



## A P P E A R A N C E S

1  
2  
3 APPEARING ON BEHALF OF  
4 THE STATE OF FLORIDA:

5 CHRISTOPHER LABRUZZO, Assistant State Attorney  
6 BRYAN SARABIA, Assistant State Attorney  
7 JOSEPH LAWHORNE, Assistant State Attorney  
8 Office of Bernie McCabe, State Attorney  
9 Sixth Judicial Circuit, Pasco County  
10 7530 Little Road  
11 New Port Richey, Fl 34655

12 APPEARING ON BEHALF OF  
13 THE DEFENDANT, ADAM MATOS:

14 DEAN LIVERMORE, Assistant Public Defender  
15 EULOGIO VIZCARRA, Assistant Public Defender  
16 NICHOLAS MICHAÏLOS, Assistant Public Defender  
17 WILLIAM PURA, Assistant Public Defender  
18 Office of Bob Dillinger, Public Defender  
19 Sixth Judicial Circuit, Pasco County  
20 7530 Little Road  
21 New Port Richey, Fl 34655  
22  
23  
24  
25

1 P-R-O-C-E-E-D-I-N-G-S

2 (Portions of these proceeding were transcribed but not  
3 requested as part of this transcript.)

4 NOEL PALMA, M.D.,  
5 a witness herein, being first duly sworn, was examined  
6 and testified as follows:

7 DIRECT EXAMINATION

8 BY MR. LABRUZZO:

9 THE WITNESS: Yes, I do.

10 THE COURT: All right. If you can have a seat  
11 in the witness stand. Speak in a loud and clear  
12 voice for me.

13 State, you may proceed.

14 MR. LABRUZZO: Thank you, Your Honor.

15 Q. (By Mr. Labruzzo) Good afternoon, sir. Could  
16 you please turn the ladies and gentlemen of the jury and  
17 introduce yourself by stating your name.

18 A. Good afternoon. My name is Noel Palma,  
19 N-o-e-l, P-a-l-m-a.

20 Q. And, Dr. Palma, where do you work?

21 A. I'm one of the associate medical examiners at  
22 the District Six Medical Examiner's Office serving  
23 Pinellas and Pasco Counties.

24 Q. All right. Let's talk just about briefly  
25 about the District Six Medical Examiner's Office. Where

1 is it located?

2 A. In Largo.

3 Q. And you said it serves both Pinellas and Pasco  
4 County?

5 A. Yes, sir.

6 Q. Are there specific duties that the Medical  
7 Examiner's Office provides to those counties?

8 A. Yes. Our main job is basically to determine  
9 the cause and manner of death.

10 Q. All right. And we'll talk more specifically  
11 about cause and manner of death. But to do that, do you  
12 perform autopsies?

13 A. Yes, sir.

14 Q. All right. And is the procedure in which you  
15 follow to do an autopsy, is that outlined in Florida  
16 statute?

17 A. Yes.

18 Q. And which Florida statute is that?

19 A. It's Chapter 406.

20 Q. All right. And that kind of lays out the  
21 duties that you and your fellow medical examiners must  
22 follow?

23 A. Yes, sir.

24 Q. All right. What type of cases go to the  
25 Medical Examiner's Office generally?

1           A.    Basically we are doing most cases are the  
2 medicolegal cases, and that involve any kind of  
3 accidental deaths, homicidal deaths, or any kind of  
4 violent deaths.

5           Q.    How about is there a death that seems to be  
6 unexplained?

7           A.    Yes, sir.  Yes.

8           Q.    All right.  And I'll just bring that up,  
9 because to compare that with a death that is explained,  
10 someone dies in a hospital, either natural causes or of  
11 a known illness, do those cases go to the Medical  
12 Examiner's Office?

13          A.    For natural diseases, no.

14          Q.    Okay.  So it's more limited, the people or the  
15 bodies that you see?

16          A.    Yes.

17          Q.    All right.  To work at the District Six  
18 Medical Examiner's Office, do you have to have a certain  
19 educational background?

20          A.    Yes.

21          Q.    First let's start with your educational  
22 background and then we'll get into your certifications.

23                So could you explain to this jury your background  
24 that allows you to be a medical examiner?

25          A.    All right.  I obtained my medical degree in

1 the Philippines. I came over and took -- including  
2 boards, right?

3 Q. Yes.

4 A. Okay. I came over and took the USMLE, these  
5 are United States Medical Licensing Examination Boards.  
6 These are three examinations given to all medical  
7 graduates in order to be accepted in a residency  
8 program.

9 You want me to go all the way through?

10 Q. Sure.

11 A. Okay. After that I applied at St. John's  
12 Medical Center in Detroit, Michigan, in the field of  
13 anatomic and clinical pathology.

14 After that I took and passed the boards given by  
15 the American Board of Pathology specializing in both  
16 anatomic pathology and clinical pathology.

17 I then opted for a subspecialized training in  
18 forensic pathology at the Wayne County Medical  
19 Examiner's Office, this is in Detroit, Michigan.

20 And after my training I took and passed my boards  
21 given by the American Board of Pathology subspecializing  
22 in forensic pathology.

23 And after that I got my first job in Palm Beach  
24 County, District 15 Medical Examiner's Office. I stayed  
25 there for several years, and then came over here in

1 2001, and been here for a while.

2 Q. Okay. And I guess in that list of background,  
3 you have obtained a license to be a medical doctor?

4 A. Yes.

5 Q. Are you a medical doctor in the state of  
6 Florida?

7 A. Yes.

8 Q. Any other states?

9 A. Yes.

10 Q. Which states?

11 A. Michigan, Tennessee, and Alabama.

12 Q. Okay. And during the time period for the  
13 things you're going to testify in this case, you were a  
14 licensed physician in the state of Florida?

15 A. Yes, sir.

16 Q. All right. You threw out a bunch of terms.  
17 I'd like to kind of go back and kind of explain some of  
18 those terms, what those terms are, and how they relate.

19 Okay. So first you mentioned that you are board  
20 certified in anatomical and clinical pathology. Let's  
21 first start by talking about what is pathology, and then  
22 if you could explain anatomical and then clinical  
23 pathology as a subsection.

24 A. All right. So basically pathology is a branch  
25 of medicine. So you have pathology, you have internal

1 medicine, you have family practice, pediatrics, and  
2 others.

3         So pathology is a branch of medicine that deals  
4 with diseases. Now, pathology is subdivided into two  
5 major groups. We have the anatomic pathology and we  
6 have the clinical pathology.

7         Anatomic pathology is basically again subdivided  
8 into smaller subspecialties, including forensic  
9 pathology, neuropathology and others. While clinical  
10 pathology is subdivided into multiple subspecialties,  
11 including blood banking, hematopathologies and others.

12         So in general pathologists, aside from forensic  
13 pathologists, they generally work in hospitals.

14         Q. Okay. Can you just describe what is  
15 anatomical pathology?

16         A. All right. So basically anatomic pathology or  
17 the pathologists who are working in that department,  
18 they do your biopsies, they read your Pap smears and  
19 others. While the clinical pathology, they are the  
20 doctors in the hospital manning the labs.

21         Q. All right. And you mentioned that you were  
22 board certified in each anatomical and clinical?

23         A. Yes, sir.

24         Q. Can you just describe what the process is to  
25 become board certified in those specialties?



1           A.    So basically you have to finish your  
2 residency, usually between a four and five years  
3 program.  And after that you have to take the boards or  
4 examination given by the American Board of Pathology.

5           So if you pass that, you'll be certified in, say,  
6 anatomic pathology and clinical pathology.

7           Q.    All right.  And is there a certain course  
8 requirement, ongoing education, to make sure that you  
9 are up-to-date as it relates to those fields of study?

10          Do you do certain ongoing education with those?

11          A.    Yes.

12          Q.    All right.  And are you up-to-date with those?

13          A.    Yes.

14          Q.    All right.  In that description you were  
15 discussing some, I guess, further subspecialties in the  
16 world of pathology and you mentioned one, forensic  
17 pathology.  Could you describe what forensic pathology  
18 is?

19          A.    So basically forensic pathology is a  
20 subspecialty under the anatomic pathology division, and  
21 forensic pathology deals with medicolegal cases.  And  
22 you can be a forensic pathologist after subspecialized  
23 training in forensic pathology.

24          And then you are going to take the boards and pass  
25 the boards.  And here in Florida we work as medical

1 examiners, and in Florida the medical examiners are  
2 forensic pathologists. Not in other states.

3 Q. Okay. So I guess in that answer you kind of  
4 told us that you are board certified in forensic  
5 pathology?

6 A. Yes, sir.

7 Q. And you've kept current on all the educational  
8 requirements related to being board certified?

9 A. Yes, sir.

10 Q. You mentioned the word or the term, I should  
11 say, a "medicolegal case" when you were describing the  
12 world of forensic pathology.

13 What does that mean in your world, a medicolegal  
14 case?

15 A. So basically those are cases in which you have  
16 an accidental death or a homicidal deaths in nature or  
17 any kind of suspicious deaths.

18 Q. All right. You, in your initial discussion  
19 about what the Medical Examiner's Office does, you  
20 mentioned that an overriding I'll just call it goal or  
21 thing that the medical examiner has to do is to  
22 determine both the cause and manner of death?

23 A. Yes.

24 Q. All right. And we'll get into what those mean  
25 in just a second, but when a medical examiner takes on a

1 case, the purpose of the examination is to come to those  
2 findings; is that correct?

3 A. Yes.

4 Q. All right. So in every case that you do, to  
5 the best of your ability, you try to determine what the  
6 cause of death would be and then what the manner of  
7 death would be?

8 A. Yes, sir.

9 Q. All right. Let's first talk about the cause  
10 of death.

11 A. Okay. Basically the cause of death is what  
12 makes the person basically die. So a typical example  
13 will be a gunshot wound to the head or a multi-drug  
14 toxicity or a myocardial infarct or stroke or cancer.

15 Q. Okay. So the cause of death could be many  
16 different things?

17 A. Yes.

18 Q. It really depends on the case and the injuries  
19 sustained by the person, correct?

20 A. Yes, sir.

21 Q. All right. And then you compare that to the  
22 manner of death. What is the manner of death?

23 A. So basically the manner of death is the  
24 circumstances surrounding the death of the decedent, and  
25 in corroboration with the autopsy findings, the

1 toxicology, and other ancillary testing.

2 Q. All right. Are there specific manners of  
3 death that relate to the state of Florida?

4 A. Yes. And there are five.

5 Q. All right. Could you describe what those five  
6 are for the jury?

7 A. All right. So basically we have manner of  
8 death of natural, when somebody died of natural causes  
9 like myocardial infarct.

10 And accidental deaths, the typical example I can  
11 give you is traffic-related deaths or drug toxicity  
12 deaths.

13 And we have homicidal in nature when somebody is  
14 killed by somebody.

15 Q. Doctor, I want to stop you for one second.  
16 You're just kind of rubbing up against.

17 A. I'm sorry.

18 Q. No. We appreciate you talking into the  
19 microphone. I think it was rubbing up -- there you go.

20 A. Okay.

21 Q. So you were talking about the manner of death.  
22 We talked about natural and you talked about accidental.  
23 I think you were on the third one.

24 A. Homicide, when somebody is killed by somebody.  
25 We don't mean murder. It's a legal term.

1 Q. All right. And what does that term mean?

2 A. For us is when somebody is killed by somebody,  
3 it's a homicide.

4 Q. All right. As compared to a suicide?

5 A. A suicide is when somebody killed themselves  
6 like hanging.

7 Q. All right. Is there a manner of death that  
8 would describe -- let's say for example, you come across  
9 skeletal remains, a straight skeleton, and you can tell  
10 what happened, is there something that they can describe  
11 that?

12 A. Yes, sir. And it's undetermined manner of  
13 death.

14 Q. All right. So if you can't figure it out, it  
15 becomes an undetermined?

16 A. Yes.

17 Q. And these manner of deaths, these five, they  
18 are reported as part of statistical findings for the  
19 state of Florida, correct?

20 A. Correct. Yes, sir.

21 Q. All right. I'd now kind of like to focus a  
22 little bit more on what you do on a day-to-day basis.  
23 All right?

24 You described for this jury that you, I guess,  
25 perform autopsies, correct?

1 A. Correct. Yes.

2 Q. And in your career as a medical examiner, how  
3 many autopsies do you think you have performed?

4 A. I would say 3,500, 4500, or even 5,000 more  
5 cases.

6 Q. Okay. You don't keep an exact count?

7 A. No.

8 Q. But it's something you do on a regular basis?

9 A. Yes, sir.

10 Q. And when you perform an autopsy, photographs  
11 are taken?

12 A. Yes.

13 Q. You prepare written findings?

14 A. Yes.

15 Q. And those are reported to the local agencies;  
16 is that correct?

17 A. Correct. And we do X-rays and toxicology  
18 also.

19 Q. Yes. Thank you, Doctor.

20 As part of this autopsy procedure, are each autopsy  
21 that you perform, are they given a unique case number,  
22 unique to the person and to the case for which you're  
23 dealing with?

24 A. Yes. Our Medical Examiner case number.

25 Q. Okay. And if pictures are taken, you guys

1 would use scales and stickers to identify this is a  
2 picture coming from this case number, correct?

3 A. Correct. Yes.

4 Q. In addition to your investigation, when you're  
5 going to perform an autopsy, does the District Six  
6 Medical Examiner's Office employ investigators that may  
7 go to the scene or meet with other witnesses and collect  
8 information to help you in determining what happened?

9 A. Yes, sir. We have investigators helping us  
10 out, answering the phone and going to the scenes.

11 Q. All right. When you come to prepare a report  
12 and ultimately determine the cause of death and the  
13 manner of death, it's really you have to collect and  
14 hear as much evidence as you can; is that correct?

15 A. Correct.

16 Q. It's not just the body?

17 A. Correct.

18 Q. All right. I'd like to take a moment to go  
19 through the procedure that you would go through in  
20 performing an autopsy.

21 Let's just say, you know, not specific to this  
22 case, but a body is presented to you, can you describe  
23 for the jury what steps you would go through to perform  
24 an autopsy?

25 A. Okay. So basically when our investigator get

1 a call and it's deemed it's a medical examiner case, we  
2 accept the case or we send a transport or it's from the  
3 hospital.

4 We bring the bodies to our office and we get the  
5 height, the weight, they have the case number. And then  
6 we do an external examination, getting the color of the  
7 hair, color of the eyes, or any kind of findings on the  
8 body, looking for scars, tattoos, any kind of  
9 abnormalities or any kind of injuries.

10 And that is followed by -- it depends on the case,  
11 followed by X-rays. If it's a homicide, look for  
12 whatever findings inside the body. And then we do an  
13 internal examination by dissecting each organ looking  
14 for any kind of pathology or following the wound tracks.

15 Q. Okay. So as part of this internal  
16 examination, that involves looking inside the body?

17 A. Yes, sir.

18 Q. That involved removing skin if it's there,  
19 correct?

20 A. Yes.

21 Q. Examining bone?

22 A. Yes.

23 Q. Okay.

24 A. Depending upon the case.

25 Q. Right. All right. And let's kind of move a



1 little bit, let's move into what you did in this case.

2 Were you advised through your investigators that  
3 there was a medical examiner's case in Pasco County?

4 A. Correct. Yes.

5 Q. All right. And this would have been on  
6 September the 4th of 2014?

7 A. Yes.

8 Q. All right. You mentioned in your description  
9 that if it's at the hospital or at a scene, sometimes  
10 they will transport that person to your office for the  
11 purpose of an examination?

12 A. Correct.

13 Q. In this case did you actually go out to the  
14 scene?

15 A. Yes, sir.

16 Q. And why is that?

17 A. I was requested by our investigator to go to  
18 the scene.

19 Q. Okay. So you actually went to the scene?

20 A. Yes.

21 Q. And when we're talking about the scene, just  
22 so that we're clear, we're talking about a wooded area  
23 in Pasco County?

24 A. Correct. Yes.

25 Q. All right. And in that area were you shown a

1 pile of bodies?

2 A. Yes.

3 Q. All right. Did you guys take particular note  
4 as to the location of the bodies in the pile?

5 A. Yes.

6 Q. When you arrived on the scene, could you smell  
7 anything abnormal?

8 A. Yes.

9 Q. All right. Can you describe that smell?

10 A. Decomposing human bodies.

11 Q. All right. And I imagine in your profession  
12 that's a smell that you smell on a regular basis?

13 A. Yes.

14 Q. Okay. So you're familiar with that smell?

15 A. Yes.

16 Q. All right. Is there any mistaking that with  
17 maybe some other type of smell?

18 A. No. Negative.

19 Q. All right. When you arrived on scene on  
20 September the 4th, how quickly did you come to recognize  
21 that smell?

22 A. Oh, you know when you smell it, you know it's  
23 a dead human body.

24 Q. All right. Can you describe for this jury the  
25 strength of that smell?

1 A. Oh, boy.

2 Q. Well, I'll give you a scale. Was it mild?

3 Was it faint? Was it moderate? Was it strong?

4 A. Are we talking about at the scene?

5 Q. At the scene.

6 A. Oh, it's bad.

7 Q. Okay.

8 A. There were four bodies at the scene.

9 Q. All right. And as part of your examination,  
10 is it important to know, I guess, the order in which the  
11 bodies were found?

12 A. Yes.

13 Q. And did you guys take particular note as to  
14 where they're at?

15 A. Yes.

16 Q. I think another witness previously described  
17 that the bodies of the deceased are, I guess, the  
18 medical examiner's concern; but all the other evidence,  
19 clothing, items, that's for the investigating agency; is  
20 that correct?

21 A. That's correct.

22 Q. All right. And as part of your investigation,  
23 did you guys, I guess, remove each body one by one?

24 A. Correct. Yes.

25 Q. And did you photograph them?

1 A. Yes.

2 Q. Did you take particular note if there was  
3 anything on the body that might aid you in your  
4 analysis?

5 A. Correct. Yes.

6 Q. All right. And then the bodies are removed  
7 with their clothing and then transported back to the  
8 Medical Examiner's Office?

9 A. Yes, sir.

10 Q. Let's talk about the condition of the bodies  
11 that are on scene. All right?

12 We've discussed the smell, and just so we're clear,  
13 the bodies we saw or you saw were deceased human bodies?

14 A. Correct. Yes.

15 Q. All right. And they were in a state of  
16 decomposition?

17 A. Yes.

18 Q. And because they were out in the open in the  
19 woods, was there something of particular note as to the  
20 way they looked?

21 A. Yes. There was an extensive maggot  
22 infestation of the four bodies.

23 Q. All right. Can that affect the way a medical  
24 examiner performs an autopsy?

25 A. Yes. In fact, it makes the injuries difficult

1 to tell whether they are real injuries or they are  
2 artifacts.

3 Q. All right. And you say an artifact, meaning  
4 something left behind by either an animal or the  
5 maggots, correct?

6 A. Correct. Yes.

7 Q. All right. Can the fact that a body is left  
8 just out into the elements, we're talking about  
9 September, Florida, Pasco County, weather can be hot, it  
10 can be rainy, can those things affect the state of  
11 decomposition as it relates to the body?

12 A. Yes.

13 Q. All right. And how can it affect it?

14 A. It makes faster to decompose in that time.

15 Q. Does the fact that the manner in which the  
16 bodies were stacked, can that affect the way --

17 A. Yes.

18 Q. Okay. How could that affect?

19 A. Well, it depends upon the location of the body  
20 in the stack of bodies.

21 Q. Okay.

22 A. The ones outside, they are more likely to be  
23 decomposed because they will be attracted to -- I mean  
24 the maggots will be there that were inside of the  
25 bodies.

1 Q. Okay. So what I hear you saying, the fact  
2 that if one is on top of the other, the side that's  
3 exposed could have a greater sense of decomposition or  
4 maggots as opposed to an area of a body or another  
5 person that's not?

6 A. Yes. That's inside.

7 Q. All right. And based on your level of  
8 experience, how would you describe the stage in which  
9 the decomposition was for these bodies on scene?

10 A. They are from moderate to advance stage of  
11 decomposition.

12 Q. All right. So depending on where the body is,  
13 it could change in the decomposition, correct?

14 A. Yes.

15 Q. And we'll get to some photographs in a second,  
16 but did you remove the bodies and give them a particular  
17 number which is now associated with the Medical  
18 Examiner's number and later identified to a person?

19 A. Yes, sir. We did.

20 Q. All right. So let's talk about the way you  
21 found them. Who did you find on top?

22 A. That was Case Number 5141244, and that's  
23 Leonard Nicholas.

24 Q. Okay. And then how were they placed after  
25 that? Do you recall?

1           A.    The next case number?

2           Q.    Yes.

3           A.    That will be Case Number 5141245, and that's  
4 Megan Brown.

5           Q.    Okay.

6           A.    Followed by 5141246, Brown, Margaret.

7           Q.    All right.

8           A.    And the last case was 5141247, that's Brown,  
9 Gregory.

10          Q.    All right.  Just so for the sake that we're  
11 going to be speaking the same language, if we're going  
12 to refer to the Medical Examiner's number, the last two  
13 numbers are the only numbers that really change, so we  
14 can go 45, 46.  You follow me?

15          A.    Okay.

16          Q.    All right.  Let's talk about injuries on scene  
17 noticed specifically to Margaret Brown.  Okay?  I'd like  
18 to talk about her on scene first.  Okay?

19          A.    Okay.

20          Q.    Were there particular things of note as it  
21 relates to Margaret Brown's body that you guys noticed?

22          A.    Are you talking about the plastic bags?

23          Q.    Yes, sir.

24          A.    There were two plastic bags around the head  
25 all the way to the neck.  There were two ligature

1 marks -- I'm sorry. There were two ligatures around the  
2 neck tied very tightly, and there was a duct tape around  
3 the neck all the way to the chin covering the mouth.

4 Q. Okay. Can you describe for the jury what you  
5 mean by ligature marks?

6 A. Ligatures marks are marks on the skin left by  
7 the ligatures.

8 Q. All right. So if someone had their hands  
9 tied, or tied around their arms, their neck or their  
10 body, if it's tight enough, it would leave a ligature  
11 mark?

12 A. That's correct, yes.

13 Q. All right. Doctor, I'm going to show you  
14 what's been introduced already as State's Exhibit 272  
15 and State's Exhibit 45. Okay?

16 A. Okay.

17 Q. Do you recognize those photographs?

18 A. Yes.

19 Q. Do these photographs show the bodies as you  
20 remember them?

21 A. Yes, sir.

22 Q. All right. And you had pulled the bodies  
23 apart to bring them back to the Medical Examiner's  
24 Office?

25 A. That's correct, yes.



1 Q. All right. And so we're talking about State's  
2 Exhibit next what's been introduced as 284. Do you  
3 recognize that photograph?

4 A. Yes, sir.

5 Q. All right. And do you see the items in this  
6 photograph which relate to the ligature marks and the  
7 plastic bags?

8 A. The plastic bags, yes; and the ligature around  
9 the wrists.

10 Q. All right. And that's caused by a brown cord  
11 and it looks like there's some zip ties?

12 A. Correct. Yes.

13 Q. All right. Thank you, Doctor.

14 A. Thank you.

15 Q. I'm going to put these over here because we'll  
16 come back to them in a minute.

17 MR. LABRUZZO: One moment, Your Honor.

18 THE COURT: All right.

19 Q. (By Mr. Labruzzo) All right. Dr. Palma,  
20 ultimately the four bodies that were found in Pasco  
21 County were brought to Largo for the purposes of doing  
22 an examination, correct?

23 A. Correct.

24 Q. I would now like to get into the specific  
25 casework you did with each one of these cases.

1 A. Okay.

2 Q. We'll go one by one. Okay?

3 A. Okay.

4 Q. And we'll go numerically based on the cases  
5 they did. So first I would like to start with 44, the  
6 person of Nicholas Leonard. Okay?

7 A. Okay.

8 MR. LABRUZZO: For the record, Your Honor,  
9 I've previously shown Defense Counsel what's been  
10 marked for identification as State's 403 through  
11 415.

12 Q. (By Mr. Labruzzo) Dr. Palma, take a minute,  
13 flip through all these photographs, and let me know when  
14 you're done.

15 All right. Dr. Palma, having looked at those  
16 photographs, do you recognize the photographs and  
17 diagrams in this?

18 A. Yes, sir.

19 Q. Are these photographs taken at the Medical  
20 Examiner's Office of Nicholas Leonard?

21 A. Yes.

22 MR. LABRUZZO: All right. Your Honor, at this  
23 time the State would seek to admit what's been  
24 marked for identification as State's 403 through  
25 415.

1 THE COURT: Defense?

2 MR. VISCARA: Same objections, Judge, 404 and  
3 412.

4 THE COURT: All right. I have overruled the  
5 objection on Number 404 and 412.

6 The rest you're okay with, with no objection,  
7 correct?

8 MR. VISCARA: Correct.

9 THE COURT: All right. So 403 to 415 will be  
10 admitted over the objection on 404 and 412.

11 MR. LABRUZZO: All right. Your Honor, I'd ask  
12 Dr. Palma be allowed to step down?

13 THE COURT: He may.

14 MR. LABRUZZO: I'm just going to ask that you  
15 watch a couple of the cords. Bring whatever you  
16 need as it relates to Mr. Leonard. I'm going to  
17 remind you that we're going to be away from the  
18 microphone, so you need to speak in a loud and  
19 clear voice so that we can --

20 THE COURT: We might also work on a little  
21 slower.

22 MR. LABRUZZO: Slower too.

23 THE WITNESS: Sorry.

24 THE COURT: That's okay. We're used to it,  
25 but you get you two together and it gets really

1 fast.

2 Can I have Dr. Palma stand on the other side  
3 so he's next to the microphone.

4 MR. LABRUZZO: Sure.

5 Q. (By Mr. Labruzzo) Dr. Palma, come over here,  
6 this way you're not going to step over the cords.

7 THE COURT: The mike is on the other side and  
8 it helps everybody hear you better.

9 MR. LABRUZZO: Okay.

10 THE COURT: There you go.

11 MR. LABRUZZO: So if you need to step out in  
12 front of to see the photographers, it will be  
13 helpful for you, I imagine. No, it doesn't move.

14 MR. VISCARA: Can I stand over here?

15 THE COURT: Sure.

16 Q. (By Mr. Labruzzo) All right. Dr. Palma, we're  
17 going to show you what's been introduced as 403, and I'm  
18 going to zoom in just a little bit.

19 Okay. You can hardly see, right?

20 A. Right.

21 Q. Okay. So why don't you step out in front so  
22 we can just kind of see.

23 MR. LABRUZZO: The angle is kind of tough from  
24 that angle, Your Honor.

25 THE COURT: Okay. That's fine. As long as he

1 keeps his voice up, I'm fine.

2 MR. LABRUZZO: And slow.

3 THE COURT: Slower.

4 Q. (By Mr. Labruzzo) Doctor, we're talking here  
5 about a diagram that was prepared in your office; is  
6 that correct?

7 A. That's correct.

8 Q. All right. What's the purpose of preparing a  
9 diagram?

10 A. To make it easier for the public to read the  
11 report.

12 Q. Okay. Ultimately when you were looking at the  
13 body of Mr. Leonard, was it obvious from an external  
14 examination that he had certain injuries?

15 A. Yes.

16 Q. Can you describe those injuries to the jury?

17 A. Basically it's extensive injuries to the head.  
18 There were at least 21 separate blows to the head and  
19 face region. Can I?

20 Q. Sure.

21 A. Okay. As you can see from the front of the  
22 face, you have a gaping laceration or open fracture to  
23 the right forehead just above the right eyebrow.

24 There were five separate blows to the top of the  
25 head causing extensive skull fractures. There were four

1 blows, separate blows to the right side of the head, and  
2 there were nine separate blows to the left side of the  
3 head.

4 Q. All right.

5 A. You can see here. There is also a gaping  
6 incised wound to the left side of the jaw region.

7 Q. All right. And we're going to start at the  
8 top and work our way down the body. Okay?

9 Now, the evidence of these injuries was readily  
10 apparent upon looking at them, correct?

11 A. Correct.

12 Q. All right. You talked about fractures.  
13 Ultimately, as part of your examination, you look at the  
14 visual injuries, remove skin so you can confirm the  
15 fractures, correct?

16 A. Correct.

17 Q. And when you did that, when you peeled into  
18 and looked at the skull, was there corresponding  
19 fractures as related to these injuries?

20 A. Yes.

21 Q. All right.

22 MR. LABRUZZO: For the record, Your Honor,  
23 we're going to be talking about State's  
24 Exhibit 404. Can you zoom it out a little bit.

25 Q. (By Mr. Labruzzo) All right. Dr. Palma, we

1 talked about the scales at the bottom, and you can see  
2 44, and that is reference to Mr. Leonard.

3 A. Right.

4 Q. Can you kind of describe some of the injuries  
5 that you saw on him? Can you describe those injuries  
6 now on the actual person?

7 A. Okay. So as you can see this is my Case  
8 Number 1244, and that corresponds to our patient. And  
9 as you can see that the front of the face showing an  
10 extensive fracture, an open fracture to the right  
11 forehead just above the right eyebrow right here.

12 And the top of the head, you can see there's at  
13 least five blows to the top of the head. And, in fact,  
14 you can see that the front portion of the head is  
15 somewhat caved in compared to the front -- sorry, the  
16 back top of the head, you can see here.

17 So this is the top of the back of the head and this  
18 is the front top of the head. You can see the two  
19 levels.

20 Q. Okay. Is there anything you can tell us  
21 about, I guess, the location as far as the fractures  
22 underneath? You kind of mentioned that it kind of caved  
23 in a little bit.

24 A. Yes.

25 Q. It sounds like a silly question, but what's

1 underneath that part of the head?

2 A. The brain.

3 Q. Okay. The brain is obviously an important  
4 part of the body?

5 A. Yes.

6 Q. And injuries to the head would cause some  
7 significant impact to him, correct?

8 A. Correct. Yes.

9 Q. You mentioned that you also take X-rays. And  
10 I believe an X-ray is next.

11 A. Yes.

12 Q. And this is State's Exhibit --

13 MR. SARABIA: 405.

14 MR. LABRUZZO: 405. If you can turn it.

15 There we go. Thank you.

16 THE WITNESS: So basically this is our Case  
17 Number 1244. And this is the top of the head, the  
18 back top of the head; and here is the front top of  
19 the head. So you can see there's two levels of the  
20 top of the head portions.

21 Q. (By Mr. Labruzzo) And so you mentioned on the  
22 other picture, in 404, that the head is kind of caved  
23 in?

24 A. It's right here.

25 Q. Right. Okay. Thank you.



1 MR. LABRUZZO: Next photograph.

2 MR. SARABIA: 406.

3 Q. (By Mr. Labruzzo) Now we're going to look at  
4 State's 406.

5 Doctor, can you orientate the jury as to what we're  
6 looking here in 406?

7 A. Okay. So basically what they did was open the  
8 scalp. So basically the scalp was cut here on the top  
9 and then peeled forward and peeled backwards. So now  
10 this exposes the top of the head.

11 This is the front and that's the back. And  
12 basically we try to put back the skull together. This  
13 is the front right, the big fracture to the right  
14 eyebrow region right here, and the fractures go all the  
15 way towards the middle and towards the left side.

16 Q. All right.

17 A. This is the front part, it's the frontal bone.

18 Q. And that's a pretty significant fracture to  
19 the front of the head, would you agree?

20 A. Correct. Yes.

21 Q. All right. So in looking at this picture, you  
22 kind of already said you tried to put it back together.

23 When you peel back the aspect of the skin and look  
24 at the skull, is the skull intact as you see it here?

25 A. They were fragments like an eggshell fracture.

1 Q. Okay. So you can kind of see, and I'm going  
2 to point to it, but in the photograph the, I guess, for  
3 lack of a better --

4 A. This is basically the glue.

5 Q. Right. That's what I was going to get at,  
6 Doctor. Did you glue back the skull to try to put it  
7 together?

8 A. Yes.

9 Q. In doing so, were you able to find evidence of  
10 other injuries?

11 A. Only blunt trauma. No evidence of a gunshot  
12 wound.

13 Q. All right. So as it relates to the injuries  
14 to Mr. Leonard, we're talking about blunt trauma. Let's  
15 just take a second and step back and talk about what is  
16 blunt trauma. And I'm just going to ask to be careful,  
17 I don't want you to trip.

18 Can you describe for this jury what is blunt trauma  
19 and how that relates to maybe other types of trauma?

20 A. Okay. So basically blunt force trauma is an  
21 injury caused by a blunt object, it could be a pipe, it  
22 could be a hammer; as opposed to an incised or sharp  
23 force injuries that can be due to a knife as compared to  
24 a gunshot wound which shows a different type of injury.

25 Q. All right. And obviously you have the skill

1 to try and identify the difference between these?

2 A. Yes, sir.

3 Q. All right.

4 MR. LABRUZZO: If you can show us the next  
5 photograph, please.

6 MR. SARABIA: 407.

7 Q. (By Mr. Labruzzo) All right. Dr. Palma, we're  
8 looking at State's Exhibit 407. Can you just orientate  
9 the jury as to what we're looking at?

10 A. All right. So this is the top of the head,  
11 this is the front, and that's the back. And you can see  
12 these fractures. This part here is missing that I can't  
13 find. There's another hole or a fracture site right  
14 there on the top right of the head. And there's  
15 multiple fractures especially towards the left,  
16 fractures also towards the right.

17 Q. Again the same thing, these are pieces that  
18 you were able to glue back together, correct?

19 A. Yes. Correct.

20 Q. And I want to talk about this injury right  
21 here, Dr. Palma. Can you describe that for us?

22 A. It is a circular injury. You want  
23 measurements?

24 Q. Sure.

25 A. It's a three by one centimeter defect.

1 Q. All right. And would you agree with me that  
2 that defect is circular in nature?

3 A. Yes.

4 MR. LABRUZZO: Can you show us the next  
5 photograph, please.

6 MR. SARABIA: 408.

7 Q. (By Mr. Labruzzo) All right. So, Dr. Palma,  
8 this is State's Exhibit 408. If you can just take a  
9 second and describe what it is and orientate it for the  
10 jury?

11 A. Okay. So this is the top of the head and this  
12 is the right side. You can see the eye socket right  
13 here, and it's the right side. You can see there's  
14 multiple fractures towards the right side of the head,  
15 and there's still parts missing right here.

16 Q. All right. And that is evidence of?

17 A. Of blunt trauma.

18 Q. All right. So now we have blunt trauma to the  
19 front and both sides and the top of the head, correct?

20 A. Correct.

21 Q. All right.

22 MR. LABRUZZO: Can you show us the next  
23 photograph.

24 MR. SARABIA: 409.

25 Q. (By Mr. Labruzzo) All right.

1           A.    409.  Okay.  So basically this is the left  
2 side, this is the front, and that's the back.  You can  
3 see this gaping fracture to the left side of the head.  
4 I cannot put back the small pieces of bone together.

5           Q.    Right.  You tried?

6           A.    I tried, yes.

7           Q.    All right.  But there were pieces too small or  
8 pieces were missing and you weren't able to kind of glue  
9 back together those pieces?

10          A.    Correct.

11          Q.    All right.  So what does this injury tell you  
12 about the head of Mr. Leonard?

13          A.    Oh, extensive head trauma.

14          Q.    Extensive head trauma?

15          A.    Yes.

16          Q.    All right.  And causing skull fractures?

17          A.    Yes.

18                MR. LABRUZZO:  Can you show us the next  
19 photograph.

20                MR. SARABIA:  410.

21          Q.    (By Mr. Labruzzo)  All right.  Dr. Palma, you  
22 talked about some of the pieces that you couldn't put  
23 back together.

24                I'd like you to describe State's Exhibit 410 to the  
25 jury as to what was found?

1           A.    These are the fragments of bone or skull that  
2 I just kind of put back together.  They're different  
3 shapes, different sizes.

4           Q.    All right.  And, again, when you have a scene  
5 where you found bodies that are of a decomposing nature,  
6 parts could be missing, correct?

7           A.    Yes.

8           Q.    All right.  That's kind of, I guess, you have  
9 to take what you can get?

10          A.    Correct.  Yes.

11          Q.    All right.

12                MR. LABRUZZO:  If you could show us the next  
13 photograph.

14                MR. LAWHORNE:  411.

15          Q.    (By Mr. Labruzzo)  All right.  I now would like  
16 to talk about State's Exhibit 411.  This is a  
17 photograph.  There have been certain portions that have  
18 been blocked out, but there is words that orientate.

19                Are you orientated to the picture, Doctor?

20          A.    Correct.  Yes.

21          Q.    All right.  Can you describe to the jury as to  
22 what's here in State's Exhibit 411, and kind of  
23 orientate them to the person or the body?

24          A.    All right.  So this is the back, this is the  
25 left side, and this is the front.  This is the jaw area,

1 the left side, with a gaping incised wound to the left  
2 jaw region.

3 Q. All right. And what can you tell us about  
4 this injury?

5 A. This is an injury caused by a sharp object, it  
6 could be a knife, it could be something else.

7 Q. All right. And just we've kind of seen some  
8 of the pictures and the jury has seen pictures as to the  
9 maggots that are left behind. I assume you guys tried  
10 to remove --

11 A. Correct.

12 Q. It's just sometimes you can't get them all; is  
13 that correct.

14 A. That's correct.

15 Q. All right. And this is on the left jaw?

16 A. Correct. Yes.

17 Q. And this is an injury and not an artifact?

18 A. This is an injury. You can see a nice --  
19 sorry. Not nice, but it's a sharp edge injury.

20 Q. Okay.

21 MR. LABRUZZO: Could you show us the next  
22 photograph.

23 MR. LAWHORNE: 412.

24 Q. (By Mr. Labruzzo) All right. This is State's  
25 Exhibit 412. Dr. Palma, why don't you take a minute and

1 orientate yourself as to photograph. Are you oriented?

2 A. Yes. So basically this is the left side of  
3 the head. You can see this left here is the top of the  
4 head. And remember I said about the caving in? You can  
5 see the back top of the head is higher than the front  
6 top of the head right here.

7 Basically we have at least nine separate blows to  
8 the left side of the head.

9 Q. All right. You mentioned earlier the  
10 artifacts remaining from animals and that as compared to  
11 evidence of injury. The injuries left here on the head  
12 of Mr. Leonard, they are circular in nature?

13 A. Correct. Yes.

14 Q. Are these artifacts or is this evidence of  
15 injury?

16 A. Oh, no. These are evidence of injuries.  
17 These are injuries, but the shape may be changed by an  
18 artifact or in fact by the maggots or a drying artifact  
19 or just part of decomposition.

20 Q. Okay. And if we can go back to the exhibit  
21 that showed the left side. This is the exhibit where we  
22 weren't able to put back together. State's Exhibit --

23 MR. LAWHORNE: 409.

24 Q. (By Mr. Labruzzo) 409. This is what is  
25 underneath what you just described, correct?



1 A. That's correct, yes.

2 Q. All right. And just so we're clear, on  
3 State's Exhibit 409, the front forehead area, it's an  
4 area that you were able to put back together, correct?

5 A. That's correct, yes.

6 Q. All right. But you were unable to put back  
7 the left side?

8 A. The left side. The left side of the head.

9 Q. Okay. Thank you.

10 MR. LABRUZZO: Are there any other  
11 photographs?

12 MR. LAWHORNE: 413.

13 Q. (By Mr. Labruzzo) All right. Can you describe  
14 what's shown here in State's Exhibit 413?

15 A. 413. This is the head. This is the neck.  
16 This is the right upper chest right here showing the  
17 circular wound caused by no idea. Anyway. There's a  
18 circular wound on the right upper chest, base of the  
19 neck region.

20 Q. Okay. And that was an injury you observed on  
21 his body off of his head, correct?

22 A. That's correct.

23 Q. All right. As it relates to the other  
24 injuries on the person of Mr. Leonard not related to his  
25 head, there was this injury here and there was some

1 other injuries to his arm, correct?

2 A. Correct. Yes.

3 MR. LABRUZZO: Could you show us the next  
4 item.

5 MR. LAWHORNE: 414.

6 Q. (By Mr. Labruzzo) Oh, go back to that.

7 A. Okay.

8 Q. We can bring it up 414. Forgive me.

9 A. All right. So basically this is the top of  
10 the head. There is an incised wound to the top of the  
11 head. This was not associated with fractures.

12 Q. Can you repeat that.

13 A. Not associated with fractures.

14 Q. Not associated with fractures.

15 But you can describe this as an incised wound as  
16 opposed to --

17 A. A laceration.

18 Q. All right.

19 A. An incised wound is due to a sharp edge  
20 instrument as compared to a laceration due to a blunt  
21 edge blunt object.

22 Q. Okay. All right. And, again, this is just  
23 evidence on the skin of injury, correct?

24 A. Correct. Yes.

25 Q. All right. Thank you.

1 MR. LABRUZZO: If we could go to --

2 MR. LAWHORNE: 415.

3 Q. (By Mr. Labruzzo) All right. Dr. Palma, can  
4 you describe what we have here? Are you orientated as  
5 to photograph State's Exhibit 415?

6 A. Yes. Basically this is the left arm. This is  
7 the elbow around here. You can see these are vertically  
8 oriented incised wounds to the left lateral arm right  
9 here and right here.

10 Q. All right. And that was caused by?

11 A. A sharp edge instrument.

12 Q. As opposed to a blunt?

13 A. Correct.

14 Q. All right.

15 MR. LABRUZZO: Any other photographs?

16 Q. (By Mr. Labruzzo) All right. Dr. Palma,  
17 before we move on to the next examination, the injuries  
18 sustained to Mr. Leonard, we have injuries to the head,  
19 injuries to the chest and injuries to the arm.

20 The injuries to the chest and to the arm, are those  
21 injuries that were likely to cause death?

22 A. Not in this case.

23 Q. Okay. As comparing that to the injuries  
24 related to the head, right?

25 A. Correct. Yes.

1 Q. You described a total of approximately 21?

2 A. At least 21. Because one of those injuries  
3 can be due to multiple impacts.

4 Q. Okay. At least 21 different injuries to the  
5 head?

6 A. Yes.

7 Q. Can you look at any one in particular injury  
8 that you could say that injury itself would have  
9 incapacitated Mr. Leonard?

10 A. No.

11 Q. All right. Can you look at any one in  
12 particular injury and say that would have led to the  
13 death of Mr. Leonard?

14 A. No.

15 Q. All right. Ultimately you come to a cause and  
16 manner of death, correct?

17 A. Correct.

18 Q. Is that really based on the totality of the  
19 injuries to the head?

20 A. Correct. Yes.

21 Q. All right. Let's just talk about how someone  
22 would respond based on these injuries to the head.  
23 Okay?

24 We're talking about 21 different blows to the head?

25 A. Correct.

1 Q. At some point do the blows begin to  
2 incapacitate an individual who sustained these injuries?

3 A. Yes.

4 Q. All right. Can you tell the jury how many  
5 that would take to get to that point?

6 A. It depends upon which blows. The answer is,  
7 no.

8 Q. Okay. It would depend on a number of factors?

9 A. Correct.

10 Q. Can you describe for this injury what those  
11 factors might be?

12 A. Well, it depends upon where is the location of  
13 the impact. It depends upon what kind of instrument  
14 used. Is it a heavy instrument or light instrument? It  
15 depends upon what part of the brain was injured first.

16 Q. All right.

17 A. Too many factors.

18 Q. And, I guess, we're talking about it, because  
19 we're looking at photographs of skin and bone. And I  
20 kind of mentioned it earlier, underneath the skin and  
21 bone is the brain, correct?

22 A. Correct.

23 Q. And the brain, I guess --

24 A. There's not much left. Let's see. You want  
25 the want weight?

1 Q. Sure.

2 A. Usually the weight of the brain is about  
3 1,500, 1,400 grams. What we have is about 360 grams of  
4 brain, a partially liquified brain. So there's not much  
5 left.

6 Q. And that becomes through the course of  
7 decomposition, correct?

8 A. Correct.

9 Q. With that being said, the brain is an  
10 important organ in the body, correct?

11 A. Correct.

12 Q. It helps control other bodily functions?

13 A. Yes.

14 Q. The injuries that you observed, would those  
15 also have an impact on the brain?

16 A. Yes.

17 Q. And what would those injuries do to the brain  
18 of Mr. Leonard?

19 A. Those injuries can cause contusions or  
20 lacerations to the brain.

21 Q. All right. I guess if you would have had the  
22 brain, if this would have been a death that occurred and  
23 decomposition had not occurred, you would have been able  
24 to examine that, correct?

25 A. Correct.

1 Q. And you would be able to tell us maybe what  
2 specific injuries to the brain?

3 A. Correct.

4 Q. You can't do that in this case?

5 A. No.

6 Q. All right. Is it fair to say that based on  
7 the injuries to the scalp and the skull fractures, there  
8 would have been injuries to the brain?

9 A. Yes.

10 Q. And those injuries would have led to problems  
11 for Mr. Leonard?

12 A. Correct.

13 Q. All right. As part of your examination, do  
14 you also take a height of the body?

15 A. Yes.

16 Q. And a weight of the body?

17 A. Yes.

18 Q. Can you tell this jury on the date that you  
19 examined it, maybe not how he was when he was upright,  
20 but what was his height and weight?

21 A. 69 inches, that would be about 5'9".

22 Q. Okay.

23 A. And 157 pounds.

24 Q. All right. Doctor, before we move on to the  
25 next one, based on your examination, the photographs and

1 the X-rays, were you able to determine a cause of death  
2 as it relates to Mr. Leonard?

3 A. Yes, sir.

4 Q. And what can you tell this jury about the  
5 cause of death?

6 A. Blunt force trauma.

7 Q. All right. Was there any one particular  
8 injury that we talked about that you're saying was the  
9 cause of death?

10 A. No.

11 Q. All right. So how do you get from -- is it  
12 just the totally --

13 A. The totality of the case.

14 Q. Okay. Based on the cause of death, were you  
15 able to determine what the manner of death was in this  
16 case?

17 A. Yes.

18 Q. And what was the manner of death?

19 A. It's a homicide.

20 Q. All right. Just stay right there, Doctor.  
21 I'm going to move on to the next.

22 That was Case Number 44, Mr. Leonard. Let's now  
23 talk about Case Number 45, Miss Megan Brown.

24 A. Okay.

25 Q. All right. I'm going to show you what's been



1 premarked as State's Exhibits 416 through 418.

2 A. Okay.

3 Q. Okay. I'll hold this if you'd like. Look  
4 through the photographs. Let me know when you've  
5 recognized them.

6 Do you recognize these photographs, Doctor?

7 A. Yes.

8 Q. All right. do they accurately depict the  
9 diagram and the photographs that were taken at the  
10 Medical Examiner's Office?

11 A. Yes, sir.

12 MR. LABRUZZO: All right. Your Honor, at this  
13 time the State would seek to admit what's been  
14 marked as State's Exhibits 416 through 421?

15 THE COURT: Any objection?

16 MR. VISCARA: No.

17 THE COURT: All right. 416 through 421 will  
18 be admitted.

19 Q. (By Mr. Labruzzo) All right. Dr. Palma, when  
20 we started --

21 MR. LABRUZZO: This is State's Exhibit?

22 MR. LAWHORNE: 416.

23 Q. (By Mr. Labruzzo) 416. When you first  
24 performed your examination on Miss Brown, were you able  
25 to make at least external examination of her, were you

1 able to see evidence of injury?

2 A. Yes.

3 Q. All right. In fact, was there only one injury  
4 of note as it relates to Miss Brown?

5 A. Correct.

6 Q. All right. Where did you find the injury as  
7 it relates to Miss Brown?

8 A. There was an entrance gunshot to the left eye.

9 Q. All right. You identified it as an entrance  
10 wound. How can you tell it was an entrance wound?

11 A. Oh, basically you can see the beveling of the  
12 bone as compared to an exit wound.

13 Q. All right. Let's just take a step back for a  
14 second. If it was a body of a person who had received a  
15 gunshot wound but not decomposed, the wound left eye, a  
16 bullet is fairly distinct, correct?

17 A. Correct. Yes.

18 Q. All right. So you're familiar with the way  
19 that looks?

20 A. Yes.

21 Q. And did you see evidence of that as it relates  
22 to Miss Brown?

23 A. A decomposing body, no.

24 Q. Okay. So you can't really tell how close or  
25 how far the person was that shot Miss Brown?

1           A.    No.

2           Q.    All right.  If there would have been evidence  
3 of an exit wound, would you have seen it?

4           A.    Yes.

5           Q.    All right.  And as you examined the body, did  
6 you see any evidence of a exit wound from an external  
7 examination?

8           A.    No.  Negative.

9           Q.    All right.  Ultimately, when you see a gunshot  
10 on a person and you see no exit wound, do you  
11 investigate further?

12          A.    Of course, yes.

13          Q.    Okay.  And what do you do?

14          A.    We do an X-ray and then followed by  
15 examination of the entrance wound and follow the wound  
16 track.

17          Q.    An X-ray would tell you whether or not there  
18 is either a bullet fragment or some foreign substance, a  
19 foreign metal object inside the body?

20          A.    Correct.  And the general location of the  
21 wound.

22                MR. LABRUZZO:  Okay.  Could you show us --

23                MR. LAWHORNE:  418.

24          Q.    (By Mr. Labruzzo)  All right.  I'm going to  
25 show you what's been introduced as State's Exhibit 418.

1 Are you oriented as to the photograph, Doctor?

2 A. Yes. And as you can see with my Case  
3 Number 1245. X-ray of the head. This is the left side  
4 and that is the right side, showing the projectile on  
5 the left side of the head.

6 Q. Okay.

7 MR. LABRUZZO: And could you show us the next  
8 X-ray.

9 MR. LAWHORNE: 417.

10 Q. (By Mr. Labruzzo) 417.

11 A. 417. Okay. So basically you have the front  
12 part of the face, and the back part, and it's showing  
13 the bullet or a metallic projectile to the back of the  
14 head right here.

15 Q. Dr. Palma, is it fair to characterize this as  
16 maybe a bird's-eye view or looking on top of the skull  
17 of Miss Brown?

18 A. Yes.

19 Q. Okay. And the projectile was towards the back  
20 of the skull?

21 A. Back of the head, yes.

22 Q. Back of the head.

23 As part of your examination, you kind of already  
24 described it, you guys go in and look to see if you can  
25 retrieve it. Is that something that you do?

1 A. Yes.

2 Q. All right.

3 MR. LABRUZZO: If you can show us --

4 MR. LAWHORNE: 419.

5 MR. LABRUZZO: All right. Can you zoom out a  
6 little bit.

7 Q. (By Mr. Labruzzo) All right. Doctor, this is  
8 State's Exhibit 419. Before you begin, I just want to  
9 note that there are two areas that have been blacked out  
10 or browned out, I guess, which indicates the nose and  
11 mouth.

12 Can you orientate this jury as to this photograph,  
13 please?

14 A. Yes. So basically we have the left eye right  
15 here, this is the right eye right over here, the nose  
16 here, and the mouth here.

17 So as you can see there is a perforation or injury  
18 to the left eye.

19 Q. All right. Is that consistent with the  
20 location of the bullet that you found in the X-rays?

21 A. The entrance, yes.

22 Q. The entrance.

23 Okay. And, again, because of the state of  
24 decomposition of the body, that can affect your ability  
25 to tell us a little more about the injury; is that

1 correct?

2 A. That is correct. I don't know whether it's  
3 stippling or gun powder or soot present on the  
4 surrounding soft tissue.

5 Q. Those things you mentioned -- stippling, gun  
6 powder or soot -- could you just give the overall  
7 description of what that might be?

8 A. So that indicates the range of the fire,  
9 whether it's contact or not contact or whether it's  
10 close range or not.

11 Q. All right. You're saying contact, you're  
12 actually talking about the gun being in contact with the  
13 skin?

14 A. That is correct.

15 Q. Close range would be if it was within a  
16 specific range, you would see evidence of those things  
17 you just talked about?

18 A. Correct. The stippling.

19 Q. All right. Decomposition kind of affects your  
20 ability to see that, correct?

21 A. Correct. And, you know, there's no skin, so  
22 in that general area.

23 Q. All right.

24 MR. LABRUZZO: Can you show us the next --

25 MR. LAWHORNE: 420.

1           MR. LABRUZZO: 420. Okay. I'm going to ask  
2 you to turn it.

3           Q. (By Mr. Labruzzo) Is that way better, Doctor?

4           A. Yes. It's better this way.

5           Q. That's better?

6           A. Yes.

7           Q. Okay. All right. Does that help orientate  
8 you as to this photograph, Doctor?

9           A. Yes. So basically we have the right side.

10 This is the right ear, left ear. And this is the front,  
11 this is the back. This is the eye, left eye. And this  
12 is the left back right here.

13           So basically this is the wound track from the left  
14 eye through the middle anterior, left anterior, left  
15 middle, cranial fossa, and into the left occipital bone  
16 right here.

17           Q. Okay. The rod is something you guys added to  
18 show the wound track, correct?

19           A. Correct. To make it easier.

20           Q. All right. Can you tell us about the path of  
21 travel of the bullet in this case?

22           A. Yes. So basically it's front to back, and  
23 basically from the left side of the body to the right  
24 side of the body.

25           Q. Okay. We talked briefly about there not being

1 an exit wound on the exterior of the body of Miss Brown.  
2 When you look at this photograph, you can see that the  
3 rod goes all the way through?

4 A. Yes.

5 Q. But that's not what you observed on the body  
6 itself?

7 A. Right.

8 Q. Can you just give the jury an explanation  
9 about what you found as it relates the rear skull  
10 portion of Miss Brown?

11 A. So basically when the gun was fired, the  
12 bullet went through the left eye and into the base of  
13 the calvarium causing these fractures right here, and  
14 into the medial aspect of the left occipital lobe.

15 The problem is the bullet didn't have enough force  
16 to perforate the scalp around here. So the bullet  
17 somehow got stuck between the scalp and the bone, but  
18 due to decomposition the bullet end up into the left  
19 cranial fossa, left posterior cranial fossa, at the base  
20 of the calvarium.

21 Q. All right. Dr. Palma, this photograph kind of  
22 shows the absence of the brain; is that correct?

23 A. Correct.

24 Q. A brain was found, portions of the brain were  
25 found inside of Miss Brown; is that correct.



1 A. Correct.

2 Q. Probably far less than what a normal brain  
3 would be?

4 A. Yes.

5 Q. All right. This injury, a gunshot to the eye  
6 through the brain fracturing the rear of the skull, what  
7 kind of effect did that have on Miss Brown when this  
8 happened?

9 A. So there will be perforating injury to the  
10 left front of the brain, the left frontal lobe, then we  
11 have the left temporal lobe, and we have the left  
12 occipital lobe.

13 Q. All right. And those lobes are obviously  
14 important as to human function?

15 A. Yes.

16 Q. Now, would this have been an incapacitating  
17 injury upon impact?

18 A. Yes, sir.

19 Q. All right. And as part of your --

20 MR. LABRUZZO: Yes, go ahead and show that.

21 This is State's Exhibit --

22 MR. LAWHORNE: 421.

23 MR. LABRUZZO: I'm sorry?

24 MR. LAWHORNE: 421.

25 Q. (By Mr. Labruzzo) 421. As part of your

1 examination, you identify the projectile through the  
2 X-rays and you guys collect that, correct?

3 A. Correct.

4 Q. Took a photograph of it?

5 A. Yes.

6 Q. All right. And ultimately that is what's  
7 provided to the investigating agency?

8 A. Yes.

9 Q. I'm going to show you what's been introduced  
10 already as State's Exhibit 303. I'm just going to ask  
11 if you see your name?

12 A. Yes.

13 Q. And the case number?

14 A. Yes. In fact, here's my signature. And this  
15 one right here, that's my handwriting exactly the same  
16 as the one in the picture.

17 Q. Okay. Thank you, Doctor. Give me one quick  
18 moment to get a better photograph.

19 All right. Dr. Palma, I'd like to move on to the  
20 next one. Okay. Now, let's talk about the examination  
21 Number 46, Margaret Brown. Okay?

22 A. Okay.

23 Q. I will hold these. All right. For the  
24 record, I'm going to show you what's been marked as  
25 State's Exhibit 422 through 432.

1           A.    Okay.

2           Q.    Take a second to look at those, diagrams and  
3 photographs, and let me know when you've had an  
4 opportunity to review them.

5           A.    Okay.

6           Q.    All right.  Are these diagrams and photographs  
7 taken at the Medical Examiner's Office as it relates to  
8 the examination of Ms. Margaret Brown?

9           A.    Yes, sir.

10           MR. LABRUZZO:  All right.  Your Honor, at this  
11 time the State would seek to admit what's been  
12 marked as State's Exhibits 422 through 432.

13           THE COURT:  Any objection?

14           MR. VISCARA:  Yes, Judge.  I object to Number  
15 428.  Same objection previously made.

16           THE COURT:  All right.  I'll admit 422 through  
17 432, overriding the objection on 428, and they'll  
18 all be admitted.

19           MR. LABRUZZO:  Okay.

20           Q.    (By Mr. Labruzzo)  Before I get there, I seem  
21 to have forgotten two very important questions.

22           As it relates to Miss Megan Brown, I forgot to talk  
23 about cause and manner of death, Doctor.

24           A.    Okay.

25           Q.    So let's go back.  The cause of death as it

1 relates to Miss Megan Brown, what was that?

2 A. A gunshot wound of the head.

3 Q. All right. Obviously the injuries that you  
4 saw?

5 A. Correct.

6 Q. And then as it relates the manner of death?

7 A. It's a homicide.

8 Q. All right. Thank you.

9 Okay. I'd now like to show you what's been  
10 introduced as State's Exhibit?

11 MR. LAWHORNE: 422.

12 Q. (By Mr. Labruzzo) 422. This is a diagram  
13 prepared by your office.

14 MR. LABRUZZO: Can you zoom out a little bit.  
15 Thank you.

16 Q. (By Mr. Labruzzo) Okay. And upon your  
17 external examination of Ms. Margaret Brown, did you find  
18 evidence of injury?

19 A. Yes, sir.

20 Q. And just so to kind of set the stage as it  
21 relates to Ms. Margaret Brown, when she was found at the  
22 scene she had a white bag over her head, correct?

23 A. Yes. Two plastic bags.

24 Q. Two plastic bags.

25 And the plastic bags, did that have any effect as

1 to the injuries or the skin that you observed?

2 A. Not much.

3 Q. Okay. But that would prevent certain maggots  
4 or other animals to prevent getting in; is that correct?

5 A. Well, there were still maggots inside.

6 Q. Okay. All right. Let's talk about the  
7 external examination specifically as to the head of  
8 Ms. Margaret Brown that you observed. In this diagram  
9 you kind of laid them out. Can you describe them for  
10 the jury?

11 A. Okay. So basically we have at least nine  
12 blows to the head -- one to the forehead, there were two  
13 to the right side, and there were six to the left side.

14 Q. Okay. And could you tell what caused these  
15 injuries?

16 A. They are due to a blunt object or objects.

17 Q. Blunt objects?

18 A. Yes.

19 Q. As opposed to?

20 A. To a sharp.

21 Q. A sharp force?

22 A. Sharp force injuries with using a knife.

23 Q. Okay. And when you identify these injuries,  
24 do you then, I guess, take photographs like you kind of  
25 already described that process?

1 A. Yes, sir.

2 MR. LABRUZZO: All right. If you could show  
3 us the next photograph.

4 MR. LAWHORNE: 424.

5 MR. LABRUZZO: All right. If you can zoom out  
6 a little bit.

7 Q. (By Mr. Labruzzo) All right.

8 A. Okay. So basically that's from the top right  
9 portion of the head showing this injury as a shape of a  
10 skull fracture.

11 Q. Okay. So there's evidence of external injury  
12 here, correct?

13 A. Correct.

14 Q. And when you examined further in, you also  
15 found evidence of a corresponding skull fracture?

16 A. Correct.

17 MR. LABRUZZO: All right. And this is State's  
18 Exhibit -- what number is it?

19 MR. LAWHORNE: 424.

20 MR. LABRUZZO: This is the top of the head.  
21 Could you show us the next slide, next photograph.

22 MR. LAWHORNE: This is 423.

23 Q. (By Mr. Labruzzo) All right.

24 A. Okay. So 423, that's the same general  
25 location of the right side of the head. You can see the

1 scalp right here and you can see this fracture under the  
2 laceration.

3 Q. Does that correspond with the last photograph  
4 that we looked at?

5 A. Yes, sir.

6 Q. All right. So you have evidence of a skull  
7 fracture. What is that caused by?

8 A. A blunt object.

9 Q. All right.

10 MR. LABRUZZO: Can you show us the next  
11 photographs.

12 MR. LAWHORNE: This is 425.

13 Q. (By Mr. Labruzzo) All right.

14 A. All right. So this is a higher magnification  
15 or a closer view of the same skull fracture.

16 Q. Okay. Again, so let's just take a quick  
17 second because we're going to see some other  
18 photographs, but this is skull fracture that doesn't  
19 actually go through or cause the skull to fall apart,  
20 for lack of a better term. Do you understand what I'm  
21 saying?

22 A. Yes.

23 Q. Would an injury like this have impact on an  
24 individual?

25 A. It can.

1 Q. And how so?

2 A. I think in this case it depends upon whether  
3 this is the first blow or not.

4 Q. Okay.

5 A. All right. Let's say this is the first blow,  
6 with this kind of injury there will be contusion to the  
7 surface of the brain below this impact site.

8 Q. Okay. And a contusion to the brain, what kind  
9 of --

10 A. Bruising, and bruising and there will be  
11 hemorrhaging to the brain.

12 Q. Okay. Bruising and hemorrhaging of the brain.  
13 What kind of an effect would that have on an individual?

14 A. It can cause only one, right?

15 Q. We're just talking about this injury here.

16 A. So this can cause swelling of the brain, it  
17 can cause hemorrhaging, and it can even cause herniation  
18 to the brain.

19 Q. All right.

20 A. Depending upon the sequence of events.

21 Q. All right. If you have those things you just  
22 described, the contusion and the hemorrhaging and the  
23 bruising, how would a person react to such an injury?  
24 Would that be an incapacitating injury? A disorienting?

25 A. It can. It can be an incapacitating injury by



1    itself.

2           Q.    Okay.  Is this an injury that would bleed?

3           A.    Yes.

4           Q.    All right.  Thank you.

5                   MR. LABRUZZO:  Can you show us the next  
6           photograph.

7                   MR. LAWHORNE:  This is 426.

8           Q.    (By Mr. Labruzzo)  Okay.

9           A.    426 is a laceration on the left front, left  
10   front of the head, the left frontal parietal scalp  
11   region.

12           Q.    Can you just kind of show us where we're  
13   talking about?

14           A.    Right here to the left front of the head.  
15   This is not associated with a skull fracture.

16           Q.    All right.  So this is an injury that does not  
17   have a fracture.  Is this is an injury that would bleed?

18           A.    It can.  But, again, it depends upon the  
19   sequence of events.  Is it the first one or the last one  
20   of the nine blows.

21           Q.    All right.  And just so we're clear, based on  
22   your examination, can you give this jury a definitive  
23   answer as to what happened first or what happened second  
24   or what happened third?

25           A.    No.

1 Q. All right. Some injuries can be informative  
2 as to the sequence, though; is that correct?

3 A. Yes.

4 Q. All right.

5 MR. LABRUZZO: Can you show us the next  
6 photograph.

7 MR. LAWHORNE: This is 427.

8 Q. (By Mr. Labruzzo) All right.

9 A. 427. That is a large laceration on the left  
10 side of the head.

11 Q. Okay.

12 A. Right here.

13 Q. If you look at the top up here, you can see  
14 the photograph we just spoke about; is that correct?

15 A. That is correct. This is the previous  
16 laceration to the top left side of the head.

17 Q. All right. What can you tell us about the  
18 injury that's shown here?

19 A. This injury is associated with a large defect  
20 of the brain -- I'm sorry. Of the skull measuring  
21 6.4.5 centimeters.

22 Q. Okay. So you said it's a large defect?

23 A. Correct.

24 Q. And what can you tell us about what would  
25 cause an injury like that?

1           A.    Again, a blunt object with significant force  
2 could cause that kind of injury.

3           Q.    All right. Significant force is required to  
4 crack the skull and then cause that kind of a fracture?

5           A.    Yes. It's 6 by 4.5 centimeters. So it's a  
6 big fracture, defect.

7           MR. LABRUZZO: Okay. Can you show us the next  
8 photograph.

9           MR. LAWHORNE: This is 428.

10          Q.    (By Mr. Labruzzo) All right. This is State's  
11 Exhibit 428. Take a second to orientate yourself as to  
12 this photograph.

13          A.    Okay. So this is our Case Number 1246. This  
14 is left side of the head showing a gaping fracture right  
15 here.

16          Q.    Okay. Is the photograph we just looked at,  
17 the one with the skin, the one you just described, this  
18 is the corresponding fracture as to that injury?

19          A.    Correct. Yes.

20          Q.    All right. What can you tell us about this  
21 fracture, Doctor?

22          A.    It's a big fracture. We got portions of the  
23 brain. Again, it is caused by a blunt object.

24          Q.    All right. And an injury like this, what kind  
25 of an effect would that have on an individual that's hit

1 with a blunt object with such force to cause this type  
2 of fracture?

3 A. By itself this is fatal.

4 Q. Okay. This is a fatal injury?

5 A. Correct. Yes.

6 Q. As opposed to the injuries we've already  
7 talked about and some of the other ones we will talk  
8 about, this injury right here is a fatal injury?

9 A. Correct.

10 Q. How do you come to that determination?

11 A. It's a large fracture. You can see that. And  
12 that is caused by a significant force causing that kind  
13 of fracture.

14 Q. Okay. Would that fracture have an impact on  
15 the brain?

16 A. Yes.

17 Q. We were talking moments ago about the small  
18 fracture and the level of contusion and hemorrhaging  
19 that you would have as it relates to that and compare  
20 that to the contusion and hemorrhaging that you would  
21 have here, would it be more significant?

22 A. Yes. This can cause a laceration. On top of  
23 the hemorrhaging of the brain, this can cause laceration  
24 to the brain under this -- back inside.

25 Q. So beyond contusion, if you have a laceration

1 of the brain, what kind of effect would that have on an  
2 individual?

3 A. Again, by itself this is fatal.

4 Q. All right. Would this be an incapacitating  
5 injury?

6 A. Yes.

7 Q. Okay. Thank you.

8 MR. LABRUZZO: If you can show us the next  
9 one.

10 MR. LAWHORNE: This is 429.

11 Q. (By Mr. Labruzzo) All right.

12 A. 429. Okay. So this is the left side, this is  
13 left ear, and this is the large laceration that we just  
14 talked about earlier. This is the back, and here you  
15 can see three separate lacerations. These lacerations  
16 were not associated with the skull fracture.

17 Q. So these injuries to the skull did not cause  
18 lacerations. Would this have caused bleeding?

19 A. It can, yes.

20 Q. Okay.

21 MR. LABRUZZO: Show us the next photograph.

22 MR. LAWHORNE: This is 430.

23 Q. (By Mr. Labruzzo) All right.

24 A. Okay. So this is the right ear. This is the  
25 back of the head. This is towards the back of the head.

1 You got a vertically laceration to the back, towards the  
2 back right side of the head. It's not associated with  
3 skull fracture.

4 Q. Okay. Would this be associated with potential  
5 bleeding?

6 A. Yes.

7 Q. Okay. Now, we've talked about the injuries to  
8 the skull of the head of Ms. Margaret Brown. We talked  
9 a second ago about not being able to sequence the number  
10 of injuries, but just so that we're clear, the injury to  
11 the left side of the skull, the large fracture,  
12 regardless of where that came, that is a fatal injury?

13 A. By itself, yes.

14 Q. By itself.

15 MR. LABRUZZO: Okay. If you could show us the  
16 next.

17 MR. LAWHORNE: This is 431.

18 MR. LABRUZZO: All right. Do you want to  
19 orientate yourself.

20 A. Okay. This is the left hand. This is the  
21 back of the hand. You can see this is the wrist showing  
22 these ligature marks right here.

23 Q. All right. And what does that ligature mark  
24 tell you, Doctor.

25 A. That is due to the ligature around the wrist

1 at the scene they found we removed.

2 Q. Okay. And this is a good example of a  
3 ligature.

4 MR. LABRUZZO: Can you show us the next one as  
5 well.

6 MR. LAWHORNE: This is 432.

7 Q. (By Mr. Labruzzo) All right.

8 A. Okay. So this is the right and left hands.  
9 Same ligature marks around the wrists.

10 Q. Okay. Doctor, when you came into contact with  
11 Ms. Margaret Brown, you already indicated that her hands  
12 were tied behind her back; is that correct?

13 A. Correct.

14 Q. This is the evidence of that, correct?

15 A. Correct. This is the imprint of the zip ties  
16 that were taken at the scene.

17 Q. All right. You also identified the fact that  
18 there were two plastic bags on her head as well?

19 A. Yes.

20 Q. And there was corresponding items used to tie  
21 that around her head?

22 A. Correct. And they were tight and there were  
23 marks around the neck.

24 Q. All right. Let's talk about marks around the  
25 neck. I don't have photographs of that because of the

1 nature of the photographs; but were there in, in fact,  
2 ligature marks around the neck?

3 A. Yes.

4 Q. Okay. And what does that tell you as part of  
5 your case?

6 A. Well, ligature marks around the neck, the  
7 chin, and all the way to the face and the mouth region,  
8 to me that indicates that this patient was asphyxiated  
9 before having this blunt trauma to the head.

10 Q. Okay. And as part of your findings -- and  
11 we'll get to it in a second -- did the asphyxiation have  
12 a part in your analysis of this case?

13 A. Correct. Yes.

14 Q. All right. Can you just give a description of  
15 what asphyxiation is for the jury?

16 A. Asphyxiation is basically lack of blood flow,  
17 oxygenation to the brain.

18 Q. All right. That by itself could ultimately  
19 lead to death, correct?

20 A. Correct. Yes.

21 Q. All right. As it realities to Ms. Margaret  
22 Brown, did you take notes as to her height and weight at  
23 the time of your examination?

24 A. Yes.

25 Q. Can you tell us what that was?



1 A. Height is 62 inches or 5'2", and 75 pounds.

2 Q. Okay. Again, she was in a state of

3 decomposition, correct?

4 A. Correct.

5 Q. That can affect someone's weight when you take

6 it?

7 A. Correct. Yes.

8 Q. All right. As part of your analysis and your

9 viewing of the photographs, the autopsies, X-rays as it

10 relates to Ms. Margaret Brown, did you come to a

11 decision as to what the cause of death would be on

12 Ms. Margaret Brown?

13 A. Yes, sir. Yes.

14 Q. And what was that?

15 A. Blunt head trauma.

16 Q. Okay. And was there a contributory condition

17 that you noted as part of your examination?

18 A. Yes.

19 Q. And what was that?

20 A. Asphyxiation.

21 Q. All right. And when you say contributory

22 condition, what do you mean?

23 A. It contributed to the cause of death,

24 basically.

25 Q. All right. Okay.

1           A.    So in this case you have two factors that may  
2 have killed, blunt head trauma and asphyxiation.

3           Q.    All right.  Let's take a second to talk about  
4 that.  I'm going to show you right now State's  
5 Exhibit 288.

6           A.    Okay.

7           Q.    All right.  It's already been introduced.

8           I'm want to show you State's Exhibit 288.  You're  
9 familiar with this photograph?

10          A.    Yes, sir.

11          Q.    This is a photograph of the bag that was over  
12 Ms. Brown's head, Ms. Margaret Brown's head, correct?

13          A.    Correct.

14          Q.    Inside of the bag there is a liquified  
15 substance?

16          A.    Correct.  Yes.

17          Q.    And based on your experience as the medical  
18 examiner, can you tell the jury what you believe this to  
19 be?

20          A.    This is the brain matter, the decomposing  
21 brain matter.

22          Q.    Okay.  And that's located inside the bag,  
23 correct?

24          A.    Correct.

25          Q.    All right.  And to get inside the bag, it has

1 to come out of an injury; is that correct?

2 A. That's correct, yes.

3 Q. I'm going to show you what's been marked as  
4 State's Exhibit 428.

5 Is this injury large enough to cause the brain  
6 matter to exit out of?

7 A. Yes. And you can see there's still fragments  
8 or small portions of brain matter inside the skull.

9 Q. Okay. Having been to the scene and viewed the  
10 state in which you found Ms. Margaret Brown, having  
11 performed the autopsy, and looking at the injuries  
12 related to her, do you have an opinion as to how the  
13 brain matter got into the white bag?

14 A. Oh, the trauma happened after the bag was  
15 placed over the head.

16 Q. Okay. So the injuries that we see here in  
17 State's 428, based on your opinion is that it occurred  
18 after the bag was placed on her head?

19 A. That's correct, yes.

20 Q. And after it was tied on?

21 A. Yes.

22 Q. All right. Dr. Palma, we just have one more.

23 A. Okay.

24 Q. We will now discuss the examination you did on  
25 Mr. Gregory Brown, Number 47.

1 A. Okay.

2 Q. For the record, I'd like to show you what's  
3 been premarked as State's Exhibits 433 through 437.

4 A. Okay.

5 Q. All right. Are those diagrams that you  
6 prepared in relation to the autopsy of Mr. Gregory  
7 Brown?

8 A. Yes, sir.

9 Q. And were these photographs taken of  
10 Mr. Gregory Brown?

11 A. Yes, sir.

12 Q. Okay.

13 MR. LABRUZZO: At this time, Your Honor, the  
14 State would seek to admit 433 through 437.

15 THE COURT: Any objection.

16 MR. VISCARA: No.

17 THE COURT: 433 to 437 will be in evidence.

18 Q. (By Mr. Labruzzo) All right. Dr. Palma, this  
19 is the diagram of the injuries as it relates to  
20 Mr. Gregory Brown. Upon your external examination, did  
21 you find evidence of external injuries?

22 A. Yes, sir. There was an injury to the right  
23 iliac bone.

24 Q. Okay. And let's just take a second and talk  
25 about Mr. Brown just from an external examination, as

1 far as the condition of his body maybe as it relates to  
2 some of the condition of the other bodies and the state  
3 of decomposition that he might have been in.

4 Can you tell this jury how his body viewed  
5 differently than some of the others?

6 A. Basically he was more decomposed than the  
7 others. There are numerous holes in the front of the  
8 chest and the abdomen, the posterior torso, and even the  
9 face.

10 Q. Okay. And earlier we talked about how the  
11 state of decomposition and the fact that there may have  
12 been animal or insects involved in the body, how that  
13 can affect your ability to examine the body, correct?

14 A. Correct.

15 Q. Did Mr. Gregory Brown's body present you with  
16 some of that difficulty?

17 A. Yes.

18 Q. All right. Despite his level of  
19 decomposition, you were still able to review the body  
20 and find evidence of injury?

21 A. Yes, sir.

22 Q. Okay. And looking at this --

23 MR. LABRUZZO: This is State's Exhibit?

24 MR. LAWHORNE: 433.

25 Q. (By Mr. Labruzzo) -- 433.

1           On the rear side of Mr. Gregory Brown, you make  
2 some notes of some injuries to his back. Let's talk  
3 about the two that are not related to this case?

4           A.    Okay.

5           Q.    All right. Can you point to the two injuries  
6 or evidence of injury?

7           A.    So basically we have two vertically oriented  
8 incisions to the back, the lower back, and that's  
9 consistent with the history that my patient had a  
10 laminectomy, a surgical procedure of the lumbar region.

11          Q.    Okay. It was reported to you that he had  
12 recently had back surgery, correct?

13          A.    Correct.

14          Q.    And that's the laminectomy?

15          A.    Laminectomy.

16          Q.    Laminectomy. Thank you.

17          As part of your examination of the body, did you  
18 actually find evidence of that as it relates to his  
19 back?

20          A.    Yes.

21          Q.    Okay. Located in the similar area, did you  
22 find evidence of injury?

23          A.    Yes.

24          Q.    Can you point to the body and tell the jury  
25 what you found?

1           A.    It is a gunshot wound to the right iliac  
2 region.  It is the entrance gunshot wound.

3           Q.    Okay.  The diagram explains the location, but  
4 what is the iliac region?

5           A.    It is towards the hip region.

6           Q.    Okay.  Is there a bone, iliac bones in that  
7 area?

8           A.    Yes.

9           Q.    Okay.

10           MR. LABRUZZO:  If you could show us the next  
11 slide.

12           MR. LAWHORNE:  This is 435.

13           Q.    (By Mr. Labruzzo)  Okay.  Take a second,  
14 Doctor, and look at State's Exhibit 435.

15           A.    Okay.  So basically we do X-rays in each of  
16 our cases, and this is the pelvic region in this area.

17           Q.    Can you just point again to where the iliac  
18 bones are?

19           A.    Yes.  Here and here.  Sorry.

20           Q.    Okay.

21           A.    That is the lumbar, vertebrae, and you have  
22 this one, two -- and there should be one here -- three  
23 metallic foreign objects that are in this case and  
24 that's consistent with bullet fragments.

25           Q.    Okay.  The X-ray kind of reveals these small

1 pieces of metal, correct?

2 A. Correct. Yes.

3 Q. And you believe that to be evidence of a  
4 gunshot wound?

5 A. Correct.

6 MR. LABRUZZO: All right. Can you show us the  
7 next X-ray.

8 MR. LAWHORNE: This is 434.

9 THE WITNESS: All right. So here is the  
10 metallic fragment right here and there's another  
11 one here.

12 Q. (By Mr. Labruzzo) All right. Finding these  
13 pieces of metallic pieces of metal in this area, when  
14 you do your examination, do you go and you look at the  
15 area of injury there?

16 A. Yes.

17 MR. LABRUZZO: Can you show us the next  
18 photograph.

19 MR. LAWHORNE: This is 436.

20 Q. (By Mr. Labruzzo) 436. There we go.

21 A. Let's see. So this is the right iliac bone,  
22 this is the front part, and as you can see there's a  
23 fracture here and it is going this way, going  
24 anteriorly.

25 Q. What do you mean by going anteriorly?



1 A. It is the exit part of the bone.

2 Q. So this is front part of his iliac bone and  
3 this an exit wound?

4 A. Correct.

5 Q. How can you tell it's an exit wound, Doctor?

6 A. And you can see this beveling, beveling right  
7 here, and this part of the bone right here going  
8 anteriorly, this way.

9 Q. Okay. All right. So this is an exit in the  
10 front.

11 MR. LABRUZZO: And could you show us the next  
12 photograph.

13 MR. LAWHORNE: This is 437.

14 THE WITNESS: As compared to this.

15 Q. (By Mr. Labruzzo) Okay.

16 A. As compared to this one right here showing  
17 this bone going anteriorly. This is from the back going  
18 forward.

19 Q. Okay. So as you look at these two  
20 photographs, you could tell that one is an entrance and  
21 one is an exit?

22 A. That is correct.

23 Q. And that in and of itself helps you determine  
24 the path in which the bullets went, correct?

25 A. Correct. The back to front direction.

1 Q. All right. The fact that you find  
2 corresponding bullet fragments, what does that tell you  
3 about the path of the bullet and what might have  
4 happened to the bullet inside the body?

5 A. So basically the direction is back to front.  
6 And as you can see in the X-ray shown earlier --

7 MR. LABRUZZO: Can you just tell us the number  
8 before you put it up.

9 MR. LAWHORNE: Yes. This is 435.

10 THE WITNESS: You can see bullet fragments on  
11 the right iliac and to the left iliac right here  
12 and to the lower vertebrae.

13 So most likely the direction is back to front,  
14 right to left, or it could be a separate gunshot  
15 wound.

16 Q. (By Mr. Labruzzo) Okay. That was going to be  
17 my next question.

18 If a bullet hits a piece of bone, is it uncommon  
19 for it to split apart into smaller pieces?

20 A. It does, yes.

21 Q. Okay.

22 A. It fragments.

23 Q. Okay. The fact that you find multiple  
24 fragments inside of Mr. Gregory Brown, what does that  
25 indicate to you about the number of gunshot wounds that

1 he might have had?

2 A. At least two.

3 Q. Okay. Again, the state of decomposition could  
4 affect your ability to say where a bullet came in and  
5 where a bullet exited, correct?

6 A. That is correct.

7 Q. His skin was fairly --

8 A. There are multiple holes in his skin.

9 Q. Correct.

10 A. And there are lot's of maggots in these holes.

11 So I am not sure which of those injuries were real  
12 entrance gunshot wounds or exit gunshot wounds.

13 Q. Okay. You just can't tell?

14 A. No.

15 Q. These injuries to the bone, this area of  
16 pelvis, and we're talking about the lumbar area, are  
17 there pieces of human veins and aortas and -- you know,  
18 this is kind of an important area of your body and hips.

19 Can you just describe for the jury what type of  
20 internal plumbing is going to be in this area that could  
21 be affected by a bullet like that?

22 A. So basically we have the center of your body  
23 right here, and in here you will see the aorta, the  
24 abdominal aorta. If you go to the back from right to  
25 left, then you are going to hit the aorta, the abdominal

1 aorta.

2 And, of course, there are multiple perforations of  
3 the bowel, the mesentery and omentum, and those are  
4 vascular organs too. So not only that there is a  
5 perforation of the aorta, but there were also  
6 perforations of his organs. But the problem is the  
7 aorta is missing.

8 Q. Okay.

9 A. The lower abdominal aorta is missing.

10 Q. And why was that?

11 A. Decomposition.

12 Q. Okay. Let's just talk about the injury to the  
13 aorta. Is that an injury that would bleed?

14 A. Yes.

15 Q. Okay. This pelvic aorta, can you just  
16 describe its importance in your ability to stand and  
17 move?

18 A. So basically it's an abdominal aorta, it will  
19 be the same as if you have an aortic aneurysm rupture,  
20 you are going to die quickly.

21 Q. Okay. That is an injury that would have led  
22 to death?

23 A. Yes.

24 Q. Led to death fairly quickly?

25 A. Yes.

1 Q. Is that an injury that would have bled?

2 A. Yes.

3 Q. All right.

4 A. Internally.

5 Q. Internally.

6 Now, you said it perforated some of the bowels,  
7 which are vascular, as you described?

8 A. Yes.

9 Q. Would those have bled?

10 A. Yes.

11 Q. Internally?

12 A. Yes.

13 Q. And if there's an entrance wound, blood could  
14 have exited out the entrance wound of the body?

15 A. Correct. Or exit wound.

16 Q. Or exit wound.

17 The fact that this is in the pelvic region, would  
18 that have had any affect on his ability to stand, a  
19 fracture in the right iliac pelvic region?

20 A. Perhaps.

21 Q. All right.

22 A. I'm not a hundred percent sure.

23 Q. All right. Is this an injury that could have  
24 incapacitated him to the ground?

25 A. With that, say, perforating injury to the

1 abdominal aorta, yes.

2 Q. Okay. And how would his body have responded  
3 at that time?

4 A. Basically you're bleeding and you die.

5 Q. Okay. And did you have an opportunity to take  
6 the height and weight of Mr. Gregory Brown as part of  
7 your examination?

8 A. Yes, sir.

9 Q. Can you tell this injury what you found?

10 A. 17 inches, 5'10', and 102 pounds.

11 Q. Okay. All right. And as it relates to the  
12 other injuries to the body, just so that we're clear,  
13 there was other evidence potentially of injury, correct?

14 A. Correct.

15 Q. But the level of decomposition affects your  
16 ability to declare an injury versus an artifact from an  
17 insect?

18 A. Correct. Yes.

19 Q. All right. And as it relates to Mr. Gregory  
20 Brown, did you come to the opinion as to what the cause  
21 of death would have been as it relates to Mr. Gregory  
22 Brown?

23 A. Yes, sir.

24 Q. And what was the cause of death as it relates  
25 to Mr. Gregory Brown?

1           A.    It's a gunshot wound to the torso.

2           Q.    All right.  Again, you can't tell how many  
3 wounds he had because of the state of the injury?

4           A.    That's correct, yes.

5           Q.    And the number of fragments found inside of  
6 his body?

7           A.    Yes.

8           Q.    And as it relates to the manner of death, can  
9 you tell this jury what was your determination in the  
10 manner of death as it relates to Mr. Gregory Brown?

11          A.    It's a homicide.

12          Q.    All right.

13                MR. LABRUZZO:  Your Honor, may I just have one  
14 moment?

15                THE COURT:  You may.

16          Q.    (By Mr. Labruzzo)  All right.  Dr. Palma, I'm  
17 going to ask you one quick last question.

18                As part of your examination, were muscle and tissue  
19 samples collected for these individuals for the purposes  
20 of comparing potential DNA by another investigating  
21 agency?

22          A.    We do.  And also for toxicology.

23          Q.    Okay.  And those would have been submitted to  
24 the Pasco County Sheriff's Office for the purposes of  
25 their examination?

1 A. Some of the specimens, yes; and we keep some.

2 Q. All right.

3 MR. LABRUZZO: All right. Your Honor, I have  
4 no further questions of this witness at this time.

5 \* \* \* \* \*

6 CROSS-EXAMINATION

7 BY MR. MICHAÏLOS:

8 Q. (By Mr. Defense) Good afternoon, Doctor.

9 A. Good afternoon, sir.

10 Q. Dr. Palma, on direct you indicated that you  
11 found homicides as a manner of death in all four of  
12 these autopsies, correct?

13 A. Yes, sir. Correct.

14 Q. And you indicated that when you find a manner  
15 of death, you pick from about five categories, one of  
16 which you never use because natural causes is not  
17 something you investigate, correct?

18 A. We do.

19 Q. Oh, you do?

20 A. Yes.

21 Q. Okay. So other than natural, it would be  
22 undetermined, accidental, suicidal or homicide, correct?

23 A. Correct. Yes.

24 Q. Okay. And I think you said earlier that  
25 homicide pretty much means that you came to the



1 conclusion somebody else killed or caused the death of  
2 the person you're doing the autopsy on, correct?

3 A. Correct. Yes.

4 Q. And your finding is more from a medical as  
5 opposed to a legal perspective, would you agree?

6 A. Agree. Yes.

7 Q. For example, if someone was killed in  
8 self-defense, you couldn't draw a conclusion?

9 A. It's a homicide.

10 Q. It's a homicide?

11 A. Correct.

12 Q. And you just have the body to go on, right?

13 A. Yes.

14 Q. So you wouldn't have a suspect in mind?

15 A. No. No.

16 Q. And as far as the type of homicide, whether it  
17 be a legal distinction of manslaughter or murder, you  
18 wouldn't know that either?

19 A. No. Negative.

20 Q. And you can't give an opinion to that,  
21 correct?

22 A. No.

23 Q. Now, with regard to Megan Brown, your opinion  
24 is that the gunshot wound to the head caused her death?

25 A. Correct. Yes.

1 Q. Would you agree with me that that would have  
2 caused an immediate loss of consciousness?

3 A. Yes.

4 Q. And would you agree that that gunshot wound to  
5 the head would have caused immediate death?

6 A. In this particular case, yes.

7 Q. And I know you put on the record all the  
8 heights of all the individuals involved here. I don't  
9 recall if you gave us Megan Brown's height.

10 Could you do that for me, please.

11 A. 68 inches. That's 5'8".

12 Q. 5'8".

13 And you also gave us the weights of the four  
14 individuals here. And you would agree this is post --

15 A. Postmortem.

16 Q. Decomposition?

17 A. Correct. Yes.

18 Q. So their weights probably wouldn't even come  
19 close to what they weighed when they were alive,  
20 correct?

21 A. Most likely. Correct. Yes.

22 You need a weight of Megan?

23 Q. No. I just needed the height. Thank you.

24 A. Okay.

25 Q. Now, with regard to Greg Brown, he was

1 definitely shot once, correct?

2 A. At least once or twice.

3 Q. But definitely once? Possibly twice?

4 A. Correct. Yes. Or even more.

5 Q. Or even more.

6 And you can't be sure because of the decomposition?

7 A. That's correct, yes.

8 Q. And in all four of your autopsies, you made  
9 sure to include in your report that other injuries could  
10 not be determined with certainty because of the state of  
11 decomposition?

12 A. That's correct.

13 Q. That's true for all four people?

14 A. Correct.

15 Q. And you said something about artifact being a  
16 factor here in that some of the wounds appearance could  
17 change because of insect activity, correct?

18 A. Correct.

19 Q. And something that would otherwise be jagged  
20 would appear smooth or round?

21 A. Correct.

22 Q. Circular, if you will?

23 A. Circular. Correct. Yes.

24 Q. So, for instance, some of the head wounds on  
25 Nicholas Leonard, they seem to be incredibly round, that

1 might have nothing to do with the blunt force trauma,  
2 correct?

3 A. They were the trauma, they were the impact  
4 sites, but the shape may be different, the original  
5 shape may be different at that time.

6 Q. Okay. And back to Gregory, you think there's  
7 a likelihood or at least the possibility that his aorta  
8 or his inferior vena cava could have been severed?

9 A. Correct. Yes.

10 Q. And the aorta is the main artery delivering  
11 oxygenated blood from the heart, correct?

12 A. Correct.

13 Q. Am I saying that right, the interior vena  
14 cava?

15 A. Yes.

16 Q. That does the reverse, right?

17 A. Correct. Going up.

18 Q. That brings the blood to the heart?

19 A. Correct.

20 Q. Okay. So any one of those being severed would  
21 instantaneously cause death?

22 A. Correct. Yes.

23 Q. And you cannot exclude that possibility,  
24 right?

25 A. Negative. No.

1 Q. Now, what is what lay people call bleeding  
2 out? I think I have another term for it that you may  
3 recognize. Exsanguination?

4 A. Correct.

5 Q. Did I say that right?

6 A. It's the same, yes.

7 Q. Okay. That's bleeding out pretty much, right?

8 A. Correct. Yes.

9 Q. Okay. Is it true that one doesn't have to  
10 lose all their blood in order to pass away from bleeding  
11 out?

12 A. Correct. Yes.

13 Q. Maybe less than half could do it, right?

14 A. At least 30 percent you have of blood loss.

15 Q. At least 30 percent -- I'm sorry?

16 A. Thirty percent of blood loss.

17 Q. Okay. And could you pass out or be rendered  
18 unconscious when you loose less than that?

19 A. It depends, it depends on the person.

20 Q. And you don't have to have severing of a very  
21 big blood vessel like an aorta to die from  
22 exsanguination, correct?

23 A. Correct. Yes.

24 Q. It could be any type of cut?

25 A. Correct. Yes.

1 Q. As long as the bleeding isn't controlled in  
2 some way?

3 A. Correct.

4 Q. Like by use of a tunicate or something, right?

5 A. Yes.

6 Q. Now, with regard to Nicholas Leonard, you  
7 testified to two incised type wounds on his left arm?

8 A. Correct. Yes.

9 Q. One was on the upper arm?

10 A. Yes.

11 Q. The bicep area?

12 A. Correct. Yes. The lateral aspect.

13 Q. Okay. And the upper forearm, correct? Near  
14 the elbow?

15 A. Correct. Yes.

16 Q. Now, these wounds were definitely consistent  
17 with knife wounds, correct?

18 A. Correct. Yes.

19 Q. Now, because of the decomposition, could you  
20 tell if his brachial artery in that arm was severed?

21 A. They were intact. I did not see any injuries  
22 to the major arteries in that general location. The  
23 problem is it could be the smaller arteries that were  
24 affected, I don't know.

25 Q. And in both those wounds, at least in the

1 photograph we saw that the State published, seemed  
2 pretty deep, correct?

3 A. Correct. Yes.

4 Q. And we're looking at the arm of a person who's  
5 very much decomposed, right?

6 A. Yes.

7 Q. So before decomposition, there would be more  
8 body weight? There would be dehydration, right?

9 A. That is correct.

10 Q. And I would gather that those wounds would  
11 seem even deeper; is that correct?

12 A. It's possible. Possible, yes.

13 Q. And someone could bleed out from an injury  
14 such as those two injuries, correct?

15 A. By itself without considering the head trauma?

16 Q. Correct.

17 A. Yes.

18 Q. Does stress and muscle exertion cause one to  
19 bleed quicker or at greater rate?

20 A. It depends what general injury we're talking  
21 about.

22 Q. Let's say if you're under the effects of  
23 adrenaline, your heart is pounding?

24 A. And are we talking about the injuries to the  
25 left upper extremity, right?

1 Q. Right.

2 A. It may, yes.

3 Q. Okay. On an injury consistent with the one  
4 that Nicholas Leonard had on his arm, those both  
5 injuries on his arm alone, if he was bleeding, could he  
6 fall unconscious in a matter of minutes if that wasn't  
7 controlled, the bleeding wasn't controlled?

8 A. If not controlled, it's possible, yes.

9 Q. And obviously if one bleeds enough, they fall  
10 unconscious before they actually expire, right?

11 A. Yes.

12 Q. Now, there's one injury you testified about on  
13 direct examination having to do with the left let's just  
14 say jaw?

15 A. Correct. Yes. Around here.

16 Q. On Nicholas, right?

17 A. Yes.

18 Q. It was the left side of his jaw?

19 A. Correct.

20 Q. Would you agree with me that that wasn't a  
21 fatal wound?

22 A. In this particular case, no.

23 Q. Okay. It wasn't the cutting of the throat?  
24 It was the jaw, right?

25 A. Correct. Yes.



1 Q. And the jaw is protected at least internally  
2 by the jawbone, right?

3 A. Yes.

4 Q. And you described that wound as being an  
5 incision-type wound, but in your report it does say that  
6 there was an irregular edge to it, correct?

7 A. Correct. Due to the maggots effect.

8 Q. Oh, I thought the maggots were more smooth on  
9 a wound?

10 A. Not necessarily.

11 Q. Is it possible that this incisive looking-type  
12 wound could have been caused by something other than a  
13 knife?

14 A. Yes.

15 Q. A glance from a hammer?

16 A. Very unlikely because a hammer -- we're  
17 talking about the round portion of the hammer, right?

18 Q. Not necessarily. It could be the edge or the  
19 back end?

20 A. Is that a sharp edge?

21 Q. Yes.

22 A. It can, yes.

23 Q. Would that also be consistent perhaps with I'm  
24 thinking of the particular injury you notate on the top  
25 of Nicholas's head? It looked almost triangular, but it

1 almost appeared as if the scalp was cut a certain way.

2 Could that be caused by a hammer?

3 THE COURT: Do you know which number  
4 photograph we're talking about?

5 MR. MICHAÏLOS: I apologize, Judge. Thank  
6 you.

7 THE WITNESS: Now I need to see the picture.

8 MR. MICHAÏLOS: If I may approach the witness,  
9 Your Honor?

10 THE COURT: You may.

11 Q. (By Mr. Michailos) It is State's Exhibit 414.  
12 Here you go, Doctor. That's the wound.

13 A. Oh, okay. Yes.

14 Q. It looks like -- that's not a fracture wound,  
15 it looks more like an external wound to the scalp, does  
16 it not?

17 A. That's correct. It is an incised-type injury.

18 Q. Could that be caused from the glance by the  
19 edge of the hammer?

20 A. As long as it's a sharper edge, yes.

21 Q. Okay. Now, you notated and you testified to  
22 several skull fractures on Nicholas Leonard, correct?

23 A. Correct.

24 Q. And you testified that blunt trauma, blunt  
25 force trauma definitely occurred, right?

1           A.    Correct.

2           Q.    Now, and we saw the photographs of several  
3 fractures.  Is it fair to say that you can't give a  
4 number of blows caused from the number of fractures?

5           A.    I can, yes.

6           Q.    Are you doing so from the external appearance  
7 of marks, right?

8           A.    You match it.

9           Q.    You match it.

10          But you would agree that one single blow can cause  
11 several fractures?

12          A.    That is correct, yes.

13          Q.    Because in this case we have an eggshell-type  
14 effect, correct?

15          A.    Yes.

16          Q.    And is it fair to say that you cannot, Doctor,  
17 tell the order the injuries occurred?

18          A.    The order, no.

19          Q.    Okay.  So is it fair to say that Mr. Leonard  
20 could have received a number of injuries after loss of  
21 consciousness?

22          A.    Possible, yes.

23          Q.    Is it possible that he could have received a  
24 number of these injuries after he had passed away?

25          A.    That's a tough one.  Because what is the point

1 of hitting somebody at least 21 times if the person is  
2 dead already? So I don't get your point.

3 Q. Well, would you agree with me that you  
4 think -- I'm asking you this from a medical perspective.

5 A. I'm sorry. Yes.

6 Q. It sounds like you're taking off your medical  
7 hat and putting on your layman's hat.

8 A. I'm sorry. Yes.

9 Q. So from a medical point of view, can you tell  
10 us? As far as motive and why somebody would do that,  
11 that's I think ultimately something that can be decided  
12 later on.

13 But would you agree that medically that somebody  
14 could -- you couldn't tell by looking at the physical  
15 evidence that these blows occurred before as opposed to  
16 after death, correct?

17 A. That's correct. Especially I have a  
18 decomposing body, it is so hard to tell the difference.

19 Q. Right. And I would think the same is true for  
20 Margaret Brown, would you agree for Margaret?

21 A. The trauma first or the asphyxiation first?

22 Q. I'm just talking about the trauma now. You  
23 don't know exactly what happened first in order, right?

24 A. Correct. Yes.

25 Q. Now, with regard to Mr. Leonard, Nicholas

1 Leonard, like all the other individuals here, he had  
2 decomposition, obviously?

3 A. Yes.

4 Q. And it is possible that he could have received  
5 a gunshot wound, correct?

6 A. Mr. Leonard? I did an X-ray, a total body  
7 X-ray, and I did not see any fragments, metallic  
8 fragments in the body. So most likely not.

9 Q. But it's possible?

10 A. It's possible, but most likely not.

11 Q. And if he suffered a gunshot wound to the  
12 head, it would be more possible, right? Because there  
13 was more decomposition to the head and with the  
14 fractures, you couldn't actually show that one way or  
15 the other, correct?

16 A. It's possible because there were missing parts  
17 of the skull.

18 Q. And when you examined these people, there was  
19 no evidence that they had any disabilities before they  
20 were injured?

21 MR. LABRUZZO: I'm going to object, Judge.  
22 That calls for speculation as to how they were when  
23 they were alive.

24 THE COURT: I'll let the Doctor indicate if he  
25 knows? But I'm not exactly sure what question

1           you're asking the witness.

2           Q.   (By Mr. Michailos)  Could you tell from  
3 examining the bodies whether or not these people had any  
4 ailments or unhealthy before receiving these injuries?

5           A.   Except for the dad.  That's Case Number, let's  
6 see --

7           Q.   Gregory Brown?

8           A.   Correct.  Forty-seven.  He was the only one  
9 with a previous back surgery, laminectomy.

10          Q.   You saw evidence of that back surgery?

11          A.   Correct.  Yes.

12          Q.   Did you find some metal rods or something?

13          A.   I did not.  No, there was no rods.

14          Q.   Oh, but you saw healing?

15          A.   Yes.

16          Q.   Would you agree with me, Doctor, that a hammer  
17 blow to the head, if forceful enough, could cause  
18 immediate loss of consciousness?

19          A.   It can, yes.

20          Q.   And clearly on the greater injury on Margaret  
21 Brown, that 6-centimeter injury, that would result in  
22 immediate loss of consciousness?

23          A.   Yes.

24          Q.   And would you agree to go further and say it  
25 would probably cause instant death?

1 A. Yes.

2 Q. Now, in Margaret's case, you have found a  
3 contributory condition of asphyxiation?

4 A. Correct. Yes.

5 Q. And I think your exact words is "That may have  
6 been a cause of death"?

7 A. Correct. May have contributed to the cause of  
8 death.

9 Q. Okay. "May have." You can't go further than  
10 that, right? It's just a possibility, right?

11 A. Most likely scenario, yes.

12 Q. Okay. But would you agree with -- and you  
13 came to that conclusion simply because of the evidence  
14 of this bag over her head, correct?

15 A. And the tight ligatures and the duct tape over  
16 the mouth.

17 Q. Right. And by ligature, you mean the things  
18 used to tie her, which is tape?

19 A. Correct. And they're tight.

20 Q. Correct. Well, that's because you saw  
21 evidence of indentation on her skin, right?

22 A. Yes.

23 Q. Could that ligature mark be from the swelling  
24 of the body because of decomposition?

25 A. Possible. But very unlikely because it's all

1 over the place.

2 Q. Right. But the ligatures could have been  
3 applied postmortem, right, after death, correct?

4 A. Possible. But you have the brain tissue  
5 inside.

6 Q. Well, is it possible for brain matter to be  
7 inside the bag if the bag was put over a wound after the  
8 trauma?

9 A. Well, there's a huge gaping injury to the left  
10 side.

11 Q. Right.

12 A. So most likely what happened was the brain  
13 tissue came out from the skull after the injury, so not  
14 before the patient was dead.

15 Q. Right. But it would matter how fast this bag  
16 was put over the head, right? Would you agree with me?

17 A. I don't understand the question.

18 Q. Okay. For instance, how about if a bag was  
19 put over Margaret -- over her head immediately after the  
20 blunt trauma force, immediately after, wouldn't the bag  
21 capture some of the brain matter?

22 A. Yes. It can, yes.

23 Q. Okay. And when you were examining this bag,  
24 you notated some brain matter, correct?

25 A. Yes. Most of the brain matter went there.



1 Q. Okay. Well, by brain matter, you mean liquid,  
2 right?

3 A. Correct. Partially liquid.

4 Q. Would you agree with me that if somebody had  
5 hit somebody over the head after putting a bag over  
6 them, there would be no evidence of blood spatter?

7 A. I don't know anything about blood spatter.

8 Q. Okay. Well, blood spatter, you know what that  
9 is, right?

10 A. Correct. Yes.

11 Q. Okay. So would you agree with me that if you  
12 cover somebody's head completely with a plastic bag,  
13 unless the bag is deteriorated and has holes in it, and  
14 then you hit them, no blood should escape that bag  
15 unless the bag is corrupted in some fashion or form?  
16 Would you agree with me?

17 A. Yes. It's contained.

18 Q. Excuse me?

19 A. It's contained inside, yes.

20 Q. It would be contained?

21 A. Yes.

22 Q. And you wouldn't have any evidence of that  
23 because that wasn't your part of this examination,  
24 right?

25 A. That is correct.

1 Q. So would you agree with me that in drawing the  
2 conclusion that asphyxiation was a contributory  
3 condition in this case, you did so more from a layman's  
4 point of view, the existence of bag and ligature marks,  
5 not because you found any physical medical findings that  
6 she suffocated?

7 A. That's correct. And also on top of that, I  
8 have the duct tape over the face and mouth region.

9 Q. Right. I understand. But you didn't find any  
10 physical findings that would show that she died from  
11 suffocation, correct?

12 A. No.

13 Q. Nothing biological that you could point to?

14 A. That is correct, yes.

15 Q. Simply the existence of tape over this bag?

16 A. Correct. Yes.

17 Q. And you used the term "incapacitated" in your  
18 direct. By that did you mean loss of consciousness when  
19 you said incapacitated?

20 A. And/or death.

21 Q. And/or death.

22 And would you agree with me that the time between  
23 each gunshot or between each traumatic blunt force is  
24 unknown to you?

25 A. That is correct.

1 Q. And, Doctor, you're employed by who?

2 A. Excuse me?

3 Q. Who are you employed by?

4 A. By District Six Medical Examiner's Office.

5 Q. Okay. And you routinely testify for the State  
6 Attorney's Office, right?

7 A. Yes.

8 Q. And it's part of your job, correct?

9 A. Correct. I testify for my cases.

10 Q. And you get paid for that, obviously?

11 A. No. It's part of my job.

12 Q. It's part of your job.

13 It's included in your job, right?

14 A. Correct.

15 Q. You don't get paid separate for it?

16 A. No.

17 Q. It's part of your salary?

18 A. Yes.

19 Q. Thank you, sir.

20 A. Thank you.

21 MR. MICHAÏLOS: Oh, actually, one second.

22 No further questions. Thank you, sir.

23 THE WITNESS: Thank you.

24 MR. MICHAÏLOS: I appreciate it.

25 THE COURT: Redirect?

1 MR. LABRUZZO: One moment, Your Honor.

2 REDIRECT EXAMINATION

3 BY MR. LABRUZZO:

4 Q. Dr. Palma, as it specifically relates to the  
5 injuries that Margaret Brown sustained, and there was  
6 some discussion about the bag over the head and maybe  
7 the order in which the bag was placed over the head.  
8 Okay?

9 Based on your experience investigating this case,  
10 the review of the evidence, and the crime scenes that  
11 you went to both at the Medical Examiner's Office and at  
12 the scene where the bodies were found, and based on your  
13 years of experience as it relates to investigating and  
14 performing autopsies, would that make sense that you  
15 would cause such an injury to the head and then  
16 immediately put a bag to cause such force that  
17 asphyxiation could become a contributing factor?

18 A. Asphyxiation is a contributing factor,  
19 correct. Yes.

20 Q. Right. Would that make sense to do that in a  
21 case like this?

22 MR. MICHAÏLOS: Objection, Your Honor.

23 Irrelevant.

24 THE COURT: Overruled. It's redirect based on  
25 your questioning. So you may proceed.

1           Q. (By Mr. Labruzzo) So I guess what I'm asking  
2 you, Doctor, is that does it make sense to cause those  
3 injuries to the head of Ms. Margaret Brown, the injuries  
4 of which we've already gone through and discussed, and  
5 then to immediately place a bag on the head and put it  
6 on with such force, that it leaves evidence of  
7 asphyxiation?

8           MR. MICHAÏLOS: Objection. Outside the scope  
9 of expertise.

10          THE COURT: Overruled. He's the medical  
11 examiner, and he has years and years and years of  
12 expertise on forensic pathology, and this is part  
13 of his expertise, manner and cause of death. So  
14 overruled.

15          MR. MICHAÏLOS: Can we approach?

16          THE COURT: No. Overruled. You may proceed.

17          Q. (By Mr. Labruzzo) All right. Dr. Palma, does  
18 it makes sense, based on all that you've seen and that  
19 you noticed, the injuries to the head and as to the  
20 evidence that was left by the bag and the items that  
21 were used to attach the bag to the head, does that make  
22 sense?

23          A. No.

24          MR. LABRUZZO: Okay. No further questions.

25 (EXCERPT CONCLUDED.)

## CERTIFICATE OF COURT REPORTER

STATE OF FLORIDA     )  
                                  )  
COUNTY OF PASCO     )

I, MARIA FORTNER, Registered Professional Reporter for the Sixth Judicial Circuit, do hereby certify that I was authorized to and did stenographically report the foregoing proceedings and that the transcript is a true and correct record.

DATED this 15th day of November, 2017.

/S MARIA A. FORTNER

\_\_\_\_\_  
MARIA A. FORTNER, RPR