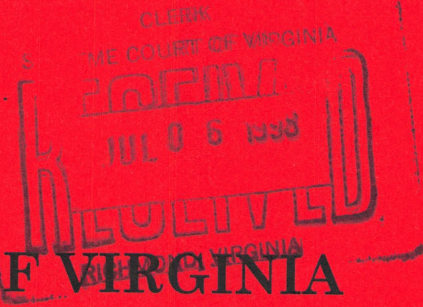


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IN THE
SUPREME COURT OF VIRGINIA



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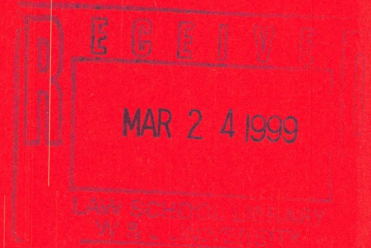
COMMONWEALTH OF VIRGINIA,

Appellant,

v.

WILLIAM ALAN PRESLEY,

Appellee.



JOINT APPENDIX
VOLUME ONE

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10,001

V I R G I N I A: IN THE CIRCUIT COURT OF LOUDOUN COUNTY

DECEMBER 11, 1995

The grand jury charges that:

On or about the 1st day of August, 1995, in the County of Loudoun,

WILLIAM ALAN PRESLEY (DOB 2-1-65)

did feloniously and unlawfully kill and murder Sandra D. Laing against the peace and dignity of the Commonwealth, in violation of Section 18.2-32 of the Code of Virginia;

A TRUE BILL:

James L. Bateman

FOREMAN

ON THE EVIDENCE OF: Inv. D. Canham
Loudoun County Sheriff's Office

000001

V I R G I N I A :

IN THE CIRCUIT COURT OF LOUDOUN COUNTY

COMMONWEALTH OF VIRGINIA,	:	
Plaintiff,	:	
v.	:	Criminal No. 10001
WILLIAM ALAN PRESLEY,	:	
Defendant.	:	June 3, 1996 (Day One)

A trial held in the above-styled matter in the Circuit Court of Loudoun County, Virginia, in the courthouse thereof, Leesburg, Virginia, before the Honorable Thomas D. Horne, Judge of said Court, on the 3rd day of June, 1996, beginning at 9:36 a.m.

APPEARANCES

For the Plaintiff:

Robert D. Anderson, Commonwealth's Attorney
Eric N. Strom, Assistant Commonwealth's Attorney

For the Defendant:

Charles A. Anderson, Esquire

Reporter: Terri D. Litaker

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1 don't believe you'll have any problem returning a verdict
2 saying that William Alan Presley is not guilty.

3 Thank you for your time and attention.

4 THE COURT: Thank you, Mr. Anderson.

5 Who is your first witness then, gentlemen?

6 MR. STROM: Trooper Blankenship.

7 THE COURT: Trooper Blankenship. Have a
8 seat.

9 Whereupon,

10 TROOPER ALVIN D. BLANKENSHIP,
11 a witness, was called for examination by counsel for the
12 Plaintiff, and after having been first duly sworn, was
13 examined and testified as follows:

14 DIRECT EXAMINATION

15 BY MR. STROM:

16 Q Would you state your name and occupation for the
17 jury, please?

18 A I'm a sergeant with the Virginia State Police.
19 Alvin D. Blankenship.

20 Q Were you employed in that capacity August 1, 1995?

21 A Yes, sir.

22 Q What kind of position did you hold in the early
23 morning hours of August 1, 1995?

1 A I was the shift supervisor stationed in Fairfax. I
2 just happened to be at our division headquarters, which holds
3 our dispatch center.

4 Q In the early morning hours of August 1, did you
5 have occasion to have a conversation with William Alan
6 Presley?

7 A Yes, sir.

8 Q And why do you believe that it -- was it on the
9 telephone?

10 A Yes, sir.

11 MR. C. ANDERSON: We'll stipulate it was Mr.
12 Presley.

13 THE COURT: All right. Ladies and gentlemen
14 of the jury, from time to time, counsel may stipulate to
15 matters in this case. They agree that you may consider as
16 evidence the nature of this stipulation. In this case,
17 counsel has stipulated that it was Mr. Presley with whom the
18 witness conversed.

19 BY MR. STROM: (resumed)

20 Q Would you explain the circumstances and the
21 subsequent conversation between you and Mr. Presley on the
22 telephone that morning, please?

23 A I was contacted by our senior dispatcher that he

1 had contacted -- or had a phone conversation with Mr.
2 Presley, and that he was not satisfied with the answers that
3 he had given him. He asked me as the supervisor there to
4 please try to talk to him and resolve his problem, which I
5 did.

6 Q And when we say early morning hours, approximately
7 what time are we talking about?

8 A It was after midnight. It was before two. I'm not
9 real sure.

10 Q And what was the -- what was the content of the
11 conversation between you and Mr. Presley?

12 A Mr. Presley advised that -- he requested that I
13 come to his house and take his girlfriend, kick her out of
14 his house at that time, due to problems they were having.

15 Q Did he explain what the problems were or what
16 his --

17 A He stated that his girlfriend was a whore, that she
18 was using drugs, and that he wanted her out of his life, and
19 he wanted her out that night at that particular time.

20 Q What, if anything, can you tell the jury about his
21 tone of voice at that time?

22 A He was calm. There was no background noise. He
23 did appear to be intoxicated; slurred speech slightly.

1 Q What kind of advice did you give him?

2 A I advised him -- I ascertained as to if there were
3 any problems there at the house. He said no. I asked where
4 -- the whereabouts of his girlfriend. He advised that she
5 was in bed asleep. I advised him that we weren't going to
6 come to his house and kick her out of her house -- or his
7 house at two o'clock in the morning, or whatever time it was
8 prior to two.

9 And that I suggested to him to go to the
10 magistrate's office the next morning, to go to bed, get some
11 sleep, and go to the magistrate's office the next day and
12 file any civil papers that would be necessary to have her
13 removed from the house.

14 Q Did he make any reference to any physical violence
15 between the two of them?

16 A Yes. He did.

17 Q And what did he say?

18 A He advised sometimes he gets so mad that he just
19 feels like knocking her in the head.

20 Q Did he indicate whether or not he had actually done
21 that?

22 A He did not.

23 Q You said he sounded intoxicated. Did you ask him

1 anything about use of drugs or alcohol?

2 A I may have. It was obvious that he was under the
3 influence.

4 Q All right. Now, when he said that sometimes he
5 felt like knocking her upside of the head, what, if anything,
6 did you say?

7 A I advised him that he didn't want to do that, that
8 that wouldn't solve any of his problems, and that all we
9 would do is come over and arrest him if he had done that.
10 And that's when he advised --

11 MR. C. ANDERSON: I would object to the rest
12 of his answer, Judge. If we could approach.

13 THE COURT: All right.

14 (Whereupon, the following was held at the
15 side-bar:)

16 MR. C. ANDERSON: I believe what the officer
17 is going to say next, if he testifies the same way as at the
18 preliminary hearing, is that that's -- in effect, that's why
19 he called the State Trooper, because every time he calls the
20 Loudoun County Police, they come arrest him. And I think the
21 probative value of that response is outweighed by the
22 prejudicial effect.

23 MR. STROM: Judge, I think that this is

1 absolutely probative if we have a history of the sheriff's
2 department coming there to intervene in domestic violence
3 situations. And I would agree that this is what I expect the
4 trooper to respond.

5 THE COURT: I disagree with you. I think he
6 can testify to that. I'll overrule the objection.

7 (Whereupon, the proceedings continued in open
8 court, as follows:)

9 THE COURT: All right.

10 BY MR. STROM: (resumed)

11 Q Trooper, what was Mr. Presley's response to your
12 comment that you would just come over and arrest him?

13 A He advised me that that's what Loudoun County
14 always did when they came over.

15 Q Thank you very much. Counsel may have some
16 questions for you.

17 THE COURT: All right.

18 CROSS EXAMINATION

19 BY MR. C. ANDERSON:

20 Q You gave him good advice, Officer Blankenship. Did
21 -- you had a series -- a dialogue with Mr. Presley, and you
22 ascertained that there had been no physical violence as far
23 as you could tell at that house at that time; is that

1 correct?

2 A Yes, sir.

3 Q And you were of the belief after that conversation
4 that no one was in the -- in any danger, there was no
5 ongoing breach of peace or anything like that; is that
6 correct?

7 A No, sir. That's correct.

8 Q And as far as you know, Mr. Presley has never, in
9 fact, been arrested for any domestic violence in that house;
10 is that correct?

11 A I'm not familiar with any; no, sir.

12 Q You indicated that his speech was slurred. The --
13 did you have -- have to ask him to repeat things on
14 occasion?

15 A No, sir.

16 MR. C. ANDERSON: I have no other questions,
17 Judge.

18 THE COURT: Further questions of the
19 Sergeant?

20 MR. STROM: No. Thank you, Judge.

21 THE COURT: May he go?

22 MR. STROM: Yes. He's free to leave.

23 THE COURT: Thank you very much for your

1 MR. STROM: Call Sergeant Noble.

2 THE COURT: Sergeant Noble. Have a seat.

3 Whereupon,

4 SERGEANT ERIC NOBLE,

5 a witness, was called for examination by counsel for the
6 Plaintiff, and after having been first duly sworn, was
7 examined and testified as follows:

8 DIRECT EXAMINATION

9 BY MR. STROM:

10 Q Would you state your name and occupation for the
11 jury, please?

12 A Eric Noble. I'm a sergeant with the Loudoun County
13 Sheriff's Department.

14 Q And on the late evening hours of July 31, 1995,
15 were you employed in that capacity?

16 A Yes. I was.

17 Q Did you have occasion to respond to -- I think it's
18 197 -- 19744 Smith Circle?

19 A Yes.

20 Q That's in Ashburn?

21 A Yes. It is.

22 Q Is that in Loudoun County?

23 A Yes. It is.

1 Q What -- what caused you to respond to that
2 location? And approximately what time did you respond there?

3 A At about 1:46 in that morning.

4 Q Is that August -- that would be August 1 actually?

5 A Yes.

6 Q I'm sorry. Go ahead.

7 A I monitored a call on my radio on the fire
8 channel. The call was for an unconscious female at that
9 address. I was on Route 7 a very short distance away so I
10 started responding there. Before my arrival, that call was
11 shipped over to the police dispatcher who dispatched a couple
12 patrol units. And at that point, I marked that also that I
13 would be responding.

14 Q What did you find when you first got to the
15 location?

16 A I was the first person there, again, because I was
17 so close. And on approach to the house, the front door was
18 open. There was a storm door or screen door that was
19 closed. The Defendant met me at the front door. Allowed me
20 inside. We walked into a small foyer area with a staircase
21 to our right. As we approached the staircase, I was behind
22 Mr. Presley.

23 I asked him how the girl was doing, and he didn't

1 respond to me. As we started walking up the stairs, Mr.
2 Presley in front and me behind, I asked if the girl was still
3 breathing. He turned to me partially and shrugged his
4 shoulder, but still didn't give me a verbal response.

5 When we reached the top of the stairs, directly
6 across from the stairs, was a bedroom. The door was open,
7 and I could see the victim lying on the floor. She was
8 positioned in such a way that her feet were towards the door,
9 and her head was away from -- she was lying on her back.
10 Although her eyes were open, she did not appear to be aware
11 of my presence there. Her breathing was extremely ragged and
12 labored, and appeared to be in very serious condition.

13 Realizing that she was in very, very dire medical
14 straits, I attempted to call my dispatch on the radio to have
15 rescue expedite. From the position I was in, my portable
16 didn't carry in my car so I couldn't get a response from
17 them. So I walked back down the stairs to the front door.
18 Mr. Presley followed behind me. I was close enough at that
19 point apparently to my car that I was able to get a response
20 from my dispatch and indicated that rescue would expedite.
21 We then walked back up the stairs.

22 Once we were back in the bedroom, I asked Mr.
23 Presley what had happened. He pointed to an area between the

1 door and her feet. He indicated to me that he beat the hell
2 out of her on the floor, that he had hit her with the chair.
3 He also indicated that she had taken too much of a medication
4 that he thought was called Sumae (phonetic). He wasn't sure
5 about that though.

6 Finally, he indicated to me that he had called the
7 state police because every time he called us, we locked him
8 up.

9 Q Now, you said that he made what I'll call two
10 statements. I beat the hell out of her, and I hit her with
11 the chair. Did you see any evidence of a chair or the chair?

12 A I observed a number of things when I entered the
13 room the first time. Besides what I just described about the
14 way the victim was laying, I noticed there was portions of a
15 broken chair above her head. I also noticed that there was a
16 large tear on the right side of her shorts, that there was a
17 small amount of blood on her left thigh, and there was a
18 small -- a couple small spots of blood off to the left side
19 of the carpet to the left side of her body.

20 Q You say she had a tear in her shorts. What, if
21 anything, else do you recall about the way she was dressed?

22 A My recollections at that point were that she had --
23 I think they were a pair of purple gym shorts and a T-shirt

1 on.

2 Q Did you ask or did Mr. Presley say anything further
3 about where on her body the chair struck or where the
4 striking with the chair took place?

5 A No.

6 Q Did you ask him any questions beyond -- at this
7 point, beyond what you've already testified to?

8 A No.

9 Q Now, there came a point you mentioned that other
10 sheriff's units had been dispatched. At what point did
11 anybody arrive?

12 A Once we were back upstairs in very short order,
13 Deputy Zulegar arrived. Almost immediately following him,
14 the first rescue units arrived. When Deputy Zulegar arrived,
15 what I asked him to do was to stay with the victim and do
16 what he could to protect what I considered evidence at that
17 point -- that being the chair -- to minimally disturb the
18 scene and protect it as much as possible.

19 Shortly after both Deputy Zulegar and then the
20 rescue squad arrived, Deputy Kresge arrived. And at that
21 point, I directed Deputy Kresge to stay with Mr. Presley.

22 Q Sergeant Noble, I'm going to show you what's marked
23 as Commonwealth's exhibit one. This is a diagram prepared by

1 Deputy Harpster of the sheriff's office. And for the
2 purposes of the record, it says 19744 Smith Circle, Sterling,
3 Virginia, 95-005010, August 1, 1995, sketch two of four,
4 first floor, not to scale.

5 Does this appear to be the first floor of 19744
6 Smith Circle as a rough diagram?

7 A As I recall; yes.

8 Q Is this -- the house that we were talking about, is
9 this a classic split-level? You enter on one floor, and then
10 it's some steps up to a higher floor, and then some steps
11 down to a lower floor?

12 A I think the lower floor actually goes to more of a
13 basement, but typical American Colonial, I guess.

14 Q All right. But this would -- in this diagram, did
15 you enter the living room when you first came in the house?

16 A That front door, the living room is off to the
17 left. But when I entered initially, I stayed in that little
18 foyer or hallway area, and we immediately ascended the steps
19 to the second story.

20 Q It says ascending and descending steps?

21 A Yes.

22 Q You went up. I'm going to display to you --

23 MR. C. ANDERSON: Judge, to speed things up,

1 we'll stipulate that, although it's not to scale, it
2 accurately represents the house. They don't need to go
3 through that line of questions.

4 THE COURT: You may accept that stipulation as
5 evidence.

6 BY MR. STROM: (resumed)

7 Q In exhibit number two, which bedroom did you find
8 Ms. Laing in? These are bedroom numbers one, two, three, and
9 four.

10 A It would have been bedroom number two.

11 MR. STROM: Commonwealth's exhibit number four
12 is a diagram of bedroom number two, and I'll --

13 MR. C. ANDERSON: We'll stipulate it's
14 accurate, except all the furniture as to scale.

15 THE COURT: You may accept that stipulation as
16 evidence, ladies and gentlemen.

17 BY MR. STROM: (resumed)

18 Q In terms of this bed, which seems to run from left
19 to right in the room, did you find Ms. Laing above or below
20 in this drawing of the bed?

21 A Ms. Laing would have been below the bed.

22 MR. STROM: That's all the questions I have of
23 Deputy Kresge [sic] at this time.

1 THE COURT: Questions?

2 MR. C. ANDERSON: Sergeant Noble.

3 MR. STROM: Noble. I'm sorry.

4 CROSS EXAMINATION

5 BY MR. C. ANDERSON:

6 Q Sergeant Noble, Chuck Anderson. We've talked
7 before. When you got to the house and you went in, I believe
8 your testimony is Mr. Presley didn't really speak to you. He
9 just led you to where Sandra Laing was lying. She was lying
10 in this area here (indicating); is that correct?

11 A Yes.

12 Q And with her head up here (indicating)?

13 A Yes.

14 Q And the broken chair pieces, substantial broken
15 chair pieces, about here (indicating)?

16 A Yes, sir.

17 Q What did you think when you saw those broken chair
18 pieces?

19 MR. STROM: Objection to his opinion, Judge.

20 THE COURT: Overruled.

21 THE WITNESS: I became concerned that they had
22 been used as a mechanism to assault her.

23 BY MR. C. ANDERSON: (resumed)

1 Q You suspected as soon as you saw her lying there
2 unconscious with a broken chair piece by her head that
3 somebody hit her with a chair; isn't that correct?

4 A Yes.

5 Q And when you turned to Mr. Presley -- and he hadn't
6 spoken to you at all up to this point; is that correct?

7 A Besides maybe a very cursory hello or introduction
8 at the doorway, no.

9 Q And he was intoxicated? You could tell that;
10 right?

11 A Not obviously; no. There were no signs of typical
12 intoxication in terms of staggering.

13 Q When you heard him speak for the first time, his
14 speech was slurred; isn't that correct? And you knew he was
15 intoxicated, and you so testified previously; isn't that
16 correct?

17 A I believe I testified that he didn't appear to have
18 the typical signs of intoxication. Although, I would say
19 that he was -- he appeared to be unusual.

20 Q Okay. The -- you didn't have any doubt that he was
21 under the influence of alcohol, and you so testified before;
22 isn't that correct?

23 A I believe I testified to maybe not alcohol but

1 maybe narcotics.

2 Q But his speech was slurred when you actually heard
3 him speak; isn't that correct?

4 A Slightly.

5 Q The -- when -- after you saw the broken chair
6 pieces at Sandra Laing's head and you came out, did you have
7 a conversation with Mr. Presley out in the hall here, or were
8 you in this bedroom (indicating)?

9 A We were still in the bedroom when we had the
10 conversation I related earlier.

11 Q And isn't it true that you asked him if he hit her,
12 if he hit her with the chair, and he said, "Yeah." And then
13 he said, "The hell I beat her with the chair [sic];" isn't
14 that what he said?

15 A What I asked him is what happened.

16 Q The -- when -- when you spoke -- when you heard him
17 say that he had hit her and that he had hit her with the
18 chair, was there anyone else -- any other police officers in
19 the house at that time?

20 A No.

21 Q To your knowledge, did he ever repeat those
22 statements when there were any other police officers present
23 that you noticed?

1 A Not that I was aware of; no.

2 Q And did you then make a phone call shortly
3 thereafter to Mr. Presley's father to get permission to
4 search the home?

5 A No, sir. Lieutenant Wilkins.

6 Q Lieutenant Wilkins was the man that made that phone
7 call?

8 A Yes, sir.

9 Q Mr. Presley, in fact, told you that Sandra Laing
10 had taken an overdose of Soma; isn't that correct?

11 A He second statement to me was that he was concerned
12 that she had taken too much of a drug that he wasn't sure but
13 described it as something that sounded like 'Sumae'.

14 Q 'Sumae'. When he had -- did he also in your
15 presence, at least, express concern about getting her to the
16 hospital, or how she was, and stuff like that?

17 A Later on when rescue was in the process of
18 packaging her for her transport, at several points, he voiced
19 some concern about her condition and whether or not she was
20 going to be transported and the status of her health.

21 Q And, in fact, did you learn that he was the one who
22 called 911 to get emergency help for her?

23 A I never determined that fact; no.

1 Q Okay. The -- when you saw her -- you were the only
2 police officer, I guess, who saw her before the emergency
3 medical team showed up?

4 A No, sir. Deputy Zulegar also. He arrived just
5 prior to the rescue.

6 Q When you saw her, she didn't have a black eye; did
7 she?

8 A Not that I recall.

9 Q And she didn't have any cuts on her forehead?

10 A Not that I recall.

11 Q And do you remember the prosecutor showing you a
12 picture of an autopsy photograph of her at the preliminary
13 hearing?

14 A Yes. I do.

15 Q And do you remember testifying that she didn't look
16 anything like that when you saw her?

17 A Because she was deceased in the picture and looked
18 quite different.

19 Q Right. She had all kinds of bruises and looked all
20 different than what you saw her; isn't that correct?

21 A Yes.

22 MR. C. ANDERSON: I have no other questions
23 for Sergeant Noble.

1 p.m., as follows:)

2 THE COURT: All right. Who would be your next
3 witness?

4 MR. STROM: Deputy Kresge.

5 THE COURT: Kresge. All right. Have a seat
6 and answer the questions the lawyers may have for you.

7 All right.

8 Whereupon,

9 DEPUTY CLETE KRESGE,
10 a witness, was called for examination by counsel for the
11 Plaintiff, and after having been first duly sworn, was
12 examined and testified as follows:

13 DIRECT EXAMINATION

14 BY MR. STROM:

15 Q Would you state your name and occupation for the
16 jury, please?

17 A Clete Kresge, Deputy Sheriff, Loudoun County.

18 Q On August 1, 1995, were you employed in that
19 capacity?

20 A Yes, sir.

21 Q And did you have occasion to respond to 19744 Smith
22 Circle on that early morning hours?

23 A Yes, sir.

1 Q Approximately what time did you arrive, if you
2 recall?

3 A The reporting time was 01:46. I arrived maybe
4 seven, eight minutes after that.

5 Q When you first got to the -- would you describe the
6 -- where is this house? It's a single-family house?

7 A Yes, sir.

8 Q Where is it located in terms of a residential
9 neighborhood or what type of situation?

10 A It's a residential area. Smith Circle is like a
11 big horseshoe, and the residence is like at the top of the
12 horseshoe, if you will. It's a big U.

13 Q All right. What did you find when you got there?

14 A When I arrived on the scene, I observed Alan in the
15 doorway. And from the radio traffic, I knew Sergeant Noble
16 was on the scene.

17 Q Now, you've gestured and pointed to the Defendant
18 and called him Alan. Did you know him prior or know of him
19 prior to this evening?

20 A Yes, sir.

21 Q When you came upon the scene, who was in charge
22 from the sheriff's office?

23 A Sergeant Noble.

1 Q And what, if anything, were you tasked to do at
2 that point?

3 A Sergeant Noble asked me to stay with Alan since we
4 had known each other.

5 Q Personally?

6 A From the street, from me working.

7 Q Do you recall what kind of mood or demeanor Mr.
8 Presley had at that time?

9 A I would have to say an excited state.

10 Q Did you ask him any questions while you were with
11 him on this evening?

12 A Just initially, how are you doing.

13 Q Did he make any statements to you that weren't
14 caused by your questioning him?

15 A Yes. He did.

16 Q What did he say to you?

17 A He stated twice to me that, he said, "I'll admit I
18 did hit her tonight."

19 Q Now, are you saying you didn't ask him any
20 questions? Do you know what occasioned him making these
21 statements to you?

22 A No. We were just standing side by side, and he
23 just turned and made the statement to me.

1 Q Was the rescue squad there at that time?

2 A Yes, sir. They came in right behind me.

3 Q When he made these statements, where were you and
4 he in relationship to the house, or what room of the house
5 were you in?

6 A Just inside the front door in the foyer area.
7 Basically, at the bottom of the steps as you come in the
8 front door.

9 Q All right. Now, I'm going to direct your
10 attention, if I can, to Commonwealth's exhibit number one,
11 which has been described as a drawing of the main floor, I
12 think, of 19744 Smith Circle. Is that -- does that
13 accurately depict, as you recall it --

14 A As I recall it; yes, sir.

15 Q -- the main floor of the house? Using the
16 identification marks -- we have a room marked kitchen, den,
17 garage, dining room, and living room, and second story --
18 where were you in the house when Alan made these statements?

19 A Just in the front door right at the bottom of the
20 steps.

21 Q That's just to the right of the arrow and the N for
22 north?

23 A Yes, sir.

1 Q And where were the medical personnel working?

2 A They were up the steps in the bedroom.

3 Q Now, you say he made that statement, "I hit her."
4 He made it twice. Were they in rapid succession, or was
5 there some break in it?

6 A No. There was several minutes between the two.

7 Q Did he say anything else to you?

8 A Yes. He made a later statement that, "She had
9 pissed me off tonight." And he said, "I tore her to shreds,"
10 but he replaced "her" with "the chair" after, like, he
11 realized what he was saying. He started to say "her," and
12 then changed it to "the chair to shreds."

13 Q Okay. And did you follow up and question him about
14 that statement?

15 A No. I didn't.

16 Q Did there come a time that you saw -- did you know
17 Sandra Laing?

18 A No. I did not.

19 Q Did there come a time when you saw a woman taken by
20 the rescue personnel from the house?

21 A Yes, sir. When they brought her down the steps
22 right past my location. I was standing in the same spot as
23 earlier at the bottom of the steps.

1 Q Did you look at her as she went by?

2 A Yes, sir.

3 Q What, if anything, did you notice about her
4 condition?

5 A She had some torn clothing and a black eye.

6 Q Now, when you say torn clothing, what part did you
7 observe to be torn?

8 A Just -- I don't recall exactly. I just remember
9 making a mental note of a clothing tear on her blouse.

10 Q Now, you're pointing at the collar area of your
11 shirt?

12 A It was in this region (indicating). I quite
13 honestly don't recall exactly what.

14 Q In the neck region?

15 A Right.

16 Q Now, you say black eye. Was it, in fact, black?
17 Or are you talking about discolored?

18 A Discolored eye.

19 MR. STROM: That's all I have of this witness,
20 Judge.

21 THE COURT: Questions?

22 CROSS EXAMINATION

23 BY MR. C. ANDERSON:

1 Q Afternoon, Deputy.

2 A Good afternoon.

3 Q When you were standing in the foyer area where Mr.
4 Presley made these statements --

5 A Yes, sir.

6 Q -- was there any other law enforcement people
7 nearby that overheard those statements?

8 A No, sir. I don't believe so.

9 Q And to the best of your knowledge, you're the only
10 one that heard those statements; is that correct?

11 A Yes, sir. He made them to me.

12 Q There was, in fact, a broken chair in the house
13 that had been torn to shreds; wasn't there?

14 A I never saw it.

15 Q Did -- when you saw Sandra Laing for the first
16 time, that was after she had been worked on by the emergency
17 medical team for quite a while; isn't that correct?

18 A That's correct.

19 Q The -- and -- you were there for approximately how
20 long before Mr. Presley was placed under arrest?

21 A Thirty, forty-five minutes; somewhere in that
22 neighborhood.

23 Q And during that time, did Mr. Presley tell you, or

1 did you hear him tell anyone else, that Sandra Laing had
2 taken an overdose of drugs?

3 A No. I didn't hear anything like that.

4 Q Did you hear him inquire about her condition or
5 health and make any request for information about that?

6 A I heard him ask how she was.

7 Q The -- did there come a time when you and Sergeant
8 Noble and the then Lieutenant Wilkins got together and sort
9 of compared notes about what everybody had found in their
10 investigation?

11 A Yes, sir. We met out by the front door.

12 Q Okay. And you told Lieutenant Wilkins what you had
13 heard?

14 A Yes, sir.

15 Q And Sergeant Noble told Lieutenant Wilkins what he
16 had heard?

17 A Right.

18 Q And then Lieutenant Wilkins directed you guys to
19 place Mr. Presley under arrest; isn't that correct?

20 A He didn't tell me to. We just -- we compiled
21 notes, and it was apparent to me that an arrest needed to be
22 made.

23 Q And then Lieutenant Wilkins, he arrived on the

1 MR. STROM: If I could have a moment, Judge.

2 THE COURT: All right.

3 (Whereupon, counsel conferred privately.)

4 MR. STROM: Deputy Harpster.

5 THE COURT: Harpster. Have a seat.

6 MR. C. ANDERSON: Judge, to speed things up,
7 I'm going to stipulate that that was the chair that was
8 broken and found in the Presley house on the early morning
9 hours of August 1. And as I understand it, the Commonwealth
10 is going to stipulate that the lab examination done by the
11 forensic unit found no evidence of any -- beat anybody up,
12 that it was used to hit anyone. And that lab result is also
13 going to go into evidence by stipulation.

14 Is that correct?

15 MR. STROM: There is a lab report, Judge, that
16 was performed on various pieces of the chair. The lab
17 report --

18 THE COURT: Is it in the file?

19 MR. STROM: It should be. The report should
20 speak for itself.

21 MR. C. ANDERSON: I just want to make sure the
22 report is part of the evidence along with the chair.

23 THE COURT: So that the record is clear, what

1 you're referring to as the chair appears to be a plastic bag
2 with some brown -- some pieces that are wrapped in brown
3 paper?

4 MR. C. ANDERSON: Correct, Judge.

5 THE COURT: What number is that, for the
6 record?

7 THE CLERK: This will be five.

8 THE COURT: Five. Five will come in without
9 objection by stipulation as a chair. What? Removed from the
10 home?

11 MR. C. ANDERSON: That's fine, Your Honor.

12 MR. STROM: Yes, Judge. It's in numerous --

13 MR. C. ANDERSON: Pieces.

14 MR. STROM: -- pieces.

15 THE COURT: The pieces are individually
16 wrapped, Mr. Strom?

17 MR. STROM: Yes, Judge. They are.

18 THE COURT: You may consider that as
19 evidence. Five in evidence; the chair.

20 (Whereupon, Plaintiff's Exhibit No. 5 was marked
21 for identification and received in evidence.)

22 MR. STROM: Judge --

23 THE COURT: I don't see a lab report.

1 can tell by looking at the pictures or even by your tissue
2 sample, whether she got that black eye from the medical
3 personnel responding to her needs or from some other source,
4 just by looking at the pictures; isn't that correct?

5 A Well, it would depend on when the rescue people
6 started working on her.

7 Q Okay. Well, if I represented to you that the facts
8 in this case were that the rescue people responded to her
9 approximately two to two and a half hours before her death,
10 the -- that wouldn't help you any way to make -- because as I
11 understand how you time these pictures, that, in fact, is
12 within the range that you said she got the black eye
13 probably?

14 A Yes.

15 Q And there's no way that looking at the pictures
16 tell you how she got the black eye; isn't that correct?

17 A That's correct.

18 Q The -- when you say that the tissue samples -- your
19 opinion is that from the tissue samples, reading the tissue
20 samples, that the injury took two to four hours -- occurred
21 within two to four hours of her death, what's your range of
22 error on that estimate?

23 A The -- these are estimations. Different people

1 have different reactions. So it is not a precise number --

2 Q Right. So it could be one hour? It could be five
3 hours? It could spread out a couple hours either way
4 depending on the health of the individual, temperature, all
5 kinds of things like that, variables; right?

6 A There are a lot of variables.

7 Q Right. And you don't know all those variables?
8 It's not possible to know those variables when you're doing
9 the autopsy; isn't that correct?

10 A That's correct. Even if I did, I couldn't put a
11 precise time on the injury.

12 Q The -- are you under the impression from your
13 examination of the medical records provided to you from the
14 Loudoun County Emergency Hospital that the intubation of this
15 patient was -- that they had no problems with that?

16 MR. ANDERSON: I object. That's irrelevant.
17 The issue goes to whether or not it, in any way, affected the
18 depiction of the period from the photographs.

19 MR. C. ANDERSON: The next question --

20 THE COURT: Didn't have any problem.
21 Sustained to the form of your question.

22 BY MR. C. ANDERSON: (resumed)

23 Q Are you aware that they did not intube her -- that

1 they put the tube down her esophagus into her stomach instead
2 of down her trachea, into her lungs?

3 A I did examine the hospital records, and there is an
4 indication of a difficult intubation.

5 Q Right. What happens to somebody when you pump air
6 into their stomach instead of into their lungs?

7 A The stomach expands.

8 Q Okay. And what is that Rice-Crispy effect that you
9 get on the skin when you get oxygen pumped up there? What do
10 they call that?

11 A Subcutaneous emphysema.

12 Q Okay. And what do they call that puffed-up look
13 that you get when they pump oxygen into the wrong part of
14 your body? What I would call the Superwoman look or the
15 Superman look. What's the medical term?

16 A The only term I know is subcutaneous emphysema.

17 Q Did you recognize that there were subcutaneous
18 emphysema into this case?

19 A There was no apparent subcutaneous emphysema at --

20 Q You did not note that in your autopsy; did you?

21 A No.

22 Q Do you have any independent recollection of this
23 case without looking at your autopsy report?

1 A No.

2 Q Your answer to that is no; is that correct?

3 A That's correct.

4 MR. C. ANDERSON: Judge, I think that's the
5 questions that I have.

6 THE COURT: Any further questions of the
7 doctor?

8 RE-DIRECT EXAMINATION

9 BY MR. ANDERSON:

10 Q Dr. Field, how many autopsies have you done, ma'am?

11 A Several thousand.

12 Q You keep notes on all those autopsies that you do;
13 is that right, ma'am?

14 A Yes.

15 Q And when you did this autopsy, the notes that --
16 accurately reflect typically what you found in the course of
17 performing the autopsy on a particular individual,
18 particularly in this case; is that right, ma'am?

19 A Yes.

20 Q And can I ask you, if I might, if you would refer
21 to the autopsy report again, and ask you, ma'am, under the --
22 in the first page of that autopsy report, specifically, where
23 it indicates scalp and skull, as to whether or not you found

1 BY MR. ANDERSON:

2 Q Would you state your name, please, to the jury?

3 A Frances Patricia Field.

4 Q Is it Dr. Field, ma'am?

5 A Yes.

6 Q Dr. Field, how are you employed, ma'am?

7 A I'm Assistant Chief Medical Examiner for the
8 Northern Virginia District Medical Examiner's Office.

9 Q And where is your office located, ma'am?

10 A In Fairfax, Virginia.

11 Q How long have you held that position?

12 A About eleven years.

13 Q And during the course of your eleven years, you
14 perform autopsies; is that right, ma'am?

15 A Yes. I do.

16 Q And during the course of that eleven years, do you
17 have any reasonable degree of certainty as to the estimate as
18 to how many autopsies you perform?

19 A I would estimate between five and six thousand.

20 Q And during the course of those autopsies, ma'am,
21 those would have been on a number of different types of
22 individuals, including crime victims and other individuals as
23 well; is that right, ma'am?

1 A Yes.

2 Q Dr. Field, would you state for the jury, please,
3 what your background consisted of prior to taking your
4 position, your present position?

5 A After medical school, I did four years of anatomic
6 and clinical pathology training. I then did an extra year of
7 training in pathology or diseases of the lungs. And then a
8 year of training in the Maryland Medical Examiner's Office in
9 forensic pathology.

10 MR. C. ANDERSON: We'll stipulate that Dr.
11 Field can testify as a medical expert.

12 THE COURT: All right.

13 BY MR. ANDERSON: (resumed)

14 Q Would you continue?

15 THE COURT: So qualified.

16 THE WITNESS: I'm board certified in anatomic
17 and clinical pathology and in forensic pathology. And I am
18 licensed in Virginia.

19 BY MR. ANDERSON: (resumed)

20 Q Dr. Field, did there come a point in time in August
21 of 1995 when you performed an autopsy on an individual by the
22 name of Sandra Laing?

23 A Yes. I did.

1 Q And where was that autopsy performed, ma'am?

2 A In the morgue at the Northern Virginia District
3 Medical Examiner's Office.

4 Q I'm going to direct your attention, if I might, to
5 what's been previously marked as Commonwealth's exhibit
6 seven, which is entitled report of autopsy, ma'am?

7 A Yes.

8 Q Do you recognize this report?

9 A Yes. I do.

10 Q And was that report, ma'am, prepared as a result of
11 the autopsy that you performed in this case?

12 A Yes.

13 Q Dr. Field, who else was present during the course
14 of the autopsy, ma'am?

15 A Besides myself, Dr. Beyer, who is also a
16 pathologist in the medical examiner's office. Harpster and
17 Canham from the Loudoun County Sheriff's Office. And Mr.
18 Strom from the Commonwealth Attorney's Office.

19 Q When you say -- is it Dr. Beyer --

20 A Yes.

21 Q -- was present? Did he assist you, ma'am, during
22 the course of the autopsy?

23 A Yes. We generally work together in performing

1 autopsies.

2 Q Now, in this particular case, Dr. Field, was there
3 any preconceived notion that you had before the autopsy was
4 performed as to what the cause of death was, ma'am?

5 MR. C. ANDERSON: Objection. Leading.

6 THE COURT: Sustained. Don't lead the
7 witness.

8 BY MR. ANDERSON: (resumed)

9 Q What, if any, preconceptions did you have prior to
10 this autopsy as to the cause of death?

11 A Well, I had none, in essence.

12 Q Would you describe please to the jury how the
13 autopsy was performed, ma'am? What did you first start
14 with? What did you look for first?

15 A The first thing that's done in an autopsy is an
16 external examination, examining the outside of the body for
17 any evidence of injury or disease.

18 Q And as you did that external examination, ma'am --
19 I'm going to direct your attention, if I might, to what's
20 been previously marked as Commonwealth's exhibit eight, which
21 is a photograph, ma'am.

22 A Yes.

23 Q And do you recognize that photograph?

1 A Yes. I do.

2 Q And what does that photograph depict, ma'am?

3 A It shows the face and upper chest of Sandra Laing.

4 Q And did you take that photograph or was that taken
5 in the medical examiner's office, ma'am?

6 A Yes. I took it during the autopsy.

7 Q And that was during the course of the autopsy,
8 ma'am?

9 A Yes.

10 Q What is the next step that you do in the course of
11 performing an autopsy, ma'am?

12 A After the external examination is done, an internal
13 examination is done. An incision is made on the front of the
14 body, and the organs removed and examined. And an incision
15 is made over the top of head, and the skull cap removed and
16 the brain examined. And samples of body fluids and tissues
17 are also taken for drug testing.

18 Q Are they done in conjunction with each other,
19 ma'am, or are they done in sequence?

20 A They're done -- after the body is opened, the blood
21 samples are taken. Before the body is opened, spinal fluid
22 and fluid from the eye are taken. Internally, also a sample
23 of liver is taken.

1 Q So that in this particular case, ma'am, in the
2 sequence of events, can you describe to the jury as to when
3 it was that you examined the head in this case of this
4 individual?

5 A This head is examined after the chest and abdomen
6 are examined.

7 Q And would you describe to the jury, ma'am, when you
8 examined the head of the victim in this particular case,
9 what, if anything, did you find, ma'am?

10 A She had a bruise on her right eye in the eyelid and
11 tissue under the right eyelid, and a small reddish abrasion
12 or scrape mark on the left forehead.

13 Q And is that the extent of trauma that you found on
14 the head itself, ma'am?

15 A Externally, yes, on the outside of the body.

16 Q And there did come a point in time during the
17 course of the performance of your autopsy that you did an
18 internal examination of the head; is that right, ma'am?

19 A Yes.

20 Q And would you describe to the jury what, if
21 anything, you found during the course of the internal
22 examination portion of the head?

23 A Yes. After the skull cap was removed and the dura,

1 which is a tough membrane that surrounds the brain, that's
2 then cut open, and when that was done, a -- some blood, which
3 is called subdural hemorrhage, was found on the left side of
4 the head, side and top of the head. This was blood which
5 fell away from the dura. It wasn't attached to the dura.

6 Also, on examining the tongue, there was a bruise
7 on the left back part of the tongue. The brain, after the
8 blood was removed from the outside of the brain, showed a --
9 some slight flattening where the blood was compressing the
10 brain.

11 And at the bottom part of the brain where the brain
12 becomes the brain stem and then the spinal cord, there's an
13 opening called the foramen magnum. And at that point, the
14 bottom part of the brain has an area called the uncus, and
15 when the brain is compressed down onto the foramen magnum, it
16 causes bruising, a little bruise mark to form on the uncus.
17 And she had bruising on her left uncus.

18 I also did a microscopic exam on the brain. Did
19 you want me to continue with that?

20 Q Yes, ma'am. If you would.

21 A Microscopic examination of the -- that part of the
22 brain which goes through the foramen magnum showed small
23 hemorrhages around the blood vessels, which is another

1 indication that the brain is being compressed through that
2 opening on the bottom part of the skull.

3 Q Did you have occasion, Doctor, during the course of
4 the examination to do any sort of microscopic examination of
5 the blood that you found in the brain, ma'am?

6 A Yes. I did.

7 Q And before you get into that, if you would, did you
8 have occasion to measure the amount of blood that was in the
9 brain, ma'am?

10 A Yes.

11 Q And how much was that?

12 A One hundred twenty milliliters.

13 Q And did you have any indication prior to opening up
14 the skull in this case that you were going to be faced with
15 that type of a condition, ma'am?

16 A No. I didn't.

17 Q And would you go ahead then and describe what, if
18 anything, that you did as to the microscopic examination of
19 the blood that you found?

20 A Yes. The microscopic exam of the subdural
21 hemorrhage showed mostly intact red blood cells, which were
22 enmeshed in fiber and which is the first stage of clotting of
23 the blood.

1 Q When you found that during the course of the
2 microscopic examination, what, if any, significance did you
3 give to that finding, ma'am?

4 A Well, the -- the microscopic finding and the gross
5 appearance both would indicate a very recent hemorrhage.

6 Q Now, when you say by recent, ma'am, is the fact --
7 or was the fact that the red blood cells were intact, was
8 that significant to you, ma'am?

9 A Yes. It is.

10 Q And the fact that the red blood cells were intact,
11 do you have any estimate as to a reasonable degree of
12 certainty as to approximately how long that condition was
13 present before death?

14 A Well, not only on the fact that the red cells were
15 intact --

16 Q Yes, ma'am.

17 A -- the entire appearance, both the gross appearance
18 as it was seen at autopsy and the microscopic appearance, in
19 that there was absolutely no adherence of the blood to the
20 dura, which is something which happens over time. There were
21 no inflammatory cells on the dura, which would indicate to me
22 that it was a very recent bleeding in the head, within
23 several hours of death, or minutes, for that matter.

1 Q Doctor, did you then, during the course of the
2 autopsy, have occasion to do any microscopic examination of
3 the eye itself?

4 A Of the tissue around the eye?

5 Q The tissue around the eye.

6 A Yes. I did.

7 Q And what, if anything, did you find during the
8 course of your microscopic examination of that tissue?

9 A The examination of the bruise around the eye showed
10 intact red cells and a small infiltration of neutrophils,
11 which are white blood cells or inflammatory cells.

12 Q And based on the examination of that tissue, ma'am,
13 can you state with any degree of medical certainty as to
14 approximately when that situation occurred prior to death,
15 ma'am?

16 A Yes. It takes some time for the inflammatory cells
17 to reach the site of an injury. The earliest is about two
18 hours, but four hours is more or less a baseline of when you
19 start to be able to see inflammatory cells in an area of
20 injury like a bruise.

21 Q Is it a fair statement to say, ma'am, then that
22 based on your observation, that that particular injury
23 occurred within four hours of death?

1 A Yes. That would be my opinion.

2 Q Is it a fair statement to say, ma'am, with a fair
3 degree of -- reasonable degree of medical certainty that the
4 blood that you found in the brain occurred within four hours
5 of death, ma'am?

6 A It is -- yes. The findings are consistent with the
7 injury being recent or within four hours.

8 Q Now, what, if any, other observations did you make
9 about the body during the course of your -- primarily during
10 the course of your external examination?

11 A Besides the bruise and abrasion on her face, she
12 had other bruises and abrasions on her back and on her arms
13 and legs.

14 Q If I might, Doctor, refer you, if I could, to the
15 front page, the first page of the autopsy, specifically
16 indicating contusions of the abdomen, left buttock --

17 A Yes.

18 Q -- and upper and lower extremities and abrasions of
19 lower extremities --

20 A Yes.

21 Q -- did you do any microscopic examination as to
22 those bruises, ma'am, during the course of your autopsy?

23 A I did microscopic examination of two other bruises

1 on her body.

2 Q And what, if anything, did you find during the
3 course of that examination, ma'am?

4 A I examined a bruise from the back of her left
5 thigh. And that showed intact red cells, which would
6 indicate a recent bruise. And I did microscopic exam of a
7 bruise on her left elbow, which showed intact and some
8 degenerating red cells or red cells that are breaking down,
9 and some neutrophils or inflammatory cells.

10 Q I'm sorry, Doctor. Where was that region of the
11 body?

12 A That was on the left elbow.

13 Q Yes, ma'am. I'm sorry.

14 A And in my opinion, this would be consistent with a
15 bruise received within several hours before death.

16 Q Doctor, during the course of your examination of
17 this body, you have occasion, do you not, to, as you
18 indicated, withdraw fluid samples?

19 A Yes. I do.

20 Q And what, if anything, are you checking for, ma'am,
21 when you withdraw fluid samples?

22 A The fluid and tissues are taken for drug testing
23 and alcohol determination.

1 Q And when you did the fluid extractions from this
2 particular body, ma'am, what, if anything, did you find?

3 A I found the presence of some ethanol or alcohol;
4 Amitriptyline, which is an antidepressant; a breakdown
5 product of Diazepam called Nordiazepam; and all other drug
6 tests were negative.

7 Q The substance that you've identified as
8 Amitriptyline, ma'am --

9 A Yes.

10 Q -- do you know that to be a prescription
11 medication?

12 A Yes.

13 Q And is that, as you said, an antidepressant?

14 A Yes.

15 Q The Nordiazepam, is that in any way a compound or
16 breakdown of Amitriptyline, ma'am?

17 A Nortriptyline is a breakdown of Amitriptyline.

18 Q I'm sorry. So you did find Nortriptyline as well;
19 is that right?

20 A Yes. That's a breakdown of Diazepam.

21 Q Is there anything else based on your report, ma'am,
22 that you found as to substances within the fluids that were
23 extracted from the body?

1 A No other drugs were found besides the blood alcohol
2 determination was performed on the eye fluid, spinal fluid,
3 fluid from a vein going down into the leg, and from the blood
4 found in the head of the subdural blood. Also, the liver was
5 used to confirm the presence of Amitriptyline and
6 Nordiazepam.

7 Q Doctor, during the course of your examination, do
8 you have occasion to make any determination as to -- when you
9 find a condition particularly in the brain area, as to what,
10 if any, cause might have caused that condition, ma'am?

11 A Yes. I do that.

12 Q Is there anything in the course of your examination
13 in this particular case that indicated to you, ma'am, that
14 any of the fluids that were found during the course of your
15 examination of this body caused the condition that you found
16 in the brain, the fluids themselves?

17 A Whether the positive alcohol and drug --

18 Q Yes, ma'am.

19 A -- had -- no. In my opinion, they would not be
20 related.

21 Q Do you have, with any degree of medical certainty,
22 an opinion, ma'am, as to what, if any, cause resulted in the
23 condition that you found in the brain in this case?

1 A What caused the subdural hemorrhage?

2 Q Yes, ma'am. Yes.

3 A In my opinion, it would have been from a blunt
4 force trauma.

5 Q The Commonwealth's exhibit eight, ma'am, which is a
6 photograph of the eye, is that consistent with the blunt
7 force trauma that you refer to?

8 A Could the injury that caused the bruise on the eye
9 cause the subdural?

10 Q Yes, ma'am.

11 A Yes. In my opinion, that could have.

12 MR. C. ANDERSON: I'm going to object if she's
13 going to say could have.

14 THE COURT: Sustained.

15 BY MR. ANDERSON: (resumed)

16 Q The bruise was to the left eye; is that right,
17 ma'am?

18 A The right eye.

19 Q The right eye. I'm sorry. And the subdural
20 hemorrhage or the subdural hematoma was on the opposite side
21 in the back?

22 A Yes. It was.

23 Q What, if any, significance do you find as to that

1 particular condition, ma'am? Is that unusual?

2 A No. An injury to the right side of head can cause
3 a subdural hemorrhage on the left, and vice versa. An injury
4 to a -- the back of the head can cause a subdural in the
5 front. They're not related to the location of the
6 hemorrhage.

7 Q Would you describe, please, to the jury as to what
8 happens generally in the course of a blunt force trauma to
9 the head as to the brain and how it relates to the inside of
10 the skull, ma'am?

11 A Yes. The -- the dura, that tough membrane around
12 the brain, is relatively firmly attached to the inside of the
13 skull. Inside the dura then is the brain, which the dura is
14 not attached to the brain, but there are little blood vessels
15 which pass between them.

16 And the brain is somewhat cushioned by spinal fluid
17 so that when someone's head is moved in a violent manner, the
18 skull will move but the brain will lag a little bit behind
19 it, because there is a slight space in there that the brain
20 sits in. So that the skull would move and then the brain
21 would follow at a very slightly later time. And then when
22 both -- when the head comes to rest, then the brain would
23 more or less bump into the skull after it has stopped.

1 There are little veins called bridging veins from
2 the dura, which possibly can tear when someone's head is
3 moved in a violent manner. And these are the veins that
4 release the blood that produces the subdural hemorrhage.

5 Q Doctor, if I might, the uncal grooving that you
6 talked about, ma'am --

7 A Yes.

8 Q -- that could be as a result or -- excuse me -- as
9 a result of pressure on the brain; is that correct, ma'am?

10 A Yes.

11 Q And I'm sorry. The uncal grooving occurs where in
12 the brain itself, Doctor?

13 A It's at the bottom part of the brain where it is
14 close to the foramen magnum, the opening at the base of the
15 skull where the brain passes through and becomes the spinal
16 cord. And the uncus is on that bottom part of the brain near
17 that opening.

18 Q You testified that there was an examination done of
19 the scalp and skull, ma'am?

20 A Yes.

21 Q And other than what you've already testified to,
22 your testimony is that there was no evidence of trauma as to
23 the skull and the scalp itself, ma'am; is that correct?

1 A That's correct.

2 Q Could you describe to the jury, ma'am -- and I
3 don't -- well, could you describe to the jury what, if
4 anything, you do in making that examination? How is it that
5 you determine that there is no additional trauma to a head or
6 a skull of a deceased individual?

7 A Well, it's examined. At the time of autopsy, the
8 -- as I said before, an incision is made over the top of the
9 head, and the scalp is peeled forward over the forehead and
10 backward onto the neck and -- so that you can see not only
11 the outside of the -- the scalp but the inside of the scalp.
12 Because often, even if there's not a bruise on the skin
13 surface of the scalp, you'll see bruising on the inside.
14 There was none in this case.

15 Once the skin -- the scalp is peeled back, the
16 outside of the skull can be examined directly. Then the top
17 of the skull is cut open, and the inside of the skull can be
18 examined directly after the dura is removed.

19 Then the brain is removed from the bottom part of
20 the skull, and the dura is removed from -- off the bottom
21 part of the skull so that you can have a direct visual
22 examination of the bottom part of the skull. And no injury
23 was seen to the skull.

1 Q Dr. Field, you had occasion, as you've testified to
2 earlier, to review the medical reports from the hospital; is
3 that right, ma'am?

4 A Yes. I did.

5 Q And you had occasion to review those medical
6 reports as to what, if any, cause of death was listed on
7 those medical reports; is that right, ma'am?

8 A Yes. I did.

9 Q And what was the listed cause of death on those
10 medical reports?

11 A Well, they don't give a cause of death. They give
12 a diagnosis.

13 Q And what is the diagnosis?

14 A This is on the emergency room admission page. It
15 says, "Diagnosis: Drug O.D., slash, possible head trauma."

16 Q Dr. Field, during the course of your autopsy, did
17 you, at any point in time during the course of your
18 examination, find any indication that the cause of death in
19 this case was due to a drug overdose?

20 A No. I didn't.

21 Q And can you describe to the jury what, if any,
22 procedures might be done by a hospital to determine whether
23 or not the condition that you found during the course of your

1 autopsy might have been discovered while the victim was still
2 alive? What would they have to do to find it?

3 A In the hospital, a -- a CT scan of the head or
4 other radiologic-type tests can be done to look for a
5 subdural hemorrhage or other types of trauma in the head.

6 Q And based on your examination of the medical
7 reports, Doctor, is there any indication that you found in
8 there that there was a CT scan done prior to that diagnosis
9 listed?

10 A I didn't find any evidence of a CT scan.

11 Q Doctor, the medical procedures that were performed
12 at the hospital, ma'am, including the intubation --

13 A Yes.

14 Q -- and the -- I'm sorry -- the intravenous efforts
15 that were made, that was through the course of her arm; is
16 that correct; ma'am?

17 A Yes.

18 Q And those were tubes that were placed in her arm?

19 A Yes. She had an intravenous line in her left arm,
20 in her right wrist, and evidence of a another puncture on the
21 right arm.

22 Q You were asked -- I'm sorry. During the course of
23 the intubation process, ma'am --

1 A Yes.

2 Q -- the condition that arises when the intubation is
3 not done properly is what?

4 A Well, one of the things that can occur is
5 subcutaneous emphysema where air passes out into the soft
6 tissue or muscle and fatty tissue under the skin, generally
7 in the face, neck, and upper chest.

8 Q And that would be for purposes of getting oxygen
9 into the body, ma'am; is that correct?

10 A Intubation is done in order to provide the patient
11 with air.

12 Q And the condition that you described on the skin
13 would or could occur during the course of an intubation that
14 was putting oxygen into the stomach; is that correct?

15 A Well, it's putting oxygen into the tissue.
16 Usually, it's --

17 Q Other than the lungs, ma'am?

18 A Yes.

19 Q And does that have occasion -- during the course of
20 your medical and professional career, what, if any,
21 observations have you made as to whether or not that would
22 dissipate after a period of time?

23 A It can dissipate. Sometimes it's seen during the

1 intubation procedure, but it has passed away by the time the
2 autopsy is done.

3 Q And did you find any evidence of that condition on
4 this particular body at the time you did the autopsy, ma'am?

5 A No. I didn't.

6 Q Dr. Field, can you estimate with any degree of
7 certainty in this particular case -- and I know that there's
8 five or six thousand autopsies that you do -- what the period
9 of time was from beginning to end in this particular case as
10 to the procedure itself, the autopsy procedure?

11 A Let's see. I started the autopsy at 8:35. It
12 generally takes about an hour for an autopsy to be performed.

13 Q Is there anything in your notes, ma'am, that could
14 indicate that this was in any way out of the ordinary or
15 unusual as far as time required or time needed to perform the
16 autopsy?

17 A No. The body was released to the funeral home at
18 12:55 so I don't have a note as to exactly when the autopsy
19 was completed, but, in general, it would have been about an
20 hour.

21 Q Doctor, your testimony as to the Amitriptyline and
22 the Nortriptyline, which I understand you to say is a
23 breakdown of that and the Nordiazepam --

1 A Yes.

2 Q -- I'm sorry -- the answer to the question as to
3 prescription medication, does that apply also to the
4 Nordiazepam?

5 A Yes. It's prescription medication.

6 Q And did you find, at any point in time during the
7 course of your autopsy examination, the presence of any
8 illegal or nonprescription drugs in the body?

9 A No. I didn't.

10 Q Doctor, you, at some point in time, had occasion
11 during the course of your autopsy to do a microscopic
12 examination of the liver of this individual; is that right,
13 ma'am?

14 A Yes. I did.

15 Q And if I can back up for just a minute, your front
16 page of your autopsy report indicates -- well, what, if
17 anything, does it indicate as to the age of this particular
18 woman?

19 A I'm sorry?

20 Q What, if anything, does your autopsy report
21 indicate as to the age of this particular woman?

22 A Thirty-four years.

23 Q And what was her height, ma'am?

1 A Sixty-four inches.

2 Q And how much did she weight?

3 A A hundred thirteen pounds.

4 Q So she was, in fact, a small person; is that
5 correct, ma'am?

6 A Yes.

7 Q And during the course of your autopsy and
8 microscopic examination of the liver, what, if anything, did
9 you find, ma'am?

10 A There was some increased fibrosis or essentially
11 scarring in the liver, some increased amounts of inflammatory
12 cells, and some fatty replacement of the liver cells.

13 Q And based on your medical expertise and experience,
14 ma'am, what, if anything, does that signify? Is that a
15 significant finding as far as your examination was
16 concerned? And if so, what does it signify?

17 A In most cases, these conditions indicate alcohol
18 abuse.

19 Q And would that be occasional alcohol use or
20 prolonged alcohol use?

21 A In order to have the fibrosis or scarring, it would
22 be chronic alcohol use and long-term alcohol use.

23 Q And, Doctor, based on your experience and medical

1 experience, an individual whose liver is in that condition,
2 what, if any, significance does that have as to the length of
3 time that that individual may have been consuming alcohol to
4 excess?

5 A There's no specific timetable for these changes to
6 occur. Some people develop liver changes over a short period
7 of time. Other people take years to develop the changes
8 that's seen in this lady.

9 Q And based on your medical experience and expertise,
10 ma'am, what, if any, observations or statements can you make
11 as to whether or not a person that has that condition,
12 whether or not that person is better able to tolerate alcohol
13 or less able to tolerate alcohol?

14 A People who use alcohol on a regular basis develop
15 some tolerance to the alcohol so that they can drink more
16 with fewer physical effects.

17 Q What, if any, relationship does that have, ma'am,
18 to a blood alcohol content found in a person's blood? Is
19 there any correlation as to the term drunkenness as it's
20 commonly been referred to, such as the BAC in a person such
21 as you've just described?

22 A Well, people who chronically use alcohol can have a
23 higher blood level and show fewer signs of the use of alcohol

1 than people who don't use it regularly.

2 MR. ANDERSON: If I might have just a minute,
3 Your Honor.

4 THE COURT: Yes, sir.

5 (Whereupon, Mr. Anderson and Mr. Strom conferred
6 privately.)

7 BY MR. ANDERSON: (resumed)

8 Q Doctor, is there any way that you can characterize
9 the hundred and twenty milliliters from a conceptual
10 standpoint? Can you relate the amount other than in
11 milliliters, ma'am?

12 A It would be roughly equivalent to -- between a half
13 a cup and a cup. Closer to the smaller end of that range.

14 Q And would you consider that size of a hemorrhage to
15 be small, medium, or large, ma'am?

16 A In my opinion, it would be a large hemorrhage, as a
17 subdural hemorrhage.

18 Q And based on the fact that in your medical opinion,
19 it is, or is to be considered a large hemorrhage, can you
20 state with any degree of medical certainty as to whether or
21 not the drugs that you've described, the prescription drugs
22 that we've discussed, whether or not those drugs could have
23 caused that hemorrhage, ma'am?

1 A In my opinion, they would not have caused the
2 hemorrhage.

3 Q And is there any -- based on the levels of alcohol
4 that we've discussed or the condition of the liver that we
5 discussed, if there was or were alcohol in the system, is the
6 fact that there was alcohol in the system, could that have
7 caused the hemorrhage, ma'am?

8 A No.

9 Q And based on your examination and medical
10 expertise, the presence of both alcohol and the prescription
11 drugs that we talked about in combination, is there any way
12 that those could have caused the hemorrhage that we've talked
13 about, ma'am?

14 A No.

15 Q And based on your experience and expertise, is
16 there anything other than blunt force trauma to the skull
17 itself that could have caused the hemorrhage that we're
18 talking about, ma'am?

19 A Not in my opinion; no.

20 Q And do you have an opinion as to whether or not
21 that, in fact, was caused by blunt force trauma, ma'am, to
22 the head?

23 A Yes. In my opinion, it was caused by blunt force

1 Q Would you label that brain stem?

2 A (Complied).

3 Q Okay.

4 A This is a gross approximation of what the anatomy
5 is. This is brain. This is cerebellum (indicating).

6 Q Thank you.

7 MR. C. ANDERSON: Judge, could we have this
8 marked as defense exhibit one?

9 THE COURT: For identification only?

10 MR. C. ANDERSON: Also into evidence.

11 THE COURT: Defendant's one into evidence.
12 Any objection to one?

13 MR. ANDERSON: No, sir.

14 THE COURT: One is received.

15 MR. C. ANDERSON: Does it need to be marked?
16 You can leave it there.

17 THE COURT: It will be later. We needn't
18 delay the trial.

19 (Whereupon, Defendant's Exhibit No. 1 was marked
20 for identification and received in evidence. The
21 witness returned to the witness stand.)

22 BY MR. C. ANDERSON: (resumed)

23 Q Doctor, you're a pathologist?

1 A Yes.

2 Q And when you went to med school in the Dominican
3 Republic, how many pathology courses did they teach you in
4 med school?

5 A They teach one pathology course.

6 Q The -- but since you got out of medical school,
7 you've sort of concentrated in pathology; is that correct?

8 A Yes. I did four years of pathology training,
9 general pathology.

10 Q Pathology is dealing with dead people?

11 A Well, and living people in --

12 Q In a hospital setting --

13 A In a hospital setting.

14 Q -- to find out what's wrong with them?

15 A Yeah. When tissue is removed at surgery, it's
16 examined by the pathologist.

17 Q And the pathologist is supposed to be an objective
18 scientist; isn't that correct?

19 A Yes.

20 Q Now, in this case, you testified that, I believe,
21 two police investigators and Mr. Strom, the Assistant
22 Commonwealth Attorney, met with you before you did the
23 autopsy; is that correct?

1 A No. They were present at the autopsy.

2 Q Okay. The -- I want to draw your attention to --
3 this is a transcript of the preliminary hearing testimony
4 that you gave on November 13, 1995.

5 A Yes.

6 Q And see where it says here --

7 MR. ANDERSON: Could we identify the page,
8 please?

9 MR. C. ANDERSON: I'm looking on page fifteen,
10 line fifteen.

11 THE COURT: All right.

12 BY MR. C. ANDERSON: (resumed)

13 Q "Did you have an opportunity to talk with Officers
14 Harpster or Canham or the Commonwealth Attorney before you
15 did the autopsy?" Answer: "Yes. Harpster and Canham and
16 Mr. Strom from the Commonwealth Attorney's office."

17 Does that refresh your recollection as to whether
18 or not you talked with them before you did the autopsy?

19 A Not really; no. I mean I may have said hello, good
20 morning, how are you.

21 Q But you think you were telling the truth when you
22 testified in November of '95 at the preliminary hearing;
23 correct?

1 A Yes. They were --

2 Q And your memory was probably fresher in November of
3 '95 than it is now in May of '96; correct?

4 A Yes. They were there for the autopsy so I -- they
5 were there before it started so I'm sure I said good morning.

6 Q Okay. And did they tell you that she had
7 apparently suffered from a head trauma and died?

8 A I believe I got that information from the County
9 Medical Examiner.

10 Q And that was before you did the autopsy; right?

11 A Yes.

12 Q Okay. Would it refresh your recollection if I
13 pointed out on page fifteen, line twenty through
14 twenty-three, where it says, "What did they tell you about
15 this case before you did the autopsy?" Referring to the
16 investigators and to Mr. Strom. And you answered, "That she
17 apparently suffered some head trauma and died." Does that
18 refresh your recollection?

19 A Yes. That's actually information I got from the
20 County Medical Examiner.

21 Q Okay. You also got it from -- according to this
22 testimony, you got it from Mr. Strom and the two police
23 officers; isn't that correct?

1 A That's possible; yes.

2 Q Yes. You were telling the truth when you said that
3 in November of '95; right?

4 A Yes.

5 Q So you started this autopsy with -- before you did
6 anything, somebody had already told you that there was --
7 that head trauma caused the death; isn't that correct?

8 A That's what I was told apparently; yes.

9 Q The -- now, that's sort of reversing the process;
10 isn't it? Don't we go to medical examiners and coroners to
11 find out what causes the death other than telling them what
12 causes the death before they do the autopsy?

13 MR. ANDERSON: He's arguing with the witness,
14 Your Honor. Plus, he's going to a conclusion that she hasn't
15 stated. She said she talked to somebody that indicated there
16 was head trauma. There's no conclusion that --

17 THE COURT: I think the form of your question
18 is argumentative.

19 MR. C. ANDERSON: I'll withdraw it, Judge.

20 THE COURT: All right.

21 BY MR. C. ANDERSON: (resumed)

22 Q As I understand it, when you did this autopsy, you
23 didn't have the benefit of a medical history of this

1 A No. Other than --

2 Q And so the conclusions that you reached in the
3 autopsy were without the benefit of her medical history; is
4 that correct?

5 A Yes. I don't have her history.

6 Q And what you testified here today was without the
7 benefit of her medical history; is that correct?

8 A Yes. Other than what I knew from the record, the
9 final record.

10 Q So what you're talking about -- what you have is
11 the emergency medical room stuff from --

12 A Yes. The final ones.

13 Q -- the last hour or so of her life? The -- now, I
14 believe you testified that if it was significant, you put it
15 down in writing; correct?

16 A Yes.

17 Q And when we say significant, do we also mean
18 unusual?

19 A Yes.

20 Q The -- now, I -- your autopsy doesn't note that her
21 C-7 through T-1 bones were fused. Did you know they were
22 fused?

23 A No. I didn't.

1 MR. ANDERSON: Your Honor, if we can identify
2 what it is that we're referring to in the form of C-7 to C-10
3 bones -- or T-1 bones.

4 THE COURT: All right.

5 BY MR. C. ANDERSON: (resumed)

6 Q We're talking about vertebrae; aren't we?

7 THE COURT: I don't think he's mentioning
8 necessarily anatomical description, but a hospital record.
9 Is that what you're referring to?

10 BY MR. C. ANDERSON: (resumed)

11 Q If I represented to you that there's going to be
12 evidence introduced in this trial that says that those bones
13 were fused, was that something that you noted in your
14 autopsy? It's not in the autopsy report.

15 A No. I noted a scar on the back of her neck, which
16 could indicate that she had had surgery on her neck.

17 Q But you don't say anything in the autopsy report
18 about that; right?

19 A No.

20 Q And, in fact, if I told you that she not only had
21 surgery, she had craniology, would that be significant to
22 you?

23 A I'm not sure I know the word you're talking about.

1 Q Okay. If I told you she had brain surgery, that
2 somebody cut a hole and went into her head and worked on her
3 brain and the brain stem area, you didn't notice that in the
4 autopsy; did you?

5 MR. ANDERSON: I'm going to object to that,
6 Your Honor. There's been no indication as to whether or not
7 that even happened, let alone whatever time period we're
8 referring to here. He's asking her a question that I don't
9 think is fair.

10 MR. C. ANDERSON: I'm asking her if she
11 noticed -- if she noticed anything during her autopsy that
12 indicated this woman had ever had brain surgery.

13 THE COURT: Overruled.

14 BY MR. C. ANDERSON: (resumed)

15 Q Did you notice anything during the autopsy that --

16 THE COURT: But you're on terms, Mr. Anderson.

17 MR. C. ANDERSON: Pardon?

18 THE COURT: You're on terms.

19 MR. C. ANDERSON: Yes, Your Honor.

20 THE COURT: All right.

21 BY MR. C. ANDERSON: (resumed)

22 Q Did you notice anything in this -- when you did
23 this autopsy, did you note anything that indicated this woman

1 had prior brain surgery?

2 A No. I didn't.

3 Q The -- when -- did you notice anything in this
4 autopsy that indicated this woman suffered from scoliosis?

5 A No.

6 Q What's scoliosis?

7 A It's a curvature of the spine.

8 Q Did you notice anything in this autopsy that
9 indicated this woman had a reversed motive curve in her neck?

10 A No.

11 Q The -- did you notice anything in this autopsy that
12 indicated this woman had a broken shoulder?

13 A She --

14 MR. ANDERSON: Judge, I'm going to object to
15 this line of questioning. Hypothetical medical --

16 MR. C. ANDERSON: I was going to proffer that
17 -- this is not hypothetical, Judge. I was going to proffer
18 that later medical evidence will indicate that all these
19 things existed.

20 THE COURT: All right. You're on terms. I'll
21 overrule the objection. Go ahead.

22 BY MR. C. ANDERSON: (resumed)

23 Q Did you note in your autopsy her -- that she

1 suffered from Arnold-Chiari Syndrome One or I? Do you know
2 what I'm talking about?

3 A I've have heard the syndrome.

4 Q And that syndrome is, in fact, when you have a
5 malformed brain stem; isn't that correct?

6 MR. ANDERSON: Judge, he's testifying.

7 MR. C. ANDERSON: I will proffer to the Court
8 that other doctors will testify that these existed in this
9 woman's body, and it's not mentioned in the autopsy.

10 THE COURT: You're on terms. I'll overrule
11 the objection.

12 BY MR. C. ANDERSON: (resumed)

13 Q You didn't note that in your autopsy; did you?

14 A No. I didn't.

15 Q Okay. And do you know what happens when you suffer
16 from that birth deform -- birth defect?

17 A I'm not -- no. I don't know very much about
18 Arnold-Chiari Syndrome.

19 Q Do you know that the brain stem is not properly
20 developed?

21 A That's part of the syndrome.

22 Q Do you know that the brain sits in a different part
23 of the skull? It sits further down in the neck; doesn't it,

1 when you suffer from that syndrome?

2 A It can be deviated; yes.

3 Q The -- you didn't note any of that in your autopsy;
4 did you?

5 A No. I didn't. Her brain appeared normal at
6 examination.

7 Q The -- when you say her brain appeared normal,
8 didn't you, in fact, tell the people who were present at the
9 autopsy that her brain appeared swelled, that it jumped out
10 when you opened up the skull?

11 MR. ANDERSON: Your Honor, these are questions
12 that -- there's no foundation laid for this as to --

13 THE COURT: Sustained, to your last question.

14 BY MR. C. ANDERSON: (resumed)

15 Q Do you believe her brain was swelled as a result of
16 the injury she sustained?

17 A Yes. I'm sorry. I thought you were talking to me
18 about the Chiari Syndrome.

19 Q No. I switched subjects on you. I'm sorry.

20 A Yes.

21 Q So you believe her brain was swelled as a result of
22 the injury that she sustained, the subdural hematoma that you
23 diagnosed; is that correct?

1 A Well, the brain was actually compressed downward
2 toward the --

3 Q The brain, in fact, weighed the same as a normal
4 brain; isn't that correct?

5 A Yes. It was a normal weight. But --

6 Q That would suggest it wasn't swelled; wouldn't it?

7 A No. Not necessarily. We don't know what her brain
8 weighed before the injury.

9 Q When a brain is swelled, what is swelling in it?
10 What makes it swell? Doesn't it have excess liquid in it?

11 A Yes.

12 Q And doesn't excess liquid mean the brain weighs
13 more than normal?

14 A Yes. But it depends on what her normal brain
15 weight was to begin with.

16 Q Okay. So you can't tell whether a brain is swelled
17 unless somebody let's you take that brain out beforehand and
18 weigh it, and then you get to weigh it again after they died?

19 A I'm sorry. I don't understand your question.

20 Q The question is, Doctor, in fact, you can make an
21 estimate about what a normal brain weighs; can't you?

22 A Yes. But --

23 Q And her brain weighed --

1 MR. ANDERSON: Your Honor, I'm going to
2 object. He's not letting her answer the question.

3 MR. C. ANDERSON: I'm sorry, Judge.

4 THE COURT: Let her finish her answer.

5 THE WITNESS: Normal brain weights in adults
6 can range from eleven hundred to seventeen hundred.

7 BY MR. C. ANDERSON: (resumed)

8 Q Right. And what did her brain weigh, Doctor?

9 A Eleven hundred ninety.

10 Q So it's the low end of an average adult?

11 A Yes.

12 Q Not what you would expect from a swelled brain; is
13 it?

14 A It could be.

15 Q Okay. So you think that she started off with a
16 brain that was much smaller than average and then swelled up
17 to the weight you got?

18 A It might have started at eleven hundred and swelled
19 to eleven-ninety.

20 Q And you didn't note anywhere in your autopsy that
21 there was any problems with her esophagus; did you?

22 A No.

23 Q Did you read the medical reports from the -- when

1 they had her at the emergency room?

2 A Yes. Sometime after the autopsy, I did.

3 Q And in your review of those, did you determine that
4 they, in fact, had shoved the tube down her esophagus on many
5 occasions, rather than down her trachea?

6 A They indicated that they thought they might have
7 done that; yes.

8 Q Right. The -- and, in fact, they never got her to
9 breathe; did they, at the emergency room, when they tried to
10 tube her?

11 MR. ANDERSON: Judge, that's speculation
12 certainly. She wasn't there. I'm not sure that's --

13 MR. C. ANDERSON: She read the medical reports
14 from the emergency room.

15 THE COURT: Rephrase your question.

16 MR. C. ANDERSON: Thank you, Judge.

17 THE COURT: Sustained to the form of your
18 question.

19 BY MR. C. ANDERSON: (resumed)

20 Q A fair reading of the emergency room medical
21 reports was that they never properly tubed this woman and got
22 her to breathe. That's why they kept doing the tubing over
23 and over again; isn't that correct, Doctor?

1 A Yes. I believe they do indicate that at one point,
2 they did have the tube in the proper place.

3 Q In the place where they indicate that they thought
4 they had the tube in the proper place, they then go on to say
5 that they took it out and put it back in again. Do you think
6 they would do that if they actually had it in the proper
7 place, Doctor?

8 A Well, they indicate that they were still having
9 trouble ventilating her or letting her breathe so they
10 repositioned it.

11 Q What happens if you keep -- are you familiar with
12 the device that they use for tubing a person?

13 A Yes. I believe I removed hers at autopsy.

14 Q In fact, they left it in her?

15 A Yes.

16 Q And that has a sharp end on it; doesn't it, where
17 they put it down? That one end is a little sharp?

18 A I wouldn't call it sharp. It's a hard plastic.

19 Q It's a hard plastic?

20 A It's a bendable plastic.

21 Q Okay. But you wouldn't like it shoved down your
22 throat when you were conscious? It would hurt?

23 A Not necessarily; no.
..

1 Q Okay. Doctor, when they tried unsuccessfully to
2 tube this woman and they put the tube into her esophagus,
3 don't they make reference to the medical report from the
4 emergency room that, in fact, they believe they pierced the
5 esophagus?

6 A I don't remember seeing that in the report.
7 Perhaps you could show me that.

8 Q You didn't note in your autopsy anything about a
9 pierced esophagus; did you?

10 A No. The esophagus looked normal at autopsy.

11 Q When you say just in response to my question that
12 it looked normal, you don't remember what it looked like?
13 You just know what you put in the autopsy report? You don't
14 have an independent recollection of what her --

15 A No. I don't.

16 Q -- what her esophagus looked like?

17 A No. I don't. If there had been an abnormality, I
18 would have put it in the autopsy report.

19 Q The -- did you note -- did you know or would it --
20 is there anything in the autopsy report that led you to
21 conclude that this woman had a physical condition that
22 affected her coordination and her ability to walk without
23 falling on a regular basis? Did you note anything in the

1 autopsy that would have drawn that conclusion to you?

2 A No. Her musculature appeared normal.

3 Q Did you notice a bunch of bruises below her knee?

4 A Yes. She had bruises on her legs.

5 Q And did you ask yourself why a person would have
6 those bruises on her legs?

7 MR. ANDERSON: Judge, I believe this is beyond
8 the scope of proper cross-examination. He's asking her
9 whether or not she asked herself questions based on bruises.
10 She's already testified as to what she found. Certainly,
11 whether or not she can speculate as to what -- why those
12 bruises were below the knees or below the lower extremities,
13 I believe, is irrelevant for purposes of cross-examination.

14 THE COURT: Overruled.

15 BY MR. C. ANDERSON: (resumed)

16 Q In a sense, you're a detective, and the body is
17 your clue; isn't that correct, Doctor?

18 A If you want to think of it that way, that's fine.

19 Q Okay. But I mean you're looking to the body for
20 clues to tell you what happened to this person or what was
21 wrong with her or things like that because you're trying to
22 determine what the manner of her death was and the cause of
23 her death; isn't that correct?

1 A Yes. That's correct.

2 Q That's why you make notes of the external part of
3 her body and the internal part of her body; isn't that
4 correct?

5 A Yes.

6 Q The -- and you, in fact, noted that she had scars
7 and abrasions on her legs below her knees; didn't you?

8 A I don't believe she had any scars. She had bruises
9 and abrasions.

10 Q I draw your attention to the autopsy body diagram.

11 A Yes. She did have scars.

12 Q Thank you. The -- but you don't remember
13 speculating because there's nothing in the autopsy report as
14 to why she had those bruises and scars; do you, Doctor?

15 A Well, scars and bruises on the legs are not that
16 atypical of bodies that are autopsied.

17 Q When you say that you conclude that she died from a
18 subdural hematoma caused by a blunt force instrument or a
19 blunt force blow, can you make a distinction between the type
20 of injury you would have if you fell? Would that -- could
21 that cause a subdural hematoma if you fell and banged your
22 head?

23 A Yes. If you fell hard enough and hit it on a hard

1 surface.

2 Q Okay. Now, in this case, did the police or the
3 Commonwealth Attorney, when they met with you, did they tell
4 you that this woman had fallen and banged her head twice
5 within approximately twelve hours of her death?

6 A I don't recall that. But I do recall that she --
7 she did fall frequently.

8 Q The -- did you ask yourself why she fell
9 frequently?

10 A Well, she had a high alcohol content. That would
11 be one reason that she might.

12 Q So she had a high alcohol content, and she had a
13 relatively high drug content for Amitriptyline; didn't she?

14 A You can't judge Amitriptyline level by blood,
15 because it increases postmortem.

16 Q Okay. The -- doesn't it depend on where you take
17 the sample?

18 A Not -- no. Not necessarily; no.

19 Q She had Amitriptyline in her system; right?

20 A She did; yes.

21 Q And did you read the medical report and see a
22 reference in there to somebody calling Poison Control and
23 asking if taking forty pills of Amitriptyline would kill

1 them?

2 MR. ANDERSON: Judge, I object. That's
3 irrelevant.

4 BY MR. C. ANDERSON: (resumed)

5 Q Did you notice that in the medical report?

6 THE COURT: Ladies and gentlemen of the jury,
7 you're not consider to consider that for the fact that --
8 what statement may be contained in the medical record is
9 true, but to the fact that it may be contained in the medical
10 record.

11 And you're on terms that it is in the medical
12 record. All right. Go ahead.

13 BY MR. C. ANDERSON: (resumed)

14 Q Did you notice in the medical record, in the
15 written portion of the medical record, that a nurse called
16 the Poison Control people at approximately two something in
17 the morning to get information on how to treat an
18 Amitriptyline overdose, and that the Poison Control people
19 asked her if, in fact, this was the same person that had
20 called them at approximately eleven o'clock at night and
21 reported taking forty Amitriptyline pills, and that call came
22 from the same area?

23 MR. ANDERSON: Objection.

1 BY MR. C. ANDERSON: (resumed)

2 Q Did you notice that in the medical report?

3 COURT: You're objecting?

4 MR. ANDERSON: Yes, sir.

5 THE COURT: Sustained. Point her to the
6 medical report, and she may testify from the medical history
7 as that may affect her opinion.

8 And that's the only reason for which you are to
9 consider this testimony.

10 Go ahead.

11 BY MR. C. ANDERSON: (resumed)

12 Q I'm talking, Doctor, about the medical report from
13 the emergency room at Loudoun County Memorial Hospital where
14 Sandra Laing was taken. It's a handwritten reference, if you
15 find it before I do, Doctor.

16 A I think I have it.

17 Q Okay. Do you see the reference there to a phone
18 call to the Poison Control Center?

19 A Yes.

20 Q Do you see the reference to the fact that somebody
21 called and wanted to know if they took forty Amitriptyline
22 pills whether that would kill them?

23 A I'm not sure -- I can't quite read this.

1 Q Let me just see if we've got the right form here.

2 A I don't know what this little mark is.

3 Q Would you agree with me that this says Poison
4 received call from --

5 A Person.

6 Q Poison. We're talking about --

7 A Oh, Poison Control Center.

8 Q -- Poison Control Center. See the two words there?

9 A Okay.

10 Q Poison received call from this area about
11 Amitriptyline O.D., one-forty -- I'm sorry -- amount, forty
12 tablets, forty-three zero three. Advised party to call 911
13 --- and I'm not sure what that is -- immediately. And
14 then --

15 A Come immediately to.

16 Q Come immediately to the ER. And then call returned
17 again twenty-three zero eight. Same party asking about
18 lethal overdose, forty Amitriptyline. Did you consider that
19 when you were writing your autopsy, Doctor?

20 A I think it's Nortriptyline.

21 Q Nortriptyline.

22 MR. ANDERSON: Your Honor, if I might. This
23 is a hearsay statement that certainly is being offered for

1 the truth of the matter asserted. He's asking --

2 THE COURT: I've already instructed the jury.
3 They're not to consider this for the truth of what was
4 contained in the statement, but only as it may affect her
5 opinion as an expert in this case.

6 MR. C. ANDERSON: I'm asking her did it
7 affect --

8 BY MR. C. ANDERSON: (resumed)

9 Q Did you even notice that, Doctor, when you wrote
10 your autopsy report?

11 A Yes. I had read this.

12 Q Okay. And did that have any impact on your
13 conclusions with regard to drug overdose possibilities in
14 this case?

15 A Well, I considered it. But --

16 Q Okay. But you didn't put anything in your autopsy
17 report about a possible drug overdose; did you, Doctor?

18 A She didn't die from a drug overdose.

19 Q And that's your opinion; right, Doctor?

20 A Yes.

21 Q Okay. And the -- now, you're a toxicologist;
22 right, Doctor?

23 A No. I'm not.

1 Q The -- and a toxicologist would have greater
2 expertise of the effect of drugs on some person; wouldn't he,
3 Doctor?

4 MR. ANDERSON: I object to that. He's asking
5 her to speculate as to whether or not a toxicologist might
6 have a better view for purposes of forming an expert opinion
7 as to this witness. That's speculation.

8 MR. C. ANDERSON: She's a pathologist. She
9 knows what different doctors' specialties are.

10 THE COURT: Overruled.

11 You can answer the question.

12 BY MR. C. ANDERSON: (resumed)

13 Q If I wanted to find out about the impact of drugs
14 or alcohol, I would be better off talking to a toxicologist
15 than a pathologist; wouldn't I, generally speaking?

16 A Well, part of my job is to interpret the drug
17 levels, which are tests that I order as part of my autopsy.

18 Q Right. But you're relying on the work of a
19 toxicologist for that information; aren't you?

20 A Yes. The toxicologist performs the tests.

21 Q And a toxicologist, it's not part of their job.
22 It's what they do everyday; isn't it, Doctor?

23 A Yes. It is.

1 Q Okay. The -- would it have affected your
2 conclusions at all, Doctor, if you had seen her medical
3 reports and seen within two or three months of this death
4 that she had been treated for -- what is Amitriptyline? What
5 is that type of drug, generally speaking?

6 A It's an antidepressant.

7 Q Right. And would it affect you if you had added
8 that into the medical reports that showed for two or three
9 months, she had been talking to a doctor about suicidal
10 tendencies? Would that have affected your impact or impacted
11 on your conclusions as to her cause of death at all, Doctor?

12 A No. It would not, based on these blood levels and
13 liver levels of the drug.

14 Q Did you notice in the medical report from the
15 Loudoun County Hospital that they took a blood sample at
16 approximately three a.m. on the morning that she died, and it
17 showed a blood alcohol count of point two five seven?

18 A Yes. I saw that.

19 Q Okay. The -- if you'll just accept, for purposes
20 of answering this question, that she was -- that she stopped
21 drinking sometime around twelve or one o'clock in the morning
22 that morning, and it were a couple hours after that, and she
23 had a blood alcohol level of point two five seven at

1 approximately three in the morning, what would her blood
2 alcohol count be at approximately one in the morning?

3 MR. ANDERSON: Judge, that's pure speculation.

4 MR. C. ANDERSON: That's not speculation.

5 BY MR. C. ANDERSON: (resumed)

6 Q Doctor, isn't it true that you can make a
7 calculation --

8 THE COURT: Sustained. Lay some foundation
9 for her to reach such a conclusion, Mr. Anderson.

10 THE COURT REPORTER: Judge, excuse me. I'm
11 having a really hard time keeping up with Mr. Anderson.

12 THE COURT: Slow down.

13 MR. C. ANDERSON: I'm sorry, Judge. I'll
14 talk slower.

15 THE COURT: All right. Go ahead.

16 BY MR. C. ANDERSON: (resumed)

17 Q The -- is there a mathematical formula that you're
18 aware of, Dr. Field, for calculating blood alcohol based on
19 normal metabolism rate?

20 A Yes.

21 Q And does that formula basically say that you've
22 metabolized approximately point zero one five milliliters per
23 hour?

1 A Yes.

2 Q So if I know that somebody had a blood alcohol rate
3 at point two five seven at approximately three a.m., and we
4 assume for purposes of my question that she didn't have
5 anything to drink after, say, either twelve or one o'clock,
6 can't we just do the mathematics and go backwards and find
7 out what her blood alcohol level was at that time?

8 A You can if the number you're starting with is a
9 correct analysis.

10 Q Okay. Right. And if you do that, that means she
11 had a higher blood alcohol level back around one o'clock than
12 she had at three o'clock; isn't that correct?

13 A Yes.

14 Q Okay. The -- and so if you did the mathematics in
15 this thing, assuming, as we have to, that the results that
16 you have and the results that the hospital has are accurate,
17 that would indicate that back around one a.m. or so, her
18 blood alcohol level was approaching point three zero; isn't
19 that correct?

20 A No. Not according to the levels I got.

21 Q Okay. But I'm asking you if, according to the
22 levels that the hospital got when they took the blood sample
23 at three a.m., approximately three a.m?

1 A Well, I don't know how they took that sample,
2 whether they wiped the arm with alcohol before they drew the
3 sample, so I can't really testify.

4 Q You want to speculate that they did a bad job
5 taking the sample?

6 MR. ANDERSON: Judge, that is totally
7 inappropriate.

8 THE COURT: Sustained. You're arguing with
9 the witness.

10 BY MR. C. ANDERSON: (resumed)

11 Q The -- now, I believe that you testified, Doctor,
12 that your diagnosis was that she suffered from an acute
13 subdural hematoma; is that correct?

14 A Yes.

15 Q And an acute subdural hematoma just means a
16 subdural hematoma that took place within two or three days of
17 death; isn't that correct?

18 A Yes. It's a recent subdural hematoma.

19 Q Okay. When you say recent, we're talking two or
20 three days? People can walk around with a subdural hematoma
21 for a relatively long time; isn't that correct?

22 A If it's small; yes.

23 Q And I believe you testified that when you opened

1 her skull, you didn't expect to find a subdural hematoma in
2 there because the only evidence you had of any blow to the
3 head was a black eye; isn't that correct?

4 A I didn't know what I would find in the head; yes.

5 Q Well, it would be unusual to find a subdural
6 hematoma in somebody's brain if the only outer evidence of
7 any contusions or anything like that was just a black eye?
8 You don't get a subdural hematoma every time you get a black
9 eye; isn't that correct?

10 A Not every time; no.

11 Q And, in fact, it's very rare; isn't it, as a result
12 of a black eye?

13 A I don't know if I'd say rare, but it's not
14 necessarily a function of one or the other.

15 Q And that is exactly correct. You can have a black
16 eye, and it doesn't necessarily have anything to do with the
17 subdural hematoma; isn't that correct?

18 A That's correct.

19 Q The -- now, if -- if this person was coming out of
20 the bathroom and she fell and she broke her fall by hitting
21 her head on a doorknob, is that the kind of force blow that
22 might cause a subdural hematoma?

23 MR. ANDERSON: Judge, I believe this is

1 testimony. And, certainly, if he has testimony --

2 MR. C. ANDERSON: I believe that --

3 MR. ANDERSON: If I might finish. He
4 indicated that this is, in fact, what happened. I think -- I
5 believe the proper question would be certainly a fall could
6 have caused this condition. But what he's doing is
7 testifying, Your Honor. I believe it's improper.

8 MR. C. ANDERSON: Judge, if we're going to
9 have the same evidence here as they had at the preliminary
10 hearing, there's going to be evidence --

11 THE COURT: You can ask hypothetical
12 questions.

13 MR. C. ANDERSON: Yes.

14 BY MR. C. ANDERSON: (resumed)

15 Q Hypothetically, Doctor --

16 THE COURT: Assuming.

17 BY MR. C. ANDERSON: (resumed)

18 Q -- assuming --

19 THE COURT: But let me see you over here
20 before you ask this question.

21 (Whereupon, the following was held at the
22 side-bar:)

23 THE COURT: I know that you want to ask

1 questions quickly and rapidly, but I don't want to lose our
2 court reporter in the process.

3 MR. C. ANDERSON: I'm sorry. I get excited.

4 THE COURT: Are we going fast?

5 MR. C. ANDERSON: I'll slow down.

6 THE COURT: If you can. I know that you have
7 a lot of questions to ask, but we need to keep it on an even
8 keel.

9 (Whereupon, the proceedings continued in open
10 court, as follows:)

11 THE COURT: All right.

12 BY MR. C. ANDERSON: (resumed)

13 Q Hypothetically, Doctor, if someone fell and broke
14 their fall by hitting their head on a doorknob, their face,
15 is that the type of blunt force blow that could cause a
16 subdural hematoma?

17 A I wouldn't expect it from an injury like that
18 unless the person was running or going very fast and the fall
19 was very hard and she hit her head.

20 Q Now, if this was a person who suffered from a
21 condition, hypothetically, that didn't allow her -- she had
22 muscle weakness and she wasn't able to break her fall, she
23 wasn't able to put her hands in front of her head, face, or

1 something like that, and she fell as a free-fall, is that the
2 type of blow that could cause a subdural hematoma?

3 A It would depend again on how hard exactly the fall
4 was. It would take some large force to cause a subdural
5 hemorrhage.

6 Q The -- Doctor, the -- now, you think that -- in
7 answering that question, what do you think is a greater
8 force, a free-fall into a doorknob or getting slapped or
9 punched in the face?

10 MR. ANDERSON: I object to that, Your Honor.

11 BY MR. C. ANDERSON: (resumed)

12 Q In your opinion, what's the greater force there?

13 MR. ANDERSON: That is pure speculation.

14 She's already testified as to --

15 THE COURT: Sustained to the form of your
16 question.

17 BY MR. C. ANDERSON: (resumed)

18 Q Hypothetically, if you had to compare with force,
19 do you think you have -- experience greater force when you
20 free-fall into a door or free-fall into the floor, or do you
21 think you get greater force when you're punched?

22 MR. ANDERSON: That's the same objection. I
23 believe it's the same question.

1 THE COURT: I don't think necessarily it is,
2 if she can answer it. She might not be able to answer that
3 question.

4 THE WITNESS: It would depend on the size of
5 the person doing the punching and how hard the swing was. I
6 really can't answer your question.

7 BY MR. C. ANDERSON: (resumed)

8 Q Are you familiar with the study done of all the
9 licensed boxers in New York State that showed that not one of
10 them died of subdural hematoma?

11 MR. ANDERSON: Judge, that's hearsay.

12 MR. C. ANDERSON: I'm asking if she's familiar
13 with it.

14 BY MR. C. ANDERSON: (resumed)

15 Q Are you familiar with that study?

16 THE COURT: All right. You're on terms.
17 Overruled.

18 THE WITNESS: No. I haven't.

19 BY MR. C. ANDERSON: (resumed)

20 Q The deceased here did not have a healthy liver; did
21 she?

22 A No. She didn't.

23 Q Are you familiar with the condition that can cause

1 spontaneous brain bleeding if you don't have a healthy liver?

2 A There are conditions that exist; yes.

3 Q Now, I believe that you testified or there was a
4 reference to this hundred and twenty milliliters of blood.
5 This was actually a blood clot; isn't that correct?

6 A It's -- it was essentially a postmortem clot. It
7 was a jellylike clot.

8 Q Right. This was not free-flowing blood. This was
9 blood that's sort of grouped together?

10 A Yes.

11 Q And -- and you testified that this clot had not
12 adhered to the dura yet; is that correct?

13 A That's correct.

14 Q Okay. And I believe that you said that you drew
15 the conclusion, because it had not adhered to the dura, that
16 the trauma that caused that blood clot happened within four
17 hours; is that correct?

18 A The --

19 Q Isn't it a fact that you could have a blood clot,
20 Doctor --

21 THE COURT: Sustained.

22 MR. C. ANDERSON: I'm sorry. Go ahead.

23 THE COURT: Give her a chance to answer the

1 question. Then ask your next question.

2 THE WITNESS: It takes several hours for the
3 dura to start reacting to the blood so I can't put a figure
4 like four hours on it. After about twenty-four hours, cells
5 start growing out of the dura into the clot so --

6 BY MR. C. ANDERSON: (resumed)

7 Q It would not be --

8 A -- it could be within four hours, but it could have
9 taken -- it could have been longer than that based on the
10 gross and microscopic appearance.

11 Q It could have been four days; couldn't it, Doctor?

12 A It's possible. But I would have expected to see
13 some changes by twenty-four hours.

14 Q I'm going to draw your attention, Doctor, to your
15 testimony at the preliminary hearing. I'm referring to page
16 twelve, lines sixteen through twenty. The -- and it's asked
17 and you've just testified about this blood clot, and it says,
18 "And when you say fresh or recent, taking into account the
19 size and what would be -- what statement -- what time frame,
20 could you make with some degree of -- a reasonable degree of
21 medical certainty, if any?"

22 And your response is, "The hemorrhage begins to
23 clot, and the first evidence of adherence to the dura occurs

1 on or about the fourth day after the injury. So it would be
2 within four days. Less than four days." Is that accurate?

3 A Yes.

4 Q Okay. So it's four days, not four hours; right,
5 Doctor?

6 MR. ANDERSON: Judge, I object. This is not
7 the same subject that she testified to at the time. This is
8 misleading.

9 THE COURT: Sustained to the form of your
10 question. Rephrase your question.

11 BY MR. C. ANDERSON: (resumed)

12 Q There is no significance, as far as timing closer
13 than four days, to the fact that that blood clot had not
14 adhered to the dura; isn't that correct?

15 A It is adhering usually at about four days. You can
16 see some changes earlier than that, like twenty-four hours.

17 Q The -- now, Doctor, I believe that in trying to
18 time the death blow, what you testified to was that there was
19 little or no deterioration of the red blood cells, and that's
20 how you go about timing the death blow to within four hours,
21 I believe you testified, or two to four hours, or something
22 like that? You correct me and tell me what you think the
23 timing was.

1 A Are you talking about the injury to the eye?

2 Q No. I'm talking about the subdural hematoma --

3 A The subdural hematoma.

4 Q -- which you think killed her. That's what you
5 think killed her; right?

6 A Yes.

7 Q Not the eye injury?

8 A Yes.

9 Q The -- now, you examined the tissue samples and
10 determined that there was little or no inflammation or
11 deterioration of the red blood cells; is that correct?

12 MR. ANDERSON: Can we identify which tissue
13 samples we're talking about?

14 THE WITNESS: The dura?

15 BY MR. C. ANDERSON: (resumed)

16 Q I'm talking about the -- I'm talking about the
17 hematoma, subdural hematoma.

18 A Subdural hematoma. It showed predominantly intact
19 red cells; yes, with some breakdown.

20 Q With some breakdown?

21 A Yes.

22 Q So we had breakdown starting to occur with those
23 red blood cells; is that correct?

1 A Yes.

2 Q What power did you have your microscope at when you
3 examined them?

4 A The highest power that my microscope has.

5 Q And what's the highest power that your microscope
6 allows you to examine?

7 A I think it's two-fifty.

8 Q And the -- at two-fifty, you just saw slight
9 deterioration; is that what you're saying?

10 A Yeah. Early breakdown of the cells.

11 Q Now, with the region around the black -- I'm going
12 to call it the black eye even though it wasn't really black
13 -- you did tissue samples around there too?

14 A Yes.

15 Q And you concluded that the deterioration -- you
16 tell me if I have this wrong. You concluded that the
17 deterioration there was the same time period as the
18 deterioration as the subdural hematoma; is that correct?

19 A It was consistent with the same time period; yes.

20 Q Is consistent with different than the same as?

21 A Well, these -- the different features we can look
22 for in timing an event are all approximate times.

23 Q Okay. Well --

1 A So --

2 Q I'm sorry. When we say approximate times -- okay.
3 When you say that the approximate time for the subdural
4 hematoma to have occurred was four hours from death --

5 A It's consistent with within four hours; yes.

6 Q Okay. Is it consistent within six hours?

7 A Yes.

8 Q Is it consistent within twelve hours?

9 A There were no changes on the dura. So that would
10 put it at least within twenty-four hours when you start to
11 see --

12 Q Okay. So what your testimony is with a reasonable
13 degree of medical certainty, is you believe that the subdural
14 hematoma occurred within twenty-four hours of her death; is
15 that correct?

16 A Yes. It did.

17 Q Okay. The -- now, did anyone tell you that she had
18 had a second fall during the day in the hallway between her
19 bedroom and her bathroom? Did any of the police or
20 Commonwealth Attorney give you that information sometime in
21 the evening?

22 A I remember people telling me that she fell
23 frequently. I'm not sure they told me the exact time she

1 fell.

2 Q The -- is there any way that you can tell within a
3 reasonable degree of medical certainty if she fell, say,
4 within an hour of being struck, whether it was a blow of
5 being struck or whether it was the fall that did it, that
6 caused the subdural hematoma?

7 A Well, either a blow or a strike can cause a
8 subdural hematoma. The --

9 Q What I'm asking you is hypothetical, if this woman
10 fell at eleven o'clock at night and she didn't break her
11 fall, was a nice free-fall right into the floor, and she was
12 hit or slapped at twelve o'clock, an hour later, within an
13 hour, and you're now doing an autopsy and somebody asks you
14 which of those traumas caused the subdural hematoma, can you
15 give an answer within a reasonable degree of medical
16 certainty, Doctor?

17 A Well, I would want to know more information. What
18 her condition was after the fall. What her condition was
19 after the blow.

20 Q Okay. Well, when you got her on the autopsy table,
21 you don't have that kind of information; do you?

22 A No.

23 Q So my question was, you're doing the autopsy, and

1 all you know is she fell at eleven and she was hit at
2 twelve. Can you tell with a reasonable degree of medical
3 certainty which of those traumas caused the subdural
4 hematoma?

5 A Not without the other information; no.

6 Q The -- now, if somebody was suffering from a
7 subdural hematoma and they were conscious, they hadn't died,
8 the -- would it be common for them to appear to be drowsy?

9 A They might be.

10 Q Confused?

11 A Yes.

12 Q Disoriented?

13 A Yes.

14 Q The -- could they suffer nausea? Would that be a
15 symptom of somebody who had a subdural hematoma?

16 A Yes.

17 Q The -- and so if somebody had a subdural hematoma
18 and they were feeling nauseous and dizzy and all that stuff,
19 might they think they had the flu? Those are flu-like
20 symptoms; aren't they?

21 MR. ANDERSON: Judge, that's speculation;
22 might they have --

23 THE COURT: Sustained. Might they have.

1 MR. C. ANDERSON: Okay.

2 BY MR. C. ANDERSON: (resumed)

3 Q Did any of the people involved in this case on the
4 state side tell you that Sandra Laing complained of flu-like
5 symptoms on July 31, 1995?

6 A I don't recall that; no.

7 Q Okay. The -- did anyone of the police or the
8 Commonwealth Attorney's office tell you that Sandra Laing
9 complained of having the worst headache of her life on --

10 MR. C. ANDERSON: There will be proof, if they
11 put on the same witnesses that they put on at the preliminary
12 hearing, Judge.

13 MR. ANDERSON: This is testimony.

14 THE COURT: Well, you haven't finished your
15 question yet.

16 MR. C. ANDERSON: In any case -- okay.

17 THE COURT: Go ahead and finish your question.
18 Then you can object.

19 BY MR. C. ANDERSON: (resumed)

20 Q Did anyone tell you that on the afternoon of July
21 31, 1995, Sandra Laing complained of having the worst
22 headache of her life, saying that it was killing her?

23 A I don't recall that.

1 MR. ANDERSON: Judge, I'm going to object to
2 the question. I believe it's testimony.

3 THE COURT: You're on terms. Overruled.

4 BY MR. C. ANDERSON: (resumed)

5 Q Isn't it true that if someone is suffering from a
6 subdural hematoma, that they could appear to a layperson to
7 be lazy, sloppy, uncoordinated, that sort of thing, that that
8 would be general characteristics of someone that had a
9 subdural hematoma?

10 A It's a possibility; yes.

11 Q When you have a subdural hematoma and you want to
12 try to make a distinction between whether it was caused by a
13 fall or a beating, isn't one of the things that is
14 significant to you, as a medical examiner, whether or not the
15 subdural hematoma is on just one side of the brain or one
16 part of the brain?

17 A No.

18 Q You wouldn't think it was at all significant that
19 if someone was getting beat up, they might be taking blows to
20 the left and the right and the left and the right, as opposed
21 to a fall where they would just take a blow where they fell,
22 that wouldn't be of any significance or help to you as a
23 medical examiner?

1 A No.

2 Q And there's no way, as a medical examiner in this
3 case, looking at her body and looking at the tissue samples
4 and looking at the internal organs, you can tell whether that
5 subdural hematoma came about from a fall or blow; isn't that
6 correct?

7 MR. ANDERSON: Judge, that's been asked and
8 answered.

9 THE COURT: That's been asked and answered.
10 Sustained.

11 BY MR. C. ANDERSON: (resumed)

12 Q In this case, when you did the external examination
13 of her scalp, the -- there was no -- and when I say scalp,
14 what do I mean, Doctor? What am I referring to?

15 A Generally, the part of the head that's covered with
16 hair.

17 Q The -- you didn't see any evidence, did you, of any
18 injuries to that scalp area; isn't that correct? There were
19 no hemorrhages?

20 A No.

21 Q There was no underlying skull fractures that you
22 noticed?

23 A That's correct.

1 that correct?

2 A That's correct.

3 Q Okay. What I'm asking you is what levels of blood
4 alcohol count, for example, just by itself now for purposes
5 of this question, would you need to conclude that that was
6 enough to start shutting down the central nervous system, if
7 you can answer it, if you know?

8 MR. ANDERSON: Same question [sic], Judge, for
9 the same reason.

10 THE COURT: He qualified it by whether or not
11 she can express such an opinion in the first place. And if
12 she can't, that ends the inquiry. Overruled. Perhaps she
13 can.

14 THE WITNESS: It depends partly on the
15 individual because different people have different tolerances
16 to alcohol. But generally, we would consider a level above
17 point three five to be able to induce coma in a normal
18 alcohol-using patient. In someone who uses alcohol
19 frequently, it may be much higher than that.

20 BY MR. C. ANDERSON: (resumed)

21 Q Now, when you say a person that uses alcohol
22 frequently might have a greater tolerance --

23 A Yes.

1 Q -- the -- how long does it take, if you know, for
2 that tolerance to wear off? Hypothetically, if, for example,
3 someone told you this person used to drink alcohol a lot but
4 they've dried out for the last four or five months, would
5 they still have the same tolerance that they had when they
6 used to use alcohol -- used to use alcohol a lot for a time
7 period?

8 A No. I wouldn't expect them to have the same
9 tolerance.

10 Q You would expect them to have the same tolerance?

11 A No.

12 Q Okay. Now, Amitriptyline, that's an antidepressant
13 drug; is that correct?

14 A Yes.

15 Q Do you know what it does if you take an overdose of
16 Amitriptyline?

17 A Well, it eventually causes death.

18 Q How does it cause death?

19 A It can cause a cardiac death. Or in some cases, it
20 can cause a brain death.

21 Q The -- now, the levels of Amitriptyline that were
22 in this deceased's body, would you call those therapeutic
23 levels, toxic levels, or lethal levels?

1 A As I indicated before, after death, the blood level
2 of Amitriptyline goes up. So in interpreting Amitriptyline
3 levels, we looked to the liver. And I would consider this a
4 therapeutic level.

5 Q You would consider that amount of Amitriptyline to
6 be a therapeutic level?

7 A Yes. Because the level goes up of --

8 Q Now, what's the other drug that's the metabolic
9 equivalent of Amitriptyline?

10 A Nortriptyline.

11 Q Okay. And did you see Nortriptyline? Did you find
12 that in her system?

13 A Yes.

14 Q Okay. And would it be fair to add those two
15 together because they have the same effect?

16 A Yes. You add them together.

17 Q They just have different names, but they're the
18 same drug; correct?

19 A Yes. You add them together.

20 Q And when you add those two together, do you find
21 that to be a therapeutic level, a toxic level, or a lethal
22 level?

23 A Yes. I find it to be therapeutic.

1 Q Therapeutic. Okay.

2 A Studies have shown that below fifty is therapeutic,
3 postmortem.

4 Q The -- now, when you looked at the other drug
5 that's present, Nordiazepam, Nordiazepam is the metabolic
6 equivalent of Valium; is that correct?

7 A Yes. It's a breakdown product of Valium.

8 Q A breakdown product of Valium. It has the same
9 impact as Valium?

10 A No.

11 Q It does not have the same impact as Valium?

12 A No. It doesn't.

13 Q Okay. What impact does it have?

14 A In my reading, I believe it has much less reaction
15 or no reaction on the body.

16 Q When you're taking Amitriptyline, okay, and if I
17 gave you a prescription for Amitriptyline and I was a
18 responsible pharmacist, would it have a little notation on
19 it, "Don't take with alcohol"?

20 MR. ANDERSON: Judge, that is speculation.

21 THE COURT: Sustained.

22 BY MR. C. ANDERSON: (resumed)

23 Q If you looked up in the Physician's Desk Reference

1 -- is that a recognized source of information about drugs,
2 Doctor?

3 A Yes. It is.

4 Q If I looked up Amitriptyline in the Physician's
5 Desk Reference, wouldn't I find a notation that says, "Don't
6 take with alcohol"?

7 A Yes.

8 Q Why would I have that? Why would I find that
9 notation?

10 A Because they can combine in the body to cause toxic
11 reactions.

12 Q And has the additive effect; isn't that what they
13 call it?

14 A Yes.

15 Q What does an additive effect mean?

16 A It means that when you take both of these drugs,
17 they work together and increase the toxic effect.

18 Q And I would find the same thing if I looked up
19 Valium in the PDR, I would have -- there would be a notation
20 there that says, "Don't take with alcohol"; wouldn't I?

21 A Yes.

22 Q And would it be for the same reason?

23 A Yes.

1 Q And the -- both these drugs in combination with
2 alcohol -- all three of these drugs, considering alcohol and
3 drugs, are central nervous depressants; aren't they?

4 A Yes.

5 Q And they can shut down somebody's breathing; can't
6 they?

7 A Yes.

8 Q The --

9 MR. C. ANDERSON: Can the Court bear with me
10 for one second?

11 THE COURT: Certainly.

12 (Whereupon, Mr. C. Anderson reviewed documents.)

13 BY MR. C. ANDERSON: (resumed)

14 Q Doctor, in your autopsy report, I believe you
15 indicated that there was no evidence of any trauma to the
16 nose; is that correct?

17 A There was no trauma to the nose.

18 Q If somebody had had a bloody nose within four or
19 five hours of your autopsy and you had examined the nose
20 correctly, should you have been able to tell that?

21 A Not necessarily; no.

22 MR. C. ANDERSON: I have no further questions
23 for this witness.

1 taken.

2 Q And that is the insertion of a needle over that
3 area; is that right?

4 A Yes.

5 Q And based on your medical experience and expertise,
6 the fact that that wound or that area where the wound would
7 ultimately be, if that were cleaned with alcohol, would that
8 have any effect on the blood alcohol content of the blood
9 that was drawn from that area?

10 A Yes. It would.

11 Q Now, if I might, Doctor, the questions asked
12 specifically as to the prescription drugs Amitriptyline,
13 Nordiazepam -- Nortriptyline and Nordiazepam, if, in fact --
14 on a hypothetical situation, if, in fact, those prescription
15 medications were beyond the therapeutic range in an area that
16 was either toxic or lethal, that would be considered a drug
17 overdose; is that right, ma'am?

18 A Yes.

19 Q And those particular drugs specifically are central
20 nervous system depressants; is that right, ma'am?

21 A Yes.

22 Q Would you describe to the jury what, if anything,
23 happens to the course of a human body during the course of a

1 drug overdose, ma'am?

2 A Well, any drug that causes central nervous system
3 depression essentially would put the person to sleep after a
4 while. Of course, there might be some intervening symptoms
5 because the intestinal tract also is reacting to any large
6 quantities of drugs taken in. There might be partial
7 vomiting up of some of the drugs that were taken.

8 But as a central nervous system depressant, the
9 person essentially goes to sleep and will die because the
10 part of the brain responsible for breathing and the heart
11 rate is affected by these depressants.

12 Q So that portion of the brain, in essence, shuts
13 down?

14 A Yes.

15 Q Based on your medical experience and expertise, if,
16 in fact, there were a situation where the levels of these
17 particular drugs were beyond the therapeutic range, would
18 that, in fact, based on your experience, cause a brain
19 hemorrhage with a hundred and twenty milliliters of blood on
20 the brain, ma'am?

21 A No.

22 Q And you were asked questions on cross-examination
23 as to these prescription medications along with the use or

1 as opposed to a fall. And also, Doctor, if you would,
2 explain, please, the issue as to dating or timing of the
3 injury is different, is it not, if you're dealing with the
4 adherence or adhesion to the subdural as opposed to the
5 microscopic examination of the blood; is that correct? I
6 mean those are two separate analyses that you perform?

7 A Yes. There's a gross -- or examination of the
8 tissues directly at autopsy, and then a microscopic
9 examination.

10 Q And when you were asked the question as to whether
11 or not a fall had occurred prior to the evening, the analysis
12 that you would give certainly could fall within your analysis
13 of the adherence to the sub-dura? In other words, if there
14 was a fall within twelve hours or if there was a fall within
15 thirty-six hours, it's a fact, is it not, that you might see
16 the same sub-dura condition as compared to a fall that -- or
17 blow that may have occurred within four hours of death?
18 Those could appear to be different -- the same; is that
19 right?

20 A Yes. They could.

21 Q The issue as to the microscopic examination of the
22 blood, and in this case, the blood that was removed or flowed
23 from the brain, the issue as to intact red blood cells,

1 ma'am, that is a totally separate analysis; is that right?

2 A It's a microscopic examination of the blood.

3 Q And the adherence of intact red blood cells is a
4 totally different indicator than the adherence to the
5 sub-dura; is that correct, ma'am, the blood to the sub-dura?

6 A Yes. It's the -- the adherence -- if the blood
7 clot had been adherent to the dura, that would have been
8 visible grossly on doing the examination itself of the brain
9 and the dura.

10 Q So that specifically, when you say or you testified
11 that the injury or the trauma or the blunt force or whatever
12 it was that occurred to the head, that occurring within two
13 to four hours of death was as a result of the analysis,
14 microscopic analysis, of the blood; is that correct, as
15 opposed to the sub-dura?

16 A Well, the examination of the eye wound with the
17 infiltration of neutrophils would indicate to me an injury of
18 two to four hours because it takes neutrophils that long to
19 get to the -- the dura doesn't show any changes until it
20 starts to attach to the dura itself, other than the early
21 breakdown of red cells, which can happen within two hours of
22 the injury.

23 Q You would expect that the breakdown typically

1 within your experience of the red blood cells would occur
2 within two to four hours of death?

3 A They can begin breaking down within two to four
4 hours; yes.

5 Q And so that when you say the blood that appears as
6 a result of the hemorrhage, the blood in the brain itself,
7 that was present approximately two to four hours before
8 death, that's as a result of your examination of the red
9 blood cells; is that right, ma'am?

10 A Yes. It's consistent with that time period.

11 Q Now, one of the questions asked indicates that --
12 whether or not a black eye could, in fact, cause a subdural
13 hematoma or hemorrhage. What, if any, statement can you make
14 as to whether or not -- the black eye depends on the severity
15 of the wound; is that correct, ma'am?

16 A It depends on the severity of the blow which caused
17 the black eye.

18 Q So when you say in many cases, a black eye may not
19 cause a subdural hematoma, if, in fact, the black eye does
20 cause a subdural hematoma, that would be an indication that
21 that was a more severe blow than the one that didn't; is that
22 correct, ma'am?

23 A Yes.

1 Q Doctor, the questions asked of you on
2 cross-examination, if I might go through some of those as to
3 the prior medical condition of this individual, of the victim
4 in this case. First of all, when the analysis was done of
5 the inside of the head, you were surprised by the amount of
6 blood; were you not?

7 A It was a large hemorrhage; yes.

8 Q And based on the medical history, specifically the
9 question asked of you as to whether or not you were aware
10 that this individual had scoliosis, which is curvature of
11 spine; is that correct, ma'am --

12 A Yes.

13 Q -- what, if any, effect would that have as to the
14 hundred and twenty milliliters of hematoma that you found in
15 this victim? Based on your experience, would it have any
16 relationship at all?

17 A No. It wouldn't.

18 Q The same question as to the question asked of you
19 as to the craniology. If, in fact, that happened, would that
20 have any effect, ma'am --

21 A No. Not in my opinion; no.

22 Q -- based on your experience? Same question as to
23 curvature in the neck. And I would assume that that is the

1 same condition that you referred to that was asked of you as
2 to scoliosis; is that right, ma'am? The curvature in the
3 neck, in fact, is the same term or it could be the same term
4 as scoliosis; is that right, ma'am?

5 A I believe he said lordotic curvature of the
6 cervical spine.

7 Q Yes. That condition, ma'am, would that have --
8 based on your medical experience and expertise, have any
9 relationship at all to the brain hemorrhage that you found in
10 this victim?

11 A No.

12 Q Same question, ma'am, as to the shoulder injury
13 that you were asked of on cross-examination. Would that have
14 any effect as to the hundred and twenty milliliter hemorrhage
15 that you found in the brain of this person?

16 A Which injury?

17 Q The shoulder injury.

18 A No.

19 Q You were asked a question as to the Arnie [sic]
20 syndrome, ma'am?

21 A Chiari, Arnold-Chiari.

22 Q Is that what it is?

23 A Yes.

1 Q What is that?

2 A It's a malformation in the brain and there were
3 some other abnormalities that go along with it. I'm not sure
4 how severe her condition was since on my examination of the
5 brain, it appeared to be normal.

6 Q Did you find any indication of that particular
7 condition within her brain, ma'am?

8 A No. I didn't.

9 Q So that based on your medical experience and
10 expertise, that was not a factor as to causing the brain
11 hemorrhage in this case; is that right, ma'am?

12 A That's correct.

13 Q The questions asked of you as to the medical --
14 extraordinary medical procedures that were taken at the
15 hospital, specifically, the intubation and the esophagus, if,
16 in fact -- and I think your testimony was that there was no
17 indication based on your autopsy, that the esophagus was
18 punctured; is that correct, ma'am?

19 A That's correct.

20 Q If, in fact, the esophagus had been punctured
21 during the course of extraordinary medical treatment, would
22 that in any way, based on your medical experience and
23 expertise, have any bearing or effect or be the cause of the

1 brain hemorrhage that you found in this person?

2 A No.

3 Q Doctor, one of the questions asked on
4 cross-examination related to the liver of this victim. And I
5 believe the question went to the effect as to whether or not
6 you considered this liver to be healthy; is that right,
7 ma'am?

8 A Yes.

9 Q And your testimony was consistent, as I recall,
10 with the direct testimony that indicated there were early
11 signs of liver damage due to the use of alcohol; is that
12 right, ma'am?

13 A It was consistent with alcohol/liver disease; yes.

14 Q And based on your medical experience and expertise,
15 does that condition in any way, shape, or form have a bearing
16 or could cause the hemorrhaging that you found in the brain
17 of this victim during the course of the autopsy?

18 A No.

19 Q Doctor, I believe the question asked during the
20 course of cross-examination was that the body provided, in
21 this case, some clues and the significance of those clues
22 that this body provided. One of those clues was, in fact,
23 the red blood cells that you described; is that right, ma'am?

1 A I'm sorry. I don't understand your question.

2 Q The question asked on cross-examination was as to
3 the effect of this particular body in this case provided some
4 clues to you as to time and cause of death; is that correct,
5 ma'am?

6 A Yes.

7 Q And one of those clues significant in this case was
8 the red blood cells; is that right, ma'am?

9 A Well, the bruising and the microscopic examination
10 and gross examination of the dura and the blood.

11 Q So that based on your examination, the microscopic
12 examination of the eye wound, the additional bruises, and the
13 red blood cells contained within the blood and the brain were
14 all consistent with a wound occurring within two to four
15 hours; is that right, ma'am?

16 A Yes. They were consistent with that.

17 THE COURT: Questions?

18 RE CROSS EXAMINATION

19 BY MR. C. ANDERSON:

20 Q Those injuries were also consistent with an injury
21 occurring beyond that range of time; is that correct?

22 A Yes. They're estimates based on the types of cells
23 present. But the ranges are approximate.

1 Q The -- Doctor, with the -- the Arnold-Chiari
2 Syndrome, the brain stem does not mature the way it does in a
3 normal person. It's not fully up; is it?

4 A It's -- it has some malformation; yes.

5 Q And the -- that affects where the brain sits;
6 doesn't it?

7 A Not necessarily; no.

8 Q The -- and based on your -- your autopsy suggests
9 that this was a normal brain and a normal brain stem; is that
10 correct?

11 A It appeared normal; yes.

12 Q Okay. The -- with -- when you did -- you took more
13 than one tissue sample from the region around the eye; is
14 that correct?

15 A I examined a few small pieces of the skin; yes.

16 Q Was it your conclusion that each of those tissue
17 samples suggested one injury to the eye? Or could there have
18 been multiple injuries to the eye?

19 A The -- of course, any bruise can show different
20 amounts of reaction on an area where perhaps there weren't as
21 many red cells. Might also not show as many inflammatory
22 cells. So when you have one bruise to examine, unless there
23 are very, very different microscopic findings, it's

1 essentially impossible to say that this part was two hours
2 old and this part was eight hours old.

3 Q And based on your examination of the tissue
4 samples, you were not able to discriminate between whether or
5 not that eye had been injured once, twice, three times at
6 different times; is that correct?

7 A Within a close amount of time; no, I wasn't.

8 Q The -- and if we had the tissue samples blown up,
9 the -- how would the deterioration of red blood cells
10 appear? What would we be looking for?

11 A Well, red cells can microscopically show different
12 kinds of deterioration. They may show what's called
13 crenation where the red cell has little spikes coming out all
14 the way around it.

15 Q And crenation means it's starting to deteriorate or
16 has already deteriorated?

17 A It's deteriorated; yes. Or you may see only a
18 ghost-like outline of a red cell.

19 Q What do they call that?

20 A I'm not aware there is any particular name for it.

21 Q They use a term like organization?

22 A No. Organization is the progression of stages that
23 a clot goes through.

1 Q The -- and the various stages that a clot goes
2 through gives you some indication of its age; is that
3 correct?

4 A Yes.

5 Q The -- do you know what stage this clot went
6 through?

7 A We're not talking about the eye anymore.

8 Q I'm sorry.

9 A The subdural blood?

10 Q Right. I'm talking about the subdural hematoma.
11 I'm sorry.

12 A It was early. It was the early stages of
13 organization. There was no true organization --

14 Q So what you --

15 A -- no cells that -- I'm sorry.

16 Q I'm sorry. So we're talking about within
17 twenty-four hours?

18 A Yes.

19 Q Do you know if the drug tests that you ordered
20 would show the presence of a drug known as Soma?

21 A If it's a prescription drug, our laboratory can
22 pick up nearly all drug tests. But I would have to check.

23 Q So you don't know that offhand?

1 Q And did you know Billy Rossbach?

2 A Yes.

3 Q And how about Sandra Laing, the deceased?

4 A Yes.

5 Q On the evening of July 31, of 1995, were you at the
6 house that was shared by those three people?

7 A Yes.

8 Q Approximately what time did you go to the house?

9 A About seven.

10 Q P.M?

11 A (Responded in the affirmative.)

12 Q And were all three of them there at that time?

13 A I know Sandra and Alan were there.

14 Q What, if anything, do you remember about Ms.

15 Laing's appearance or condition when you first saw her that
16 night?

17 A It wasn't until we got back from the store until I
18 saw her.

19 Q And when you say we got back from the store, who is
20 that? You and?

21 A Alan.

22 Q And what did you do when you went to the store?

23 A Got some beer.

1 Q Did you have anything to drink that night?

2 A No.

3 Q Is there any particular reason why not?

4 A I was taking Penicillin for my teeth.

5 Q And what -- were you told --

6 A You can't drink with Penicillin. It doesn't work.

7 Q The Penicillin doesn't work?

8 A (Responded in the affirmative.)

9 Q Did you see Alan drink that night?

10 A Yes.

11 Q Beer?

12 A Uh-huh.

13 Q Could you -- do you have any idea how much you saw
14 him drink that night?

15 A I just saw him drink like two until we went to the
16 store. And then when we got back, he was drinking some
17 more. I don't know how many.

18 Q Okay. When you said it wasn't until you and Alan
19 got back from the store that you first saw Ms. Laing --

20 A Uh-huh.

21 Q -- what do you recall, when you first saw her,
22 about her?

23 A She came from upstairs, and she said she was really

1 sick. And she just sat on the couch for a few minutes, and
2 then went upstairs. But she didn't have a voice.

3 Q What do you mean she didn't have a voice?

4 A Her voice was gone.

5 Q Did she complain about her voice or her throat?

6 A Uh-huh.

7 Q What did she say, if you recall?

8 A She just said she couldn't talk because she was --
9 had like the flu or something.

10 Q Now, you say she came downstairs and went back
11 upstairs?

12 A (Responded in the affirmative.)

13 Q Did you notice that she had any difficulty walking?

14 A No.

15 Q Did there come a time that you saw Mr. Rossbach at
16 the house?

17 A When we got back from the store, he was there.

18 Q And what did you do once you got back from the
19 store, you and Alan and Bill?

20 A Watching a movie. That's when Sandra came down.

21 Q And when she went back upstairs, did she do that on
22 her own, or was that --

23 A Yeah.

1 Q Okay. Did there come a time that you were in Billy
2 Rossbach's room?

3 A Uh-huh.

4 Q And did you and Mr. Rossbach attempt to have sex
5 together?

6 A He did. Yeah.

7 Q He did, Mr. Rossbach?

8 A He tried. Yeah.

9 Q He was going to try to have sex with you?

10 A (Responded in the affirmative.)

11 Q Was he successful?

12 A No.

13 Q Did that have something to do with the amount of
14 beer perhaps that he had drunk?

15 A I guess. I don't know.

16 Q All right. While you were in the room -- this was
17 in Mr. Rossbach's bedroom?

18 A Uh-huh.

19 Q Did Mr. Presley come in the room?

20 A Yeah.

21 Q What, if anything, did he say when he came in the
22 room?

23 A He said, "Damn, Billy, aren't you fucking her

1 yet?"

2 Q Anything else?

3 A He just said, "If you don't, I'm going to."

4 Q Did Mr. --

5 MR. C. ANDERSON: Judge, I'm going to object
6 to anymore questions along this line unless there's some
7 proffer as to relevancy.

8 THE COURT: Overruled. Go ahead.

9 BY MR. STROM: (resumed)

10 Q Did Ms. Laing come in the bedroom then?

11 A After she heard me hollering at them.

12 Q Okay. And what, if anything, did she say?

13 A She said, "Alan, what the damn hell are you
14 doing?"

15 Q You have to keep your voice up so that the
16 stenographer --

17 A She said, "Alan, what the hell are you doing?"

18 Q Okay. Did she say anything to you?

19 A She said she was going to kick my ass.

20 Q And how --

21 A For being there or whatever.

22 Q Okay. How did that situation where there were now
23 four of you in the room, how did that end?

1 A I went in the bathroom and started to leave.

2 Q All right. Let me -- did Alan come in the bedroom
3 on one or more than one occasion?

4 A More. He came in a couple times.

5 Q Okay. Did Sandy Laing -- did she come in the
6 bedroom one time or more than one time?

7 A I think once she started banging on the door, and
8 he just went out there with her.

9 Q Alan did?

10 A (Responded in the affirmative.) But then when I
11 went out of the room, she was following me. I was trying to
12 leave then, you know.

13 Q Okay. Now, when you tried to leave, had you driven
14 yourself there?

15 A Uh-huh.

16 Q Did you talk to Alan, Mr. Presley, one time
17 separately when Billy wasn't there and Ms. Laing wasn't there
18 down at your car?

19 A Oh, yeah. He followed me to the car.

20 Q And what did he say?

21 A He was just hitting on me or whatever.

22 Q All right. Hitting on you. You mean wanted to
23 have sex with you?

1 A Yes. Yanking on my clothes and everything.

2 Q Pardon me?

3 A Just yanking at my clothes and everything.

4 Q All right. And what, if anything, did you do to
5 try to leave?

6 A Oh, I went out to my car to try to go, and Alan
7 came out there. And I just wanted to go home. So I said --
8 finally I said, "Well, all right. I'll do something with
9 you." I said, "Do you have some rubbers?" He said, "No.
10 But I'll go get some money." But when he went in the house,
11 I just left.

12 Q You drove off?

13 A Because they were arguing and everything else in
14 there; all of them. Billy and Alan was arguing together.

15 Q And Sandy Laing was arguing with anybody?

16 A Not at this time; no.

17 Q Okay. When you left, do you know approximately
18 what time that was?

19 A About eleven something.

20 Q Okay. You said that Sandra Laing came in the
21 bedroom one time, and another time just came and knocked on
22 the door, banged on the door. Other than the sore throat and
23 her saying she had the flu or something like that, did you

1 hear her complain of any other physical problems?

2 A Well, I was -- I went over there because she said
3 she needed a ride to the doctor because she was so sick, you
4 know. And she just kept saying she was really sick and
5 didn't feel good. That's all I know.

6 Q All right. Did you ever notice that she had any
7 bruising or physical marks on her face while you were at the
8 house?

9 A I don't think so.

10 Q Did you ever see her get struck by any kind of
11 object or fall in any fashion while you were there?

12 A No. I've never seen Alan hit her, or Billy.

13 Q Well, I'm just saying did you see or know of her
14 falling or being struck from the time that you got there at
15 seven o'clock until when you left at eleven o'clock?

16 A No.

17 Q Did you hear Billy say anything about an affair
18 that Sandra Laing had had?

19 A Yes.

20 Q When was that, and where did this occur?

21 A Well, when she knocked on the door, he went out
22 there with her.

23 Q Who do?

1 A Alan.

2 Q Okay?

3 A And me and Billy was sitting in the room. And he
4 goes, "Don't worry. She --"

5 MR. C. ANDERSON: I'm going to object to
6 hearsay of what Billy Rossbach said, Judge, if that's what
7 he's asking.

8 THE COURT: Are you offering this for the
9 truth of what was said?

10 MR. STROM: No. It's a verbal fact.

11 THE COURT: Ladies and gentlemen of the jury,
12 you're not to consider this for the truth of what was said
13 but only for the fact that it was said under the
14 circumstances under which it was said.

15 All right. Go ahead.

16 BY MR. STROM: (resumed)

17 Q Go ahead.

18 A He said, "Don't worry. Sandra won't do anything or
19 start any shit." Because he had like blackmailed her or
20 something because he knew that she had an affair with a
21 roommate.

22 Q Now, did you hear Billy say something about that
23 affair?

1 A Yeah. Really loud over the stereo.

2 Q Did she say it once or more than once during the
3 course of the evening?

4 A One time. But he talked about it for five minutes;
5 something like that. He was yelling over the stereo so --

6 Q And are you saying that you and he were in the
7 bedroom, and Ms. Laing and Alan were outside the bedroom?

8 A They were in the other room right next to us
9 talking.

10 Q Do you remember how Ms. Laing was dressed when you
11 saw her?

12 A I think she just had shorts and a tank top on.

13 Q Okay. Now, is that at the beginning of the evening
14 when you first got there?

15 A I only saw her really one time, was when she came
16 downstairs.

17 Q Okay. So when she knocked on the door and came in
18 and yelled at Alan, you didn't get a good look at her at that
19 time?

20 A No. He took off to talk to her, wherever.

21 MR. STROM: That's all I have, Judge.

22 MR. C. ANDERSON: No questions, Judge.

23 THE COURT: Thank you very much. Do not

1 discuss your testimony with anyone until the case is over.

2 THE WITNESS: All right.

3 THE COURT: You're free to go.

4 Who would be your next witness?

5 MR. ANDERSON: William Rossbach.

6 THE COURT: William Rossbach. Have a seat.

7 Answer the questions the lawyers may have for you.

8 All right.

9 Whereupon,

10 WILLIAM PATRICK ROSSBACH,

11 a witness, was called for examination by counsel for the

12 Plaintiff, and after having been first duly sworn, was

13 examined and testified as follows:

14 DIRECT EXAMINATION

15 BY MR. ANDERSON:

16 Q Would you state your name, please?

17 A William Patrick Rossbach.

18 Q Mr. Rossbach, do you also go by the name of Billy,
19 sir?

20 A Yes.

21 Q I'm going to direct your attention, if I might, to
22 the evening of July 31 of 1975 [sic]. Were you living at
23 19744 Smith Circle in Sterling, Virginia?

1 A Yes.

2 Q Who else lived in that residence with you at that
3 time, sir?

4 A Alan Presley and Sandra Laing.

5 Q And do you have any knowledge as to whether or not
6 either of those two individuals owned that residence, sir?

7 A They did not. Their --

8 Q Who owned that residence, to the best of your
9 knowledge?

10 A Alan's dad.

11 Q So Alan's father, he was living there?

12 A No.

13 Q I'm sorry. Alan was living there, but his father
14 owned it; is that correct?

15 A Correct.

16 Q So the three of you were living there at that time;
17 is that correct?

18 A Correct.

19 Q And if I might, sir, the day, the daytime hours of
20 July 31, 1995, did you work that day, sir?

21 A Yes. I did.

22 Q Where do you work?

23 A P. Plumbing.

1 Q I'm sorry. P. Plumbing?

2 A P. Plumbing, Incorporated.

3 Q And approximately, sir, what time did you get home
4 from work that night?

5 A About 3:30, four o'clock.

6 Q And if I might direct your attention to the time
7 period before 3:30 of that day, sir, had you had anything to
8 drink before you got home?

9 A Oh, yes.

10 Q And how much had you had to drink?

11 A Probably close to a case of beer.

12 Q So you had consumed an entire case of beer while
13 you were on the job that day?

14 A No. I'm sorry. I'm sorry. After work, when I got
15 home.

16 Q So that when you got home at 3:30, you had already
17 consumed a case of beer; is that right, sir?

18 A No. No.

19 Q I'm sorry.

20 A I had just started.

21 Q Let me rephrase the question.

22 A I'm sorry.

23 Q When you got home at 3:30, sir, if I might, just to

1 use that as a time line, had you consumed any beer as of that
2 time?

3 A No.

4 Q So that you started drinking when you got home; is
5 that correct?

6 A Correct.

7 Q And during the period of time from 3:30 on, through
8 the rest of that day and into the morning of the 1st, it was
9 during that period of time that you consumed a case of
10 beer --

11 A Yes.

12 Q -- is that right, sir? Did you have occasion to
13 observe Sandra Laing at the home when you got home, sir?

14 A Yes. I took her to get some Penicillin, to a
15 doctor's office across from --

16 Q And do you recall, sir, approximately what time you
17 took her to the doctor's office to get Penicillin?

18 A Four, 4:30; around there.

19 Q And when you took her to the doctor's office
20 between four and 4:30, had you consumed any alcoholic
21 beverages?

22 A Just a couple.

23 Q So that you were not drunk at that time?

1 A No, sir.

2 Q She complained to you of physical ailments or
3 problems that she had, sir, when you got home from work?

4 A She had a temperature and possibly strep throat of
5 some sort, and needed some antibiotics.

6 Q Did she tell you at the time that you got home that
7 she had a sore throat?

8 A Yes.

9 Q And the purpose for going to the doctor was to get
10 Penicillin for treatment of the sore throat?

11 A Right. For the temperature.

12 Q Did she mention the word strep to you, sir; strep
13 throat?

14 A Yes.

15 Q Now, when you got home at approximately 3:30 that
16 evening, did you have -- what, if any, indication did you
17 have as to whether or not Sandra Laing had consumed alcoholic
18 beverages at that time? Did you have that discussion with
19 her?

20 A I don't believe so. I believe she had maybe one or
21 two.

22 Q When you came in the residence at that time, sir,
23 do you recall with any degree of certainty as to where she

1 was when you first talked to her that afternoon?

2 A She was in her room.

3 Q Excuse me. Did you go in her room, or did she come
4 out to talk to you?

5 A She came out.

6 Q How was she dressed?

7 A Casual summer clothes.

8 Q Was Alan Presley home at the time, sir?

9 A No.

10 Q Did there come a point in time then that Mr.
11 Presley came home?

12 A Yes.

13 Q And was that before or after you took Ms. Laing to
14 the doctor?

15 A Before. I believe I came back and he was already
16 there.

17 Q I'm sorry. So when you came back from the doctor,
18 he was already home?

19 A I believe so. I don't remember.

20 Q So that he came home during the period of time that
21 you had taken Sandra to the doctor; is that right?

22 A I believe so; yes.

23 Q Did you wait for her at the doctor's office?

1 A Yes. I did.

2 Q And did you take her to the drugstore to get the
3 prescription, sir?

4 A Yes.

5 Q And do you recall approximately what time you
6 arrived back at the house?

7 A I don't remember. I know it was a half an hour,
8 forty minutes. And then another half an hour or so for the
9 prescription. So maybe six. 5:30, six.

10 Q 5:30, six. Mr. Rossbach, I'm going to show you, if
11 I can, a diagram that's been previously marked as
12 Commonwealth's exhibit two, which is, as it indicates, the
13 second floor of the residence at 19744 Smith Circle, sir. Do
14 you recognize the floor plan?

15 A Yes. I do.

16 Q Can you state with any degree of certainty, sir,
17 who occupied bedroom one?

18 A Alan Presley.

19 Q Who occupied bedroom two?

20 A Sandra.

21 Q And who occupied bedroom three?

22 A Myself.

23 Q Was there anybody in bedroom four?

1 A I'm in four. And there was a -- temporary
2 roommates that were in three. They were getting ready to
3 move out. They basically kept their clothes there.

4 Q Were they in the residence at any point in time
5 after you got home on the evening or afternoon of July 31,
6 1995?

7 A Not that I saw.

8 Q Did you see them at all that evening, sir?

9 A That evening? I don't believe so.

10 Q And when I say that evening, I mean into the early
11 morning hours of August 1?

12 A Into the morning hours; yes.

13 Q You didn't see them?

14 A I didn't. I don't believe so.

15 Q Now, you had occasion, sir, to know whether or not
16 the Defendant [sic], Sandra Laing, was, in fact, the
17 girlfriend of Alan Presley; is that right?

18 A Yes.

19 Q And they slept together in one of these two rooms;
20 isn't that right?

21 A Every once in a while; yes.

22 Q And so how long had Sandra Laing lived at this
23 residence, sir, as of August 1 of 1995?

1 A I believe about five years.

2 Q And it's a fact -- I'm sorry. What, if any,
3 relationship did she have with Mr. Presley? Was she his
4 girlfriend?

5 A Yes.

6 Q And was he her boyfriend?

7 A Yes.

8 Q All right. Now, did there come a point in time on
9 July 31 when Sandra Everhart arrived at the residence, sir?

10 A Excuse me? Repeat that.

11 Q Did there come a point in time on July 31 when
12 Sandra Everhart came over to the house?

13 A Yes.

14 Q What time was that?

15 A Midnight or so.

16 Q And from the point in time when you got back from
17 the doctor's office, which I understand was 5:30, six
18 o'clock, until midnight, did you stay in the residence, sir?

19 A Yes. I did.

20 Q And was Mr. Presley in the residence during that
21 period of time?

22 A Yes.

23 Q And was Sandra Laing in the residence at that time?

1 A Yes.

2 Q Did you have occasion to talk to or see Sandra
3 Laing during the course of the evening that night?

4 A Yes.

5 Q And what, if anything, did she indicate to you as
6 to how she felt during the course of that evening?

7 A She said that she felt really sick. She felt like
8 she was going to die. That she was just going to --

9 Q Did she indicate at any point in time she had taken
10 the medication that you had just gone to get her, sir?

11 A Yes.

12 Q Now, were you drinking beer during that period of
13 time?

14 A Correct.

15 Q Was Mr. Presley drinking beer during that period of
16 time?

17 A I don't remember.

18 Q You don't recall?

19 A (Responded in the negative.)

20 Q Where were you, sir, in the house during the period
21 of time from six o'clock on, until approximately midnight?

22 A In my room. I was the only one with the air
23 conditioner in the house.

1 Q Was it a hot night?

2 A Yes. Very.

3 Q And you had the air conditioning going?

4 A Yes. In my room only.

5 Q Did you keep your door closed?

6 A Yes.

7 Q And where were you, sir, in the house when Sandra

8 Everhart arrived?

9 A In my room.

10 Q And did she come into your room?

11 A Yes.

12 Q And did she get in bed with you, sir?

13 A Yes.

14 Q And did she have any clothes on at that time?

15 A No.

16 Q And were you able -- was the purpose for getting in

17 bed with you, sir, to have sex with you?

18 A Yes.

19 Q Were you able to have sex with her?

20 A No.

21 Q Why not?

22 A Had too much to drink.

23 Q Did there come a point in time when -- and this

1 would be bedroom four, sir; is that correct?

2 A Yes.

3 Q And that would be next to Sandra Laing's bedroom?

4 A Correct.

5 Q And these are on the same floor; is that correct?

6 A Yes.

7 Q Did there come a point in time when Alan Presley
8 appeared in your room, sir?

9 A Yes.

10 Q And approximately, as best you can determine with
11 any degree of certainty, when was that?

12 A In the mid morning. Twelve o'clock or so. One
13 o'clock in the morning.

14 Q Between twelve and one o'clock?

15 A Yes; something like that.

16 Q What, if anything, did he say, sir, when he came
17 into the room?

18 A Basically, he just wanted in. He wanted to -- he
19 pretty much wanted some of the action.

20 Q So there were then three of you in bedroom four at
21 that time; is that right, sir?

22 A Correct.

23 Q And when you say a piece of the action, he wanted

1 to have sex with Sandra Laing; is that right?

2 A Yes. No. Not Sandra.

3 Q I'm sorry. Sandra Everhart? Excuse me.

4 A Right.

5 Q So he wanted to have sex with Sandra Everhart that
6 night; is that right?

7 A Right.

8 Q And did he say that?

9 A Yeah. I believe so.

10 Q Did that upset you, Billy?

11 A In a way; yeah.

12 Q How long was it when the three of you were in the
13 room together -- do you have any idea or estimate as to a
14 reasonable degree of certainty as to how long the three of
15 you were in that bedroom during the course of that
16 discussion? How long did that take place?

17 A Maybe ten, fifteen minutes.

18 Q And did you start arguing with him at that time?

19 A Kind of like shoved him off.

20 Q You told him to leave your bedroom?

21 A Somewhat. Yes.

22 Q And he wouldn't leave?

23 A Well, yeah. He did.

1 Q He eventually did leave?

2 A Yes.

3 Q Well, there did come a point in time, sir, when
4 Sandra Laing appeared in your bedroom --

5 A Right.

6 Q -- is that right?

7 A Correct.

8 Q And she was upset; wasn't she?

9 A Right.

10 Q Why was she upset?

11 A Because she pretty much found out what was going
12 on.

13 Q And what was going on was the three of you in the
14 bedroom together; correct?

15 A Right.

16 Q And Sandra Everhart was in a state of undress. Did
17 you have clothes on?

18 A Yeah. I guess I did at the time.

19 Q And did Mr. Presley have clothes on?

20 A Yes.

21 Q And this would be during the period of time that he
22 was asking Sandra Everhart to have sex with him; is that
23 right, sir?

1 A Yes.

2 Q What, if anything, did you hear Sandra Laing say
3 when she came to that door in that bedroom?

4 A Just pretty much, "What the hell is going on?" You
5 know, "Get out of here." This and that.

6 Q Who did she say get out of here to?

7 A To Alan.

8 Q To get out of the bedroom?

9 A Yes.

10 Q And did she appear to be upset?

11 A Very.

12 Q Could you tell at that point in time, sir, what she
13 had on, what she was wearing?

14 A Maybe a robe of some sort, I believe.

15 Q And did she say anything to Sandra Everhart at that
16 time?

17 A I don't believe at that time. Alan went
18 downstairs. And she came back in and told Sandy to leave.
19 And I had said something like, "I hadn't forgot about you and
20 Tom."

21 Q You said that to Sandra Laing, sir?

22 A Yeah. I thought that Alan overheard that. And I
23 confronted him with it.

1 Q You confronted Alan with it?

2 A Yes.

3 Q And so to the best of your knowledge, he did not
4 know anything at all about any relationship that Sandra Laing
5 may have had with Tom; is that right, sir?

6 A Correct.

7 Q Do you have personal knowledge yourself as to what
8 that relationship was?

9 A Yes.

10 Q And was that a sexual relationship?

11 A Definitely.

12 Q And how long before the evening of July 31 did that
13 relationship or did that incident take place?

14 A It may have been a year. I lived there three
15 different occasions. And a couple of years.

16 Q And so this information that you had as to Sandra
17 Laing and Tom would have occurred -- the incident would have
18 occurred over at least a year ago; is that right?

19 A I believe so.

20 Q And when you said something to Sandra Laing about
21 that incident, what is it that you said to her?

22 A I just said, "You know, look. I hadn't forgot
23 about you and Tom." You know, she was trying to get Sandy --

1 they weren't cheating on each other. They all were.

2 Q Is it a fact, Billy, that she was upset on this
3 evening because she had knowledge that Alan was attempting to
4 cheat on her; is that right?

5 A Yes.

6 Q And you were upset; weren't you?

7 A Yes.

8 Q And you were upset with Alan; weren't you?

9 A Yes.

10 Q And you made that statement to get to him; didn't
11 you?

12 A Pretty much.

13 Q What, if anything, did Sandra Laing say after you
14 said that?

15 A She just denied it. She kept denying it.

16 Q Did she at any point in time after you made that
17 statement say to you, "Thanks, Billy"?

18 A Yes.

19 Q Billy, prior to her appearing in your bedroom that
20 evening, between the period of time from six o'clock when you
21 brought her back from the doctor's office until that incident
22 occurred, how many times during the course of the evening had
23 you seen Sandra Laing in the house? Can you recall?

1 A Just in and out like -- I don't recall.

2 Q Did there come a point in time during the course of
3 that time span in that evening when Mr. Presley said to go to
4 your room?

5 A Yes.

6 Q What did she do?

7 A Went to her room.

8 Q So she obeyed him and went to her room when he told
9 her to?

10 A Yes.

11 Q Billy, after -- Sandra Everhart left that night; is
12 that right, sir? She left after the encounter?

13 A Yes.

14 Q And do you know where she went?

15 A I have no idea.

16 Q Did you follow her out of the house?

17 A I don't remember.

18 Q Do you know whether or not Mr. Presley followed her
19 out of the house?

20 A I don't remember.

21 Q So you don't know where he went?

22 A I pretty much stayed in my room after that.

23 Q Did there come a point in time later on in the

1 evening when you heard something unusual?

2 A Yes. I heard banging and stuff going on.

3 Q Where was that banging coming from, Billy?

4 A I'm not sure. I'm not sure. I just kind of went
5 up and said, "Cut it out, you all."

6 Q Let me back up for just a minute. When you heard
7 the banging, sir, can you estimate with any degree of
8 certainty as to approximately when you heard the banging?
9 When did you hear it?

10 A Shortly after Sandra had left. I mean Sandra
11 Everhart had left.

12 Q So that would have been sometime between the hours
13 of twelve and one o'clock; is that right?

14 A Correct.

15 Q And in the house, Billy, where were you when you
16 heard the banging?

17 A I believe I was first in my bedroom.

18 Q And did you subsequently leave your bedroom after
19 you heard the banging?

20 A Yes. I think I went down to -- I believe I went in
21 there and told him to cut it out or whatever.

22 Q I'm sorry, Billy. I'm going to back up. Where did
23 you go to tell him to stop?

1 A Where was I when I told him?

2 Q Where did you go to tell them to stop the argument?

3 A In bedroom two.

4 Q So they were arguing in bedroom two?

5 A Correct.

6 Q And what did you say when you went to bedroom two?

7 A I just said it's not worth it. I don't know.

8 Basically, it's wrong. Cut it out.

9 Q To the best of your knowledge and belief, Billy,

10 were they arguing about the statement you made as to Tom?

11 A Correct.

12 Q Did you hear them arguing about that incident as to

13 Tom?

14 A Yes. I did.

15 Q Did there come a point in time after you entered

16 the bedroom to tell them to stop that you left bedroom two,

17 sir?

18 A Yes.

19 Q Where did you go?

20 A I think to the kitchen to get another beer.

21 Q That would be the next floor down; is that right,

22 Billy?

23 A Uh-huh.

1 Q I'm going to show you an exhibit that's been
2 previously marked and entered into evidence as Commonwealth's
3 exhibit number one, and ask you, sir, if you recognize this
4 floor plan?

5 A Yes. I do.

6 Q And when you say you went to the kitchen, Billy,
7 you had to come down a set of stairs; is that right?

8 A Correct.

9 Q And you passed around through the living room to
10 get to the kitchen; is that right?

11 A (Responded in the affirmative.)

12 Q Do you recall with any degree of certainty as to
13 what the time period was from the time you heard the first
14 banging sound until the time you heard the next banging
15 sound?

16 A Matter of ten, fifteen minutes.

17 Q Where were you when you heard the next banging
18 sound?

19 A In the kitchen.

20 Q And were you -- how many banging sounds did you
21 hear, Billy?

22 A Just more or less sounded like a bunch of yelling
23 going on.

1 Q What, if anything, did you hear Sandra Laing say?

2 A I heard her say, "Please don't hit me." I don't
3 know if it was "again" or just, "Please don't hit me, Alan."
4 And that's when I went upstairs, and I saw his hand around
5 her throat.

6 Q Did she have any clothes on at that time?

7 A No. She didn't.

8 Q Was she on the floor at that time?

9 A Yes. I said, "What the hell?" You know, and he
10 just stopped right away.

11 Q Stopped what, Billy?

12 A Stopped -- I believe he was choking her.

13 Q Did you see him pick her up?

14 A I thought so.

15 Q What did he -- how did he pick her up?

16 A He was pretty much just kind of yelling in grief,
17 and let her go as soon as I said what the hell is going on.

18 Q But did you see him pick her up off the floor?

19 A I don't recall.

20 Q Did you at any point in time see him place her on
21 the bed?

22 A I don't remember.

23 Q When he left -- when his hand left her neck, you

1 indicated she was not wearing clothes; is that right, sir?

2 A Correct.

3 Q Did she get up?

4 A No.

5 Q What, if anything, did he say at that time?

6 A He just said, you know, "Sorry, God. I really
7 messed up." Whatever. And he was going to call the
8 ambulance and all. And I kind of -- I thought she was okay
9 because -- I don't know. I went down with him or something
10 like that as he was calling the ambulance, and I went up
11 there and said, "She's all right. She's sound asleep, but
12 call the ambulance." And I didn't -- you know, that's about
13 it.

14 Q Billy, did you ever hear during the course of this
15 altercation Mr. Presley say, "I can't believe you had sex
16 with Tom"?

17 A Yes.

18 Q And did that happen while the banging was going on?

19 A Yes.

20 Q Do you have any indication, Billy, as to whether or
21 not she was subsequently, after you saw her on the floor,
22 placed on the bed? Do you have any idea -- do you have any
23 knowledge or information as to whether or not she was ever

1 placed from -- picked up and placed from the floor to the
2 bed?

3 A I was in my room. And when I thought he called the
4 ambulance and he was still kind of, you know, just sorry,
5 God, this and that, whatever, and I went in there, and she
6 was laying on the bed clothed at that time, and it sounded
7 like she was snoring -- you know, sometimes she would be
8 drunk and she would snore like that. I could hear it if I'd
9 just go to the bathroom. I thought she was okay.

10 Q Did she ever move --

11 A No.

12 Q -- this evening after you saw her on the floor?

13 A No.

14 Q Did you ever see her move?

15 A No.

16 Q Did you at any point in time ever see Mr. Presley
17 pick her up by her neck?

18 A I don't remember.

19 Q Did you ever hear at any point in time during the
20 course of this altercation Mr. Presley refer to her as a
21 bitch?

22 A I believe when I was coming up the stairs, he had
23 his hands around her and saying you F-ing bitch. And I was

1 like, "What in the hell?" He just broke it up right there,
2 and --

3 Q Is that while she was on the floor, Billy?

4 A Yes.

5 Q Billy, prior to this incident on that evening, did
6 you have occasion to become aware of a telephone call that
7 Mr. Presley made to the state police?

8 A Yes.

9 Q And did you have occasion to overhear that
10 telephone call?

11 A Yes.

12 Q What, if anything, did he say or did you overhear
13 during the course of that telephone call?

14 A He said he really needed somebody to talk to, to
15 get her out of the house. And they wouldn't really do
16 nothing. He said he would put her six feet under and nobody
17 would know about it. It was just out of rage, is basically
18 what I heard.

19 Q Billy, did you ever have a conversation with Sandra
20 Laing on the afternoon of the 31st as to an injury she may
21 have sustained as a result of a fall?

22 A Yeah. She stumbled over and hit a doorknob on the
23 bathroom.

1 Q Did she tell you when that occurred?

2 A It was in the afternoon. It was like -- I believe
3 it was -- I don't know if it was before we went to the -- I
4 think it was afterwards. No. It couldn't have been
5 afterwards because he was there. It was before. Before we
6 went to the doctor's office. I just kind of heard a thump.
7 "Are you all right up there?" "Yeah. I just kind of
8 slipped," or whatever.

9 Q So you had conversations with her after that, after
10 she fell in the bathroom?

11 A Yes.

12 Q And it was after that, that you took her to the
13 doctors?

14 A Yes.

15 Q And was she able to walk into the doctor's office?

16 A Yes.

17 Q And leave the doctor's office?

18 A Yes. Fine.

19 Q And you saw her a couple of other times during the
20 course of the evening; is that right?

21 A Yes.

22 Q And did you have any concern for her health at that
23 time as a result of this bump that she may have taken as a

1 result of the fall and hitting the doorknob?

2 A Yeah. Sure. You know, I did everything I could.
3 You know, we were good friends. I basically did everything I
4 could as far as taking her to the doctors and picking up some
5 soda and stuff like that.

6 Q Billy, when you say or when you testified to the
7 effect that you heard her say, "Please don't hit me. Please
8 don't hit me again," can you estimate with any degree of
9 certainty as to approximately what time in the evening that
10 was?

11 A It seemed late.

12 Q Were those the last words you heard her speak?

13 A I believe so.

14 Q Billy, have you ever been convicted of a felony
15 offense?

16 A No.

17 Q Have you ever been convicted of a crime involving
18 lying, stealing, or cheating?

19 A I don't believe so. No. Unless -- I can't -- I
20 don't believe so. I don't believe so. I don't have a
21 record.

22 MR. ANDERSON: That's all I have, Judge.

23 THE COURT: All right. Questions?

1 MR. C. ANDERSON: Just one second --

2 THE COURT: Yes, sir.

3 MR. C. ANDERSON: -- Your Honor, please.

4 (Whereupon, counsel conferred privately.)

5 CROSS EXAMINATION

6 BY MR. C. ANDERSON:

7 Q Afternoon, Mr. Rossbach. I'm Chuck Anderson.

8 We've talked before; correct?

9 A Yes.

10 Q I think you had a case of beer that you consumed
11 between four o'clock and midnight?

12 A Yes.

13 Q Is that what your testimony was?

14 A Correct.

15 Q Did that affect your ability to judge time in any
16 way?

17 A Yes.

18 Q And how did it affect your ability to judge time?

19 A I wasn't into it.

20 Q You weren't into time?

21 A That's right.

22 Q The -- when -- do you recall telling any of the
23 police investigators in this case that she had -- that Sandra

1 has fallen on two occasions on the 31st of July, or early in
2 the --

3 A Repeat that question. I'm sorry.

4 Q Sure. Do you recall telling any of the police
5 investigators in this case that Sandra Laing has fallen on
6 two occasions? When I'm saying occasions, I mean the July 31
7 to August 1 time frame.

8 A She was -- from a previous accident, she'd fall
9 every once in a while here and there, you know.

10 Q You're saying she fell a lot?

11 A Yes.

12 Q Do you recollect now whether she fell on two
13 occasions on that time frame from roughly --

14 A Not on that day. It was just that bathroom
15 incident.

16 Q That's the one you remember now?

17 A Just that day; yes.

18 Q The -- and when she fell and she broke her fall by
19 hitting the doorknob, she broke her fall by hitting the
20 doorknob with her face; is that correct?

21 A I believe so; yes.

22 Q If you know, did Sandra Laing on a regular basis
23 take a drug called Soma?

1 A Yes.

2 Q And do you know how often or how many of those a
3 day she would typically take, if you know?

4 A She was given a thirty-day thing, and sometimes
5 they were gone in a week.

6 Q And what impact, if any, did you observe on Sandra
7 Laing when she took that drug?

8 A That she needed help.

9 Q When you say she needed help, what does that mean?

10 A Detox.

11 Q And why did she need detox? What did it do to
12 her? What effect did it have on her?

13 A Pretty much she wouldn't be able to walk.

14 Q It would just wipe her out?

15 A Right.

16 Q Now, if you recall on the -- from approximately --
17 when you got home at approximately 3:30, four o'clock, if you
18 know, had Sandra Laing consumed any drugs prior to that?

19 A I had asked her for a couple aspirin, and she had a
20 couple Valium she gave me.

21 Q Now, was it her habit to consume Valium on a
22 regular basis?

23 A Yes.

1 Q And if you know, on a typical day, how many Valium
2 would she take?

3 A Three, four.

4 Q Okay. The -- and did you know that she took a drug
5 called Amitriptyline?

6 A No. No.

7 Q The -- when -- if you recall, did she -- how many
8 cases of beer were in the house that night? When I say that
9 night, I mean from approximately four o'clock July 31 to
10 midnight August 1.

11 A We always kept stocked pretty much.

12 Q Pretty much stocked? Several cases?

13 A Yes.

14 Q Now, we heard testimony that Ms. Everhart didn't
15 consume any beer that night; is that correct?

16 A I don't believe so. I don't recall.

17 Q Do you have any idea how much beer you and Alan and
18 Sandra Laing consumed that night, approximately?

19 A I have no idea on their part. But me, I know I
20 finished off a case.

21 Q To your knowledge, were they drinking also?

22 A I don't recall. I don't remember.

23 Q Okay. The -- now, Mr. Presley and Ms. Laing

1 arguing, they argued daily; didn't they?

2 A Kind of. You know, not --

3 Q Do you recall talking to an Investigator Buckman?

4 A Yes.

5 Q Do you recall telling him that approximately at
6 midnight on July 31, that you told him you heard noises,
7 heard a thump or something like that, in the -- and you went
8 out there and saw Sandra on the floor in the hall, and she
9 had a bloody nose? Do you recall telling that to
10 Investigator Buckman?

11 A I don't remember.

12 (Whereupon, counsel conferred privately.)

13 BY MR. C. ANDERSON: (resumed)

14 Q Do you recall telling any of the police
15 investigators in this case that when you got home around
16 3:30, four o'clock, Sandra Laing was already unsteady on her
17 feet?

18 A Yes.

19 Q And was that accurate?

20 A Definitely.

21 Q The -- do you recall her, when you got home or any
22 time that evening, complaining about a severe headache?

23 A I had. Yeah.

1 Q Okay. Do you recall her complaining about a severe
2 headache she had?

3 A I don't remember.

4 Q The -- when -- given that -- you think you consumed
5 a case of beer that night; correct?

6 A (Responded in the affirmative.)

7 Q Do you think you had any of those Valium that she
8 gave you?

9 A Yes. I had definitely had a couple.

10 Q And this was in the July 31 time frame?

11 A Uh-huh.

12 Q Did you have anything else that might have affected
13 your ability to perceive or --

14 A No.

15 Q How crisp is your memory of those events?

16 A Of that night, pretty good.

17 Q The -- what state of intoxication would you
18 describe yourself to have been in around midnight on July 31?

19 MR. ANDERSON: Judge, I'm going to object to
20 that.

21 BY MR. C. ANDERSON: (resumed)

22 Q If you can.

23 THE COURT: Sustained as to what state.

1 BY MR. C. ANDERSON: (resumed)

2 Q How drunk were you?

3 A I was in the sun all day picking and shoveling.
4 So, you know, the first three or four, I felt it. I pretty
5 much fell out to sleep when she left, when Sandy Everhart
6 left. I instantly pretty much fell asleep. When I heard the
7 banging going on, it felt like I just woke up after ten hours
8 sleep.

9 Q So you were feeling pretty good?

10 A Yeah.

11 Q Now, as I understand your testimony, when Sandra
12 Laing came into the bedroom, she had a robe or something on;
13 is that correct?

14 A Correct.

15 Q And when you saw her arguing with Mr. Presley, she
16 was naked?

17 A Just that one time. They had said come up here.
18 They thought I was lying. And then Alan was just questioning
19 me, "Is this true?" "Yes. It is." And she said, "Thanks a
20 lot, Billy."

21 Q Was she naked at the time?

22 A Yeah. She was naked at the time.

23 Q And when you saw her later that evening, was she

1 dressed?

2 A Later on that evening?

3 Q Right.

4 A Yes. After he called the ambulance and all.

5 Q She had clothes on?

6 A Yes.

7 MR. C. ANDERSON: I have no other questions
8 for Mr. Rossbach.

9 THE COURT: Further questions, gentlemen?

10 MR. ANDERSON: Yes, sir.

11 REDIRECT EXAMINATION

12 BY MR. ANDERSON:

13 Q Billy, you were asked the question on
14 cross-examination as to the fall; specifically, the fall that
15 she talked to you about before you got home from work on the
16 31st. And I believe the question was that she told you that
17 she fell and hit her face?

18 A Yes.

19 Q Billy, at any point in time after she told you that
20 before you took her to the doctors, did you ever see a black
21 eye?

22 A No.

23 Q Did you ever see a mark on her face?

1 A No.

2 Q The question you were asked as to Soma, the
3 medication --

4 A (Responded in the affirmative.)

5 Q -- what is that; do you know? Do you know what the
6 substance is?

7 A I think it's a -- definitely a pain pill of some
8 sort, or a muscle relaxer.

9 Q Is it possible, to the best of your knowledge or
10 information, that it could be Amitriptyline?

11 A I have no idea.

12 Q So you don't know whether or not Soma is a generic
13 name or what it is?

14 A I have no idea.

15 Q And the Valium that she took, Billy, that was for
16 pain?

17 A Yes. I guess so.

18 Q What, if any, other pain was she in other than the
19 flu or the sore throat that she had?

20 A She was in a car accident maybe couple, few weeks
21 prior.

22 Q Couple, few weeks prior?

23 A I believe so.

1 Q Was she undergoing any medical treatment for that
2 car accident?

3 A Correct; yes.

4 Q So she was taking medication for that car accident?

5 A I believe so.

6 Q And you saw her during the period or time for those
7 few weeks after that car accident; is that right?

8 A Yes.

9 Q She was able to walk?

10 A Yes.

11 Q And talk?

12 A Yes.

13 Q The question asked you as to the beer in the
14 residence, did you, when you left -- I'm sorry. You didn't
15 leave that night. But Mr. Presley and Sandy Everhart did; is
16 that right?

17 A Right.

18 Q What, if any, reason did they have for leaving the
19 house at that time?

20 A I have no idea. Maybe to go get more beer.

21 Q To the best of your knowledge, did they come back
22 with beer?

23 A I have no idea. I didn't pay attention.

1 Q One of the questions asked of you on
2 cross-examination was to the effect of whether or not Sandra
3 Laing and Mr. Presley argued daily. Did you ever get
4 involved in any of those discussions before this incident on
5 the 31st and the 1st of August of 1995, to discuss or talk to
6 or indicate to Billy -- or Mr. Presley at any point in time
7 that you had personal knowledge that Sandra Laing had had an
8 affair at any time prior to any of those occasions?

9 A No. I never mentioned it.

10 Q Did you ever talk at all about any of the affairs
11 that she had before?

12 A No. No.

13 Q So that on the 31st, that was the first time that
14 you had ever indicated to Mr. Presley that possibly Sandra
15 Laing had had an affair with somebody else?

16 A Right.

17 Q Right?

18 A Right.

19 Q And he became enraged; didn't he?

20 A Yes.

21 Q Billy, a question asked of you on cross-examination
22 related to the clothes that Sandra Laing was wearing, or the
23 lack of clothes that she was wearing, when you saw her on the

1 floor. Now, my understanding of your testimony is that at
2 that point in time, she had no clothes on at all; is that
3 correct?

4 A Correct.

5 Q And you've already testified that after you
6 observed her or after he released her or the hand around his
7 neck released, that she didn't move; is that right?

8 A I don't believe so; no.

9 Q Did you ever hear her talk or move or say anything
10 between that period of time until the next period of time
11 when you saw her on the bed with shorts and a top on?

12 A No.

13 Q Did you see her move at all?

14 A No. I pretty much went in my room. I heard her
15 snoring. I thought she was just out.

16 MR. ANDERSON: That's all I have.

17 MR. C. ANDERSON: Just briefly.

18 RECROSS EXAMINATION

19 BY MR. C. ANDERSON:

20 Q The last time you saw her, she was snoring on her
21 bed; correct?

22 A Yes.

23 Q And after you saw her snoring on her bed, did you

1 hear anymore fighting going on between her and Mr. Presley?

2 A No.

3 MR. C. ANDERSON: No further questions.

4 THE COURT: Questions?

5 MR. ANDERSON: Briefly.

6 REDIRECT EXAMINATION

7 BY MR. ANDERSON:

8 Q Billy, when you say snoring, was it a low guttural
9 sound?

10 A Yeah. Like deep sleep.

11 MR. ANDERSON: That's all I have.

12 THE COURT: Questions?

13 MR. C. ANDERSON: No.

14 THE COURT: Thank you very much.

15 Do you wish him subject to recall?

16 MR. ANDERSON: Yes.

17 THE COURT: Do not discuss your testimony with
18 anyone until the case is over. You may go at this time.

19 THE WITNESS: Do I have to come back
20 tomorrow?

21 THE COURT: You will have to be on call for
22 the Commonwealth to come back tomorrow.

23 Who is your next witness?

V I R G I N I A :

IN THE CIRCUIT COURT OF LOUDOUN COUNTY

COMMONWEALTH OF VIRGINIA,

Plaintiff,

v.

WILLIAM ALAN PRESLEY,

Defendant.

:

:

:

:

:

Criminal No. CR10001

June 4, 1996
(Day Two)

A trial held in the above-styled matter in the Circuit Court of Loudoun County, Virginia, in the courthouse thereof, Leesburg, Virginia, before the Honorable Thomas D. Horne, Judge of said Court, on the 4th day of June, 1996, beginning at 8:55 a.m.

APPEARANCES

For the Plaintiff:

Robert D. Anderson, Commonwealth's Attorney
Eric N. Strom, Assistant Commonwealth's Attorney

For the Defendant:

Charles A. Anderson, Esquire

Reporter: Terri D. Litaker

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1 a.m.)

2 MR. STROM: Judge, we need extra copies. If
3 we could get somebody to make copies.

4 THE COURT: Mr. Parr will get them.
5 Morning, ladies and gentlemen.

6 THE JURY: Morning.

7 THE COURT: All right. Who would be your next
8 witness, Mr. Anderson?

9 MR. C. ANDERSON: Dr. Lappes.

10 THE COURT: Dr. Lappes. Have a seat, Doctor.

11 THE WITNESS: Thank you.

12 Whereupon,

13 DR. NICHOLAS T. LAPPES,
14 a witness, was called for examination by counsel for the
15 Defendant, and after having been first duly sworn, was
16 examined and testified as follows:

17 DIRECT EXAMINATION

18 BY MR. C. ANDERSON:

19 Q Doctor, would you say your full name, and also
20 spell your last name for the record, please?

21 A Nicholas T. Lappes, L-a-p-p-e-s.

22 Q And what kind of doctor are you, Dr. Lappes?

23 A I have a Ph.D., a doctor of philosophy degree.

1 Q And what area of subject did you get that in?

2 A Pharmaceutical chemistry.

3 Q What educational background have you had in that
4 field?

5 A I have a bachelors degree in biology. I have a
6 master of science degree in -- combined degree in
7 pharmacology and toxicology in addition to the pharmaceutical
8 chemistry degree.

9 Q What type of work do you do now?

10 A I'm an associate professor of forensic science at
11 the George Washington University in Washington, D.C.

12 Q How long have you had that position?

13 A I've been at the university on the faculty at the
14 Department of Forensic Science since 1975.

15 Q Before that, what work, if any, did you engage in?

16 A I was, for five years, a forensic toxicologist with
17 the Allegheny County Coroner's Office in Pittsburgh,
18 Pennsylvania.

19 Q What kind of courses do you teach at the college
20 level?

21 A Our department is a graduate department. So all of
22 the courses I teach are graduate level courses. Primarily
23 courses in toxicology, including graduate courses in

1 analytical toxicology, forensic toxicology, drugs of abuse,
2 medicinal chemistry, and environmental toxicology.

3 Q What positions have you held within the department
4 at George Washington, if any?

5 A In addition to my faculty position, I was the
6 director of the chemical toxicology program for one year.

7 Q The -- have you ever written any papers about
8 toxicology issues?

9 A Yes. I've published approximately fifteen or
10 twenty papers in the scientific literature in the book -- in
11 the areas of both toxicology and serology.

12 Q And have you been ever asked to make any
13 presentations to other toxicology experts?

14 A Yes. I've presented approximately three dozen
15 scientific papers at scientific forensic science meetings.

16 Q Have you ever been qualified as an expert witness
17 in the field of toxicology or pharmacology in any courts in
18 this country?

19 A Yes.

20 Q And what courts are those?

21 A Courts in Virginia and Maryland, the District of
22 Columbia, Pennsylvania, Michigan.

23 MR. C. ANDERSON: The -- I would move that Dr.

1 Lappes can be accepted as an expert witness in this case and
2 be allowed to give opinion testimony.

3 THE COURT: Any objection?

4 MR. ANDERSON: Your Honor, certainly the
5 doctor is well qualified. But I believe the area as to the
6 expert witness testimony certainly should be related to
7 toxicology.

8 THE COURT: Toxicology and pharmacology.

9 MR. C. ANDERSON: That's fine, Judge.

10 THE COURT: So qualified.

11 BY MR. C. ANDERSON: (resumed)

12 Q The -- what is toxicology -- Dr. Lappes, is this a
13 curriculum vitae of your qualifications?

14 A Yes. It is.

15 MR. C. ANDERSON: I'd like to have this marked
16 as defense exhibit two.

17 THE COURT: Any objection?

18 MR. C. ANDERSON: And entered into evidence.

19 MR. ANDERSON: No objection, Your Honor.

20 THE COURT: Two in evidence.

21 (Whereupon, Defendant's Exhibit No. 2 was marked
22 for identification and received in evidence.)

23 BY MR. C. ANDERSON: (resumed)

1 Q Dr. Lappes, what is the study of toxicology?

2 A Toxicology is a science that's -- that deals with
3 the adverse or unwanted effects that are produced by drugs or
4 chemicals, whether the drugs or chemicals are used
5 intentionally or unintentionally.

6 Q And what's the study of pharmacology?

7 A Pharmacology really is the discipline that deals
8 with all effects that are produced by drugs and chemicals.
9 Toxicology is actually a sub-discipline of pharmacology.

10 Q In preparation for your testimony in this case, did
11 I provide you with a -- part of an autopsy report that
12 contained a certificate of analysis of certain drugs?

13 A Yes.

14 Q And alcohol?

15 A Yes.

16 Q And is this a copy of the relevant page?

17 A Yes. It is.

18 Q And in preparing for your testimony here today, did
19 you review that lab report from the autopsy report?

20 A Yes. I did.

21 Q The -- and, Doctor, when I ask you to state an
22 opinion or when you give an answer, you only give an answer
23 if you hold that opinion with a reasonable degree of

1 scientific certainty; is that understood between the two of
2 us?

3 A Yes. It is.

4 Q Okay. The -- Doctor, the -- when you say that you
5 have expertise in toxicology and drugs, is alcohol considered
6 a drug for --

7 A Among pharmacologists and toxicologists, it is;
8 yes.

9 Q And in that report when it uses the word ethanol,
10 what does that mean?

11 A Ethanol is simply drinking alcohol. It's the
12 alcohol that's found in all alcoholic beverages.

13 Q What other drugs were found in the deceased's body
14 in this case?

15 A In addition to alcohol, there were found
16 Amitriptyline.

17 Q Let me stop you there. What is Amitriptyline?

18 A Amitriptyline belongs to a class of drugs that are
19 known as tricyclic antidepressants. And as the name
20 suggests, these are drugs that are used to treat clinical
21 depression and psychological depression.

22 Q And what impact does Amitriptyline have on a
23 person?

1 A Well, for individuals who are depressed, their
2 depression can be eliminated or alleviated by the use of
3 these agents. That's the desired therapeutic effect, to
4 relieve or reverse the depression. As with all drugs,
5 however, Amitriptyline produces a number of other effects,
6 many of which are undesirable effects.

7 Q What are some of the undesirable side effects to
8 Amitriptyline?

9 A There can be minor side effects such as dry mouth,
10 nausea. But there can be major side effects such as central
11 nervous system depression.

12 Q The -- when -- what's the -- when you said
13 therapeutic, when you classify the impact of the drugs, what
14 are the classifications that are commonly used in your field
15 of expertise?

16 A In forensic toxicology, we refer to drug levels or
17 concentrations of drugs found in the body as belonging to one
18 of three categories. Therapeutic levels, toxic levels, or
19 lethal levels. Therapeutic levels are the concentrations of
20 drugs that we would expect to find in the body if a person
21 has used the recommended therapeutic dose of a drug.

22 For example, if you take two aspirin, and we were
23 to take a blood sample, we would find a concentration of

1 aspirin in your blood that would be consistent with you
2 having taken two aspirin tablets.

3 A toxic level is the concentration that is
4 consistent with a person having taken more than the
5 therapeutic level, would be consistent with an overdose, but
6 a non-lethal overdose. And that blood level would be much
7 higher than the therapeutic level, and the person would be
8 experiencing toxic effects of the drug; undesirable, unwanted
9 effects. And if the person had taken an even larger dose,
10 then that person could die, and the blood levels that would
11 be detected or the tissue levels that would be detected would
12 be in excess of the toxic levels and would be consistent with
13 the lethal dose having been administered.

14 So forensic toxicologists, by knowing what the
15 level of drug is in the body, can classify it as being
16 consistent with therapeutic use, with toxic use, or with a
17 lethal exposure to the drug.

18 Q When you reviewed this toxicology record that's
19 part of the autopsy, did you notice who the toxicologist was
20 that ran the tests?

21 A Yes.

22 Q And who was that?

23 A Dr. Anh Huynh.

1 Q And do you know him?

2 A Yes. I do.

3 Q And how do you know him?

4 A He was a former student of mine.

5 Q The -- Doctor, would it help you in explaining your
6 testimony to the jury to use a -- a drawing of any sort?

7 A It might be beneficial if I could use an easel or a
8 paper, as you have there.

9 Q Doctor, what other drugs does the autopsy report
10 indicate was present in the deceased's body?

11 A The third drug that was present is a drug known as
12 Nortriptyline. When Amitriptyline is ingested or
13 administered, the body converts it to a number of other
14 substances by a process known as drug metabolism. The body
15 makes chemical changes in the drug that was ingested.

16 In the body, Amitriptyline, if ingested, will be
17 converted by the body to this other drug which is known as
18 Nortriptyline.

19 Both Amitriptyline and Nortriptyline produce very
20 similar effects. So that in a person who has ingested
21 Amitriptyline, we would expect to find not only the
22 Amitriptyline but some Nortriptyline also. And in this case,
23 both of those drugs are present.

1 Q And what was the fourth drug that was found in her
2 body?

3 A The fourth drug that was found was a drug known as
4 Nordiazepam. Nordiazepam is a drug which is also produced in
5 the body of somebody who has used or ingested the drug known
6 as Diazepam, commonly known as Valium. So if a person
7 ingests or uses Valium, that drug is converted to, among
8 other drugs, Nordiazepam. And Nordiazepam produces many of
9 the same effects that Valium or Diazepam produces.

10 Q What are the potential negative effects of
11 Nordiazepam?

12 A There are several. Primary among them is central
13 nervous system depression, as with the case of Amitriptyline
14 and Nortriptyline.

15 Q When you say central nervous system depression,
16 does that mean just that your central nervous system feels
17 bad? Or what does that mean?

18 A We're talking in this case about a side effect that
19 is an inhibition of the normal functioning of the central
20 nervous system, meaning the brain. So that a person who is
21 experiencing that type of toxic exposure to the drug will
22 have any one of a number of effects, all of which are related
23 to the fact that this drug has caused the brain to cease

1 functioning normally. We're not talking about psychological
2 depression, but actual physical depression of the normal
3 activity of the brain.

4 Q Doctor, could you use this board -- we have a lot
5 of -- there's another drug I think that's mentioned too,
6 Erythromycin?

7 A Erythromycin is also detected in the blood.
8 Erythromycin is an antibiotic.

9 Q And does that have any serious negative side
10 effects?

11 A No. Not in the context we're discussing here.

12 Q Any other drugs mentioned?

13 A No.

14 Q And can you tell from the toxicology report whether
15 they ran a full range of tests that would have showed all
16 drugs that she had in her system?

17 A They did perform -- the analyst did perform a
18 number of tests, many of which -- two of which were designed
19 to detect a large number of drugs. But it's not possible to
20 tell from this report all of the drugs that were looked for.
21 But a large number were analyzed for it.

22 Q And specifically, have you ever heard of a drug
23 called Soma?

1 A Yes.

2 Q Can you tell from that report whether they analyzed
3 to see if that drug was present in her system?

4 A No. Not specifically I can't.

5 Q And what kind of a drug is Soma?

6 A It's a muscle relaxant.

7 Q The -- and are there any negative side effects with
8 using muscle relaxants?

9 A It also can produce central nervous system
10 depression and all the effects associated with that.

11 Q We're going to get into a lot of numbers. Could
12 you draw a bar graph or something that shows what those
13 numbers mean in relation to your testimony?

14 A Sure.

15 (Whereupon, the witness exited the witness stand.)

16 THE WITNESS: I think it would be beneficial
17 to describe the therapeutic, toxic, and lethal blood levels
18 in terms of ranges of Valium. That we might have a
19 therapeutic level or a therapeutic range of blood levels that
20 would be from a low to a high.

21 All individuals react differently to drugs, and we
22 may have some people who take two aspirin who would have a
23 low level of aspirin in their blood, and other individuals

1 who take two aspirin would have a higher level. But they're
2 both experiencing the same effects. They have a relief of a
3 headache. Nobody is experiencing toxicity.

4 If people -- if a person were to take more than two
5 aspirin, then they would develop side effects such as ringing
6 in the ears, and their blood levels would be higher, but
7 there might be some overlap. So the toxic range of blood
8 levels below toxic may overlap a little bit on the high
9 therapeutic, and the high toxic would be out here
10 (indicating) by itself.

11 But again, we're talking about a range of values.
12 And if a person were to take a potentially lethal dose, we
13 would see a range of values up here (indicating). And again,
14 the range is very wide because of biological variation, and
15 there might be some overlap. We might have overlap between
16 the lowest levels known to be consistent with death in one
17 person and the highest levels known to be not consistent with
18 death but consistent with toxicity in another person.

19 So that while we speak of these levels, there's a
20 lot of biological human variation. There's a lot of overlap
21 in these values.

22 And what the toxicologist has to do is to look at
23 the values in the context of the case. That there are no --

1 there are very few absolutes. There are ranges of values.
2 There are indications as to whether the effect was
3 therapeutic, toxic, or lethal. But as you can see, there is
4 -- there are areas in which we can have overlap among these
5 values.

6 BY MR. C. ANDERSON: (resumed)

7 Q If I took you through the drug levels present in
8 the deceased's body, could you put them under where you think
9 they fit and tell what those numbers are?

10 A Yes.

11 MR. ANDERSON: Your Honor, if we could
12 establish a foundation as to -- this doctor's testimony was
13 that the effect -- that his ability to do that is in the
14 context of the case. I believe certainly a foundation may be
15 required as to what it is he based his opinion on in placing
16 these levels at the areas where he anticipates he places
17 them.

18 THE COURT: Have him testify as to what
19 materials he reviewed in terms of his testimony.

20 BY MR. C. ANDERSON: (resumed)

21 Q What materials did you review, Doctor, in preparing
22 for your testimony here today?

23 A I reviewed a copy of the autopsy report. I

1 reviewed a transcript from a pretrial hearing of some sort.
2 I have reviewed, in addition, standard works in pharmacology
3 and toxicology, on which I rely.

4 THE COURT: All right. Go ahead.

5 BY MR. C. ANDERSON: (resumed)

6 Q Do you need the autopsy report sheet?

7 A Sure.

8 Q Do you want to start with alcohol, or do you want
9 to start with one of the other drugs?

10 A Well, we can do alcohol first. Alcohol is in a
11 rather unique category because it really is a little
12 therapeutic use for alcohol, but individuals who drink
13 alcohol usually don't do it for therapeutic reasons. But we
14 do have levels that are consistent with moderate use, with
15 high use, and with lethal use of alcohol. And in this case,
16 the blood level of alcohol is zero point one five percent.

17 Q Now, just let me stop you right there. Now, this
18 -- this report actually shows five different blood levels of
19 alcohol?

20 A That's correct.

21 Q Why is that?

22 A The blood levels can be taken from several areas of
23 the body. This report, for example, has a blood level taken

1 from heart blood, one from iliac vein blood, which is blood
2 taken from a leg vein or a vein in the lower part of the
3 body. And then it has blood taken from the area of the
4 brain.

5 The reason is that the toxicologist and the
6 pathologists, among other reasons, wanted to make sure that
7 the alcohol level that was obtained was the result of alcohol
8 that was ingested by the person, and not due to alcohol that
9 was produced after death. And one of the ways that that can
10 be done is to take blood from several parts of the body and
11 to compare the values.

12 If the -- if, for example, the alcohol has been
13 produced after death, we would expect to see a higher level
14 of alcohol in the blood taken from the heart than we would in
15 the blood taken from the vein of the leg of the lower part of
16 the body.

17 In this case, the alcohol levels taken from the
18 heart blood, the iliac vein blood, and the blood from the
19 brain are essentially the same value. So we have confidence
20 that these are levels that represent alcohol that was used by
21 the decedent and not alcohol that was produced after death.

22 Q And the point one five that you selected here is
23 not the highest blood alcohol level found in the organs; is

1 that correct?

2 A That's correct. The blood alcohol level from the
3 brain was higher. It was point one eight.

4 Q And the -- what was -- what's the vitreous humor?

5 A Vitreous humor is fluid that's found in the back of
6 the eyeball. And it is a sample that is frequently used for
7 these kinds of analyses, because the eyeball is protected,
8 and chances of contamination of the eyeball and the
9 putrefaction are very, very slim. So that the vitreous humor
10 fluid taken from the eyeball is a very good sample to
11 determine alcohol concentration, and it's frequently used for
12 that purpose.

13 Q What was it in the deceased?

14 A Zero point two percent, which is higher than the
15 heart blood, which means that this is -- the alcohol level in
16 the heart compared to the alcohol level in the vitreous humor
17 suggests that this individual had stopped drinking an hour to
18 two hours before her death.

19 Q Go ahead, Doctor, with the point one five of what
20 you said.

21 A The heart blood of point one five of ethanol on
22 this scale would put us into toxic range. An alcohol level
23 of point one five is consistent with more than normal social

1 drinking of one or two drinks, depending on height and
2 weight, of course. But this is a level that is consistent
3 with, in my opinion, excessive consumption of alcohol and
4 consistent with significant effects of ethanol in the central
5 nervous system.

6 Q Now, Doctor, just as a point of comparison, would a
7 person with that blood alcohol level, if they were driving a
8 motor vehicle, how would that compare to what's considered
9 the legal rate for DWI in Virginia?

10 A Approximately twice as high.

11 Q The -- now, Doctor, you said that you believed this
12 evidence suggests that she stopped drinking one or two hours
13 before. Would her blood alcohol level have been higher one
14 or two hours before or lower than these figures?

15 A Her blood alcohol level would have reached its
16 maximum value about a half an hour to an hour after she
17 stopped drinking. And from that point on, it would have gone
18 down. And therefore, to the extent that she survived, after
19 she stopped drinking, this value would have been lower than
20 it would have been earlier. How much lower, we could make an
21 estimate, but it would be on the down slope. It would be
22 lower.

23 Q Go ahead, Doctor, and put it where you think it

1 should go with the ethanol.

2 A I think the ethanol would be -- in terms of
3 therapeutic, toxic, and lethal, would be in this range
4 (indicating). This is a high level of ethanol.

5 Q Doctor --

6 A Let me clarify. I don't mean -- my scale is off a
7 little, but I don't mean to imply that it's that close to
8 lethal, but it is in the toxic range.

9 Q Could you go to the next drug that's there, and put
10 it on your scale?

11 A Yeah. Amitriptyline is present at a concentration
12 of one point three three milligrams per liter. And I would
13 put Amitriptyline, which I'll abbreviate A.M.I., someplace
14 over here (indicating).

15 Q Now --

16 A In this case, I have overlapped the lethal range,
17 and I've done that intentionally. Amitriptyline at this
18 concentration, in my opinion, is in the high toxic to low
19 lethal ranges.

20 Q What's the next drug?

21 A The next drug is Nortriptyline, which is
22 metabolized as Amitriptyline, and I would place Nortriptyline
23 also in the range of high toxic to low lethal concentration.

1 Q And what's the next drug?

2 A Nordiazepam, which is the metabolite of Valium, I
3 would put Nordiazepam in this region also. And I would make
4 the further distinction that not only are these drugs in the
5 high toxic to low lethal range, but they are definitely
6 outside the therapeutic range. They're not consistent with
7 therapeutic use at all.

8 Q Is it possible that people could disagree and think
9 that they were in the therapeutic range, in your opinion?

10 A Not reasonable people who are knowledgeable about
11 pharmacology and toxicology; no.

12 Q The -- Doctor, do these drugs, these four drugs
13 that you have here, can they interact with one another?

14 A Certainly. They all are. Ethanol, Amitriptyline,
15 Nortriptyline, and Nordiazepam are all central nervous system
16 depressants. They all produce very similar effects on the
17 central nervous system at toxic doses.

18 And so taking four of these drugs is the same as
19 taking one of them -- almost kind of taking one of them at a
20 much higher concentration. They're all producing the same
21 effect on the central nervous system. They have what's known
22 as an additive effect. When you take all four, you get four
23 times the punch for the amount of drug.

1 So that yes, they do interact. And taking several
2 central nervous system depressants is a very dangerous
3 practice.

4 Q In your expert opinion, would there be an additive
5 effect because of the presence of all four of these drugs in
6 her body at the same time?

7 A Yes.

8 Q Have a seat.

9 A Thank you.

10 Q Thank you, Doctor.

11 (Whereupon, the witness returned to the witness
12 stand.)

13 BY MR. C. ANDERSON: (resumed)

14 Q Doctor, you mentioned that the -- I believe that
15 the body produces alcohol on its own after death; is that
16 correct?

17 A It's possible; yes.

18 Q And does the body also produce Amitriptyline on its
19 own after death?

20 A It does not synthesize it. It does not produce
21 it. But there can be a shift of the location in which
22 Amitriptyline is found after death.

23 Q And is that true of the -- this drug also?

1 A Nortriptyline it's also true of; yes.

2 Q And is it true of Valium?

3 A Not to an appreciable extent; no.

4 Q So it's not true of that?

5 A That's correct.

6 Q Is it possible to tell the extent of postmortem
7 drug creation from the autopsy or the toxicology report in
8 this case?

9 A No.

10 Q The -- at the liver levels, which is what -- was
11 the source of much of this information, why are the liver
12 levels a good place to look as opposed to some other area of
13 the body?

14 A The liver levels don't change as much, if at all,
15 postmortem, as do the other levels. The liver levels are
16 frequently considered to be a -- or generally considered to
17 be a more accurate representation of what the levels were
18 prior to death than some other levels might be.

19 Q Now, you mentioned that these drugs in combination
20 with one another and this additive effect, that they all
21 impact on the central nervous system?

22 A That's correct.

23 Q The -- does the central nervous system -- what does

1 that control in the body?

2 A Virtually everything in one way or another. But
3 the effects that we're most concerned about are the effects
4 such as physical coordination is controlled by movement or
5 controlled by the central nervous system by the brain. A
6 person's behavior, largely controlled by the brain.

7 The judgment that a person -- the judgment that he
8 exhibits is controlled by the brain. Pretty much everything
9 we do and feel and think are controlled -- are events that
10 are controlled by the brain. And these drugs can influence
11 the way that the brain functions in those activities.

12 Q I'm going to switch subjects for one second. If an
13 individual consumed -- say this was a large individual. A
14 man two hundred and fifty pounds or more consumed twenty-four
15 beers in an eight-hour period and four Valium, would that
16 have any impact on that person's -- tell me what impact that
17 would have on a person, in your opinion.

18 A It would have a significant impact. This is a
19 person who has consumed enough beer to, in some cases, render
20 him -- render that person unconscious. That is a huge amount
21 of alcohol. It would generate a blood alcohol level that is
22 in the range of producing drowsiness or unconsciousness in
23 some individuals.

1 Q Would the Valium alleviate that effect?

2 A Just the opposite. The Valium would add to the
3 effect. Since the Valium is another central nervous system
4 depressant, on top of alcohol, which is a central nervous
5 system depressant, we have a situation in which a person has
6 ingested a tremendous quantity of alcohol and has taken
7 Valium which just exacerbates the event, and so we have an
8 increased central nervous system depression.

9 Q Now, if that person took a nap and slept for a half
10 hour or an hour, would he be fine then?

11 A Not at all. Within a half hour, the body would
12 eliminate a relatively small amount of the alcohol or Valium,
13 and he would awaken with almost the same amount of alcohol in
14 his body that he had when he fell asleep.

15 Q If you know, would that amount of alcohol and that
16 amount of Valium in a person have any effect on their
17 short-term memory?

18 A Yes. Individuals who become intoxicated from
19 alcohol have difficulty with short-term memory. Drunks,
20 individuals who become drunk, often forget what they have
21 done while they were drunk. And this individual would be in
22 a category of having a blood level -- the blood level would
23 be high enough to consider him in the vernacular, as being

1 drunk.

2 Q The -- we were -- I'm switching back to the
3 deceased in this case. And we were talking about the
4 additive or cumulative effects of all these drugs and that
5 they would have on her and the central nervous system. Does
6 the central nervous system control breathing?

7 A Yes.

8 Q What is the possible impact of all these drugs on a
9 person's ability to breathe?

10 A All of those drugs have the ability to depress or
11 inhibit a person's ability to breathe. As a matter of fact,
12 the mechanism of death directly caused by the drugs generally
13 is respiratory depression. That the central nervous system
14 is inhibited so extensively that the person cannot breathe
15 normally, and died as a result of that event.

16 Q And in your expert opinion, the cumulative or
17 additive effect of all these drugs present in the deceased in
18 this case, would that be consistent with death by drug
19 overdose?

20 A Yes. It would be.

21 MR. C. ANDERSON: Judge, I would like to have
22 this marked as, I believe, our exhibit two. I'm not sure.

23 THE COURT: Two.

1 MR. C. ANDERSON: And move it into evidence.

2 MR. ANDERSON: Subject to voir dire.

3 THE COURT: Two in evidence. Actually, that's
4 three; isn't it?

5 THE CLERK: Three.

6 THE COURT: Three. Two is the curriculum
7 vitae.

8 MR. C. ANDERSON: I'm sorry. Three.

9 THE COURT: Three.

10 (Whereupon, Defendant's Exhibit No. 3 was marked
11 for identification and received in evidence.)

12 BY MR. C. ANDERSON: (resumed)

13 Q I'm sorry. When -- is it proper -- when you're
14 trying to calculate the impact of the Amitriptyline and the
15 metabolized version of Amitriptyline, is it proper to add
16 those together?

17 A Yes. And the reason is that Nortriptyline is, in
18 the view of many experts in the field, is at least as
19 pharmacologically active as Amitriptyline. That it produces
20 the same effects as Amitriptyline.

21 Q And would you agree that if you added those
22 together and you got the number fifty as the levels, where
23 would that fit on this?

1 A It would be in the lethal range.

2 Q Is it your opinion that if you don't hit fifty,
3 it's not lethal?

4 A No. Again, there's no absolute number here.
5 There's no number at which you can say absolutely that it is
6 lethal, or no number at which you could say absolutely that
7 it is not lethal. There's a range of values, and fifty
8 certainly would be in the lethal range.

9 Q Are any of these drugs -- in your expert opinion,
10 do any of them fall in the therapeutic range?

11 A No. Not at all.

12 MR. C. ANDERSON: I'm done, Judge.

13 Do you want to voir dire on the exhibit, I
14 believe?

15 MR. ANDERSON: I'll do it subject to cross,
16 Your Honor.

17 THE COURT: All right.

18 CROSS EXAMINATION

19 BY MR. ANDERSON:

20 Q Doctor, your, as I understand, area of expertise is
21 toxicology, sir; is that right?

22 A That's correct.

23 Q And pharmacology?

1 that right, sir?

2 A That's correct.

3 Q So that based on your examination of the lab sheet
4 and based on your examination of the hearing in the pretrial
5 portions of this case, you found no evidence in this
6 particular case of respiratory depression; is that correct,
7 sir?

8 A Well, there was a statement from a police officer
9 who was at the scene who indicated that the decedent was
10 struggling for breath. So there was some evidence of some
11 respiratory depression.

12 Q But struggling for breath could have been
13 consistent with head trauma or something other than what you
14 testified to as to toxicological effect; isn't that correct,
15 sir?

16 A I'm just responding to your question as to whether
17 there was any evidence of respiratory depression. And that's
18 some of the evidence I saw; yes.

19 Q But you're not offering any testimony or expert
20 opinion as to whether or not any respiratory dysfunction or
21 respiratory problems could have come from another source; is
22 that correct?

23 A That's correct.

1 right?

2 A Certainly. Central nervous system depression can
3 cause respiratory depression; that's correct.

4 Q And it's also a fact, is it not, that central
5 nervous respiratory depression and its effect on the central
6 nervous system doesn't cause a brain hemorrhage in cases
7 where people die of brain hemorrhage; isn't that correct?

8 A That's out of my field.

9 Q So you're offering no testimony or no expert
10 opinion as to whether or not this particular level of
11 medications that we found in the body could have or would
12 have caused a brain hemorrhage; is that right, sir?

13 A That's correct.

14 Q So you don't know whether or not they did or they
15 didn't; is that right, sir?

16 A I have no opinion; that's correct.

17 Q Doctor, if I understand your chart, the therapeutic
18 range, sir, if I might, and I think, as I recall from my
19 notes, you indicated that including alcohol, I believe you
20 found five chemical substances in the body; is that right,
21 sir?

22 A There were five listed on the lab report; that's
23 correct.

1 found a level of Amitriptyline; is that right, sir?

2 A That's correct.

3 Q What was the level?

4 A In the blood, it was one point three three
5 milligrams per liter. And the liver, it was seven point five
6 milligrams per kilogram.

7 Q Now, you've indicated that the therapeutic range,
8 that was in the high to low toxic, as I understand; the
9 therapeutic range for Amitriptyline; is that correct, sir?

10 A No. That would be in the high toxic to low lethal.

11 Q Well, in this particular case, do you have any
12 indication as to where the therapeutic range would start as
13 to the level, sir?

14 A Well, again, based on a review of the scientific
15 literature, the therapeutic range is much below the values.
16 I've seen no reports in the scientific literature in which a
17 therapeutic level of Amitriptyline anywhere approaches these
18 values.

19 Q What experience do you have, sir, in diagnosing a
20 therapeutic, toxic, or lethal range of Amitriptyline other
21 than the journals that you've discussed?

22 A That's the basis of my understanding, is the
23 scientific and medical literature that have accumulated from

1 Q Doctor, did you just indicate that these
2 therapeutic ranges, therapeutic, toxic, and lethal, vary with
3 the person?

4 A Of course. That's why I have ranges up there.

5 Q And you don't know anything more about the person
6 other than what you've indicated you've studied on the lab
7 sheet and the pretrial testimony of the police officer; is
8 that right, sir?

9 A That's correct. When you say that these levels
10 vary, I must comment that the variation would be expected to
11 be slight. I wouldn't expect to see ten and twenty full
12 variations in a person.

13 Q So if you haven't reviewed this particular
14 individual as to this specific case, it's a fact, is it not,
15 that you don't know specifically where the therapeutic range
16 starts and where it ends with this person? You don't know
17 that?

18 A I have a reasonable scientific certainty based on
19 my review of the literature that one point three three
20 milligrams per liter is not therapeutic, because in all of
21 the literature I have reviewed, there's not one single case
22 that I have found at which that's considered to be a
23 therapeutic concentration of Amitriptyline.

1 a respiratory depression, as you've indicated, or central
2 nervous shutdown?

3 A They're not functioning in the lethal level without
4 a respiratory shutdown.

5 Q I'm sorry?

6 A They're not functioning in the lethal level without
7 a respiratory shutdown.

8 Q So that anybody that goes in -- based on your
9 analysis, goes into the lethal level, experiences a
10 respiratory shutdown?

11 A That's one of the characteristics of being dead;
12 yes.

13 Q So that if in this case, your testimony is if this
14 individual was in the lethal range that you've testified to,
15 she would have had a respiratory shutdown?

16 A She would not be breathing; that's correct.

17 Q And if she were in the lethal range, if I
18 understand your testimony in this particular case, that
19 lethal range wouldn't have caused a brain hemorrhage; is that
20 your testimony?

21 A No. My testimony was that I -- it's outside my
22 area to determine whether there would be any brain hemorrhage
23 as a result of these drugs.

1 Q So central nervous shutdown, sir, based on your
2 testimony, has nothing to do with brain hemorrhage?

3 A It may. But it's not necessarily the cause. It's
4 central nervous system depression that leads to respiratory
5 depression as a result of the fact that these drugs inhibit
6 the action of a part of the brain that control respiration.
7 They just shutdown those nerves. Those nerves can't work
8 anymore. The person stops breathing. That can occur
9 independently of a brain hemorrhage. That certainly can
10 occur in the presence of a brain hemorrhage.

11 Q Doctor, the lab sheet, the pretrial testimony, and
12 the literature that you've reviewed in preparation for your
13 testimony here today, I understand the lab sheet and I
14 understand the pretrial testimony. What articles are you
15 referring to that you've reviewed in preparation for your
16 testimony today?

17 A I can't cite the chapter and the verse, but there
18 are a number of articles dealing with these issues published
19 in the forensic literature and the pharmacological
20 literature. I've reviewed a couple textbooks on the area,
21 standard reviews, reference texts.

22 Q Can you cite any of them, sir?

23 A Sure. There's a book called -- I forget the title,

1 A No.

2 Q I'm sorry.

3 A With the lethal range, at about one to two.

4 Q Okay. So if she's in one to two at Nortriptyline,
5 she's in the lethal range?

6 A She's either in the high toxic or the low lethal;
7 that's correct.

8 Q And that would be the same effect that she would
9 have with Amitriptyline; is that right, central nervous
10 shutdown?

11 A That's correct.

12 Q She would stop breathing?

13 A Or have her respiration depressed. One or the
14 other. There's not an all or none response. There could be
15 gradations of central nervous depression and respiratory
16 depression.

17 Q And that level of Nortriptyline at the lethal level
18 of point one to two, certainly, based on your experience,
19 would not have caused a brain hemorrhage in that particular
20 individual? It would cause instability, for sure?

21 A Again, it's out of my area.

22 Q It's out of your area?

23 A To testify as to the cause of a brain hemorrhage.

1 testimony.

2 MR. ANDERSON: Can I clarify one thing? Did I
3 understand that the slides were sent from your office?

4 MR. C. ANDERSON: That's my memory. My
5 secretary will be here, and --

6 THE COURT: I'll order proof. Go ahead.

7 MR. ANDERSON: There's one other issue, Judge,
8 as to the rule on witnesses.

9 Are there any witnesses here in the courtroom that
10 are your witnesses?

11 MR. C. ANDERSON: Not that I know of. I don't
12 believe so.

13 MR. ANDERSON: Okay. Very good. Thank you.

14 THE COURT: All right.

15 (Whereupon, the proceedings continued in open
16 court, as follows:)

17 THE COURT: Doctor, if you'll come up and have
18 a seat, sir.

19 Whereupon,

20 DR. JOHN E. ADAMS,
21 a witness, was called for examination by counsel for the
22 Defendant, and after having been first duly sworn, was
23 examined and testified as follows:

DIRECT EXAMINATION

BY MR. C. ANDERSON:

Q Could you give your full name for the record, sir?

A John E. Adams.

Q And do you have a title?

A I'm a forensic pathologist. That's my occupation.

Q And how did you become a forensic pathologist?

A By -- by training. It requires medical school, and a minimum of four years of graduate -- postgraduate training after medical school. My training was six years post medical school. At which time, I was board eligible in forensic pathology. I took the boards and passed them. And at that point, I was entitled to call myself a forensic pathologist.

Q Are you -- did you say you were board certified in forensic pathology?

A That's correct.

Q What's the significance of being board certified in that field?

A Well, in order to be board certified, you have to do a number of things. You have to take a specific amount of training in a specific institution that has been approved for that training. If you complete that training successfully, then you are called board eligible; that is, you're eligible

1 to sit for the examinations in that particular speciality.

2 When you sit for the examinations and pass them,
3 then you got a certificate that says you are board certified
4 in that particular speciality. And then you can use that
5 designation.

6 Q Are you board certified in any other pathology
7 speciality besides forensic pathology?

8 A Yes. I have three board certifications in
9 pathology. Anatomic pathology, clinical pathology, and
10 forensic.

11 Q What's forensic pathology?

12 A Well, if I could step back just a bit and explain
13 that pathology is diagnostics, diagnostic medicine. The
14 emphasis in pathology is on establishing a diagnosis as
15 opposed to treatment.

16 So pathologists do that in a variety of ways. As
17 we know, they do autopsies. They examine tissues removed
18 from surgeries such as tumors, in order to tell the surgeon
19 whether the tumor is benign or malignant, what kind of tumor
20 it is. They supervise and perform and interpret laboratory
21 tests. Things that you would know as blood counts and
22 urinalyses, and a great many other things. They perform
23 diagnostic consultations on patients at the request of the

1 attending physician so that the pathologist is a consultant
2 who focuses on establishing diagnosis. That's what general
3 pathology is, and that's what general pathologists do.

4 Such people focus on natural disease, natural
5 events, natural illness, and natural death. Forensic
6 pathology takes all of the information in general pathology,
7 adds to it an area having to do with unnatural problems,
8 unnatural disease, illness, unnatural death, of a variety of
9 forms. It can be accident, suicide, homicide, or whatever.
10 And takes all of this information and -- in an attempt to
11 answer questions of law.

12 Q What's an anatomy pathologist do?

13 A An anatomic pathologist typically does autopsies
14 and studies tissues both with eyeball and under the
15 microscope in order to establish diagnoses. Such as I
16 mentioned, the diagnosis of tumors, whether benign or
17 malignant. And if malignant, what kind of tumor, and so
18 forth, and so on. So that the treatment is guided by that
19 information.

20 Q Have you ever conducted an autopsy?

21 A Yes. Many.

22 Q When you say many, are we talking -- how many?

23 A Certainly, a few thousand, and supervised many more

1 than that over the thirty-plus years.

2 Q And you've been board certified in forensic
3 pathology for over thirty years?

4 A I was board certified in forensic pathology in --
5 around 1965; something like that. So yes. Over thirty
6 years.

7 Q And the -- what -- what kind of jobs have you held
8 in the field as a pathologist? What type of work have you
9 done?

10 A Initially, my first job following training was as a
11 medical examiner for the State of Maryland. Medical
12 examiners are charged with the responsibility by the
13 government of investigating all suspicious, unexplained, and
14 unnatural deaths. And I did that work for a period of two
15 years.

16 In 1965, I took the position as chairman of a
17 hospital pathology department, a hospital in Northern
18 Baltimore suburbs, and ran the department in that hospital
19 for a period of twenty-five years, until 1990. During which
20 time, I was doing anatomic pathology, clinical pathology, and
21 also forensic pathology on a part-time basis.

22 In 1990, I resigned my position as chairman of the
23 pathology department at the hospital to embark on a full-time

1 conducting practice in forensic pathology. And that's what
2 I've been doing since that time for -- it will be six years
3 this -- come this July.

4 Q In addition to your work experience in the
5 pathology field, have you ever taught any courses in
6 pathology?

7 A Yes. A number of different teaching experiences,
8 beginning with training -- teaching responsibilities while
9 training in Boston at the Massachusetts General Hospital;
10 teaching responsibilities at Johns Hopkins; and at the
11 University of Maryland. And I continue to -- I have an
12 academic appointment at the University of Maryland presently,
13 and continue to teach there on a very part-time basis.

14 Q What's a teaching fellow?

15 A That's the title of a person who is both a trainee,
16 an advanced trainee, and one who teaches.

17 Q Where did you do that at?

18 A I'm not sure. I suspect that was in Boston at
19 Harvard.

20 Q The -- do you belong to any professional -- have
21 you ever received any professional appointments with regard
22 to your expertise in this area other than you've mentioned?
23 Did you ever work for any other hospitals?

1 A I have had in the past and continue to have
2 consulting privileges at other hospitals in the Baltimore
3 area; yes.

4 Q Have you ever written any publications with regard
5 to pathological issues?

6 A Yes. I have not a huge list but a modest list of
7 publications in pathology on a variety of topics.

8 Q Is that a curriculum vitae that shows your
9 experience and educational background, Doctor?

10 A This is not my most recent one. It is
11 approximately correct. This one is dated 1994. I have a
12 more recent one, if you wish it, or you can go with this
13 one. There wouldn't be a great many changes. Let me see.

14 Q The more recent would just have additional
15 information?

16 A Additional information; yes.

17 Q Have you ever testified as an expert on forensic
18 pathological -- pathology in any court?

19 A Yes, sir. Many times over the thirty-plus years.

20 Q Okay.

21 A Including courts in Virginia.

22 MR. C. ANDERSON: I would move that Dr. Adams
23 be recognized as an expert witness, and be allowed to offer

1 opinion testimony in this case.

2 MR. ANDERSON: There's no objection.

3 THE COURT: So qualified.

4 MR. C. ANDERSON: I would like this marked as
5 -- I think it's my number six -- and moved into evidence.

6 MR. ANDERSON: No objection.

7 THE CLERK: Four.

8 MR. C. ANDERSON: I'm sorry.

9 (Whereupon, Defendant's Exhibit No. 4 was marked
10 for identification and received in evidence.)

11 BY MR. C. ANDERSON: (resumed)

12 Q Dr. Adams, what did you review in connection with
13 this case to prepare for your testimony here today?

14 A I reviewed the autopsy report on Sandra Laing; the
15 toxicology report that was generated along with the autopsy
16 report; the pictures that were taken during the autopsy,
17 microscopic slides that were prepared from the autopsy;
18 transcripts of two hearings, a preliminary hearing in the
19 case and a motions hearing. And I also looked at quite a few
20 medical records, which dated back to 1989, and the terminal
21 medical records; that is, the EMS records generated during
22 the terminal events by the rescue squad; and the records
23 generated by the Loudoun Hospital during her final chair

1 there.

2 Q Doctor, when I ask you a question, if you can't
3 answer with a reasonable degree of medical certainty, I would
4 expect you to tell me that. Otherwise, I'm going to assume
5 that your answer means that you have a reasonable degree of
6 medical certainty with regard to it; is that understood
7 between us?

8 A Fine. Sure.

9 Q What, if anything, did you find in her old medical
10 records that have a significant bearing on the cause of death
11 on Sandra Laing, in your opinion?

12 A There were two things.

13 MR. ANDERSON: Judge, he's speaking from a
14 hearsay document, I believe. I believe that is hearsay. It
15 certainly goes to the truth of the matter asserted in this
16 particular case. I'm going to object to it based on
17 hearsay. Those records have not been moved or admitted into
18 evidence.

19 MR. C. ANDERSON: Judge, I think the Court
20 understands that doctors are allowed to review medical
21 records and incorporate that into their opinions, and that
22 the exception --

23 THE COURT: He can testify as to what records

1 he reviewed, but not as to the contents of those records.

2 MR. C. ANDERSON: Correct.

3 THE COURT: All right.

4 BY MR. C. ANDERSON: (resumed)

5 Q Did you draw any conclusions from her old medical
6 records that had a significant bearing on the cause of Sandra
7 Laing's death?

8 A Yes, sir. I did.

9 Q Okay. Can you tell the jury what was reflected in
10 those records that you thought was significant?

11 MR. ANDERSON: Judge, that's hearsay.

12 THE COURT: I'll see you over here briefly.

13 (Whereupon, the following was heard at the
14 side-bar:)

15 THE COURT: Remember that we're in a criminal
16 case versus a civil case. Therefore, the witness cannot
17 testify to hearsay, what someone else may have put in a
18 medical record. He can form his own conclusions that he can
19 testify to both from his observation of the prior history as
20 well as any other facts and circumstances in evidence,
21 including the autopsy in this case. But to ask him what
22 those records say is hearsay.

23 This is different than a civil case where the whole

1 medical record could come in and the Court could give a
2 cautionary instruction as to how the jury might consider
3 that. So if you would -- these are really his opinions as to
4 -- that relate to --

5 MR. C. ANDERSON: I'll rephrase the question.

6 THE COURT: -- cause of death. Thank you.

7 All right.

8 (Whereupon, the proceedings continued in open
9 court, as follows:)

10 BY MR. C. ANDERSON: (resumed)

11 Q Based on your review of all the documents, slides,
12 et cetera, that you just testified to, do you have an opinion
13 as to anything significant about Sandra Laing that had a
14 bearing on the cause of her death?

15 A Her chronic condition? Is that what you're
16 referring to?

17 Q Whatever you think had an impact on the cause of
18 her death, Doctor, in your opinion.

19 A Well, there were a number of things that related
20 significantly, in my opinion, to the cause of death. One was
21 a congenital deformity of the spine and of the skull called a
22 Chiari deformity. That is a condition that she was born with
23 where the skull was abnormal, abnormally shaped and formed.

1 And the cervical spine, the spine in the neck was also
2 abnormal.

3 That's significant because the condition does two
4 main -- did two main things -- does two main things. It
5 causes problems with balance and coordination such that a
6 person with this condition can fall a lot, and typically, has
7 -- has problems with balance, and requires support like a
8 cane, or something like that.

9 The other thing that this condition is associated
10 with and was in her is a lot of pain; particularly, pain in
11 the neck and pain in the arms. And that would -- the problem
12 of chronic long-standing pain could lead to a high level of
13 usage of drugs intended to or in attempting to control the
14 pain. That's one thing that I -- that, to me, is significant
15 to the -- to the cause and manner of death.

16 Another is the fact that she had chronic liver
17 disease at the time she died. This is seen in the slides
18 that I reviewed. And I have a photograph of chronic liver
19 disease. And also, she had lab tests which documented the
20 chronic liver disease that was present; not only present, but
21 also active, and was producing abnormal liver function.

22 This is significant -- initially related to
23 hepatitis. Probably in later stage, also contributed to by

1 alcohol.

2 This is significant because at the time she died,
3 she had abnormal clotting tests, abnormal clotting
4 mechanisms, such that her blood did not clot properly. And a
5 person with this kind of condition, if she, for example, cut
6 herself, she could bleed more than the normal person. If she
7 walked into furniture or banged herself in some way, she
8 would bruise more easily than the normal person.

9 The reason for this is that the liver makes the
10 substances that control clotting. And when you have chronic
11 liver disease, one of the first things to go is -- are the
12 substances this control blood clotting.

13 And, in fact, there is good -- there's proof that
14 this was there in -- in 1995, for example, she had what are
15 called coagulation tests. These are tests of these
16 substances that control blood clotting, and they were quite
17 abnormal. And so since she, in fact --

18 Q Would these be tests before she died?

19 A Yes. Well before she died. Yes. So since she had
20 problems with abnormal clotting, then any injury that she had
21 occurred that would produce bleeding, whether it be a bruise
22 or a blunt force to the head, anything like that, this
23 abnormal clotting could well contribute to whatever and

1 magnify the effect of whatever injury she sustained.


2 Q What was the cause of Sandra Laing's death?

3 A The cause of her death was a head injury with
4 subdural hematoma, combined with drugs and alcohol. Subdural
5 hematoma is a blood clot on the surface of the brain, and
6 it's caused by a blunt force injury to the head. It's not
7 clear in this case what that blunt force injury was or where
8 she sustained it. That information is not in the autopsy
9 report. But it's clear that she did have a significant blood
10 clot on the brain that was caused by trauma to the head.

11 In addition, she had very substantial levels of two
12 drugs. One is a drug known as Elavil, which is a
13 tranquilizer. And one is Valium, which is also a
14 tranquilizer. These drug levels were well above the normal
15 therapeutic levels, which is significant in terms of cause of
16 death.

17 Q The -- what caused the bleeding, the bleeding on
18 the surface of her brain?

19 A The bleeding was caused by a trauma, by some sort
20 of blunt force trauma. If you hit your head hard enough,
21 what happens is that the brain, which is fairly loosely
22 suspended inside the skull, shakes or rattles around in the
23 skull. And there are blood vessels on the surface of the



1 brain, and that go between the surface of the brain and the
2 skull, called bridging veins, that if this commotion or the
3 shaking of the brain is enough, one or more of these little
4 vessels will break and bleed.

5 That is a very serious event, because the space
6 inside the skull is very limited. There's no extra space.
7 And anything like a blood clot takes up space where there's
8 no space to be used. This then space-occupying blood clot
9 acts as a mass or even like a tumor, and causes pressure on
10 the brain, which, in turn, causes problems with the vital
11 centers. That is the centers in the brain that regulate your
12 breathing, that regulate your heart beating, and so forth,
13 and so on.

14 Q Could the chronic liver disease have caused the
15 bleeding?

16 A Yes. It would have been spontaneous. We don't --
17 there's really no way of proving or disproving that. I can
18 say that's a possibility and -- but I cannot say that's a
19 probability to a medical certainty.

20 But certainly, spontaneous subdural hematoma in the
21 presence of abnormal clotting is well known. And since she
22 -- since a -- an injury to the head, other than a
23 problematical injury to the right eye, is not described, it's

1 possible that this subdural hematoma, this blood clot on the
2 brain, arose spontaneously as a result of bad clotting.

3 Then the second part of the cause of death, in my
4 opinion, were the drugs and alcohol. As I mentioned, the
5 levels of two drugs, Valium and Elavil, were at least three
6 times higher than the standard normal therapeutic levels. In
7 addition to which, she had a very significant level of
8 alcohol in her blood at the time she died.

9 Would these, by themselves, be enough to kill her?
10 I don't know. There's no way of answering that question to a
11 reasonable degree of medical probability. Are they high
12 enough to be a significant factor in her death? In my
13 opinion, absolutely.

14 It's well known that people with subdural hematomas
15 and other types of head injury do only about half as well if
16 they have alcohol and drugs on board in their system as
17 people who do not have these additional factors. The reason
18 for this is that the drugs and alcohol are all -- have all
19 sedative effects which act together. The drugs are
20 sedatives. Alcohol is a sedative. They combine to produce a
21 sedative effect. A head injury or a subdural hematoma, a
22 blood clot on the brain, has a sedative effect because of the
23 pressure that it bears on -- puts on the brain. And so all

1 of these things combined to produce a sedative effect act in
2 synergy, if you will, or act together.

3 And this is -- as I mentioned, is made entirely
4 clear by medical information, which is -- states clearly that
5 if you take a group of people with a blood clot on the brain
6 or other types of head injury and you separate those that
7 have a significant level of drugs and alcohol in their system
8 and combined with the blood clot, from those who don't have
9 drugs and alcohol in their system with a blood clot, what you
10 find is that the survival of the people without drugs and
11 alcohol in their system with the same head injury is about
12 twice that of the person with drugs and alcohol. ✓

13 So that's the reason, and that's the justification,
14 in this case, for saying that the cause of death clearly is
15 blood clot on the brain from some cause, combined with the
16 effects of drugs and alcohol.

17 Q Doctor, is this the toxicology report that you
18 looked at?

19 A Yes, sir. It is.

20 Q And when you used the term Elavil to refer to a
21 drug, what drug is that on that toxicology report?

22 A Amitriptyline and Nortriptyline are the Elavil.
23 The Amitriptyline is the Elavil itself, and the Nortriptyline

1 is a metabolite.

2 Q Is that just another name for those drugs?

3 A That's the chemical name for those drugs. Elavil
4 and Valium are product names.

5 Q Did -- doctor, that subdural hematoma that Sandra
6 Laing had in her skull, how old was it?

7 A It was at least twelve hours old, and quite
8 possibly much older.

9 Q How do you know that?

10 A I know that from looking -- studying the blood clot
11 under the microscope. Slides, microscopic slides, of the
12 blood clot and other tissues were made as part of the autopsy
13 examination and were examined. I received a duplicate set of
14 those microscopic slides and examined those. And from those,
15 I can tell that the blood clot is at least twelve hours old.
16 And it could be two or three days old; parts of it.

17 Q And what's a microscopic slide or a microscopic
18 study?

19 A There are things when you do an autopsy that you
20 can see with the naked eye, with your eyeball, and things
21 that you can't. And so an autopsy typically has two parts;
22 the gross -- what's called the gross examination, which is
23 the eyeball examination, and the microscopic examination,

1 which is examination of slides.

2 And the way the microscopic examination is done is
3 that samples of organs and tissues are retained from the
4 autopsy, and they're put through a chemical process which
5 allows them -- which allows these organs and tissues to be
6 manipulated very easily, manipulated in a sense of being cut
7 and made into slides.

8 What happens is that the tissue sample is embedded
9 in paraffin wax, and that block of paraffin wax with tissue
10 in it is put into a machine called a microtome. And the
11 microtome has the ability to take serial slices of that
12 tissue at extremely thin -- at very thin thicknesses. It's
13 kind of silly. But at thicknesses that are much thinner, for
14 example, than the thickness of a piece of paper.

15 When you do this and when you then apply stains
16 which are like inks to the tissue, you come up with a piece
17 -- a very thin piece of tissue on a glass slide that has
18 color to it that enables you to, number one, examine it under
19 the microscope because the light will pass through it because
20 it's so thin. And number two, to identify what is there.

21 And so a microscopic examination, in summary,
22 enables you to see things that you can't see with the naked
23 eye. For example, in this case, one of the very relevant

1 things is how old are her injuries and how old is the
2 subdural blood clot. And you can't tell that very well with
3 the naked eye. But you can make samples of these tissues,
4 the bruises and the scrapes and the blood clot, examine them
5 under the microscope, and tell much more closely how old they
6 are.

7 Q What's crenation? What does that word mean?

8 A Crenation is a term applied to the breakup of red
9 blood cells. When red blood cells escape into the tissues or
10 into a space, that is, they come out of the blood vessels and
11 into a space, and that's called bleeding, the first thing
12 that happens is a blood clot is formed. Then the body mounts
13 certain reactions to the blood clot in order to dispose of
14 it.

15 One of the first things that happens on a fairly
16 predictable basis is degeneration of the red blood cells.
17 And I have a diagram that shows you what goes on here. And
18 the degeneration of the red blood cells is called crenation.

19 Q Is this the diagram that you refer to?

20 A Yes, sir.

21 Q Doctor, would this help you explain --

22 MR. ANDERSON: I'm going to object to this
23 diagram being published to the jury.

1 MR. C. ANDERSON: I'm sorry, Judge.

2 MR. ANDERSON: It's not moved into evidence.

3 THE COURT: All right.

4 BY MR. C. ANDERSON: (resumed)

5 Q Would the use of this diagram help you explain your
6 testimony to the jury?

7 A Yes, sir.

8 MR. C. ANDERSON: May I publish it to the
9 jury?

10 THE COURT: Well, let's find out if he has an
11 objection to it.

12 MR. ANDERSON: That's fine, Your Honor. No
13 objection.

14 THE COURT: All right. I think you're going
15 to have to get that a little closer to them.

16 THE WITNESS: I can hold it if you like.

17 THE COURT: The jury --

18 MR. C. ANDERSON: I'll just let you hold it,
19 Doctor.

20 THE COURT: Doctor, why don't you stand down
21 in front of the jury then, sir.

22 THE WITNESS: Thank you, sir.

23 THE COURT: I'm going to move over here

1 myself.

2 (Whereupon, the witness exited the witness stand.)

3 BY MR. C. ANDERSON: (resumed)

4 Q Can you explain what that diagram is attempting to
5 help you illustrate?

6 A Yes, sir. As I mentioned, we want to find out, if
7 we can, how old this bleeding is, how old the blood clot is,
8 and how old the injuries are. And the way to do that, as I
9 mentioned, is microscopically. There is information that --
10 base information that one needs to know in order to date or
11 tell how old these injuries are. And this is what this
12 diagram does.

13 Along with some other things, there are two kinds
14 of cells in the blood. The red cells and the white cells.
15 Now, the red cells are the cells that carry oxygen to all of
16 the organs and all of the tissues. The red cells go to the
17 lungs and have the ability to pick up oxygen from the lungs,
18 and then they're distributed out throughout the body and
19 nourish the body with oxygen.

20 The white blood cells, on the other hand, are the
21 soldiers of the blood cells. They do a number of different
22 things, but basically, they're there to -- to correct
23 abnormal situations. There are some white blood cells that

1 fight infection. And they will go out -- they will be called
2 up. They will be recruited by the presence of bacteria in
3 the blood, for example, or in a tissue, or in an organ like
4 the lungs in pneumonia.

5 And so the body will say chemically, I have a
6 pneumonia in the lung. Let's get some white cells, which are
7 called neutrophils, to the lung in order to fight these
8 bacteria that are causing the pneumonia. So that's one
9 function of white cells. Another would be a function to
10 counteract an immune reaction such as an excessive bee
11 sting. There are types of white cells that will fight
12 allergic reactions.

13 So there are a number of different kinds of white
14 cells. All of them, in general, have the function to help
15 correct whatever is wrong in the body, whether it's an
16 injury, or infection, or an allergic reaction or what.

17 What happens to these cells, the white cells and
18 the red cells, enables you to date, tell how old the injury
19 is or how old the blood clot is. The reason for that is that
20 the things that happen to these cells are fairly predictable
21 in time. In other words, it takes a certain amount of time
22 for the red cells to degenerate, to begin to degenerate. And
23 then as the degeneration process continues, organization is

1 to take place. And so we know that as regards red cells, it
2 takes a certain amount of time for degeneration to start to
3 first be seen and for organization to first be seen.

4 And as it turns out, that's about twelve hours.
5 Before twelve hours after the bruise or after the blood clot
6 forms, you don't see much of anything. Beginning at about
7 twelve -- and so if you have a blood clot under the
8 microscope and you don't see any of this stuff, you can say
9 fairly confidently that this injury, if that's what it is,
10 this bruise, if that's what it is, is less than twelve hours
11 old. If you begin to see this degeneration and organization,
12 then you can say with confidence that this injury or this
13 bruise or this whatever is at least twelve hours old.

14 The same thing is true with the neutrophil
15 migration. Remember I said that some of the white cells are
16 called neutrophils, and these are the ones that are recruited
17 to attempt to clean up the abnormal condition.

18 We've all had splinters in our finger, and for a
19 while, you don't see anything from the splinter in your
20 finger, and then you may see some redness around the finger
21 when it starts to get sore, and then maybe in about twelve or
22 twenty-four hours or so it will get white around it, and you
23 say wow, that's starting to get infected; I should get it

1 out. What the white is are puss cells or neutrophils being
2 recruited in an attempt to remove that foreign body.

3 So microscopically -- macroscopically, it may take
4 twenty-four hours for you to notice these white cells, this
5 puss forming around the splinter. But microscopically, under
6 the microscope, you can begin to see neutrophil migration in
7 about twelve hours by appearance of neutrophils, one of the
8 types of white cells, at the site of the injury.

9 Then the other thing on this chart is a white cell
10 called the macrophage. A macrophage is like a garbage
11 truck. It comes and it has the ability to eat dead tissue
12 and carry it away. And so as the blood degenerates and as
13 the tissue dies from whatever is going on, the macrophages
14 will come in, and on a microscopic basis, engulf this debris,
15 this garbage, what is left, and carry it away, and it's
16 gradually digested and excreted from the body.

17 And you can tell -- you can see the macrophages
18 when they start. They migrate and they start to collect,
19 again microscopically, in about forty-eight hours. So that
20 if you see macrophages, which are characteristic, you can
21 separate macrophages from neutrophils, for example,
22 microscopically. And if you see macrophages starting to
23 accumulate, then you can say with some confidence that this

1 injury is at least forty-eight hours old. And so that's --

2 MR. C. ANDERSON: I would like to have this
3 marked as my next defense exhibit, which is five, and
4 admitted into evidence.

5 THE COURT: Five.

6 MR. ANDERSON: No objection.

7 (Whereupon, Defendant's Exhibit No. 5 was marked
8 for identification and received in evidence.)

9 (Whereupon, the witness returned to the witness
10 stand.)

11 BY MR. C. ANDERSON: (resumed)

12 Q Doctor, did you examine both the tissue samples
13 from the subdural hematoma and tissue samples from the eye
14 and tissue samples from other parts of the body?

15 A Yes, sir. I examined slides from all of the
16 tissues from which slides were made. And I have the slides
17 here in my hand, for example. And there are a total of nine
18 slides here, which were produced from this autopsy.

19 Q The -- did the tissue samples from the eye that you
20 examined microscopically, were you able to come to any
21 conclusions about the age of the eye injury or anything about
22 the eye injury from your examination?

23 A Yes. The eye injury was interesting in that I'm

1 not sure that it's an injury, number one. But number two, it
2 had a span of age from very fresh, within a few hours, to at
3 least two days. And why do I say that? Because the -- it
4 shows fresh blood cells, red blood cells, as we discussed.
5 It also shows inflammation. That is the migration of
6 neutrophils. It also shows macrophage migration.

7 And so I cannot say to a reasonable medical
8 certainty what this eye lesion, this abnormal eye condition,
9 represents. It may be injury. It may be something else.
10 But clearly it has a range of age from quite fresh, say a few
11 hours old, to more than two days old. And, in fact, I took
12 photographs of the pertinent findings in the microscopic
13 slides, and am prepared to show those if you would like.

14 Q Those slides are very small. How do you take
15 photographs of a slide?

16 A You have a special microscope that has a camera on
17 it and has all the exposures worked out and everything. It's
18 an electronic device; basically, a microscope and a camera,
19 and that enables you to take, for example, thirty-five
20 millimeter slides, which everyone is familiar with, at many
21 different magnifications, from very low magnifications to an
22 extremely high magnification.

23 This, by the way, is what the glass slide looks

1 like, a microscopic slide (indicating).

2 Q Do these photographs that you take accurately
3 represent what's on the slides?

4 A Yes, sir.

5 Q And would the use of these photographs help you
6 show to the jury what the slides showed you under the
7 microscope?

8 A Yes, sir. A picture is worth a thousand words, and
9 it should be very helpful.

10 MR. C. ANDERSON: Judge, I would like to
11 publish these photographs of the slides that the doctor took
12 for him to use in giving his testimony to the jury.

13 MR. ANDERSON: Judge, I haven't seen the
14 photographs.

15 MR. C. ANDERSON: Okay.

16 THE COURT: All right.

17 THE WITNESS: The large ones also.

18 BY MR. C. ANDERSON: (resumed)

19 Q Right. And these are marked on the back as to
20 which slide they're from?

21 A Correct.

22 (Whereupon, counsel reviewed the photographs.)

23 MR. ANDERSON: Subject to voir dire.

1 THE COURT: All right. You may publish them.
2 You say subject to voir dire, you have no objection?

3 MR. ANDERSON: Your Honor, I would like to
4 voir dire the witness.

5 THE COURT: All right. Don't show them to the
6 jury then. You may voir dire the witness on the slides --
7 photographs.

8 MR. ANDERSON: Dr. Adams, did you take these
9 photographs, sir?

10 THE WITNESS: Yes, sir.

11 MR. ANDERSON: And when did you take these
12 photographs, sir?

13 THE WITNESS: On two different occasions
14 within the past thirty days. I don't know that I can, in the
15 records that I brought with me, give you an exact date. I do
16 have an exact date, but that record is not -- I didn't bring
17 it with me.

18 MR. ANDERSON: Were these photographs, sir,
19 taken from the nine slides that you've just testified to?

20 THE WITNESS: Yes. They're taken from -- I'm
21 not sure there's a photograph for every slide, but they are
22 taken from the slides of the autopsy; yes, sir.

23 MR. ANDERSON: And how did you receive those

1 slides, sir?

2 THE WITNESS: In the mail, I believe, from the
3 medical examiner's office. And each one is labeled as to
4 where it came from and as to what the case number is. Each
5 slide has the case number on it and its origin from the body.

6 MR. ANDERSON: When did you receive those
7 slides, Doctor?

8 THE WITNESS: One to three days prior to May
9 6, 1996. Again, the exact date I have, but I didn't bring
10 that particular information with me. But it would have been
11 early May of this year.

12 MR. ANDERSON: Doctor, how do you know that
13 you received them on those days? Was there a receipt or a
14 return receipt requested, or were they sent certified?

15 THE WITNESS: I would have -- they may have
16 been. Again, that information is recorded elsewhere. And
17 the date of the receipt is not part of this record. It's
18 part of other records that I keep, and I'm sorry I can't give
19 you that exact date. But I know the date on which I looked
20 at the slides, for example. So that they would have been
21 received within a few days of the date that I examined them.

22 MR. ANDERSON: Were they received at your
23 laboratory, sir?

1 THE WITNESS: At my office; yes.

2 MR. ANDERSON: And when they were received at
3 your office, where would they have been kept until you took
4 the photographs, sir?

5 THE WITNESS: They would have been kept in my
6 office under my control. I'm the only one who works in my
7 office.

8 MR. ANDERSON: There's nobody else that has
9 any access to your office, sir?

10 THE WITNESS: That is correct; yes.

11 MR. ANDERSON: So these would have been under
12 lock and key for that period of time?

13 THE WITNESS: Yes.

14 MR. ANDERSON: And you have no information or
15 knowledge as to whether or not anybody else touched any of
16 these slides prior to your taking the photographs; is that
17 correct, sir?

18 THE WITNESS: After I received them, there
19 would have been no one else to touch them; that's correct.

20 MR. ANDERSON: Doctor, these slides that you
21 took photographs of, you indicated they were tissue samples?

22 THE WITNESS: They are microscopic slides made
23 from tissue samples taken from the autopsy; yes sir.

1 MR. ANDERSON: Can you identify, sir, as to
2 which tissue samples these slides represent?

3 THE WITNESS: Yes.

4 MR. ANDERSON: And there are tissue samples in
5 the slides that indicate analysis or slides of blood from the
6 hematoma; is that correct, sir?

7 THE WITNESS: There is a slide of the subdural
8 blood clot here; yes, sir.

9 MR. ANDERSON: How many of those, sir?

10 THE WITNESS: I believe one. One slide. A
11 number of pieces on the same slide.

12 MR. ANDERSON: Doctor, are those slides
13 identified with lab numbers? How are they identified as to
14 relating to this case?

15 THE WITNESS: They have the case number
16 established by the Virginia Medical Examiner's office on a
17 label --

18 MR. ANDERSON: And is that --

19 THE WITNESS: -- on the slide. It's case
20 number ME-95-356.

21 MR. ANDERSON: Do you have any indication,
22 sir, as to the additional photographs, the additional -- I
23 believe there's nine? How many photographs are there,

1 Doctor?

2 THE WITNESS: I took many photographs. I
3 selected twelve slides to show. And there is a photograph of
4 each of the twelve slides, a photographic print.

5 MR. ANDERSON: And can you testify, sir, as to
6 what other areas were photographed in addition to the blood
7 that was found in the hematoma, sir?

8 THE WITNESS: Yes. A lesion of the arm, an
9 injury to the arm was photographed. The facial injury, the
10 injury about the right eye was photographed. The liver was
11 photographed. A -- an injury at the elbow. And an injury to
12 a leg. There are slides of those, and they were all
13 photographed. I believe that covers all the locations where
14 photographs were taken.

15 MR. ANDERSON: I'm sorry. But the
16 photographic equipment, sir, was that attached to and part of
17 the microscope?

18 THE WITNESS: That's correct.

19 MR. ANDERSON: Very well.

20 Your Honor, I have no objection to it.

21 THE COURT: All right, sir.

22 You may publish those to the jury. Did you wish to
23 have those marked as a group --

1 MR. C. ANDERSON: Yes, Judge.

2 THE COURT: -- or individually?

3 MR. C. ANDERSON: Individually. Should I pass
4 them to the Clerk now?

5 THE COURT: They will be D six A, B, C, and so
6 on. As you go through those, if you would just --

7 MR. C. ANDERSON: I'll go through them, and
8 then we'll mark them.

9 THE COURT: Pass those up to me, please.

10 MR. C. ANDERSON: As I go through them,
11 Judge?

12 THE COURT: No. Right now. I'll have the
13 Clerk mark them later on. For the record, on the back, I'll
14 put -- I'm sorry. These are already marked with numbers it
15 looks like.

16 THE WITNESS: Yes, sir. There's
17 identification on each one.

18 THE COURT: All right. These will be D six
19 dash, with the respective numbers that are already indicated
20 on these. It will be D six one, two, three, and so on, as
21 the doctor already has marked them.

22 (Whereupon, Defendant's Exhibit Nos. 6, 1 through
23 12, were marked for identification and received in

1 evidence.)

2 THE COURT: Did you wish the doctor to step
3 down while you publish those?

4 MR. C. ANDERSON: Yes, to publish these to the
5 jury and explain to them what these slides show.

6 (Whereupon, the witness exited the witness stand.)

7 THE COURT: All right. Doctor, as you go
8 through those, if you'll refer to them then by the number on
9 the reverse side.

10 THE WITNESS: All right, sir.

11 BY MR. C. ANDERSON: (resumed)

12 Q Do you have an order you want to start?

13 A Yes. I'm going to show the slide --

14 Q Now, you also have slides -- that is your slide
15 projector?

16 A Yes. The slide imagine will be larger than some of
17 the photographs. So I prefer to show the slides and then --

18 Q And this is a thirty-five millimeter slide of the
19 photograph that is over there?

20 A Yes, sir. They're identical. The prints were made
21 from the slides. The slides are what came out of the camera
22 that's on the microscope, and the prints were made from the
23 slides.