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POLICE ADVISORY COMMISSION

INVESTIGATIVE REPORT IN THE MATTER OF:
NIZAH MORRIS

COMPLAINT NO: 03-1279

Wednesday, 06 December 2006
34 South 11th Street
Philadelphia, Pennsylvania
6:00 p.m.

BEFORE: ROBERT NIX, Presiding Officer
COMMISSIONER ADAM RODGERS
COMMISSIONER JOI SPRAGGINS
COMMISSIONER MICHAEL WEISS

APPEARANCES:
MICHAEL HAYES, ESQUIRE
Counsel to the Police Advisory Commission

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I N D E X

WITNESS:

CHIEF INSPECTOR JAMES TIANO

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DR. EDWIN LIEBERMAN

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PRESIDING OFFICER NIX: Good evening.
My name is Robert Nix. I am a
member of the Philadelphia Police Advisory
Commission.

I am the presiding officer of the
panel here established to receive testimony in
evidence in the matter of Nizah Morris,
designated by the Commission as Complaint No.

9 03-1279.

10 Also participating this evening as
11 panel members are Commissioner Michael Weiss,
12 Commissioner Joi Spraggins, and joining at
13 some point, Commissioner Adam Rodgers.

14 Counsel to the panel this evening is
15 Mr. Michael Hayes.

16 I will now call the panel hearing to
17 order.

18 This hearing will be conducted in
19 the accordance with the duly-adopted rules of
20 Police Advisory Commission.

21 The rules which apply to panel
22 hearings of the Police Advisory Commission
23 state as follows:

24 Any witness called to testify may
25 present an opening statement not to exceed

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1 five minutes prior to the giving of testimony.

2 Ordinarily, the initial examination
3 in questioning of witnesses shall be conducted
4 by counsel for the Commission, or counsel of
5 his designation.

6 At the conclusion of counsel's
7 questioning, panel members may question
8 witnesses in an order determined by the
9 Presiding Officer.

10 As to the rights of witnesses
11 appearing before the panel, any witness may be
12 accompanied and advised by an attorney; but
13 the attorney may not have right to otherwise
14 participate in the hearing.

15 The attorney may confer with the
16 witness, but may not answer for the witness,
17 or interfere with the examination and
18 questioning of the witness.

19 Failure to comply with these
20 conditions shall be sufficient grounds for the
21 exclusion of the attorney from any further
22 participation in the hearing.

23 A witness may not be excused from
24 attending or testifying because the witness
25 failed to obtain an attorney, or because his

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1 attorney was excluded from participation in a
2 hearing for violating the conditions set forth
3 above.

4 The hearing panel has determined
5 that as to any witness on notice to appear
6 before the panel they will be sequestered, and
7 that will be to preserve the integrity of the
8 fact finding process.

9 To sequester means that the witness
10 will be in another room and will not be
11 permitted to hear the testimony of any other
12 witness until after their own testimony is
13 completed.

14 Finally, let me say that this is an
15 important matter.

16 It is an important matter to the
17 participants; it is an important matter to the
18 citizens of Philadelphia. And, as such,
19 everyone in attendance is asked to refrain
20 from any outburst or expression of emotion in
21 order to maintain the dignity of the process
22 so that this proceeding can be conducted with
23 the same respect that is accorded a judicial
24 tribunal.

25 In that regard, I request that

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1 everyone remain seated during the presentation
2 of testimony, and I request that all cell
3 phones be turned down onto vibrate.

4 At this time I'm going to ask any
5 witnesses who are noticed that they are going
6 to be called to testify, with the exception of
7 the first witness -- who is your first
8 witness, Inspector Tiano -- to rise and leave
9 the room, and to follow Mr. Johnson to the
10 adjoining room.

11 Mr. Hayes, are you prepared to call
12 the first witness?

13 MR. HAYES: Yes.
14 Chief Inspector James Tiano.

15 ----
16 (Witness Sworn)
17 ----

18 CHIEF INSPECTOR JAMES TIANO, after having been
19 duly sworn, was questioned and testified as follows:

20 EXAMINATION BY MR. HAYES:

21 Q. Inspector, my name is Michael Hayes. We met
22 a few moments ago.

23 I serve as counsel to the Police Advisory
24 Commission.

25 I'll be asking you some questions.

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1 I think some of the panel members may have
2 follow-up questions in response to my questions.

3 First, I would ask if you don't understand a
4 question that's being asked, or you would like to
5 have a question clarified, please just say so.
6 I'll do my best, and I know the panel members will
7 do their best, to clarify the questions.

8 Second, we would just ask that your answers be
9 spoken ones so that the court reporter can take
10 them down, as nonverbal communication does not show
11 up well in stenography.

12 Could you please state your title for the
13 record?

14 A. Chief Inspector, Special Assistant to Police
15 Commissioner Johnson.

16 Q. And how long have you held that position?

17 A. With the Commissioner, about two years.

18 Q. Are you employed by the Police Department?

19 A. Yes, I am.

20 Q. And how long have you been with the
21 Philadelphia Police Department?

22 A. A little over 41 years.

23 Q. What are the duties of your current position
24 as Chief Inspector?

25 A. Well, I handle a host of projects for the
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1 Commissioner.

2 I'm liaison to all the Asian groups in the
3 City; African-American groups; African-American
4 inmates; mental health advocates; and the gay and
5 lesbian community; prison reentry; and a host of
6 other duties.

7 Archdiocese of Philadelphia; Variety Club;
8 boards -- lot of boards; a lot of committees.

9 Q. As you know, this investigation is involving
10 the decedent, Nizah Morris, and the events and
11 occurrences immediately preceding her death.

12 I would like to ask you, are you familiar with
13 Police Department directives?

14 A. Somewhat, yes.

15 Q. I will ask you about Police Department
16 directives and Police Department policy in light of
17 the events that led to Nizah Morris' death.

18 First, hospital cases:

19 When a hospital case is called in to dispatch,
20 what should happen within the Department?
21 A. The officer responds sometimes in an emergency
22 wagon.
23 Our Emergency Medical Service, fire
24 department, responds.
25 Q. If a police officer responds to a hospital
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1 case call and arrives at the scene of the call and
2 finds a person in a semiconscious or unconscious
3 state there, according to Police Department
4 directives, what should be done next?
5 A. That person should be transported to the
6 nearest hospital.
7 Q. Should that transport be conducted by the
8 police in a police patrol vehicle, or by an
9 emergency medical vehicle?
10 A. We would prefer the emergency medical vehicle.
11 Q. Are there some circumstances where a police
12 patrol vehicle can be used to transport to a
13 hospital?
14 A. If it's a matter of time, sometimes that plays
15 a factor.
16 Q. Is the responding officer responsible for
17 determining whether the individual who is the
18 subject of the call is unconscious or
19 semiconscious?
20 Is the responding officer responsible for that
21 determination?
22 A. Well, I mean, if the person sees the person's
23 unconscious, certainly; yes.
24 If it's a semi -- I guess it's -- I -- it
25 would depend on the circumstances.
0010
1 Q. I did not ask this before:
2 I know you have a long tenure with the
3 Philadelphia Police Department.
4 Did you ever serve as a patrol officer?
5 A. Fifteen years.
6 Q. In your experience, based on your training and
7 experience, what factors would you look at to
8 determine whether a person was semiconscious?
9 A. Their gait, their eyes, their -- could they
10 speak.
11 Some of it's your experience.
12 Q. Based on your experience and training, do you
13 ask questions of a person to help determine whether
14 or not they're semiconscious?
15 A. Ask if they're breathing.
16 Find out where the pain is coming from.
17 Q. If an individual responds with the same answer
18 to every question, what would your reaction be?
19 A. What -- give me an idea what you mean by a
20 question.
21 Q. If you asked a series of questions: "Are you
22 all right?"
23 A. And they say yes to everything, is that what
24 you mean?
25 Q. Or if they said, "I just want to go home," for
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1 example, in response to whatever question you
2 asked.
3 A. Well, if somebody said they wanted to go home,
4 and they weren't in critical condition -- maybe
5 they had medicine at home, maybe they felt more
6 comfortable being home -- I would have to weigh
7 that situation.
8 I mean, if it's a senior citizen that says
9 they have medicine at home, and maybe by taking
10 that person to the hospital you might do more harm

11 than good, you know. I don't know what the
12 circumstances are.

13 Q. I appreciate your answer, and the lack of
14 context limits your ability to answer that
15 question.

16 In this incident, as you may know, there was a
17 hospital case call made at approximately 3:00 in
18 the morning, and the responding officer came to the
19 scene and found an individual in her 40's, along
20 with several individuals who were assisting that
21 person helping that person to stand. And there has
22 been testimony that the responding officer asked
23 the individual questions, "Are you all right;
24 "Are you okay," and that the individual responded,
25 "I just want to go home, I just want to go home, I
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1 just want to go home."

2 There has also been testimony that that
3 individual was unable to stand or walk on her own.

4 If you were presented with a situation where a
5 person couldn't stand or walk on their own and was
6 responding to questions with the same answer again
7 and again, would that impact your analysis as to
8 whether or not the person was semiconscious?

9 A. Well, I guess I would have to have witnessed
10 everything you're saying to make that
11 determination.

12 If someone was saying, "I just want to go
13 home," then they had their wits about them
14 somewhat.

15 It wasn't like someone that doesn't answer you
16 at all. There was communication.

17 Q. When, if ever, it is appropriate for a
18 hospital case to be resumed?

19 A. Well, according to our directive, it should be
20 resumed by a medical person.

21 Q. A police officer should not be making that
22 determination?

23 A. No.

24 Q. And do you know what directive that is?

25 A. S63.

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1 Q. Thank you.

2 Do you have a copy of the directive?

3 A. Yes.

4 Q. I am going to read into the record the first
5 paragraph of that directive.

6 The directive states that: "Police personnel
7 will consider the assignment of a hospital case an
8 emergency, unless advised otherwise by a medically
9 competent person."

10 Does that comport with your copy of the
11 directive?

12 A. Yes.

13 Q. I am going to switch gears a little bit,
14 Inspector, to the sphere of public intoxication.

15 Are you familiar with the Police Department
16 directives for public intoxication?

17 A. Yes.

18 Q. If police personnel are called out, or
19 encounter, an individual who they believe may be
20 intoxicated, what should the officer do, as per the
21 directives?

22 A. Well, our Directive 128 tells you that if
23 someone's in a semi or unconscious condition, they
24 will be transported to the nearest hospital for
25 evaluation; medical evaluation.

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1 Q. And, again, that's based on your prior

2 testimony there are several factors that an officer

3 should look at to determine whether or not someone
4 is semiconscious.

5 What if the police encountered an individual
6 who is intoxicated, but whom they determined is
7 conscious; what should the officer do?

8 A. Can you give me --

9 Q. If a call for public intoxication comes in.

10 A. If the person had a few drinks and maybe is
11 under the weather, I think I would weigh the
12 circumstances.

13 If the person can get a cab or get a friend to
14 take him home, I'm not going to take that person to
15 the hospital. We would be having everybody on
16 Friday and Saturday nights sending somebody to the
17 hospital.

18 Q. If you can't get that cab and there is no one
19 to take that person home, should they be arrested;
20 should they be taken to the hospital?

21 A. Again, it would depend.

22 If someone is not driving a motor vehicle, had
23 a few drinks, not causing a disturbance, they're
24 not in a unconscious state, I would say no.

25 Q. They should not be arrested?

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1 A. No.

2 Q. They should not be taken to the hospital?

3 A. No.

4 Q. According to the Police Department directives,
5 should a police officer ever take an individual
6 that they believe is impaired, or give a courtesy
7 ride to a person who is impaired, home?

8 A. Let me answer it this way:

9 I commanded a district and division many
10 years, and I would say this: If you could help
11 somebody out at 3:00 in the morning, be it a senior
12 citizen that might have broke down, somebody that
13 was a few blocks from their house, I would tell
14 them not to leave somebody stranded 2:00, 3:00, in
15 the morning when you could ride somebody three,
16 four blocks; not to be inhumane to people.

17 We have a directive, or a memorandum, when we
18 tow peoples' cars -- Live Stop -- we tow somebody's
19 car, we don't leave them out there at 3:00 in the
20 morning and say, well, we took your car, make it
21 home. We take them to the nearest transportation
22 hub, or back to the District, and make
23 arrangements.

24 And I would say, no, we don't have a policy
25 about giving people rides.

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1 I would advocate not to leave somebody
2 stranded on a cold winter night, or any night, at
3 3:00 in the morning.

4 If you found, like, a senior citizen, or a
5 lady broke down a few blocks from her home, you
6 don't say, "Well, see you." God forbid something
7 happens to that person.

8 Q. In connection with the incident which the
9 Commission is considering right now, a 9-1-1 call
10 was placed at approximately 3:00 in the morning,
11 and the caller stated there's a woman lying on the
12 ground at Juniper and Chancellor, she's visibly
13 under the influence of God-knows-what drugs.

14 The dispatcher took this information in, and
15 within a matter of minutes made a determination
16 that this was a hospital case and called it out.

17 What information would be given to the
18 responding officers in connection with this?

19 What would they know upon going onto that
20 scene?

21 A. Probably they dispatched the hospital case at
22 a certain location, and maybe a description of the
23 person, or if the person would be lying on a
24 sidewalk, or something like that.

25 Q. When you were a patrol officer, if you got a
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1 call of a hospital case and nothing more, what
2 would you assume based on that call; what
3 assumptions would you make?

4 A. Someone was in need of a service, a medical
5 service.

6 Q. And when that call went out through the
7 dispatch, it would also go out to emergency medical
8 personnel?

9 A. Yes.

10 Q. So you would know that you would have
11 emergency medical help on the way as well?

12 A. Yes.

13 Q. Is it a serious decision to call -- to resume
14 a hospital case call; is that a serious decision to
15 make?

16 A. Well, we have a lot of unfounded calls going
17 over our radio system. And it's better if you
18 arrive and it's unfounded than, say, having
19 apparatus leaving the firehouse maybe blocks away.

20 So there are a lot of times when there are
21 calls that are unfounded.

22 Q. In this matter, the responding officer resumed
23 the hospital case stating it's just a D.K.

24 What does that mean?

25 A. That means it's someone that's intoxicated.
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1 Q. There's also been testimony the responding
2 officer in this incident decided she was going to
3 give a courtesy ride home to the individual, and
4 transported the individual to the vicinity of 15th
5 and Walnut Streets.

6 Are you familiar with that area of the City?

7 A. Yes, very familiar.

8 Q. Would you describe that as a business
9 district?

10 A. Definitely.

11 Q. If you had an individual telling you that they
12 lived at 15th and Walnut, would that raise any
13 questions in your mind?

14 A. As far as apartments and things?

15 Q. Yes.

16 A. I don't -- I can't picture in my mind if
17 there's any apartments above the businesses in that
18 area right off.

19 Q. That may be an unfair question.

20 A. I can't picture it. I mean --

21 Q. Let me ask this instead:

22 If you were going to give a courtesy ride to
23 an individual you thought was intoxicated, if they
24 couldn't give you an address, just gave you an
25 intersection, 15th and Walnut, what would you do?
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1 A. Well, 15th and Walnut is a business
2 intersection, even late at night.

3 Are you saying would I take the person there?

4 Q. Yes.

5 A. Probably would have, yes.

6 Q. What, if anything, would you do to make sure
7 that the person got home safely once you got there?

8 A. Well, if the person wanted to go to a certain
9 location, and they could manage to get where they
10 were going, and felt they could do it safely, then
11 I would drop them off.

12 Q. Do you wait to see if they get into a

13 building, or do you let them out of the car and
14 that's it?

15 A. Well, that would depend on the condition of
16 the person. I would say the age, if it was senior
17 citizen; that kind of thing.

18 Q. I'm not going to assume that you know facts
19 regarding this incident; I'm going to lay them out
20 to you as best I can.

21 After Miss Morris was dropped off at 15th and
22 Walnut -- the vicinity of 15th and Walnut --
23 another 9-1-1 call came in very shortly thereafter
24 of a woman lying in the street, and a stopped car
25 made that call to the police, and officers
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1 responded, as well as emergency personnel.

2 What should that first responding officer do
3 when you get that 9-1-1 call, woman lying in the
4 street unconscious?

5 A. First, go immediately to the person in need,
6 see if they're conscious. If there's no breathing,
7 start CPR.

8 Q. In connection with this incident, the first
9 responding officer pulled into the left lane of
10 Walnut Street, lights off, sirens off, and parked.

11 Is that proper procedure?

12 A. Where in connection was Miss Morris, on 16th
13 Street or on Walnut?

14 Q. On Walnut Street.

15 A. On the 1500 block?

16 Q. On the 1500 block of Walnut.

17 A. You're saying the officer got to the corner of
18 16th?

19 Q. The testimony has been that a driver, a
20 private citizen, was driving up the right hand side
21 of Walnut Street --

22 A. Walnut runs west.

23 Go ahead.

24 Q. -- and stopped his vehicle short of Miss
25 Morris, who was lying in the right-hand lane of the
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1 street, and called 9-1-1.

2 And the testimony has been that the first
3 responding officer pulled his car up parallel to,
4 or a little bit in front of, the stopped private
5 vehicle, no lights on, no siren on, stopped his car
6 there, and parked his vehicle there so that no
7 traffic could proceed.

8 Is that proper procedure?

9 A. If the person was on Walnut Street in a lane
10 at that time of night, the lights should have been
11 on for safety.

12 Q. Should sirens have been employed?

13 A. Well, once you get there, no.

14 Q. The first thing that the responding officer
15 should do is check on the condition of the person
16 lying in the road --

17 A. Yes.

18 Q. -- to the extent that he or she can to
19 determine their medical condition?

20 A. Yes.

21 Q. What about protecting the integrity of the
22 scene; does that officer have any responsibility to
23 protect the integrity of the scene?

24 A. Yes.

25 Q. What do those responsibilities entail?
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1 A. Well, first, they got to ascertain if there is
2 a scene; if there was a crime committed.

3 A hospital case, in itself, could be a crime
4 scene.

5 Someone, say, falling or getting injured
6 accidentally is not a crime scene.
7 Q. In this case a 9-1-1 call was made by a
8 private citizen driving up Walnut, and Miss Morris
9 was found lying face up on Walnut Street.
10 If these are all the facts that are available
11 to this responding officer, what should he or she
12 do to ascertain whether or not this is a crime
13 scene?
14 A. Well, I'm not sure if instantaneously that
15 person could determine that with no other
16 information.
17 If a witness said I saw someone do something,
18 or I saw a robbery, or I saw an assault, that
19 pretty much puts it in perspective, it's a crime
20 scene.
21 But for someone to -- for someone to, say,
22 have a minor fall or something, that wouldn't be a
23 crime scene.
24 Q. Should the responding officer try to ascertain
25 whether the person lying in the road has any
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1 trauma, any visible trauma?
2 A. Yes.
3 Q. And why is that important?
4 A. Well, it's information.
5 Q. It might tell the responding officer whether
6 or not --
7 A. The responding officer gets information. He
8 can notify radio; he can notify medical, emergency
9 medical. They know when they get out of the truck
10 what to bring out.
11 You got to get information.
12 Information is relayed to the hospital in
13 advance.
14 Q. If an officer doesn't do that -- if an officer
15 doesn't take the time to ascertain whether or not
16 an individual has trauma -- you're potentially
17 losing evidence, are you not?
18 A. Well -- are you saying that's what happened?
19 Q. I'm not suggesting -- Miss Morris passed, now
20 it's more than three years, and the testimony has
21 been such an examination wasn't conducted at the
22 scene. And, so, I guess my question is if an
23 officer fails to conduct that physical examination
24 to determine whether or not a person suffered
25 trauma, it may make it impossible to tell whether
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1 or not you're dealing with a crime scene at all?
2 A. Yeah, but I don't know if that happened, so I
3 don't want to answer something happened that didn't
4 happen.
5 I don't know. I didn't interview the officer.
6 Q. I understand.
7 A. I'm trying -- you're giving me if this
8 happened?
9 Q. Yes.
10 A. If it happened the way you're saying it
11 happened, I don't know.
12 I don't know what went on on the scene.
13 Q. I'm sorry to ask you another question, but if
14 you respond to a hospital case, person lying in the
15 road, and has -- there's evidence of physical
16 trauma to the face and to the hands, what should
17 that responding officer do?
18 A. Well, we try to get that person to the
19 hospital as fast as we can.
20 Q. I understand.
21 A. As fast as we can.
22 The experts at the hospital could determine

23 best. We can't.

24 Q. If you observe physical trauma like that, is
25 there any further investigation that should be
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1 conducted at the scene?

2 A. Well, if you believe that a crime has been
3 committed, then you have to do everything according
4 to what you have to do on crime scenes.

5 Q. Should the private citizen who made that 9-1-1
6 call have been interviewed?

7 A. Yes. If we know who he is.

8 Sometimes people do it on the cell phone and
9 take off.

10 Q. The testimony here has been that the citizen
11 who made the 9-1-1 call stopped his vehicle behind
12 Miss Morris and stayed there for the duration;
13 couldn't move because the responding police officer
14 pulled right next to him.

15 As you likely know, Miss Morris died of
16 injuries that she received, and the Medical
17 Examiner conducted an autopsy and prepared an
18 autopsy report and came to the conclusion this was
19 a homicide.

20 When the Medical Examiner's office determines
21 that a person has been murdered -- is the victim of
22 a homicide -- what investigative processes start in
23 the Police Department when a death has been ruled a
24 homicide?

25 A. Our Homicide Unit would be given this case to
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1 investigate. And if they thought the -- this
2 occurred by automobile, then our Accident
3 Investigation would be involved in it.

4 Q. In homicide investigations, when the police
5 receive information regarding the last person this
6 person was seen alive with, is that someone that
7 the police want to interview, want to speak with?

8 A. They will interview a host of people:

9 Anyone in contact anyone that saw something;
10 go do neighborhood interviews; interview people in
11 the surrounding area who might have saw something.
12 Go to the residential area, knock on doors.

13 They do a host of things.

14 Q. So you're not misunderstanding, I'm not making
15 any implications regarding a responding officer in
16 this case, I'm asking you hypothetically this
17 question:

18 When the last known person to be seen with an
19 individual before they're found unconscious with
20 the trauma that kills them is a police officer, an
21 on-duty police officer, are there any different
22 procedures followed in that investigation?

23 Is that the first person to be interviewed,
24 that responding officer?

25 A. I don't know about the first, but definitely
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1 that calls for inquiry.

2 Q. Why is that?

3 A. Well, the person was the last person with that
4 person; which way was this person going, what was
5 the person's mental condition. A lot of things.

6 MR. HAYES: I have no further
7 questions.

8 Thank you.

9 The panel may have additional
10 questions.

11 PRESIDING OFFICER NIX: Commissioner
12 Spraggins, do you have any questions for this
13 witness?

14 COMMISSIONER SPRAGGINS: No.

15 PRESIDING OFFICER NIX: Commissioner
16 Weiss, do you have any questions?

17 COMMISSIONER WEISS: No.

18 MR. NIX: Commissioner Rodgers?

19 COMMISSIONER RODGERS: I pass the
20 witness.

21 PRESIDING OFFICER NIX: Chief
22 Inspector, I have one or two questions.

23 ----

24 EXAMINATION BY PRESIDING OFFICER NIX:

25 Q. During your testimony I heard the phrase
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1 courtesy ride.

2 Could you just elaborate what, in fact, a
3 courtesy ride is?

4 A. Well, we don't have any such terminology in
5 the Department, and I think that's up to the
6 individual.

7 Some officers won't give anybody a courtesy
8 ride; they'll tell them to get a taxicab.

9 I don't believe in that.

10 If it's a senior citizen, or my family broke
11 down at 2:00 in the morning, I would want the
12 officer to give them a lift six or seven blocks.

13 That's, to me, human common sense.

14 Q. If I could take a courtesy ride, it is just
15 what is bespeaks, it's a sort of a giving somebody
16 a hand; giving them a ride?

17 A. We don't use the terminology courtesy ride.

18 Q. So that's not defined anywhere?

19 A. We don't have a courtesy ride.

20 Q. But is it anywhere in the Police Department
21 policy or anywhere written?

22 A. The only place I could see it is on Live Stop.
23 When we tow an individual's vehicle because they
24 have no license, or suspension and things, it says
25 in that memorandum that you'll offer the person --
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1 take them to the nearest transportation hub, or
2 take them into the nearest police district to call
3 someone.

4 Basically, you don't leave somebody stranded
5 at 3:00 in the morning or something.

6 Q. So, then, a courtesy ride, if I understand you
7 correctly, is pretty much at the discretion of an
8 individual officer under the circumstances that
9 they find the individual in?

10 A. That is my interpretation.

11 Q. And one last question:

12 I'm referring back to Directive 128.

13 In it there are two definitions; one is
14 semiconscious and the other is intoxicated. And
15 when I read them, can you, in your words, maybe
16 differentiate those two terms for me, because they
17 seem very similar?

18 If I were to look at them, I would say
19 semi-intoxicated is just a further definition of
20 semiconscious, but with the idea that something
21 intoxicating has been ingested.

22 I'm asking you in your words.

23 A. You can be semiconscious and hadn't had
24 anything to drink.

25 You could have a diabetic reaction and be
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1 semiconscious, but you had nothing to drink.

2 Where intoxicated is the odor of alcohol; you
3 know, you're slurred, that kind of thing.

4 Q. Let me ask it this way, then:

5 Would an intoxicated person under these
6 definitions also be considered semiconscious?

7 A. Could a semiconscious person be intoxicated?

8 Q. No, no; I think the other way.

9 Could an intoxicated person be considered
10 semiconscious under this directive?

11 A. Yes.

12 Q. One last thing:

13 There was a clarification, you mentioned that
14 it -- somebody falling in the street, for example,
15 just on those facts, falling in the street, it
16 would not be considered a crime scene, per se. But
17 the other word you used, the example of somebody
18 reporting an assault or a robbery, or something
19 like that, automatically gets considered a crime
20 scene?

21 A. Correct.

22 Q. Is there an in-between, such as an accident or
23 incident scene, that would be neither, or is -- let
24 me say it this way:

25 Is an incident considered a falling in a
0031

1 street; is that an incident or an accident?

2 And I guess to follow-up, a pedestrian hit by
3 a car, is that considered a accident, or is there
4 no difference?

5 A. If the person's hit by a car, that would be a
6 scene, an accident investigation, you would want
7 held so they can do the proper investigation with
8 everything they could do to investigate the scene.

9 Q. And I guess as a further example, somebody
10 leaving the scene after hitting someone, that might
11 be then considered a crime scene?

12 A. Yes.

13 Q. But somebody hitting a pedestrian with a car
14 and then staying there might not necessarily be
15 considered, at that point, a crime scene until
16 maybe other circumstances?

17 A. No, no, that would still be a scene that we
18 would want held for evidence.

19 MR. NIX: That's all I have.

20 ----

21 MR. HAYES: Two very quick
22 questions.

23 ----

24 EXAMINATION BY MR. HAYES:

25 Q. There has been testimony during these hearings
0032

1 that the responding officer took the victims's
2 jacket, when she was placed on a gurney by medical
3 personnel, and tossed it over her face.

4 Is that ever appropriate?

5 A. I don't know -- I don't know why that would
6 happen, no.

7 Q. And I just want to make sure that I ask this
8 question:

9 Is it ever appropriate for an officer
10 responding to a hospital call to resume?

11 A. Well, like I said previously, if it's deemed
12 to you as an unfounded call.

13 We get a lot of bogus calls.

14 I would say unfounded, instead of having
15 Rescue running lights and sirens and risk someone
16 getting hurt. If you know minutes and minutes
17 before, that's unfounded.

18 MR. HAYES: That's all I have.

19 PRESIDING OFFICER NIX: Chief
20 Inspector, thank you.

21 Thank for your time.

22 Thank you for appearing before the
23 panel.

24 You're excused.

25 You're, of course, allowed to stay
0033
1 and hear the other testimony at this point.
2 Next witness.
3 MR. HAYES: Dr. Edwin Lieberman.
4 ----
5 (Witness Sworn)
6 ----
7 DOCTOR EDWIN LIEBERMAN, after having been duly
8 sworn, was questioned and testified as follows:
9 EXAMINATION BY MR. HAYES:
10 Q. Doctor, my name is Michael Hayes.
11 I serve as counsel to the Police Advisory
12 Commission.
13 I'll be asking you some questions this
14 evening, and as a follow up some of the panel
15 members may have some questions to ask, as well.
16 If at any point you don't understand a
17 question that's being asked, or you would like for
18 it to be clarified, please say so. I'll do my best
19 to clarify the question, or rephrase it. And I
20 know the panel members will do the same.
21 In addition, because we have a court
22 stenographer here, I would ask that your answers be
23 verbal ones so that she can record them for the
24 record.
25 A. Fine.
0034
1 Q. As you know, the Police Advisory Commission is
2 conducting an investigation into the circumstances
3 surrounding the death of Nizah Morris.
4 Before going into that incident, I would just
5 like to ask you a little bit about your background.
6 What is your title?
7 A. Assistant Medical Examiner.
8 Q. And how long have you served in that position?
9 A. A little over 16 years now.
10 Q. All 16 years here with the City of
11 Philadelphia?
12 A. Yes.
13 Q. Prior to that?
14 A. Prior to that, I was in training in Miami,
15 Florida.
16 For a year prior to that I was doing training
17 in internal medicine in New Britain, Connecticut.
18 And prior to that, of course, medical school.
19 Q. I'll move on to the incident that we're here
20 to investigate, the circumstances surrounding the
21 death of Miss Morris.
22 Would you explain for us what your connection
23 to this matter is; what your responsibilities were
24 in connection with Miss Morris?
25 A. As a matter of record, the Medical Examiner's
0035
1 office is charged with the responsibility of
2 determining a cause and manner of death of cases
3 which fall under our jurisdiction, and those would
4 include all traumatic deaths.
5 Q. And Miss Morris' death was assigned to your
6 office?
7 A. Yes.
8 Q. And what were your responsibilities vis-a-vis
9 Miss Morris?
10 A. To determine the cause and manner of death.
11 Q. We could be here for 14 days, I know; but, in
12 general, what does that entail?
13 What do you do to determine the cause and
14 manner of death?
15 A. Basically it starts with an examination of the
16 body.

17 If the individual's clothed, clothing as well
18 if not clothing has been received, that will also
19 be examined, especially in cases of gunshot wounds
20 or stab wounds.

21 Traffic accidents, you would want to look at
22 clothing as well to determine if there's trace
23 evidence, fragments of the car.

24 You would also then collect evidence: Hair,
25 blood, and samples like that, to match. Should
0036

1 there be any blood stains or hair left on the
2 vehicle, then somebody can make that match and say
3 that, yes, that's the striking vehicle.

4 In this particular case, the body was
5 documented in terms of having injuries, hospital
6 therapy performed. Then an internal examination
7 was undertaken, which entails making surgical
8 incisions in the body to examine all of the organs,
9 which was done.

10 Q. How are these assignments made within your
11 office?

12 How is it determined who is going to have that
13 responsibility for determining the cause and manner
14 of death?

15 A. On a daily basis -- at least back in 2002 when
16 we had significantly more staff -- there was one
17 person in charge of each and every day.

18 It was still, I believe, in 2002 that I had
19 the responsibility of Fridays, as I still do now.

20 We then have a rotation schedule to cover
21 weekends and holidays. Currently that's now every
22 fourth weekend and fourth holiday.

23 So there's at least one staff assisting,
24 including the acting chief or deputy, who has the
25 responsibility of determining the cause and manner
0037

1 of death in those cases that have fallen under our
2 jurisdiction.

3 Q. Who makes the determination whether a case
4 falls under your jurisdiction?

5 A. Any time there's trauma involved, whoever
6 reports the death to us saying that there is
7 trauma, that automatically become our case.

8 There are other circumstances where no trauma
9 is noted.

10 But, say, we have no next of kin, or we don't
11 know who the person is but they're found without
12 trauma, say, on a park bench.

13 There are cases where private physicians who
14 have been treating individuals for years will
15 refuse to certify a death. We would then have to
16 deal with that.

17 Q. If you recall, under which one of those
18 scenarios --

19 A. Actually, this was reported by the hospital to
20 our investigative staff. When they heard that there
21 was trauma involved, they took the jurisdiction on
22 the case, and the body was ordered to be brought
23 into the Medical Examiner's office.

24 Q. I take it from your response that Miss Morris
25 received hospital care before she passed; that is,
0038

1 she came to the Medical Examiner's office not
2 clothed, or not wearing the clothing at the time of
3 the incident?

4 A. She came in -- actually, I will say she came
5 in clad.

6 Q. Again, I know I'm asking you a question that
7 we could stay here for 14 days to answer under the
8 context of which I ask it.

9 What did you do to determine the manner of
10 Miss Morris' death?

11 A. As I said, I did an external examination,
12 which includes examination of the body unclad,
13 looking for evidence of trauma, natural disease,
14 therapy, and the like.

15 Having noted that there was trauma to the
16 right temple region, I then also said we're doing
17 an autopsy.

18 There's cases where an autopsy wouldn't be
19 necessary. This was not one of them.

20 So the body was then moved from one room to
21 another, and the autopsy then commenced.

22 Q. Was there an examination conducted of Miss
23 Morris' clothing?

24 A. I looked at them, yes.

25 Q. Did you see any evidence to suggest a cause or
0039

1 manner of death in her clothing?

2 A. No.

3 You wouldn't be looking, necessarily, at
4 clothing to determine anything cause of death
5 related. That's strictly from the autopsy
6 examination.

7 What you're looking at clothing for is,
8 basically, trace evidence.

9 For example, I can give you a scenario where
10 you have somebody who has a defect in clothing, but
11 no obvious gunshot wound or defect in the body.

12 Not much significance there.

13 Q. Understood.

14 How about in the case of a car accident
15 individual who has been the victim of a car
16 accident?

17 A. Well, in that case, you're looking for
18 confirmatory evidence of whether or not an
19 individual has been overrun by the vehicle; whether
20 or not there's transfer of evidence to the
21 clothing; and, then, if there are fragments of the
22 vehicle or things that don't belong with the
23 clothing, that you would then collect them and
24 submit them as evidences.

25 Q. In this matter, there was no such evidence on
0040

1 Miss Morris' clothing?

2 A. That is correct.

3 Q. I would like to go through with you briefly
4 some of your findings regarding the physical trauma
5 that Miss Morris suffered prior to her death.

6 In the case registration summary there's a
7 note made, and I have a copy here.

8 I'm on Page 2 here.

9 There is -- on Page 2 there a reference made
10 that there was a laceration on the right scalp
11 area.

12 Would you explain to us what that means?

13 A. Laceration is a form of blunt force trauma;
14 that is, a tearing of the skin as opposed to a
15 cutting.

16 Q. Is that important for purposes of determining
17 the manner of death?

18 A. No.

19 Q. How about the cause of death?

20 A. If I may say that the manner of death is
21 determined by the circumstances surrounding the
22 death.

23 Q. Okay.

24 A. To give you an example, one can have a
25 gunshot wound of the head. You, yourself, could
0041

1 have inflicted it, or somebody else could.
2 Notwithstanding the findings at autopsy would
3 be a contact gunshot wound, and that's all that
4 could be determined at autopsy.
5 The circumstances then surrounding the
6 incident would determine what the manner would be.
7 Q. In this matter, the fact that we have a
8 laceration excludes a possibility of a cut; is that
9 right?
10 A. I wouldn't leave that up to lay people to
11 determine, nor even some hospital personnel.
12 It's not the easiest thing in the world to
13 distinguish between certain cuts and abrasions and
14 lacerations.
15 Q. In this instance, though, you determined this
16 was a blunt force trauma?
17 A. That's my determination.
18 What you're seeing here is the report that is
19 being given to our investigator by the doctor who
20 reported this from the hospital.
21 Q. Understood.
22 There's also a notation here that a CAT scan
23 revealed a left subdural hematoma.
24 Could you explain that for us in layman's
25 terms?

0042

1 What does that mean?
2 A. There is a blood clot, which is between the
3 tough covering of the brain and the surface of the
4 brain itself.
5 Q. It says left subdural.
6 Does that mean the left side of the victim's
7 head?
8 A. Yes.
9 Q. Is that a second trauma or --
10 A. This is a result of trauma.
11 Q. Based on your examination, is it a result of
12 the laceration on the right scalp area?
13 A. It was as a result of the injury, the
14 laceration to the right temple.
15 Q. There's also a note here that Miss Morris had
16 been brain dead since admission.
17 What does that mean?
18 A. To me that implies that the hospital had
19 conducted so-called brain death protocols, and that
20 they were fulfilled. Meaning that there's no blood
21 flow to the brain; that there's no brain wave
22 activity, if you will.
23 Q. On the next page of that case registration
24 summary, there's a couple of date entries.
25 You'll see 12/26/02; 12/26/02; 12/26/02.

0043

1 In the first of those it says "T-C to Homicide
2 Detective Baker."
3 What does T-C mean?
4 A. Telephone call.
5 Q. Do you know who made that call to the homicide
6 detective?
7 A. That would be our investigator, Spencer.
8 Q. Is that last name or first name?
9 A. Last.
10 It's the same individual who took the report
11 on Page 1 about the second -- in the boxed area
12 above the second line from the bottom.
13 It says "reported to" -- it's got the name of
14 the investigator.
15 Q. Understood.
16 For the record, that's Cynthia K. Spencer.
17 There's a reference here that says "call came
18 out as female possibly being hit by a car."

19 When you conducted your investigation, were
20 you aware of this?

21 A. Yes.

22 Q. How, if at all, did it impact your
23 investigation?

24 A. Well, number one, I don't conduct an
25 investigation, I conduct the autopsy.

0044

1 And looking at the body, the only injury that
2 I could note besides that to the head was the
3 hands.

4 Q. Not investigation. We just got done with the
5 Chief Inspector examination. Probably a more
6 appropriate term.

7 The next -- for lack of a better term I'll
8 call it colon here -- says "Detective Baker of
9 Homicide called to say they are carrying this as a
10 special investigation so far."

11 Do you know what that means?

12 A. I do not.

13 Q. Have you ever seen that type of terminology
14 used before?

15 A. I have, on occasion.

16 Q. Do you have any idea why a case would receive
17 a designation as a special investigation?

18 A. You would have to ask the detectives who made
19 that call.

20 Q. Is it unusual?

21 A. I've seen it a few times.

22 Q. Is there any corresponding factor in those
23 cases; any similar circumstances or features of
24 those cases?

25 A. Not that I can recall.

0045

1 Q. At the bottom of that page you'll see there's
2 a note made. There's no attribution on it:
3 Information about attackers, multiple, and question
4 mark.

5 Is that a note from Miss Spencer?

6 A. No.

7 That is actually poorly-designed software.

8 It's custom software that was commissioned in
9 1994, maybe. And this was one of the things that
10 went in. Any time you made a homicide, it would
11 always prompt you to ask for that.

12 And, in reality, when we're receiving the
13 report of death, nobody knows that information
14 right up front. They're just saying, okay, we've
15 got a body, we've got multiple gunshots, that we've
16 heard the body's riddled with defects, call it in.

17 And then this is what just automatically prints on
18 the bottom of every homicide report.

19 Q. Thank you.

20 The next page of the papers I've given you,
21 beginning of the report of autopsy.

22 Did you prepare this report?

23 A. Yes, I did.

24 Q. There's a diagnosis provided on Page 1 here.

25 Could you explain to us briefly what your

0046

1 diagnosis was?

2 A. A diagnosis is nothing more than a summary of
3 my actual autopsy report, indicating that there was
4 blunt force injuries that involve the scalp, the
5 skull, the brain, the chest, and the hand.

6 Q. You have down here "Cause of death:
7 Craniocerebral injury."

8 A. Yes.

9 Q. In layman's terms, what does that mean?

10 A. A swollen brain.

11 Q. And in the manner of death, it's a one-word
12 summary here, "Homicide."

13 A. Yes.

14 Q. What factors led you to conclude that this was
15 a homicide?

16 A. The observations during the autopsy
17 definitely suggest that this is not a
18 straightforward simple fall to cause this injury,
19 which it could have been.

20 But the findings didn't suggest the simple
21 fall. It suggests rotation of the skull, as some
22 force, some object, had been applied to the skull.

23 It did, in fact, cause a skull fracture that
24 was noted along with this subdural blood on the
25 left side. All from the one impact.

0047

1 Q. I want to make sure I understood you
2 correctly.

3 Based on your examination, it appeared that
4 there was a rotation of the skull at the time of
5 injury; at or around the time of injury?

6 A. Yes.

7 Q. And, in your view, that suggested more than a
8 simple fall?

9 A. Absolutely.

10 Q. What about the other nonlethal injuries that
11 you observed to Miss Morris?

12 You mentioned that there was a chest injury
13 and an injury on the right hand.

14 Did those injuries suggest a manner of death
15 to you?

16 A. Again, the manner is determined from the
17 circumstances.

18 Not having much in the way of circumstances,
19 other than that report of a possible vehicular, I
20 didn't have any circumstances.

21 Q. Let's go into your findings, and then I have a
22 couple of follow-up questions for you.

23 The next page of the autopsy report, at the
24 bottom of the page there's a paragraph regarding
25 evidence of injury, and it states that only blunt

0048

1 force injuries are noted.

2 Is that correct?

3 A. Yes.

4 Q. And then there's -- about five lines down
5 here -- I'm just going to go through them with you
6 as quickly as I can, but as thoroughly as I can as
7 well, and try to get a layman's definition of
8 these.

9 Let's go one-by-one.

10 On the first line it says:

11 "On the right temporal scalp, a two-inch long
12 by one-half inch wide abraded undermined
13 laceration."

14 Would you give us a layman's definition of
15 what that means?

16 A. There was a laceration, which is a tearing of
17 the skin, which has an abrasion around it.

18 Abrasion is -- I guess the best example is a
19 child runs down the street and trips over their own
20 shoes. They skin their knees to red.

21 So, this red area of skin scraping was around
22 this laceration, which is two inches long from
23 front to back, and a half inch high.

24 Q. For the record, I'm going to note the general
25 position around there.

0049

1 A. Right temple.

2 Q. The right temple?

3 A. Yes.

4 Q. And it says that it's an undermined
5 laceration.

6 What does that mean?

7 A. The undermining implies there's force being
8 applied in a particular direction.

9 You can look at lacerations and describe them
10 as one of two types: One being undermined, where
11 it almost looks like a pocket you can put a hand
12 in. The other being one where there's tearing of
13 the skin, but strands of tissue go across this
14 breach here, and that would be called tissue
15 bruising laceration with tissue bruising.

16 Here there was none of those bridges, and it
17 was more a pocket-like.

18 Q. I hope this question comes out right for the
19 record.

20 This pocket -- and, again, I don't mean to be
21 insensitive to any family members that are here, I
22 know we're talking about medical terms here and it
23 may be difficult -- this pocket undermined
24 laceration, was this an upward pocket, or a neutral
25 pocket, or a downward-facing pocket?

0050

1 A. I didn't specifically mention which way it
2 went.

3 But you're dealing with a very thin amount of
4 tissue over the temple, and immediately below that
5 is a muscle called the temporalis muscle that's
6 responsible -- or at least in part -- for you to
7 chew.

8 There's a very short depth there, and it's
9 very loose tissue, so it could have gone down a
10 little bit; could have gone up a little bit.

11 I didn't comment. It's not particularly
12 germane.

13 Q. Was there any way to tell whether or not this
14 blunt force trauma was applied in an upward manner,
15 or a neutral manner, or a downward manner?

16 A. The absolute direction of the application of
17 force I can't give you, mostly because it depends
18 on the position of the skull, the head.

19 If the head is over, basically what has to
20 happen is whatever implement struck the temple, it
21 has to be directed toward bone there. And it's in
22 this sort of a direction, being more from front to
23 back -- the laceration, that is -- it's a rather
24 slender, firm, object that was used, which would
25 match the injury of two inches by a half inch wide

0051

1 to this portion. Scalp-skull. It has to be able
2 to crush the scalp.

3 Q. I know I'm asking questions based on the best
4 of your recollection, and I know this goes back in
5 time, but assuming that this victim was standing in
6 a neutral position when struck, was there any
7 evidence to suggest whether an upward swing, a
8 neutral swing, or a downward swing, was used to
9 apply this blunt force trauma?

10 A. It would have to be side-to-side, if the
11 individual is standing and, say, facing and
12 conversing to chat, yes.

13 Q. It would have to be a side-to-side?

14 A. If two people are facing, in order for this to
15 happen, the weapon would be in the doer's left hand
16 being struck against the right temple portion here
17 (indicating.)

18 Q. I have a couple of the photos here from the
19 Medical Examiner's office of, I guess, the autopsy
20 that was conducted in this case.

21 I just want to show you one of them and ask
22 you a question about it.

23 Could you tell the panel what is pictured here
24 in this Medical Examiner's photo?

25 A. The photo designation is the name at the
0052

1 bottom, which is A.E.

2 And this indicates and depicts the undermined
3 laceration and the associated abrasion to the right
4 temple, which is described in my report.

5 Q. I know I'm getting into relatively tight
6 detail here, but the laceration that you observe in
7 that photo, does the laceration run parallel to the
8 eyes, or is it an angled laceration?

9 A. As I indicated, it's almost horizontal across
10 the right temple there.

11 It's a little bit above the eyebrow, so
12 something like this (indicating.)

13 Q. Going back to the autopsy report, on that last
14 paragraph, first line, it says that the laceration
15 bears continuity.

16 What does that mean?

17 A. That there is an injury that is in direct
18 contact with this two inch by half inch laceration.

19 Q. And there's mention here of an associated
20 hairline left temporal bone fracture which is
21 non-displaced.

22 A. Yes.

23 Q. What does that mean?

24 A. Basically, your skull is sort of like an
25 eggshell.

0053

1 When you crack your hard boiled eggshell, you
2 create a linear fracture of the eggshell itself.

3 If you hit it hard enough, it will drive
4 pieces of the eggshell to your hard boiled
5 eggshell.

6 Here what we have is just a linear fracture.
7 It has not been pushed into brain substance itself.

8 In that case, it would have been referred to
9 as a depressed skull fracture.

10 Q. This is further associated with about 75 cc's
11 left side subdural hematoma and left to right
12 herniation?

13 A. Yes.

14 Q. What does that mean?

15 A. Basically, because of the blow to the right
16 temple, there have been blood vessels which tear on
17 the opposite side.

18 The blood then leaks between the dura -- the
19 thick, tough, covering over the brain on the
20 surface of the brain itself -- and tends to
21 accumulate.

22 As I measured it, it was about 75 cc's, which
23 is quite a bit.

24 And the herniation, now you have in this
25 enclosed eggshell, if you will, an additional

0054

1 volume of material, mainly blood, 75 cc's, which is
2 never present there, has accumulated there because
3 of the injury, and is now squeezing, pushing, the
4 left side of the brain across to the right side.
5 This is the herniation of the brain.

6 Q. Did that herniation cause Miss Morris' death?

7 A. The injury to the brain.

8 It's not just the herniation, but the injury
9 to the brain itself.

10 Q. Was there a concussive injury?

11 A. You could say that, yes.

12 Q. There's also mention here of marked swelling,

13 pulmonary edema, and a diastatic fracture of
14 coronal suture.
15 A. The marked swelling; the brain reacts to
16 trauma by swelling.
17 The pulmonary edema, that's essentially water
18 on the lung. It's seen in many different
19 conditions, one of which is head trauma.
20 The diastatic fracture; if you look at a
21 younger individual, their brain is formed from two
22 parietal bones, two temporal bones, one frontal
23 bone, and one occipital bones, and of all these
24 bones, when the bones join, they form a suture.
25 You have a long one that runs from the --

0055

1 just behind the frontal bone, the occipital bone,
2 then you have a coronal suture, which runs across
3 the front separating the frontal bone from the
4 parietal and the temporal.

5 The diastatic nature of it is this is a normal
6 suture; it's not hard bone-to-bone where it's a
7 hard, continuous thing. It's two bones abutted,
8 kind of interwoven, so it's semirigid. But with
9 enough swelling of the brain, and accumulation of
10 blood, it will tend to separate.

11 That's what a diastatic fracture is, a
12 separation of sutures.

13 Q. The next page of the autopsy report at the top
14 describes additional blunt force injury:

15 Two abrasions on the right little finger; a
16 horizontal abraded laceration of the right ring
17 finger; and a contusion of the right middle finger
18 noted.

19 None of these were life-threatening injuries?

20 A. Absolutely correct.

21 Q. Were they, in your view, consistent with a
22 homicide?

23 A. These are the kinds of injuries that you would
24 expect to see in somebody who has collapsed to the
25 ground; who is conscious and can put their hands

0056

1 out to break a fall.

2 It could also be seen in cases of an assault.

3 The finding of it does not really suggest one
4 or the other.

5 Q. Were there any lacerations or abrasions found
6 on Miss Morris' left hand?

7 A. No.

8 Q. In the case of a person who is trying to break
9 their fall, would you expect to find lacerations on
10 both hands?

11 A. You might expect to find injuries on both, but
12 it can be variable.

13 It can be on one hand; it can be on neither
14 hand where a person suddenly is rendered, say,
15 unconscious and has a fall in which now they have
16 no mentation or ability to put their hands out, and
17 they just fall straight over like a ton of bricks;
18 in which case you wouldn't see the injury to the
19 hands like that.

20 Q. Were the lacerations found on Miss Morris'
21 hand consistent with the type of laceration you
22 found on her temporal -- on the right side of her
23 skull?

24 A. No.

25 Q. No?

0057

1 A. Not at all.

2 Q. So, in your mind, are we talking about two
3 different implements of blunt force trauma?

4 A. No.

5 You are talking about different types of
6 causation, if you will. This being the laceration
7 of the right temporal scalp and fracture of the
8 skull and injury to the brain and skull itself was
9 caused by the single implement.

10 The injuries to the right hand, consisting of
11 abrasions, these are scrapes. And just rubbing
12 your hand with a filing board, or an emery board,
13 you can sustain the scrape.

14 Tripping on carpeting and sliding a little bit
15 can give you a scrape.

16 Same thing as falling on a harder surface
17 that's irregular; say, a sidewalk, curbstone, or
18 asphalt with rocks and debris. These will cause
19 abrasions, and sometimes lacerations.

20 In addition, there was a contusion, which is
21 an ordinary bruise, or black and blue, that
22 involved the right middle finger.

23 Q. Was any debris, or foreign substances, found
24 in any of these lacerations during your
25 examination?

0058

1 A. No, sir.

2 Q. What does the -- does the absence of any
3 foreign material signal anything in abrasions in
4 this particular case?

5 A. In this particular case, no, because the
6 individual has been in the hospital.

7 Q. When a person's been to the hospital and you
8 find no materials in there, it makes it impossible
9 for you to determine whether or not there was
10 foreign substances in there?

11 A. There's no way to say.

12 Q. Again, Miss Morris' clothing didn't give you
13 any indications of contact with a roadway, for
14 example?

15 A. Well, no.

16 The clothing did not indicate any overrun or
17 contact with the undercarriage of a vehicle, nor
18 any broken glass, that I recollect, or any
19 fragments of the vehicle had mixed with the
20 clothing as though someone were struck and then
21 winds up on the windshield. You'll find, perhaps,
22 pieces of whatever's on the top of the roof; some
23 glass shards and fragments, perhaps. If it's from
24 a side window, it's obvious; you get nice little
25 cubes of glass.

0059

1 Nothing at all suggested that a car had struck
2 this individual.

3 There were no injuries to the lower
4 extremities as though a car bumper had even come
5 into contact with the individual.

6 Q. Based on your examination, you excluded the
7 possibility that this was a car accident; this was
8 a vehicular strike?

9 A. I excluded your ordinary vehicular accidents,
10 if you will.

11 It's not a particularly easy case because
12 there's no real information that was available,
13 other than this vague suggestion that a motor
14 vehicle -- a typical motor vehicle accident, you
15 typically find injuries from bumpers, people who
16 have landed on windshields; they have been thrown
17 up and down, a big somersault in the air, if you
18 will, and sustained injuries to the abdomen and
19 pelvis. And there are just multitudes and
20 varieties of injuries all over the body from those
21 higher speed impacts.

22 I cannot exclude a low speed impact -- 5 miles

23 an hour or something -- or even a car passing by
24 that may have caused her to startle.

25 But it's the injury here, as I said earlier,
0060

1 that implies that there was rotation of the head;
2 which, again, is away from that simple I'm startled
3 and fall. And that's the reason this has been
4 given, at the time that I did the autopsy, the
5 designation as to manner of death being a homicide.

6 Q. You get that kind of rotation typically in a
7 car accident case?

8 A. There's only one instance that I can think of
9 in this case a vehicle would cause -- or could
10 cause -- such an injury, and that would be being
11 struck by some protrusion of the vehicle; a mirror,
12 a door handle. The old-fashioned ones that used to
13 really stick out; not the kind that lie down that
14 you pull up now.

15 Anything along those lines.

16 And, in fact, looking at the injury, that
17 little, round, oval abrasion that was in continuity
18 with this two-inch one might make this something,
19 like the frame of a mirror with a bolt, that has
20 struck her in the head.

21 Q. There's also mention in the autopsy report
22 that both hands are swollen and appear bruised.

23 Was that an injury that she sustained?

24 A. No.

25 That was due to the administration of fluids
0061

1 at the hospital. That's why the hands became
2 swollen.

3 And, in addition to which, I made incisions
4 across the forearms looking for injuries, as you
5 might expect if somebody were conscious and saw
6 somebody, say, swinging a baseball bat at you.
7 Your first natural response is put your hands up to
8 defend yourself, rather than have the implement
9 strike you in the hands, the head, or the chest.

10 Same response for somebody swinging a knife,
11 or wielding a knife.

12 Q. Were you provided with any details about the
13 position in which Miss Morris was found?

14 A. No.

15 Q. If I told that you Miss Morris was found lying
16 in the middle of the street on her back, would that
17 impact your analysis at all?

18 A. No.

19 Q. Would you expect to find any injuries to the
20 back of her head, or to the back of her body, if
21 she had fallen into that position?

22 A. If it were a dead fall from an unconscious
23 individual who was suddenly rendered that way and
24 who was upright, the answer is yes, I would expect
25 to see other injuries.

0062

1 Q. But there were no injuries observed to the
2 back of her head, back of her arms?

3 A. That is correct.

4 Q. I'm asking you medical opinions here, and if
5 I'm stepping outside of your area of expertise, let
6 me know.

7 If someone receives head trauma such as this,
8 what would you expect to happen to that person?

9 Would that person be rendered unconscious
10 immediately?

11 A. Unfortunately, there is no manifestation that
12 can be observed which can be correlated to before a
13 person is conscious or unconscious.

14 You can have a skull fracture and still be

15 conscious.

16 You can sustain an ordinary knockout in a
17 boxing match and you see very little injury; and,
18 yet, the person is unconscious.

19 So, again, there's absolutely no way to tell
20 from looking at the body and examining the organs
21 whether this individual was rendered immediately
22 unconscious from this injury or not.

23 Q. The last area of trauma that's mentioned in
24 your report is a contusion of the right upper
25 anterior chest wall.

0063

1 It says it's confined to the area below the
2 lateral third of the right collar bone, and
3 extending laterally to the right deltopectoral
4 group.

5 What does that mean?

6 A. Well, it's a fancy medical term for bruise
7 sitting right about here (indicating) on the chest
8 wall.

9 If you look at your shoulder, your shoulder is
10 really your deltoid. It's the upper part of the
11 shoulder here.

12 You have the anterior, lateral, posterior.
13 The deltopectoral groove is this little groove here
14 (indicating).

15 Q. Vertical groove, semi-vertical?

16 A. Semi-vertical, yes.

17 And the lateral third, the collar bone on the
18 right side, the bruise out here.

19 Q. What, if anything, was that trauma consistent
20 with?

21 A. Typically I would say, because of the way I
22 mentioned it being the lateral third of the collar
23 bone, I would think of the hospital trying to put a
24 catheter into the subclavian vein.

25 If we take that away and say that there hadn't

0064

1 been any sort of hospital intervention, or medical
2 intervention, at the scene by paramedics, it would
3 be an ordinary bluff that can come about from
4 falling on something or being struck there.

5 Again, this is not a laceration, so it would
6 indicate less force; something not necessarily a
7 baseball bat, but more like a hand.

8 Q. Again, I know I'm asking you difficult
9 questions.

10 You mentioned the lack of information that you
11 had here.

12 You also mentioned there was -- and your
13 finding is homicide -- you also mentioned the only
14 incident, only type of incident, that you can think
15 of where this would be a auto accident-inflicted
16 injury would be an incident where, for example, a
17 rearview mirror, a side view mirror, struck Miss
18 Morris' head?

19 A. Correct.

20 Q. If that type of strike occurred, can you give
21 any kind of estimation as to what speed that
22 vehicle may have been going?

23 A. I would put that at a relatively low speed.

24 All it needs to do is fracture the temple
25 bone, bone which is quite thin.

0065

1 Q. When you say relatively low, do you have a
2 range there?

3 A. Under 20 miles an hour.

4 And for demonstration purposes -- I'm afraid I
5 can't describe it any better -- the temple bone in
6 most people is, maybe, an eighth of an inch thick,

7 so it's not particularly thick or strong bone like
8 the frontal bone or the occipital bone, which is
9 considerably thicker and heavier.

10 Q. If a car was going much faster than that,
11 would you expect to see a different type of injury,
12 or more severe injury?

13 A. The problem you have with this is the only
14 part of the vehicle that can make contact with the
15 body would be something striking just the head, and
16 the head alone. Not a bumper injury. Not
17 something from the front corner panel, because that
18 would leave bruising.

19 And I specifically say in that last sentence
20 of the injury was there are no injuries of the
21 lower extremities, which tells me that there's no
22 bumper injuries, that there's no impact with the
23 frame of the vehicle to the lower extremities or
24 buttocks, or even as high up as the flank, if you
25 will.

0066

1 Q. Because of the absence of other injuries, the
2 manner of death was homicide in this case?

3 A. Absolutely.

4 Q. I know this is an assumption, because you
5 don't have a crystal ball and I don't have one,
6 assuming this is a homicide, the blunt force trauma
7 to the head, what sort of object could have caused
8 this blunt trauma?

9 A. As I described, a firm to hard linear object;
10 table leg, tire iron; things along those natures.

11 Q. Is there any way to delineate the length of
12 this object to any degree of certainty?

13 A. None whatsoever.

14 Q. How about the width of the object?

15 A. Roughly a half inch.

16 Q. Roughly a half inch?

17 A. Yes.

18 Q. And is there any way to tell what type of
19 stroke was used; an overhand stroke, an underhand
20 stroke, a side-to-side stroke?

21 A. As I indicated, it has to be more of a
22 side-to-side than from above, down, or from below
23 upward, simply because you have to crush and tear
24 the skin overlying the temporal bone, which is also
25 fractured.

0067

1 If it's going more in an upward direction,
2 yes, you, will see the undermining. That would
3 then take a little bit more force.

4 Q. Is there any way -- I know I'm asking
5 difficult questions, I keep asking them -- but is
6 there any way to tell what degree of force was
7 used?

8 Is this a full-on swing; is this a half swing?

9 A. That would comport, depending on the weapon or
10 the implement.

11 If this were hand-held and swung, and, say,
12 it's a tire iron, it's going to take less force
13 than, say, if it were a tubular piece of metal,
14 like conduit for electrical wires in a wall, which
15 are about a half inch in diameter.

16 The heavier the implement, the less force
17 necessary.

18 Q. Is there any way to ascertain whether a
19 left-handed stroke was used, or a right-handed
20 backstroke?

21 A. No.

22 Q. I just have a few more questions for you.

23 Turning back in the papers I've given to you,
24 the toxicology report, is the Office of the Medical

25 Examiner responsible for this toxicology report?
0068

1 A. It is.
2 Q. At the top of the report there's mention of
3 two drugs, pentobarbital and phenytoin, and there's
4 mention to the right of those notations: "Present;
5 present."
6 What are those drugs?
7 A. Those are hospital-administered drugs.
8 Q. There's also a note in here that acid
9 phosphatase was not found in the oral swab.
10 What does that mean?
11 A. I had taken swabs of the mouth, submitted them
12 to the lab so they can run it for analysis to see
13 if there had been any sexual activity.
14 Q. At the bottom of the toxicology report there
15 are a slew of different types of drugs and
16 substances listed. And there are X's placed next
17 to the substances that were tested, I take it?
18 A. They were tested.
19 The ones that have the X marks in front of
20 them are the drugs and classes of drugs or agents
21 that were looked for by the toxicology laboratory.
22 Q. Were any of them found?
23 A. They did find the pentobarbital and the
24 phenytoin.
25 Those are all they found. And those are the
0069

1 hospital-administered drugs.
2 Q. If Miss Morris had ingested ethanol prior to
3 this incident on the 22nd, would you expect to find
4 evidence of that in this toxicology report?
5 A. Not necessarily.
6 Q. Why is that?
7 A. It tends to be metabolized in the hospital.
8 Q. What about narcotics?
9 A. Again, same response, counsel.
10 Q. So by the time Miss Morris' body was provided
11 to the Medical Examiner's office --
12 A. You're looking -- it looks like about a three
13 day lag. That's about the limit between when we
14 would ask for any toxicology to be tested. For
15 anything beyond that, say, three or four day
16 period, would definitely not run it, but hold
17 specimens.
18 Q. Is there any -- can you say without any --
19 strike that.
20 Is it more likely than not that Miss Morris
21 did not ingest these substances in light of the
22 toxicology report?
23 A. As far as I'm aware, there's no abuse
24 potential for phenytoin.
25 That's an anticonvulsive-type drug which would
0070

1 be given by hospitals in cases of serious head and
2 brain injury, as we had here.
3 The pentobarbital can be abused. I haven't
4 seen that in ages being abused on the street.
5 And, again, that's something that would be
6 given by a hospital in cases just like this.
7 Q. Aside from those two drugs, the fact that
8 other drugs and substances were not found, does
9 that absence of a finding make it more likely than
10 not that she did not ingest those substances?
11 A. The easiest way to tell is to look at the
12 hospital records and see if those two drugs had
13 been administered.
14 Q. I understand.
15 A. I wouldn't go so far as to make that
16 presumption as you have, especially in light of the

17 fact pentobarbital can be found on the street, but
18 I haven't seen it for quite -- quite a long time.
19 Q. Going -- I just have a couple more questions.
20 Going back to the very first page of materials
21 I provided from your office, in the middle of the
22 page towards the bottom of the page it says
23 "describe injury," and it has down here, "assaulted
24 by other."
25 Was that your conclusion, this was an assault?

0071

1 A. That's what I put.
2 What you're looking at is a stylized death
3 certificate.
4 All the information that winds up on the death
5 certificate that needs to be put there by our
6 office is basically here in this form.
7 That is exactly what I put.
8 Q. Is that your conclusion?
9 A. That was my conclusion, yes.
10 Q. You stand by that conclusion today?
11 A. With the proviso that we can absolutely
12 exclude a large mirror with a bolt striking her in
13 the head, yes.
14 Q. Once the Medical Examiner's office compiles
15 this information from you and from another medical
16 examiner, how does the police department use it in
17 furtherance of its investigation?

18 You provide the materials to the
19 investigators?
20 A. They have access to, and the ability to
21 request, the pictures and the autopsy reports.
22 They certainly have direct contact with us.
23 They can come out. And if they have done
24 special testing, say, in a gunshot wound case that
25 we've asked for, they will transport the evidence

0072

1 from the ballistics back to the office and share
2 that information.
3 By the same token, whatever I know, and
4 whatever my findings are at the time of the
5 autopsy, they would be made aware of. They have my
6 number. They call frequently.
7 Q. In connection with this incident, do you
8 recall having contact with detectives,
9 investigators?
10 A. Yes.
11 Q. Did you tell them, look, I've concluded this
12 this is a homicide?
13 A. Yes.
14 Q. I'm sure you provided them with complete and
15 full information to the best of your ability to
16 assist them in connection with their investigation?
17 A. Yes.

18 MR. HAYES: I have no further
19 questions.
20 The panel members may have
21 additional questions.
22 PRESIDING OFFICER NIX: Commissioner
23 Spraggins, do you have questions for this
24 witness?
25 MS. SPRAGGINS:

0073

1 COMMISSIONER SPRAGGINS: No.
2 The questions I was going to ask
3 have already been asked.
4 PRESIDING OFFICER NIX: Commissioner
5 Weiss, do you have questions?
6 COMMISSIONER WEISS: Just one thing
7 I wanted to go over real quick.
8 -----

9 EXAMINATION BY COMMISSIONER WEISS:

10 Q. With the mirror protruding from a truck, a
11 large mirror that you see in a delivery truck, if
12 somebody was left out of a police car and was still
13 in a intoxicated or whatever state, and they were
14 walking between two cars, and usually your head
15 comes down like this (indicating), you fall asleep,
16 could the truck have hit, the mirror have hit, Ms.
17 Morris, and then not find any other abrasions on
18 the body, except what we were talking about with
19 the bolt?

20 In other words, your head would then be out
21 first from anything?

22 A. In order for that to happen, the person would
23 be crossing against the traffic coming on.

24 In other words, you can't be walking with
25 traffic, or coming directly at traffic, because

0074

1 that will hit you in the back or front of the head.

2 You have to be walking to the side, or
3 standing at the side, with your head turned out
4 into traffic in that fashion so the mirror could
5 hit you.

6 COMMISSIONER WEISS: That's all.

7 Thank you.

8 PRESIDING OFFICER NIX: Commissioner
9 Rodgers, do you have questions for this
10 witness?

11 COMMISSIONER RODGERS: One or two
12 questions.

13 -----

14 EXAMINATION BY COMMISSIONER RODGERS:

15 Q. I know you don't have a crystal ball.

16 Obviously, you weren't there.

17 In your reviewing the injuries, and in your
18 opinion, the injury was caused by what you've
19 described as a lineal object that could have been
20 the possibility of one type of instrumentality of
21 weapons that may have caused the injury and caused
22 the death; you would agree with that, is that
23 correct.

24 A. What type?

25 Q. Lineal object.

0075

1 A. A linear object. Yes.

2 Q. Would that be consistent with a police
3 officer's baton?

4 A. It certainly could be.

5 COMMISSIONER RODGERS: That's all I
6 have.

7 One other question.

8 Q. You also had indicated an injury to the chest
9 pectoral area?

10 A. Yes.

11 Q. Would that also be consistent with the crown
12 of a baton, if someone was hit or poked with a
13 baton in the chest area? Was it like a
14 quarter-type injury? I don't know if you have a
15 picture of that chest area.

16 I know we have one for the cranial.

17 A. If it is around a half inch contusion to that
18 area, it would be consistent with any sort of
19 circular object, or round object, which was then
20 poked at an individual.

21 Q. Yes.

22 Do we have a picture with it?

23 You described it in your report as that
24 diameter?

25 A. No.

0076

1 The injury I'm referring to is the injury to
2 the scalp, two inches long and a half inch wide.
3 Q. Looking back at your report, did you describe
4 the injury to the chest?
5 A. The size, no.
6 It must have been a relatively diffuse bruise,
7 not very discreet.
8 Q. It wouldn't cause death, but would be
9 consistent with poking; is that fair to say?
10 A. It certainly was nonlethal.
11 If it's a diffuse-type of bruise, as opposed
12 to being something where you actually smack a
13 circular object which leaves a very hard, concrete,
14 oval, elliptical sort of bruise there, the way I've
15 described it would make me believe that it's more
16 diffuse and more consistent with something like a
17 hand, or something softer. Not particularly any
18 hard implement.
19 Q. I understand.
20 The --
21 A. The only injury -- I'm sorry for
22 interrupting -- the only injury is this injury to
23 the temple.
24 Again, you have the long, linear, two inch
25 long by half inch wide abraded laceration. But
0077
1 then you have that little oval, less than half inch
2 thing, that's right in front of it.
3 When you take the two injuries together, that
4 little oval one that's intermittently, or in
5 continuity, with this linear laceration, it makes
6 it less likely to be something regular and round
7 and smooth, like a baton or a pipe.
8 If it were a pipe, it would have some sort of
9 irregularity in it to cause this other half inch
10 injury.
11 Q. Are you finished? I don't want to interrupt.
12 A. Yes.
13 Q. Just looking at the head injury again, the
14 photos -- is the photo in front of the doctor?
15 A. Yes.
16 Q. Would you -- again, this is all hypothetical.
17 Do those look like two separate markings in
18 terms of, like, if someone with a object was hit
19 more than once in one area and then hit again maybe
20 with a poke or two strikes? What I'm asking is
21 would that injury be consistent from those photos
22 as being one continuous -- like if I was hit once
23 and it just caused both of those lacerational-type
24 injuries, or would it be more than one strike to
25 cause a second laceration to that area from the
0078
1 photo that you're viewing now?
2 A. I understand your question perfectly.
3 The answer would rest with, actually, seeing
4 the implement.
5 Q. I understand.
6 A. If it's an irregular implement, it's caused by
7 a single blow.
8 If it's a perfectly round implement -- like
9 take, for example, a pipe -- then that might
10 represent two separate blows.
11 If there's an irregularity at the edge of the
12 pipe or middle of the pipe, there's a bend, or a
13 defect, it's not perfectly cylindrical; then,
14 again, there's potential for one strike.
15 Q. Again, hypothetically, I don't know if you've
16 been in the back of a police vehicle -- have you
17 been in the back of a patrol car?
18 A. I have, from scenes.

19 Q. Hypothetically, is it possible, viewing the
20 back of the police vehicle, someone could be seated
21 in the back of a cruiser and hit their head on
22 something in the vehicle to the left or to the
23 right; this injury, would that be consistent with,
24 maybe, someone hitting their head while inside of a
25 vehicle, inside of a police vehicle, from a sitting
0079

1 position?

2 A. Again, not -- my last remembrance of a police
3 van was Lex Street. I believe since then there
4 have been some modifications; seat belts or
5 something put in.

6 Q. Cruiser, not the van.

7 A. Oh, cruiser? Ride out to Lex Street was in a
8 cruiser.

9 I don't recall anything in there that could
10 even remotely cause a lethal injury from a sitting
11 position hitting your head. I do not see any, to
12 my recollection.

13 Q. Just one or two other questions for you,
14 Doctor.

15 The pentobarbital, I know it's a
16 hospital-administered drug. I'm just asking, what
17 is that generally used for, seizures; or what is
18 that usually prescribed for?

19 A. The pentobarbital can be used to induce a
20 coma-like state, or maintain it in somebody with a
21 severe head injury.

22 It's supposed to reduce, from my
23 understanding, the metabolism to the brain so
24 whatever injury is there isn't aggravated more.

25 Q. To bring on, let's say, seizures, or something
0080

1 to that effect?

2 A. Well, the trauma to the brain would, or could,
3 result in a seizure disorder.

4 What you are talking about is a contusion of
5 the surface of the brain, and this would be a
6 traumatic seizure disorder. So they would
7 administer anticonvulsive medication like
8 phenobarbital.

9 The pentobarbital is more for somebody to calm
10 their brain, if you will, the brain activity, so
11 the brain has a chance to heal itself.

12 Q. So it's more consistent, from what you
13 received in terms of the hospital, giving those
14 drugs versus this individual taking those drugs on
15 the street and causing themselves to be in a
16 drunken stupor-type of appearance to a lay person;
17 is that fair to say?

18 A. Yes.

19 Q. Thank you.

20 COMMISSIONER RODGERS: I have no
21 other questions, Doctor.

22 ----

23

24 PRESIDING OFFICER NIX: I have one
25 question about the lacerations that you

0081

1 referred to in the photos.

2 ----

3 EXAMINATION BY PRESIDING OFFICER NIX:

4 Q. You described them as being two inches long
5 and a half inch wide.

6 Is there depth associated with these injuries?

7 A. You can't -- basically, it's through the
8 thickness of the scalp, which at that area might be
9 about a quarter inch thick.

10 That, in no way, gives you any clues as to

11 what kind of implement was used; how deep this
12 laceration is.

13 The tearing of the skin has no bearing as to
14 what type of implement was used.

15 Q. It's shallow right there?

16 A. Even if it were, say, over the chest wall,
17 which is thinner, it doesn't give you any
18 indication as to the heaviness of the weapon, the
19 length of the weapon, or anything of that nature at
20 all.

21 Q. I think when, in response to counsel's
22 question, you mentioned that it was a -- or the
23 idea of it being an assault by others, the
24 conclusion being that either some implement was
25 used to hit Miss Morris, you said to the exclusion
0082

1 of a large mirror with a bolt on it.

2 That's, in your mind, the only other
3 possibility?

4 A. No.

5 Q. I'm trying to just follow what you meant by
6 that.

7 A. This particular injury can have arisen from
8 somebody assaulting Miss Morris; or could have, in
9 the only instance where a person is free-standing,
10 head is somewhat up, is struck by a vehicle, and
11 not have any injuries to the legs, not at any kind
12 of speed or bumper impact where the body is then
13 launched into the air, having only a mirror strike
14 the right temple. That's the only way in which I
15 could have envisioned a motor vehicle accident
16 having resulted in her death.

17 Q. Nothing striking her but the mirror sticking
18 out?

19 A. Or a big, bulky, door handle; the old-style
20 door handles from the 1970-type vehicles where they
21 actually protruded away from the car door. They
22 weren't flush with it.

23 Q. With that in mind, knowing if Ms. Morris was
24 standing at the time, that would have been too low
25 to hit somebody of her height?

0083

1 A. Not necessarily.

2 You have to understand that even though we all
3 say standing erect, somebody could be bent over at
4 the waist a considerable distance. Could even be
5 almost crouching to be touching their knees on the
6 ground, or slowly collapsing to the ground, or
7 rising from the ground.

8 The injuries to the hand, on the back of the
9 right hand, might have resulted from a collapse
10 injury; she's getting up, mirror strikes her.

11 It could also be something struck her, and she
12 sustained these injuries on the hand as she went to
13 the ground.

14 Q. I guess my final question is even though it's
15 classified as a homicide, it's not of a 100 percent
16 certainty it's a homicide.

17 Can you give me a percentage of certainty, or
18 anything in your expert opinion?

19 A. It's my opinion, to a preponderance of the
20 evidence, that this is a homicide.

21 But I have not excluded completely a traffic
22 accident having occurred.

23 PRESIDING OFFICER NIX: Thank you,
24 Doctor.

25 Thank for your time and testimony

0084

1 today.

2 This witness is excused.

3 Are there any other witnesses this
 4 evening?
 5 With that, this panel and panel
 6 hearing will be in recess until tomorrow
 7 night, Thursday, December 7th, at 6:00 p.m.
 8 We're in recess now.
 9 (Panel Hearing Concluded.)
 10 (Time noted: 8:05 p.m.)
 11 -----
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0085

1
 2 CERTIFICATE
 3
 4
 5
 6

7 I HEREBY CERTIFY that the proceedings and
 8 evidence are contained fully and accurately in the
 9 notes taken by me on the argument, hearing, or trial
 10 of the above cause, and that this is a correct
 11 transcript of same.
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