSA : Okay.

DR. : Um, and that didn't in-injure or hit any important structure itself. And then there's a-a-a wound of the forearm which I agree with the doctor here that enters the back of the forearm and comes out the front of the forearm.

AUSA : Uh huh.

DR. : Just goes in the front then comes out the back that comes out of the back goes to the front. And then there's the-the a palmer one that hit, that's hits the palm.

AUSA : Alright, now when you're referring that a, shot you the that the medial aspect to the forearm, ah, the one that you referred to that go...enters the back...

DR. : Yeah.

AUSA : ...and-and comes out of the front of the forearm.

DR. : Yes.

AUSA : Does that then, definit-definitively tell us that Michael Brown was shot from behind?

DR. : It...I think it's good evidence for that um, it would occur if-if ah, his hands were in the air say and-and-and shot from behack, a behind. It could also be that if it were a-across his chest, say, here's the back and I go across the...it's the...it could come in here but if it came in here, expect something to come through.

AUSA : Uh huh.

DR. : And we don't have any evidence for that, ah, so I-I think it's definitive evidence that the weapon at the time of discharge was behind him...

AUSA : Um huh,

DR. : ...behind from back.

AUSA : You think it's definitive evidence of that?

DR. : It's a-it's definitive evidence of-of coming from behind. Now, the-the a arms can be twisted in different forms so that if I have my hand here, that-that would (stutters).

AUSA : And, just for the tape you have-you have your arm in front of you. Right?

DR. : Yeah, if I ah, so my palm is against my chest.

AUSA : Uh huh.

DR. : So I've twisted my arm around. Ah, and that has to be judged by witnesses, ya know. Ah, did anybody see him with his hand across his chest at the time of the shooting? I know there are people that say his hands were up at the shooting. That would be consistent with hands up at the time of the shooting.

AUSA : Uh huh.

DR. : Now, it could've happened other ways but whatever happened, the muzzle of the gun has to be pointed at the...

AUSA : At the back of the arm.

DR. : ...back at the time of-of the shooting.

AUSA : Right. Not...

DR. : So, it's not 100 percent definite.

AUSA : Right.

DR. : A-a because the arm is mobile enough to be twisted.

AUSA : Okay, alright. And that's-that's, well that was my question, is...basically it's not definitive evidence necessarily that the muzzle of the firearm was behind Michael Brown at the time of the shooting. Is that fair?

DR. : It-it was behind the-the forearm at the time of the shooting but the forearm could take different positions like the back can't, 'cause the back...

AUSA : Right.

DR. : But ah, the...there's enough mobility in the arms that what would be the normal back position might be changed ah-ah-ah, depending how the arms move.

AUSA : Alright.

DR. : So, it's not 100 percent.

AUSA : And, is that the case with basically all of the wounds to the arm that you can't say precisely what the ah, location of the muzzle of the firearm was in relation to the arm because of the mobility of the arm?

DR. : Yes, that's a-a good way to put it. Yes.

AUSA : Alright. And-and that includes the one to the-the back of the arm?

DR. : Yes.

AUSA : Is that right? And, when you're talking about you talked about the normal position of the arm versus moving in all different...they are moving in all different directions. By the normal position, you're referring to the anatomical diagram?

DR. : Yes. The nor...a what a...the normal position to the medical examiner is the body at attention...palms forward. And we make all our...diagrams and all in that position. Most people who die while being shot don't assume that position so we have to go through what you're going through is ah, this is...if we know where the shooter is, 'cause often we find a dead body and ah, we don't know the position of the shooter, makes it even more complicated but since um, I guess it's-it's known the approximate position of the shooter then um, there are only limited number of positions that the arm could be in. One is back, a hands up. Another could be facing the hands in front for example, and that would depend on your investigation on the circumstances and...

AUSA : Alright.

DR. : ...who is a credible witness and who's not and do you have video tapes and stuff like that. (UI)

AUSA : Alright. Yeah. So, in-in other words in order to come to a definitive conclusion regarding where the firearm muzzle was in relation to Michael Brown generally, you'd have to look at other evidence including witness statements and those kinds of things...

DR. : Yes.

AUSA : ...which is-is also a way in which you would determine the reliability or credibility of certain witnesses. Is that fair?

DR. : Yes.

AUSA : Alright.

DR. : Yes.

AUSA : You mentioned of course that the back, the-the back surface of a person is not obviously as mobile as an arm. You don't have the-the elbow and the wrist and the...

DR. : Right.

AUSA : ...and the shoulder, correct?

DR. : Yes.

AUSA : Alright. And-and so I think one example I've-I've seen you use just in a media statement and a, ya know, um, if-if you recall...is that if you have witnesses saying obviously that-that a Michael Brown was shot in the back, in his-in his back, and the autopsy shows that there are no entry wounds to the back, then that helps you to assess the reliability of those witnesses.

DR. : Yes.

AUSA : Is that-that consistent with what you would say?

DR. : Yes.

AUSA : Okay.

DR. : There-there could've been a number of things other than reliability. One could be that the witness honestly thought he was shooting and he missed.

: Right.

DR. : Ah, he's wrong, but not intentionally, other that it's intentionally wrong.

AUSA : Sure, right.

DR. : So, that's another-another level of things.

AUSA : I know, that's just an example, but...

DR. : Yeah.

AUSA : ...ah, in your experience, so how many years experience do you have as a forensic pathologist?

DR. : Fifty.

AUSA : Alright. And ah, in your experience thought, obviously it's important to compare the forensic evidence which would include the autopsy to other evidence like witness statements.

DR. : Yes. In every autopsy the autopsy can't be interpreted in a vacuum. It always has to know what-what um, other eviden...what-whatever information there is and invariably even if somebody gets shot and as-and as...I'm sure you'll know in the middle of the street and there are five ah-ah-ah witnesses and then or he's hit by a car and there are five witnesses, each one might give a little different version of what happened and the autopsy can help determine which-which versions are consistent, there may be more than one, and which aren't. And the ones that aren't consistent I-I would think, in my opinion, would be would make them less reliable as witnesses.

AUSA : Um huh. And that's one reason why we use autopsies as a tool, to be able to assess the-the credibility of-of witness statements.

DR. : Yes, that's...

AUSA : Alright. Okay,

: I need to ask you a question about that-that shot to the forearm and then the shot to the-the chest. You had said today having looked at I guess the clothes, you think it's a...you wouldn't see it as a re-entry wound. But, initially you thought that the chest wound was possibly a re-entry.

DR. : Possibly yes.

: From the, from that-that forearm shot?

DR. : Ah, I was thinking more of the upper arm shot.

: The graze shot.

DR. : Because it was more in line with it.

: Okay.

DR. : It was...although-although now that I see the photos, you see I saw the body after it was sewed up. That is further down than-when it was sewed up so that ah, the possibility could exist of this being a re-entry wound too. I don't think it is but that's a possibility.

: So-so it's possible that the re-entry wound on the chest came from the, where the wound, I'm sorry, the wound from the chest was a re-entry wound from the forearm shot.

DR. : I-I think it's possible but I-that-that's...

: Okay.

DR. : ... not my opinion the way the-the it all looks.

: Okay.

AUSA : Alright.

DR. : Yeah, but that...I couldn't be (UI).

AUSA : So you-you feel stronger about the shot to the clavicle being a re-entry than the shot to the chest and near the nipple?

DR. : Yes.

AUSA : Okay. But, you think it's possible still that the shot to the chest near the nipple is, may still be an entry wound?

DR. : It could be possible because of all...you mean I-I think the one in the lower chest is-is from what I've seen now, is an entry wound.

AUSA : Okay.

DR. : Not a re-entry wound.

AUSA : Alright.

DR. : But um...

AUSA : It's possibly a re-entry wound.

DR. : Yeah.

AUSA : Okay, alright. Um, and again that might be something that other evidence may be able to give us more indication of. You can't say for sure but just based on your autopsy, is that fair?

DR. : Tha-that's right. And it has to be correlated with other things.

AUSA : Alright. Okay. Um, and ah, we talked a little bit about ah, shots to the back or um, shots coming from behind in-in-in your autopsy or any of the other things that you've seen, have you seen any evidence of any gunshots to Michael Brown's back?

DR. : No.

AUSA : Or to his buttocks or the back of his legs?

DR. : No.

AUSA : Alright. At the ah, news conference on August 18th, um, when ah, Mr. (phonetic) was doing a, a sort of a brief summary of the findings and he had the ah, the diagram...does this look like the-the diagram that...

DR. : Yes.

AUSA : And I don't know if you have your own copy or, that looks like the diagram that was being used though?

DR. : Yes.

AUSA : Okay. Um, he ins-he indicated, we've talked a little bit about, actually quite a bit about the gunshot to the medial aspect of the right arm to the forearm. Ah, he indicated at that time that ah, your findings were that it might be consistent with Mr. Brown jerking when he was shot while going away from the police officer. Is that right, that it could be consistent with that?

DR. : Say it again.

AUSA : Alright, at the-at the news...and I think we've already covered this somewhat I'm sort of retracing some ground...

DR. : But-but...

AUSA : ...at August 18th of 2014...

DR. : Yeah, I know we talked about it.

AUSA : ...the new conference. He indicated that the shot to the right forearm that entered the back of the forearm and-and ah, exited the front that-that could be consistent with Mr. Brown being shot from behind. The police officer standing behind him and shooting at him...

DR. : It could be but (U).

AUSA : ...as he's going away from the police officer.

DR. : Yes.

AUSA : Okay. Ah, he indicated it could also be consistent with ah, his hands being up, is that right?

DR. : Yes.

AUSA : And, I think you've indicated that tonight.

DR. : Yeah, that's, could be.

AUSA : He indicated it could be consistent with his arm sort of in front of him- front of him in a defensive position or up around his chest.

DR. : Well, yeah, possible, but unlikely.

AUSA : Okay. And, but it could be consistent with that.

DR. : Yes.

AUSA : Alright. And, he indicated that at the time.

DR. : Yes.

AUSA : I mean, you would agree with that?

DR. : Yeah.

AUSA : Alright. He basically said we don't know because of the mobility of the arm. We just don't know exactly what position the arm might have been in at the time of that shot. Is that fair?

DR. : Well, the-the problem with that is um, to the extent that there are witnesses who say that the arms were up um, it's entirely consistent with that.

AUSA : Uh huh.

DR. : I haven't seen anybody saying the arm was in front of his chest. But I think...

AUSA : Okay, well if I represent then, if I represent to you that there are witnesses who have his arms in front of him or either in a defensive position or in front of him for one reason or another, that would be consistent with-with that.

DR. : It would be except that he's bleeding. Ya know, I mean he has a bloody wound on his hand and ah, nobody saw blood coming down on, ya know, on his chest and all but...

AUSA : Uh huh. And you, obviously you haven't had access to all the witness statements. Is that right?

DR. : I haven't had access to any witness statements...

AUSA : Any witness statements, right.

DR. : ...except what I read in the newspapers which I'm not sure how valid any of that is.

: Right, because, well before we went on the recording we had said something about your media statements and you said not everything that you said in the media...

DR. : Right.

: ...and they-it was portrayed that you said the media was accurate, right?

DR. : Right.

: Okay, so you mentioned the-the blood on his hand and you-and you were kind of pointing to your chest but his-his shirt was blood-soaked, correct? Yes, so...

DR. : His-his shirt was blood-soaked, right.

: So, you don't, you can't tell from looking at the shirt whether he put his hand across-across him?

DR. : No I can't, I can't.

: Okay. And then, and you also can...based upon I mean if we told you that there was witnesses who had his hands further down across his waist or up closer toward his upper chest, I mean all of that was consistent.

DR. : Yeah. One could ah, have positions where the blood can go through the back of the hand, come out the front...even if he was up in the like this, maybe and had a, and it went into a the clavicle. So instead of this one going in, that this one going in is (UI) if his head is down it's right against each other, ya know, that looked good to me. But it, it could be that, yeah an arm could come up. The arms can always do things that the rest of the body can't, ya know, as far as-as bullets go. And, yeah, it-it

could be any of the positions talked about the arm could've been any place in front and then it could've been a re-entry with that. Ah, and that depends on lots of things but, that doesn't mean I can't have an opinion on it. My opinion would be that the...say this is a re-entry from here and not from the arm...

: Alright, okay.

AUSA : Sure.

DR. : ...but-but just to, but that's not 100 percent.

AUSA : No, and all I'm getting at is that because of the mobility of the arm, it's very difficult in an autopsy to determine the-the-the location of the muzzle, the relative position of the muzzle of the gun to the-the individual who shot because the arm is so mobile. Is that fair?

DR. : That, when-when there are injuries to the arm, yes.

AUSA : Alright. And, I think that's basically what Mr. (phonetic) was saying at the news conference that we simply don't know because of the mobility of the arm. It's it's...that the-the shot to forearm is consistent with a lot of different positions that the arm could have been in, is that-is that fair?

DR. : Yes.

AUSA : Okay. Alright. I think ah, on August 19th, you were on Fox News with Megan Kelly and you said something ah, to the effect of that it-it could be consistent with his hands up, at his side, or running at the officer. I mean any of these or any of those are possibilities.

DR. : Yeah.

AUSA : You'd basically need more information from the investigation to know for sure, is that fair?

DR. : Yes. I mean, we can't tell by any of the wounds, we can tell from the autopsy how the wound enters the body and the position of the shooter. If we know the shooter and the-and the victim at the time, we can tell if the person is stationary going forward or going backward from an autopsy alone, 'cause you can get the same type of injuries.

AUSA : Alright. Um, in addition to the gunshot wounds we've talked about you-you mentioned that, in, with the gunshot wound to the forehead over the right eye that you mentioned that there were I think you just mentioned that there was kind of some complex things going on there.

DR. : Yeah. There-there's abrasions rubbing abrasions and a little deeper um, ah, lacerations outside of the gunshot wound but a-around the right on the upper and lower portions of the eye that are separate from the gunshot wound. Um, they could be drag ah, marks, one of the things that was interesting is sometimes when police recover bodies. They'll drag the body a little bit and you get scrapes. I-I don't know. Um, but um the police or whoever handles bodies, ya know, the from the medical examiners or whatever. But there are some prominent marks around the eye that ah, that I'm not sure what they're caused by. Now, I know they're-there's...if there was an altercation in the car and he was punched in the eye, in the area of the eye or something that could be a factor but to know some of that stuff usually in a regular case I would be given the ah, medical findings on the other person. I did request that and I wasn't given that and I understand that...

AUSA : You talking about the medical records of the police officer in this case?

DR. : Yeah-yeah. I understand that.

AUSA : Okay.

DR. : But ah, depending did he have injuries to his hands, did he really have injuries to his eyes, 'cause the initial report was he had blowout fractures of the eye and all that stuff. Um, that ah, and if so because it had to do with a-with a evaluation of Brown's hands, ya know. But, Brown's hands didn't show any injuries but that doesn't mean you can punch somebody and not have injuries.

AUSA : Alright.

DR. : Ah...

: So.

AUSA : Well, and let's-let's talk...

: I'm sorry. Can I just have one question. So, um, so Wilson's medical records would help inform you about the cause of the injury to Brown's eye.

DR. : Ah-ah-ah, to Brown...well a it-it would help inform me of what injuries that a could be accounted for by ah, Brown injuring Wilson on his hands and things and the cut on his arm, ah, and it could um, tell me um if any injury's on Wilson's hand might reflect something about his striking Brown, if there was a tussle going on.

: Okay.

DR. : If there's some kind of argument going on.

: But, Wilson's medical records wouldn't tell you about the gunshot wounds though.

DR. : Um, no-no.

: Alright.

DR. : Unless they took gunshot residues from his hands.

: Oh but I'm talking about medical records.

DR. : No-no but, that is in the hospital, if the shooter goes to the hospital they might take a, not-not the po...the hospital people...the police will come and take ah, gunshot residues from the hands to see who fired the gun and all that. But, we know here that Wilson fired the gun so...

: That's not really a question, right?

DR. : ...that's not an issue.

: Right.

AUSA : But the-the-the medical records of the police officer are just an example of additional evidence that might inform you more about the larger context of how Michael Brown died. Is that what you're saying?

DR. : In general yeah.

AUSA : Okay.

DR. : In that regard too, I mean, one information about um, whether or not the findings on Brown is consistent with the findings-findings on Wilson and also it goes to a broader picture ya know, was-was Wilson ticked off at him? Was a, was Brown ya know unduly ah-ah um acting in a-in a reckless matter at that time but that goes more to your guys than to the autopsy findings.

AUSA : Yeah, and I, we'll talk about that a little bit more here in a minute. I wanna...I do wanna get to that. But, as far as the abrasion to the...the abrasions to the right side of the face, you describe 'em as sort of scrape marks.

DR. : Scrape marks and deeper than scrape marks. I have pictures of 'em here. I didn't know if you wanted to see them.

AUSA : Yeah. That's...we've seen 'em.

DR. : But they're-they're-they're beyond bullet wound of the a face because the bullet wound does a lot of damage to the eye but not to the surrounding...

AUSA : Uh huh.

DR. : ...and when I saw the photographs today that were taken before the autopsy, those marks are much more prominent than when I saw the body after it was embalmed because the embalming kind of diminishes the-the a prominence of the scrape wounds.

AUSA : Well and let me ask you that. At-at-at the news conference on August 18th, I wanna ask you if that's...you still consistent with after having seen the pictures today, you'd said that it um, it appeared it could be consistent with him falling on the ground, sort of unprotected with- without putting his hands down basically just falling flat to the ground on his face and ah, rubbing against the ground is the way you put it at that time. Would that-that, is that still consistent?

DR. : Yeah, it'd be some, yeah some rubbing against the ground.

AUSA : Uh huh.

DR. : Now, rubbing against the ground could be he was being dragged by his feet or something or it could be that even with his brain damage he had seizures or fits or something.

AUSA : Uh huh.

DR. : And I don't have any of that information where he rubbed his...where he's un...in a coma unconscious but he still rubs...sometimes as the brain stops functioning the seizures can occur and if the seizure...I don't -I don't if he actually the surface of the ground he was on, how firm and rough it was, ah, that could account for the abra...but it looked like rubbing against the ground.

AUSA : Alright. Could that, in addition to the things you mentioned could those injuries be consistent with Mr. Brown moving forward falling forward and his momentum carrying him where it would scrape his forehead against the ground as he hit the ground?

DR. : Yes.

AUSA : You started with the gunshot to the apex of the head, um although you said at that time that you were gonna go not necessarily in the shot...in the order that the shots were fired.

DR. : Right.

AUSA : Right. Um, but is it-is it your opinion that-that shot to the top of the head was likely the last shot?

DR. : I think so. Ah, with a caveat yes I as soon as he got down, lights out, he's; however, he's got that shot in the vertex, another shot here, and another shot down here...well, pretty much could've occurred from somebody firing rapidly even as he's losing consciousness and falling down.

AUSA : Uh huh. And just re...I don't mean to interrupt, but for the tape, you're referring to the shot to the top of the head?

DR. : Top of the head.

AUSA : And then you refer to the one to the forehead.

DR. : And the one...

AUSA : And the one...

DR. : ...yeah, especially 'cause the top of the head is going kind of straight down which would indicate that his head is down and the gun pointed at the head but then the a, the bullet wound of the forehead is just a couple inches away and is also going straight down and would go along with the head bent position and then where there jaw is against the clavicle kind of thing. And then there's one a few inches more down.

AUSA : Okay.

DR. : So that in the chest, so that um those three bullet wounds could have occurred very rapidly even if the one in the head caused him loss of consciousness so there's no way of telling which of those, the order of that, but with-with the one in the head certainly he would lose consciousness right away. Can't...and I would think toward the last, but I can't tell five seconds between this one and-and the one in the orbit, which wouldn't cause him to lose consciousness necessarily right away but they'd be right after each other.

AUSA : Uh huh. So they, the wound to the top of the head either was the last one or was very close in time to the last shots.

DR. : Yes.

AUSA : Okay.

DR. : Yeah.

DR. : No.

AUSA : Okay. Even immediate medical attention?

DR. : No. If-if that happened in the hospital, it couldn't be saved from that.

AUSA : Okay. Alright.

DR. : There's too much damage.

AUSA : Um, and so it-it's-it's your opinion that-that shot to the top of the head he would've been immed-immediately unconscious and immobile. Although.

DR. : And, not salvageable.

AUSA : Okay, alright. It-it is it possible in your opinion that he could've continued to st-move forward or stumble forward, something like 20 or 25 feet after that shot to the top of the head?

DR. : N-no not at all.

AUSA : Alright. The um, you mentioned the graze wound to the palm of the right hand...

DR. : Yeah.

AUSA : ...um, you've had the opportunity, and again I've-I've seen some of your um, statements in the media, um, regarding that wound particularly after, immediately after the ah, St. Louis County medical examiner's report was released by the-the St. Louis Post-Dispatch and then I think it was re-reported in other places. That was, I think on October 22 you'd indicated from that you were actually, you were on the record, ah, Kimberly Guilfoyle I think was-was hosting that night on Fox News and you'd indicated that you-you'd seen that and that appears to be from the report gunshot residue in the hand that might only be-only be seen under a microscope suggesting that Mr. Brown's hand was in close proximity with the weapon at the time that that shot was fired. Um, would that be your opinion today after seeing the slide or...

DR. : Well, I saw the slides.

AUSA : Ya know...

DR. : And I think it-it what was, I didn't go into it but what was a concern for me is that when you look at gunshot residues from the discharge of a weapon, you see with a naked eye. You don't need a microscope. You see it on the-on the clothing, you see it on the-on the ah, skin. So it to

have no gunshot residues on the-on the hand which I didn't see any gunshot residues in any of the cases would mean beyond 18-24 inches. It could be 40 feet away, but or more than that. So, but I said between one and two feet away um, and I didn't see any there. Then when the report came in, it was interest-interesting to me to see that when the medical examiner had looked at the body in the fresh state, he didn't see any gunshot residues either on the hand but there is some, ah, there is some when I looked at that today.

- AUSA : Uh huh.
- DR. : There is definitely some gunshot residues in the, under the skin.
- AUSA : Ah, that you saw in the slide today?
- DR. : Yeah.
- AUSA : Okay.
- DR. : And I would agree. But, that's still less than a foot away.
- AUSA : Okay.
- DR. : But a, I can't tell how close it is because...but in looking at the photographs and-and looking at the police photographs ah, which is different than the ah, medical examiner photographs, ah, I...there is some gunshot residues at-at the top of it...
- AUSA : Okay, just, you're talking about the...
- DR. : ...that I can see.
- AUSA : ...the photographs that were taken at-at the time of the first autopsy?
- DR. : By the police.
- AUSA : Uh huh.
- DR. : Ah and um, which I have here but we, ah, and which-which does show I believe gunshot residues on the palm of the hand, which I did not see up until nine days later when I looked at it.
- AUSA : After the body had been embalmed.
- DR. : After it had been embalmed. Well, they get washed and embalmed, and (stutters) just normal-normal course.
- AUSA : Well, now I...

DR. : So-so I would say that I was wrong in that.

AUSA : Okay.

DR. : Ya know, to the extent that I said, ah, it's more than a foot or two away. Ya know a foot or two could still be in the car but um, but ah, it definitely isn't so that I think that there was a gunshot wound of the palm of the hand that tore through the top of the skin and a, that makes sense being in the car if it was the only place I think that he was bleeding initially. That's when he would be bleeding initially so to the effect that I-I read in the newspaper if it's true that the FBI found blood and DNA, his DNA in the car, ah that would make sense coming out of, out of this. But, I think the examination of the car is all important to see where the bullets, how many bullets were fired, can they account for the bullets in the car, the blood in the car but that there was some kind of a discharge that struck him in the hand.

AUSA : Alright.

DR. : Now, I can't tell this again, but it was going toward-toward the officer or away from the (UI) or standing still...

AUSA : Uh huh.

DR. : ...as with the other things, that depends on other information.

AUSA : Alright. And so, is it based on seeing this slide today, and seeing the ah, gunshot residue under the skin on the slide, that's an indication to you that it would've been ah, I guess what you would characterize as a close range gunshot wound within a foot.

DR. : Yes.

AUSA : Okay. And, can you say how close within a foot?

DR. : No, because, but I it-it-it-it, no problem with it being in the car.

AUSA : Uh huh. Okay, it'd be consistent with his hand in the car near...

DR. : Yes.

AUSA : ...the officer's gun at the time.

DR. : Yeah.

AUSA : Wou-would it be consistent with ah, the officer's gun being, or the ah, the muzzle of the gun being eight inches from that wound?

DR. : Eight inches, it could be, yeah.

AUSA : Or...

DR. : It could be, it's not a contact, but it...

AUSA : Okay, so basically anywhere from a foot to not quite contact. Is that what you're saying?

DR. : Yeah.

AUSA : Okay, within a-foot but not necessarily contact.

DR. : He, that's right.

AUSA : Alright.

DR. : Not to contact.

AUSA : Okay.

DR. : It could be a few inches away.

AUSA : Alright. And a, you've mentioned obviously reading things in the paper or whatever, but, just hypothetically speaking then, that wound would be consistent with Mr. Brown's hand being in-inside the police officer's vehicle very close to his firearm at the time it was discharged.

DR.BRADEN: A close to, I mean within in there I mean anywhere it would I mean, in the hand in the vehicle, anywhere in the vehicle would be close enough.

AUSA : Alright.

DR. : Yeah.

AUSA : Okay. And, potentially, that-that part of Mr. Brown's hand where the ah, graze wound is, could've been just within a few inches of the muzzle of the firearm.

DR. : Could be.

AUSA : Alright. Now, you said ah, you referred, you said you were wrong about, ya know, the distance of the shots, now to be fair, at the time that you, or initially did this news conference on August 18th you indicated these were preliminary findings, is that right?

DR. : Right.

AUSA : And that there was additional information you'd like to see, correct?

DR. : Which included this today.

AUSA : The microscopic slide being one of those things.

DR. : Yes.

AUSA : Is that right?

DR. : Yes.

AUSA : Okay. Alright. You didn't have the benefit of that slide at the time that you did the news conference and you made that clear that there were other things you'd like to see.

DR. : That's right and I didn't have the benefit 'til just today.

AUSA : Right, okay. I um, there was a USA Today article on October 30th at 2014 where you'd indicated that you-you thought, ya know, it's possible, you said at least it was possible that this could be dirt on the hand but in order to dry your own conclusions you would want the GSR report, the microscopic slides and other things. Is that right?

DR. : Well, I have not seen them. Now Mr. told be about that article.

AUSA : Oh (UI).

DR. : And he promised to send it to me and then I spoke to him today and was gonna give it to you, 'cause I understand...

AUSA : Hmm.

DR. : Ah, but I think what he say is ah, that um, I had wanted to see the microscopic slides to see because what was interesting is , the- the doctor that did the autopsy, they also didn't see any gunshot residues in the gross autopsies. And I-and I stress again that's where we usually see gunshot residues. And um, we don't rely upon microscopic's to do it but in this case it turns out that the a sections that were taken do show gunshot residues and when I looked at the the gross slides today, ya know, how the bod-the body looked before autopsy on the ah, the day after the death...

AUSA : Uh huh.

DR. : ...um, I think that I do see some a...

AUSA : Okay.

DR. : So, the-the idea that-that usually you see the gunshot residues on the skin and not just rely on microscopic slides works that the body hasn't been embalmed and washed.

AUSA : Right. So then other words, you-you've had the benefit today of seeing the photographs taken at the time of the first autopsy and the gross slides, the microscopic slides.

DR. : Before the body was washed and ah, autopsied.

AUSA : Right.

DR. : And on the gross...on the-on the gross photographs, ah, there is ah, I believe evidence of small evidence but there's evidence of a gunshot residues and I think that puts it within inches away but whether it's eight inches I...it-it-it's-it's in that ball park.

AUSA : Right. Somewhere within a foot.

DR. : It's not beyond one-it's not beyond a foot.

AUSA : Yeah, okay. And so that-that would be consistent then with some sort of struggle going on at the side of the police vehicle.

DR. : It-it will be consistent with the hand being in the car where it shouldn't have been. Now, whether I can't tell whether he stuck his hand in or whether his-his friend says it was pulled in for example. But it's, a-a I think it's evidence that there was some kind of an altercation going on...

AUSA : Alright.

DR. : ...a, at that time.

AUSA : Um, there's been, ah, did you have the ah, have you had the um, benefit of looking at the toxicology report, that St. Louis County.

DR. : Yes-yes.

AUSA : Okay, and was that at about the time that the autopsy report was-reported.

DR. : Yes-yes.

AUSA : Okay.

DR. : When this was released, well-well when the autopsy report was released by the St. Louis Post-Dispatch, ah, it wasn't until today that I got official and the-the-the what do you call...the family still hasn't gotten a copy of the autopsy...the officially gotten a copy, but I did get this...

AUSA : But, today you got the official copy of the autopsy report.

DR. : Yeah. Which has a, which pretty much about the same was Post-Dispatch had it but I hate getting leaked information only because I don't know how reliable it is. It's from that this was reliable.

AUSA : You don't have any argument here. We-we try to minimize those things.

DR. : You guys go after leaks, right?

AUSA : Well, were not gonna comment on that.

DR. : This is-this is when I used to want to go to journalism I could see how a, anyway, the world is changing.

AUSA : That's true-that's true. Interesting times we live in, right?

DR. : Oh yeah.

AUSA : Um.

DR. : And I hate to be in your shoes.

AUSA : After um...

DR. : In particular the Justice Department having to deal with everything that's coming along.

AUSA : After the a...

DR. : Gays are okay, pot is okay, but journalist aren't. Anyway, that's-that's, excuse me.

AUSA : That's fine.

DR. : I once thought of going into journalism so, I like to make myself like that.

: Okay.

AUSA : Um, the ah, after the medical examiner's report was leaked as you mentioned, um, you had appeared on a Fox News with Greta Van Susteren that was ah, um, with a, that was on um On the Record with Greta Van Susteren, you had said something about um, the marijuana, um, that if-if in fact there was marijuana in his sys...actually ya know that what I'm lookin' at here...

DR. : I do.

AUSA : ...was I think actually this is before it was leaked because this is on August 18th would've been, which would've been just the day after your autopsy but I think that there were at least some rumors at that time of marijuana in his system.

DR. : Yes, yeah.

AUSA : Ya know, there were reports that were sort of unfounded but...

DR. : Right.

AUSA : ...there were reports none the less. Now you've had the benefit of actually seeing the toxicology report.

DR. : Yes.

AUSA : But, you mentioned on August 18th I-I found this interesting, I wanted to ask you about it...that it would be important to know the levels of marijuana that were in his system that certain levels could mean that he may have been acting in a crazy way and may have done things to the police officer that normally he would not have done. That's a, does that sound like something you would have said?

DR. : I wouldn't ah, have remembered it except I got a bunch of letters about that...

AUSA : Really.

DR. : ...saying you idiot. You think that I don't know anything about marijuana, you can say that, so...

AUSA : Right, from marijuana advocates?

DR. : Yes.

AUSA : Yeah. Okay.

DR. : Some people that know more about marijuana than I do. But, ya know, I think that ah, that I think you-you...first of all, just so you know, so for

what do you call it, ah...full disclosure. The reason that most of these are-are on ah, Fox is 'cause they have a contract with Fox to discuss forensic science issues.

AUSA : You're basically a contributor for Fox News?

DR. : I'm a contributor that I get paid an annual salary for.

AUSA : Alright. I'm sure they were-they were happy to see you get involved in a case that's gotten (UI).

DR. : Yeah, but the problem is, ya know, yeah, but I-I have to be careful not to do things for Fox that are inappropriate like being on Fox Today to discuss what my Grand Jury testimony's gonna be. So...which ah-which ah, so that um, yeah. But I keep a, try to keep an arm's length distance and fortunately my wife is very good at explaining what I can do and can't do under these circumstances.

AUSA : Right. Okay.

DR. : But um, but that-that's why Fox comes up so much.

AUSA : Uh huh.

DR. : Um, yeah, what I want to see is the marijuana because there...marijuana has many different compounds and sugar compounds that cause um, ah-ah have psy-psychological effects and most that don't. And, this release that I seen now is helpful now.

AUSA : Alright. And, marijuana is that is in fact um, a ah, ha-ha-have you heard reference to marijuana having biphasic affects on people? Have you- have you heard anything about that or in your-in your experience or 50 years, have you come across that?

DR. : Well, marijuana from (UI) is that it can um, it has different affects on different people, just like alcohol kinda has different affects on different people and that um, ah, it depends how much of different compounds there are in every marijuana plant and 20 different compounds all in different lengths and it's just...one of the compounds that's present here that has the most potential for psychological affects.

AUSA : Uh huh.

DR. : We look at it, one of the things that it's not a cause of death.

: Right.

DR. : So, ya know as far as ah-ah drugs and ah, and-and um one of the things the medical examiner's get most concerned about is 'cause...can it cause people to die? I mean no. Now, the psychiatric affects are a little different but over my 50 years of experience marijuana...whatever affects it has, it usually does not cause them to do crazy things but it-it has different affects on different people and um, so that would be a-a reason to-to a look at what the toxicology is.

AUSA : Well, let me ask you that, looking at the-the toxicology report there, did the...would those levels give you some concern about whether Mr. Brown was impaired or whether there were psychological...

DR. : The one that does give me concern...

AUSA : ...affects?

DR. : ...is the Delta9thc and um the thing about it is um, it's negative in the urine but it's 12 navigrams (phonetic) in the...I don't know in the blood which certain toxicologists can give you better advice on this than me than me but from this I say...and the-the problems of marijuana can hang around for a long time. It dissolves in fat and so that he does have a type of marijuana in the blood not in the urine that a could cause psychological affects but a whether he took it a few hours before or a day before ah can be guessed at, that's reasonable. But, it-it-it varies from person-to-person and whether or not any of Brown's actions at the time of the gar...ah, cigar incident and walking the street and wasn't anyway affected by the marijuana. Ah, and I can't say. 'Cause I say most people wouldn't get too much out of line with a-with a this type of marijuana but some might and there are better people...there are people who study this more carefully than I do.

AUSA : Alright.

DR. : So that-that could give you a better answer. But he does have...in the normal course, I-I would go and I did go but I'm not the expert...a toxicology person I think is very good at this and said he could be having-it could be having a psychological effect.

AUSA : Alright.

DR. : Ah, but...

AUSA : You-you did consult with a toxicologist about that?

DR. : Yeah, I-I called a...yeah, just to find out, but that's not to-to make an opinion on it...

AUSA : Uh huh.

DR. : ...just that-just that I was interested in seeing how this kind of level affected the...’cause the different things in the literature...some say no, some say yes. The guy I respect said there could be some.

AUSA : Alright. Some psychological affects?

DR. : Uh huh.

AUSA : Alright. Marijuana is in fact a hallucinogenic. That’s how it’s classified.

DR. : When it has, yeah, when it has an affect there. That classify it hallucinatory affects.

AUSA : Okay.

DR. : We’ll be studying it more in the days ahead. So...Police Commissioner Brown holding up, did you see the picture of holding up 30-30 grams of marijuana in a-in a plastic bag which is an ounce which now is okay in New York. It’s an awful lot to me. But-but at least it doesn’t clog...it shouldn’t clog jails. That’s what the problem has been, clogging jails up with ah, and causing harm to people. Often bright people take marijuana and get stuck with it. Be that as it may, I’m not a criminal justice major.

AUSA : Um, the ah, I wanna get back, just briefly again to the ah, August 18th news conference. You’d indicated...you were...I think you were asked and you responded whether there were any signs of struggle specific to Michael Brown’s body, ah, specific to the autopsy itself. And you’d indicated that there were no signs of struggle regarding his body um, at that time and ah, but you would need more information to side whether in fact there was a struggle and...I think we’ve, is that, do you recall that?

DR. : Yeah, I told ‘em...I-I think I was referring there is no injuries to his hands or anything that-that...

AUSA : Uh huh.

DR. : ...there was no injuries that he had struck anybody on his hands with a caveat that you can strike people and not have any injuries.

AUSA : Right.

DR. : But, the one thing we can look for is to see if there’s any a-a bruises on the-on the hands or knuckles, fingers, of somebody in a fight. He didn’t have any.

AUSA : Alright. And, along those lines regarding signs of a struggle, did you see anything I-I, no signs of a struggle on his body would that include no injuries to his neck. Did you see any injuries to the soft tissues of his neck?

DR. : I did not.

AUSA : Alright. Did you see any bruising or abrasions or hemorrhage-hemorrhaging of the soft tissues?

DR. : No.

AUSA : Alright, and were there any...

DR. : Except where the bullets went.

AUSA : Right, I'm talking about to the neck, specific to the neck?

DR. : Yeah, no.

AUSA : Right.

DR. : No.

AUSA : And ah, did you see any other injuries to Mr. Brown's neck suggesting that he was strangled or grabbed around the neck in any way?

DR. : Again, ah, no. I didn't see any. That doesn't mean he wasn't, but he-he's a big guy to get hands around the neck.

AUSA : Yeah.

DR. : And he was a big guy. But, I didn't see any injuries to the neck but if, injury, if-if there had been a struggle and something was placed around his neck needed, that needed to cause injuries, but there weren't any injuries.

AUSA : Alright.

: What's the significance to you of-of how big his neck was regarding...you said that he was difficult to wrap your hands around.

DR. : Well he...he's a big guy and ah, looked like a strong guy so it...I don't wanna be sexist, but strangulation as a mode of homicide, for example, is 90 percent female victims. It's a really a-a-a um, assault by the stronger person against the weaker person.

: Okay.

DR. : And I think that ah, that I would have been surprised if-if in a struggle somebody would try to ah, to squeeze his neck because it would be hard to do and it would make the other person very vulnerable to-to attack some things.

: Because his neck is so big? So wide?

DR. : Well, it's big and he's strong.

: Strong.

DR. : He's strong and he's big and...

AUSA : Typically in strangulation cases you see a stronger person strangling the weaker person.

DR. : That's why it's mostly stronger men and weaker women. The only time men get strangled usually is if they're drunk. Ya know, then-then-then-then they're, they can't ah...

AUSA : Defend themselves?

DR. : ...but even a-even a weak male can-can defend them self a little bit about strangulation. You can't depend very well against a gun or a knife or baseball bat.

: Hmm.

DR. : But, strangulation, you can often even a weak person can do enough um-um protection to war-off a homicidal strangulation.

AUSA : And I-I believe you measured um Michael Brown at six foot five and 289 pounds.

DR. : About that, yeah. He looked bigger than that actually but they have a, I think they have a good scale over there at the medical examiner's office and was only what? Eighteen years old.

: Uh huh. Yes.

DR. : And he's a big 18 year old.

AUSA : But, in any event you didn't observe any ah, injuries to the neck?

DR. : Did not. I looked for it; didn't find anything.

then that doesn't rule-rule-rule out his rule out his doing it. But, I'd like to see what the significant injuries is because from the statement of blowout injuries to the face were fractures or the orbit, say I don't believe that could happen without leaving some marks on the...

- AUSA : Right.
- DR. : ...on his hand.
- AUSA : Okay.
- DR. : Ah, ya know scratches wou-wouldn't necessarily do that but that also is to get the whole context of why it happened, just...
- AUSA : Uh huh. But-but if hypothetically speaking if there was bruising or contusions to the side of the police officer's face, obviously that would be some sign of a struggle that you would be looking for in the medical records.
- DR. : Yes.
- AUSA : Okay. And um, as you said, ya know, if-if you had blowouts to the orbits, that kind of thing you-you might expect that such a serious blow that you might expect to see injuries to Mr. Brown's knuckles or hands.
- DR. : In order to break bones in somebody yeah.
- AUSA : Right. But, if-if there are no broken bones but there are bruises, if there is bruising, you may not necessarily injuries-see injuries to Mr. Brown's hands.
- DR. : That's correct.
- AUSA : Okay. We've talked about a little bit tonight and I know that in previous statements you've mentioned the importance of um, of forensic evidence like the autopsy in ah, determining witness credibility or the reliability of witnesses.
- DR. : Yes.
- AUSA : Either because they're simply wrong about having seen something or they're fabricating something, whatever the motive might be but in order to determine the reliability of witnesses, is that right?
- DR. : Can be-can be used for that purposes.

AUSA : Okay. And I-and I think you've said before something to the effect of, ya know, it helps to evaluate eyewitness testimony and helps to organize which witness testimony is more reliable.

DR. : Yes. I agree with that.

AUSA : And I...I think you've said similar things to that today.

DR. : I agree with myself.

: That's good.

AUSA : Good we've established that.

DR. : No, I agree. I think he's-he said that well.

AUSA : One ah, one example you've given and I think we talked about it here tonight already was that um, after seeing the autopsy report you'd indicated, ya know, for example there were no gunshot wounds to the back but people thought that they saw that so that helps...that would help investigators or prosecutors to assess the reliability of certain witnesses. Is that...your-your experience?

DR. : Yeah, I think so but the back being, is it just the torso or is it also the arms and all see.

AUSA : Uh huh.

DR. : So, when-when a witness says from the back-from the back-the back they really been shot from behind.

AUSA : Uh huh.

DR. : And, shooting from behind he might have injuries in other parts of the body than the torso that would go along with it.

AUSA : Well let me-let me get a little more specific, just again, hypothetically speaking...if you have a witness in this particular case who says that Mr. Brown was down on the ground face down as-as he was found and ah, the police officer fired repeatedly six or eight shots into-into his back. Obviously the autopsy would indicate that-that would not be the case in this-this particular instance.

DR. : The autopsy would indicate that if they were fired they didn't hit him. You see, the-the problem there is someone can see a shooting and the, and think it hits the back but-but that-but that goes upon the degree of reliability but ah, we could say that clearly he was not ah, shot in the-in the...from behind while on the ground. I-I would say that. Whether

somebody really thought they saw it or was making it up, they could have people fire a shot...like one of the concerns I had asked for is how, which they didn't tell me, is how many shots were fired, ya know. A, the weapon and um, it's amazing nobody else got hurt out there, ya know, with all the different things. And um...

AUSA : Well, certainly, I mean, we can allow for the fact that-that obviously the police officer could have missed but the, and the...

DR. : They always miss. They-they always miss...

AUSA : Yeah.

DR. : ...ya know. And when the-when the police officer fired, the-the in fact they were shot, that he was struck, I think six or seven times, a-a they think eight times. See, when I say struck I'm talking about all the bullets that-that bullets that struck him. Ah, not necessarily how much damage they did. Um, is-is sign of pretty good shooting at a police officer if he fired 10 or 15 bullets that hit him as many times as better than usual I think.

AUSA : Uh huh. Better than...

DR. : And to miss other people is even better.

AUSA : Alright. Okay. But, it...all I'm getting at is that ah, in situations like this again, the autopsy's a good tool a-among other forensic evidence to be able to determine the reliability of witnesses.

DR. : Yes.

AUSA : Okay.

DR. : Yes. I mean...

AUSA : And, that's been your experience over 50 years?

DR. : Yes.

AUSA : Alright. Along those lines, ah, and again this may not be specifically ah, regarding the-the autopsy in this case, but you've-you made comments about how it's not uncommon for prosecutors to not want autopsy results released immediately. That a...in-in your experience...

DR. : Yes.

AUSA : ...prosecutors may not want the medical examiner to release the results immediately?

DR. : Yes. I think that's a bad idea, but I, that I, that I've seen that happen before.

AUSA : Alright. And, but you've expressed also and I understand that-that, ya know, I think you've expressed that it can cause concerns in the community and-and issues with transparency and that kind of thing. But, you've also indicated in the past that um, and-and as you've indicated here tonight that it can be a tool to assess the reliability of witnesses, right? The autopsy?

DR. : Yeah. That-that one has to balance it. But, in my experience we had a number of police in (UI) when I was the chief medical examiner-medical examiner in New York City, um, there were a number of incidents...Harlem and ya know Bareo (phonetic) and other places of-of police encounters and the issues whether the sniper shot the-the-the a neighbor or a police officer shot the neighbor, ya know. And, I gonna say I found that over the course of the years if-if the community is told whatever happened right away, it calms them down because in my experience that...and I think that pertinent here is parents always and neighbors always think that the police are wrong and when the medical examiner comes along and doesn't say anything, they think they are just covering up for the police so, it-it-it tends to help create a um, ah-ah hostile environment and that's why in New York by and large ah, and in even this new one ah, this other, this other the (UI) Staton Island who was choke holded in Staton Island, I was glad the medical examiner came right out and said choke hold...not saying let's wait for the toxicology because I'm sure you appreciate what I put in terms...when we do an autopsy in these things, 95 percent of everything is there...is-is finished on day one. We know an awful lot. We're waiting for toxicology, from microscopics which may or may not be too relevant and that can drag on got up until ah, up until now when the family still hasn't gotten this autopsy report, theoretically. I mean...

AUSA : Uh huh.

DR. : ...I give a copy to the, and I was okay to give it to the ah-ah attorney, ya know. But he, the only copy he had had was from um-from um the St. Louis Post-Dispatch and the-the longer the um...a there-there-there's a...and-and the reason I got called in, 'cause it was nine days later is because ah, the family was concerned nine days of that time. They didn't know why-why their son died except for-for a-a-a-a um, the news, the rumors in the news and secondly um when I came to see them and before doing the autopsy I spoke to them first. The first question they have and the families always have and even in-in regular cases, did my loved one die a suffer? They want to know did he suffer and ah, ya know, by telling him that they had the bullet wound in the head that caused him to lose consciousness immediately a um in this

crazy world gave him some-some ah-ah consolation 'cause they didn't want their...they rather him die immediately rather than...now when the-when the-when the civil action comes along it may be different. But, that's another story and not here but just general. And one of the thing's medical examiners are good at is when families come in and identify loved ones we try to be as generous as possible that the person didn't suffer and that consoles them. But, and I think it's a mistake to not release the information that can be released right away or else...and now it's even more important because as you see here in the-in the Ferguson with social media and all, it-it's a, ya know, the crowds gather right away and they feed on each other. When you got (UI). In most cities in New York for example, if somebody dies in the street whether it's a shooting or an auto accident, they don't lead, in a public place, rules are you remove the body as quickly as possible. You-you can keep the crime scene and-and-and do things but the body should be otherwise even 50 years ago, you're asking for trouble because people start...the community starts a coming around and in those days, the community was just a few blocks around where it happened and now it's the whole country...

AUSA : Uh huh.

DR. : ...with-with the cell phones and all that.

AUSA : Well, and I-and I do want to get to that but basically...

DR. : So I...I'm making this commercial because I think maybe you guys can suggest some proper procedures whenever a police...whenever there is an encounter between ah, family...I-I go through this all the time in correction. I-I sit on a board in the New York State Corrections, um, we had the big Attica rioting because prisoners were said there were cover-ups in all the ah, when prisoners died and ah, we find that the quicker we can tell the families why-why somethin' happened. If the guards did somethin' ver-wrong, we'll say right away. If they didn't we'll say right away and over the years the-the population and the lawyers there all have begun to trust us and there's been no riots in the New York, in New York State since this commission was set up 40 years ago.

AUSA : You have acknowledged and-and I understand all that but you have acknowledged in the past that-that a prosecutor or the authorities may want the medical examiner to hold the report...

DR. : Yep.

AUSA : ...because it could-it could hinder investigation.

DR. : Yep.

AUSA : I mean, that's-that's another-that's another consideration.

DR. : Yep.

AUSA : It sounds like what you're saying tonight, in your opinion it's more important to get it out there.

DR. : Depends on the situation. Here, I think letting the body stay for four hours in the street...

AUSA : Well, we'll...and we'll get to that.

DR. : ...ya know that kind of thing a you can see it building up and the quicker...because even if without either you say yeah, they-they, he was killed by six bullets, that...I know, when we say yeah, it's the police bullet killed the neighbor, ah, it calmed down. There was still concern but the-the potential for rioting immediately went away.

AUSA : Uh huh. That's it. Alright. But-but certainly you-you would acknowledge that releasing something like the forensic evidence including the autopsy report immediately would make it less of a reliable tool...less of a valuable tool to test reliability.

DR. : Depending on the event a-a...yeah. That-that's true. Yes.

AUSA : Okay.

DR. : And each case has to be judged on its own though. I mean I wouldn't, 'cause you gotta weigh both things.

AUSA : Certainly. Okay. And I wanna get to your point about the-the body being ah, I know you've commented before about um-um, the ah, about the body being um, sort of disrespected...

DR. : Well.

AUSA : ...because it was on the ground for hours in full view.

DR. : It-it's viewed by the community as disrespect. I'm not saying it was disrespect. But, it was viewed by the community, right, as disrespect and-and I think um, ya know, in this particular case ah, led to ah, more and more people assembling and more and more of the rioting.

AUSA : Okay.

DR. : Now, in rioting, some bad-some bad rioting people has taken advantage of it, ya know and you can't control a riot no matter how-how civilized the leaders wish it to be.

AUSA : Alright. Um, as-as far as a...I wanted to ask you about that though...about the community being, feeling like it was disrespected because it was out in the open for four hours and did you know where-where-where do you know where you got that information, who would have told you that about how long the body was out there or whether it was in full view at the time?

DR. : I have a better view now that I got this...um, from the newspapers I think.

AUSA : Okay, alright. That's, and that's what I wanted to know is if there was, ya know, any specific information from the investigation.

DR. : No, but now I have some specific information. Ah, but even so it-it happened around ah, 12:30, a little after 12:00 and um-and um, the medical examiner's not called for about two hours and then I can't-I'm not sure til the body was picked up.

AUSA : Alright.

DR. : But it took three hours or more, maybe four.

AUSA : Basically...

DR. : But I heard four hours, but I'm not sure about that, 'cause I don't have the time the medical examiner picked up the body.

AUSA : Alright. Basically, what was reported though is that he was on the ground out there for around four hours in full view of-of...

DR. : I-I've seen that yeah.

AUSA : Okay. And, that was what drove your concern about the, ya know the disrespect of the body or-or the community's concern about the disrespect of the body.

DR. : Yes.

AUSA : Okay. And-and would it affect your opinion regarding that at all if the body was in fact covered within minutes after EMS arrived there.

DR. : Well, yeah, that would be better, at least it was covered; however, the- the photographs (stutters), the photographs and the video tapes showed I think it was Officer Wilson near the body and the body with blood coming out of the head and the crowd already gathering.

AUSA : Uh huh.

DR. : So, ah, I think ah, covering the body ah-ah is-is better than not covering it. But, removing the body, is-and you don't leave the body there for a full police examination is even better because it creates a, a mob psychology. People start gathering and the sooner the body is-is taken away like in a shooting or something in the streets of New York, if you left anybody out there ya know, the crowd would gather.

AUSA : Uh huh.

DR. : Nobody knows who the person is.

AUSA : The best thing to do then is to do your investigation and-and get the body out of that area. In your-your experience.

DR. : And keep the-and keep the (UI) 'cause there-there may be a lot of evidence. The body's one piece of the evidence and they can get in the way and then you have to weigh, like I said, the value for the investigation versus the-the-the ah, problems with a the community.

AUSA : Right. And-and as far as the disrespect of the body also, would it affect your opinion regarding that if the forensic investigation that was going on there was interrupted by gunshot, gunshots in the immediate area, a-a hostile crowd, people chanting "kill the police" that kind of thing as the-as the police officers who were there trying to um, process the scene.

DR. : Well, it's the only more reason they should have removed the body, ya know. I mean, (stutters)...

AUSA : What I'm asking though is, if-if the if that, if the forensic investigation was interrupted by those things causing them not to be able to complete the investigation and remove the body...

DR. : I don't understand. What-what's there investigation that has to be done? Ya know, they have a body there. You just look at it. The time of death isn't the factor, rigormortis, levity, temperature. You know the type of death. You know the shooting. Um, what part of the investigation...what investigation did they do at the scene? Ah, by leaving it...

AUSA : Well, you've talked about taking notes, taking photographs those kinds of things. If those things-if those things were interrupted by gunshots in the immediate area and a hostile crowd, obviously that would, that would be some explanation of why this took as long as it did.

DR. : I think it's a poor explanation. I think it's a poor...if there are gunshots or whatever is going on, get the body out. They don't gain anything by leaving the body there.

AUSA : But, certainly you'd have to agree, you'd have to document the-the location of the body, the position...

DR. : Take a photograph.

AUSA : ...the position of the body.

DR. : Take photographs.

AUSA : Right.

DR. : The best things is-is photographs. You're gonna do anyway. The- the that the body is documented by-by images.

AUSA : Right. Measurements, right. You have to take measurements.

DR. : Yeah, but you can do that once the body is-is out.

AUSA : Huh uh.

DR. : If you have an outline, ya know, where the body is. You can take your measurements ah, at that time. And by leaving it out, you are also a-a beginning to lose some of the toxicology (stutters), more and more metabolism going on and break down of whatever drugs are there. Ah, especially in the hot weather that (UI) so there-there is a-a some damage that can be caused by leaving out. But, I think that leaving a body at a scene, an open scene...

AUSA : Uh huh.

DR. : ...without looking for blood on walls and the ceilings and even that kind of thing can be done-can be done um, after the body's gone.

AUSA : Wha-wha-What if in addition to the body being covered that there were sort of medical curtains put up around there for privacy while-while the body was there and they were attempting to process the scene?

DR. : I don't think that helps much 'cause the people know there's a body there.

AUSA : Uh huh.

DR. : And that, my...

AUSA : But, it's not, it's certainly not out in full view. Is that right?

DR. : If they cover it up, it's not in full view, it's a little better, but it's, what I'm sayin' to you...there's very little to be gained once you take a few pictures and you-you get a perimeter around there where to-to look for shoe prints or whatever and ...

AUSA : Well, certainly you'd acknowledge though that if there are things like a hostile crowd there and actual gunshots going on that-that can slow however short the process...

DR. : It shouldn't that-that.

AUSA : ...however short the process you think it should be, it would certainly slow that process if they have to stop doing those things because of those kinds of interruptions.

DR. : I think doing those things is less important than getting the body out of there and getting more interruptions. I mean the-the if you already have a hostile...there's very little in my experience and I've gone to thousands of-of-of scenes of death...

AUSA : Uh huh.

DR. : ...in a that in a public place that's gonna be gained by keeping the body there that can't be done by um, ah, roping the area off and just looking at everything after the body's gone. I think putting it...

AUSA : But, cer-certainly in any case you would want a thorough investigation of the crime scene including the body.

DR. : I wouldn't want...I wouldn't want a thorough investigation...and the body itself can be more thor-more analysis, more investigation as the body's done more when you have good lighting conditions and all and the-the clothing and the skin and the external forensic evidence is-is better looked at when the body gets to the scene, If it gets to the morgue where they have better lighting and less problems from any viewers, onlookers. But I just think that there-there's...in everything you do you have to have a balance of-of...if people are-are already starting to shoo-shoot guns or ah, it-it-it indicates that something's being done wrong to me.

AUSA : Alright. The-the people in the-in the crowd around there shooting guns that would indicate that-that-that there's something being done-done wrong with the investigation?

DR. : Yeah. To-to-to-to allow that to devel-to have that develop while the body's at the scene which feeds into it, ya see. You're getting good

people who are coming to see what's going on and bad people are gonna take advantage of it. Ah, I'm not a con-ah-ah-ah a ah, control ah, ya know expert.

- AUSA : Right.
- DR. : But, however...
- AUSA : No, and I-and I understand that.
- DR. : ...what I'm saying is...
- AUSA : The only reason I ask is not because you're an expert on that but just because you opined about it before.
- DR. : Yeah. And then what I'm saying is, that there's very little to be learned after five or ten minutes of looking at a dead body at a scene. Five or ten minutes, you take photographs, you just said that you set up the per...your perimeter, ah, and you get the body out. Remember the body decomposes in hot weather so that-that's an issue too. And um, while he's on the ground, the longer he's on the ground there's more blood flowing out of these a, the blood is building up and-and flowing out. It, things are happening to the body after death that can be counterproductive too. So, I just think that um, that there isn't as much to be learned from the dead body in a public spla-pac-place, because of all the other crap, ah, that um, couldn't be found when the body's moved in and you-you the a, the night is assumed that community upset is taken away.
- AUSA : Um, you-you mentioned before that even if that shot to the top of Michael Brown's head had occurred in a hospital and he was-and he was given immediate attention, he wouldn't have survived.
- DR. : That's my opinion, yes.
- AUSA : And, certainly CPR at the scene or anything like that wouldn't have-wouldn't have made any difference as far as whether he lived or died. Is that fair?
- DR. : Yeah, well, as it turned out, now I don't know what was done at the scene whether-whether the EMS came 'cause I don't have the EMS report...whether they took his pulse, whether they ah, whe-whether they checked him out to see if he had um-um, ah what ya call, if he should be immediately brought to the hospital. One of the things that happens, say in my experience, is a situation like this...the most important thing of course is ah, the life of the decedent. And, if you come to a place and he somebody even looks dead, you still don't know whether this five or ten minutes ah-ah, whether his heart has only

stopped for five minutes or so and that CPR might work to-to bring him into the EMS ambulance, bring him down to the hospital, let him work over there and a-a-a and um that's more important forensic evidence to begin with. Any signs of-of life and it also takes away the, as I see the problem the dead body in front of a hostile community.

AUSA : Uh huh. Alright. But, so, what, but my understanding is that your opinion would be that the shot to the top of the head was fatal and there was nothing anybody could do about it.

DR. : Yes. As is sh-as it-as it turned out, yes.

AUSA : Okay. Alright. As you sit here today, can you opine based on the autopsy and the other things you've seen whether there was excessive force used in this-in this shooting, whether it was excessive shooting or force.

DR. : As-as, to give my background, 25 years I worked in the medical examiner's office in New York City with the New York City Police. Every case I went to, the New York City Police was involved. Every case I testified was in New York. The 5 of the 25 years I-I spent with the New York State Police, same thing. I spent all my life working with police. In this instance, I think absolutely there was an excessive use of force. There's no reason and, this is what I've learned, I don't shoot guns, to-to a kill somebody. I mean, when you shoot...it's more complicated in the choke hold things because in the choke hold things, ah, when it encounters there isn't an intent to kill the person. The person gets killed because of carelessness other things. When you shoot at something, you're intending to kill 'em. So um the-the-the way I was trained, and so is the training of the New York States Police in particular (UI) are trained not to shoot at somebody unless you see a dangerous weapon in his hands. If you can't see his hands, you don't shoot because you can't see his hands. And, I think that's worked pretty well. A lot of potential um a, killings, ah, were voided because ah, police initially thought there might be a danger but when the hands came up, (UI) else, as long as you don't see it. I think here, in general, I don't think that he was enough of a threat to kill him. If I-if I killed every person who punched me in the face...

AUSA : Uh huh.

DR. : There'd be a lot of dead people.

AUSA : But, you've, I mean, as we've sat here tonight, you've talked about a lot of things that you have been privy to like witness statements for example, right?

DR. : That's right.

AUSA : And, you have to put the autopsy and other forensic evidence in context by those witness statements. Is that right?

DR. : Yes.

AUSA : And, I, you don't have access to a lot of those things, correct?

DR. : Yeah, I-I'm saying I can give you my opinion to reasonably medical certainty on the autopsy findings. Interpretations ah...

AUSA : From...you're-you're telling me as we sit here tonight that from your autopsy, you're able to determine that there was excessive force used against Michael Brown in this case?

DR. : No-no. I'm saying that from my autopsy findings I can tell you my opinions clearly. As for as question about excessive force, it's my feeling over the years that ah, there was excessive force not-not in the car necessarily, but in the shooting and the death, ya know when he was a distance away from the officer.

AUSA : Alright, so you're basing that not on the, your autopsy findings but based on your experience of situations in the past?

DR. : Yeah, that, which I'm not an expert on.

AUSA : With, and with the understanding obviously that you don't have all the facts in this case including witness statements, which would give context to your autopsy.

DR. : Ah, that-that's true but-but what I'm saying is yeah. What, I'm not giving you, my opinion, is my opinion. It isn't my expertise.

AUSA : Oh I see.

DR. : My expertise is the autopsy findings.

AUSA : Right. Okay.

DR. : But, the ah-the ah, the opinion is just as you asked me in my context over the um, the years, um, whooo, if this case is considered non-non a excessive use of force, then we get into a situation where I find myself in court where-where ah-ah a I'll say that ah, ya know that a I had to go to trial years ago where I testified that ah, this a, this fellow was shot in the back and ah, but he said he was shot in the front, and I actually look (stutters) shot in the back and as he was giving up, some-some case like this and um, the issue was ah, the judge put it very simple. He says look it doesn't matter if the um, the police officer felt he was in danger and

there was no reason to be in danger as long as he felt it was ah-ah that he was in danger, that's sufficient. And the (UI) even though this was the killing in front of a lot of people in New Jersey was it um and shot in the back, hands up, um, in an argument. Ah, the judge, judge trial-they allowed a judge trial, said um, ah, no, not guilty because he-he state, testified that he felt he was in danger even though you might say he's ah-ah he's not in danger. A fact, actually he's not in danger, but as long as he feels it...I think an awful lot of judges um, ah, feel that way-feel that way in my experience that as long as the police officer hears the magic words "I felt that I was in danger" that's enough to avoid criminal charges. Now, in civil cases that may be, there-there may be a different outcome depending on the jury. But ah, but I think that ah, and I do this 'cause I'm involved and I do have an expertise in correction, in-in jail deaths where a-a the Attica uprising in part because 43 people died because the claim was by the ah, writers that um, guards were killing people, ya know, by what, whatever means and ah, everyone was called ah-ah heart attack then the body would be sent out to local then and say heart attack 'cause the heart stopped. And they had to write on it. They established our board for that reason, to look into things and um, as soon, as long as it's an oversight, they stopped making that kind of diagnosis, ya know what I mean?

- AUSA : Now, well let, but let me, that's fine, let me, yeah...
- : Let me...I was just gonna ask you, you said um, that in your opinion, a police officer shouldn't shoot-shoot at someone unless they see a weapon. Is that what you said earlier?
- DR. : Yeah, that's the general, that was the general teaching in a in um, in the New York State Police 'cause I attended some of those academies.
- : And, okay, you know that the law doesn't prohibit a police officer from shooting an unarmed person though?
- DR. : Woo a ah, that's right.
- : Yeah.
- DR. : And-and normally there and Internal Affairs always says it's okay.
- : Well, I'm just, I'm just saying as a matter of law though.
- DR. : Right, yeah. But, I'm just saying that if I think as a person that-that ah, um, that um, ah, the shooting could've been avoided, ya know, like it may be legally to do what he did. But, I'll-I'll say that I've been to other countries and an examination of other countries for governments and for human rights agents and things. A, this is a problem worldwide and that's why it was interesting to see. I knew nothing about it. The ah

Geneva stuff coming out of the parents of a-of a of um, a-a-a Michael Brown, ya know. This is-is a worldwide...I was, I mean last week in Jamaica to a, ya know, a death and a confrontation. A, but it's-it's a problem...it's a great problem and I think it's become even greater because of ah, of the internet. Because people don't talk to each other. They thought they were all alone when these things happened.

: I just want to ask you, when you mentioned the New York State Police that you-that you learned from them that they're taught...

DR. : Yeah.

: ...that they can only shoot when they see a weapon.

DR. : That they shouldn't. Well, they could, whatever, but yeah, that-that they shouldn't shoot unless they see a weapon.

: Did you...when was...when did you learn about this? Like, how many years ago?

DR. : Past, I retired a, three years ago. Until three years ago, that was the teaching there.

: Did you actually-did you actually read that policy that they-they should only shoot when they see a weapon?

DR. : Ah, no this is, this is talking to the police.

: Just-just-just word of mouth.

DR. : Just the police. Yeah, I'm-I'm sure it's a...

: Okay. So, you didn't actually attend their trainings and learn that this is what the police officers were taught?

DR. : I didn't see the-the-the-the a writing a, ya know, any kind of a, writings, but that was the general feeling that I had from the police officers.

: Okay.

DR. : That-that's what they're trying to do. I can suggest some people that you can talk to, but I don't know if you wanted to.

AUSA : So certainly you would acknowledge though that there are times where a police officer may be in serious danger even from someone who's not carrying a weapon.

DR. : Oh yeah. They-they-they're taught not to, yeah, th-that is you're not suppose to shoot anybody with-with a weapon. What if somebody's coming at you with a broken glass bottle. Now, it isn't in the rules about glass but ah, it's reasonable to shoot the guy if he has some kind of weapon in his hand that they don't teach you about but one of the things they did teach you about that after I got there was choke holds should not be done 'cause that caused a lot of deaths unintentionally.

AUSA : Right. I think we're getting a little far off field but I wanna bring you back to...so basically, you based on your autopsy and your um, ah, expertise as a forensic pathologist, you...from-from those things you can't come to a conclusion about whether there was excessive force here or not based on your autopsy and your expertise as a doctor.

DR. : Not on the autopsy alone but on the autopsy and surrounding information I can have an opinion.

AUSA : And your...

DR. : But that opinion isn't as...

AUSA : That's not based on your expertise as a-as a forensic pathologist.

DR. : Well, it-it is because interacting with police...

AUSA : Uh huh.

DR. : ...and testifying in courts it involves things more than, but what I'm saying, I can rely...there's the same thing that comes up. In all, every death certificate we issue. Cause of death shooting, stabbing, heart attack 100 percent nin-100 percent solid on the was the death, no 99 percent. Manner of death accident, suicide, homicide ah, is-is squ-squ-squishier because we're relying on what other people say.

AUSA : Uh huh. On-on other evidence.

DR. : So, even though that's our, it's our responsibility. Coroner's and medical examiners across the country we issue a death certificate. The three most important things...we gotta identify the person properly, give a cause of death, and give a manner of death. And the manner of death can sometimes ah-ah, it's most often, much more often wrong than cause of death as witness people getting out of jail who are convicted when it wasn't really a homicide.

AUSA : Well, let me-let me just ask you the same thing. You've acknowledged obviously in this case and let's-let's just kind of let's try to stay on point here and we'll-we'll finish up but um, in-in this case you've acknowledged that you obviously don't, there's a lot of information you

don't have including witness statements and other things to put your autopsy in context, is that right?

DR. : That-that's correct.

AUSA : Okay. And so, those things witness statements other evidence might affect your opinion of whether there were to be excessive force in this case, is that right?

DR. : Yeah, in this case we'll call it a homicide, no matter what. And, they called it a homicide. Right, yeah, okay.

AUSA : Right. And I'm not-I'm not concerned about what you're gonna put on a death certificate. What I'm-What I'm asking you is those things obviously would affect whether there was excessive force in this case. Is that right?

DR. : Yes.

AUSA : And-and typically as a forensic pathologist in-in the course of doing the autopsy you wouldn't render opinion-an opinion based on the autopsy about excessive force or not, is that correct?

DR. : It actually would take homicide or not but not necessarily excessive force.

AUSA : Excessive force, okay. That-that's something I know you've opined on that and that-that's again, this isn't based necessarily on your autopsy but I know you've opined on that in the media and that's why I wanted to ask you about that. Even though that's not necessarily a finding specific to your autopsy, is that fair?

DR. : Yes.

AUSA : Okay. Thank you. Um, you've already talked about the wound at the top of the head would've been basically lights out. He would have been immobilized and unconscious immediately, is that right?

DR. : Yes.

AUSA : The other wounds not necessarily the case, correct.

DR. : Yes.

AUSA : Alright. And so if in fact you were correct that-that wound to the top of the head was the last shot fired. The previous wounds um, may very well not have stopped, ah, Michael Brown from doing whatever he was doing at the time, is that fair?

DR. : In my experience, when a person is shot two, three, four times in the arms, they stop.

AUSA : Uh huh.

DR. : They don't keep going.

AUSA : But those wounds, those wounds would not have necessarily imm...

DR. : Not necessarily the cause of death. No.

AUSA : ...immobilized him? They-they wouldn't necessarily have immobilized him?

DR. : That's true.

AUSA : Is that fair? Okay.

DR. : That's true.

AUSA : And that-that's what I'm asking. Not necessarily...

DR. : It wouldn't have immobilized him but that...

AUSA : I-I'm asking about your-your medical opinion about the affect of those wounds on Michael Brown not what your past experience...

DR. : It would not necessarily...

AUSA : ...would be with how people act.

DR. : No, they, it would not necessarily would have immobilized him, um, true.

AUSA : In other words he would still be capable of moving. He may had decided not to continue moving. But, those wounds would not have caused him to be immobile.

DR. : That's correct.

AUSA : Alright, except for the wound at the top of the head. That would have rendered him immobile immediately.

DR. : That's right.

nobody would dispute that this is an out-an-out ah-ah-ah over-over excessive use of force.

- AUSA : Well doctor, I mean you-you've we've gone- we've gone over this a few times and now I'll move on here in a minute...
- DR. : Okay.
- AUSA : ... but you've admitted that don't know what the witness statements are in this case, is that right?
- DR. : I said that some of them I know.
- AUSA : Where do you know those from?
- DR. : From Mr. and from what the newspapers said.
- AUSA : Alright, from the media account.
- DR. : Yeah, no-no and ya know that, there was some guys that...construction workers who said they saw him with the hands up.
- AUSA : Uh huh.
- DR. : Ah, from the media counsel. But I don't.
- AUSA : Yeah, alright. But you don't know...you don't know the actual statements that have been given.
- DR. : I don't know the whole thing.
- AUSA : And you don't know...
- DR. : But I never-I never know.
- AUSA : ...just hold on. Your right. And, well that's the thing. But, you've acknowledged in this case that you don't know what the-what the witness statements are and that those statements are very important to put the autopsy in context, right? I mean we've-we've talked about that.
- DR. : Yes and no. No-no. Other information is-is-is necessary like the toxicology could be helpful.
- AUSA : Uh huh.

DR. : Like ah-ah-ah other things. Witness statements have to all be evaluated. That's the problem with the witness statements. Some are reliable some aren't reliable.

AUSA : And the-and the autopsies that...I don't mean to talk over you...but I'm just tryin' to move on here.

DR. : Yeah-yeah.

AUSA : The-the autopsy helps us to inform, helps inform us...

DR. : Can help and in-and in, in some way.

AUSA : ...who-who's reliable and who's not, right?

DR. : Yeah, that's a help. It isn't a-it isn't a absolute test.

AUSA : It's just-it's just one part of the puzzle, right?

DR. : Yeah.

AUSA : That your autopsy is one part of the puzzle.

DR. : Yeah.

AUSA : And, there's a whole lot of the rest of the puzzle that you simply don't have as you sit here. Is that right?

DR. : That's right.

AUSA : Okay, and um, on-on October 22nd you were a again and it was On the Record on Fox News with Kimberly Guilfoyle and um, there had been some information about the ah, gunshot residue on the hand and some other things and Ms. Guilfoyle asked you based on what we know, with the GSR on the hand, excuse me just a minute.

(Talking in background)

UM: There's an Ipad out here for Dr. .

SA : For Dr. ? Okay.

UM: You want me to bring it in?

SA : No

UM: Okay.

AUSA : You were asked based on what we know with the GSR on the hand, blood in the police car, the close range, would you be surprised if the Grand Jury declined to return an indictment against the officer in this case? And your response was, "No, I would not be surprised."

DR. : Say that again please, I'm sorry.

AUSA : You were asked based on what we know with the GSR on the hand, which you've confirmed tonight that that's your opinion...

DR. : Yes.

AUSA : ...that there's gunshot residue on the hand, blood in the police car, ah, the close range, would you be surprised if the Grand Jury declined to return and indictment against the officer and your response was, "No, I would not be surprised."

DR. : Yeah, I wouldn't be surprised but, however, even without that I wouldn't be surprised. Rarely does a Grand Jury ever indict a police officer. Rarely does Internal Affairs...

AUSA / : Uh huh.

DR. : ...ever say the guy ah, that the person acted improperly.

AUSA : But see...

DR. : Those are rare things.

AUSA : ...right.

DR. : The only time they...

AUSA : And...

DR. : ...the jury sometimes do-do otherwise is in civil cases but it, but-but that's-that's part of the problem I see. Ya know, I'm getting to the age where...

AUSA : Well, but the-the evidence in each individual case matters, correct?

DR. : Yes.

AUSA : And you-you deal in evidence. I mean...

DR. : Yeah.

AUSA : ...you deal

DR. : Yes.

AUSA : ...with forensic evidence, correct?

DR. : Yes-yes.

AUSA : And every case is different.

DR. : Yes.

AUSA : Is that right?

DR. : Yes.

AUSA : And the evidence in every case is different, correct?

DR. : Yes.

AUSA : And you, you said here, simply don't have a lot of the evidence.

DR. : Yeah, but, just, we never have all the evidence.

AUSA : Sure, certainly.

DR. : There's enough evidence. It depends if there's enough evidence, there's enough evidence I think for to call it a homicide.

AUSA : Uh huh.

DR. : Say, ah, this isn't self de...

AUSA : And by a-by a-by a homicide you're talking about not suicide, not an accident, is that correct?

: Right.

DR. : No, death at the hands of another.

: Right.

AUSA : Not-not necessarily, I mean a lot of times people think of a homicide as a wrongful, a wrongful death, right?

DR. : Right.

: Right.

AUSA : A, murder or a manslaughter. Right. But a homicide's just...

DR. : Yeah, well sometimes it's ruled accidents by medical examiners but that-that...

AUSA : ...right.

DR. : ...leads to I think to homicide and then what's criminal or not is your job.

AUSA : Right. We all, I mean basically we would all agree obviously that it was a police officer who killed Michael Brown, correct?

DR. : Yeah.

AUSA : The big question here is ah, the circumstances surrounding it. A large part of that which would be the witness statements.

DR. : That's part of it, yeah.

AUSA : Alright, okay. Alright, let me move on. Um, my understanding is from having talked to you earlier tonight and from previous statements you've made that you-you have not yet produced a report, correct?

DR. : That's correct.

AUSA : Alright. And a, but you do expect to do so.

DR. : Eventually, yeah...I-I didn't using some of the information I got today.

AUSA : Do you know about when we could expect that?

DR. : I don't know. I guess within a few-a few weeks maybe depending...

AUSA : Alright, When you do produce that...

DR. : ...I'm not real sure.

AUSA : ...report, can we get a copy of that, or ah?

DR. : Sure.

AUSA : Okay. You'll send it to us?

DR. : Sure, and I'm sure I would it through the lawyer's family.

AUSA : The lawyers.

DR. : But, ah I've-I've already spoken to them about it and they-they feel that ah...

AUSA : Okay.

DR. : ...that they want to be as cooperative as they can.

AUSA : And, obviously we've talked somewhat here at the end about your-your opinions about whether or not there was excessive force and we've talked about whether or not the body was disrespected. Those are not things necessarily that you would put in an autopsy report, correct?

DR. : That-that's correct.

AUSA : Alright.

DR. : But, what I'm trying to say here is you are in a very important position to look into these things and that each case by itself can have equivocations but taken together what I found in my 50 years of doing this with police and for police is that there's too much of um, ah, civilians who get killed by police or correction officers that are ah, that are permitted and that one of the reasons I think that this...I was surprised at the outcry in Ferguson but one of the reasons is I think that ah, people are connecting in these things. They realize that my-my-son getting killed wasn't the only one that there were others around and I think that-that there's an excuse for everything here and I-I'm on the side of the police but I think police are gonna get in trouble too because they 're when they get, when they-when they do too many things that cause death for even this thing, not that I've just saying I'm just throwin' out. There are other supposedly they're spending hundreds of millions of dollars on tasers in order to avoid this. Couldn't just a taser have been used to-to con...ah, I mean, how-how frightened does a police officer have to be but then event.

AUSA : Uh huh.

DR. : But that, and I'm just saying...

AUSA : And-and again-and again you're talking about your experience with cases, is that right?

DR. : Yep-yep.

AUSA : And-and you don't know the facts of this case as far as...

DR. : That's right.

AUSA : ...beyond your autopsy.

DR. : Yeah.

: And-and let me just clarify, ya know as prosecutors and investigators it's our job to figure out what happened. So, I know you mentioned on the side of the police usually and I know this, um, now you're-you're-you are a, you were hired by the Brown family. We don't, we legitimately don't have a side that now is prosecutor for.

DR. : But, I'm retired. Just-just you understand. I'm doing this pro bono.

: Okay.

DR. : I'm...I was asked by ah, by the NAACP and a-a actually by who had originally came to me with different case from the NAACP to do this.

: Okay.

AUSA : And you-you waive your fee?

DR. : That-that's right because I think the issue here is...well first off, the family can't afford it. But, that the issue here is an important issue and that if you do it one case at a time, um, you can miss the forest for the trees.

: Well, I just wanna make clear to you because you made a-you made a comment about, ya know how we have an important job. I just want you to understand and-and I'm sure you do, but every case is different and so we do have to evaluate the evidence in every single case and make that decision.

DR. : Oh, sure, no I understand-I understand. But, I-I just think that...

AUSA : That's one reason we're talking to you here tonight. That-that's part of the puzzle.

DR. : No-no, I-I appreciate it. I thank you for letting me talk about this and getting off topic a little bit but I think that sometimes as we get to retire and when I worked in New York City, New York City for example, it was great. But, we were very careful to do things the way the police wanted us to do. There-there-there are all kinds of diagnoses where people died and complicated psychosis with exhaustion was a big one, ya know. Now it's called variants of ah, excited delirium.

AUSA : Uh huh.

DR. : Nonsense diagnoses that are used.

AUSA : Well, that's I and I don't know what was going on in New York at that time but I-I'll tell you that what has said is-is what we are looking for is the truth here.

DR. : Sure. No-no. I understand.

AUSA : So that's what we're looking for. We're not looking to come up with diagnoses, silly diagnoses...

DR. : But-but, no-no I understand.

AUSA : ...or those kinds of things. We're-we're, this is a search for the truth and this is part of it.

DR. : But-but and here where...I've always had the idea you put doctors and lawyers together, you're putting square pegs in round circle things. But, 'cause one of the things I'm thinking in the broad sense as a physician is that just so you understand that we never have all the information and when we make decisions and we get to testify to the best of our ability...

AUSA : Uh huh.

DR. : ...ah and that ah one can always criticize something is not having enough information. That's all.

AUSA : Sure.

DR. : And that-and that there's gotta be a point where-where there's enough information to make a decision even though you don't have everything.

AUSA : And-and that's not, obviously that's not your job in this case, right? I mean, it's not your job to assess all the evidence and make a decision on this case. Is that right?

DR. : That's correct.

AUSA : I mean you're here as a forensic pathologist...

DR. : As a forensic pathologist.

AUSA : ...regarding your autopsy.

DR. : Right.

AUSA : Okay.

DR. : Right.

AUSA : Um, those decisions will be made by other people who, who actually do know all the evidence.

DR. : No, nobody's gonna know all the evidence, no.

AUSA : Who-who...

DR. : No-no-no how many witnesses, so it's gonna there may be 50 witnesses and how many you going to interview, ya know...three, four, ten?

AUSA : Well, a lot more-a lot more than that.

DR. : Well, that's good.

AUSA : A lot more than that.

DR. : That's good.

AUSA : But, yeah, I mean, the point is and again we've talked about this several times already is you don't-you don't hold all the evidence in this case.

DR. : That's right. Absolutely. Absolutely, that's true. Absolutely.

AUSA : You-you-you-you have...

DR. : And I don't know...

AUSA : ...you would have no idea who else has sat in this room and talked to us...

DR. : And I don't know all...

AUSA : ...or the FBI.

DR. : ...and I don't know all the important evidence too. I mean, there-there may be very important evidence but I'm just talking about what-what my se...

AUSA : And along those lines um, you ah, um, you've not talked to the investigators on this, other police investigators on this case. Is that right?

DR. : That's right. Except for today when I spoke to Mr. Detective [redacted] or so, cause.

[redacted] : Oh, he's in the prosecutor's office.

AUSA : The investigator from the prosecutor's office.

DR. : A, he-he was right, he was the one who took me to all the different (UI).

AUSA : Right, and he didn't fill you in on all the details of the investigation?

DR. : No-no

AUSA : Okay, and obviously you've not talked to any witnesses?

DR. : Right.

AUSA : Alright.

DR. : I've talked to lawyers.

AUSA : Yeah, ah, the-the lawyer...the family lawyers?

DR. : . Yeah, and...

AUSA : The lawyers who represent Mr. Brown's family?

DR. : Yes.

AUSA : Okay.

DR. : Yeah.

AUSA : Alright. Those are people you've talked to about the ah, the details of the case?

DR. : And what I was gonna say is as far as the autopsy goes, apart from the hand the gunshot wounds could have been 20, 10 feet away.

AUSA : Right. There's-there's really no way to determine how far away those were.

DR. : Well, you from witnesses.

AUSA : Be-beyond-beyond several feet. Ah, you 're-I'm talkin' about from your autopsy.

DR. : That's right.

AUSA : Right. Other than the gunshot to the head.

DR. : Two feet to two hundred feet would look the same.

AUSA : Right. Okay.

DR. : Right.

AUSA : Um, but a, until today you didn't have the benefit of having seeing the microscopic slides?

DR. : Right.

AUSA : Or the a...

DR. : Initial autopsy, photographs.

AUSA : The autopsy photographs, the x-rays. You saw those things today and the clothes?

DR. : Yes.

AUSA : A, until-until today you didn't have the benefit of those things, correct?

DR. : That's correct.

AUSA : And then ah, you haven't seen a gunshot ah, residue report ah, regarding the clothing or the body or-or anything like that?

DR. : I-I saw the clothing and I was told that there was no gunshot residue report but ah, I don't know that, as far as McGee knew, but usually there is but the shirt was bloody enough to obscure gunshot residues but there was...

AUSA : You have not seen Officer Wilson's medical records or the...

DR. : No.

AUSA : ...ah crime reports regarding the police car?

DR. : No, none of that.

: Were you gonna say something?

DR. : I was just gonna say, but there was one thing, the clothing that-that he did have drops of blood on his low part of his shirt where the...and on his pants and on his socks. And the only place that could have come from would be from the hand 'cause, so that while he was going...'cause as soon as he gets the other bullets wounds and he gets shot in the head, he collapses down on his belly and bleeding continued but not on the pants on the shirt, but not on the pants. So, I just think that the-the a the hand wound was bleeding considerably while he was in the process of which-which is another factor to take into account.

AUSA : Okay. You wanna take a quick break?

: Yeah, do you mind. Can we?

DR. : Okay, you want me to go out, I'll go out.

: No-no we'll go out.

AUSA : No-no, we'll step out.

DR. : Pardon me.

: Do you need a break, or you good for (UI)?

DR. : No, I'm fine I'll a, I'll a mention a I know I'm talking too much on this thing.

: No, you-you're fine.

DR. : I think you guys are in a position to do somethin' good in this whole thing.

: Oh.

DR. : The case and other cases too.

: I mean, that, we try to do good in-in everything that we do. We try, ya know.

DR. : But, they're hard. It's hard.

: They're hard and we're trying to be, we are being thorough. And we're being fair.

DR. : No, no I thank you anyway.

: We hope that we treated you fair.

DR. : I know you got your own opinions of things, but ah, I always give you. I was gonna say, that, the one thing you learn as you get older, you can say whatever you think. Ya know.

AUSA : And, we-we've done quite a bit of that tonight regarding things beyond your actual autopsy, is that right?

DR. : Yes.

AUSA : Okay, alright. We'll be back in just a minute. Okay?

DR. : Take your time.

SA : I'm gonna leave this on. Is that okay?

DR. : Pardon me.

SA : I'm gonna leave the recording on, is that okay?

DR. : Okay. So, if I talk to my wife I should know about it.

SA : Yeah, if you wanna talk to your wife, just step outside.

DR. : Okay, I'm fine.

SA : Unless you want us to record it.

DR. : No-no. I'm fine.

(Break)

(Non-pertinent talk about laptop with Cole)

AUSA : That's your laptop?

DR. : I had...yeah, I had left it in the car of a guy who drove me over. The attorney who drove me over.

AUSA : I see. So he dropped it off for you?

DR. : So he came back here with it. Yeah, I didn't know that until I just made that call.

AUSA : Alright. Okay, well I think we're-we're a, we got just a few more questions Dr. then we'll wrap this up, okay?

DR. : Yeah.

AUSA : I do appreciate your time tonight. Um, you-you talked somewhat about the ah, um, family contacting you to do this autopsy and you-you did waive your fee. Yeah, my understanding is your fee normally is \$10,000.00, is that right?

DR. : Well, it varies.

AUSA : Okay.

DR. : I do a lot of pro bono work. And those people can afford it. To pay extra.

AUSA : Okay, um, to-to help defer the cost of cases like this where you waive your fee?

DR. : Yes. Yeah.

AUSA : Okay, um, can you just tell me how you became involved in this case. Who contacted you, when did that happen?

DR. : I was, as I recall I was called by Mr. a few days, I'd say, my secretary probably, may have more on ya know on Thursday or Friday, ah, saying that the family wanted to have another autopsy done and ah, could I come, could I do it? And, I had been reading about the fuss being made and all that. So, I said ah, okay. I said I would, I could come down Sunday to do it. Ya know, 'cause they had nothing, that-that was clear.

AUSA : And so that, you-you came down Sunday the 17th, it would've been the week prior to that-that you were contacted on Thursday or Friday?

DR. : Yeah, wh-wh-when did the death occur on the 9th or something?

AUSA : On August 9th if the death occurred on August 9th, it would've been within the week after the...

DR. : Eighteenth, yeah, it was about a-a, about seven or eight days after, about a week after and I think when I did it-it was about nine days later, right-right. After it, so that...

AUSA : If you conducted the autopsy on the 17th...

DR. : Yeah.

AUSA : ...obviously that's eight days after the-the actual shooting.

DR. : Yeah. So they-they probably called me about two days before.

AUSA : Okay, two days before the autopsy.

DR. : Yeah, and I agreed to come down and when I came down the first thing I had would always do is speak to the family and just go over things and see what they were, their ah-ah, were concerned about and to find out what past medical history, his surgical history the person has and all, and a.

AUSA : When was it that you got into St. Louis? When did you come to St. Louis?

DR. : I-I don't have my camera my calendar with me. If I spoke to 'em on Monday, so I would have it, I would have-I would have the dates on it but I would assume I came in like on-on Saturday probably and did the autopsy on Sunday.

: Did you come, do you remember coming the day before? Or did you come the morning of?

DR. : I'm not sure. I'm not sure. I would've...I think I stayed over one or two nights. I'm not sure. So, I either came...I probably came Saturday and did Sunday. Saturday evening and did it Sunday.

AUSA : And then the news conference Monday was in St. Louis, is that right?

DR. : Was, yeah, that was, that was not part of the deal. That was just set up. And then they, the family asked me to go to it.

AUSA : Alright.

DR. : And...

AUSA : And then, but that news conference on Monday the 18th was in St. Louis?

DR. : I think so.

AUSA : The news conference.

DR. : Yeah, I think so.

AUSA : Alright. Did you, you flew out then after the news conference on Monday?

DR. : Yes, after-after the news conference I came back to New York City.

AUSA : Alright. And, when you flew into St. Louis, you flew from New York to St. Louis?

DR. : Yes, and then somebody picked me up and brought me to, to where? Where was the other...the autopsy was done in St. Louis so I stayed in St. Louis to do it.

AUSA : Okay, alright. So, you would've come in either Saturday the 16th or Sunday the 17th to do the autopsy on Sunday the 17th.

DR. : Yes, probably Saturday but I could, if you wanted that information, then give me a ring and I-I-I don't have my calendar.

AUSA : , the lawyer ?

DR. : Yeah, the lawyer, that's the two lawyers that I know about here. A, had hired him for the family and he assisted me at the autopsy.

AUSA : Alright. And...

DR. : I didn't know much about it. He told me he had a picture of me that some years before when I did an autopsy in Kansas City he-he was working as a medical, as a student assistant and I signed something for him, which he showed me.

AUSA : Alright.

DR. : That was my kind of day, he was too (UI) he apparently was advised I was advised that he helped in a, in autopsies.

AUSA : Alright. And, so you never-you never worked with him before?

DR. : No.

AUSA : Alright. And, so what it-it when you-when you did you actually conduct the autopsy then on Sunday the 17th?

DR. : Yes.

AUSA : Okay. And, Mr. (phonetic) was there with you?

DR. : Yes. He-he assisted.

AUSA : He assisted you. Where did you do the autopsy.

DR. : At the funeral home...I think the a, the body was removed to the funeral home and was embalmed before I got there.

AUSA : Alright and ah...

DR. : Which I...well that is ah...

AUSA : That was the Austin Layne Funeral Home?

DR. : I think that sounds, that sounds right. And I think that, and when we got there, I preferred the autopsy be done without embalming. But, it was embalmed and they were concerned I guess about the deterioration of the body.

AUSA : Alright. And so you conducted the autopsy that day. What a, did you- you do a both an internal and external examination in your autopsy?

DR. : Yes.

AUSA : And, you did that in this case?

DR. : Yes.

AUSA : Okay. And, just can you kind of if you could, briefly run through what- what the procedure was? Tell me just personally what it was that you did as far as the autopsy's concerned.

DR. : Um, I examined the body externally. One of the things that um, that a, what ya call it, (phonetic) did was help turn the body over on the back and-and-and look at the back and look at the front. And also took photographs. He had a camera and took photographs. Um, and ah...

AUSA : You actually, you have photographs documenting the autopsy?

DR. : I have the photographs I took.

AUSA : Okay.

DR. : Which aren't too many 'cause I didn't...but he has the photographs that he took and um...

AUSA : So, you did the external, you did the external examination?

DR. : So I-I examined him externally, saw the bullet wounds, tried to see how they lined up, um, then a opened up the previous "Y" shaped incision. See the autopsy had been ah, done so then I opened up the "Y", I opened up the "Y" shaped incision. I took all the organs out, examined everything, made notes and um-um, in a normal course saw that the- the um, embalming had taken place so that, ya know, additional toxicology would not have been um, of value since they already gotten the, ya know, if it was a fresh body un embalmed they could sometimes be helped to do additional toxicology but I felt it wasn't necessary. It wouldn't have been productive. And a, did the examine, a examined the body and worked out the different bullet tracks and tdirectories (phonetic) and um tried to leave it as fluid as possible 'cause there were eight perforations...eight entrance perforations, ya know whether it's six or eight, um...

AUSA : Well it's.

DR. : ...but it it's fluid that could be six or more. And a, I think I counted six and there were some other people saying eight which, ah, which is

okay. And then a, now I have a better idea. Ya know, having seen the- the original um, ah, state of the body before it was autopsied.

AUSA : Uh huh.

DR. : It was-it was very helpful.

AUSA : Alright. And-and other than you've, we talked a lot at the beginning about the re-entry wounds and whether or not they're re-entries or not. Any-anything else about the medical examiner's report, St. Louis County Medical Examiner's Report that you-you're in disagreement with in anyway?

DR. : No-no. I-I think they a, did a nice job. I think that the-the a that was good that they took sections of the-of the, that was the only wound I saw that they did sections of but because that's a funny wound and at their right, that there was a gun powder residue there.

AUSA : Alright.

DR. : Um.

AUSA : You-you've a, told me about precisely what you did with the-the autopsy. What was Mr. (phonetic) role? You-you talked about him taking photographs and helping to roll the body. This is a large individual you're dealing with at the autopsy.

DR. : Right.

AUSA : Right. He helped to roll the body over so you could examine it.

DR. : Right.

AUSA : What else was his role?

DR. : That's it.

AUSA : Okay.

DR. : He had ideas. He said things about what he thought the-the ah, the bullet tracks were and all but...

AUSA : Uh huh.

DR. : ...You know I-I relied on my own a opinions as to what happened.

AUSA : Alright. And were the two of you there present, both of you present during the entire autopsy that you conducted?

DR. : Yeah.

AUSA : Alright. Were there anyone else present at the time, at that time?

DR. : Maybe the funeral director put his head in and out a couple times. But a, nobody else was present, no lawyers present, no-nobody else was there for the whole time. I was there the whole time I think, (phonetic) was there the whole time.

AUSA : Are you aware of what Mr. (phonetic) role was before you came to St. Louis, whether he had any role in examining the body, are-are you aware of that at all? Before you arrived in St. Louis?

DR. : He-He had taken photographs of the body because I did see, I don't have 'em but I did see they had photographs of the body before it was embalmed so that he had been there when the body came fresh and then um, when I saw the body the body had been embalmed so...

AUSA : Do you know the extent of what he did at the time he took the pictures before the body was embalmed?

DR. : No.

AUSA : Okay.

DR. : I just assumed that the body was well, I'm not sure what happened during the embalming process, um, the normal embalmers would ah, often open up the initial incisions to get better, ah, to bet, better ah what do you call it a fixing, ya know preservation of all the internal organs you don't do that in an unembalmed body and in an unautopsied body, but...

AUSA : Uh huh.

DR. : But in an autopsied body they'll make sure that there's no phemaldihide embodied in all the body parts and organs.

AUSA : Do you know...

DR. : This was a very well embalmed body.

AUSA : Do you know whether or not Mr. (phonetic) re-opened the body before you were there and conducted your autopsy?

DR. : I'm, I don't think so. I-I do-do I know that?

AUSA : Yeah.

DR. : I assumed he hadn't, but I don't know ah, I don't know whether I made any inquiries in that regard.

AUSA : Alright, and ah, I'm just asking if you know.

DR. : No-no-no-no. I...

AUSA : Um, and, but you're aware that he took, that he actually had seen the body obviously before you arrived in St. Louis.

DR. : Yeah because I didn't know that until I saw-saw the pictures he had, which were um a clearly that taken while before the body was embalmed actually. And the embalming process itself does open the body.

AUSA : Alright, and are you aware of the extent of what he did at that time?

DR. : I don't know if he was there. No.

AUSA : Other than taking photographs?

DR. : No. Yeah but I guess he, he.

AUSA : Alright. Did he say anything to you about any examination he did before you arrived?

DR. : He said that he tried to figure out the gunshot wounds, which I thought was nice but that was my job not his job you know to do it. But he had ah, he had spent some time um, trying to figure out the wounds but mostly from the external, ya know, where the entrances were; where the exits were and he seemed to be pretty bright kid about that.

AUSA : And, do you know...but you don't know the extent of his examination to try determine the-the gunshot wounds, whether it was internal or just external? You just don't know?

DR. : I don't know.

AUSA : Okay.

DR. : I think, I'm just trying to think whether, when I saw the photographs, there was um, there was internal photographs, there may have been-there may have been. Now, that again would be a, maybe he-he did something which or maybe that was part of the embalming process when there it's opened up, but ah, he was there apparently when the body was opened up if I recall correctly that there was some

photographs of the body um, after the stitches were removed and I'm not sure how much stitches were removed. I just, I don't...

AUSA : Do you know, was he hired by the family to actually conduct the autopsy?

DR. : Ah, I don't know. He was...I didn't know what his role was when I got there because I dealt with and he was there and I'm not sure what the, my understanding was that a had known him or contacted him and ah, I just assumed he was there to help. I don't know what he was told. I assume he would've been hired to assist but he was there before I was asked to asst...I'm just thinking about this now yet, he was called upon before I was called upon. So, I don't know what the arrangements were and what ah, um, with him at all and I didn't even know he existed until I came down, ah, because didn't mention anything about that to me.

AUSA : You ah, you though, in the course of your top-autopsy though you actually did track the gunshot wounds. That was part of your autopsy?

DR. : Yes.

AUSA : Alright. Part of your exa...your personal examination?

DR. : No, I did the whole autopsy.

AUSA : Okay.

DR. : Now, he was there and he helped and he wanted to had suggestions to what, whi-how-which the bo-bullets go. Um...

AUSA : As we sit here though, you know that Mr. (phonetic) was with the body before you actually were there to do your autopsy, correct?

DR. : Yes.

AUSA : And, you know that he was with the body at a time that it was opened, you don't know...

DR. : I think so. I think so.

AUSA : Okay, you're-you're basing that on the photographs you saw?

DR. : Yeah, I-I think and ah...

AUSA : Okay. Did you ask him about that?

DR. : No, I didn't ask him. I didn't ask him because I, it's not a usual question to ask. I mean people, normally the person who helps in the autopsy takes pictures and helps out is the funeral director. Ya know a, somebody ah, that some one of the funeral director people help. So, ah, it isn't ah-ah-ah very ah, position that I inquire about how many of them have you done, ya know. Push 'em this way, push'em that way. I thought he was-he was um, knowledgeable much more knowledgeable than other people who had assisted. And, um, I'm just trying to think back, 'cause you ask me...um, I'm not, vaguely remember that a, he was there with Mr. and I don't know what his role would've been before I got there. I don't know what that role was.

AUSA : Alright. At the press conference on August 18th um, you made some remarks um, basically just kind of some introductory remarks and you talked a little bit about the autopsy and then you turned it over to Mr. with the diagram to talk specifically about the wounds on the body. Was there a reason for that?

DR. : Yeah, he-he had worked hard there. He had provided the sketch, he had the-the outlined sketch. He had-had from other autopsies and all and I felt that ah, um, I don't wanna be in too much of a, the press' eye in general. I don't, I-I didn't like that. I felt uncomfortable about that whole thing 'cause I didn't know what was gonna happen.

AUSA : Oh, are you talking about the-the press conference?

DR. : The press conference. I was uncomfortable about the whole thing. I thought he was a very eager guy and that-that ah, ah a what you call it, I-I read some place and I don't know how true it is and I haven't spoken about it, that he said that I asked him to do that because he was more concise than me. Something like that, which if he said that, is ah, not true, but I thought I'd give him the right to do it in the situation we're um, I ah, wanted to back off a little and not be the leading edge of ah whatever was going on.

: Why weren't you comfortable at the press conference?

DR. : 'Cause I don't like to have press conferences before all the information is in. At the same time um, the family has a right. Ya know, I came down for the family, the family wanted this, the family's lawyers wanted this, so I um, and I thought that it's not fair a that-that things are better off if there's a, as I said if there's more transparency, um and that I'm not under the same obligations as ah, somebody who works for the prosecutor is, ya know, may be, I'm different, they're in a different setting than I would be in and I thought it was important to since this was pretty straight forward stuff, I mean, there's no reason that they couldn't know. Ya know all the issues that come up and still have to be worked out, but being shot at least six time a was-was pretty

true. And um, the fact that he collapsed immediately after the gunshot wound to the head was the, was I think helpful to the family and a, so I thought that it was a reasonable request by the family but as a, as ya know, I find it like I've had lots of requests the past week or so when it was leaked out that I was coming up here. A where the press tell people that to-to come to Fox to come to other places to-to-to talk and ah, ya know, in my youth sound like a good idea but I've learned over the years that it's better not to do that kind of stuff and ah, even after the ah, the um, ya know, at least I have an excuse until the Grand Jury comes back. I don't wanna...

AUSA : When I, I think we talked about this before that that's one of the reason's you got involved in this is obviously the medical examiner has certain obligations where they may not be able to release things immediately but you're-you're more able to do that being hired by the family.

DR. : Yeah. Well, but-but other than than to release it, but at least to tell the family. The family would still not know until today what the autopsy findings are on-on-on an official basis ah, and I think that's just too long and I think sometimes I, my experience that a prosecutors abuse that power, ya know. That ah, rarely does, can but usually releasing information right away doesn't ah, necessarily ah, impede an investigation, sometimes it does. But-but, you have to pick and choose. Here there was, everybody saw what happened, ya know.

AUSA : Uh huh.

DR. : Ah, whatever it is they have their opinions and the-the-they're no matter what goes on the police will see it one way, the people for who a friends of the police see it one way, the family sees it another way, the community so...

AUSA : And-and but if-if those witnesses don't know what the autopsy um, what the results are, then as we've talked about before, that can be a valuable tool to assess the credibility of witnesses, correct?

DR. : Y-y-yes, but at the same time it's-it's it creates more cover up that the thought is after eight days or a week, the family felt very strongly that this is all part of a cover up. That the police do it, the medical examiners a friend of the police and they're just covering up for the police. And, this happens a lot of times.

: Let me ask you this. You've looked at the slide um, from the wound in the palm. Did you also look at the slide, there was um, there was something collected from outside the car door.

DR. : Yeah.

: Did you look at that slide?

DR. : Yes.

: And, what was your finding of that?

DR. : I think that matches up with skin from um, the wound site and I think that-that-that ah, that-that skin which was made into collected by police and made into microscopic slides...

: Right.

DR. : ...by um the medical examiner, is um, matches up a with the skin, the sections in that it's thick skin, thick tissue of the kind that you see in palms of hands and there is some gunshot residues in that ah, in that skin also. So, I think what happened is that after he took his hand out he must have touched the car which makes sense. And um, left a piece of tissue there because that tissue had a lot of destruction of that tissue and ya know, it's a, it-it's considered, it's not a serious wound in killing a person but it really, did you see, have you seen pictures of it at all?

: Yes.

DR. : It-it really tore up a lot of the skin because the gases and all came and a slowed here and it destroyed a lot of vessels. He's not gonna die from it uh, and he would need stitches suppo, he should have stitches done if he was alive to and it would heal up in a while but a, it-it-it was enough to 'cause enough loose tissue that if he put it against the-the car a piece would come off and I assume it came that's how it happened.

AUSA : And you-you've been demonstrating about the-the referring to the a wound to the palm of the hand.

DR. : Yes.

AUSA : Or, just above the thumb.

DR. : Just or as we say below, just below the thumb.

AUSA : Anatomically just above or, right?

DR. : Well, does it come just below the thumb? It's-it's-it's proximal to the wou...we'd say it's a, yeah, it's above the thumb from an anatomic position point. Very good...yes but that could be confusing see.

AUSA : Sure.

DR. : You're right. You're actually right.

AUSA : But, the anatomical diagram would be just above the thumb.

DR. : Yeah.

AUSA : Basically at the-the sort of the heel of the hand.

DR. : The palm of the-the-the muscular area in the and just between the thumb and the wrist.

AUSA : Okay. And so, what you're-what you're saying is your opinion is that the tissue, the skin that was left on the door, would have come from that wound to the...

DR. : Yes.

AUSA : ...near the thumb.

DR. : And which was, which was...as far as I can see was the only bleeding area on the body when he leaves and that's why I think that there's blood dripping from it on his pants and all and um, and then when he got shot further, it's gonna bleed. He falls to the ground and the bleeding is all right into the shirt.

AUSA : Alright. You have anything else?

: I don't, do you?

SA : Dr. , is there anything else you wanna tell us, relative to this case?

AUSA : Relative to this case.

DR. : I-I think ah, yeah, the one thing I would say we did something in New York State, just when it came to deaths and custody...deaths and corrections and then and also deaths of police on the street, where because of the riot of 70, in 1971 before you were born, um, that killed 43 people, the Attica rioting, and one of the main reasons for it was the fact they thought that a that people were dying and being covered up, ya know prisoners were for various reasons. And um, they set up this special board, were Governor Rockefeller at that time a, just five members now it's six or seven members, ya know...having forensic psychiatrist because a lot of the deaths were ah-were ah hanging suicides, forensic pathologists, see bodies weren't autopsied at that time in jails and all that. All bodies should be autopsied if they don't do it, we'll do it...a-a sheriff to control us because he, to protect the jail situation to give us the reasons why things of them, a lawyer out of the bar association, and a community person to review all deaths in

custody...police custody and correction custody. And the very act of and saying, and the point I guess I wanna make, it can't be done on a local level because there's 62 counties in New York State and old prisons and you can't have counties examining deaths in custody, police or correctional because there's too much ah too much a friendship among them and too much distrust if a, if a from the family when somebody dies. So, this was done on a state level. There's a state permission to look into this still-still active and a, immediately it changed habits of everybody across there. Police stopped using choke holds were preset to kill people stopped. The corrections stopped tear gassing people where people would be dying after tear gassing them and the correctional officer would come in and the know with their masks on and beat the shit out of him and everybody would come out and nobody did anything. The those things stopped. Suicides stopped because ah, we establish (UI) and just...and everybody were pissed, legislation was passed that everybody dying in corrections had to be autopsied ah, because and as a result of all that, um, a lot of a-a patterns changed because as soon as you know that somebody's gonna look over what you did , that in itself helps. And, it also calmed down the lawyers and the prisoners who were rambunctious because when they had something bad and we looked at it, sometimes we'd find, usually in the officer's favor, but sometimes in the prison's favor and they knew we were trying to do a fair job and that immediately calmed things down with the prisons and all that and I just think that there has to be some way of looking at um-um a, deaths involving police. That takes it away from the locals.

: Well, and that's why um, there's a Civil Rights Division at the Department of Justice, right, because I'm not from here and-and that's why the FBI is here because the agents aren't from here and so that's why we'er here...

DR. : I know.

: ...trying to be as fair and thorough as we can.

DR. : I know, no-no I know that and I appreciate that and thank you.

: You don't have to thank me. I'm just letting you know.

DR. : It-it-it's just-it's just that I think that it's a serious problem and it's gonna get more serious as ah, as you can see just the very fact that ah-that ah, um the publicity given to-to ah Brown in this case has-has lit up places otherwise that-that deaths that would have gone unnoticed have suddenly become noticed that the newspapers reported on that and- and I think that they-they, we find that the community people live in-in New York State that could whether it 's the legal community, the prisoner community, the family communities, ah, are much more

satisfied now that when somebody dies in custody that ah, there's gonna be a fair investigation done. Not by the local police, but by state agency.

AUSA : Right, I hope you know that's what were, that's what we're trying to do here is a fair-a fair investigation.

DR. : Oh, no I know that. I know that.

AUSA : Yeah.

DR. : But, what I'm trying to say to egg you on and say that this goes beyond this case.

: We-we realize that.

AUSA : No doubt about it.

: We-we obviously.

DR. : And what you do-and what you do is gonna be important because- because of um everybody's looking at this case.

: Well, and-and-and the important thing Dr. is that, ya know, the only people who really know what happened are the people who know all the evidence and so, we just...

DR. : Well, the more evi that's right, the more evidence you know the better decision you can make.

: Right. So, speaking of, is there anything of evidentiary value that you want to tell us that you haven't.

DR. : Of value.

: Evidentiary value that you wanna tell us.

DR. : Ah, let me think about this, but if anything comes up, I have your numbers.

: You have my-you have my personal cell phone number.

DR. : I like the fact that you said 516 number. I'm familiar with 516.

: Yeah.

DR. : Ah we started out when I was a kid. You can only date people in your own ah, in your own ah zip, not the zip code, the telephone exchange.

Ya know, whatever, because otherwise it got too expensive to go from Bronx to Brooklyn or something like that. So, ah, now...

AUSA : Even on-even on the subway.

DR. : Well, it was a longer subway ride.

AUSA : Yeah.

DR. : You know it, if it they weren't in you're a, what'd you call it a?

: Area code.

DR. : Area code, yeah you-you we did it by no we did it by telephone exchange. What you know the telephone exchange.

SA : Area code.

: Oh yeah.

DR. : Like Butterfield (UI).

: Yeah.

DR. : I'm sorry. Now, may I ask you a favor.

: Ask.

DR. : Ah, can I get a lift back to the hotel which is for not a.

AUSA : Why don't we-why don't we wrap this up and we'll arrange for that, alright?

DR. : That's alright.

AUSA : Alright.

DR. : But it's just a few blocks away.

: Yes.

AUSA : Sure. Of course and I know it's cold outside.

: Yes.

AUSA : Well, why don't we wrap this up and we'll-we'll arrange to get you back to your hotel.

DR. : I thought I wrapped it up.
 : Well we have to
SA : I have to turn off the recording.
DR. : Oh, I'm sorry.
SA : I have to turn off the recording.
DR. : Oh.
SA : The time is now 10:00 and the interview is concluded.
DR. : Thank you.

