

1 HONOR. THE STATE WOULD CALL DR. JAMES MAYNARD TO THE  
2 STAND.

3 THE COURT: PLEASE COME UP AND BE SWORN.

4 JAMES MAYNARD, BEING FIRST DULY  
5 SWORN TESTIFIES AS FOLLOWS:

6 DIRECT EXAMINATION BY MR. THOMPSON:

7 Q DR. MAYNARD, WOULD YOU STATE YOUR NAME FOR THE  
8 COURT PLEASE?

9 A JAMES LEWIS MAYNARD.

10 Q AND DR. MAYNARD, WHAT DO YOU DO FOR A LIVING?

11 A I AM PHYSICIAN. I WORK MORE SPECIFICALLY AS A  
12 PATHOLOGIST IN YORK COUNTY.

13 Q CAN YOU DESCRIBE TO US WHAT A PATHOLOGIST DOES;  
14 WHAT ARE SOME OF THE THINGS YOU DO AS A PATHOLOGIST?

15 A YES. A PATHOLOGIST IS A PHYSICIAN OR MD WHO HAS  
16 GONE TO FOUR YEARS OF MEDICAL SCHOOL AND THEN HAD  
17 ADDITIONAL TRAINING IN PATHOLOGY, USUALLY FOUR TO  
18 FIVE YEARS OF TRAINING AFTER MEDICAL SCHOOL.

19 PATHOLOGY DEALS WITH DISEASE AT THE TISSUE, BLOOD  
20 FLUID LEVELS. IT DEALS WITH PAP SMEARS. IT DEALS  
21 WITH BIOPSIES TAKEN OR ORGANS REMOVED DURING SURGERY.  
22 DIAGNOSIS OF CANCER. WE ALSO DO AUTOPSIES,  
23 DETERMINING THE CAUSE AND MANNER OF DEATH. THERE ARE  
24 SEVERAL SUBSPECIALITIES IN PATHOLOGY FROM BLOOD  
25 BANKING TO FORENSIC PATHOLOGY AND FORENSIC PATHOLOGY

1       DEALS MORE WITH CAUSE AND MANNER OF DEATH USUALLY OF  
2       A VIOLENT OR UNNATURAL OR UNUSUAL METHODS.

3       Q     CAN YOU TELL ME, DR. MAYNARD, DO YOU HAVE  
4       OCCASIONS TO PERFORM AUTOPSIES HERE IN YORK COUNTY?

5       A     YES.

6       Q     HOW MANY AUTOPSIES ABOUT HAVE YOU PERFORMED HERE  
7       IN YORK COUNTY?

8       A     I'VE BEEN IN YORK COUNTY FOR 28 YEARS AND  
9       PROBABLY DONE 1500 AUTOPSIES SINCE I'VE BEEN HERE.

10      Q     AND WHAT TYPE OF TRAINING DO YOU HAVE IN THE  
11      PERFORMING OF AUTOPSIES?

12      A     I WENT TO MEDICAL SCHOOL AT THE UNIVERSITY OF  
13      NORTH CAROLINA, PROCEEDED TO DO MY PATHOLOGY  
14      RESIDENCY AT THE UNIVERSITY OF NORTH CAROLINA, AND  
15      THEN DID ADDITIONAL WORK IN FORENSIC PATHOLOGY AT  
16      THAT TIME.

17               MR. BAITY:  YOUR HONOR, TO SAVE TIME, WE  
18      CERTAINLY WOULD STIPULATE TO DR. MAYNARD'S  
19      QUALIFICATIONS.  HE'S A FORENSIC PATHOLOGIST.

20               MR. GREELEY:  I JOIN IN THE STIPULATION.

21               THE COURT:  I FIND HE IS QUALIFIED.

22      Q     DR. MAYNARD, DID YOU HAVE OCCASION TO PERFORM  
23      THE AUTOPSY ON AMANDA COPE?

24      A     YES, SIR, I DID.

25      Q     NOW AS WE WERE ABOUT TO GET INTO THAT, BUT AS WE

1 GET INTO IT, DID YOU ACTUALLY END UP GOING TO THE  
2 SCENE THE DAY THAT SHE WAS DISCOVERED?

3 A YES, SIR, I DID.

4 Q AND CAN YOU TELL ME WHAT HAPPENED AS, WHAT YOU  
5 RECALL HAPPENING WHEN YOU FIRST ARRIVED AT THE HOME?

6 A I WAS CALLED THAT MORNING TO COME TO THE SCENE  
7 BY LAW ENFORCEMENT BECAUSE OF AN UNUSUAL DEATH THAT  
8 OCCURRED. I ARRIVED AT THE SCENE, WAS MET OUTSIDE BY  
9 AN OFFICER, AND THEN TAKEN INTO THE HOUSE.

10 Q OKAY. NOW WHEN YOU WENT IN HOUSE AT THAT TIME  
11 DID YOU NOTICE THE CONDITION OF THE HOUSE?

12 A YES, SIR, I DID.

13 Q AND WHAT WAS THE CONDITION OF THE HOUSE?

14 A IT WAS AWFUL, EXTREME FILTH. THERE WAS BUGS,  
15 ROACHES, ALL OVER THE PLACE. THERE WAS SEVERAL CATS  
16 IN THE HOUSE, FECAL MATERIAL FROM THE CATS WAS ABOUT  
17 THE HOUSE, EXTREME DISARRAY.

18 Q ALL RIGHT. WAS THERE ANY SMELL TO THE HOUSE?

19 A THERE WAS AN ODOR OF THE CATS BUT ALSO AN ODOR  
20 OF SPOILED FOOD.

21 Q ALL RIGHT. AND CAN YOU TELL ME WHAT WAS THE  
22 CONDITION OF THE APPEARANCE OF THE HOUSE ITSELF?

23 A IT WAS UNINHABITABLE TO ME. THERE WAS CLOTHING,  
24 FURNITURE, ALL AROUND, GARBAGE, OLD FOOD, SPOILED  
25 FOOD, LEFT OUT.

1 Q AS PART OF YOUR JOB AS A FORENSIC PATHOLOGIST,  
2 HAVE YOU HAD TO GO TO A NUMBER OF CRIME SCENES IN  
3 THIS COUNTY?

4 A YES, SIR, A REASONABLE NUMBER.

5 Q AND DOING THAT HAVE YOU EVER BEEN IN A HOUSE  
6 THAT YOU CONSIDERED AS FILTHY AS THIS ONE?

7 A NO, SIR, I HAVE NOT.

8 Q ALL RIGHT. WHAT WAS MR. COPE DOING UPON YOUR  
9 ARRIVAL DO YOU RECALL?

10 A HE WAS, I THINK, OUTSIDE WHEN I FIRST ARRIVED.

11 Q OKAY.

12 A WE THEN TALKED A LITTLE BIT ON THE INSIDE OF THE  
13 HOUSE.

14 Q AND WHAT WAS YOUR DISCUSSION WITH HIM?

15 A HOW HE FOUND AMANDA, WAS THERE ANYTHING ELSE  
16 HAPPENING AT THE TIME, AND YOU KNOW JUST SORT OF THE  
17 GENERAL CONDITION OF HER.

18 Q OKAY. NOW WHEN YOU WENT INTO WHERE AMANDA WAS  
19 IN THE ROOM WHERE SHE WAS, WHAT WAS HER CONDITION;  
20 WHAT DID YOU FIRST NOTICE ABOUT HER ON YOUR ARRIVAL?

21 A SHE WAS LYING ON THE BED FACE UP, LYING ON HER  
22 BACK. THE BEDROOM LOOKED SIMILAR TO THE REST OF THE  
23 HOUSE, VERY SQUALID, A LOT OF CLOTHES, A LOT OF TRASH  
24 LYING AROUND. SHE WAS LYING ON HER BED PARTIALLY  
25 CLOTHED. THERE WAS A LOT EXTRANEIOUS MATERIAL IN THE

1       BED FROM BOOKS TO STAPLERS TO METAL INSTRUMENTS, ET  
2       CETERA, IN THE BED. ONE OF THE, I THINK THERE WAS A,  
3       THE LEFT FRONT FOOT OF THE BED WAS BROKEN, SO THE BED  
4       WAS SOMEWHAT AT A DOWNWARD ANGLE.

5       Q     AND WHEN YOU BEGAN TO LOOK AT HER AT THAT POINT  
6       IN TIME IS THERE ANYTHING SPECIFIC YOU NOTICED ABOUT  
7       HER CLOTHING?

8       A     YES, SIR, IT WAS.

9       Q     AND WHAT DID YOU NOTICE?

10      A     THE CLOTHING WAS SORT OF PLACED ON THE BODY MORE  
11      THAN REALLY DRESSED BY HER. THE LEFT BREAST WAS  
12      EXPOSED. BOTH THE BRA AND THE BLOUSE WERE PULLED UP  
13      SHOWING THE NIPPLE OF THE LEFT BREAST. WHEN I LOOKED  
14      FURTHER THE BRA WAS NOT HOOKED BUT JUST LAID OVER THE  
15      BODY AND THE SNAP WAS IN HER LEFT ARMPIT ON ONE SIDE.  
16      THE PANTS WERE JUST UP TO HER PUBIS, JUST BARELY  
17      COVERING OR NOT QUITE COVERING HER PUBIC HAIR, BUT  
18      THEY WERE ROLLED INSTEAD OF PUTTING HER PANTS ON  
19      STRAIGHT UP WITH THE BELT LINE BEING FLAT, THESE WERE  
20      ROLLED INWARDS RATHER THAN, YOU KNOW, BEING OUTWARD  
21      AS SOMEONE WOULD PULL THEIR OWN PANTS UP. THEY WERE  
22      LOWER IN THE FRONT AND HIGHER IN THE BACK WHICH WAS A  
23      SUSPICIOUS SIGN TO ME AND TO THE REST OF US THAT  
24      THESE HAD BEEN PULLED UP ON HER RATHER THAN HER  
25      DRESSING HERSELF.

1 Q DID YOU EXAMINE AS WELL HOW HER UNDERWEAR WAS  
2 ON?

3 A YES, SIR. IT WAS THE SAME WAY, PARTIALLY PULLED  
4 UP WITH THE PANTS AND AGAIN ROLLED INWARDS RATHER  
5 THAN ROLLED OUTWARD.

6 Q AND WERE YOU PRESENT WHEN PHOTOGRAPHS WERE TAKEN  
7 OF THAT?

8 A YES, SIR, I WAS.

9 Q SHOW YOU STATE'S EXHIBIT NUMBER 24, 25, AND 26,  
10 AND ASK IF YOU CAN IDENTIFY THOSE FOR ME?

11 A YES, SIR, I CAN.

12 Q ALL RIGHT. AND TELL ME WHAT THEY ARE?

13 A EXHIBITS 24 A PICTURE OF AMANDA'S ABDOMEN AND  
14 THE PANTS WHICH SHOW THE ROLLING OF THE PANTS INWARD.  
15 THIS IS A WARM UP SUIT OR A JOGGING BOTTOM WITH THE  
16 ROLLING INWARD, THE PUBIC HAIRS. THIS BARELY VISIBLE  
17 ON THIS ONE.

18 Q IF YOU WOULD LOOK ON THE BACK OF THAT AND TELL  
19 ME WHICH EXHIBIT THAT IS?

20 A THAT IS 24.

21 Q 24. DOES THAT FAIRLY AND ACCURATELY DEPICT HOW  
22 YOU SAW HER THAT MORNING?

23 A YES, SIR, IT DOES. IT ALSO SHOWS THE LEFT  
24 NIPPLE BEING EXPOSED UP THERE WITH THE BRA AND THE  
25 BLOUSE BEING ABOVE THE NIPPLE.

1 Q AS A MATTER OF FACT BEFORE YOU EXPLAIN WHAT'S IN  
2 EACH OF THOSE PICTURES AND HAVING LOOKED AT THEM  
3 YOURSELF, DO EACH OF THOSE FAIRLY AND ACCURATELY  
4 DEPICT THE BODY AS YOU SAW IT THAT MORNING?

5 A YES, IT DOES.

6 MR. THOMPSON: YOUR HONOR, I ASK TO ENTER  
7 THESE IN EVIDENCE AT THIS TIME.

8 MR. BAITY: WE'VE SEEN THEM. WE HAVE NO  
9 OBJECTION.

10 MR. GREELEY: NO OBJECTION.

11 (STATE EXHIBITS 24-26 RECEIVED INTO  
12 EVIDENCE.)

13 THE COURT: ADMITTED WITHOUT OBJECTION.

14 Q DOCTOR, IF YOU WOULD --

15 THE COURT: MAKE SURE THEY ARE MARKED.

16 A YES, SIR, THEY ARE.

17 Q DR. MAYNARD, IF YOU WOULD, IF YOU COULD HOLD  
18 THEM UP AND KIND OF EXPLAIN TO THE JURY WHAT YOU ARE  
19 SEEING IN THOSE PHOTOGRAPHS?

20 A YES. EXHIBIT 24 AS YOU CAN SEE IS A PICTURE OF  
21 THE ABDOMEN, WE CAN SEE THE BELLY BUTTON. HERE THE  
22 NIPPLE IS EXPOSED ON THE LEFT SIDE HERE. THE BRA IS  
23 JUST ABOVE THE NIPPLE, THE BLOUSE. HERE THE PANTS  
24 ARE DOWN SOMEWHAT AND IS PROBABLY DIFFICULT TO SEE.  
25 MAY I?

1 MR. THOMPSON: YOU CAN STEP DOWN.

2 THE COURT: YOU CAN STEP DOWN.

3 A OKAY. THANK YOU. THE PANTS SPECIFICALLY ON  
4 THE RIGHT SIDE, SEE THE ROLL. THE ROLL IS INWARD ON  
5 THE PANT THERE. YOU CAN SEE THE LITTLE TOY TRAIN  
6 THERE IN THE BED TOO.

7 EXHIBIT 25 IS A PICTURE OF AMANDA'S  
8 ABDOMEN AND IN PULLING THE PANTS DOWN JUST A LITTLE  
9 BIT TO SEE IF SHE HAD UNDERWEAR ON AND YOU CAN SEE  
10 THE UNDERWEAR AND AGAIN THE ROLLING ON BOTH THE RIGHT  
11 AND THE LEFT SIDES.

12 EXHIBIT 26 IS A PICTURE MORE OF HER  
13 CHEST AND FACE. THERE WERE SEVERAL THINGS IN THIS  
14 PICTURE. ONE YOU CAN SEE THE LEFT NIPPLE IS EXPOSED.  
15 THE BRA, AS YOU CAN SEE IS LOOSE, YOU CAN SEE THE  
16 HOOK ON THE LEFT SIDE JUST AT HER ARMPIT LEVEL, AND  
17 IT SORT OF LOOKS, YOU KNOW, THIS HAS BEEN PUSHED UP  
18 SOMEHOW OR ANOTHER EXPOSING THAT LEFT BREAST. IF YOU  
19 LOOK AT HER FACE YOU CAN SEE THE LIPS ARE QUITE  
20 SWOLLEN AND THERE IS A HEMORRHAGE.

21 ON THE LEFT YOU SEE A LITTLE BLOODY  
22 FLUID COMING OUT THE LEFT SIDE OF THE MOUTH AND IF  
23 YOU LOOK ON THE BED THERE IS A VERY BLOODY FLUID IN  
24 ADDITION. THIS IS THE BLOOD COMING OUT OF HER MOUTH,  
25 THE BLOODY FLUID, AND BLOOD ON THE BED ON THE LEFT



1       SIDE.

2       Q     NOW THAT AREA OF THE BLOOD ON THE BED, DOES THAT  
3       CORRESPOND TO WHERE SHE WAS LYING BEFORE SHE WAS  
4       ROLLED OVER?

5       A     YES, SIR.  SHE HAD BEEN LYING FACE, WITH THE  
6       FACE DOWN WITH THE MOUTH OVER HERE WHICH CAUSED THE  
7       FLUID TO LEAK OUT OF HER MOUTH THEN SATURATE THE  
8       CLOTHING THAT WAS UNDERNEATH THE BED.

9       Q     WHEN YOU ARRIVED SHE WAS IN THE POSITION SHE IS  
10      CURRENTLY IN THAT PICTURE, CORRECT?

11      A     YES, SIR, THAT IS CORRECT.  SHE WAS ON HER BACK.

12      Q     NOW YOU MENTION THAT AREA OF BLOOD THAT YOU SAW  
13      THAT WAS TRANSFERRED FROM THE MOUTH TO THE BED, WAS  
14      THERE OTHER BLOOD SPLATTER THROUGHOUT THE ROOM OR ON  
15      THE BED?

16      A     NO, SIR, THERE WAS NOT.

17      Q     WOULD YOU DESCRIBE THIS AS A BLOODY CRIME SCENE?

18      A     NO, SIR, I WOULD NOT.  THERE WAS NO EVIDENCE OF  
19      BLOOD ON THE BED, ON THE WALLS, ON THE FLOOR, OR ON  
20      THE BED SHEETS THAT WE SAW AT THE TIME OTHER THAN  
21      JUST RIGHT THERE AT THE HEAD.

22      Q     ALL RIGHT.  NOW DID YOU OBSERVE THE BLANKET THAT  
23      WAS WITH THE PIECE OF TRIM THAT WAS UNDONE ON IT?

24      A     YES, SIR, I DID.  AS A MATTER OF FACT, IT'S IN  
25      ONE OF THESE PICTURES.

1 Q OKAY. AND HAVE YOU BEEN TOLD BY MR. COPE  
2 WHETHER THAT BLANKET WAS USED IN ANY WAY ON HER OR  
3 HOW HE FOUND THAT BLANKET ON HER?

4 A MR. COPE SAID THAT THE BLANKET WAS WRAPPED  
5 AROUND HER NECK FIVE TO SIX TIMES.

6 Q ALL RIGHT.

7 A OR THE I GUESS THE SATIN AREA, THE TRIM, ON THE  
8 BLANKET.

9 Q NOW IN VIEWING AMANDA ON THE BED AT THAT TIME  
10 WERE YOU ABLE TO DETERMINE IF SHE ACTUALLY WAS KILLED  
11 ON THAT BED?

12 A SHE WAS ALIVE DURING AT LEAST PART OF THE  
13 ASSAULT ON THE BED. THERE WERE ABRASIONS ON HER THAT  
14 WERE CONSISTENT WITH SOME OF THE OBJECTS IN THE BED  
15 INDICATING THAT THERE WAS A STRUGGLE ON THE BED. SHE  
16 APPEARED TO HAVE DIED IN THE BED.

17 Q AS A MATTER OF FACT, IF I COULD SHOW YOU A  
18 COUPLE OTHER EXHIBITS, STATE'S EXHIBITS 27 AND  
19 STATE'S EXHIBIT 20. STATE'S EXHIBIT 27 DOES THAT  
20 DEPICT THE ITEMS THAT WERE LYING ON THE BED AROUND  
21 HER AT THE TIME YOU WERE THERE?

22 A YES, SIR, IT DOES. THIS IS WITH US ROLLING HER  
23 ON HER LEFT SIDE TO SEE WHAT WAS UNDERNEATH HER.  
24 THERE ARE A NUMBER OF THINGS.

25 Q OKAY. AND CAN YOU TELL ME WERE YOU ABLE TO

1 MATCH UP ANY OF THOSE THINGS WITH MARKS ON HER BODY?

2 A THERE WAS A LARGE STAPLER GUN ON THE BED THAT  
3 MATCHED SOME OF THE ABRASIONS ON HER BODY.

4 Q OKAY. AND ON THE OTHER EXHIBIT I BELIEVE  
5 EXHIBIT NUMBER 20?

6 A YES, SIR.

7 Q CAN YOU TELL ME WHAT THAT IS?

8 A YES. THERE WERE ABRASIONS ALONG WITH  
9 HEMORRHAGES INDICATING THAT SHE WAS ALIVE AT THIS  
10 TIME AND THESE, WHEN YOU PUT THE STAPLE GUN ON THIS,  
11 MATCH WHAT WAS THERE ON HER BODY.

12 Q AND WHAT IF ANYTHING DOES THAT INDICATE TO YOU?

13 A THIS INDICATES THAT A STRUGGLE OCCURRED ON THE  
14 BED, SHE WAS ALIVE AT THE TIME, SIGNIFICANT FORCE WAS  
15 APPLIED TO HER THAT CAUSED ABRASIONS BY THE STAPLE  
16 GUN UNDERNEATH HER.

17 Q WOULD THAT BE CONSISTENT WITH SOMEONE FORCIBLY  
18 HOLDING HER DOWN TO JUMPING ON TOP OF HER?

19 A YES, SIR, IT WOULD.

20 Q DO THOSE PICTURES FAIRLY AND ACCURATELY DEPICT  
21 THE BODY AND THE BOTTOM PICTURE NUMBER 20 WITH THE  
22 ABRASIONS, DOES THAT FAIRLY AND ACCURATELY DEPICT THE  
23 ABRASIONS THAT YOU NOTICED ON HER BODY ON HER THIGH  
24 AT THAT TIME?

25 A YES, IT DOES.

1 MR. THOMPSON: YOUR HONOR, I ASK TO  
2 ENTER THAT INTO EVIDENCE AT THIS TIME.

3 MR. BAITY: NO OBJECTION.

4 MR. GREELEY: NO OBJECTION.

5 THE COURT: BE RECEIVED WITHOUT OBJECTION.

6 Q AND THE OTHER ONE STATE'S EXHIBIT 27 IS THAT  
7 CORRECT OR 28?

8 A 27.

9 MR. BAITY: CAN I CONFER WITH COUNSEL  
10 ABOUT THESE EXHIBITS. WITHOUT OBJECTION, YOUR  
11 HONOR.

12 MR. GREELEY: NO OBJECTION.

13 THE COURT: BE RECEIVED.

14 (STATE'S EXHIBITS 20 & 27 RECEIVED  
15 INTO EVIDENCE.)

16 Q DOCTOR, IF YOU WOULD STEP DOWN PLEASE ONCE AGAIN  
17 AND KIND OF SHOW THE PHOTOGRAPH NUMBER 27 TO THE JURY  
18 AND DESCRIBE WHAT YOU ARE SPEAKING OF IN THAT  
19 PHOTOGRAPH?

20 A 27 IS AMANDA'S BODY BEING ROLLED TO THE LEFT  
21 SIDE AND YOU CAN SEE THE CLUTTER THAT'S ON THE BED.  
22 THE STAPLE GUN THAT I'M REFERRING TO IS THERE JUST  
23 UNDERNEATH HER. AGAIN THE STAPLE GUN AND A LOT OF  
24 OTHER ITEMS THAT ARE IN THE BED. THE PICTURE STATE'S  
25 EXHIBIT 20 IS OF HER THIGH AND YOU CAN SEE THE

1       ABRADED AREA THAT THERE ARE SPOTS THERE.  THERE IS  
2       HEMORRHAGE BETWEEN THE AREAS INDICATIVE OF HER (A)  
3       BEING ALIVE BUT ALSO HAVING FORCED PRESSED DOWN ON  
4       THE STAPLE GUN AND THEN MOVEMENT OCCURRED TO CAUSE  
5       THESE ABRASIONS.

6       Q       WHEN YOU SPEAK OF MOVEMENT OCCURRING WOULD THAT  
7       BE CONSISTENT WITH HER STRUGGLING WHILE LYING ON TOP  
8       OF THE BED?

9       A       YES, SIR, IT WOULD BE.  SO WHEN YOU TAKE THIS  
10      AND PUT IT WITH THE STAPLE GUN IT FIT PERFECTLY.

11     Q       NOW I NOTICE ON STATE'S EXHIBIT 27 WHERE YOU HAD  
12     ROLLED HER BODY UP A LITTLE BIT WHEN THE PHOTOGRAPH  
13     WAS TAKEN THERE WAS SOME REDNESS ON HER BACK, CAN YOU  
14     DESCRIBE WHAT THAT IS?

15     A       YES, SIR, I CAN.  THE REDNESS ON HER BACK WHICH  
16     BEGINS ABOVE THE BUTTOCK CREASE IS WHAT WE TERM AS  
17     LIVOR MORTIS WHICH IS SIMPLY THE SETTLING OF BLOOD IN  
18     THE TISSUE AFTER DEATH.  THAT BLOOD WILL BEGIN TO,  
19     WELL IT STOPS FLOWING, AND IT STARTS SETTLING WITH  
20     GRAVITY AT THIS TIME.

21     Q       ALL RIGHT.  AND CAN YOU TELL ME DOES THAT  
22     INDICATE THAT SHE SPENT SOME TIME AFTER DEATH ON HER  
23     BACK?

24     A       YES, SIR, IT DOES.

25     Q       WAS THERE ANY INDICATION TO YOU THAT SHE HAD

1 SPENT ANY TIME ON HER STOMACH AFTER DEATH?

2 A YES, SIR, THERE IS AND EXHIBIT 26 THE PICTURE OF  
3 HER FACE AND UPPER CHEST AND BREAST YOU CAN ALSO SEE  
4 SOME OF THIS REDNESS OR LIVOR OVER HER FACE AND OVER  
5 HER LEFT FLANK AND LEFT BREAST.

6 Q SO IN YOUR OPINION WAS THERE SOMETIME AFTER  
7 DEATH THAT SHE SPENT BOTH ON HER FACE AND ON HER  
8 BACK?

9 A YES, SIR, IN ADDITION TO THIS BLOODY FLUID WE  
10 SEE ON THE LEFT SIDE OF HER FACE.

11 Q SO YOU SAY IN ADDITION TO THAT BLOODY FLUID THAT  
12 INDICATE THAT SHE WOULD HAVE BEEN TURNED MORE THAN  
13 ONCE?

14 A YES, SIR.

15 Q OKAY. AND THAT'S BEFORE YOU ARRIVED THAT SHE  
16 WOULD HAVE BEEN TURNED OVER MORE THAN ONCE?

17 A YES, SIR, SHE WAS ON HER BACK WHEN I ARRIVED.

18 Q OKAY. NOW DID YOU USE ANY SORT OF ALTERNATE  
19 LIGHT SOURCE TO TRY TO DETERMINE ANYTHING WHILE YOU  
20 WERE THERE?

21 A YES, SIR, WE DID.

22 Q CAN YOU DESCRIBE HOW YOU DO THAT?

23 A LAW ENFORCEMENT FORENSICS HAD SOME BLACK LIGHTS  
24 OR LIGHTS THAT WE LOOK FOR ITEMS THAT MAY FLUORESCENCE.  
25 YOU PUT ON A SET OF SPECIAL GLASSES AND CUT OFF ALL

1 THE LIGHTS AND CUT THIS LIGHT ON AND CERTAIN THINGS  
2 WILL FLUORESCENCE IN THE ROOM AND WE EXAMINED THE BED  
3 AND AMANDA SHE WAS IN THE BED AT THAT TIME.

4 Q OKAY. AND WHAT DOES THAT SHOW TO YOU; WHAT DID  
5 IT SHOW TO YOU AT THE TIME?

6 A THAT THERE WERE A NUMBER OF AREAS THAT WERE  
7 FLUORESCING. A NUMBER OF THINGS CAN FLUORESCENCE BUT IT  
8 GIVES YOU AN AREA OR AN IDEA OF WHERE TO LOOK A  
9 LITTLE CLOSER. SEMEN BEING ONE OF THE MOST COMMON  
10 THINGS THAT FLUORESCES.

11 Q DO THINGS LIKE URINE ALSO FLUORESCES?

12 A OTHER THINGS CAN, YES, SIR.

13 Q IS IT MOSTLY BODY FLUIDS?

14 A MOSTLY BODILY FLUIDS, OCCASIONALLY FOREIGN  
15 MATERIAL MAY FLUORESCENCE.

16 Q FOREIGN MATERIAL, SPILLED MILK, SOMETHING LIKE  
17 THAT, MAY FLUORESCENCE?

18 A SOME OTHER THINGS, YES, SIR.

19 Q NOW AFTER YOU HAD NOTICED THAT, WAS THERE ANY  
20 TIME WHILE YOU WERE THERE AT THE HOUSE THAT YOU ENDED  
21 UP DETERMINING, I KNOW YOU DIDN'T DO A FULL EXAM  
22 THERE, DID YOU DETERMINE ANYTHING ABOUT A SEXUAL  
23 ASSAULT AT THE HOUSE INITIALLY?

24 A THERE WAS OBVIOUS EVIDENCE OF ASSAULT ON AMANDA.  
25 THERE WERE BRUISING ABOUT THE HEAD, ESPECIALLY OF THE

1       FACE.  THERE WAS SWELLING OF THE LIPS, A LOT OF  
2       DISCOLORATION OF THE LIPS.  THERE WAS ABRASIONS ON  
3       THE BACK THAT WE NOTED.  AND THE WAY THE CLOTHING WAS  
4       ARRANGED WITH THE BRA UNHOOKED, THE LEFT BREAST  
5       EXPOSED, THE PANTS PULLED UP IN A UNUSUAL FASHION, WE  
6       WERE VERY CONCERNED ASSAULT HAD OCCURRED AND A  
7       HOMICIDE HAD TAKEN PLACE.

8       Q     SO YOU DIDN'T ACTUALLY UNDESS HER THERE AT THE  
9       SCENE, DID YOU?

10      A     NO, SIR, WE DIDN'T.

11      Q     AT THAT POINT YOU RECALL HOW THE BODY WAS OR  
12      WHAT WAS DONE WITH THE BODY AT THAT POINT AFTER YOU  
13      EXAMINED HER INITIALLY?

14      A     THE BODY ALONG WITH THE BED CLOTHES WERE ALL PUT  
15      TOGETHER, PLACED IN A BAG SO NOTHING WOULD BE LOST,  
16      ALL THE EVIDENCE WOULD BE RETAINED FROM THE BED, AND  
17      THEN TAKEN TO THE MORGUE.

18      Q     ALL RIGHT.  AND DID YOU THEN GO TO THE MORGUE TO  
19      LATER ON TO PERFORM THE AUTOPSY THAT DAY?

20      A     YES, SIR, I DID.

21      Q     NOW BEFORE YOU PERFORM THAT AUTOPSY THOUGH, DID  
22      MR. COPE ONCE AGAIN DID YOU HAVE OCCASION TO MEET HIM  
23      AT YOUR LAB AT PIEDMONT?

24      A     YES, SIR, A LITTLE LATER THAT MORNING.

25      Q     AND CAN YOU TELL ME WHAT THE SITUATION WAS IN



1       WHICH YOU MET HIM AT THAT TIME?

2       A     HE WAS BROUGHT OVER WITH SEVERAL POLICE OFFICERS  
3       FOR ME TO OBTAIN BLOOD AND OTHER POTENTIAL HAIRS, ET  
4       CETERA, FROM HIM.

5       Q     THIS IS STATE'S EXHIBIT NUMBER 33.

6               MR. BAITY:  NO OBJECTION, YOUR HONOR.

7               THE COURT:  MR. GREELEY.

8               MR. GREELEY:  NO OBJECTION.

9               THE COURT:  BE RECEIVED WITHOUT OBJECTION.

10              (STATE'S EXHIBIT 33 SLED BLOOD  
11     COLLECTION KIT RECEIVED INTO EVIDENCE.)

12              MR. THOMPSON:  DOES THAT MEAN I DON'T  
13     HAVE TO MOVE IT INTO EVIDENCE, IT'S ALREADY THERE,  
14     THEN I AM MOVING IT IN OFFICIALLY THEN AT THIS TIME.

15              THE COURT:  IT'S RECEIVED.

16     Q     DR. MAYNARD, IF YOU COULD TELL ME WHAT THAT IS?

17     A     YES, SIR.  STATE'S EXHIBIT 33 IS A STATE LAW  
18     ENFORCEMENT ENVELOPE THAT CONTAINS BLOOD TUBE  
19     DIFFERENT ENVELOPES FOR THE COLLECTION OF BLOOD  
20     SALIVA, HEAD HAIR, PUBIC HAIRS, ET CETERA.

21     Q     ALL RIGHT.  AND YOU TAKE THOSE SAMPLES FROM HIM  
22     AT THAT TIME?

23     A     YES, SIR, I DID.

24     Q     WHEN YOU TAKE THOSE DO YOU SEAL THEM UP IN THE  
25     ENVELOPES THAT ARE PROVIDED?

1       A     YES, SIR.  THESE COME IN AN ENVELOPE WHICH IS  
2       SEALED, WE OPEN THIS, AND THEN THERE ARE INDIVIDUAL  
3       ENVELOPES IN HERE WHICH WE PLACE THE APPROPRIATE  
4       MATERIAL IN.  THESE ARE RESEALED WITH EVIDENCE TAPE  
5       THEN THE EVIDENCE TAPE IS PLACED ON THE BACK OF THE  
6       ENVELOPE IN THE PRESENCE OF EVERYONE.  MY INITIALS  
7       ARE ON THE EVIDENCE TAPE TO PROVE IT HADN'T BEEN  
8       TAMPERED WHEN IT ARRIVES AT SLED.  THEN ON THE FRONT  
9       OF IT IS MY SIGNATURE FROM ME TO OFFICER DAVIS AT  
10      NOVEMBER 29, 2001 AT 10:07 A.M.

11      Q     DID MR. COPE SAY ANYTHING TO YOU WHEN HE ARRIVED  
12      TO TAKE THIS KIT?

13      A     YES, SIR, HE DID.

14      Q     WHAT DID HE SAY?

15      A     HE ASKED HAD I FOUND ANY DNA, ANY OF HIS DNA ON  
16      AMANDA NAILS.

17      Q     WHICH NAILS?

18      A     AND I ASKED HIM ABOUT THIS BECAUSE SOMEWHAT  
19      UNUSUAL, HE ASKED DID ANY OF HIS DNA SHOW UP  
20      UNDERNEATH HER NAILS AND WHEN I ASKED HIM WHY HE WAS  
21      ASKING ME THAT HE SAID WELL HIS BACK HAD BEEN ITCHING  
22      AND SHE WAS SCRATCHING HIS BACK THE NIGHT BEFORE.

23      Q     ALL RIGHT.  DID YOU AT THAT POINT HAVE OCCASION  
24      TO LOOK AT HIS BACK?

25      A     YES, SIR.  I ASKED HIM DID HE HAVE A RASH OR

1       SOMETHING AND HE SAID HE DID.  HE THEN PULLED HIS  
2       SHIRT OFF AND LET ME LOOK AT HIS BACK.

3       Q     AND WHAT DID YOU EXAMINE AT THAT TIME?

4       A     THERE WAS A MINIMUM BUMPS, EVIDENCE OF MILD  
5       SCRATCHING.

6       Q     OKAY.  NOW AFTER YOU TOOK THOSE SAMPLES AT THAT  
7       TIME DO YOU HAND THEM OVER TO LAW ENFORCEMENT THEN?

8       A     YES, SIR, I DID.

9       Q     AND I BELIEVE THERE IS ACTUALLY A PLACE WHERE  
10      YOU SIGN ON THERE THAT IT'S TURNED OVER?

11      A     YES, SIR, IT WAS TURNED OVER TO DAVIS.

12      Q     OFFICER DAVIS?

13      A     OFFICER DAVIS.

14      Q     ALL RIGHT.  THANK YOU.  NOW WHEN YOU FIRST  
15      EXAMINED AMANDA DID YOU TAKE NOTE OF HER HEIGHT AND  
16      WEIGHT AT THAT TIME?

17      A     YES, SIR, I DID.

18      Q     WHAT WAS YOUR DETERMINATION AS FAR AS HEIGHT AND  
19      WEIGHT?

20      A     SHE WAS 63 INCHES IN HEIGHT AND WEIGHED  
21      APPROXIMATELY 160 TO 170 POUNDS.

22      Q     AND DID YOU EXAMINES HER HAIR FOR ANY SIGNS OF  
23      BUGS OR VERMIN OR ANYTHING LIKE THAT?

24      A     YES, SIR, I DID.

25      Q     DID YOU FIND ANYTHING?

1       A     YES, SIR.  SHE HAD LICE, HEAD LICE.

2       Q     AT THAT POINT DID YOU FURTHER EXAMINE HER

3       CLOTHING?

4       A     YES, SIR, WE DID.

5       Q     AND IN REMOVING HER CLOTHING, DID YOU NOTICE

6       WERE THE BRA THAT SHE WAS WEARING WERE THE STRAPS HER

7       ARMS THROUGH THE BRA ITSELF, DO YOU RECALL?

8       A     THE STRAPS WERE ON THE SHOULDER SO THE BRA WAS

9       BACK ON AMANDA BUT WAS NOT HOOKED.

10      Q     OKAY.  NOW IN EXAMINING THE CLOTHING AS WELL DID

11      YOU FIND ANYTHING THAT INDICATED TEARS OR ANYTHING OF

12      THAT NATURE ON THE CLOTHING?

13      A     THERE WERE NO TEARS IN THE CLOTHING.

14      Q     ALL RIGHT.  DID YOU FIND ANY HAIRS OR ANYTHING

15      OF THAT NATURE BEFORE YOU ACTUALLY STARTED INTO THE

16      SEXUAL ASSAULT KIT WITH AMANDA?

17      A     YES, SIR, I DID.  THERE WERE SEVERAL SCATTERED

18      HAIRS ON BOTH THE BLOUSE AND THE PANTS.

19      Q     AND DID YOU COLLECT THOSE AT THAT TIME?

20      A     YES, SIR, I DID.

21      Q     IN COLLECTING THOSE WOULD THEY BE SEPARATELY

22      SEALED FROM EACH OTHER?

23      A     YES, SIR, THAT'S CORRECT.

24      Q     AND ULTIMATELY GIVEN TO THE POLICE DEPARTMENT?

25      A     YES, SIR.

1 Q NOW AS YOU STARTED TO THE AUTOPSY IF YOU COULD,  
2 WOULD JUST GO THROUGH WHAT YOU FOUND NOW, THE  
3 EXTERNAL INJURIES THAT YOU FOUND REGARDING THE FACE  
4 IN THAT AREA, WHAT TYPE OF INJURIES DID YOU OBSERVE  
5 WITH HER HEAD AND FACE?

6 A THERE WAS BRUISING BENEATH THE RIGHT EYE. THERE  
7 WAS A FAINT AREA OF BRUISING OVER THE LEFT CHEEK AND  
8 FACE. AND THE EYES, THE WHITE PART OF THE EYES WE  
9 CALL THE SCLERA, HAD AREAS OF HEMORRHAGE IN THEM.  
10 THIS IS UNUSUAL AND THERE WAS SOME AREAS UP TO A  
11 QUARTER INCH IN SIZE WHICH WAS FAIRLY SIGNIFICANT  
12 INJURIES DIRECTLY TO THE EYES OR THE TISSUE AROUND  
13 THERE.

14 THE MOUTH, THERE WAS THIS BLOODY FLUID  
15 COMING OUT OF IT, A LITTLE FROTHY FLUID, BUT THERE  
16 WAS SWELLING OF BOTH THE UPPER AND LOWER LIPS, AND  
17 HEMORRHAGE ALONG THESE AREAS INDICATING CONTUSIONS OR  
18 BLOWS THAT OCCURRED TO THE LIPS. THERE WAS A TEAR OF  
19 ALMOST A HALF INCH IN LENGTH ON THE INNER ASPECT OF  
20 THE LOWER LIP IN THE MIDLINE. THERE WAS EITHER A  
21 SPLITTING OR ONE OF HER TEETH THAT ACTUALLY CUT IT  
22 FROM A BLOW TO THE LIP. ON THE OUTSIDE OF THE LIP  
23 THEY HAD APPEARANCE OF POSSIBLY A SMALL BITE MARK,  
24 PROBABLY AMANDA'S, WHEN SHE WAS BITING DOWN ON HER  
25 LIP HERSELF.

1 Q ALL RIGHT. AND IF YOU COULD TELL ME AS FAR AS  
2 THE INJURIES TO THE EYES THEMSELVES, DID YOU LOOK  
3 FURTHER INTO THESE INJURIES AS FAR AS  
4 MICROSCOPICALLY, DID YOU EXAMINE SOME OF THESE  
5 INJURIES?

6 A YES, SIR, WE DID.

7 Q AND WHAT RESULTED FROM THAT?

8 A DUE TO THE, WE LOOKED IN THE EYES AND THERE WAS  
9 EVIDENCE OF HEMORRHAGE BACK ON THE RETINA INTO AT  
10 LEAST ONE EYE, AND WE ENDED UP TAKING THE EYES OUT  
11 WHICH IS TYPICALLY WHAT YOU DO WITH A SHAKEN BABY  
12 SYNDROME WHERE YOU SEE INJURIES THERE, WE EXAMINE THE  
13 TISSUE AROUND THE EYES, AND THERE WAS EVIDENCE OF  
14 HEMORRHAGE BEING AROUND THE EYES INDICATIVE OF  
15 SIGNIFICANT FORCE BEING APPLIED TO THE FACE. WHEN WE  
16 ACTUALLY DID THE MICROSCOPIC EXAMINATION OF THE EYE  
17 TISSUE ITSELF THERE WAS HEMORRHAGE IN THE RETINA OF  
18 THE LEFT EYE AND IN THE SOFT TISSUE THERE. THE RIGHT  
19 EYE THERE WAS HEMORRHAGE IN THE TISSUE AROUND IT BUT  
20 THERE WAS NO EVIDENCE OF RETINA HEMORRHAGE IN THE  
21 RIGHT EYE.

22 Q ON THE HEAD ITSELF DID YOU EXAMINE ANY INJURIES  
23 ON THE HEAD?

24 A THERE WAS NOTHING ON THE HEAD THAT I CAN SEE  
25 RIGHT NOW.

1 Q NOTHING VISIBLE ON THE OUTSIDE OF THE HEADS?

2 A NO, SIR, NOTHING ON THE OUTSIDE OF THE HEAD.

3 Q HOW ABOUT YOUR INTERNAL INVESTIGATIONS OF THE  
4 INJURIES ON THE HEAD, WHAT RESULTED FROM THAT?

5 A INTERNALLY THERE WAS SIGNIFICANT BRUISING ON THE  
6 LEFT SIDE OF THE HEAD PREDOMINATELY BUT ALSO ON THE  
7 RIGHT SIDE OF THE HEAD. THIS IS WHAT WE DETERMINED  
8 THE TEMPORALIS MUSCLE OR THE BIG MUSCLE THAT GOES UP  
9 IN FRONT OF YOUR EAR AND ATTACHES TO YOUR SCALP ON  
10 BOTH SIDES OF THE HEAD. THERE WAS ALSO SOME  
11 HEMORRHAGE OVER THE MIDFRONT OF THE SCALP. THERE WAS  
12 NOTHING ON THE BACK OF THE SCALP THAT WE DETERMINED.

13 Q NOW THE HEMORRHAGES THAT WE'RE TALKING ABOUT SO  
14 FAR I'M REFERRING TO A BLEEDING?

15 A YES, SIR. I'M SORRY. BRUISING IN THE TISSUE.

16 Q AND WITH THE BRUISING AND THE HEMORRHAGING THAT  
17 YOU ARE DISCUSSING SO FAR, DID YOU NOTICE ANYTHING  
18 ABOUT THE FRESHNESS OF THOSE PARTICULAR WOUNDS?

19 A THESE ALL APPEAR TO BE FRESH AT THE TIME OF THE  
20 AUTOPSY AND DETERMINED TO BE FRESH WHEN WE DID THE  
21 MICROSCOPIC EXAMINATION.

22 Q ALL RIGHT. AND IN LOOKING AT BOTH THE FACE AND  
23 THE HEAD AND THOSE INJURIES, DO YOU HAVE AN OPINION  
24 AS TO WHAT WOULD BE, WHAT TYPE OF FORCE WAS USED TO  
25 CAUSE THOSE INJURIES?

1       A       YES, SIR, I DID.

2       Q       AND WHAT IS THAT OPINION?

3       A       SIGNIFICANT BLUNT FORCE INJURY WAS USED.  THERE  
4       WAS NO EVIDENCE OF A KNIFE WHERE LACERATIONS  
5       OCCURRED, BUT A SOLID OBJECT STRIKING THESE AREAS  
6       WITH SUCH FORCE TO CAUSE BREAKING OF THE VESSELS, THE  
7       BRUISING, THE BLEEDING.  IT TAKES A SIGNIFICANT  
8       AMOUNT OF FORCE TO CAUSE HEMORRHAGE AROUND SOMEONE'S  
9       EYES ESPECIALLY THE RETINA IN THE BACK OF EYE, THE  
10      VISUAL PORTION OF THE EYE, SO SIGNIFICANT FORCE  
11      WHETHER WITH A FIST, WITH A FOOT, WITH AN OBJECT  
12      THAT'S NOT GOING TO LACERATE OR TEAR THE SKIN ITSELF.

13     Q       SO BY OBJECT YOU ARE NOT TALKING LIKE A BASEBALL  
14     BAT, BUT RATHER SOMETHING LIKE A HAND OR A FOOT,  
15     THINGS LIKE THAT?

16     A       TYPICALLY YOU WOULD NOT SEE THIS TYPE OF INJURY  
17     WITH A BASEBALL BAT ON THE HEAD.

18     Q       OKAY.  WOULD THAT BE CONSISTENT WITH BEING HIT  
19     WITH AN OPEN HAND AS WELL WITH GREAT FORCE?

20     A       YES, SIR, IT CERTAINLY COULD BE.

21     Q       ALL RIGHT.  AND YOU HAD MENTIONED THE FACT THAT  
22     WHEN TALKING ABOUT THE EYES AND SOME OF THE  
23     HEMORRHAGING THERE, ABOUT SHAKEN BABY SYNDROME THAT  
24     WAS SIMILAR TO THAT, CAN YOU DESCRIBE WHAT YOU MEAN  
25     BY THAT?



1       A     YES, SIR.  THERE WERE SEVERAL THINGS.  THE  
2       SHAKEN BABY SYNDROME IS WHERE AN INFANT IS SHAKEN SO  
3       VIOLENTLY THAT HIS HEAD IS MOVING BACK AND FORTH AND  
4       HIS BRAIN IS MOVING EVEN FASTER, SO THE BRAIN IS  
5       BOUNCING AROUND THE INSIDE.  WITH THE FAST SPEED UP  
6       AND SLOWING DOWN WITH THE SHAKING THAT YOU'LL  
7       ACTUALLY HAVE THE EYES MOVING TOO AND GET HEMORRHAGES  
8       IN THE EYES, BUT YOU ALSO HAVE THESE SHEARING FORCES,  
9       BLOOD VESSELS ARE VERY DELICATE, THE SMALL BLOOD  
10      VESSELS, AND SHEARING OR TWISTING MOTIONS ARE MOVING  
11      FRONTWARDS AND BACKWARDS IN A RAPID RATE WILL START  
12      TEARING THESE VESSELS AND HENCE YOU GET THE BLEEDING  
13      OR THE BRUISING AND THE HEMORRHAGE OCCURRING SO  
14      VIOLENT FORCE THAT WILL SNAP THE HEAD BACK AND FORTH  
15      OR PUT DIRECT PRESSURE ON THE EYES WOULD CAUSE  
16      HEMORRHAGE LIKE THIS.

17     Q     SO IN AMANDA'S CASE IS IT YOUR OPINION THEN THAT  
18     VIOLENT FORCE WAS USED TO CAUSE THESE INJURIES?

19     A     YES, SIR.

20     Q     WOULD IT BE CONSISTENT WITH SOMEONE STRIKING HER  
21     HEAD FROM ONE SIDE TO THE OTHER CONTINUOUSLY?

22     A     YES, SIR, IT WOULD BE.

23     Q     DO YOU HAVE AN OPINION AS FAR AS THE INJURIES ON  
24     THE HEAD AND INTERNAL INJURIES WITHIN THE HEAD YOU  
25     JUST DISCUSSED, COULD THIS HAVE HAPPENED WHILE SHE

1 WAS ON HER BACK OR WAS IT LIMITED TO WHILE SHE WAS  
2 ON, LAYING ON HER FRONT OR COULD IT BE IN BOTH  
3 SITUATIONS THAT THESE COULD BE DONE TO HER?

4 A THE INJURIES TO HER LIPS WOULD BASICALLY BE FROM  
5 THE FRONT AREA WHEN HER FACE WAS EXPOSED. SHE COULD  
6 BE FACING FORWARD AND SOMEBODY COMING FROM THE FRONT  
7 STRIKING HER TO CAUSE THAT, BUT SOME BLOWS OCCURRED  
8 DIRECTLY FROM THE FRONT. NOW SHE COULD HAVE BEEN ON  
9 HER FACE OR ON HER ON BACK WHEN THE BLOWS OCCURRED TO  
10 THE SIDES OF THE HEAD WHERE THERE WERE HEMORRHAGE OR  
11 BRUISING IN THE MUSCLES THEMSELVES.

12 Q NOW HOW ABOUT THE INJURIES WITHIN THE HEAD  
13 ITSELF, WOULD THOSE INJURIES, COULD THEY BE SUSTAINED  
14 WHILE SHE WAS ON HER STOMACH OR ON HER BACK?

15 A IN ADDITION TO THE BRUISING ON THE OUTSIDE OF  
16 THE BODY, THE BRAIN HAD AREAS OF HEMORRHAGE PRESENT  
17 TOO. THERE WAS SOME BLOOD OVER THE SURFACE OF THE  
18 BRAIN BOTH WHAT WE CALL SUBDURAL HEMATOMA THERE WHICH  
19 THE BRAIN IS VERY TIGHT IN THE SKULL AND YOU REALLY  
20 DON'T HAVE MUCH SPACE TO DEAL WITH. THERE WERE  
21 SEVERAL COVERINGS OF THE BRAIN. ONE CALLED THE DURA  
22 WHICH IS A THICK OUTER COVERING AND THEN THERE IS A  
23 LEPTOMENINGES OR A REAL THIN COVERING WHICH IS  
24 ACTUALLY SITTING ON TOP OF THE BRAIN. WHEN YOU GET  
25 HEMORRHAGE BETWEEN THIS DURA, THE OUTER SURFACE OF

1 THE BRAIN, AND THE BRAIN, THERE IS BASICALLY NO SPACE  
2 FOR IT TO GO EXCEPT COMPRESS THE BRAIN. SHE HAD  
3 HEMORRHAGE, AND WE DO IT IN CCS, 30 CCS WHICH IS OH  
4 ABOUT SIX TABLESPOONS OF FLUID OR BLOOD THAT WAS  
5 LYING ON THE SURFACE OF THE BRAIN. IT TAKES A LOT OF  
6 FORCE TO DO THIS IN ADULT TO CAUSE THAT MUCH BLEEDING  
7 AND OF COURSE IT COMPRESSES THE BRAIN.

8 SHE ALSO HAD THIS SUBHEMORRHAGE  
9 BETWEEN THE THINNER COVERING OF THE BRAIN. WHAT  
10 HAPPENS THE BRAIN STARTS GETTING COMPRESSED, IT  
11 STARTS SWELLING, AND WITH THE MORE HEMORRHAGE, THE  
12 MORE SWELLING OF THE BRAIN, YOU START LOSING FUNCTION  
13 OF THE BRAIN. THE BRAIN OF COURSE CONTROLS THE  
14 RESPIRATORY CARDIAC ACTIVITY AND CONSCIOUSNESS AND AT  
15 SOME POINT WITH THE SWELLING AND THE HEMORRHAGE THERE  
16 YOU MAY LOSE CONSCIOUSNESS OR DIE.

17 Q ALL RIGHT. NOW THE INJURIES THAT YOU ARE  
18 DESCRIBING NOW WITHIN THE BRAIN, DO YOU HAVE, DID YOU  
19 MAKE A DETERMINATION AS TO WHETHER THOSE WERE FRESH  
20 INJURIES OR NOT?

21 A YES, SIR, THEY WERE ALL FRESH.

22 Q THEY WERE ALL FRESH. AND THE INJURIES SO FAR WE  
23 DISCUSSED ARE THEY CONTEMPORANEOUS WITH EACH OTHER.  
24 IN OTHER WORDS, DID THEY HAPPEN AROUND THE SAME TIME  
25 EACH OF THOSE INJURIES?

1       A       YES, SIR, THEY DID.

2       Q       ALL RIGHT.  IF YOU COULD NOW GO TO DISCUSS THE  
3       INJURIES THAT YOU FOUND ON HER NECK BOTH EXTERNAL AND  
4       YOUR INTERNAL INVESTIGATION.

5       A       THE NECK HAD WHAT WE CALL PETECHIAE OR THIS IS  
6       FOCAL MINUTE HEMORRHAGES OVER THE LEFT SIDE OF THE  
7       NECK.  THESE WERE IN SOMEWHAT OF A V-SHAPE FASHION  
8       WITH BEING PROMINENT UNDERNEATH ANGLE OF THE JAW  
9       ALONG THE LEFT MANDIBLE.

10      Q       DOCTOR, I'M SORRY TO INTERRUPT YOU, BUT STATE'S  
11      EXHIBIT NUMBER 23.  THE DEFENSE HAS ALREADY SEEN  
12      THIS.  DOES THIS HELP YOU IN DESCRIBING TO THE JURY  
13      THE INJURIES ON HER NECK?

14      A       YES, SIR, IT WOULD.

15                   MR. THOMPSON:  I WOULD ASK TO MOVE IT  
16      INTO EVIDENCE AT THIS TIME.

17                   MR. BAITY:  NO OBJECTION, YOUR HONOR.

18                   MR. GREELEY:  NO OBJECTION.

19                   THE COURT:  BE RECEIVED WITHOUT  
20      OBJECTION.

21                   (STATE'S EXHIBIT 23 PHOTO RECEIVED IN EVIDENCE.)

22      Q       IF YOU CAN STEP DOWN AND I'LL PLACE IT UP SO YOU  
23      CAN LOOK AT IT.

24      A       THIS IS THE LEFT NECK.  YOU'LL SEE THE EAR HERE  
25      AND THE JAW HERE.  THERE IS A RULER WITH INCHES

1       THERE.  THERE IS A LITTLE SWELLING RIGHT HERE, A  
2       LITTLE AREA OF BRUISING HEMORRHAGE THERE, BUT YOU SEE  
3       THESE LITTLE SPOTS, THESE ARE WHAT WE CALL PETECHIAE  
4       OR SIMPLY BLOOD VESSELS THAT HAD RUPTURED.  BUT IF  
5       YOU LOOK YOU CAN SEE A BROADER AREA OF HEMORRHAGE  
6       BENEATH THE SKIN THAT'S IN SOMEWHAT OF A V-SHAPE  
7       FASHION WITH AN AREA THERE THAT'S PALE AND THEN AGAIN  
8       MORE OF THESE LITTLE SMALL PETECHIAE OR MINUTE  
9       HEMORRHAGES WE'RE SEEING DOWN AT THE BOTTOM.  IT  
10      COMES TO THE, APPROXIMATELY THE MIDLINE HERE THAT  
11      MAYBE ANOTHER ONE THERE AND THERE, AND THEN THEY TEND  
12      TO DISAPPEAR IN THOSE AREAS.

13     Q     ALL RIGHT.  WHAT DOES THAT INDICATE TO YOU?

14     A     THIS SUGGESTS THAT POSSIBLY A HAND HAS BEEN  
15     PLACED WITH FINGERS UP HERE AND FINGERS DOWN HERE,  
16     AND THIS BEING THE PALM AREA THAT'S NOT HAVING  
17     PRESSURE THAT THE FINGERS WOULD APPLY THERE.

18     Q     ALL RIGHT.

19     A     THERE IS NO EVIDENCE OF REAL ABRASIONS OR LOSS  
20     OF THE SKIN SURFACE IN THERE.

21     Q     ALL RIGHT.  YOU CAN GO AND HAVE A SEAT.  I DON'T  
22     BELIEVE I HAVE A PHOTOGRAPH OF THE OTHER SIDE OF THE  
23     NECK, BUT IS THERE ANYTHING ON THE OTHER SIDE OF THE  
24     NECK THAT INDICATED AS WELL THAT A HAND HAD BEEN USED  
25     AS WELL TO STRANGLE HER?

1       A       ON THE RIGHT MIDNECK THERE WAS APPROXIMATELY  
2       THREE-EIGHTHS OF ONE HALF INCH SMALL HEMORRHAGE AREA,  
3       BRUISED AREA TOO.

4       Q       WHAT WOULD THAT INDICATE TO YOU?

5       A       THIS WAS MORE ROUND OVAL AND IS SUGGESTED  
6       DISCREET PRESSURE BEING APPLIED TO THIS AREA,  
7       POSSIBLY THE THUMB.

8       Q       IS THAT CONSISTENT WITH THE HAND BEING PLACED ON  
9       THE NECK, THUMB ON ONE SIDE AND FINGERS ON THE OTHER?

10      A       YES, SIR, CERTAINLY COULD BE.

11      Q       AND WOULD THAT, THE INDICATION THAT YOU SHOWED  
12      US, IS THAT AN INDICATION OF GREAT PRESSURE BEING  
13      APPLIED WITH THAT HAND BEING THERE?

14      A       YES, SIR. IT REQUIRES SIGNIFICANT PRESSURE OR  
15      STRUGGLE TO CAUSE HEMORRHAGES OR TEARING TO OCCUR.

16      Q       NOW IN YOUR OPINION WOULD THAT NECESSARILY HAVE  
17      TO BE ONE HAND THAT WAS THERE OR COULD IT BE TWO  
18      HANDS, ONE ON TOP OF THE OTHER, THAT COULD CAUSE THE  
19      PRESSURE?

20      A       IT COULD BE TWO HANDS.

21      Q       AND ONCE AGAIN IN THE ASPECT OF WHETHER SHE WAS  
22      LAYING FACE UP OR FACE DOWN IS IT POSSIBLE THAT IF  
23      SHE WAS LAYING FACE DOWN SOMEONE COULD HAVE THEIR  
24      HAND AROUND HER NECK AND STRANGLE HER THAT WAY AS  
25      WELL?

1 A YES, SIR, IT COULD BE.

2 Q NOW I THINK YOU HAD MENTIONED AS WELL DEEP  
3 BRUISING OF THE NECK MUSCLES?

4 A YES, SIR.

5 Q AND WHAT IF ANYTHING DOES THAT INDICATE TO YOU?

6 A WHEN WE OPEN UP OR PULL THE SKIN BACK TO LOOK  
7 INTERNALLY THERE WAS SIGNIFICANT HEMORRHAGE IN THE  
8 NECK MUSCLES INDICATIVE OF SIGNIFICANT FORCE BEING  
9 APPLIED TO HER NECK, THAT WAS A LOT HEMORRHAGE ON THE  
10 LEFT SIDE, BROADER HEMORRHAGE, BUT ALSO AREA OF  
11 HEMORRHAGE ON THE RIGHT SIDE AND THIS WAS NOT  
12 SUPERFICIAL BUT DEEP DOWN THE MUSCLES THAT BACK DOWN  
13 TO YOUR SPINE HAD THE HEMORRHAGE IN THEM.

14 Q NOW WERE THERE ANY ABRASIONS AROUND HER NECK?

15 A NO, SIR, THERE WERE NO ABRASIONS.

16 Q AND WHAT IF ANYTHING DOES THAT INDICATE TO YOU?

17 A THE LACK OF ABRASIONS SUGGEST MORE OF A HAND OR  
18 SOMETHING SOFT BEING APPLIED. TYPICALLY WITH A ROPE  
19 OR LIGATURE THAT YOU WILL FIND ABRASIONS OR ROUGHING  
20 OF THE SKIN AND YOU'LL SEE ACTUAL LINEAR OR STRAIGHT  
21 LINES AREAS WHERE A LIGATURE HAS BEEN WITH THE  
22 BRUISING AND FREQUENTLY IT'S ALL THE WAY AROUND THE  
23 NECK WITH LIGATURE VERSUS A HANGING IT'S USUALLY JUST  
24 ON THE FRONT OF THE NECK.

25 Q AND WERE THERE ANY MARKS ON THE BACK OF THE

1 NECK?

2 A NO, SIR, THERE WERE NOT.

3 Q SO YOU SAW THE BLANKET THAT THE DEFENDANT HAD  
4 TOLD YOU THAT WAS WRAPPED AROUND HER NECK, CORRECT?

5 A YES, SIR.

6 Q IN YOUR OPINION COULD IT HAVE BEEN THAT BLANKET  
7 THAT ACCIDENTALLY STRANGLED HER?

8 A THERE WAS A BORDER ON THE BLANKET WHICH WAS  
9 SATIN, THE REST OF THE BLANKET WAS ROUGH, THE ROUGH  
10 PORTION WOULD HAVE CERTAINLY CAUSED SOME ABRASIONS IF  
11 SHE WAS ALIVE AND STRUGGLING. THE SATIN PORTION,  
12 AGAIN THERE WAS NO EVIDENCE OF THESE LINEAR  
13 HEMORRHAGES TO SUGGEST A LIGATURE, SO IN MY OPINION  
14 THE BLANKET DID NOT CAUSE HER DEATH.

15 Q SO WHEN YOU ARE TALKING ABOUT LIGATURE MARKS IF  
16 WE CAN GET YOU TO BREAK THAT DOWN A LITTLE BIT AND  
17 MAKE IT EASIER TO UNDERSTAND, ARE THOSE JUST  
18 BASICALLY CIRCULAR MARKS THAT WOULD COME AROUND THE  
19 NECK?

20 A YES, SIR.

21 Q FROM SOMEONE WHEN ITEM AROUND THE NECK?

22 A YES, SIR. IF YOU TOOK A BLANKET, FOR INSTANCE,  
23 THIS BLANKET WRAPPED SEVERAL TIMES AROUND THE NECK  
24 AND PULLED IT TIGHT, IF SHE WAS ALIVE OR CONSCIOUS  
25 THERE SHOULD BE SOME EVIDENCE OF STRUGGLING WITH THE



1 ABRASIONS I'M REFERRING TO. BUT ALSO SHOULD BE SOME  
2 LINES MORE UNIFORM AROUND THE NECK WITH PULLING OF  
3 THE BLANKET FROM END TO END AND TIGHTENING TO  
4 STRANGLE HER LIKE THIS.

5 Q ALL RIGHT. SO IN YOUR OPINION, DR. MAYNARD, WAS  
6 SHE STRANGLED?

7 A IN MY OPINION SHE WAS STRANGLED AT SOME PORTION  
8 AT SOME TIME SIGNIFICANT ENOUGH TO EITHER CAUSE DEATH  
9 OR CAUSE SIGNIFICANT HEMORRHAGE IN HER NECK.

10 Q ALL RIGHT. AND CAN YOU TELL ME IN YOUR OPINION  
11 WAS THE STRANGULATION DONE BY AN OBJECT OR BY A, DONE  
12 BY SOMETHING ELSE OTHER THAN AN OBJECT?

13 A THE INJURIES THAT I HAVE BEEN TALKING ABOUT AND  
14 REFER TO APPEAR TO BE BY A HAND RATHER THAN BY A  
15 LIGATURE OR A BLANKET.

16 Q ALL RIGHT. NOW IF WE COULD GO ON DOWN TO THE  
17 EXAMINATION OF HER BREAST AREA. CAN YOU TELL ME WHAT  
18 IF ANYTHING DID YOU DETERMINE FROM YOUR EXAMINATION  
19 IN THAT AREA?

20 A THE BREASTS WERE EXAMINED. THE LEFT BREAST WAS  
21 APPROXIMATELY ONE HALF THE SIZE OF THE RIGHT BREAST  
22 WHICH IS NOT UNCOMMON IN PEOPLE WHO ARE JUST STARTING  
23 THE ESTROGEN FLOW. THERE WAS A DARKER AREA TO THE  
24 RIGHT OF THE RIGHT NIPPLE AND LOOKING AT THIS IT  
25 APPEARED PROBABLY TO BE SOME DEEP BRUISING, BUT IN

1        ADDITION THERE APPEARED TO BE TEETH IMPRINT OR  
2        SUGGESTIVE OF A POSSIBLE BITE MARK.

3        Q        AND DID YOU EXAMINE THAT CLOSELY WHEN YOU  
4        NOTICED THIS?

5        A        YES, SIR, WE CERTAINLY DID. WE TOOK SOME SWABS  
6        OF THE SURFACE OF THAT. THE IMPRESSIONS THERE  
7        SUGGEST THE TEETH WERE NOT GOOD ENOUGH TO PHOTOGRAPH  
8        EVEN THOUGH I THINK WE TRIED, BUT SOMETIMES YOU CAN  
9        GET DENTAL IMPRESSION, THERE WAS NOT ENOUGH THERE.

10       Q        THERE WAS NOT ENOUGH OF THE MARK TO GET ANY  
11       IMPRESSIONS OFF OF THE MARK?

12       A        NO, SIR. THERE WAS NOT. WE THEN SIZE THIS AREA  
13       AND THERE WAS DEFINITE HEMORRHAGE OR DEEPNESS  
14       INDICATIVE OF FORCE BEING APPLIED, YOU KNOW, TO THIS  
15       AREA AND IT APPEARING TO BE BY MOUTH SIMPLY BECAUSE  
16       THERE APPEARING TO BE TEETH MARKS THERE.

17       Q        OKAY. AND NOW THE BITE MARK THAT WE'RE TALKING  
18       ABOUT, YOU MENTIONED COULDN'T QUITE PICK IT UP ON A  
19       PHOTOGRAPH, IS THIS SOMETHING THAT APPEARED TO BE A  
20       VERY LIGHT BITE MARK OR A VERY HEAVY BITE MARK OR  
21       WHAT'S YOUR OPINION?

22       A        THE TEETH WERE NOT APPLIED VERY HEAVILY. THIS  
23       COULD BE A PUSHING HARD BY THE MOUTH OF THE LIPS OR  
24       POSSIBLY SUCKING.

25       Q        OKAY. AND AS FAR AS SUCKING GOES, WAS THERE ANY

1 INDICATION FOR LACK OF A BETTER TERM A HICKEY ON HER  
2 BREAST AT THAT TIME?

3 A THERE WAS AREA OF DISCOLORATION BUT NOT A  
4 CLASSIC OR TYPICAL HICKEY WHICH YOU AND I MAY KNOW.

5 Q ALL RIGHT. NOW YOU MENTIONED SOME DEEP  
6 BRUISING, CAN YOU DESCRIBE THE DEEP BRUISING IN HER  
7 BREAST?

8 A YES, SIR. WE CUT INTO THE BREAST TISSUE AND  
9 HEMORRHAGE EXTENDED INTO THE DEEPER PORTION OF THE  
10 BREAST TISSUE ITSELF.

11 Q NOW IN EXAMINING THAT DID YOU ULTIMATELY END UP  
12 USING AN ALTERNATE LIGHT SOURCE AGAIN THERE AT THE  
13 AUTOPSY?

14 A YES, SIR, WE DID.

15 Q AND WHAT IF ANYTHING DID YOU NOTICE ABOUT THE  
16 BREAST WHEN USING THAT?

17 A THERE WAS NO EVIDENCE OF ANYTHING. NOTHING I  
18 PUT IN MY REPORT ON THE BREAST.

19 Q OKAY. DID YOU TAKE A SWABBING FROM THAT RIGHT  
20 BREAST WHERE YOU NOTICED THE POSSIBILITY OF A BITE  
21 MARK?

22 A YES, SIR, I DID.

23 Q AND IS THAT ONE OF THE THINGS THAT YOU ALSO  
24 PACKED UP INDIVIDUALLY AND SEALED AND GAVE TO THE  
25 POLICE?

1       A     YES, SIR, THAT'S CORRECT.

2       Q     NOW THE BREAST THAT WE'RE TALKING ABOUT WITH  
3       THESE INJURIES ON IT IS THE RIGHT BREAST, CORRECT?

4       A     YES, SIR, IT IS.

5       Q     NOW THIS WAS NOT THE BREAST THAT WAS EXPOSED,  
6       WAS IT, AT THE SCENE WHEN YOU WENT THERE?

7       A     NO, SIR. IT WAS THE LEFT BREAST THAT WAS  
8       EXPOSED.

9       Q     ALL RIGHT. AND THE LEFT BREAST THAT WAS  
10      EXPOSED, DID YOU SEE ANY INJURY TO THAT BREAST?

11      A     NO, SIR, THERE WERE NONE.

12      Q     IF YOU WOULD CONTINUE AND DISCUSS WITH ME NOW  
13      SOME OF THE INJURIES THAT YOU EXAMINED AS FAR AS HER  
14      SHOULDERS AND OTHER PARTS OF HER UPPER BODY?

15      A     THE TOP OF THE LEFT SHOULDER HAD A THREE QUARTER  
16      INCH AREA OF BRUISING BENEATH THE SKIN BUT SOME  
17      CONTUSION, A LITTLE IRREGULARITY OF THE SKIN ON THE  
18      SURFACE. WHEN WE CUT INTO THIS AREA, THE BRUISING  
19      EXTENDED DOWN TO THE BONE, SO THIS IS DEEP BRUISING,  
20      SIGNIFICANT FORCE BEING APPLIED TO THE LEFT SHOULDER.

21      Q     TO HER LEFT SHOULDER?

22      A     YES, SIR.

23      Q     NOW DO YOU HAVE AN OPINION AS TO WHAT WOULD HAVE  
24      CAUSED THAT PARTICULAR INJURY?

25      A     YES, SIR, I DO.

1 Q AND WHAT IS THAT OPINION?

2 A THIS WOULD EITHER BE A BLUNT FORCE TRAUMA,  
3 SIGNIFICANT BLOW, OR SIGNIFICANT PRESSURE BEING  
4 APPLIED DIRECTLY ON TO THIS WITH SUCH FORCE THAT  
5 WOULD CAUSE THE BLOOD VESSELS TO BREAK OR START  
6 HEMORRHAGING.

7 Q AND ONCE AGAIN IS THIS THE TYPE OF INJURY THAT  
8 COULD BE SUSTAINED EITHER LYING ON HER FACE FACE DOWN  
9 OR LAYING FACE UP?

10 A YES, SIR, IT COULD BE.

11 Q NOW AS FAR AS THE RIBS AND HER SIDES, WERE THERE  
12 ANYTHING THAT YOU NOTICED AS FAR AS HER INJURIES  
13 THERE?

14 A THERE WAS AN AREA OF RIGHT LATERAL FLANK WHICH  
15 APPEARED TO BE POSSIBLY SOME SUBSTANCE, WE TOOK SOME  
16 SWABS OF THIS. THE REMAINDER OF THE ABDOMEN AND  
17 CHEST DID NOT SHOW ANY EXTERNAL INJURIES.

18 Q ALL RIGHT. NOW DID YOU EXAMINE HER FINGERNAILS  
19 AT ALL?

20 A YES, SIR, I DID.

21 Q AND DID YOU TAKE SWABBINGS FROM THE FINGERNAILS  
22 AS WELL?

23 A YES, SIR. SHE HAD VERY SHORT POLISHED NAILS, WE  
24 SCRAPPED THESE, AND ALSO CLIPPED THEM.

25 Q AND JUST GOING ASIDE FOR A SECOND, WAS SHE

1 WEARING ANY JEWELRY OR ANYTHING LIKE THAT DURING THE  
2 AUTOPSY? A WATCH OR ANYTHING OF THAT NATURE?

3 A I DON'T THINK SHE WAS. I WOULD HAVE TO GO BACK  
4 TO THE PICTURE TO REFRESH MY MEMORY.

5 Q ALL RIGHT.

6 A I'M SORRY. SEVERAL RINGS AND A WATCH ON THE  
7 BODY. NO JEWELRY ABOUT THE NECK.

8 Q THAT'S ALL RIGHT. YOU HAD NOTED THAT SHE HAD  
9 THOSE THINGS ON AT THE TIME?

10 A YES, SIR, I DID.

11 Q NOW IS THERE ANYTHING YOU NOTICED ABOUT HER ARMS  
12 AND ANY INJURIES TO HER ARMS?

13 A THE LEFT SHOULDER WE TALKED ABOUT. THE  
14 EXAMINATION OF THE UPPER EXTREMITIES DID NOT REVEAL  
15 ANY CONTUSIONS, ABRASIONS, LACERATIONS, AND THE HANDS  
16 WERE UNREMARKABLE.

17 Q NOW I BELIEVE ON ONE OF HER ARMS ULTIMATELY DID  
18 YOU NOTICE ANY BRUISING AROUND THE FOREARM OR WRIST  
19 AREAS?

20 A YES, SIR, WE DID EVENTUALLY.

21 Q AND WHAT WAS THAT DID YOU NOTICE?

22 A WE KEPT AMANDA FOR A COUPLE OF DAYS TO  
23 RE-EXAMINE. SOMETIMES BRUISING DOESN'T INITIALLY  
24 SHOW UP BUT WITH MORE OF THE SETTLING OF THE BLOOD  
25 THAT LIVOR MORTIS THAT I WAS TALKING ABOUT WITH THE

1 GRAVITY BRUISING WILL BECOME MORE APPARENT. WE  
2 LOOKED AT HER BODY 24 HOURS, AGAIN 48 HOURS LATER --

3 Q SO ONE AND TWO DAYS LATER YOU EXAMINED THE BODY  
4 AGAIN?

5 A YES, SIR.

6 Q OKAY.

7 A AND DID NOTE THE AREA OF BRUISING THAT WAS VERY  
8 FAINT ON THE PICTURE THAT WE WERE LOOKING AT A MINUTE  
9 AGO WAS MORE PROMINENT AND THERE WAS AN AREA OF  
10 BRUISING ON HER LEFT ELBOW AND THERE WAS ADDITIONAL  
11 AREA IN THE UPPER INNER ARM JUST ABOVE THE ELBOW  
12 APPROXIMATELY ONE INCH IN SIZE.

13 Q ALL RIGHT. NOW AS TO ONE OF THE BRUISING I  
14 BELIEVE WAS ONE OF HER ARMS AROUND THE WRIST OR  
15 FOREARM AREA WAS, DID ANYTHING STAND OUT TO YOU ABOUT  
16 THE APPEARANCE OF THAT PARTICULAR BRUISE?

17 A THE ONE ON THE LOWER UPPER OF HER ARM IS  
18 APPROXIMATELY ONE INCH IN SIZE WHICH SUGGESTS  
19 PRESSURE BEING APPLIED TO THIS AREA.

20 Q OKAY. I GUESS I DON'T WISH TO PUT THIS  
21 PHOTOGRAPH IN EVIDENCE, BUT I WOULD LIKE YOU TO  
22 DESCRIBE IT TO ME. THIS IS NOT TO BE PLACED IN  
23 EVIDENCE HOWEVER I DO WISH YOU TO LOOK AT THAT  
24 PHOTOGRAPH AND PARTICULARLY THE BRUISE ON THAT ARM,  
25 IF YOU CAN DESCRIBE IS THAT ONE OF BRUISES ON HER

1 ARMS THAT YOU DISCUSSED WITH US TODAY?

2 A I HAVE NOT BROUGHT THIS UP TODAY, NO, SIR.

3 Q PLEASE GO AHEAD AND TELL ME ABOUT THAT BRUISE ON  
4 HER ARM?

5 A THIS IS A PICTURE OF HER LEFT WRIST. THERE WERE  
6 TWO AREAS OF BRUISING ON THE OUTSIDE OF THE LEFT  
7 WRIST JUST ABOVE THE HAND. BOTH OF THESE --

8 Q WHAT IF ANYTHING DO THOSE BRUISES INDICATE TO  
9 YOU?

10 A THEY WERE FAIRLY ROUND TO OVAL INDICATIVE OF  
11 SOME PRESSURE BEING APPLIED TO THAT AREA SIGNIFICANT  
12 TO CAUSE UNDERNEATH BLEEDING.

13 Q ALL RIGHT. AND WOULD THAT BRUISE I BELIEVE IT'S  
14 NEAR HER WRIST, IS THAT CORRECT?

15 A YES, SIR.

16 Q WOULD THAT BRUISE BE CONSISTENT WITH SOMEONE'S  
17 HAND HOLDING HER TIGHTLY IN THAT SPOT?

18 A YES, SIR, IT COULD BE.

19 Q THANK YOU. IF WE CAN DOWN GO TO HER LEGS AND  
20 THIGHS. WHAT IF ANYTHING DID YOU NOTICE ABOUT  
21 BRUISES OR INJURIES IN THOSE AREAS?

22 A THERE WAS A SMALL AREA OF BRUISING ON THE LEFT  
23 LATERAL THIGH, SOME OF THE PICTURES WE SHOWED EARLIER  
24 OF THE ABRASIONS FROM THE OBJECTS IN THE BED, THERE  
25 WERE AN AREA OF BRUISING AROUND HER LEFT KNEE.



1        THAT'S ALL I SEE IN MY REPORT.

2        Q        AND HOW ABOUT IN HER INNER THIGHS AND IN HER  
3        VAGINAL AREA, WERE THERE ANY BRUISING OR ANYTHING YOU  
4        NOTED THAT WERE OBSERVED THERE?

5        A        YES, SIR.  THERE WAS A LITTLE FLUID WE NOTICED  
6        ON HER LEFT INNER THIGH AGAIN WHICH WAS, A PORTION OF  
7        THIS WERE OBTAINED FOR FUTURE ANALYSIS.

8        Q        YOU OBTAINED THOSE SAMPLES AND ALSO GAVE THOSE  
9        TO THE POLICE?

10      A        YES, SIR, I DID.

11      Q        ALL RIGHT.  WOULD IT HELP TO HAVE YOUR  
12      PHOTOGRAPHS OF THE AUTOPSY TO HELP IN YOUR --

13      A        YES, SIR, IT WOULD.  THIS AUTOPSY IS VERY LONG.

14      Q        ALL RIGHT.  I DON'T INTEND TO ENTER THESE IN  
15      EVIDENCE BUT WILL ASSIST YOU IN YOUR TESTIMONY.  IF  
16      YOU'LL GO TO THE PHOTOGRAPHS OF THE VAGINAL AREA.

17      A        YES, SIR.  I WAS STILL TALKING ABOUT THE THIGHS  
18      INSTEAD OF THE VAGINAL AREA.

19      Q        THAT IS ALL RIGHT.

20      A        YES, SIR, DEFINITION IS A LITTLE DIFFERENT.

21      Q        IF COULD YOU THEN DESCRIBE TO ME ANY OF THE  
22      INJURIES THAT YOU OBSERVED AROUND THE VAGINAL AREA?

23      A        THERE WAS SOME AREAS OF EITHER HYPEREMIA WHICH  
24      MEANS JUST VERY CONGESTED VESSELS OR POSSIBLY SOME  
25      BRUISING ON THE LEFT SIDE OF THE LABIA OR THE OPENING

1       OF THE VAGINAL AREA.  THERE WAS A SMALL AMOUNT OF  
2       BLOODY MATERIAL THAT APPEARED TO BE COMING OUT OF THE  
3       VAGINAL AREA AT THE TIME.  THERE WAS SOME IRREGULAR  
4       CONGESTION OR HEMORRHAGE ON THE LEFT UPPER INNER  
5       THIGH THAT WE'RE SEEING THAT WERE LATER DETERMINED TO  
6       BE AREAS OF BRUISING.

7       Q     NOW GOING JUST BRIEFLY BACK JUST TO TOUCH ON  
8       THIS, THE CLOTHING THAT YOU REMOVED FROM HER AT THE  
9       AUTOPSY ULTIMATELY WAS THAT, DID YOU HAVE THAT PACKED  
10      UP AND GIVEN TO THE POLICE AS WELL?

11      A     YES, SIR, I DID.

12      Q     ALL RIGHT.  AND IN ADDITION I BELIEVE HER  
13      UNDERWEAR, DID YOU ALSO OBTAIN THAT AND PACK IT UP  
14      AND HAVE IT GIVEN TO THE POLICE?

15      A     YES, SIR, THAT ALONG WITH A MENSTRUAL PAD THAT  
16      SHE HAD ON.

17      Q     ALL RIGHT.  SHE HAD A MENSTRUAL PAD ON AT THAT  
18      TIME?

19      A     YES, SIR, SHE DID.

20      Q     SO WAS THERE ANYTHING ON THAT PAD WHEN YOU  
21      OBSERVED IT?

22      A     MINIMAL FLUID.  THE PAD INSTEAD OF BEING FLAT  
23      WAS ROLLED.  THERE WAS NO TAPE OR STRAPS OR ANYTHING  
24      HOLDING IT IN PLACE.

25      Q     OKAY.  AND DID YOU ALSO SAVE THAT AND TURN THAT

1 IN TO THE POLICE TO BE SENT FOR ANALYSIS?

2 A YES, SIR, I DID.

3 Q WERE YOU ABLE TO DETERMINE AT THAT TIME WAS SHE  
4 IN THE PROCESS OF HAVING A PERIOD?

5 A SHE APPEARED TO BE HAVING A PERIOD BASED ON THE  
6 MENSTRUAL PAD BEING THERE AND THE SMALL AMOUNT OF  
7 BLOODY MATERIAL BEING PRESENT.

8 Q DID THAT IN ANY WAY AFFECT OR DETER YOU FROM  
9 BEING ABLE TO CONDUCT A PROPER EXAM OF HER?

10 A NO, SIR.

11 Q NOW THE BRUISING SO FAR THAT WE TALKED ABOUT  
12 OVER THE ENTIRE BODY AT THIS POINT, ONCE AGAIN WERE  
13 YOU ABLE TO DETERMINE IF THESE BRUISES WERE FRESH?

14 A YES, SIR. THEY WERE ALL FRESH AND ALL THE SAME  
15 AGE.

16 Q ALL RIGHT. ALL THE SAME AGE EACH THROUGHOUT THE  
17 BODY THE SAME AGE BRUISING FROM BASICALLY HEAD TO  
18 TOE?

19 A YES, SIR, THAT'S CORRECT.

20 Q NOW AS PART OF YOUR EXAM DO YOU ALSO DO A SEXUAL  
21 ASSAULT EXAMINATION ON THE VICTIM AT THE TIME OF  
22 AUTOPSY?

23 A YES, SIR, WHEN INDICATED.

24 Q ALL RIGHT. AND DID YOU DO THAT IN AMANDA'S  
25 CASE?

1 A YES, SIR, I DID.

2 Q AND I BELIEVE I HAVE IT HERE, STATE'S EXHIBIT  
3 NUMBER 28, THE SEXUAL ASSAULT KIT OF AMANDA COPE.  
4 WOULD YOU LOOK AT THAT FOR ME PLEASE. DOES THAT  
5 APPEAR TO BE THE KIT THAT YOU USED AT THAT TIME?

6 A YES, SIR, IT IS.

7 Q CAN YOU DESCRIBE TO ME BRIEFLY ABOUT WHAT IS  
8 ENTAILED IN TAKING A SEXUAL ASSAULT EXAM ON A VICTIM?

9 A THE SEXUAL ASSAULT COLLECTION KIT COMES FROM  
10 SLED. THESE ARE RECEIVED BY LAW ENFORCEMENT BY  
11 HOSPITALS INCLUDING US. THEY COME SEALED. THE SEALS  
12 HAVE BEEN BROKEN TO INSURE THE INTEGRITY OF THE KIT.  
13 ON THE INSIDE OF THE KIT THERE IS A NUMBER OF  
14 DIFFERENT PAPERS DESCRIBING HOW TO DO THE EXAM, WHAT  
15 MATERIAL TO TAKE, AND WHAT IS FOUND DURING THE  
16 EXAMINATION. WITHIN THIS THERE ARE SWABS, THERE ARE  
17 SLIDES, AND OTHER BAGS FOR COLLECTION OF EVIDENCE AS  
18 NEEDED ON THESE THINGS.

19 Q AND DID YOU TAKE THE VARIOUS SWABS FROM HER AND  
20 COLLECT VARIOUS EVIDENCE THAT'S REQUIRED UNDER THE  
21 KIT?

22 A YES, SIR, I DID. THESE WERE PLACED IN DIFFERENT  
23 ENVELOPES, SEALED, AGAIN I INITIALED THE SEALING OF  
24 THE DIFFERENT ENVELOPES.

25 Q ALL RIGHT.

1       A     THEN AGAIN ALL THIS WAS PUT IN THE BIG BOX AND  
2       SENT TO SLED.

3       Q     AND AFTER YOU PERFORMED THAT KIT AND SEAL IT IN  
4       THE BIG BOX, IS IT SEALED AT THAT POINT COMPLETELY  
5       FOR NO ONE TO GET IN AT THAT POINT?

6       A     YES, SIR, THAT IS CORRECT.

7       Q     AND WHEN YOU HAND IT TO LAW ENFORCEMENT, IS IT  
8       SEALED THAT WAY?

9       A     YES, SIR, IT IS.

10      Q     SO YOU WOULD HAVE SEALED THIS BOX PRIOR TO  
11      GIVING IT TO LAW ENFORCEMENT?

12      A     YES, SIR, I WOULD.

13      Q     AND DOES IT INDICATE WHO YOU GAVE IT TO ON THE  
14      BOX?

15      A     THE, I RECOVERED THE EVIDENCE AT 11/29/01. I  
16      GAVE IT TO TODD GARDNER ON 11/30/01 AT 11:30 A.M.

17      Q     ALL RIGHT. SO YOU GAVE THAT TO TODD GARDNER THE  
18      NEXT MORNING WITH THE ROCK HILL POLICE DEPARTMENT?

19      A     YES, SIR, I DID.

20      Q     ALL RIGHT. NOW SOME OF THE EVIDENCE I BELIEVE  
21      YOU GAVE TO THE POLICE THE DAY OF THE AUTOPSY?

22      A     YES, SIR.

23      Q     THE 29TH. AND SOME WAS GIVEN THE NEXT DAY?

24      A     YES, SIR.

25      Q     CAN YOU TELL ME THE REASON FOR THAT?

1       A     PART OF IT IS SOME OF THE SWABS THAT, YOU HAVE  
2       TO AIR DRY THE SWABS OR THE FLUID THAT YOU OBTAIN.  
3       IF IT'S PUT INTO A SEALED ENVELOPE OR A SEALED  
4       CONTAINER THAT MOLD WILL GROW, BACTERIA WILL GROW AND  
5       YOU MAY DESTROY THE EVIDENCE.

6       Q     ALL RIGHT.

7               MR. THOMPSON: YOUR HONOR, I ASK TO PLACE  
8       STATE'S EXHIBIT NUMBER 28 INTO EVIDENCE AT THAT TIME.

9               MR. BAITY: NO OBJECTION.

10              MR. GREELEY: NO OBJECTION.

11              THE COURT: BE RECEIVED.

12                      (STATE'S EXHIBIT 28 RAPE KIT RECEIVED  
13       IN EVIDENCE.)

14       Q     NOW IN ADDITION TO THAT I THINK YOU HAD ALSO  
15       MENTIONED THAT YOU DONE A COUPLE OF OTHER SWABS OR  
16       TAKEN A COUPLE OF OTHER SAMPLES, IS THAT CORRECT?

17       A     YES, SIR, IT IS.

18       Q     THIS IS STATE'S EXHIBIT NUMBER 29 AND IF YOU CAN  
19       JUST TAKE A LOOK AT, I BELIEVE THOSE ARE SWABS AS  
20       WELL THAT YOU HAVE TAKEN?

21       A     IT'S NOT OPEN, BUT THESE ARE SWAB, RECTAL SWAB  
22       AND VAGINAL SWABS THAT I TOOK PRIOR TO THE COLLECTION  
23       KIT ARRIVING LABELED AND SEALED.

24       Q     ALL RIGHT. AND WERE THOSE GIVEN TO THE POLICE  
25       AS WELL?

1       A     YES, SIR, THEY CERTAINLY WERE.

2       Q     ALL RIGHT.  AND YOU I BELIEVE COLLECTED SOME

3       HAIR AT THE TIME AS WELL.  THIS IS STATE'S EXHIBIT

4       30?

5       A     YES, SIR.

6       Q     AND CAN YOU TELL ME DOES IT LIST ON THERE WHERE

7       THAT WAS COLLECTED FROM?

8       A     HAIR FOUND ON VICTIM'S LEFT SIDE.

9       Q     ALL RIGHT.  AND YOU SEALED THAT UP AND GAVE THAT

10      TO THE POLICE AS WELL?

11      A     YES, SIR.

12      Q     DOES IT HAVE A CHAIN OF CUSTODY ON THAT AS WELL?

13      A     YES, SIR, TODD GARDNER.

14      Q     ALL RIGHT.  AND THEN STATE'S EXHIBIT NUMBER 31

15      IF YOU CAN TELL ME WHAT YOU COLLECTED INTO THAT?

16      A     THIS IS A HAIR FROM THE CHEST AREA.

17      Q     ALL RIGHT.  ONCE AGAIN WAS THAT HANDED OVER TO

18      THE POLICE AFTER YOU COLLECTED IT?

19      A     YES, SIR, THAT'S CORRECT.

20      Q     AND STATE'S EXHIBIT NUMBER 32?

21      A     YES, SIR.  THIS IS A HAIR FROM THE RIGHT CHEEK

22      AND FACE.

23      Q     ALL RIGHT.  AND AS WELL DID YOU GIVE THAT TO THE

24      POLICE AFTER YOU COLLECTED IT?

25      A     YES, SIR.

1 MR. THOMPSON: YOUR HONOR, I ASK TO MOVE  
2 THESE INTO EVIDENCE AS STATE'S EXHIBITS 29, 30, 31,  
3 32.

4 MR. BAITY: NO OBJECTION, YOUR HONOR.

5 MR. GREELEY: YOUR HONOR, THE ONLY  
6 QUESTION I HAVE AT THIS TIME IS IDENTIFICATION I  
7 DON'T HAVE AN OBJECTION TO, BUT AT THIS POINT IN THE  
8 TRIAL I DON'T UNDERSTAND THE RELEVANCY OF IT.

9 THE COURT: WELL, I OVERRULE YOUR  
10 OBJECTION. I'M ALLOWING IT INTO EVIDENCE.

11 (STATE'S EXHIBITS 29-32 SAMPLES  
12 RECEIVED INTO EVIDENCE.)

13 Q ALL RIGHT. AS WELL WE HAD TALKED ABOUT THE  
14 CLOTHING BEING COLLECTED, HOW ABOUT THE BED LINENS  
15 AND THE THINGS THAT WERE WITHIN THE BED THAT WERE  
16 TAKEN TO THE AUTOPSY, WERE THOSE COLLECTED BY THE  
17 POLICE AT THAT TIME AS WELL?

18 A YES, SIR.

19 Q NOW IF WE COULD GO TO THE INTERNAL EXAM AS TO  
20 THE VAGINAL AREA OF AMANDA COPE. WHAT ARE YOUR  
21 INITIAL ASSESSMENTS, WHAT DID YOU INITIALLY SEE AS  
22 YOU BEGAN TO EXAMINE HER VAGINAL AREA?

23 A THE EXTERNAL EXAM REVEALED AN AREA OF HEMORRHAGE  
24 OVER THE LEFT SIDE OF HER LEFT LABIA WHICH IS THE LIP  
25 OF THE VAGINAL OPENING OF THE LEFT SIDE. THE HYMEN



1 WAS NOT PRESENT. THE HYMEN WAS ABSENT. THERE WAS NO  
2 EVIDENCE OF THIS HAVING RECENTLY OCCURRED. THERE  
3 WERE NO FRAGMENTS OF TISSUE OR EVIDENCE OF HEMORRHAGE  
4 TO SUGGEST THE HYMEN WAS TORN AT THIS TIME.

5 Q CAN YOU TELL US WHAT THE HYMEN IS?

6 A THE HYMEN IS A MEMBRANE THAT COVERS A VARIABLE  
7 AMOUNT OF THE VAGINAL OPENING. IN WOMEN THERE ARE  
8 SEVERAL TYPES OF HYMEN BUT MOST WILL COVER THE HALF  
9 OR TWO THIRDS OF THE VAGINAL OPENING. THESE ARE  
10 TISSUES SORT OF LIKE A MEMBRANE THAT DOES COVER OR  
11 PROTECT THE VAGINAL OPENING.

12 Q AND YOU ARE SAYING THAT THERE WAS NO HYMEN  
13 PRESENT IN AMANDA?

14 A THAT'S CORRECT, SIR.

15 Q WAS THERE ANY SIGN OF A HYMEN?

16 A NO, SIR, THERE WAS NOT.

17 Q OKAY. IS THAT UNUSUAL IN YOUR OPINION ON A 12  
18 YEAR OLD GIRL?

19 A FOR A 12 YEAR OLD GIRL VERY UNUSUAL.

20 Q AND WHY IS THAT?

21 A THE HYMEN VIRTUALLY WOMEN HAVE A HYMEN. THE  
22 TYPICAL TIME THE HYMEN IS RUPTURED OF COURSE IS  
23 DURING INTERCOURSE. WITH THE INITIAL SEXUAL ACT THAT  
24 OCCURS THE HYMEN CAN BE VERY THIN, TORN VERY EASILY  
25 OR COULD BE VERY DENSE AND THICK. WITH THE TEARING

1 OF THE HYMEN THERE IS BLEEDING THAT OCCURS AND THEN  
2 YOU GET GRANULATION TISSUE OR HEALING OF THE TEAR AND  
3 MOST WOMEN IT DISAPPEARS. OCCASIONALLY YOU'LL HAVE A  
4 LITTLE REMNANT OR A LITTLE BUMP ON THE SIDE OF THE  
5 VAGINAL OPENING WHERE THE HYMEN WAS.

6 Q WILL THE HYMEN GENERALLY DISAPPEAR JUST AFTER  
7 ONE TIME OF PENETRATION?

8 A IT COULD IN THE PAST.

9 Q IN THE PAST. I'M SORRY?

10 A YES, SIR, THE HYMEN, THERE WAS NO EVIDENCE OF  
11 HYMEN AT THE TIME OF THIS ASSAULT. THERE WAS NO  
12 EVIDENCE OF A FRESH TEAR OR REMNANTS OF HYMENAL  
13 TISSUE.

14 Q SO IF SHE HAD HAD A HYMEN WHEN THIS ALL BEGAN  
15 THERE WOULD BE SOME REMNANT OF IT, YOU WOULD HAVE  
16 BEEN ABLE TO SEE IT?

17 A YES, SIR.

18 MR. BAITY: OBJECTION TO THE LEADING.

19 THE COURT: THAT IS A LEADING QUESTION.  
20 DISREGARD THE QUESTION AND ANSWER. REPHRASE YOUR  
21 QUESTION.

22 Q I GUESS IF YOU WOULD EXPLAIN TO US WHAT YOU MEAN  
23 BY AS FAR AS NO HYMEN PRESENT AT THAT TIME AND  
24 WHETHER THERE WAS ANY EVIDENCE OF PRIOR PENETRATION  
25 AS A RESULT OF THAT?

1       A       THERE WAS NO EVIDENCE OF FRAGMENTS OF A HYMEN.  
2       IF A HYMEN HAD BEEN PRESENT AT THE TIME OF THIS  
3       ASSAULT THERE WOULD HAVE BEEN FRAGMENTS OF IT,  
4       TYPICALLY TEARS THAT WOULD OCCUR, NOT ALL THE HYMEN  
5       WOULD BE GONE.  YOU WOULD SEE AREAS OF REDNESS OR  
6       ACTUAL TEARS IN THE TISSUE AND A LITTLE FRAGMENTS  
7       THAT MAY SORT OF BE HANGING THERE.  THERE WAS NO  
8       EVIDENCE OF THAT.  NOR WAS THERE ANY EVIDENCE OF  
9       FRAGMENTS FROM ANYTHING VERY RECENTLY.  IT TAKES TIME  
10      FOR, ONCE YOU INJURY A TISSUE FOR IT TO HEAL AND  
11      BECOME SMOOTH AGAIN AND THIS DID NOT OCCUR AT THIS  
12      TIME BUT AT SOME PAST FROM SEVERAL WEEKS TO MONTHS TO  
13      POSSIBLY YEARS.

14      Q       ALL RIGHT.  SO IN YOUR OPINION IS THERE EVIDENCE  
15      OF PRIOR PENETRATION?

16      A       THERE IS.

17      Q       TO THE VAGINA?

18      A       TYPICALLY A HYMEN IS TORN FROM PENETRATION.

19      Q       ALL RIGHT.  AND SO WOULD THERE BE EVIDENCE THEN,  
20      WOULD THAT BE EVIDENCE OF PRIOR PENETRATION?

21      A       THERE IS EVIDENCE OF LOSS OF A HYMEN MOST  
22      TYPICALLY FROM PENETRATION.  THERE ARE OTHER INJURIES  
23      THAT MAY CAUSE IT.

24      Q       ALL RIGHT.  NOW DID YOU NOTICE ANYTHING ABOUT  
25      THE SIZE OF VAGINAL OPENING?

1       A     AMANDA WAS A BIG GIRL.  THE VAGINAL OPENING WAS  
2       OVAL AND CERTAINLY LARGER THAN TYPICAL FOR A 12 YEAR  
3       OLD BUT AGAIN SHE WAS A BIG GIRL.

4       Q     AND CAN YOU TELL ME WERE THERE ANY TEARS OR  
5       ANYTHING OF THAT NATURE WITHIN THE VAGINA?

6       A     YES, SIR, THERE WERE.  EXTERNALLY THERE WAS THIS  
7       HEMORRHAGE THAT I WAS TALKING ABOUT ON THE LEFT SIDE  
8       AND WHEN WE CUT INTO IT THERE WAS DEFINITE HEMORRHAGE  
9       IN THIS AREA.  WHEN WE OPEN THE VAGINAL CANAL THERE  
10      WAS EXTENSIVE HEMORRHAGE IN THE WALL OF THE VAGINA,  
11      BUT THERE WAS ALSO SEROSAL SURFACE TEARS THAT WERE  
12      PRESENT IN THE VAGINAL MUCOSA.

13      Q     NOW YOU TALKED ABOUT EXTENSIVE HEMORRHAGE IN THE  
14      WALLS OR BRUISING WITHIN THE WALLS OF THE VAGINA, DID  
15      THAT INCLUDE JUST THE OUTER LAYER OF THE FLESH THERE  
16      OR DOES THAT ALSO INCLUDE DEEPER THAN THAT IN TO THE  
17      WALL?

18      A     THERE WAS EXTENSIVE HEMORRHAGE DEEP INTO THE  
19      WALL.  IT WENT TO THE OUTER ASPECT THE VAGINAL WALL.  
20      THE VAGINA WALL IS A QUARTER TO MAYBE THREE-EIGHTHS  
21      INCH IN THICKNESS DEPENDING ON THE LOCATION THERE.

22      Q     SO THE BRUISING WENT FARTHER THAN QUARTER TO  
23      THREE-EIGHTHS INCH?

24      A     IT WENT TO THE LIMITS OF THAT, YES, SIR.

25      Q     TO THE LIMITS OF THAT.  OKAY.  WHAT IF ANYTHING

1 DOES THAT INDICATE TO YOU?

2 A SIGNIFICANT FORCE HAD BEEN APPLIED INSIDE THE  
3 VAGINAL CANAL WITH PUSHING AND STRETCHING THE WALL TO  
4 CAUSE TEARING OF THE BLOOD VESSELS AND HEMORRHAGE.

5 Q HOW FAR INTO THE VAGINA DID THE BRUISING EXTEND?

6 A THERE WAS A SMALL TEAR APPROXIMATELY THREE  
7 INCHES INWARD ON THE SURFACE. THE HEMORRHAGE  
8 OCCURRED ALL THE WAY TO THE END OF THE VAGINA TO THE  
9 SURFACE AND ACTUALLY THERE WAS HEMORRHAGE IN THE  
10 UTERUS AND OVARY OF COURSE THAT'S ATTACHED TO THE  
11 SURFACE IN THE BACK OF VAGINA.

12 Q ALL RIGHT. AND HOW FAR UP IS THAT INTO THE  
13 VAGINA TO CAUSE THAT SORT OF INJURY?

14 A FOUR INCHES OR MAYBE A LITTLE MORE. THE VAGINA  
15 WILL STRETCH OF COURSE FOR CHILD BIRTH AND SUCH SO  
16 YOU DO HAVE SOME STRETCHABILITY AND MAYBE A LITTLE  
17 BIT FURTHER.

18 Q ALL RIGHT. NOW AS TO AMANDA'S, PARTICULARLY  
19 WITH HER VAGINA, THE BRUISING THAT YOU EXAMINED DOES  
20 IT GO, I GUESS, I'M TRYING TO FIND OUT HOW FAR THIS  
21 CAVITY GOES WITHIN HER. IS IT BRUISED TO THE TOP OF  
22 THIS OR IS IT BRUISED JUST PART OF THE WAY OR HOW  
23 BRUISED ARE WE TALKING ABOUT?

24 A IT'S BRUISED ALL THE WAY BACK WITH VARYING  
25 VARIOUS OF BRUISING AND THEN AS I WAS MENTIONING

1       ADJACENT TO THE CERVIX YOU HAVE THE UTERUS SITTING  
2       BEHIND THE CERVIX OR THE WOMB AND THE OVARIES ARE  
3       BESIDE THE CERVIX AND THERE IS HEMORRHAGE OR BRUISING  
4       IN THE TISSUE THAT HOLDS THE OVARY TO THE UTERUS OR  
5       TO THE CERVIX THERE TOO.

6       Q     SO THESE ARE ORGANS THAT ARE ACTUALLY UP ABOVE  
7       THE CAVITY OF THE VAGINA, CORRECT?

8       A     YES, SIR, THAT'S CORRECT.

9       Q     SO THOSE ARE INJURED IN YOUR OPINION FROM WITHIN  
10      FROM ACCESS TO THE VAGINA?

11               MR. BAITY:  OBJECTION, LEADING AGAIN.

12               THE COURT:  REPHRASE YOUR QUESTION.

13      Q     YOU MENTION THAT THESE ARE ORGANS THAT ARE ABOVE  
14      THE VAGINA, IN YOUR OPINION WHERE DO THE INJURIES TO  
15      THESE ORGANS, WHERE WOULD THEY HAVE COME FROM?

16      A     THEY WOULD HAVE COME FROM FORCIBLY APPLIED TO  
17      THE VAGINA.  THERE WAS NO EVIDENCE OF ANY EXTERNAL  
18      INJURIES ON THE ABDOMEN THAT COULD HAVE CAUSED THAT  
19      SIGNIFICANT FORCE.  THE UTERUS IS TYPICALLY BENEATH  
20      THE PUBIC BONE AND SOMEWHAT PROTECTED THERE EXCEPT  
21      FROM DOWN OR OBLIQUE BLOWS, SO THESE HAD TO OCCUR  
22      FROM THE VAGINAL ORIFICE UP THE VAGINA AND PUTTING  
23      PRESSURE ON THE TISSUE ADJACENT TO THE VAGINA IN THE  
24      BACK SIDE OF THE VAGINA.

25      Q     AND IN AMANDA HOW FAR INTO HER VAGINA WOULD YOU

1 HAVE TO GO BEFORE YOU REACHED THE TOP BASICALLY WHERE  
2 THESE ORGANS REST?

3 A PROBABLY FOUR INCHES.

4 Q ALL RIGHT.

5 A MAYBE THREE INCHES FROM WHERE THE TEAR IS BUT  
6 AGAIN THE VAGINA DOES STRETCH SOME, SO YOU DO HAVE  
7 SOME STRETCHABILITY ABOVE IT.

8 Q NOW I THINK IN THE AUTOPSY YOU MENTION SOMETHING  
9 EPITHELIUM LOSS, CAN YOU TELL ME WHAT IF ANYTHING IS  
10 SIGNIFICANT ABOUT THAT?

11 A ON THE MICROSCOPIC EXAMINATION OF THE VAGINA AND  
12 UTERUS.

13 Q YES.

14 A EPITHELIUM LOSS. TYPICALLY YOU HAVE A LINING OF  
15 THE ORIFICE FROM YOUR MOUTH TO YOUR VAGINA AND WHAT'S  
16 LINING THAT IS EPITHELIUM. THERE ARE DIFFERENT TYPES  
17 OF EPITHELIUM AND THIS, THE VAGINA LINING IS SIMILAR  
18 TO YOUR SKIN BUT A LITTLE SOFTER AND WHEN YOU ABRASE  
19 IT FROM EITHER FORCE BEING APPLIED OR AN OBJECT  
20 MOVING OVER THIS, IT WILL TAKE SOME OF THE CELLS OFF  
21 AND WE'LL SEE A LITTLE LOSS OF THE CELLS ON THE  
22 SURFACE MEANING SOMETHING HAS RUBBED ACROSS IT.

23 Q AS A MEDICAL DOCTOR HOW WOULD YOU DESCRIBE THE  
24 INJURIES TO HER VAGINA IF YOU WERE TO DESCRIBE THEM  
25 GENERALLY TO SOMEONE AS FAR AS THE SEVERITY?

1       A     THEY WERE SIGNIFICANT, MUCH MORE HEMORRHAGE,  
2       FORCE BEING APPLIED THAN YOU WOULD NORMALLY HAVE IN A  
3       SEXUAL ACT.

4       Q     OKAY.  AND IN YOUR OPINION FROM THE INJURIES  
5       THAT YOU NOTED, LET ME BEFORE I GO TO THAT TALK ABOUT  
6       A COUPLE OTHER THINGS AS FAR AS YOUR MICROSCOPIC  
7       EXAMINATION OF THE VAGINA.  I KNOW, I SAW YOU NOTED  
8       NO ACUTE INFLAMMATION PRESENT, WOULD YOU DESCRIBE  
9       WHAT YOU MEAN BY THAT?

10      A     YES, SIR.  THE BODY'S RESPONSE TO AN INJURY OR  
11      TO INFECTION IS TO MOUNT AN INFLAMMATORY RESPONSE.  
12      THIS IS LIKE ASTHMA, ALLERGIES, OR IF YOU GET A CUT  
13      OR AN INJURY SOMEWHERE THAT THE BODY HAS A RESPONSE  
14      TO IT.  PART OF THIS RESPONSE IS INFLAMMATORY CELLS  
15      AND THERE ARE SEVERAL TYPES OF INFLAMMATORY CELLS.  
16      THERE ARE WHAT WE CALL THE ACUTE INFLAMMATORY CELLS  
17      OR POLYS.  YOU GET A COMPLETE BLOOD COUNT YOU'LL SEE  
18      POLYMORPHONUCLEAR LEUKOCYTES OR, AND THEN LYMPHOCYTES  
19      OR SUCH ON THIS COUNT.  THE POLYS ARE THE ACUTE  
20      INFLAMMATORY CELLS AND THEY GO THERE FIRST.  WE GET  
21      INITIAL HEMORRHAGE THEN THE POLYS TO GO THERE TO HELP  
22      START CORRECTING THAT HEMORRHAGE AND THEN LATER THE  
23      LYMPHOCYTES OR THE OTHER INFLAMMATORY CELLS OR  
24      MACROPHAGE WILL GO THERE AND FORM A REACTION AND THEY  
25      EACH HAVE DIFFERENT ROLES TO ENGULFING BACTERIA TO



1       TEARING THE DAMAGED TISSUE OUT AND REBUILDING NEW  
2       TISSUE THERE.

3       Q     ALL RIGHT.  NOW WHAT IS THE SIGNIFICANCE OF  
4       THAT?

5       A     THE SIGNIFICANCE OF THE ACUTE INFLAMMATORY CELLS  
6       IS THAT THIS RESPONSE OCCURS WITHIN A FEW HOURS  
7       DEPENDING ON THE SEVERITY OF THE INJURY.  SHE HAD NO  
8       EVIDENCE OF ACUTE INFLAMMATORY CELLS THERE INDICATING  
9       THAT SHE'S GOT HEMORRHAGE WHICH IS FRESH BUT THE BODY  
10      HAS NOT HAD TIME TO MOUNT A RESPONSE TO THAT INJURY.

11      Q     ALL RIGHT.  AND YOU HAD MENTIONED I BELIEVE WITH  
12      SOME OF THE OTHERS WE'VE ALREADY TALKED ABOUT, DID  
13      YOU IN YOUR MICROSCOPIC EXAMINATION OF THOSE WERE YOU  
14      ABLE TO DETERMINE IF THERE WERE ACUTE INFLAMMATORY  
15      CELLS PRESENT IN THOSE INJURIES?

16      A     NO, SIR, THERE WERE NOT.

17      Q     OKAY.  SO IS THAT WHAT YOU MEAN BY SAYING THESE  
18      INJURIES ARE FRESH?

19      A     YES, SIR, THAT'S CORRECT.

20      Q     AND GOING THEN BACK TO THE VAGINA ITSELF.  DID  
21      YOU DISCOVER ANY SPERM PRESENT WITHIN THE VAGINA?

22      A     SMEARS THAT I OBTAINED I DID NOT FIND ANY SPERM.

23      Q     ALL RIGHT.  NOW IN YOUR MICROSCOPIC EXAMINATION  
24      OF THE VAGINA ITSELF, WERE YOU ABLE TO FIND ANY OTHER  
25      INJURIES THAT DIDN'T APPEAR TO BE FROM THAT

1 PARTICULAR BED?

2 A THERE WERE SOME AREAS OF CHRONIC INFLAMMATION  
3 THERE.

4 Q AND CAN YOU DESCRIBE WHAT YOU MEAN BY THAT?

5 A CHRONIC INFLAMMATION OF CELLS, AS I WAS TALKING  
6 A MINUTE AGO THE LYMPHOCYTES AND OTHER CELLS THAT  
7 COME IN LATER TO AN INJURY, CHRONIC INFLAMMATORY  
8 CELLS TYPICALLY SEEM PEOPLE WITH BRONCHITIS OR ASTHMA  
9 THAT YOU'LL SEE, IT'S AN ONGOING THING THAT CAUSE  
10 IRRITATION, A CHRONIC TYPE OF INFECTION, SO THERE IS  
11 INDICATIONS THAT THERE HAS BEEN SOME IRRITATION OR  
12 INFECTION IN THE VAGINA TRACT.

13 Q ALL RIGHT. AND BY CHRONIC, YOU KNOW, YOU ARE  
14 SAYS IT'S CHRONIC IRRITATION?

15 A YES, SIR.

16 Q AND BY CHRONIC DO YOU MEAN SOMETHING THAT WOULD  
17 IRRITATE IT MORE THAN ONCE? IF YOU CAN DESCRIBE IT?

18 A YES, SIR. IT'S USUALLY ONGOING OR HAS BEEN  
19 GOING ON FOR MORE THAN A FEW DAYS.

20 Q ALL RIGHT. WOULD THAT BE CONSISTENT WITH  
21 PENETRATION INTO THE VAGINA THAT HAD HAPPENED  
22 BEFOREHAND?

23 A IT COULD BE CONSISTENT WITH ANY SORT OF  
24 IRRITANT. PENETRATION CAN BE AN IRRITANT, YES.

25 Q FOR INSTANCE, WOULD THAT BE CONSISTENT WITH THE

1       USE OF A DILDO?

2                   MR. BAITY:  OBJECTION, YOUR HONOR.

3                   THE COURT:  THAT'S A LEADING QUESTION.  I  
4       SUSTAIN THE OBJECTION.

5                   MR. THOMPSON:  YOUR HONOR, I'M SIMPLY  
6       ASKING AN OPINION.

7                   THE COURT:  I MADE MY RULING.  I SUSTAIN  
8       THE OBJECTION.

9       Q     CAN YOU TELL ME DID YOU EXAMINE HER FOR OTHER  
10      POSSIBILITIES THAT NATURALLY COULD HAVE CAUSED THAT  
11      IRRITATION?

12     A     YES, SIR, I DID.

13     Q     ALL RIGHT.  AND WHAT DID YOU DETERMINE FROM  
14      BEING ABLE TO EXAMINE THAT?

15     A     THERE WAS NO EVIDENCE OF ANY VIRAL OR TYPICAL  
16      BACTERIA OVERGROWTH, A LOT OF BACTERIA IN THERE TO  
17      HAVE CAUSED THE IRRITATION.

18     Q     ALL RIGHT.  SO DID YOU FIND ANYTHING OF A  
19      NATURAL CAUSE THAT COULD HAVE CAUSED THAT?

20     A     NO, SIR.

21     Q     ALL RIGHT.  DOES IT MAKE ANYMORE CONSISTENT WITH  
22      PRIOR PENETRATION?

23     A     IT'S CERTAINLY CONSISTENT WITH AN IRRITANT BEING  
24      IN THERE, PENETRATION BY AN OBJECT COULD BE  
25      CONSIDERED AN IRRITANT, SO YES, IT'S CERTAINLY A

1 POSSIBILITY.

2 MR. BAITY: YOUR HONOR, AT THIS TIME WITH  
3 THIS LINE OF QUESTIONING I JUST RENEW MY OBJECTION.

4 THE COURT: I OVERRULE.

5 Q HOW FAR INTO THE VAGINA WAS THIS CHRONIC  
6 IRRITATION THAT YOU OBSERVED?

7 A MY REPORT DOES NOT HAVE IN IT THERE, BUT IT WAS  
8 UP INTO THE CANAL. I DON'T RECOLLECT WHERE THERE WAS  
9 PROFUSELY THROUGHOUT THE VAGINAL AREA OR JUST IN ONE  
10 AREA.

11 Q OKAY. IT WAS UP INTO THE CANAL?

12 A YES, SIR, IT WAS UP THERE A WAYS.

13 Q SO WE'RE NOT TALKING ABOUT AROUND THE LABIA OR  
14 THE OUTSIDE OF THE VAGINA, CORRECT?

15 A THAT'S CORRECT. IT'S MORE UP IN THE CANAL IN  
16 ADDITION.

17 Q ALL RIGHT. NOW YOU HAD MENTIONED THAT THAT  
18 COULD BE CONSISTENT WITH PRIOR PENETRATION. WOULD  
19 THAT ALSO BE CONSISTENT WITH PRIOR PENETRATION OF A  
20 SEXUAL NATURE?

21 MR. BAITY: OBJECTION, YOUR HONOR.

22 THE COURT: I SUSTAIN THE OBJECTION.

23 MR. THOMPSON: COURT'S INDULGENCE ONE  
24 MOMENT, YOUR HONOR.

25 Q IF YOU COULD, DR. MAYNARD, IF YOU COULD KIND OF

1 LIST SOME OF THE POSSIBLE CAUSES THAT IRRITATION,  
2 THAT CHRONIC IRRITATION THAT YOU ARE TALKING ABOUT,  
3 AND THEN WE'LL KIND OF GO THROUGH THOSE ONE BY ONE  
4 AND SEE WHAT YOU DID TO DETERMINE WHETHER OR NOT  
5 THOSE EXISTED AT THE TIME?

6 A OKAY. FIRST AND FOREMOST WOULD BE INFECTIONS,  
7 WHETHER BACTERIAL INFECTIONS, VIRAL INFECTIONS, BEING  
8 CAUSED BY BOTH ACUTE INFLAMMATION AND THEN IF THEY  
9 ARE MORE ONGOING MORE OF A CHRONIC TYPE OF  
10 INFLAMMATION. THE USE OF A TAMPON WHICH IS A  
11 PENETRATION OR IRRITANT COULD CERTAINLY CAUSE THESE  
12 THINGS TO OCCUR. DOUSING WITH CERTAIN CHEMICALS IN  
13 THE VAGINAL CANAL COULD CAUSE THE BODY TO REACT TO  
14 THEM. THE INSERTING OF AN OBJECT FROM A PENIS TO A  
15 DILDO CAN CERTAINLY, WITH FORCE, YOU KNOW, OR  
16 REPEATEDNESS CAN CAUSE AN IRRITATION THERE.

17 Q ALL RIGHT. AND YOUR OPINION AS A DOCTOR WITH A  
18 12 YEAR OLD GIRL IS IT UNUSUAL TO HAVE THAT TYPE OF  
19 IRRITATION, THAT CHRONIC IRRITATION?

20 A IT'S UNUSUAL BUT GIRLS GET INFECTIONS.

21 Q ALL RIGHT. DID YOU NOTICE ANY SIGN OF  
22 INFECTION?

23 A I SAW NO EVIDENCE OF INFECTION EITHER VIRAL OR  
24 SIGNIFICANT BACTERIAL INFECTION THERE.

25 Q ALL RIGHT. AND DID YOU FIND ANY OTHER NATURAL

1 CAUSE THAT MAY HAVE CAUSED THE CHRONIC NATURE OF THAT  
2 IRRITATION?

3 A NO, SIR, I DID NOT.

4 Q DID SHE APPEAR TO BE USING A TAMPON AT ALL AT  
5 THAT TIME?

6 A SHE HAD A MENSTRUAL PAD ON HER WHEN WE FOUND  
7 HER.

8 Q BUT NO TAMPON?

9 A NO, SIR, THERE WAS NO TAMPON PRESENT.

10 Q NOW IF WE COULD GO TO THE INJURIES AS THEY WERE  
11 SUSTAINED AS TO THE ANUS AND THE RECTUM. I HAVE A  
12 COUPLE OF OTHER PHOTOGRAPHS I WOULD LIKE TO PRESENT  
13 TO YOU TO ALLOW YOU TO EXAMINE THEM.

14 MR. BAITY: MAY WE APPROACH, YOUR HONOR.

15 (BENCH CONFERENCE.)

16 THE COURT: MEMBERS OF THE JURY PANEL, I  
17 WAS GOING TO WAIT A LITTLE BIT LONGER BEFORE WE TOOK  
18 A BREAK BUT WE NOW HAVE SOME MATTERS TO TAKE UP  
19 OUTSIDE OF YOUR PRESENCE SO WE'LL TAKE A BREAK AT  
20 THIS TIME. AND I DON'T KNOW IF THERE ARE ANY  
21 SMOKERS, I'M NOT ENCOURAGING YOU, BUT IF DO WE HAVE  
22 ANY SMOKERS YOU CAN TAKE A SMOKE BREAK.

23 (THE JURY EXITS THE COURTROOM AT  
24 10:46.)

25 THE COURT: I HAVE IN MY HAND EXHIBIT 22

1       AND THEN AN UNMARKED EXHIBIT WITH NO OBJECTION TO 22.  
2       THE UNMARKED IS, OF COURSE, IN ANY EVENT BE MADE PART  
3       OF THE RECORD BUT IT APPEARS TO BE THE OPENED ANUS  
4       SHOWING BRUISING. WHY DON'T YOU DO A PROFFER ON  
5       THAT. I'M NOT A DOCTOR.

6                        (STATE'S EXHIBIT 35 PHOTOGRAPH FOR  
7       IDENTIFICATION.)  
8       IN CAMERA DIRECT:

9       Q     DR. MAYNARD, THIS IS STATE'S EXHIBIT 35, CAN YOU  
10      LOOK AT THAT PLEASE?

11     A     YES, SIR.

12     Q     IN YOUR EXAMINATION, CAN YOU TELL ME WHAT THAT  
13      PICTURE IS FIRST OF ALL?

14     A     YES, SIR. THIS IS THE ANUS OR RECTUM THAT'S  
15      BEEN REMOVED FROM AMANDA AND HAS BEEN OPENED. THERE  
16      IS AT THE UPPER RIGHT PORTION IS THE ANAL RECTUM  
17      JUNCTURE FROM THE ANUS AND RECTUM AND THEN THERE IS A  
18      LARGE AREA OF HEMORRHAGE THAT EXTENDS SIGNIFICANTLY  
19      INTO THE RECTUM TISSUE HERE.

20     Q     AND THAT, IF YOU COULD DESCRIBE THAT  
21      HEMORRHAGING TO US IN YOUR EXAMINATION?

22     A     YES, SIR. THE PICTURE SHOWS A SMALL TEAR AT THE  
23      JUNCTURE BETWEEN THE ANUS AND THE RECTUM. THEN THERE  
24      IS SOME FOCAL HEMORRHAGE GOING UP OR GOING DEEP INTO  
25      THE RECTUM AND THEN THERE IS A LARGE AREA OF

1 HEMORRHAGE APPROXIMATELY FIVE INCHES IN SIZE THAT'S  
2 THROUGHOUT THE RECTUM, ALL THE WAY AROUND THE RECTUM,  
3 AND INTO THE WALL OF THE RECTUM.

4 Q AND HOW FAR UP INTO THAT RECTUM DOES THAT  
5 HEMORRHAGING GO?

6 A UP TO 8 INCHES.

7 Q OKAY. AND CAN YOU TELL ME WHERE, BASICALLY  
8 WHERE IS THE TOP OF THE RECTUM AS FAR AS AMANDA GOES?

9 A THE LEFT SIDE. LET'S SEE, THE RIGHT SIDE OF THE  
10 PICTURE HERE IS THE ANUS AND THIS IS THE RECTUM GOING  
11 INTERNALLY INTO AMANDA.

12 Q SO THAT IS THE ENTIRE RECTUM AS SHOWN IN THE  
13 PICTURE?

14 A THERE IS A LITTLE BIT MORE LEFT BUT THIS IS  
15 WHERE THE INJURY OCCURRED.

16 Q AND I GUESS WHAT I'M TRYING TO GET AT THROUGH  
17 THAT QUESTION, IN THAT BRUISING IS THAT BASICALLY THE  
18 ENTIRE RECTUM IS THAT BRUISED?

19 A YES, SIR, IT IS.

20 Q AND YOU SAID THAT, IS THAT ON ALL SIDES OF THE  
21 RECTUM THAT IT'S BRUISED?

22 A YES, SIR. ON THE PICTURE YOU CAN SEE IT GOES  
23 COMPLETELY AROUND THE RECTUM. THE RECTUM BEING A  
24 HOLLOW TUBE-TYPE LIKE ORGAN, AND THERE IS HEMORRHAGE  
25 IN ALL DIRECTION FROM 3 INCHES TO 8 INCHES IN THE



1       RECTUM.

2       Q     AND WHAT TYPE OF INJURY DOES THAT INDICATE TO  
3       YOU?

4       A     THAT SIGNIFICANT FORCE HAS BEEN APPLIED WITH A  
5       BLUNT OBJECT THAT EXTENDED UP TO 8 INCHES INTO HER.

6       Q     IN ORDER FOR A BLUNT OBJECT TO DO THAT WOULD IT  
7       HAVE TO BE INSERTED INTO THE RECTUM?

8       A     YES, SIR, THAT'S CORRECT.

9       Q     SO THIS ISN'T SOMETHING THAT COULD HAPPEN  
10      EXTERNALLY FROM BEATINGS OUTSIDE OF THE BODY?

11      A     NO, SIR, IT WOULD NOT.

12      Q     ALL RIGHT.  AND IN YOUR OPINION DOES THAT  
13      CONSISTENT WITH A BROOM BEING USED TO --

14                   MR. BAITY:  YOUR HONOR, I UNDERSTAND.

15                   THE COURT:  WELL, THIS IS A PROFFER.  
16      THOSE ARE LEADING QUESTIONS.  I KNOW YOU SAY YOU ARE  
17      JUST ASKING FOR AN OPINION BUT IF YOU SUGGEST THE  
18      ANSWERS ARE LEADING QUESTIONS.

19                   MR. THOMPSON:  I WOULD ASK --

20                   THE COURT:  I'M NOT GOING TO ARGUE WITH  
21      YOU, MR. THOMPSON.  YOU KNOW HOW TO ASK A QUESTION.

22      Q     DO YOU HAVE ANY OPINION AS TO WHAT COULD HAVE  
23      CAUSED THAT?

24      A     YES, SIR, I DO.

25      Q     AND WHAT IS THAT?

1       A     THIS WOULD BE AN OBJECT THAT DOES NOT HAVE SHARP  
2       BORDERS OR POINTS ON IT, NOT A KNIFE, NOT A  
3       SCREWDRIVER. IT WOULD TYPICALLY BE OVAL TO ROUND  
4       OBJECT, AGAIN NOT TYPICALLY A SQUARE OBJECT WHERE YOU  
5       GOT SHARP CORNERS ON IT. IT COULD BE A DILDO. IT  
6       COULD BE A BROOM HANDLE. IT COULD BE A BATON. YOU  
7       KNOW, ANYTHING ALONG THOSE LINES, POSSIBLY A BASEBALL  
8       BAT EVEN.

9       Q     WHAT TYPE OF FORCE WOULD BE NEEDED TO CREATE  
10      THAT TYPE OF INJURY WITH THAT TYPE OF OBJECT?

11      A     SIGNIFICANT FORCE. THIS IS EXTREME FORCE BEING  
12      USED TO CAUSE THAT MUCH HEMORRHAGE.

13      Q     AND CAN YOU TELL ME FROM THAT PHOTOGRAPH AS WELL  
14      NEAR THE OPENING OF THE ANUS DOES IT TELL YOU  
15      ANYTHING THAT AREA?

16      A     YES, SIR, IT DOES.

17      Q     WHAT DOES IT TELL YOU?

18      A     THERE IS SOME HEMORRHAGE AT THE ANAL OPENING  
19      ALONG WITH A SMALL TEAR BEING PRESENT.

20      Q     ALL RIGHT. THE INJURIES THEMSELVES, THERE ARE  
21      THEY, AS YOU'VE BEEN DISCUSSING EARLIER, ARE THEY  
22      FRESH OR ARE THEY NOT? WHAT TYPE OF INJURIES ARE  
23      THOSE WHEN YOU EXAMINED HER?

24      A     THESE ARE FRESH INJURIES.

25      Q     IN YOUR LINE OF WORK AS A PATHOLOGIST IN THE

1       SEXUAL ASSAULT CASES HOW MANY ANAL AREAS HAVE YOU  
2       EXAMINED?

3       A     WE LOOK AT EVERY ANAL AREA AT EVERY AUTOPSY WE  
4       DO.

5       Q     AND COMPARE IT TO THE INJURIES WITH WHAT YOU SEE  
6       HERE, HOW ARE THESE INJURIES COMPARE TO THE OTHER  
7       EXAMS THAT YOU'VE DONE?

8       A     THESE ARE SOME OF THE MOST TRAUMATIC OR DAMAGING  
9       INJURIES I'VE EVER SEEN.

10      Q     IN YOUR OPINION, DR. MAYNARD, WILL THAT PICTURE  
11      HELP THE JURY TO UNDERSTAND THE EXTENT OF THE  
12      INJURIES TO THE ANUS OF AMANDA COPE?

13      A     YES, SIR, IT WOULD.

14      Q     AND IN YOUR OPINION WOULD IT BE MORE VALUABLE  
15      THAN YOUR ACTUAL TESTIMONY IN SEEING WHAT THE  
16      INJURIES ARE?

17      A     YES, SIR, IT NOT ONLY SHOWS THE EXTENT OF THE  
18      INJURIES BUT THE FORCE THAT HAD TO BE APPLIED TO  
19      CAUSE THAT MUCH HEMORRHAGE.

20      Q     THANK YOU. NO FURTHER QUESTIONS.

21                   MR. BAITY: LET ME SEE THE PICTURE.

22      CROSS EXAMINATION IN CAMERA BY MR. BAITY:

23      Q     DOCTOR, I SEE A GREAT DEAL OF, FOR LACK OF A  
24      BETTER TERM, BLOOD AND GORE IN THIS PICTURE, AND THIS  
25      IS BASICALLY SOMETHING THAT'S BEEN, THIS BLOODINESS

1       AND THIS GORE IS SOMETHING THAT HAD BEEN BROUGHT  
2       ABOUT AS A RESULT OF AN AUTOPSY WHERE SOMEONE'S ANUS  
3       HAS BEEN REMOVED FROM THEIR BODY?

4       A     YES, SIR.

5       Q     THIS IS NOT THE WAY YOU FOUND THIS WOMAN?

6       A     NO, SIR, I TOOK THE ANUS AND THE RECTUM OUT OF  
7       THE BODY.

8       Q     DURING THE AUTOPSY YOU CUT HER OPEN WITH THE  
9       SCALPEL AND CUT HER ANUS OUT AND THAT'S WHAT THIS  
10      PICTURE DEPICTS?

11      A     YES, SIR. THAT IS THE ONLY WAY TO BE ABLE TO  
12      GET THE ANUS AND RECTUM OUT PROPERLY.

13      Q     AND IS THERE ANYWAY FOR YOU TO DESCRIBE A BRUISE  
14      TO THE RECTUM WITHOUT PUTTING THIS PICTURE IN  
15      EVIDENCE OR SHOWING IT TO THE JURY?

16      A     IT WOULD BE DIFFICULT. THAT PICTURE SAYS IT ALL  
17      RIGHT THERE.

18      Q     WELL, I'M SURE IT DOES, BUT YOU COULD SAY THAT  
19      IT WAS A BRUISE THAT WAS APPROXIMATELY SO LONG AND IT  
20      STARTED SO MANY INCHES IN AND IT ENDED SO MANY INCHES  
21      IN, COULDN'T YOU?

22      A     YES, SIR, THAT IS A DESCRIPTION OF WHAT I ---

23      Q     DO YOU THINK THE LADIES AND GENTLEMEN OF THE  
24      JURY DON'T KNOW WHAT A BRUISE IS?

25      A     I'M JUST HERE TO DESCRIBE WHAT I SAW.

1 Q ALL RIGHT. BUT I MEAN DO YOU THINK IF YOU SAID  
2 BRUISE THEY WOULD UNDERSTAND WHAT THAT MEANS.

3 MR. THOMPSON: OBJECTION.

4 THE COURT: I SUSTAIN THE OBJECTION. YOU  
5 CAN'T DELVE INTO WHAT THESE PEOPLE. I THINK I CAN  
6 ALMOST TAKE JUDICIAL NOTICE THAT EVERYBODY KNOWS WHAT  
7 A BRUISE IS BUT THERE ARE DEGREES IN BRUISES AND I  
8 DON'T KNOW WHETHER THE JURY HAS EVER SEEN AN INTERNAL  
9 BRUISE. I'M QUITE FRANKLY NOT SURE I EVER HAVE.

10 Q ARE YOU SAYING THAT YOU COULD NOT DESCRIBE THIS  
11 INJURY WITHOUT THE USE OF THIS PHOTOGRAPH?

12 A I CAN MAKE A DESCRIPTION, BUT I THINK THE  
13 PHOTOGRAPH IS MUCH BETTER THAN MY DESCRIPTIONS.

14 MR. BAITY: YOUR HONOR, I WOULD SIMPLY SAY  
15 THAT THIS IS AN EXHIBIT THAT IS EXTREMELY UPSETTING,  
16 EXTREMELY OFFENSIVE; THAT IT IS NOT AN ACTUAL  
17 DEPICTION OF THE VICTIM AS SHE WAS FOUND. THAT THE,  
18 THAT THE SHOCK VALUE OF THIS PHOTOGRAPH IS SO  
19 PREJUDICIAL THAT IT GOES BEYOND ANY PROBATIVE VALUE.  
20 CERTAINLY THE LADIES AND GENTLEMEN OF THE JURY WOULD  
21 KNOW EXACTLY WHAT A BRUISE WAS AND THE DOCTOR COULD  
22 USE ALL SORTS OF DESCRIPTIVE LANGUAGE TO EXPLAIN HOW  
23 EXTENSIVE IT WAS, HOW BAD IT WAS, HOW MUCH FORCE WAS  
24 USED NEEDED TO CREATE IT, AND I WOULD JUST ASK THAT  
25 THIS PHOTOGRAPH COULD CERTAINLY BE USED BY THE DOCTOR

1 FOR HIS REFERENCE AND FOR HIS DESCRIPTION, BUT THAT  
2 IT'S PROBATIVE VALUE IS OUTWEIGHED BY THE SHOCK VALUE  
3 OF IT.

4 THE COURT: YOU DON'T OBJECT TO NUMBER 22?

5 MR. BAITY: NO, SIR, I DO NOT.

6 THE COURT: DOES THE STATE PLAN TO PUT IN  
7 NUMBER 22. WHY DON'T YOU ASK HIM WHAT 22 IS.

8 MR. THOMPSON: YES, YOUR HONOR.

9 Q DR. MAYNARD, STATE'S EXHIBIT 22 IF YOU LOOK AT  
10 THAT PHOTOGRAPH FOR ME AND TELL ME WHAT THAT IS?

11 A THIS IS A PICTURE OF HER ANUS OR MORE  
12 SPECIFICALLY HER ANAL OPENING.

13 Q OKAY. AND FROM THAT PHOTOGRAPH ITSELF WHAT IF  
14 ANYTHING CAN YOU TELL ABOUT HER ANAL OPENING FROM THE  
15 PHOTOGRAPH ITSELF?

16 A THE ANAL OPENING IS MUCH LARGER THAN WOULD BE  
17 TYPICAL IN EITHER A 12 YEAR OLD OR A YOUNG ADULT.

18 Q OKAY. AND FROM THAT INJURY THERE IS IT, CAN YOU  
19 TELL ME, IS THERE ANYTHING YOU CAN DETERMINE ABOUT  
20 THE ANAL TONE ITSELF?

21 A THE ANAL TONE IS MORE RELAXED. THERE IS  
22 EVIDENCE OF DILATATION OF THE ANUS THAT HAS OCCURRED  
23 OVER TIME.

24 Q ALL RIGHT. AND THAT PICTURE DOES IT SHOW  
25 BRUISING OR ANYTHING LIKE THAT WITHIN THE ANUS?

1       A     UNLESS THERE IS SOMETHING ON THE LEFT THERE, I'M  
2       NOT QUITE SURE IN THIS PICTURE, OTHERWISE IT DOES  
3       NOT.

4       Q     AND YOU HAD MENTIONED THE SHOWING KIND OF A LAX  
5       TONE, IN YOUR OPINION WHAT SHOULD HER ANAL TONE BE AT  
6       THIS POINT?

7       A     THE ANAL TONE EVEN AFTER DEATH AT THIS LENGTH OF  
8       TIME SHOULD STILL BE FIRM WITH THE ANUS ESSENTIALLY  
9       CLOSED.

10      Q     EVEN WITH THE TYPE OF ASSAULT SHE HAD SUSTAINED  
11      AT THAT TIME?

12      A     THIS INDICATES THAT DILATATION OF THE ANUS HAS  
13      OCCURRED AND USUALLY REPEATED DILATATIONS TO HAVE  
14      MORE RELAXING OF ANAL MUSCULATURE.

15               THE COURT:  I THINK YOU ARE GOING BEYOND  
16      WHAT WE NEED FOR THE PROFFER.  I JUST WANTED TO KNOW  
17      WHAT THAT WAS A PICTURE OF AND YOU DIDN'T ASK HIM SO  
18      APPARENTLY ---

19               MR. THOMPSON:  WELL, I DID ASK HIM WHAT  
20      THAT WAS A PICTURE OF.

21               THE COURT:  I KNOW, BEFORE.  I JUST WANTED  
22      TO KNOW WHAT THAT WAS A PICTURE OF AND HE'S ANSWERED  
23      THAT.

24               MR. THOMPSON:  THAT'S ALL.

25               THE COURT:  ANY OTHER QUESTIONS.

1                   MR. BAITY: I HAVE NO QUESTIONS AND NO  
2                   OBJECTION TO THAT PHOTOGRAPH, YOUR HONOR.

3                   THE COURT: ALL RIGHT. OKAY.

4                   MR. THOMPSON: YOUR HONOR, THE STATE'S  
5                   ARGUMENT AS TO THE --

6                   THE COURT: I'M GOING TO RULE IN YOUR  
7                   FAVOR, MR. THOMPSON, IF YOU CAN JUST GIVE ME A  
8                   MINUTE.

9                   MR. GREELEY: IF I CAN JUST BE ON THE  
10                  RECORD IN REGARDS TO 23. I WOULD INTERPOSE AN  
11                  OBJECTION BUT I KNOW THAT I'VE SEEN WORSE PICTURES  
12                  PUT INTO EVIDENCE AND IT'S IN THE JUDGE'S DISCRETION  
13                  SO I'M JUST ON THE RECORD.

14                 THE COURT: WELL, I'M GOING TO ALLOW THE  
15                  PICTURE IN, BUT IT'S NOT TO PROVE WHO DID THIS TO HER  
16                  BUT TO PROVE THAT THE DEGREE OF THE INJURY. IT DOES  
17                  HAVE SIGNIFICANT PROBATIVE VALUE ESPECIALLY IN LIGHT  
18                  OF EVIDENCE WHICH HAS NOT ACTUALLY COME BEFORE THE  
19                  JURY BUT WILL BE PRESENTED AS THE COURT KNOWS  
20                  INVOLVING THE USE OF A BROOM THRUST INTO AMANDA  
21                  COPE'S ANUS ON THE EVENING OF HER DEATH, EARLY  
22                  MORNING. PREJUDICIAL VALUE, THE PICTURE IS GRAPHIC,  
23                  VIVID, STARK, PERHAPS TO A DEGREE OF EVEN BORDERING  
24                  ON BEING SICKENING, BUT BASED ON THE FACTS OF WHICH  
25                  THE COURT IS AWARE THE PREJUDICIAL VALUE DOES NOT



1       OUTWEIGH THE PROBATIVE VALUE. IT IS I THINK VERY  
2       PROBATIVE ON THE ISSUE OF THE DEGREE OF DAMAGE DONE  
3       TO THIS YOUNG GIRL, THE EXTENT OF THE DAMAGE, IT DOES  
4       EXHIBIT THE FORCE. ON CROSS EXAMINATION THE DEFENSE  
5       CAN DIFFERENTIATE BETWEEN DAMAGE RENDERED PRE-AUTOPSY  
6       AND POST-AUTOPSY AND THAT WAS PARTICULARLY WHY I  
7       WANTED TO HAVE MY QUESTION ABOUT PICTURE NUMBER 22  
8       BECAUSE I THINK THAT SHOWS WHAT THE DEFENSE SAYS IS  
9       ALL THAT IS NEEDED TO BE SHOWN AND I THINK IT, THAT  
10      THE SECOND ONE NUMBER 23 OR THE ONE THAT'S OFFERED IS  
11      ADMISSIBLE FOR THE REASONS I STATED. ALL RIGHT.  
12      WE'LL TAKE A SHORT BREAK.

13                               (COURT'S IN RECESS AT 11 O'CLOCK.)

14                               (COURT RESUMES AT 11:24 AND THE JURY  
15      RETURNS TO THE COURTROOM.)

16                       THE COURT: YOU MAY CONTINUE.

17                       MR. THOMPSON: THANK YOU, YOUR HONOR.

18      DIRECT EXAMINATION CONTINUED BY MR. THOMPSON:

19      Q     JUST BRIEFLY BEFORE WE GET BACK INTO SOME OF THE  
20      AUTOPSY STUFF. DID YOU AT THIS POINT ALSO HAVE A  
21      CHANCE TO GET BLOOD SAMPLES FROM JAMES SANDERS?

22      A     YES, SIR, I DID.

23      Q     AND DID YOU HAND THOSE OVER TO THE POLICE AS  
24      WELL?

25      A     YES, SIR, I DID.

1 Q ALL RIGHT. THANK YOU. NOW WE HAD JUST BEGUN TO  
2 DISCUSS THE INJURIES TO THE ANUS AND THE RECTUM I  
3 BELIEVE AT THE TIME WE TOOK A BREAK. IF WE COULD  
4 START THERE AGAIN PLEASE. I'M GOING TO PROVIDE YOU  
5 WITH A COUPLE OF OTHER PHOTOGRAPHS, STATE'S 22 AND  
6 35, THAT I'M GOING TO REFER TO AT SOME POINT DURING  
7 THE EXAMINATION. IF YOU CAN TELL ME WHAT IS THE  
8 FIRST THING YOU NOTICED ABOUT HER ANUS WHEN YOU BEGAN  
9 THE EXAMINATION?

10 A THE EXTERNAL EXAMINATION OF THE ANUS BEFORE WE  
11 DID ANY INTERNAL EXAMINATION REVEALED THE ANAL  
12 OPENING WAS ENLARGED OR WAS LARGER THAN TYPICALLY IN  
13 BOTH A CHILD AND IN AN ADULT OR A YOUNG ADULT WOMAN.

14 Q ALL RIGHT. AND I BELIEVE IS THAT EVIDENCED IN  
15 STATE'S EXHIBIT 22 THE PHOTOGRAPH IN FRONT OF YOU?

16 A YES, SIR, THAT IS EXHIBIT 22.

17 Q DOES THAT FAIRLY AND ACCURATELY DEPICT HOW THE  
18 ANUS LOOKED AT THE TIME YOU EXAMINED HER?

19 A YES, SIR, IT DOES.

20 MR. THOMPSON: YOUR HONOR, I ASK TO ENTER  
21 THAT INTO EVIDENCE AT THIS TIME.

22 MR. BAITY: WITHOUT OBJECTION.

23 THE COURT: WITHOUT OBJECTION.

24 (STATE'S EXHIBIT 22 PHOTO RECEIVED INTO  
25 EVIDENCE.)

1 Q DR. MAYNARD, IF YOU COULD STEP DOWN FOR JUST A  
2 MOMENT AND ACTUALLY PUT OUT WHAT YOU MEAN BY THE, YOU  
3 SAID DILATION --

4 A YES, SIR, OR THE LIPS OF THE ANUS BEING APART.

5 Q ALL RIGHT.

6 A THIS IS THE ANAL OPENING. HERE YOU CAN SEE IT'S  
7 OPENED WIDE APART WHERE IT'S TYPICALLY EVEN IN A  
8 DECEASED PERSON THIS WOULD BE CLOSED OR THIS HAVE A  
9 MINIMAL OPENING THERE, BUT THIS IS CONSIDERABLY  
10 LARGER THAN TYPICALLY SEEN. ALSO RIGHT ALONG THIS IS  
11 THE JUNCTION BETWEEN THE OUTER SKIN OF THE ANUS AND  
12 THE JUNCTION WITH THE RECTUM, A LITTLE DIFFERENT  
13 COLOR.

14 Q AND WHAT IF ANYTHING DOES THAT INDICATE TO YOU?

15 A THIS INDICATES THAT THE RECTUM HAS BEEN DILATED  
16 AND TYPICALLY REPEATEDLY DILATED SUCH THAT THE MUSCLE  
17 THERE IS MORE PRONE TO ACCEPT THE DILATATION WITHOUT  
18 SIGNIFICANT SPASM.

19 Q COULD YOU DEFINE WHAT YOU MEAN BY THE  
20 DILATATION, WHAT IS THAT EXACTLY?

21 A OBJECTS BEING PLACED IN THERE TO EXPAND THE  
22 RECTUM. THAT THE RECTUM HAS A SPHINCTER OR A CIRCLE  
23 OF MUSCLE AROUND THAT TENDS TO KEEP IT CLOSED EXCEPT  
24 IN CERTAIN CONDITIONS AND THE RECTUM WILL ACCEPT  
25 OBJECTS SLOWLY AND THAT REPEATED DILATATION OF A

1       RECTUM WILL OPEN UP THE OR OPEN THE OPENING WIDER  
2       THAN NORMALLY SEEN SO OBJECT CAN BE INSERTED EASIER.

3       Q     BY DILATATION ARE YOU REFERRING TO PENETRATION?

4       A     YES, SIR, THAT IS CORRECT, PENETRATION BY  
5       SOMETHING.

6       Q     OKAY. NOW IN, DO YOU HAVE AN OPINION ABOUT,  
7       WHETHER HER RECTUM WAS PENETRATED DURING THIS  
8       ASSAULT?

9       A     YES, SIR, I DO.

10      Q     AND WHAT IS THAT OPINION?

11      A     THE RECTUM WAS PENETRATED AND WITH SIGNIFICANT  
12      FORCE.

13      Q     ALL RIGHT. AND DO YOU HAVE AN OPINION AS TO  
14      WHETHER THE, I GUESS THE OPENNESS OF THE ANUS THAT  
15      YOU OBSERVED IN THAT PICTURE, WOULD THAT HAVE ALL IN  
16      YOUR OPINION BEEN CAUSED BY THE ASSAULT?

17      A     YES, SIR, BUT REPEATED DILATATIONS OR  
18      PENETRATIONS OF THE RECTUM IN ADDITION.

19      Q     OKAY. WHEN YOU MEAN REPEATED WOULD THIS, I  
20      GUESS I'M TRYING TO GET YOUR DEFINITION OF WHAT  
21      REPEATED IS, IS THAT REPEATED AS IN OTHER TIMES OR  
22      REPEATED AS IN JUST THAT NIGHT?

23      A     YES, SIR, AT OTHER TIMES. MY APOLOGIES. THE  
24      DILATING THE RECTUM ABLE TO OPEN WIDER THAN A NORMAL  
25      CHILD OR A YOUNG ADULT RECTUM WOULD BE ABLE TO DO.

1 Q IS THERE ANY SIGNIFICANCE TO YOU AS TO HER AGE  
2 BEING AT 12 WITH THE WAY THAT HER RECTUM LOOKED AT  
3 THAT TIME?

4 A A 12 YEAR OLD CERTAINLY IS RIGHT AT THE JUNCTION  
5 OF CHILDHOOD OF YOUNG ADULthood. THIS IS THE TIME  
6 WHEN YOU ARE STILL FIT, A LOT OF MUSCLE TONE IN THE  
7 BODY, AND THE RECTUM'S TYPICALLY ARE VERY TIGHT OR  
8 THE ANUS' ARE VERY TIGHT IN KIDS, AND THE FACT THAT  
9 THIS IS SO WIDE OPEN INDICATES THAT REPEATED  
10 DILATATIONS OR STRETCHING OF THE RECTUM HAS OCCURRED.

11 Q OKAY. AND AGAIN BY REPEATED YOU MEAN EVEN PRIOR  
12 TO THIS NIGHT?

13 A YES, SIR, I DO.

14 Q OKAY. NOW IF YOU WOULD, WERE THERE ANY TEARS  
15 THAT YOU NOTED WITHIN THE ANUS OR THE RECTUM?

16 A YES, SIR, THERE WAS. THERE WAS AN AREA OF  
17 HEMORRHAGE AT THE JUNCTION BETWEEN THE ANUS AND THE  
18 RECTUM, THE PART OF THE PICTURE I WAS JUST POINTING  
19 OUT THERE WITH THE CHANGE OF COLOR OF THE SURFACE,  
20 THERE WAS A SMALL TEAR APPROXIMATELY QUARTER INCH  
21 THERE, BUT THERE WAS A HALF INCH AREA OF HEMORRHAGE  
22 IN THIS AREA.

23 Q ALL RIGHT. NOW AS YOU EXAMINED WITHIN THE ANUS  
24 ITSELF, HOW DID THAT PROCEED TO GO? WHAT DID YOU  
25 HAVE TO DO IN ORDER TO EXAMINE HER INTERNALLY THERE?

1       A     WE HAD TO TAKE OUT THE ANUS AND RECTUM IN ONE  
2       ORGAN PIECE SUCH THAT WE WOULD BE ABLE TO OPEN IT UP  
3       AND EXAMINE IT.

4       Q     IS STATE'S EXHIBIT NUMBER 35 A PICTURE WE HAVE  
5       UP THERE, WOULD THAT ASSIST YOU IN DESCRIBING THE  
6       INJURIES OF HER RECTUM?

7       A     YES, SIR, IT CERTAINLY WOULD.

8       Q     WAS THAT A PHOTOGRAPH TAKEN AT THE TIME THAT YOU  
9       WERE PERFORMING THE AUTOPSY?

10      A     YES, SIR, IT IS.

11      Q     DOES IT FAIRLY AND ACCURATELY DEPICT WHAT THE  
12      RECTUM LOOKED LIKE AS YOU EXAMINED IT?

13      A     YES, SIR, IT DOES.

14               MR. THOMPSON: YOUR HONOR, I ASK TO MOVE  
15      STATE'S EXHIBIT NUMBER 35 INTO EVIDENCE AT THIS TIME.

16               MR. BAITY: NO OBJECTION, YOUR HONOR.

17               MR. GREELEY: NO OBJECTION.

18               THE COURT: BE RECEIVED.

19                       (STATE'S EXHIBIT 35 PHOTO RECEIVED IN  
20      EVIDENCE.)

21      Q     DR. MAYNARD, IF COULD YOU STEP DOWN AND ONCE  
22      AGAIN DESCRIBE TO US THE INJURIES THAT ARE EVIDENT ON  
23      THIS PICTURE AND THAT WERE EVIDENT TO YOU THAT NIGHT  
24      OR THE AFTERNOON THAT YOU EXAMINED AMANDA. FIRST OF  
25      ALL COULD YOU ORIENT US AS TO WHAT EXACTLY THIS ORGAN

1 IS AND WHERE?

2 A THIS IS THE ANUS OF THE ANAL OPENING WOULD BE  
3 HERE. YOU CAN SEE THIS MUCOSA HERE AND RIGHT THERE  
4 YOU SEE A CHANGE IN THE COLOR OR THE SHININESS OF  
5 THIS. THIS IS THE JUNCTION BETWEEN THE ANUS AND  
6 RECTUM. THIS IS THE AREA WHERE HEMORRHOIDS TYPICALLY  
7 OCCUR. HERE THIS IS THE RECTUM GOING INWARD, SO  
8 WE'RE GOING INWARD AND UPWARD IN AMANDA.

9 Q IS THIS BASICALLY HER ENTIRE RECTUM?

10 A YES, SIR, IT IS.

11 Q HOW LONG IS IT ALL TOGETHER?

12 A THIS PROBABLY ABOUT 12 INCH SPECIMEN HERE.

13 Q OKAY. GO AHEAD AND IF YOU COULD DESCRIBE THE  
14 INJURY?

15 A YES, SIR. THE ANORECTAL JUNCTION IS JUST INSIDE  
16 THE ANUS AS YOU WERE SHOWN ON THIS OTHER PICTURE A  
17 MINUTE AGO. YOU CAN SEE THAT JUNCTION FROM  
18 EXTERNALLY AND THEN FROM HERE INWARD IS THE RECTUM,  
19 THE REST OF THE RECTUM. THERE IS AREAS OF HEMORRHAGE  
20 ON BOTH SIDES HERE. THERE IS A SMALL TEAR THAT I WAS  
21 DESCRIBING A MINUTE AGO, A LITTLE QUARTER INCH TEAR,  
22 IN THE MUCOSA THERE. THERE IS A LITTLE STREAKINESS  
23 OF HEMORRHAGE OR BRUISING IN THERE. THEN YOU COME  
24 INTO THIS HUGE AREA OF HEMORRHAGE. THIS BEGINS THREE  
25 INCHES FROM THIS JUNCTION, THIS ANORECTAL JUNCTION, 3

1 INCHES HERE TO 8 INCHES DEEP, SO A DEEP PENETRATION  
2 BUT THE AMOUNT OF HEMORRHAGE, THIS IS OPEN, THIS IS  
3 NORMALLY A TUBULAR STRUCTURE, THE AMOUNT OF  
4 HEMORRHAAGE IS ALL THE WAY AROUND THIS TUBULAR  
5 STRUCTURE SO FORCE AND SIGNIFICANT FORCE HAS BEEN  
6 APPLIED TO CAUSE THAT MUCH HEMORRHAGE AND DAMAGE TO  
7 THE SURFACE, THE MUCOSA SURFACE, BUT ALSO THIS IS THE  
8 OUTSIDE WHAT WE CALL THE OUTER COVERING OF THE TUBE  
9 AND YOU SEE HEMORRHAGE ON THE OUTER SIDE. SO THIS  
10 HEMORRHAGE AND FORCE HAS BEEN APPLIED COMPLETELY  
11 THROUGH THE WALL OF THE RECTUM. SO SIGNIFICANT FORCE  
12 FROM 3 INCHES TO 8 INCHES DEEP IN THERE HAS OCCURRED.  
13 THERE IS NO PENETRATION OR PERFORATION OR TEARING OF  
14 THE WALL WHERE SOMETHING HAS GONE THROUGH THE WALL  
15 AND OUT INTO THE ABDOMINAL CAVITY, BUT SIGNIFICANT  
16 FORCE TO CAUSE ALL OF THAT HEMORRHAGE AND BLEEDING IN  
17 THERE.

18 Q NOW IS IT DISCOLORATION THAT YOU WERE JUST  
19 POINTING OUT WITH THE POINTER, WAS THAT, IS THAT THE  
20 HEMORRHAGE YOU ARE TALKING ABOUT, THAT KIND OF  
21 PURPLISH --

22 A YES, SIR. ALL THIS DARK LOOKING MATERIAL HERE  
23 IS ALL HEMORRHAGE. THERE IS ANOTHER LITTLE SPOT  
24 THERE, ONE THERE, AND THEN THIS LITTLE AREA OF  
25 HEMORRHAGE AT THE JUNCTION OF THE ANUS AND RECTUM UP



1 IN THIS AREA.

2 Q ALL RIGHT. THANK YOU. DR. MAYNARD, YOU HAD  
3 SAID THAT THE HEMORRHAGING EXTENDED UP TO 8 INCHES  
4 INTO THE RECTUM, BASICALLY WHERE WOULD BE THE TOP OR  
5 CEILING OF HER RECTUM BE WITHIN HER BODY?

6 A THIS WOULD BE UP AT THE PELVIC BRIM OR IF YOU  
7 FEEL ON THE FRONT OF YOURSELF THE BONE THAT GOES  
8 ACROSS THEN FEEL A BONE GOING UPWARD AND THE RECTUM  
9 STOPS ABOUT MIDWAY BETWEEN THE PUBIC BONE AND THAT  
10 TOP OF THE BONE GOING UP ON YOUR LEFT SIDE.

11 Q NOW WHERE THESE INJURIES END IS THAT NEAR THE  
12 TOP OF THE RECTUM?

13 A YES, SIR, IT IS.

14 Q DO YOU HAVE AN OPINION OR LET ME GO THIS WAY.  
15 THE INJURIES THEMSELVES, DID YOU SEE ANY, AS WE  
16 TALKED BEFORE WITH THE VAGINA AND THE ACUTE  
17 INFLAMMATION, ANY OF THOSE CELLS THAT YOU TALKED  
18 ABOUT THAT COME TO REPAIR, DID YOU NOTICE ANY OF THAT  
19 HERE IN THE RECTUM?

20 A NO, SIR, I DID NOT.

21 Q SO WOULD THESE BE CONSIDERED FRESH?

22 A THESE WERE FRESH HEMORRHAGES, FRESH BRUISING  
23 WITHOUT THE ACUTE INFLAMMATORY CELLS OR BODY RESPONSE  
24 TO IT.

25 Q IN YOUR EXAMINATION IN DOING AUTOPSIES DO YOU

1 ALWAYS EXAMINE THE RECTUM WHEN YOU HAVE TO DO AN  
2 AUTOPSY?

3 A WE DO TAKE OUT THE RECTUM IF IT'S A COMPLETE  
4 AUTOPSY AND FORENSIC CASE IS A COMPLETE AUTOPSY. WE  
5 DO NOT TAKE OUT THE ANUS AND RECTUM AS WE DID IN THIS  
6 CASE UNLESS THERE IS EVIDENCE OF INJURY OR PROBLEMS  
7 DOWN THERE.

8 Q DO YOU HAVE AN ESTIMATION OF HOW MANY CASES THAT  
9 YOU PULLED AND HAD TO ACTUALLY TAKE OUT THE RECTUM  
10 AND EXAMINE IT?

11 A NO, I DON'T. IT'S BEEN A NUMBER OF THEM.

12 Q YOU'VE BEEN DOING THIS HOW LONG AGAIN?

13 A 28 YEARS HERE IN ROCK HILL OR YORK COUNTY.

14 Q IN YOUR EXPERIENCE HAVE YOU EVER SEEN INJURIES  
15 AS SUCH AS THIS?

16 A THIS IS THE MOST HEMORRHAGE I HAVE SEEN IN A  
17 RECTUM. I'VE SEEN SOME PERFORATIONS BUT AS FAR AS  
18 HEMORRHAGE AND TRAUMA, THIS IS PROBABLY THE MOST I'VE  
19 SEEN.

20 Q DO YOU HAVE AN OPINION AS TO WHAT COULD HAVE  
21 CAUSED THE INJURIES IN HER RECTUM?

22 A YES, SIR, I DO.

23 Q AND WHAT IS THAT OPINION?

24 A MY OPINION THE INJURIES IN THE RECTUM WERE  
25 CAUSED BY BLUNT OBJECT OF EITHER A ROUND OR A SMOOTH

1 SURFACE; THAT THERE WAS NO EVIDENCE OF PENETRATION OF  
2 THE WALL TO SUGGEST A SHARP OBJECT BEING APPLIED.  
3 THIS WOULD BE A HARD OBJECT, TYPICALLY A BROOM  
4 HANDLE, BATON, DILDO, ANYTHING THAT WOULD MORE OF A  
5 SMOOTH SURFACE. THE FORCE WOULD HAVE HAD TO BE  
6 EXTENSIVE TO CAUSE THIS MUCH HEMORRHAGE AND BRUISING  
7 IN THE RECTUM.

8 Q ALL RIGHT. NOW YOU HAD MENTIONED BASICALLY AT  
9 THE TOP OF THE RECTUM, ARE THERE AREAS THE PANCREAS  
10 AND THE SPLEEN AREAS THERE RIGHT ABOVE THE RECTUM?

11 A YES, SIR, THERE ARE OTHER INJURIES INTERNALLY IN  
12 THE ABDOMINAL CAVITY.

13 Q CAN YOU TELL ME WHAT THOSE ARE?

14 A THERE WERE FOCAL AREAS OF HEMORRHAGE, AGAIN THE  
15 BRUISING AROUND THE PANCREAS. THIS IS JUST BEHIND  
16 THE STOMACH ABOUT JUST BELOW YOUR RIBS IN THE  
17 MIDLINE. THERE WAS A HEMORRHAGE ON THE SPLEEN. THE  
18 SPLEEN BEING YOUR LEFT FLANK JUST BENEATH THE RIB,  
19 THE LOWER RIBS ON THE LEFT SIDE. AGAIN THERE WAS  
20 SOME HEMORRHAGE INDICATIVE OF TRAUMA BEING DONE TO  
21 THIS AREA. THERE WERE ALSO SOME AREA OF HEMORRHAGE  
22 OTHERWISE IN THE INTESTINAL TRACK. THE CECUM OR THE  
23 FIRST PART OF THE LARGE INTESTINE. THIS IS THE RIGHT  
24 LOWER QUADRANT. THIS IS WHERE THE APPENDIX IS.  
25 THERE WAS AREAS OF HEMORRHAGE THERE.

1 Q WHAT IF ANYTHING DID THOSE AREAS OF HEMORRHAGE  
2 INDICATE TO YOU?

3 A THE AREAS OF HEMORRHAGE ARE INDICATIVE OF BLUNT  
4 FORCE TRAUMA. AGAIN BLOWS TO THE ABDOMINAL CAVITY OR  
5 TO THE FLANKS OR TO THE BACK OF SUFFICIENT FORCE TO  
6 CAUSE TEARING OF BLOOD VESSELS OR HEMORRHAGE INTO THE  
7 TISSUE THERE.

8 Q SO THOSE BLOWS COULD NOT ONLY BE CAUSED FROM THE  
9 FRONT BUT ALSO FROM THE BACK?

10 MR. BAITY: YOUR HONOR, OBJECTION,  
11 LEADING.

12 THE COURT: THAT'S A LEADING QUESTION. I  
13 SUSTAIN THE OBJECTION. REPHRASE YOUR QUESTION OR ASK  
14 ANOTHER ONE.

15 Q WHAT, FROM WHAT DIRECTION IF YOU HAVE AN IDEA  
16 WOULD ANY OF THOSE BLOWS BE ABLE TO BE SUSTAINED?

17 A TYPICALLY THE RIGHT LOWER QUADRANT WOULD BE  
18 FRONTAL BLOWS OR BLOWS FROM THE FRONT OR BLOWS FROM  
19 THE SIDE, TYPICALLY THE RIGHT SIDE, CAUSING THE  
20 INJURIES. THE AREAS AROUND THE PANCREAS CAN BE FROM  
21 THE FRONT OR FROM THE BACK. THE AREA AROUND THE  
22 SPLEEN IS TYPICALLY FROM THE LEFT SIDE WITH THE  
23 SPLEEN BEING ON THE LEFT SIDE.

24 Q ALL RIGHT. NOW I THINK IN YOUR EXAMINATION,  
25 YOUR MICROSCOPIC EXAMINATION YOU ONCE AGAIN MENTIONED

1       SOMETHING EPITHELIAL LOSS AND MARKED VASCULAR  
2       CONGESTION, CAN YOU DESCRIBE AND TELL US WHAT THAT  
3       MEANS?

4       A     SIR, WHERE ARE YOU REFERRING TO?

5       Q     I BELIEVE IT'S IN SOME OF THE MICROSCOPIC  
6       EXAMINATION OF HER RECTUM?

7       A     YES, SIR.  THE EXAMINATION OF THE TISSUE UNDER  
8       THE MICROSCOPE REVEALED HEMORRHAGE WHICH WE'VE  
9       ALREADY SEEN IN THE PICTURES, BUT THERE IS ALSO  
10      HEMORRHAGE THAT AGAIN WAS IN THE WALLS THAT WE WERE  
11      LOOKING AT THE BLOOD CELLS THERE.  THE AREAS OF  
12      EPITHELIAL LOSS WHICH AGAIN IS IRRITANT OR SOMETHING  
13      BEING RUBBED ACROSS THE SURFACE OF THE MUCOSA OR THIS  
14      LINING TO CAUSE THE CELLS BEING REMOVED ON THAT.

15                   THE MARKED CONGESTION IS JUST BLOOD  
16      BEING THERE, DISTENDED VESSELS.  IT'S USUALLY A FIRST  
17      INDICATION OF INJURY OR AT LEAST SLOWING DOWN OF THE  
18      HEART RATE.

19      Q     NOW YOU HAD MENTIONED WHEN WE FIRST DISCUSSED  
20      THE OPENING OF THE ANUS AND YOU HAD MENTIONED  
21      SOMETHING ABOUT THE PAST PENETRATION, WAS THERE  
22      ANYTHING ELSE SUGGESTIVE OF PAST PENETRATION THAT YOU  
23      WERE ABLE TO DETERMINE IN YOUR EXAMINATION?

24      A     THERE WAS EVIDENCE OF DILATATION OF THE ANAL  
25      OPENING.

1 Q RIGHT.

2 A THEN THERE WAS PROMINENCE OF WHAT WE CALL  
3 PEYER'S PATCHES IN THE INTESTINAL TRACT OR IN THE  
4 RECTUM AT LEAST THERE IS LITTLE AGGREGATES OR GROUPS  
5 OF LYMPHOID CELLS, AGAIN THESE CHRONIC INFLAMMATORY  
6 CELLS, THEY WERE MORE PROMINENT THAN TYPICALLY SEEN  
7 IN SOMEBODY.

8 Q CAN YOU DESCRIBE WHAT YOU MEAN BY CHRONIC  
9 INFLAMMATORY CELLS?

10 A AGAIN THESE ARE PREDOMINANTLY THE LYMPHOCYTES  
11 BEING THE CELLS ARE IN OUR BLOOD NORMALLY AND SOME OF  
12 OUR TISSUE SUCH AS A SPLEEN AND THESE COME INTO PLAY  
13 WITH REACTIVE CHANGES OR IF WE'RE FIGHTING OFF  
14 INFECTIONS OR SO, THAT WE'LL HAVE LYMPH GLANDS OR  
15 THIS NODULES AROUND THE BODY THAT THESE CONTAINS  
16 LYMPHOCYTES AND THEY HAVE WHAT ARE CALLED LYMPHOID  
17 FOLLICLES. FOLLICLES ARE JUST DIFFERENT TYPES OF  
18 LYMPHOCYTES WHERE THEY FORM A NICE LITTLE ROUND AREA  
19 THERE AND THEY REACT. IF YOU GET A VIRUS OR YOU GET  
20 AN INFECTION THESE THINGS WILL SWELL OUT, THEY ARE  
21 PUTTING OUT CELLS, PUTTING OUT PROTEINS OR ANTIBODIES  
22 THAT FIGHT OUT THE INFECTIONS OR IF THERE IS IRRITANT  
23 THERE THAT THEY WILL SOMETIMES GROW IN SIZE AND IN  
24 HER RECTUM AND ANUS THERE WERE, THESE WERE MUCH MORE  
25 PROMINENT THAN TYPICALLY SEEN.

1 Q ALL RIGHT. CAN YOU DESCRIBE WHAT YOU MEAN BY AN  
2 IRRITANT WHAT WOULD CAUSE IT?

3 A ANYTHING FROM INFECTIONS TO DISEASES,  
4 INFLAMMATORY BOWEL DISEASE, CROHN'S DISEASE, CAN  
5 CERTAINLY SEE THIS, CHRONIC DIARRHEA. IF WE HAVE  
6 BACTERIAL INFECTIONS OR SOME SORT OF PARASITE THAT IS  
7 IN THERE WILL DO IT. OR, YOU KNOW, OTHER IRRITANTS  
8 SUCH AS SOMETHING BEING PLACED IN THERE.

9 Q SOMETHING BEING PLACED IN THERE?

10 A YES, SIR, FROM PENETRATION BY SOME OBJECT OR  
11 REPEATED ENEMAS.

12 Q CAN YOU TELL WAS THERE ANY INDICATION OF DISEASE  
13 THAT YOU WERE ABLE TO DETERMINE?

14 A THERE WAS NO EVIDENCE OF DISEASE. THERE WAS NO  
15 EVIDENCE OF CROHN'S DISEASE WHICH IS A TYPICAL THING  
16 WHICH IS A, SOMEWHAT OF AN AUTOIMMUNE, AUTOIMMUNE  
17 DISEASE IS DEFINED AS SOMETHING THAT YOU GET  
18 NARROWING PROLIFERATION OF SCAR TISSUE IN THE  
19 INTTESTINAL TRACT. THERE WAS NO EVIDENCE OF CHRONIC  
20 TYPE OF DIARRHEA. THE STOOL PRESENT WAS FORMED.  
21 THERE WAS NO EVIDENCE OF PARASITES IN THERE WHICH  
22 WOULD BE THE BIG THREE THAT COULD CAUSE THOSE  
23 IRRITANTS.

24 Q SO AS FAR AS WHAT YOU WERE ABLE TO TELL THERE  
25 WERE NO NATURAL IRRITANTS THAT YOU COULD OBSERVE?

1 MR. BAITY: LEADING. OBJECTION, LEADING.

2 THE COURT: REPHRASE THE QUESTION.

3 Q WERE THERE ANY NATURAL IRRITANTS?

4 A THERE WAS NO EVIDENCE OF ANY INFECTIONS OR  
5 PARASITES TO CAUSE THE IRRITATION.

6 Q HOW FAR UP INTO HER, HOW FAR UP INTO HER RECTUM  
7 WERE THESE, WAS THIS CHRONIC INFLAMMATION THAT WE'RE  
8 DISCUSSING?

9 A THE PEYER'S PATCHES WERE THROUGHOUT THE RECTUM,  
10 BUT MOST PROMINENTLY IN THE LOWER PORTION OF AWAY  
11 FROM THE HEMORRHAGE WHERE YOU COULD YOU SEE THEM.

12 Q WERE THERE ANY OTHER SPOTS OF CHRONIC  
13 INFLAMMATION THAT YOU WERE ABLE TO DETERMINE?

14 A THERE WERE SOME SCATTERED CHRONIC INFLAMMATORY  
15 CELLS, YES, IN THE RECTUM AND ANUS.

16 Q THROUGHOUT THE RECTUM?

17 A YES, SIR. I JUST GOT IT SCATTERED IN THERE.

18 Q ALL RIGHT. NOW IF YOU COULD YOU HAD MENTIONED  
19 SOMETHING I BELIEVE IN THE AUTOPSY ABOUT THE  
20 GASTROINTESTINAL TRACT CAN YOU DESCRIBE SOME OF THAT  
21 TO US?

22 A YES, SIR. WE EXAMINED THE ENTIRE  
23 GASTROINTESTINAL TRACT STARTING WITH THE UPPER  
24 PORTION LOOKING AT THE ESOPHAGUS, THE STOMACH, THEN  
25 THE SMALL INTESTINE, THEN THE LARGE INTESTINE. THE



1 ESOPHAGUS WAS UNREMARKABLE. THE STOMACH HAD A SMALL  
2 AMOUNT OF PARTIALLY DIGESTED FOOD IN IT. THEN WE GO  
3 DOWN AFTER THE STOMACH THE DUODENUM WHICH IS THE  
4 FIRST PART OF THE SMALL INTESTINE. THERE WAS A TEAR  
5 IN THE DUODENUM MESSENTERY. THE MESSENTERY IS THE  
6 FIBER AND FATTY TISSUE THAT HOLDS THE INTESTINES IN  
7 PLACE BUT IT ALSO SUPPLIES THE BLOOD AND MUCUS TO THE  
8 INTESTINE BUT ALSO TAKES AWAY THE MUCUS FROM OUR FOOD  
9 THAT BREAKDOWN THAT WE OBTAIN. BUT THIS MESSENTERY  
10 HAD A TEAR IN IT. THERE IS SOME HEMORRHAGE THERE AND  
11 THERE WAS HEMORRHAGE ON DUODENUM OR THIS PORTION OF  
12 THE SMALL INTESTINE.

13 THE THIRD PORTION WAS UNREMARKABLE.  
14 THE SMALL INTESTINE WAS ESSENTIALLY UNREMARKABLE  
15 EXCEPT FOR WHAT WE CALL MECKEL'S DIVERTICULUM WHICH  
16 IS JUST SIMPLY AN OUTPOUCHING THAT YOU SEE IN ONE OR  
17 TWO PERCENT OF PEOPLE WHICH IS JUST A DEVELOPMENTAL  
18 ABNORMALITY.

19 AND THEN WHEN WE GOT DOWN TO THE CECUM  
20 THE RIGHT LOWER QUADRANT AGAIN WHERE THE APPENDIX IS  
21 THERE WAS HEMORRHAGE IN THE CECUM WALL INDICATIVE OF  
22 BLUNT FORCE TRAUMA BEING SUSTAINED TO THE RIGHT LOWER  
23 QUADRANT. THEN THE COLON FROM THE RIGHT LOWER  
24 QUADRANT AFTER THE CECUM FORMS THE ASCENDING COLON,  
25 TRANSVERSE COLON, AND THE DESCENDING COLON SIMPLY

1 MEANS THAT IT COMES UP ON THE RIGHT SIDE, GOES ACROSS  
2 THE BODY, THEN DESCENDS ON THE LEFT SIDE. THESE  
3 AREAS LOOKED OKAY.

4 Q NOW AS FAR AS FOOD BEING PRESENT WITHIN THAT  
5 TRACT, DID YOU MAKE ANY DETERMINATIONS OF THAT?

6 A YES, SIR, I DID.

7 Q AND WHAT IS THAT?

8 A THAT WAS APPROXIMATELY 100 CCS OR SIX OUNCES OR  
9 SO OF FOOD THAT CONTAINED PARTIALLY DIGESTED  
10 MATERIAL, RICE, PEAS, CARROTS, AND OTHER THINGS WE  
11 COULD IDENTIFY.

12 Q WHAT IF ANYTHING DOES THAT INDICATE TO YOU AS  
13 FAR AS TIME OF DEATH BEING?

14 A TIME OF DEATH OCCURRED SEVERAL HOURS AFTER THE  
15 MEAL DEPENDING ON HOW MUCH SHE ATE WHAT SHE ATE.  
16 TYPICALLY A STOMACH TAKES FOUR TO SIX HOURS TO EMPTY,  
17 SO WE GOT A STOMACH THAT DOESN'T HAVE MUCH FOOD IN  
18 IT, THERE IS STILL SOME PARTICLES YOU ARE ABLE TO  
19 IDENTIFY, AND THIS INDICATES WE'RE APPROACHING THAT  
20 FOUR HOUR WINDOW BETWEEN THE TIME SHE LAST ATE AND  
21 DEATH HAD OCCURRED.

22 Q ALL RIGHT. AND CAN YOU TELL ME AS WELL WHAT  
23 OTHER INDICATIONS DID YOU USE TO LOOK AT AS FAR AS  
24 TIME OF DEATH?

25 A SEVERAL THINGS. ONE ANY WITNESSES, WHAT PEOPLE

1 MAY HAVE NOTED AT THE SCENE, BUT ALSO WHAT HER BODY  
2 CONDITION WAS, THAT WE WERE TALKING ABOUT THIS LIVOR  
3 MORTIS OR THE SETTLING OF THE BLOOD THAT STARTS  
4 OCCURRING, THEN THERE IS RIGOR MORTIS WHICH IS THE  
5 STIFFENING OF THE MUSCLES IN THE BODY AND THIS  
6 USUALLY STARTS OCCURRING WITHIN A COUPLE HOURS, FOUR  
7 HOURS BEING TYPICAL, AND REACHES A MAXIMUM AT 12 TO  
8 24 HOURS AND THEN STARTS BECOMING SOFTER THAT THE  
9 MUSCLES WILL NOT BE AS RIGID AND WE GRADE IT ON A ONE  
10 TO FOUR SCALE AS TO HOW MUCH RIGIDITY THERE IS AND IT  
11 GIVES YOU A ROUGH ESTIMATE OF TIME OF DEATH.  
12 TEMPERATURE, ENVIRONMENTAL TEMPERATURE, WHETHER OR  
13 NOT THE PERSON WAS EXERCISING OR SO, YOU KNOW COME  
14 INTO PLAY, AND CHANGE TIMES ON THIS.

15 Q AND HAVE YOU PROVIDED AN OPINION AND DO YOU HAVE  
16 AN OPINION OF THE TIME OF DEATH?

17 A YES, SIR, I DO.

18 Q AND WHAT IS THAT?

19 A SHE DIED EARLY IN THE MORNING ON 11/29 AND BASED  
20 ON THE AMOUNT OF FOOD FROM MY RECOLLECTION OF HER  
21 EATING LATE AT NIGHT AND THE AMOUNT OF RIGOR THERE,  
22 SOME TIME AROUND TWO TO FOUR IN THE MORNING. AGAIN  
23 THERE IS SOME LEEWAY THERE OBVIOUSLY.

24 Q OKAY. NOW GOING BACK TO THE PHOTOGRAPH. I  
25 BELIEVE IT WAS STATE'S EXHIBIT 22. THE ONE OF THE

1 OPENING OF THE ANUS. IF YOU COULD TELL ME LOOKING AT  
2 THAT PHOTOGRAPH HAD YOU CLEANED HER UP AT ALL AT THE  
3 TIME THAT YOU WERE PERFORMING THAT EXAMINATION WHEN  
4 THAT PHOTOGRAPH WAS TAKEN?

5 A NO, SIR, I HAVE NOT.

6 Q ALL RIGHT. WHAT IF ANYTHING DOES THAT INDICATE  
7 TO YOU?

8 A WE HAVE TAKEN OFF HER CLOTHES AND THEN WE'RE  
9 DOING AN EXAMINATION OF THE BODY. THERE IS NO  
10 EVIDENCE OF BLOOD, FECAL MATERIAL, OR ANY FOREIGN  
11 MATERIAL AROUND THE ANAL OPENING.

12 Q ALL RIGHT. CONSIDERING THE VIOLENCE OF THE  
13 ASSAULT YOU DESCRIBED, WHAT IF ANYTHING DOES THAT  
14 MEAN TO YOU OR DOES IT SUGGEST ANYTHING TO YOU?

15 A THE ANUS IS CLEAN, THERE IS NO EVIDENCE OF BLOOD  
16 OR FECAL MATERIAL AROUND IT, THIS INDICATES TO ME  
17 THAT ANY MATERIAL THAT HAD BEEN THERE HAS BEEN  
18 REMOVED.

19 Q ALL RIGHT.

20 A OR CLEANED UP.

21 Q CLEANED UP. DID YOU CLEAN UP ANY OF THAT  
22 MATERIAL?

23 A NO, SIR, I DID NOT.

24 Q AND I BELIEVE YOU REMOVED HER CLOTHING AS WELL?

25 A YES, I DID.

1 Q DID YOU NOTICE ANY AMOUNT OF FECES IN HER  
2 CLOTHING?

3 A NO, SIR, I DID NOT.

4 Q DO YOU FIND THAT UNUSUAL CONSIDERING THE ASSAULT  
5 THAT SHE HAD SUFFERED THAT NIGHT?

6 A UNCOMMON. THAT FECAL WILL TYPICALLY SOIL THEIR  
7 PANTS IN AN ASSAULT OR FREQUENTLY DO IT. WITH AN  
8 ASSAULT OCCURRING TO THE RECTUM THERE WOULD TYPICALLY  
9 BE FECAL MATERIAL BROUGHT BACK OUT AND LEFT AROUND  
10 THE ANAL OPENING.

11 Q AND DO YOU RECALL WHEN YOU EXAMINED THE BEDDING  
12 UNDERNEATH HER AT THE SCENE, DID YOU HAPPEN TO NOTICE  
13 ANY FECAL MATERIAL OR ANYTHING OF THAT NATURE ON THE  
14 BEDDING WHILE YOU WERE THERE?

15 A NO, SIR, I DID NOT.

16 Q DOCTOR, DO YOU HAVE AN OPINION AS TO WHETHER OR  
17 NOT A PENIS COULD HAVE CAUSED THIS INJURY TO HER  
18 RECTUM?

19 A I HAVE AN OPINION, YES, SIR.

20 Q AND WHAT IS THAT?

21 A MY OPINION A PENIS, AN ERECT PENIS, WOULD NOT  
22 HAVE CAUSED THE DEGREE OF INJURY TO THE RECTUM. THIS  
23 WOULD BE A SOLID OBJECT, A SIGNIFICANTLY SOLID OBJECT  
24 THAT'S NOT FLEXIBLE, A SMOOTH SURFACE. THERE IS  
25 EXTENSIVE HEMORRHAGE IN THE SIDE WALLS OF THE RECTUM.

1 A PENIS WOULD NOT CAUSE THE AMOUNT OF HEMORRHAGE.  
2 THERE COULD NOT BE ENOUGH THRUST FROM A PENIS GOING  
3 UP INTO A RECTUM SUCH AS THIS TO CAUSE THAT AMOUNT OF  
4 HEMORRHAGE.

5 Q ALL RIGHT. HOW ABOUT A VERY LARGE PENIS, DOES  
6 THAT CHANGE YOUR OPINION IN ANY WAY?

7 A NO, SIR, IT DOESN'T.

8 Q OKAY. AND ONCE AGAIN GOING BACK TO THE  
9 FRESHNESS OF THE INJURIES, ALL THE INJURIES WE  
10 DISCUSSED SO FAR FROM THE BEGINNING OF YOUR DIRECT  
11 EXAMINATION UNTIL NOW, DO YOU HAVE AN OPINION AS TO  
12 HOW FRESH THOSE INJURIES WERE?

13 A YES, SIR.

14 Q AND WHAT IS THAT?

15 A ALL THE INJURIES ARE FRESH, ALL APPEAR TO BE THE  
16 TEMPORAL RELATIONSHIP, THE SAME TIME THAT OCCURRED.  
17 THERE IS AGAIN NO EVIDENCE OF ANY BODY RESPONSE TO  
18 ANY OF THESE INJURIES.

19 Q ALL RIGHT. AND CAN YOU TELL ME AS WELL ARE THEY  
20 CONTEMPORANEOUS OR ARE THEY AT THE SAME TIME AS THE  
21 TIME OF DEATH IN YOUR OPINION?

22 A YES, SIR. THESE ALL OCCURRED PRIOR TO DEATH AND  
23 WITHIN A SHORT TIME PRIOR TO HER DEATH.

24 Q OKAY. NOW DID YOU FIND ANY EVIDENCE OF ANY  
25 LUBRICANT OR LUBRICATION AT ALL EITHER IN THE ANUS OR

1 THE VAGINA?

2 A NO, SIR, I DID NOT.

3 Q DID SHE HAVE ANY BROKEN BONES OR ANYTHING OF

4 THAT NATURE IN YOUR EXAMINATION?

5 A NO, SIR, SHE DID NOT.

6 Q I'D LIKE TO ASK YOU A HYPOTHETICAL QUESTION, AND

7 FIND OUT IF YOU HAVE AN OPINION AS TO THIS. COULD A

8 THREE HUNDRED POUND PLUS MAN KNEELING ON THE ABDOMEN

9 OR THE BACK CAUSE THE INTERNAL ABDOMINAL INJURIES

10 THAT YOU HAVE OBSERVED?

11 A YES, SIR, IT COULD WITH SUFFICIENT FORCE

12 APPLIED. THREE HUNDRED POUNDS IS A LOT OF WEIGHT.

13 Q WOULD THAT BE EVEN WITH HER LYING ON HER BED?

14 A YES, SIR, IT COULD.

15 Q DR. MAYNARD, I BELIEVE AFTER THE AUTOPSY YOU

16 WENT TO THE ROCK HILL POLICE DEPARTMENT, IS THAT

17 CORRECT?

18 A YES, SIR, LATER THAT DAY.

19 Q AND WHAT DID YOU DO THERE?

20 A THERE WAS A MEETING OF FORENSIC TEAM, PATHOLOGY,

21 CORONER, AND INVESTIGATORS TO DISCUSS ALL THE

22 FINDINGS IN THE CASE.

23 Q DID YOU TELL THEM YOUR FINDINGS AT THAT TIME?

24 A YES, SIR, I DID.

25 Q WHAT DID YOU ADVISE THEM, IF ANYTHING, AS TO THE

1 POSSIBLE CAUSES OF THE INJURIES TO HER INTERNALLY  
2 BOTH VAGINALLY AND ANALLY?

3 A AMANDA WAS ASSAULTED VAGINALLY, ANALLY, AND OVER  
4 HER ENTIRE BODY WITH NUMEROUS BRUISES, INJURIES,  
5 HEMORRHAGES THAT OCCURRED. THE ASSAULTS WERE OF  
6 EXTREME VICIOUS NATURE TO CAUSE THE AMOUNT OF RECTAL  
7 BLEEDING THAT WE SAW IN THE RECTUM HEMORRHAGES. THAT  
8 I DESCRIBED THAT THIS WAS DONE WITH A FOREIGN OBJECT  
9 RATHER MOST LIKELY THAN NOT A PENIS, BUT A FOREIGN  
10 OBJECT WITH SUFFICIENT FORCE TO CAUSE THE DEEP  
11 INTERNAL HEMORRHAGES THAT OCCURRED.

12 Q DR. MAYNARD, DID YOU COME THROUGH YOUR  
13 EXAMINATION OF AMANDA COME TO AN OPINION AS TO THE  
14 CAUSE OF DEATH?

15 A YES, SIR, I DID.

16 Q AND WHAT IS YOUR OPINION AS TO THE CAUSE OF  
17 DEATH?

18 A APPARENT CAUSE OF DEATH IS STRANGULATION.

19 Q DID YOU HAVE AN OPINION AS TO THE MANNER OF  
20 DEATH?

21 A THE MANNER OF DEATH WAS HOMICIDE.

22 Q THANK YOU, DR. MAYNARD. PLEASE ANSWER ANY  
23 QUESTIONS THE DEFENSE HAS.

24 CROSS EXAMINATION BY MR. BAITY:

25 Q DR. MAYNARD, YOU'RE A MEDICAL DOCTOR THAT



1       STUDIES AMONG OTHER THINGS UNNATURAL OR VIOLENT  
2       DEATH; THAT'S WHAT YOU DO FOR A LIVING, IS THAT  
3       CORRECT?

4       A     YES, SIR, THAT'S CORRECT.

5       Q     AND YOU ARE NOT A SEXUAL ASSAULT EXPERT PER SE?

6       A     I HAVE DEALT WITH A NUMBER OF SEXUAL ASSAULT  
7       CASES, YES, SIR.

8       Q     BUT YOU'RE NOT A GYNECOLOGIST OR ANYTHING SUCH  
9       AS THAT?

10      A     I'M NOT A GYNECOLOGIST, NO.

11      Q     AND YOU'RE A PATHOLOGIST, A FORENSIC  
12      PATHOLOGIST?

13      A     YES, SIR, THAT'S CORRECT.

14      Q     ARE YOU BOARD CERTIFIED?

15      A     I'M BOARD CERTIFIED IN PATHOLOGY.

16      Q     IN PATHOLOGY.  AND YOU WORK VERY CLOSELY WITH  
17      THE ROCK HILL POLICE DEPARTMENT, ISN'T THAT CORRECT?

18      A     YES, WE DO FROM TIME TO TIME.

19      Q     THEY CALL YOU TO PLACES TO WHERE THEY FIND  
20      VIOLENT OR UNNATURAL DEATHS?

21      A     WHERE THE SCENES ARE SOMEWHAT CONFUSING THEN  
22      THEY REQUEST THAT ONE OF US COME OUT, YES, SIR.

23      Q     AS A MATTER OF FACT THAT'S ALMOST EXCLUSIVELY  
24      HOW YOU FIND OUT ABOUT IT AND ARE CALLED TO THE  
25      SCENE, ISN'T THAT RIGHT?

1       A     THAT EITHER THE POLICE DEPARTMENT OR THE CORONER  
2       OR SHERIFF'S DEPARTMENT WILL CALL US.

3       Q     BUT LAW ENFORCEMENT IN GENERAL?

4       A     YES, SIR, WHEN REQUESTED.

5       Q     AND IN THIS PARTICULAR CASE YOU WERE CALLED TO  
6       THE SCENE BY THE ROCK HILL POLICE DEPARTMENT?

7       A     I THINK SO, YES, SOMEONE FROM LAW ENFORCEMENT.

8       Q     AND I BELIEVE YOU JUST TESTIFIED THAT ON THE DAY  
9       OF THE DISCOVERY OF AMANDA'S BODY AND AFTER YOU  
10      COMPLETED YOUR EXAMINATION YOU WENT TO THE POLICE  
11      DEPARTMENT AND REPORTED ALL THIS TO THEM, DID YOU  
12      NOT?

13      A     YES, SIR.

14      Q     DO YOU REMEMBER WHEN YOU MADE THAT REPORT TO  
15      THEM?

16      A     IT WAS THAT AFTERNOON OR THAT EVENING.

17      Q     THE SAME DAY?

18      A     THE SAME DAY.  CERTAINLY LATER AFTER I HAD TIME  
19      TO GO OVER MY AUTOPSY FINDINGS TO BE ABLE TO PRESENT  
20      TO THE TASK FORCE.

21      Q     AND THE OPINION YOU JUST STATED IN THE RECORD  
22      TODAY WAS THE SAME OPINION THAT YOU GAVE TO THEM AT  
23      THAT TIME, IS THAT RIGHT?

24      A     YES, SIR, IT IS.

25      Q     OKAY.  AND YOU'VE BEEN WORKING WITH THE POLICE

1 DEPARTMENT FOR A NUMBER OF YEARS, IS THAT NOT  
2 CORRECT?

3 A 28 YEARS IN YORK COUNTY.

4 Q YOU DEVELOPED PERSONAL RELATIONSHIPS AND SO  
5 FORTH WITH OFFICERS AND PEOPLE OVER THERE?

6 A YES, SIR.

7 Q AND WHEN YOU MENTION IN YOUR TESTIMONY 'WE' WERE  
8 CONCERNED ABOUT THIS BEING A SEXUAL ASSAULT, WHO ARE  
9 YOU REFERRING TO AS 'WE'?

10 A WELL, THE CORONER, MYSELF, THE POLICE OFFICERS  
11 THERE, TO EVENTUALLY MY PARTNERS.

12 Q YOU ALSO SAID SOMETHING IN YOUR TESTIMONY, YOU  
13 SAID THAT THIS WAS AN OBVIOUS ASSAULT, YOU NOTICED  
14 THAT AT THE SCENE?

15 A YES, SIR, THAT IS CORRECT.

16 Q IT WOULD HAVE BEEN OBVIOUS TO ANYONE YOU THINK?

17 A I THINK SO WITH THE INJURIES TO HER FACE.

18 Q YES, SIR. YOU DID MENTION THAT YOU HAVE  
19 ESTIMATED THE TIME OF DEATH WAS BETWEEN TWO AND FOUR,  
20 IN THE MIDDLE OF THE NIGHT?

21 A YES, SIR, APPROXIMATELY. AGAIN THERE IS SOME  
22 LEEWAY THERE.

23 Q BUT THAT'S NOT AN EXACT SCIENCE?

24 A NO, SIR, IT'S NOT.

25 Q IT'S PLENTY OF LEEWAY ON BOTH ENDS OF THAT?

1       A     SEVERAL HOURS.

2       Q     IS THAT CORRECT.  AND OF COURSE, YOU DID NOT

3       ARRIVE AT THE SCENE OF THE CRIME UNTIL 8:30 A.M. THAT

4       MORNING, CORRECT?

5       A     YES, SIR.

6       Q     AND AMANDA'S BODY WAS DISCOVERED AT 6-6:05,

7       SOMETHING LIKE THAT?

8       A     I DON'T KNOW.

9       Q     OKAY.  BUT IT HAD BEEN EARLIER THAT DAY?

10      A     YES, SIR, IT HAS.

11      Q     WHEN YOU GOT THERE WERE THERE VERY MANY PEOPLE

12      AT THE SCENE?

13      A     THERE WERE SEVERAL POLICE OFFICERS, FORENSICS,

14      CORONER.

15      Q     WAS IT A CROWD OF PEOPLE?

16      A     THERE WERE SEVERAL THERE.  THE SCENE HAD ALREADY

17      BEEN TAPED OFF.

18      Q     WERE THERE PEOPLE COMING IN AND OUT OF THE

19      HOUSE?

20      A     OTHER THAN POLICE OFFICERS, NO.

21      Q     WELL, I'M TALKING ABOUT POLICE OFFICERS?

22      A     YEAH, THERE WERE SEVERAL FOLKS THERE.

23      Q     SIGNIFICANT NUMBER OF POLICE OFFICERS SEARCHING

24      THROUGH THE HOUSE?

25      A     I REMEMBER PROBABLY THREE OR FOUR POLICE

1 OFFICERS IN THE HOUSE. THERE MAY HAVE BEEN MORE.

2 Q AND YOU DID SAY THAT YOU SAW THE GREEN BLANKET  
3 NEXT TO THE BODY?

4 A YES, SIR, IT WAS ON THE BED AT SOMETIME.

5 Q IT WAS ON THE BED. WAS IT TOUCHING ANY PART OF  
6 HER?

7 A I THINK IT WAS DRAPED ON HER LEFT ARM OR  
8 UNDERNEATH HER LEFT ARM.

9 Q OKAY. BUT YOU DON'T BELIEVE THAT THE BLANKET OR  
10 A STRIP FROM THE BLANKET OR ANYTHING LIKE THAT WAS  
11 SIGNIFICANT IN HER DEATH?

12 A IT WOULD BE HIGHLY UNUSUAL.

13 Q ALL RIGHT. NOW YOU MENTION THAT YOU SAW  
14 MR. COPE AT THE HOSPITAL, THAT WAS ABOUT MIDDAY I  
15 SUPPOSE?

16 A YES, IT WAS LATE MORNING.

17 Q DO YOU KNOW WHY HE WAS THERE?

18 A HE CAME IN WITH I THINK TWO OR THREE POLICE  
19 OFFICERS REQUESTING THAT A SUSPECT KIT BE OBTAINED  
20 FROM HIM.

21 Q AND A SUSPECT KIT WOULD BE BLOOD, HAIR?

22 A HAIR.

23 Q OTHER TYPE OF BODILY SAMPLES?

24 A YES, SIR.

25 Q AND WERE YOU AWARE THAT HE VOLUNTEERED TO DO

1        THAT?

2        A        I DON'T REMEMBER.

3        Q        OKAY.  AND HE WOULD HAVE CERTAINLY BEEN ASKED AT  
4        THAT POINT TO HAVE GIVEN A DNA SAMPLE, RIGHT?

5        A        YES, SIR, THAT'S CORRECT.

6        Q        SO IT WOULDN'T BE UNUSUAL FOR HIM TO MENTION  
7        SOMETHING ABOUT DNA TO YOU, WOULD IT?

8        A        IT WAS UNUSUAL WHEN HE ASKED DID I FIND ANY OF  
9        HIS DNA UNDERNEATH HER NAILS.

10       Q        BUT I MEAN DNA WAS THE SUBJECT THAT HE WAS THERE  
11       FOR, WASN'T IT?

12       A        YES, SIR.

13       Q        SO THAT WOULDN'T BE ALL THAT UNUSUAL TO SAY,  
14       WELL, SHE WAS SCRATCHING MY BACK YESTERDAY, WILL THAT  
15       SHOW UP?

16       A        THAT'S THE FIRST TIME I'VE EVER HAD THAT ASKED  
17       OF ME.

18       Q        OKAY.

19       A        I MUST ADMIT.

20       Q        DOCTOR, WHAT IS DNA?

21       A        DEOXYRIBONUCLEIC ACID WHICH IS THE CONTROL OF  
22       OUR BODY.  ALL MATERIAL HAS DNA IN IT AND THIS IS OUR  
23       GENETICS, THAT'S WHAT MAKES US WHAT WE ARE, OUR HAIR  
24       COLOR, OUR EYE COLOR, SIZE.  IT ALSO CONTROLS, YOU  
25       KNOW, DO WE GET CANCER, DO WE NOT GET CANCER, AND

1 MAKES ALL PROTEINS IN ALL PARTS OF THE BODY.

2 Q WHY IS IT SIGNIFICANT IN CRIME SCENE  
3 INVESTIGATION AND ANALYSIS?

4 A IT'S UNIQUE. EACH PERSON HAS INDIVIDUAL DNA.  
5 THAT STATISTICALLY THERE IS NO SUCH THING AS TWO  
6 PEOPLE HAVING THE SAME DNA. THE DNA IS RECORDED ONE  
7 IN A MILLION OR ONE IN A BILLION OR WHATEVER OR  
8 HOWEVER THE REPORTS COME BACK.

9 Q SORT OF LIKE FINGERPRINTS?

10 A YEAH, BUT MUCH --

11 Q ---MUCH MORE?

12 A ---MUCH MORE ACCURATE BECAUSE IT'S SO UNIQUE TO  
13 OUR OWN PERSONAL BODY.

14 Q AND HOW IS DNA LEFT AT A CRIME SCENE OR LEFT  
15 ANYWHERE FOR THAT MATTER?

16 A ANY CELLS THAT ARE LEFT WHETHER A HAIR, SALIVA,  
17 HAS GOT CELLS IN IT, BLOOD BEING THE TYPICAL THING WE  
18 LOOK FOR DNA, OR CELLS THAT CAN BE WIPED OFF OF  
19 SOMETHING SUCH AS SKIN CELLS OR MUCOSAL CELLS CAN BE  
20 WIPED OFF. NAILS CAN BE USED, FINGERNAILS CAN BE  
21 USED AT TIMES.

22 Q I'M HOLDING THIS PEN, WOULD MY DNA BE ON THIS  
23 PEN IF IT WERE TO BE EXAMINED?

24 A POSSIBLY.

25 Q AND IF YOU PICK UP SOMETHING AND HOLD IT OR

1 GRASP IT TIGHTLY WOULD THAT LEAVE YOUR DNA TRACE ON  
2 THAT OBJECT?

3 A IT'S POSSIBLE IF YOU ARE BLEEDING OR HAVE A TEAR  
4 ON YOUR HAND.

5 Q WOULD YOU HAVE TO HAVE BLOOD IN ORDER TO LEAVE  
6 DNA?

7 A NO, NOT NECESSARILY. YOUR PEN IT LOOKS SOMEWHAT  
8 SMOOTH THERE, SO IT MAY OR MAY NOT PICK UP ANYTHING.

9 Q IT'S KIND OF GOT A RUBBER GRIP ON IT, WOULD THAT  
10 FACILITATE IT?

11 A I DON'T KNOW.

12 Q OKAY. NOW AT SOME POINT YOU MADE A COMPLETE  
13 PHYSICAL EXAMINATION OF THE BODY AND YOU NOTICED  
14 BRUISES TO AMANDA'S FACE, IS THAT CORRECT?

15 A YES, SIR.

16 Q TO HER RIGHT EYE, HER CHEEK, HER LIPS, AND THE  
17 SIDE OF HER HEAD?

18 A YES, SIR.

19 Q ALL RIGHT. AND I BELIEVE YOU ALSO EXAMINED HER  
20 NECK AND THAT'S WHERE YOU NOTICED THE V-SHAPE  
21 PATTERN --

22 A YES, SIR.

23 Q ---ON HER NECK. NOW THE V-SHAPE PATTERN, WOULD  
24 THAT SUGGEST THAT SOMEONE HAD PLACED A HAND OVER THIS  
25 YOUNG LADY'S NECK?



1       A     IN MY OPINION IT HAD THE APPEARANCE OF THE  
2       PATTERN OF A HAND BEING PLACED ON HER NECK.

3       Q     ALL RIGHT. AND YOU CAME TO THAT CONCLUSION  
4       BECAUSE YOU SAW A THUMB MARK ON ONE SIDE OF HER NECK  
5       AND FINGER MARKS ON THE OTHER SIDE OF HER NECK?

6       A     THERE WAS A SINGLE HEMORRHAGE AREA ON HER RIGHT  
7       NECK THAT HAD THIS V-SHAPED AREA ON THE LEFT NECK  
8       WHICH SUGGESTS, YEAH, A FINGER OR THE POSSIBILITY OF  
9       A HAND BEING PLACED.

10      Q     COULD YOU SAY THAT THAT SINGLE SPOT, I THINK YOU  
11      DESCRIBED IT IN THE AUTOPSY REPORT AS A QUARTER SIZE  
12      SPOT ON THE RIGHT SIDE OF HER NECK, IS THAT RIGHT?

13      A     YES, SIR. I DON'T REMEMBER THE SIZE.

14      Q     AND COULD THAT BE SUGGESTIVE OF A THUMB BEING  
15      PLACED VIOLENTLY ON HER NECK RIGHT THERE?

16      A     IT SUGGESTS PRESSURE BEING APPLIED THERE. WHEN  
17      LOOKED AT WITH THE INJURIES ON THE LEFT SIDE OF THE  
18      NECK, IT WOULD SUGGEST A THUMB AND A HAND BEING  
19      APPLIED TO THE NECK.

20      Q     I MEAN, THAT'S WHAT YOU SAID IN THE AUTOPSY  
21      REPORT?

22      A     YES, SIR.

23      Q     AND THAT'S WHAT YOU TESTIFIED TO BEFORE IN OTHER  
24      PROCEEDINGS ON THIS MATTER?

25      A     YES, SIR.

1 Q AND YOU ONLY FOUND ONE OF THOSE THUMB MARKS,  
2 DIDN'T YOU?

3 A ONE DEEP IMPRESSION ON THE RIGHT NECK, YES, SIR.

4 Q AND SO ISN'T IT YOUR CONCLUSION THAT AMANDA WAS  
5 STRANGLED, SHE WAS STRANGLED FROM THE FRONT BY THE  
6 USE OF A SINGLE HAND, AND THAT BEING A RIGHT HAND?

7 A THE HAND WITH THE THUMB BEING ON THE RIGHT SIDE,  
8 THE FINGERS BEING ON THE LEFT, COULD HAVE BEEN FROM  
9 THE FRONT OR COULD HAVE BEEN FROM THE BACK IN A SORT  
10 OF A CHOKING TYPE HOLD.

11 Q WELL, YOU'VE TESTIFIED BEFORE, HAVEN'T YOU, THAT  
12 THIS WAS A SINGLE HANDED FRONTAL ATTACK. NOW HAVEN'T  
13 YOU SAID THAT? YOU DIDN'T SAY ANYTHING ABOUT A,  
14 ANYTHING FROM THE REAR?

15 A MOST TYPICALLY A FRONTAL ATTACK, BUT IT COULD BY  
16 THE SAME TAKING A HAND AND GOING AROUND THE NECK FROM  
17 THE BACK.

18 Q STILL A ONE HAND IS WHAT WE'RE TALKING ABOUT?

19 A YES, SIR.

20 Q NOT TWO?

21 A DOESN'T APPEAR TO BE TWO BUT POSSIBLY IT COULD  
22 BE TWO.

23 Q BUT YOU HAVE TESTIFIED BEFORE THAT IT WAS A ONE  
24 HANDED FRONTAL ATTACK, DIDN'T YOU DO THAT IN THE  
25 FAMILY COURT?

1 A IT'S MORE TYPICAL OF A ONE HANDED ATTACK.

2 Q AND YOU'VE NEVER SUGGESTED ANYTHING ELSE UNTIL  
3 TODAY? NOT IN YOUR AUTOPSY REPORT, NOT IN YOUR  
4 FAMILY COURT TESTIMONY, ISN'T THAT CORRECT, SIR?

5 A I DON'T REMEMBER ALL MY TESTIMONY IN FAMILY  
6 COURT.

7 Q WELL.

8 A I MEAN IT'S POSSIBLE THAT COULD HAVE BEEN ONE  
9 THUMB ON ONE SIDE AND YOU KNOW FINGERS ON THE OTHER  
10 SIDE, BUT IT'S MORE TYPICAL OF A SINGLE HAND.

11 Q I'M JUST TRYING TO GET YOU. WHEN YOU WERE ASKED  
12 THIS SAME QUESTION IN THE FAMILY COURT --

13 THE COURT: MR. BAITY, IF YOU ARE GOING TO  
14 IMPEACH HIM ON SOME PRIOR TESTIMONY, YOU NEED TO ASK  
15 AND LET HIM SEE WHAT HE SAID.

16 Q CAN I HAND YOU A COPY OF YOUR TESTIMONY, SIR?

17 A YES, SIR.

18 THE COURT: TELL HIM PAGE AND LINE.

19 Q IF YOU LOOK ON PAGE 354, DOCTOR, AND LOOK ON  
20 LINE 17. AND DID I NOT ASK YOU DOES THIS APPEAR TO  
21 BE A SINGLE HANDED RIGHT HANDED FRONTAL ATTACK ON  
22 THIS POOR GIRL'S NECK, SHE WAS NOT STRANGLED WITH A  
23 LIGATURE, AND SHE WAS SEXUALLY ASSAULTED. AND YOUR  
24 ANSWER WAS IN MY OPINION, YES, SIR, THAT'S CORRECT.

25 A YES, SIR, THAT IS.

1 Q AND YOU DIDN'T SAY ANYTHING -- WELL, NO, IT  
2 COULD HAVE BEEN FROM A SOME OTHER ANGLE OR SOME OTHER  
3 SIDE; I ASKED YOU IF IT WAS A SINGLE HANDED FRONTAL  
4 ATTACK AND YOU SAID, YES, SIR, THAT'S CORRECT, DIDN'T  
5 YOU?

6 A THE QUESTION SAYS THIS APPEARS TO BE AND IT DOES  
7 APPEAR TO BE.

8 Q ALL RIGHT, SIR. THANK YOU. NOW YOU ALSO  
9 EXAMINED HER CHEST, HER BREASTS, RIGHT?

10 A YES, SIR.

11 Q AND YOU FOUND A BITE MARK ON HER RIGHT NIPPLE,  
12 CORRECT?

13 A WE FOUND AN AREA ON THE RIGHT BREAST WITH  
14 HEMORRHAGE AND A SUGGESTION OF A BITE MARK.

15 Q ALL RIGHT, SIR. AND YOU TOOK A SWAB FROM  
16 THAT --

17 A YES, SIR.

18 Q ---CORRECT. WHAT DID YOU SUSPECT YOU WERE  
19 TAKING THERE? WHAT DID THAT APPEAR TO YOU?

20 A IF THAT WAS INDEED A TOOTH MARK THEN WE WOULD  
21 TAKE A SWAB.

22 Q OKAY. DO YOU KNOW WHAT THE RESULTS OF THAT  
23 WERE?

24 A I UNDERSTAND THEY WERE, THEY MATCHED ONE OF THE  
25 DEFENDANTS.

1 Q WELL, I MEAN, BUT IT TURNED OUT TO BE SALIVA,  
2 DIDN'T IT?

3 A I DON'T KNOW THAT.

4 Q OKAY. AND THEN YOU ALSO EXAMINED HER ABDOMEN ON  
5 THE FRONT PART OF HER BODY, CORRECT?

6 A YES, SIR.

7 Q AND IT WAS SIGNIFICANTLY BRUISED, WAS IT NOT?

8 A THERE WAS NO EVIDENCE OF EXTERNAL ABDOMINAL  
9 BRUISING.

10 Q WELL, BUT INTERNALLY YOU FOUND A SIGNIFICANT  
11 BRUISE THERE --

12 A YES, SIR.

13 Q ---AND NOT. SO I MEAN, I'M JUST ASKING YOU,  
14 DID SHE HAVE A BLOW, A SIGNIFICANT BLOW, TO HER  
15 ABDOMEN?

16 A YES, SIR, SHE DID.

17 Q OKAY. AND I BELIEVE THAT YOU HAVE SPEC. -- OR  
18 YOU STATED THAT YOU BELIEVE THAT TO BE SOMETHING THAT  
19 WAS BLUNT FORCE, CORRECT?

20 A YES, SIR.

21 Q AND THAT WAS PERHAPS A KNEE OR A FOOT?

22 A KNEE, FOOT, FIST.

23 Q RIGHT. ON THE FRONT PART OF HER BODY, CORRECT?

24 A THE INJURIES TO HER PANCREAS CAN BE FROM THE  
25 FRONT OR THE BACK. THE INJURY TO HER CECUM AND THE

1       RIGHT LOWER QUADRANT IS TYPICALLY FROM THE FRONT.  
2       THE INJURY TO HER SPLEEN WITH THE TEARS IS TYPICALLY  
3       FROM THE SIDE OR THE BACK.

4               MR. BAITY:  BEG THE COURT'S INDULGENCE  
5       PLEASE.

6       Q     YOU TESTIFIED BEFORE THAT A SIGNIFICANT BLOW  
7       OCCURRED TO THE RIGHT LOWER PORTION OF THE ABDOMEN.  
8       I'M JUST TRYING TO GET THAT ACROSS.

9       A     YES, SIR, I AGREE WITH THAT.

10      Q     CAUSING TEARING OF BLOOD VESSELS AND REACHING  
11      EVEN TO THE COLON ITSELF?

12      A     YES, SIR, THAT'S THE CECUM, THAT'S THE FIRST  
13      PART OF THE COLON.

14      Q     AND THAT WOULD BE A BLOW TO THE ABDOMEN WHICH IS  
15      ON THE FRONT SIDE OF THE BODY, ISN'T THAT CORRECT,  
16      DOCTOR?

17      A     YES, SIR.

18      Q     NOW YOU ALSO EXAMINED HER BACK AND I BELIEVE  
19      THAT YOU STATED IN YOUR AUTOPSY REPORT THAT THE BACK,  
20      THE BACK OF AMANDA, WAS UNREMARKABLE, WAS THAT  
21      CORRECT?

22      A     YES, SIR, THAT'S CORRECT.

23      Q     UNREMARKABLE, THAT MEANS YOU SAW NOTHING AT ALL?

24      A     YES, SIR, NOTHING EXTERNALLY.

25      Q     OKAY.  NO, NO, NOTHING ON HER UPPER BACK OR

1       NOTHING ON HER MIDBACK?

2       A     NO, SIR.  THERE IS SOME DISCOLORATION I DESCRIBE  
3       OVER THE RIGHT LATERAL FLANK.

4       Q     AND ONE OF THE PHOTOGRAPHS AROUND HERE HAS SOME  
5       DISCOLORATION IN THE BACK BUT THAT'S BECAUSE OF BLOOD  
6       SETTLING IN THE BODY?

7       A     YES, SIR, THE LIVOR MORTIS.

8       Q     BUT THERE WERE NO BRUISES ON THE UPPER PORTION  
9       OR THE MID-PORTION OF THE BACK AT ALL?

10      A     NO, SIR, THERE WAS NOT.

11      Q     COMPLETELY UNREMARKABLE AND NORMAL?

12      A     YES, SIR.

13      Q     AND THE ONLY THING YOU FOUND ON THE LOWER BACK,  
14      DOCTOR, WAS THIS IMPRINT OF THIS STAPLER AND THIS  
15      SHEET MUSIC HOLDER, ISN'T THAT CORRECT?

16      A     YES, IT IS.

17      Q     THAT'S THE ONLY THING YOU FOUND ON THE BACK  
18      SIDE --

19      A     WELL, THERE ARE ABRASIONS AND SOME HEMORRHAGE  
20      AROUND THOSE.

21      Q     RIGHT.  NOW DID YOU FIND ANYTHING SIMILAR TO  
22      THAT ON THE FRONT SIDE OF AMANDA?

23      A     NO, SIR, I DID NOT.

24      Q     SO IF SHE HAD BEEN LAYING FACE DOWN WITH SOMEONE  
25      SITTING ON HER AND PRESSING HER INTO THESE SAME

1       THINGS, YOU WOULD EXPECT THERE WOULD BE SOME TYPE OF  
2       ABRASIONS ON THE FRONT SIDE OF HER BODY, WOULDN'T  
3       YOU?

4       A     IT'S POSSIBLE.  THE ABDOMEN IS A LOT SOFTER AND  
5       CAN GIVE.

6       Q     WHAT ABOUT HER THIGHS?  WHAT ABOUT HER --

7       A     HER THIGHS --

8       Q     THAT'S NOT SO SOFT?

9       A     YOU TYPICALLY SEE, NO.

10      Q     YOU DIDN'T FIND ANY ABRASIONS OR IMPRINTATIONS  
11      ON HER THIGHS?

12      A     NOT ON THE FRONT OF HER THIGHS.

13      Q     WHICH WOULD HAVE CORRESPONDED WITH WHERE THE  
14      IMPRINTS THAT YOU FOUND ON THE BACK SIDE OF HER?

15      A     YES, SIR.

16      Q     IS THAT CORRECT?

17      A     YES, SIR.  IF SHE WAS IN THE SAME SPOT.

18      Q     IN ADDITION TO A PHYSICAL EXAM PERFORMED BY, YOU  
19      PERFORMED AN AUTOPSY, IS THAT CORRECT?  WHERE YOU  
20      LITERALLY DISSECTED PORTIONS OF HER BODY?

21      A     YES, SIR.

22      Q     AND WE'VE ACTUALLY SEEN A PICTURE OF THAT TODAY  
23      WE PUT UP ON THE SCREEN?

24      A     YES, SIR.

25      Q     THAT WAS THAT HORRIBLY BLOODY PICTURE WHERE YOU



1       SHOWED THE RECTUM THAT HAD BEEN SURGERICALLY REMOVED  
2       FROM AMANDA AND TAKEN OUT AND PUT ON THE TABLE?

3       A     YES, SIR.

4       Q     OKAY.  AND THAT, YOU DID THAT?

5       A     YES, SIR, I DID.

6       Q     ALL RIGHT.  AND DOCTOR, AS PART OF THE AUTOPSY  
7       YOU STUDY INJURIES TO AMANDA'S VAGINA, IS THAT  
8       CORRECT?

9       A     YES, SIR, WE DID LOOK AT THAT.

10      Q     AND YOU FOUND INJURIES TO THE VAGINAL WALL OR  
11      WALLS?

12      A     YES, SIR.  THERE WERE AREA OF HEMORRHAGE AND  
13      FOCAL TEARING.

14      Q     RIGHT.  AND THESE ARE NOT SEVERE PUNCTURES OR  
15      PENETRATIONS BUT JUST TEARING, SMALL TEARS IN THE  
16      VAGINAL WALL?

17      A     VERY SUPERFICIAL TEARS AGAIN JUST OF THE MUCOSA  
18      BUT NOT THROUGH THE VAGINAL WALL.

19      Q     AND THEN FURTHER INSIDE AMANDA YOU FOUND A LOT,  
20      A LARGE AMOUNT OF HEMORRHAGE, IS THAT CORRECT?  
21      FURTHER UP THE VAGINA INTO THE UTERUS AND SO FORTH?

22      A     YES, SIR.  I'M SORRY.  I DIDN'T QUITE UNDERSTAND  
23      THE QUESTION.

24      Q     I'M SORRY.  I'M TRYING TO BE PLAIN.  IT'S KIND  
25      OF HARD TO DO THIS WHEN TALKING TO A DOCTOR.  SO YOU

1 HAD -- I MEAN, I'M A LAYMAN. I'M DOING THE BEST I  
2 CAN. SO YOU HAVE THE INJURIES TO THE VAGINAL WALLS  
3 AND THEN YOU HAVE A DEEPER INJURY TO THE UTERUS, IS  
4 THAT CORRECT?

5 A YES, SIR.

6 Q OKAY. NOW, DOCTOR, HAVE YOU EVER KNOWN OF A  
7 CASE WHERE VAGINAL WALLS, JUST VAGINAL WALLS, HAD  
8 BEEN TORN IN THE MANNER YOU'VE DESCRIBED IN AMANDA  
9 WHEN THERE WAS NO OBJECT USED BUT JUST SIMPLY A  
10 PENIS?

11 A A PENIS CAN PERFORATE OR ACTUALLY TEAR A VAGINAL  
12 WALL, YES, SIR.

13 Q AND YOU'VE ACTUALLY SEEN CASES OF THAT AND  
14 YOU'VE TESTIFIED TO THAT?

15 A YES, SIR, I HAVE.

16 Q AND I BELIEVE YOU'VE ALSO STATED IN YOUR REPORT  
17 AND IN YOUR EARLIER TESTIMONY THAT HER VAGINA WAS  
18 PENETRATED NO MORE THAN THREE OR FOUR INCHES OR MAYBE  
19 A LITTLE BIT MORE THAN THAT?

20 A THE VAGINAL CANAL WAS APPROXIMATELY THREE OR  
21 FOUR INCHES IN LENGTH IN HER.

22 Q NOW LET'S GO TO THE SECOND TYPE OF INJURY, THE  
23 INJURY TO THE UTERUS AND OVARIES THAT YOU MENTIONED,  
24 THERE WAS BLEEDING IN THAT AREA, CORRECT?

25 A YES, THE OVARIES TO THE UTERUS.

1 Q AND THAT COULD HAVE BEEN CAUSED BY THE INSERTION  
2 OF SOME OBJECT THROUGH THE VAGINA --

3 A YES, SIR, THAT'S CORRECT.

4 Q ---RIGHT? BUT IT COULD ALSO HAVE BEEN CAUSED BY  
5 AN EXTERNAL BLOW TO THE ABDOMEN?

6 A POSSIBLY, BUT THE UTERUS IS SOMEWHAT PROTECTED  
7 BY THE PUBIC BONE.

8 Q WELL, YOU TESTIFIED IN THE FAMILY COURT THAT A  
9 DESCENDING BLOW COULD HAVE CAUSED THAT?

10 A THAT DESCENDING OBLIQUE BLOW COULD POSSIBLY DO  
11 THAT.

12 Q SO YOU CAN'T STATE, STATE TO A DEGREE OF MEDICAL  
13 CERTAINTY THAT THAT PARTICULAR INJURY TO HER UTERUS  
14 AND OVARY WAS CAUSED BY THE INSERTION OF AN OBJECT OR  
15 IT WAS CAUSED BY AN OBLIQUE EXTERNAL BLOW?

16 A NO, SIR, I CAN'T.

17 Q SO IT'S ENTIRETY POSSIBLE THAT THE INJURIES TO  
18 AMANDA'S VAGINA WERE NOT CAUSED BY THE INSERTION OF A  
19 FOREIGN OBJECT, BUT WERE CAUSED BY THE COMBINATION OF  
20 A VIOLENTLY INSERTED PENIS AND AN EXTERNAL BLOW TO  
21 HER ABDOMEN, CORRECT?

22 A AN OBJECT OR A PENIS WAS INSERTED INTO HER  
23 VAGINA WITH SUCH FORCE TO CAUSE HEMORRHAGE AND  
24 SUPERFICIAL TEARING. THE HEMORRHAGE IN THE LIGAMENT  
25 HOLDING TO THE OVARY TO THE UTERUS WOULD BE MORE

1       TYPICAL OF PRESSURE FROM THE VAGINA, BUT I COULD NOT  
2       EXCLUDE AN EXTERNAL BLOW.

3       Q     SO AN EXTERNAL BLOW COULD HAVE CAUSED IT --

4       A     ---COULD BE BUT IT WOULD BE UNUSUAL.

5       Q     SO AGAIN ---EXCUSE ME. TO REPEAT MY QUESTION IT  
6       IS POSSIBLE THAT THE INJURIES TO HER VAGINA DID NOT  
7       NECESSARILY INVOLVE THE INSERTION OF A FOREIGN  
8       OBJECT, ISN'T THAT CORRECT, DOCTOR?

9       A     A PENIS IS A FOREIGN OBJECT. I DON'T --

10      Q     I'M SORRY. OTHER THAN A PENIS. A FOREIGN  
11      OBJECT OTHER THAN A PENIS?

12      A     A PENIS OR A FOREIGN OBJECT WAS INSERTED INTO  
13      HER VAGINA.

14      Q     ALL RIGHT, SIR. I'M GOING TO ASK IT ONE MORE  
15      TIME. IT IS POSSIBLE, IS IT NOT SIR, THAT THE  
16      INJURIES TO AMANDA COPE'S VAGINA WERE CAUSED BY THE  
17      INSERTION OF AN ERECT PENIS AND AN EXTERNAL BLOW TO  
18      HER ABDOMEN, IS THAT POSSIBLE?

19      A     YES, SIR, THAT'S POSSIBLE.

20      Q     THANK YOU. AND YOU'VE TESTIFIED TO THAT IN  
21      FAMILY COURT?

22      A     YES, SIR.

23      Q     AND IN FACT, YOU'VE ALREADY TESTIFIED THAT  
24      AMANDA DID HAVE A SIGNIFICANT BLOW TO THE ABDOMEN  
25      AREA WITH SOME --

1       A     YES, SIR.

2       Q     ---WITH SIGNIFICANT FORCE BEHIND IT?

3       A     SEVERAL SIGNIFICANT BLOWS.

4       Q     ON THE FRONT OF HER BODY?

5       A     THERE WAS BLOWS TO THE RIGHT LOWER QUADRANT AND

6       SOMEWHERE AROUND THE MID-PORTION OF THE ABDOMEN AND

7       THE LEFT SIDE OF HER BACK.

8       Q     NOW WITH RESPECT TO THE ANUS, DOCTOR, I BELIEVE

9       YOU DESCRIBED THE TEAR IN THE ANAL OPENING?

10      A     YES, SIR, SMALL TEAR AT THE OPENING.

11      Q     OKAY. AND THEN YOU TESTIFIED THAT IT, THAT

12      GOING INTO THE RECTUM YOU BELIEVE THAT SOMETHING WAS

13      INSERTED FOR 7 OR 8 INCHES?

14      A     YES, SIR. THE UPPER END OF THE HEMORRHAGE WAS

15      APPROXIMATELY 8 INCHES FROM THE OPENING.

16      Q     ALL RIGHT. NOW IN THE FAMILY COURT YOU SAID OR

17      DID YOU NOT SAY 7 OR 8 INCHES?

18      A     YEAH, THAT'S TO BE SOME STRETCHING.

19      Q     DID YOU TAKE A RULER OUT AND MEASURE THIS?

20      A     YES, SIR, I DID.

21      Q     WAS THAT IN ANY OF THE PHOTOGRAPHS?

22      A     I DON'T REMEMBER.

23      Q     WELL, IF YOU USED A RULER OR A MEASUREMENT WHY

24      WOULD YOU SAY 7 OR 8 INCHES. WHY WOULDN'T YOU SAY

25      7.2 OR 8 OR 6 OR WHAT? WHY WOULD YOU SAY 7 OR 8 IN

1 THE AUTOPSY?

2 A THE RECTUM CAN STRETCH, IT CAN SHRINK, SO  
3 APPROXIMATELY, YOU KNOW, 7 INCHES OR 7 TO 8 INCHES,  
4 YOU KNOW, UP IN THERE.

5 Q SO IT COULD BE SEVEN?

6 A IT COULD BE SEVEN. IT COULD BE EIGHT.

7 Q AND I BELIEVE WHEN YOU AND I TALKED YESTERDAY  
8 YOU SAID IT COULD BE EVEN LESS THAN THAT IF THE  
9 CHEEKS OF THE BUTTOCKS HAD BEEN SPREAD BY WHOMEVER  
10 WAS DOING THAT?

11 A YES, SIR, IT COULD BE A LITTLE BIT LESS BECAUSE  
12 THE OPENING IS CLOSER TO THE END OF THE RECTUM.

13 Q NOW YOU DON'T KNOW EXACTLY WHAT WAS INSERTED  
14 INTO AMANDA'S RECTUM, DO YOU?

15 A NO, SIR, I DO NOT.

16 Q YOU MENTION THAT IT COULD BE A FOREIGN OBJECT  
17 THAT'S SMOOTH, CORRECT?

18 A THAT'S CORRECT.

19 Q A BROOM HAS BEEN MENTIONED IN THIS COURTROOM  
20 TODAY, IS THAT POSSIBLE?

21 A YES, SIR, SURE.

22 Q WHAT ABOUT THE HANDLE OF A SCREWDRIVER FOR  
23 EXAMPLE, NOT THE SHARP PART, BUT THE HANDLE?

24 A THE HANDLE OF IT, IT COULD BE.

25 Q THAT COULD, THAT COULD HAVE CAUSED THE DAMAGE

1        THAT YOU DESCRIBED TO THIS JURY?

2        A        YES, SIR.

3        Q        AND AT ONE TIME, DOCTOR, YOU HAVE TESTIFIED  
4        UNDER OATH THAT IT WAS POSSIBLE THAT THIS DAMAGE TO  
5        HER RECTUM WAS CAUSED BY AN ERECT PENIS? YOU HAVE  
6        MADE THAT STATEMENT UNDER OATH, HAVE YOU NOT?

7        A        YES, SIR, I DID.

8        Q        AND YOU FOUND NO SPLINTERS OR PAINT CHIPS OR ANY  
9        THING THAT ANY TYPE OF A FOREIGN OBJECT LEFT BEHIND?

10      A        NO FOREIGN MATERIAL LEFT, NO, SIR.

11      Q        NOW THE ANUS DOES IT NOT NATURALLY DILATE DURING  
12      DEATH?

13      A        OVER TIME BUT NOT AT THIS LENGTH OF TIME.

14      Q        AND, DOCTOR, YOU HAVE TESTIFIED BEFORE, HAVE YOU  
15      NOT, THAT THIS DILATION, THIS INJURY TO AMANDA'S  
16      ANUS, WAS SOMETHING THAT HAPPENED CLOSE TO THE TIME  
17      OF HER DEATH, DIDN'T YOU?

18      A        THE TEARS AND THE HEMORRHAGE THERE, YES, SIR.

19      Q        WELL, TURN TO PAGE 325 OF YOUR TESTIMONY PLEASE.  
20      ARE YOU THERE YET?

21      A        YES, SIR.

22      Q        AND YOU ARE LOOKING AT PICTURE 52 IN THAT WHICH  
23      IS THE SAME ONE YOU GOT TODAY, IT'S JUST A DIFFERENT  
24      NUMBER, AND IT SAYS PICTURE 52 OF THE ANUS, DOES IT  
25      NOT, WHICH IS DEPICTING A VERY OPEN ANAL, A VERY OPEN

1 ANUS THAT SUGGESTS POSSIBILITY OF SOMETHING PUT IN  
2 THERE TO HAVE DILATED THE ANUS, THAT WAS THE QUESTION  
3 AS BADLY PUT AS IT WAS, CORRECT?

4 A YES, SIR.

5 Q OR EXCUSE ME. THAT WAS YOUR ANSWER?

6 A THE ANSWER.

7 Q THEN IT SAYS WHAT WAS, I'M SORRY. THIS IS SO  
8 BADLY WRITTEN BUT WAS THAT, COULD YOU BASED ON YOUR  
9 EXAMINATION AUTOPSY DO YOU HAVE AN OPINION WITHIN A  
10 REASONABLE DEGREE OF MEDICAL CERTAINTY AS TO THE TIME  
11 OF THE INJURY TO THE ANUS IN RELATION TO THE TIME OF  
12 HER DEATH, REFERRING TO THE VERY OPEN ANUS, AND WHAT  
13 WAS YOUR ANSWER, DO YOU REMEMBER?

14 A WELL, THE QUESTION WAS AS TO THE INJURY TO THE  
15 ANUS NOT TO THE OPENING OF THE ANUS.

16 Q WELL, HE WAS TALKING, RIGHT BEFORE THAT HE WAS  
17 REFERRING TO YOU ---

18 THE COURT: WAIT. WAIT. IF YOU ARE GOING  
19 TO USE THAT, USE IT LIKE IT'S SUPPOSED TO BE USED.

20 Q ALL RIGHT. HE DID ASK YOU, DID HE NOT, DOCTOR,  
21 ABOUT WHY THE ANUS WAS SO OPEN OR DILATED?

22 A YES, SIR, HE DID.

23 Q OKAY. AND YOUR RESPONSE IS CONTAINED IN THE  
24 ANSWER ON PAGE -- I MEAN, ON LINE 15. YOU SAID THAT  
25 INJURY, THAT OPENNESS, OCCURRED CLOSE TO THE TIME OF



1 HER DEATH?

2 A THE QUESTION ON LINE 9 THAT YOU JUST READ WAS  
3 THAT, COULD YOU BASED UPON YOUR EXAMINATION AUTOPSY,  
4 DO YOU HAVE AN OPINION WITHIN THE REASONABLE DEGREE  
5 OF CERTAINTY AS TO THE TIME OF THE INJURY TO THE ANUS  
6 IN RELATION TO TIME OF HER DEATH AND AFTER THE YES,  
7 SIR, AND WHAT IS THAT, ALL THESE ARE CLOSE TO THE  
8 TIME OF THE DEATH AND THEN THE QUESTION, ALL OF  
9 INJURIES WE'VE TALKED ABOUT SO FAR.

10 Q EXACTLY. ALL OF THE INJURIES AND YOUR ANSWER TO  
11 THAT QUESTION?

12 A WAS YES, SIR, THERE.

13 Q YES, SIR. NOW YOU DIDN'T SAY ANYTHING AT THAT  
14 POINT ABOUT ANY PRIOR OR PREVIOUS INSERTIONS OR  
15 ANYTHING THAT WOULD HAVE INJURED THE ANUS AND MADE IT  
16 OPEN OR DILATED, YOU DIDN'T SAY ONE WORD ABOUT IT  
17 THERE?

18 A NO.

19 Q BUT TODAY YOU HAVE?

20 A I WAS ANSWERING THE QUESTIONS ABOUT THE INJURIES  
21 TO THE RECTUM AND ANUS.

22 Q YES, SIR. NOW, DOCTOR, WITH RESPECT TO THE  
23 CHRONIC INFLAMMATION THAT YOU SAW IN AMANDA'S VAGINA?

24 A YES, SIR.

25 Q OKAY. WHAT'S THE DIFFERENTIAL DIAGNOSIS AND ALL

1        THAT?  WHAT ARE THE POSSIBLE THINGS THAT COULD HAVE  
2        CAUSED THE INFLAMMATION THAT YOU FOUND IN HER VAGINA?

3        A        A NUMBER OF THINGS COULD CAUSE THAT FROM VAGINAL  
4        INFECTIONS TO DOUCHING TO USE OF TAMPONS TO INSERTING  
5        FOREIGN OBJECTS TO, YOU KNOW, POSSIBLY REACTION TO  
6        CONTINUED BLEEDING IF SHE WAS HAVING ABNORMAL PERIODS  
7        WHEN IT CONTINUED TO GO DOWN FLOWING OVER THE VAGINAL  
8        INFECTION.

9        Q        AN ALLERGY PERHAPS?

10      A        I'M SORRY?

11      Q        COULD AN ALLERGY OF SOME TYPE HAVE CAUSED THAT  
12      AS WELL?

13      A        YES, SIR, IT COULD HAVE.

14      Q        ALL RIGHT.  NOW YOU HAVE STATED THAT YOU  
15      ELIMINATED SOME OF THOSE CAUSES.  YOU DIDN'T SEE ANY  
16      SIGN OF DISEASE, IS THAT RIGHT?

17      A        THAT'S CORRECT.

18      Q        AND YOU DIDN'T SEE ANY SIGNS OF RINGWORMS?

19      A        NO, SIR, OR PINWORMS.

20      Q        BUT YOU COULD NOT ELIMINATE THE POSSIBILITY THAT  
21      A TAMPON OR THAT DOUCHING COULD HAVE CAUSED THESE  
22      IRRITATIONS AT ALL?

23      A        NO, SIR, I COULD NOT.

24      Q        YOU COULDN'T ELIMINATE THAT IN ANY WAY, SHAPE,  
25      OR FORM?

1       A     NO, SIR, OTHER THAN A TAMPON WAS NOT PRESENT.

2       Q     BUT SHE WAS OF AGE TO MENSTRUATE?

3       A     YES, SIR.

4       Q     AND YOU DON'T KNOW WHAT SHE USED DURING THE DAY?

5       A     NO, SIR, I DO NOT.

6       Q     SO YOU COULDN'T ELIMINATE A TAMPON, DOUCHING;

7       COULD YOU ELIMINATE THE ALLERGY THAT YOU MENTIONED IN

8       YOUR PREVIOUS TESTIMONY?

9       A     NO, SIR.

10      Q     AND IF THIS IRRITATION CAME AS A RESULT OF THE

11      INSERTION OF SOMETHING, AS YOU SUGGEST, DO YOU HAVE

12      ANY IDEA WHO MIGHT HAVE INSERTED THAT?

13      A     NO, SIR, NOT AT ALL.

14      Q     IT COULD HAVE BEEN MASTURBATION, COULD IT NOT?

15      A     YES, SIR.

16      Q     AUTO-EROTICISM?

17      A     YES, SIR.

18      Q     DID YOU SEE ANY OF THE CLASSIC SIGNS OF SEXUAL

19      ABUSE, TRANSMITTED DISEASES, SEXUAL TRANSMITTED

20      DISEASES, DID YOU SEE ANY OF THAT THERE?

21      A     THERE WAS NO EVIDENCE UNDER MICROSCOPIC. WE DID

22      NOT TEST FOR MOST OF THOSE DISEASES.

23      Q     DID YOU SEE ANY EVIDENCE OF BIRTH CONTROL BEING

24      USED IN ANY WAY, SHAPE, OR FORM?

25      A     THERE WAS NO IUD PRESENT, BUT PILLS I WOULDN'T

1 KNOW.

2 Q BUT THE FACT IS, DOCTOR, THAT YOU CANNOT SAY TO  
3 A REASONABLE DEGREE OF MEDICAL CERTAINTY THAT  
4 ANYTHING IN PARTICULAR HAD BEEN INSERTED TO CAUSE  
5 THAT INFLAMMATION?

6 A NO, SIR, I CANNOT.

7 Q AND IF THAT INFLAMMATION HAD BEEN CAUSED BY AN  
8 ALLERGY OR SOME TYPE OF ILLNESS OR CONDITION THERE  
9 WOULDN'T HAVE TO BE ANY INSERTION AT ALL, WOULD  
10 THERE?

11 A NO, SIR, IF THERE WAS DISEASE PROCESS GOING ON.

12 Q NOW YOU CANNOT SAY TODAY TO A REASONABLE DEGREE  
13 OF MEDICAL CERTAINTY THAT AMANDA COPE HAD EVER BEEN  
14 SEXUALLY ABUSED PRIOR TO THIS HORRIBLE THING THAT  
15 HAPPENED TO HER?

16 A NOT TO A REASONABLE DEGREE, NO, SIR.

17 Q YOU REFERRED TO THE CHRONIC INFLAMMATION IN HER  
18 RECTUM AS WELL, CORRECT?

19 A YES, SIR.

20 Q AND AGAIN THE DIFFERENTIAL DIAGNOSIS OF THAT  
21 WOULD BE ALLERGY, DISEASE, RINGWORM, DIARRHEA,  
22 INFLAMED BOWELS, VIRAL INFECTION, OR INSERTION OR  
23 SEXUAL ACTIVITY, CORRECT?

24 A YES, SIR, THAT'S CORRECT.

25 Q SOME OF THOSE THINGS WOULD INVOLVE PENETRATION

1       AND SOME OF THOSE THINGS WOULDN'T, CORRECT?

2       A     THAT'S CORRECT.

3       Q     AND YOU ELIMINATED SOME OF THOSE BY:  YOU DIDN'T  
4       FIND ANY EVIDENCE OF WORMS; YOU DIDN'T FIND ANY  
5       DISEASE; YOU DIDN'T FIND ANY VIRAL INFECTION,  
6       CORRECT?

7       A     YES, SIR.

8       Q     BUT HOW COULD YOU ELIMINATE SAY, FOR EXAMPLE, AN  
9       ALLERGY?

10      A     YOU CANNOT COMPLETELY ELIMINATE IT.  IT WOULD BE  
11      UNUSUAL TO HAVE AN ALLERGY OF THE RECTUM.

12      Q     CAN -- YOU ELIMINATED DIARRHEA, HOW COULD YOU DO  
13      THAT?

14      A     THE STOOL THAT WAS PRESENT IN HER INTESTINE WAS  
15      FORMED.  THERE WAS NO EVIDENCE OF DIARRHEA ON THE DAY  
16      OF HER DEATH.

17      Q     AND I GUESS THAT'S MY NEXT QUESTION.  IF SHE HAD  
18      IT RECENTLY, SOME OF THESE OTHER CONDITIONS THAT  
19      DIDN'T INCLUDE PENETRATION, COULD THERE HAVE BEEN  
20      SOME RESIDUE OF THESE THINGS?

21      A     YES, SIR.

22      Q     SO YOU CAN'T SAY TODAY TO A REASONABLE DEGREE OF  
23      MEDICAL CERTAINTY THAT THIS INFLAMED CELL, THE PATCH  
24      OF INFLAMED CELLS YOU FOUND IN HER ANUS WAS CAUSED BY  
25      PENETRATION OR SEXUAL ABUSE?

1 A NO, SIR, I CANNOT.

2 Q NOW YOU SAID THAT YOU SAW NO HYMEN PRESENT, IS

3 THAT CORRECT?

4 A YES, SIR.

5 Q AND YOU NOT ONLY DIDN'T SEE ANY HYMEN, BUT YOU

6 DIDN'T SEE ANY HYMEN OR HYMENAL REMNANTS?

7 A THAT'S CORRECT.

8 Q YOU DIDN'T SEE ANY SCARING OR SCAR TISSUE AS TO

9 WHERE MAYBE A HYMEN HAD BEEN THERE BUT IT HAD BEEN

10 SOMEHOW REMOVED?

11 A THAT'S CORRECT, NOTHING RECENT.

12 Q I'M SORRY. I DIDN'T MEAN TO INTERRUPT.

13 A NO, SIR, NOTHING RECENT AS EVIDENCE OF SCAR

14 TISSUE.

15 Q SO NO SCARING AT ALL THAT YOU SAW?

16 A NO, SIR.

17 Q CORRECT. NOW HYMENS CAN BE BROKEN, CAN THEY

18 NOT, BY A NUMBER OF THINGS: THE USE OF A TAMPON FOR

19 EXAMPLE?

20 A IT WOULD BE VERY UNUSUAL BUT IT'S POSSIBLE.

21 Q IT'S POSSIBLE. AN ACCIDENT OF SOME TYPE?

22 A YES, SIR, POSSIBLE.

23 Q AN INJURY?

24 A POSSIBLE.

25 Q BUT ISN'T IT UNUSUAL TO HAVE NO HYMEN OR NO

1 HYMENAL TISSUE AT ALL, NO SCARING, NO NOTHING, ISN'T  
2 THAT PRETTY UNUSUAL?

3 A NO, SIR, I DON'T THINK SO.

4 Q WOULD YOU SAY THAT MANY PEOPLE WHO HAVE BEEN  
5 SEXUALLY ACTIVE FOR YEARS STILL HAVE SOME VESTIGE OF  
6 THE HYMEN?

7 A MOST WOMEN LOSE THE HYMEN. THERE ARE SOME WOMEN  
8 THAT THE HYMEN WILL STILL REMAIN EVEN IN SPITE OF  
9 SEXUAL ACTIVITY OR IN SPITE OF HAVING BIRTH.

10 Q WE HAD THAT CONVERSATION THIS MORNING AND LAST  
11 NIGHT, DIDN'T WE?

12 A YES, SIR.

13 Q THERE IS WOMEN WHO HAVE GIVEN BIRTH AND STILL  
14 HAVE REMNANTS OR VESTIGES OF THEIR HYMEN?

15 A YEAH, IT'S VERY UNUSUAL.

16 Q ALL RIGHT. AND WE ALSO HAD A CONVERSATION THAT  
17 SOME PEOPLE YOU'VE READ, YOU HADN'T OBSERVED, BUT  
18 SOME PEOPLE, SOME LADIES, DON'T HAVE A HYMEN AT ALL,  
19 THEY ARE NOT BORN WITH ONE?

20 A READING FURTHER THAT'S EXTREMELY RARE BUT THERE  
21 ARE REPORTS SO IT IS A POSSIBILITY.

22 Q SO YOU CAN'T TELL THE LADIES AND GENTLEMEN OF  
23 THIS JURY TODAY TO A REASONABLE DEGREE OF MEDICAL  
24 CERTAINTY THAT THE REASON AMANDA COPE DIDN'T HAVE A  
25 HYMEN WAS THE RESULT OF SEXUAL ABUSE OR SEXUAL

1       ACTIVITY?

2       A     NO, SIR, I CANNOT.

3       Q     DOCTOR, YOU SAID THAT WHEN YOU WERE EXAMINING  
4       AMANDA'S ANUS THAT THERE WAS NO EVIDENCE OF HER, OF  
5       ANYTHING COMING OUT OF THE ANUS, ANY KIND OF  
6       DEFECATION, OR ANYTHING SUCH AS THAT?

7       A     THERE WAS NO FECAL MATERIAL OR BLOOD WHEN WE  
8       EXAMINED HER.

9       Q     RIGHT. DID YOU EXAMINE HER PANTIES?

10      A     YES, SIR, I'M SURE I DID.

11      Q     YOU DIDN'T SEE ANY SOILED PANTIES WHEN YOU  
12      EXAMINED THOSE?

13      A     THERE WAS NO SIGNIFICANT STOOL. GIVE ME A  
14      MINUTE TO FIND WHERE WE ARE. I MENTIONED NOTHING  
15      ABOUT IT.

16      Q     WELL, WOULD IT SURPRISE YOU THAT THE PANTIES  
17      THAT WERE TAKEN OFF OF HER BY THE POLICE WERE  
18      DESCRIBED TO HAVE BEEN SOILED?

19      A     IT'S CERTAINLY POSSIBLE.

20      Q     AND URINE SOAKED?

21      A     IT'S POSSIBLE.

22      Q     NOW MR. THOMPSON ASKED YOU IF A LARGE MAN HAD  
23      SAT ON AMANDA WOULD IT BE POSSIBLE TO INFLICT THE  
24      TYPE OF INJURIES ON HER TO HER ABDOMEN THAT YOU  
25      OBSERVED AND I BELIEVE YOUR ANSWER THOUGH TO THAT WAS



1        THAT IT WASN'T SO MUCH THE WEIGHT BUT IT WAS THE  
2        FORCE APPLIED?

3        A        YES, SIR, THAT'S CORRECT.

4        Q        SO THE REAL FACTOR IS NOT HOW MUCH SOMEBODY  
5        WEIGHED, THE REAL FACTOR IS HOW MUCH SOMEBODY PUT  
6        BEHIND WHATEVER IT WAS THEY STRUCK HER WITH?

7        A        HOW QUICKLY THE FORCE IS APPLIED.

8        Q        SO IT COULD HAVE BEEN A PERSON OF 200 POUNDS OR  
9        150 POUNDS IF THE FORCE HAD BEEN SIGNIFICANT ENOUGH  
10       TO HER ABDOMEN THEN THAT COULD HAVE CAUSED WHAT YOU  
11       OBSERVED IN THIS VICTIM?

12       A        YES, SIR.

13       Q        ISN'T THAT CORRECT?

14       A        THAT'S CORRECT.

15       Q        SO YOU DON'T HAVE TO BE A BIG 400 POUND MAN TO  
16       HAVE DONE THIS --

17       A        NO, SIR, YOU DON'T.

18       Q        ---ISN'T THAT CORRECT?

19                    MR. BAITY:  INDULGENCE, YOUR HONOR.

20       Q        THANK YOU, DOCTOR.

21                    THE COURT:  MR. GREELEY.

22                    MR. BRACKETT:  WE MAY APPROACH ON ONE  
23       ISSUE BEFORE MR. GREELEY'S CROSS EXAMINATION.

24                    (BENCH CONFERENCE.)

25                    THE COURT:  DR. MAYNARD, BEFORE WE DO YOUR

1 CROSS BY MR. GREELEY, WE'VE GOT AN OUT OF TOWN  
2 WITNESS WHO HAS A FLIGHT THIS AFTERNOON AND SO WE'RE  
3 GOING TO LET HER IN AND TESTIFY. I DON'T THINK SHE  
4 WILL BE LENGTHY SO WE'LL TAKE A BREAK AND LET YOU  
5 REST A LITTLE BIT. CALL YOUR WITNESS. I'LL TELL YOU  
6 THIS TOO, DR. MAYNARD, AFTER WE DO THIS WE'RE GOING  
7 TO BREAK FOR LUNCH. SO IF YOU WANT TO GO AHEAD AND  
8 HAVE SOMETHING ELSE TO DO UNTIL 2:30.

9 DOCTOR: OKAY. THANK YOU.

10 MR. BRACKETT: THE STATE WOULD CALL  
11 TIFFANY BARNETT.

12 TIFFANY BARNETT, BEING FIRST  
13 DULY SWORN, TESTIFIED AS FOLLOWS.

14 DIRECT EXAMINATION BY MR. BRACKETT:

15 Q MA'AM, WOULD YOU PLEASE STATE YOUR FULL NAME AND  
16 SPELL YOUR LAST FOR THE COURT REPORTER?

17 A TIFFANY ANNE BARNETT, B-A-R-N-E-T-T.

18 Q AND THAT CHAIR DOESN'T MOVE FORWARD AND THE MIC  
19 DOESN'T COME OVER SO YOU HAVE TO LEAN INTO IT SO WE  
20 CAN HEAR YOU BECAUSE YOU HAVE A SOFT VOICE. WHERE DO  
21 YOU LIVE?

22 A ORLANDO, FLORIDA.

23 Q YOU SURVIVED THE HURRICANE ALL RIGHT?

24 A SO FAR.

25 Q I HOPE YOU ARE RECOVERING WELL DOWN THERE.

1 WHERE DID YOU LIVE BACK IN 2001?

2 A 220 SHEFFIELD DRIVE IN YORK, SOUTH CAROLINA.

3 Q WHERE DID YOU WORK BACK IN NOVEMBER OF 2001?

4 A ROCK HILL FIRE DEPARTMENT.

5 Q WHAT DID YOU DO FOR THE FIRE DEPARTMENT?

6 A I WAS FIRE FIGHTER EMT.

7 Q AND AS PART OF YOUR RESPONSIBILITIES WHAT DID  
8 YOU GET CALLED OUT TO EMERGENCIES, MEDICAL AND FIRE  
9 EMERGENCIES?

10 A YES.

11 Q OKAY. TURNING YOUR ATTENTION SPECIFICALLY TO  
12 THE EARLY MORNING HOURS OF NOVEMBER 29, 2001, ABOUT  
13 SIX O'CLOCK IN THE MORNING, DID YOU GET CALLED OUT TO  
14 A EMERGENCY CALL AT 470 RICH STREET IN ROCK HILL?

15 A YES, I DID.

16 Q DO YOU REMEMBER THAT CALL?

17 A YES.

18 Q ALL RIGHT. NOW TELL ME WHAT YOUR  
19 RESPONSIBILITIES WERE THAT MORNING?

20 A I WAS FIRE FIGHTER IN THE BACK. I WAS ACTUALLY  
21 ON THE DRIVER'S SIDE JUMP SEAT. IT'S MY  
22 RESPONSIBILITY WAS TO OBTAIN ANY MEDICAL EQUIPMENT WE  
23 NEEDED FOR THE CALL AND TO FOLLOW THE OTHER FIRE  
24 FIGHTER IN.

25 Q WHEN -- TELL US WHAT HAPPENED WHEN YOU GUYS

1 ARRIVED AT 407 RICH STREET?

2 A I EXITED THE FIRE APPARATUS, GRABBED THE MEDICAL  
3 BAG, AND THE ADD, AND WALKED INTO THE RESIDENCE.

4 Q THE ADD?

5 A IT'S THE AUTOMATIC ELECTRIC DEFIBRILLATOR.

6 Q IS THAT THE THING YOU TRY AND GET SOMEBODY'S  
7 HEART STARTED?

8 A YES, SIR.

9 Q AND THE OXYGEN BAG?

10 A AND THE OXYGEN BAG, YES.

11 Q WHAT DOES THAT DO?

12 A CONTAINS OXYGEN BOTTLE THAT WE USE FOR ANYONE  
13 THAT MAY BE UNCONSCIOUS OR NEEDED OXYGEN SO WE CAN  
14 APPLY THAT.

15 Q AND WHO ELSE WAS WITH YOU GOING INTO THE HOUSE?

16 A FIRE FIGHTER DILLON.

17 Q DILLON?

18 A YEAH, JASON DILLON.

19 Q ALL RIGHT. WHO WENT INTO THE HOUSE FIRST?

20 A JASON DILLON DID, PROCEEDED IN BEFORE I DID.

21 Q ABOUT HOW LONG AFTER MR. DILLON WENT IN DID YOU  
22 GO IN?

23 A PROBABLY NOT EVEN A MINUTE.

24 Q WHERE DID YOU GO, WHAT DID YOU SEE WHEN YOU  
25 FIRST WALKED INTO THE HOUSE.

1       A     WHEN I FIRST WALKED INTO THE HOUSE THERE WERE  
2       TWO LITTLE GIRLS SITTING ON THE COUCH TO MY LEFT AND  
3       ONE OF THE LITTLE GIRLS STATED TO ME THAT HER SISTER  
4       WAS DEAD. I PROCEEDED INTO THE VICTIM'S ROOM.

5       Q     WHAT WAS THE GIRLS CONDITION? WHAT WERE THEY --

6       A     THEY WERE VERY VISIBLY UPSET. THEY WERE CRYING.  
7       THEY WERE KIND OF SITTING NEXT TO EACH OTHER.

8       Q     AGAIN I'M HAVING A LITTLE HARD TIME HEARING YOU  
9       SO I CAN ONLY IMAGINE THAT THEY ARE TOO. JUST SPEAK  
10      UP A LITTLE BIT AND SLOW DOWN. EVERYTHING IS FINE?

11      A     OKAY. SORRY.

12      Q     NOW YOU SAW THE GIRLS ON THE COUCH, WHERE DID  
13      YOU GO AFTER YOU ENTERED THE LIVING ROOM?

14      A     AFTER I ENTERED THE LIVING ROOM, I PROCEEDED  
15      INTO THE BEDROOM OF THE VICTIM.

16      Q     WHAT DID YOU SEE WHEN YOU WALKED IN THE BEDROOM?

17      A     THE LITTLE GIRL WAS LAYING SUPINE ON HER BACK.  
18      SHE BASICALLY HAD HER SHIRT PULLED UP TOWARD THE TOP  
19      OF HER CHEST AND WAS VISIBLY DISCOLORED IN THE FACE.

20      Q     OKAY. WAS THERE ANY NEED FOR THE DEFIBRILLATOR  
21      OR THE OXYGEN?

22      A     NOT AT THAT POINT. SHE HAD NO SIGNS OF LIFE AT  
23      THAT POINT. SHE HAD NO VITAL SIGNS AT ALL.

24      Q     DID YOU SEE ANYBODY ELSE IN THE BEDROOM? WHO  
25      ELSE WAS IN THERE WHEN YOU WALKED IN?

1       A       HER FATHER WALKED IN AS SOON AS I WALKED IN.

2       Q       HER FATHER?

3       A       YES.

4       Q       WHO'S FATHER?

5       A       AMANDA COPE'S FATHER.

6       Q       MR. BILLY COPE THE DEFENDANT SEATED HERE?

7       A       YES.

8       Q       ALL RIGHT.  AND WHO ELSE WAS IN THE ROOM?

9       A       FIRE FIGHTER DILLON.

10      Q       OKAY.  DID YOU HAVE OCCASION TO TALK TO THE

11      FATHER?

12      A       AS SOON AS I WAS WALKING INTO THE BEDROOM HE WAS

13      WALKING OUT.  HE STATED TO ME, SHE'S DEAD, WALKED

14      PAST ME, AND I PROCEEDED IN WHERE I MET UP WITH FIRE

15      FIGHTER DILLON IN THE BEDROOM.

16      Q       HOW LONG WERE YOU IN THE BEDROOM AFTER THAT

17      POINT?

18      A       PROBABLY JUST TWO - THREE MINUTES.

19      Q       ALL RIGHT.  DID YOU DISTURB ANYTHING WHILE YOU

20      WERE IN THERE?

21      A       NO, SIR.

22      Q       DID YOU SEE MR. DILLON DISTURB ANYTHING?

23      A       NO, SIR.

24      Q       WHEN YOU AND MR. DILLON LEFT THE SCENE OF THE

25      BEDROOM AND IN DEED THE WHOLE HOUSE, WAS IT LEFT IN

1 THE SAME CONDITION YOU FOUND IT?

2 A YES, SIR.

3 Q DID YOU HAVE OCCASION TO TALK TO THE FATHER  
4 ANYMORE?

5 A I DID NOT SPEAK TO HIM. FIRE FIGHTER DILLON WAS  
6 THE ONE ADDRESSING HIM. HE WAS THE ONE WHO WAS  
7 ASSESSING THE PATIENT AND HE ASKED HOW LONG HE HAD OR  
8 THE LITTLE GIRL HAD BEEN LIKE THAT AND THE FATHER  
9 STATED ABOUT FOUR HOURS. WE ASKED YOU KNOW WHAT  
10 HAPPENED AND HE STATED THAT HE WENT IN TO CHECK ON  
11 HER, FOUND THAT SHE HAD A BLANKET WRAPPED AROUND HER  
12 NECK, THAT HE HAD DRESSED HER, AND CALLED 911 AT THAT  
13 POINT.

14 Q DID HE COMMENT ON THE POSITION OF THE CLOTHING?  
15 WHAT HER CLOTHING STATUS WAS?

16 A HE, OTHER THAN THE FACT THAT HE HAD TO PUT  
17 CLOTHING ON HER.

18 Q DID HE SAY THAT SHE WAS, HOW DID HE DESCRIBE AS  
19 BEST YOU CAN RECALL WHAT DID HE SAY?

20 A THE BEST OF MY RECOLLECTION IS THAT HE SAID THAT  
21 SHE WAS NAKED WHEN HE FOUND HER AND HE HAD TO PUT  
22 CLOTHING ON HER.

23 Q DID YOU FIND THAT UNUSUAL?

24 A YES, SIR.

25 Q AND DID YOU HAVE OCCASION TO TALK WITH

1 MR. DILLON ABOUT THAT?

2 A YES, SIR. ACTUALLY I EXITED ROOM WHEN ONE OF  
3 THE OTHER PARAMEDICS ARRIVED. FIRE FIGHTER DILLON  
4 EXITED THE ROOM AFTER I DID AND ACTUALLY STATED THAT  
5 HE DID SAY WHAT I THOUGHT HE SAID AND REPEATED AND I  
6 SAID YES HE DID.

7 Q AND AS A RESULT OF YOUR TIME IN THE HOUSE WERE  
8 YOU ASKED TO PREPARE A REPORT IN THIS MATTER?

9 A YES, SIR.

10 Q AND DID YOU IN FACT DO THAT?

11 A YES, SIR.

12 Q OKAY. AND WHEN DID YOU PREPARE THAT REPORT,  
13 APPROXIMATELY HOW LONG AFTER THE INCIDENT?

14 A AS SOON AS WE GOT BACK TO THE STATION, MAYBE 15  
15 MINUTES AFTER WE.

16 Q WHEN IT WAS FRESH IN YOUR MIND?

17 A YES.

18 Q IS THERE ANY QUESTION IN YOUR MIND AS YOU SIT  
19 THERE NOW AND RECOLLECT BACK ON THIS WAS HE TALKING  
20 ABOUT THE NUMBER FOUR WHEN HE WAS SPEAKING ABOUT THE  
21 HOURS OR DID HE SAY FOR HOURS?

22 A I TOOK IT AS HE WAS SPEAKING ABOUT A NUMBER  
23 FOUR.

24 Q ALL RIGHT. DID HE TALK ANYTHING ABOUT HER SLEEP  
25 HABITS? DID HE COME OVER AND SAY ANYTHING ABOUT HOW



1 SHE NORMALLY SLEPT?

2 A HE STATED THAT SHE HAD A TENDENCY OF ROLLING  
3 OVER IN HER SLEEP WHICH IS HOW SHE HAD THE BLANKET  
4 WRAPPED AROUND HER NECK AND HE WAS STATING THAT WHEN  
5 ASKING HIM WHAT HAD HAPPENED WITH THE LITTLE GIRL.

6 Q THANK YOU, MS. BARNETT. PLEASE ANSWER ANY  
7 QUESTIONS THE DEFENSE MAY HAVE.

8 MR. WOOD: PLEASE THE COURT.

9 CROSS EXAMINATION BY MR. WOOD:

10 Q DID YOU TAKE ANY NOTES WHEN YOU WENT TO THE COPE  
11 HOME?

12 A NO, SIR.

13 Q YOU DIDN'T. DO YOU KNOW WHAT TIME YOU ARRIVED?

14 A IT WAS EARLY IN THE MORNING.

15 Q DO YOU KNOW WHAT TIME YOU LEFT?

16 A I WOULD HAVE TO LOOK AT THE REPORT. I DON'T  
17 REMEMBER THAT FAR BACK.

18 Q WHEN BILLY SAID FOR HOURS, DID YOU ASK HIM IF HE  
19 MEANT FOUR AS IN THE NUMBER OR FOR AS IN F-O-R?

20 A NO, SIR, WE DIDN'T ASK HIM THAT. I MEAN JUST  
21 THE WAY HE STATED IT, HE SAID IT WAS ABOUT FOUR HOURS  
22 WHICH MADE IT SEEM LIKE TO US LIKE IT WAS A NUMBER  
23 FOUR AS OPPOSED TO JUST A GENERALIZED STATEMENT.

24 Q SO YOU DIDN'T CLARIFY THAT?

25 A NO, SIR.

1 Q SO IT'S YOUR OPINION THAT HE SAID F-O-U-R?

2 A IT WAS WHAT I INTERPRETED FROM HIS COMMENTS,

3 YES, SIR.

4 Q YOU DIDN'T CLARIFY IT WITH HIM?

5 A YES, SIR.

6 Q YOU DID CLARIFY IT WITH HIM?

7 A NO, SIR, I DID NOT CLARIFY IT WITH HIM.

8 Q NOW YOU GOT THE OPPORTUNITY TO SEE BILLY UP

9 CLOSE THAT MORNING, DID YOU SEE ANY BLOOD ON HIS

10 ARMS?

11 A NO, SIR.

12 Q AND YOU DIDN'T SEE ANY BLOOD ON HIS HANDS?

13 A NO, SIR.

14 Q AND DID YOU HAVE AN OPPORTUNITY TO SEE AMANDA'S

15 BODY THAT MORNING?

16 A YES, SIR.

17 Q AND WAS THERE BLOOD ON AMANDA?

18 A TO MY RECOLLECTION SHE DID HAVE SOME BLOOD ON

19 THE SIDE OF HER FACE.

20 Q WAS THAT BLOOD SMEARED?

21 A IT WAS KIND OF LIKE LOOKING AT IT KIND OF RUN

22 DOWN.

23 Q KIND OF RUN DOWN HER FACE BUT NOT SMEARED?

24 A NO, SIR.

25 Q AND IF YOU FOUND HER BODY WITH NO CLOTHES ON IT

1       AND THEN PUT HER SHIRT BACK ON THAT BLOOD WOULD BE  
2       SMEARED, WOULDN'T IT?

3       A     I --

4               MR. BRACKETT:  OBJECTION, CALLS FOR  
5       SPECULATION.

6               THE COURT:  I OVERRULE THE OBJECTION.  GO  
7       AHEAD.  ANSWER HIS QUESTION IF YOU CAN.

8       A     I WOULD HAVE NO IDEA HOW IT.

9       Q     BUT BILLY DIDN'T HAVE ANY BLOOD ON HIS HANDS OR  
10      ARMS?

11      A     NONE THAT I SAW.

12      Q     DID HE HAVE A SHIRT ON?

13      A     NO, SIR.

14      Q     DID HE HAVE ANY BLOOD ON HIS CHEST?

15      A     NONE THAT I SAW.

16      Q     ABDOMEN?

17      A     NONE THAT I SAW.

18      Q     PLEASE ANSWER ANY QUESTIONS MR. GREELEY HAS FOR  
19      YOU.

20              MR. GREELEY:  I DON'T HAVE ANY QUESTIONS,  
21      YOUR HONOR.

22              THE COURT:  ALL RIGHT.  FEEL FREE TO  
23      LEAVE.

24      A     THANK YOU.

25              THE COURT:  ANYBODY OBJECT TO HER BEING

1       EXCUSED.

2                   MR. GREELEY:  NO OBJECTION FROM  
3       MR. SANDERS.

4                   MR. WOOD:  NONE.

5                   THE COURT:  MEMBERS OF THE JURY PANEL,  
6       WE'LL BREAK FOR LUNCH UNTIL 2:30.  WE'LL SEE YOU BACK  
7       IN THE JURY ROOM AT 2:30.  HAVE A PLEASANT LUNCH.

8                   (THE JURY EXITS THE COURTROOM AT  
9       12:51.)

10                  MR. BRACKETT:  I JUST WANTED TO POINT OUT  
11       A COUPLE THINGS.  PURSUANT TO THE COURT'S ORDER  
12       YESTERDAY REGARDING THE REDACTION OF SOME OF THE  
13       INFORMATION FROM THE INTERVIEWS REGARDING THE  
14       COMPUTER AND SOME MAGAZINES AND VIDEOS FOUND IN HIS  
15       HOUSE, WE HAVE GONE THROUGH AND DONE THE BEST WE CAN,  
16       IT'S A FOUR HOUR TAPE, WE'VE GONE AND FOUND EVERY  
17       REFERENCE AS BEST WE CAN.  I PROVIDED A COPY OF THE  
18       FINAL VERSION OF THE TRANSCRIPT TO MR. COPE WHO IS  
19       THE PRIMARY PARTY CONCERNED WITH THIS ISSUE AND I'LL  
20       PROVIDE ONE TO MR. GREELEY.  WE'RE IN THE PROCESS OF  
21       MAKING TAPES.  IT'S ARDUOUS PROCESS TO GO THROUGH AND  
22       FIND LITTLE SNIPPETS AND RECORD OVER THEM SO IT'S  
23       SILENT.  I WILL GIVE THE COURT A COPY AS WELL JUST SO  
24       YOU HAVE A FINAL DRAFT.  THAT IS THE AGREED COPY OF  
25       THE TRANSCRIPT BUT I WOULD LIKE COUNSEL FOR MR. COPE

1 TO GO THROUGH THAT AS WELL. IF I MISSED SOMETHING,  
2 WE HIGHLIGHTED THE PORTIONS WE FELT WERE NECESSARY TO  
3 BE REDACTED IN ORDER TO COMPLY WITH THE COURT'S  
4 ORDER. IF THERE IS SOMETHING ADDITIONAL THAT'S WHAT  
5 WE'RE REDACTING AS OF NOW. IF THERE IS SOMETHING  
6 ADDITIONAL THAT I MISSED OR THEY FEEL SHOULD BE  
7 REDACTED THAT I FELT DIDN'T NEED TO BE REDACTED I  
8 WANT TO TRY TO GET THAT RESOLVED BEFORE BECAUSE ONE  
9 OF OUR WITNESSES THIS AFTERNOON IS GOING TO BE, I  
10 PREDICT JERRY WALDROP, WE'LL START WITH HIM, THE TAPE  
11 WILL BE PLAYED, AND SO I WANT TO MAKE SURE THAT WE  
12 GOT THAT SQUARED AWAY SO WE'RE NOT IN THIS HOLDING  
13 PATTERN WHILE WE'RE WAITING.

14 THE OTHER ISSUE I NEED TO TALK ABOUT  
15 IS THE TELECONFERENCING OF MRS. HERRON FROM ALABAMA  
16 AND THE SCHEDULING OF THAT. I HAVE MR. BURRIS,  
17 DETECTIVE BURRIS TO TAKE UP NEXT, AND THEN I CAN DO  
18 MRS. HERRON, BUT IT'S GOING TO TAKE COMPTON ABOUT  
19 AN HOUR.

20 MR. POPE: THE BIGGEST ISSUE WE NEED TO  
21 GIVE ALABAMA THEM SOMEWHAT OF A SPECIFIC TIME.

22 THE COURT: WHY CAN'T WE SAY NINE O'CLOCK  
23 IN THE MORNING THEN THEY CAN COME IN AND DO IT LATER  
24 TONIGHT OR DO IT AT 8 IN THE MORNING. I DON'T WANT  
25 TO HAVE THE JURY SITTING OUT THERE FOR AN HOUR.

1 MR. BRACKETT: THAT'S WHY.

2 THE COURT: WHEN IT IS PROBABLY A TEN OR  
3 FIFTEEN MINUTE EXAMINATION.

4 MR. BRACKETT: YES, SIR. WE CAN DO IT  
5 FIRST THING IN THE MORNING, SUITS US.

6 THE COURT: WHY DON'T CONFIRM THAT ALABAMA  
7 CAN BE READY AND WE CAN BE READY. OF COURSE, THAT  
8 WILL BE 8 O'CLOCK FOR THEM I GUESS.

9 MR. POPE: I'LL CONFIRM OVER LUNCH.

10 THE COURT: MR. BRACKETT, ANYTHING ELSE?

11 MR. MORTON: WE'RE GOING TO TRY AND PLAY  
12 THAT FOUR HOUR TAPE THIS AFTERNOON?

13 MR. BRACKETT: WE'RE GOING TO START. I  
14 UNDERSTAND THAT THE DEFENSE WANTS IT PLAYED SO WE  
15 MINE AS WELL ROLL THROUGH IT AND PLAY IT AND GET IT  
16 OUT OF THE WAY.

17 THE COURT: ALL RIGHT. YOU APPEAR AS  
18 THOUGH YOU WANT TO MAKE SOME COMMENTS ABOUT THAT.

19 MR. MORTON: WELL, I WAS JUST WONDERING IF  
20 MR. WALDROP WAS GOING TO TESTIFY AND THEN I GUESS  
21 HE'S GOING TO PUT THE TAPE UP DURING YOUR DIRECT OF  
22 HIM.

23 MR. BRACKETT: NO, I WAS GOING TO WAIT AND  
24 PUBLISH AT THE CONCLUSION OF THE TESTIMONY SO HE  
25 DIDN'T HAVE TO SIT ON THE STAND FOR FOUR HOURS.

1                   MR. MORTON: SO WE DO DIRECT AND THEN  
2 CROSS.

3                   MR. BRACKETT: THEN PUBLISH THE TAPE.

4                   THE COURT: WHY DON'T YOU WORK THAT OUT  
5 AND SEE IF THAT PRESENTS A PROBLEM. THAT WOULD MAKE  
6 SOME SENSE BUT THEN I DON'T WANT TO INTERFERE WITH.

7                   MR. MORTON: I DON'T SEE ANY IMMEDIATE  
8 NEED FOR HIM -- WELL, I DON'T KNOW IF I WANT TO  
9 EXCUSE HIM BUT.

10                  THE COURT: WE'LL MAKE HIM AVAILABLE. WE  
11 CAN ALWAYS HAVE HIM SUBJECT TO BEING RECALLED.

12                  MR. BRACKETT: YES, SIR. I WAS JUST AS A  
13 COURTESY TO HIM. I MEAN.

14                  THE COURT: WELL, I GUESS WHAT I'M  
15 THINKING STRATEGICALLY, I DON'T KNOW HOW, I'M NOT  
16 TRYING TO GUESS Y'ALL'S STRATEGY. I CAN SEE WHERE  
17 YOU MAY WANT TO WAIT AND EXAMINE HIM AFTER THE TAPE  
18 IS PLAYED. YOU GOT EVERY RIGHT TO DO THAT. SO IT'S  
19 HOW Y'ALL WANT TO DO IT.

20                  MR. MORTON: ALL RIGHT, SIR.

21                  THE COURT: BOTH OF YOU HAVE AN ABSOLUTE  
22 RIGHT TO EXAMINE HIM AFTER EVERYBODY HAS HEARD THAT  
23 TAPE.

24                  MR. MORTON: YES, SIR.

25                  THE COURT: NOW WE BRIEFLY IN CHAMBERS HAD

1 DISCUSSION WITH SEATING ARRANGEMENTS. ANYBODY WANT  
2 TO PUT ANYTHING ON THE RECORD ABOUT THAT? ANYTHING  
3 FROM THE STATE?

4 MR. BRACKETT: NO, SIR.

5 THE COURT: YOU WERE THERE.

6 MR. BRACKETT: YES, SIR.

7 THE COURT: ALL RIGHT. MR. MORTON.

8 MR. MORTON: YOUR HONOR, JUST THAT MY  
9 CLIENT WOULD LIKE TO HAVE A SCREEN PUT UP BETWEEN HIM  
10 AND MR. SANDERS AND I UNDERSTAND THAT WAS DENIED.

11 THE COURT: I DENY THAT REQUEST.

12 THE COURT: ALL RIGHT. MR. GREELEY, YOU  
13 HAVE ANYTHING TO SAY ABOUT ANY OF THAT?

14 MR. GREELEY: NO, SIR.

15 THE COURT: WE'LL SEE YOU AT 2:30 THEN.  
16 HAVE A GOOD LUNCH.

17 (COURT'S IN RECESS AT 12:50.)

18 (COURT RESUMES AT 2:34.)

19 THE COURT: THE STATE READY.

20 MR. BRACKETT: THE STATE IS READY.

21 MR. BAITY: YES, YOUR HONOR. WE'RE READY.

22 MR. GREELEY: MR. SANDERS IS READY.

23 THE COURT: BRING IN THE JURY.

24 (THE JURY ENTERS THE COURTROOM.)

25 THE COURT: COME ON AND HAVE A SEAT, DR.



1 MAYNARD, YOU ARE STILL UNDER OATH, AND WE'RE SORRY WE  
2 HAD TO INTERRUPT YOU. WE APPRECIATE YOUR PATIENCE.  
3 MR. GREELEY.

4 MR. GREELEY: MAY IT PLEASE THE COURT.

5 CROSS EXAMINATION BY MR. GREELEY:

6 Q DR. MAYNARD, GOOD AFTERNOON?

7 A GOOD AFTERNOON, SIR.

8 Q THE FIRST THING I WOULD LIKE TO ASK YOU ABOUT IS  
9 TO GO BACK TO YOUR TESTIMONY IN REGARDS TO THE  
10 DAMAGE, THE CONTUSIONS IN THE ABDOMEN THAT YOU HAVE  
11 TALKED ABOUT, JUST THE VARIOUS ONES?

12 A YES, SIR.

13 Q I WANT TO ASK YOU WOULD IT BE CONSISTENT WITH  
14 THOSE INJURIES IF A PERSON WEIGHING APPROXIMATELY  
15 THREE HUNDRED POUNDS WENT AND HOPPED ON THE BED,  
16 LEADING WITH THEIR LEFT KNEE ON TOP OF THIS 12 YEAR  
17 OLD GIRL, WITH ALL HIS WEIGHT COMING DOWN, WOULD  
18 THOSE BE CONSISTENT WITH SUCH AN ACTION LIKE THAT?

19 A YES, SIR, IT WOULD BE.

20 Q OKAY. NOW IN REGARDS TO YOUR FINDINGS ON THE  
21 NECK OF AMANDA, WOULD IT BE CONSISTENT IF A PERSON  
22 AFTER HOPPING ON THE BED, IF THEY GRABBED HER NECK  
23 EITHER WITH ONE OR TWO HANDS, AND BEGAN TO CHOKE HER  
24 WITH ONE OR TWO HANDS, WOULD THAT BE CONSISTENT WITH  
25 THE FINDINGS ON THE NECK THAT YOU FOUND?

1       A     YES, SIR, IT WOULD.

2       Q     OKAY.  IN REGARDS TO THE DAMAGE TO THE BRAIN I  
3       THINK SHE HAD A SUBDUEER HEMATOMA AS WELL YOU SAW SOME  
4       EVIDENCE OF THE SHAKEN BABY SYNDROME?

5       A     YES, SIR, THAT'S CORRECT.

6       Q     AND YOU TALKED ABOUT HOW THE BRAIN GOES BACK AND  
7       FORTH INSIDE THE SKULL AND MOVES FASTER THAN THE  
8       SKULL ITSELF AND THUS IT'S DAMAGED?

9       A     YES, SIR.

10      Q     WHAT YOU FOUND IN REGARDS TO THE BRAIN, WOULD  
11      THAT BE CONSISTENT WITH SOMEONE SITTING ON TOP OF  
12      THIS 12 YEAR OLD GIRL WITH THEIR HAND OR HANDS AROUND  
13      THEIR THROAT AND PULLING OR BANGING THE BED AGAINST  
14      THE BED?

15      A     SOME OF THE INJURIES WOULD BE.

16      Q     OKAY.  IN REGARDS TO THE DAMAGES THAT YOU FOUND  
17      ON THIS GIRL TO HER MOUTH AND HER SHOULDER, THE  
18      CONTUSIONS AND THE BRUISING IN THE FACE, WOULD THAT  
19      BE CONSISTENT WITH SOMEONE SITTING ON TOP OF THIS  
20      GIRL AND HITTING HER EITHER OPEN HAND OR WITH A FIST  
21      IN HER FACE AND IN HER SHOULDER AREA?

22      A     YES, SIR, IT WOULD.

23      Q     IN REGARDS TO THE DAMAGES THAT YOU FOUND TO THIS  
24      GIRL'S ANUS AND RECTUM, WOULD IT BE CONSISTENT IF A  
25      PERSON STOOD UP AND WALKED TO THE END OF THE BED AND

1 GRABBED A BROOM STICK AND THEN WITH APPROXIMATELY 380  
2 POUNDS OF FORCE PUT THE BROOM STICK IN HER ANUS AND  
3 PUSHED, WOULD THAT BE CONSISTENT WITH WHAT YOU FOUND?

4 A YES, SIR, IT WOULD.

5 Q AND HE PUSHED UNTIL IT STOPPED, WOULD THAT BE  
6 CONSISTENT?

7 A YES, SIR, OR UNTIL HE STOPPED.

8 Q AND WITH THE DAMAGES THAT YOU FOUND IN HER  
9 VAGINA, WOULD IT BE CONSISTENT IF THAT SAME BROOM  
10 STICK WAS THEN REMOVED FROM THE ANUS AND PUT INTO THE  
11 VAGINA IN THE SAME FASHION AND THAT FORCE PUSHED INTO  
12 THE VAGINA, WOULD THAT BE CONSISTENT WITH THE DAMAGES  
13 THAT YOU FOUND IN THE VAGINA?

14 A YES, SIR, A BROOM STICK WOULD CAUSE THE DAMAGES  
15 OR COULD CAUSE THE DAMAGE IN THE VAGINA.

16 Q OKAY. NOW WHEN YOU GOT THERE THAT DAY YOU WERE  
17 GOING TO DO A CRIME SCENE ANALYSIS ESSENTIALLY, IS  
18 THAT CORRECT?

19 A ESSENTIALLY TO LOOK AT THE CRIME SCENE AND OFFER  
20 MY INPUT AS TO CAUSE AND MANNER OF DEATH.

21 Q AND I NOTICED IN YOUR REPORT THAT YOU TALKED  
22 ABOUT WHEN YOU GOT INTO THE BEDROOM THERE WERE A  
23 NUMBER OF ITEMS ON THE BED, IS THAT CORRECT?

24 A YES, SIR, THERE CERTAINLY WERE.

25 Q IN FACT, THERE WAS A METAL MUSIC STAND, IS THAT

1 ONE OF THOSE THAT FOLDS UP?

2 A YES, SIR, IT APPEARED TO US TO BE A MUSIC STAND  
3 TO WILL HOLD FLAT MUSIC.

4 Q AND IT WAS ON THE BED?

5 A YES, SIR.

6 Q AND THERE WAS ALSO, WAS IT A STAPLER, A STAPLE  
7 GUN?

8 A YES, SIR, A STAPLE GUN.

9 Q AND THERE WAS A STAPLE GUN ON THE BED AND I  
10 THINK IN YOUR REPORT YOU SAID THERE WERE HOMEWORK  
11 PAPERS UNDERNEATH HER BODY, IS THAT CORRECT?

12 A YES, SIR, PAPERS THAT APPEARED TO BE SCHOOL  
13 PAPERS.

14 Q BOOKS WERE BESIDE HER RIGHT SIDE AND ADJACENT TO  
15 HER LEFT SHOULDER, IS THAT CORRECT?

16 A YES, SIR.

17 Q OKAY. SO THIS BED WAS FULL OF ITEMS, IS THAT A  
18 FAIR STATEMENT?

19 A YES, SIR, IT CERTAINLY WAS.

20 Q NOW THE INDENTATIONS OR BRUISING THAT YOU FOUND  
21 ON THE UNDER SIDE OF AMANDA'S BODY, I BELIEVE THAT  
22 YOU SAID IT WAS CONSISTENT WITH THE MUSIC STAND, IS  
23 THAT CORRECT?

24 A YES, SIR, THE MUSIC STAND AND A STAPLER.

25 Q SO THERE WERE ACTUAL INDENTATIONS THAT YOU COULD

1       SEE THAT TRIGGERED YOU TO THESE ITEMS?

2       A     YES, SIR.  THEY APPEARED TO BE WHEN YOU PLACE  
3       ITEMS OVER THE ABRASIONS TO BE CONSISTENT WITH THOSE  
4       ITEMS.

5       Q     OKAY.  AND NORMALLY IF A PERSON WERE TO  
6       ACCIDENTALLY LIE DOWN ON AN ITEM SUCH AS THAT, IT  
7       WOULDN'T MAKE THE TYPE OF ABRASION OR BRUISES THAT  
8       YOU SAW IN YOUR EXAMINATION?

9       A     NO, SIR, IT WOULD NOT.  THESE WERE TRUE  
10      ABRASIONS OR ACTUAL TEARING OR ROUGHING OF THE SKIN  
11      ALONG WITH HEMORRHAGE BENEATH IT.

12      Q     SO WOULD IT BE CONSISTENT THAT THOSE ITEMS COULD  
13      HAVE CAUSED THOSE BRUISES DUE TO A LARGE AMOUNT OF  
14      WEIGHT BEING ON HER BODY AND A STRUGGLE DURING THAT  
15      PERIOD OF TIME?

16      A     YES, SIR, THAT IS CORRECT.

17      Q     OKAY.  ALSO DURING YOUR EXAMINATION YOU CHECKED  
18      HER MOUTH FOR SEMEN, DID YOU NOT?

19      A     YES, SIR.

20      Q     AND YOU CHECKED HER ANUS FOR SEMEN?

21      A     YES, SIR.

22      Q     AND YOU CHECKED HER VAGINA FOR SEMEN?

23      A     YES, SIR.  WE TOOK SWABS FROM ALL AREAS.

24      Q     AND NO SEMEN WAS FOUND IN ANY OF THOSE THREE  
25      ORIFICES?

1       A     I FOUND NO SPERMATOOA.  THE SEMEN ANALYSIS  
2       WOULD HAVE BEEN DONE AT SLED OR ELSEWHERE.

3       Q     ALL RIGHT.  BUT YOU YOURSELF ON YOUR INITIAL  
4       INVESTIGATION DID NOT FIND THIS SPERMATOOA?

5       A     NO, SIR, I DID NOT.

6       Q     OKAY.  THE CLOTHES THAT SHE WAS WEARING WHEN YOU  
7       FOUND HER NOW I NOTICED IN YOUR TESTIMONY YOU MENTION  
8       Y'ALL TOOK INTO POSSESSION HER BED CLOTHES, BUT THESE  
9       WERE CLOTHES THAT COULD HAVE BEEN WORN TO SCHOOL,  
10      WEREN'T THEY?

11      A     WE TOOK EVERYTHING THAT IS ON THE BED.  THERE  
12      WAS SOME CLOTHES ON THE BED, ALONG WITH A SHEET, A  
13      BLANKET, AND OF COURSE WHAT SHE WAS WEARING.

14      Q     BUT I'M FOCUSING ON WHAT SHE WAS WEARING AT THE  
15      TIME.  THEY WERE CLOTHES THAT SHE, THESE WEREN'T  
16      PAJAMA TOPS.  I MEAN IT WASN'T PAJAMAS THAT SHE WAS  
17      WEARING, WAS IT?

18      A     THERE WAS A BLOUSE THEN THE BRA THAT WAS LAYING  
19      OVER IT AND THEN A WARM UP SUIT OR A JOGGING TYPE  
20      PANTS.

21      Q     AND THESE WERE CLOTHES THAT SHE COULD HAVE  
22      CONCEIVABLY WORN, A TYPE OF CLOTHES THAT SHE COULD  
23      HAVE CONCEIVABLY WORN TO SCHOOL, WEREN'T THEY?

24      A     YES, SIR, I ASSUME SO DEPENDING ON WHAT THE  
25      SCHOOL REQUIRES.

1 Q THESE WERE NOT CLOTHES THAT WERE SPECIFICALLY  
2 MADE FOR SLEEPING IN, WERE THEY?

3 A NO, SIR, THEY WERE NOT.

4 Q AND SO HER ATTIRE WHEN YOU FOUND HER WAS THE  
5 SAME TYPE OF ATTIRE THAT SHE MAY HAVE WORN DURING THE  
6 DAY?

7 A YES, SIR, CONSISTENT WITH STREET ATTIRE.

8 Q OKAY. YOU MENTIONED IN YOUR REPORT THAT THERE  
9 WERE CLOTHES ON HER BED THAT WERE NOT HER SIZE, WERE  
10 THEY LARGER THAN SHE WAS?

11 A I BELIEVE THEY WERE SMALLER.

12 Q SMALLER. NOW WAS TRANSLUCENT LIGHT USED AT THE  
13 SCENE AT THE BEDROOM?

14 A YES, SIR, A FLORESCENT LIGHT WAS.

15 Q FLORESCENT LIGHT?

16 A YES, SIR.

17 Q EXPLAIN TO THE JURY IF YOU WOULD ONCE AGAIN AND  
18 A LOT OF PEOPLE SEE THOSE TV SHOWS THEY HAVE NOW AND  
19 I CAN'T EVEN REMEMBER THE NAME OF ONE OF THEM, BUT IN  
20 REGARDS TO FORENSICS AND A LOT OF PEOPLE HAVE SEEN  
21 THOSE, BUT WHAT ARE THE FLORESCENT LIGHTS USED FOR  
22 AND HOW DO YOU USE THEM?

23 A THESE ARE THE BLACK LIGHTS THAT REALLY DON'T PUT  
24 OUT MUCH LIGHT BUT PUT OUT A CERTAIN WAVE LENGTH OF  
25 LIGHT SUCH THAT WHEN IT STRIKES AN OBJECT THAT YOU

1 LOOK THAT YOU MAY OR MAY NOT SEE THE OBJECT BECOME  
2 VERY BRIGHT IN COLOR. BY LOOKING THROUGH A PAIR OF  
3 GLASSES YOU CAN SEE THE BRIGHTNESS AND THE DULLNESS  
4 AND THE BRIGHT AREAS ARE WHAT WE ARE LOOKING FOR.  
5 THESE AREAS WE MARK ARE LOOKED CAREFULLY TO BE SURE  
6 THERE IS SOMETHING THERE. THEN IF THERE IS SOMETHING  
7 THERE WE TAKE A PORTION OF THIS.

8 Q OKAY. SO IF SOMETHING IS THERE MORE TIMES THAN  
9 NOT IT'S GOING TO SHOW UNDER THAT LIGHT?

10 A DEPENDING ON WHAT THE MATERIAL IS.

11 Q OKAY. LET'S SAY FOR EXAMPLE SEMEN?

12 A YES, SIR.

13 Q IF SEMEN IS PRESENT IN A PLACE MORE TIMES THAN  
14 THAT NOT IT'S GOING TO FLUORESCENCE?

15 A YES, SIR, THAT'S CORRECT.

16 Q I MEAN THAT'S WHAT THIS LIGHT IS FOR, IS THAT  
17 CORRECT?

18 A YES, SIR, IT IS.

19 Q AND WHEN YOU USE THESE LIGHTS WHAT YOU DO IS YOU  
20 DON'T ONLY USE THEM ON THE BODY OR AROUND THE BODY OF  
21 THE PERSON, BUT THEY CAN BE USED ALSO TO SCAN ACROSS  
22 THE BED OR THE FLOORS TO TRY AND PICK UP ANY OTHER  
23 BODY FLUIDS THAT WOULD BE PRESENT, ISN'T THAT  
24 CORRECT?

25 A YES, SIR, IT IS.



1 Q AND Y'ALL DID THAT IN THIS CASE, DIDN'T YOU?  
2 A YES, SIR.  
3 Q YOU WENT OUTSIDE THE BODY?  
4 A YES, SIR, WE DID THE BED.  
5 Q OKAY. SO YOU LOOKED ON THE BED. AND IT WAS A  
6 RATHER LARGE BED. I MEAN IT WASN'T A SINGLE BED?  
7 A IT WAS A DOUBLE BED.  
8 Q IT WAS A DOUBLE BED, OKAY. SO ANY SEMEN THAT  
9 HAD BEEN PUT AT ANY PLACE AROUND HER YOU WOULD THINK  
10 WOULD HAVE FLUORESCED, ISN'T THAT CORRECT?  
11 A YES, SIR, THAT'S CORRECT.  
12 Q AND IN FACT YOU DID HAVE SOMETHING FLUORESC, DIDN'T YOU?  
13  
14 A YES, SIR. WE HAD SEVERAL AREAS OF FLORESCENCE.  
15 Q AND ONE OF THE AREAS OF FLORESCENCE WAS ON HER  
16 PANTS, IS THAT CORRECT?  
17 A YES, SIR, IT WAS.  
18 Q AND IT WAS IN THE CROUCH AREA OR THE  
19 THIGH/CROUCH AREA ON HER PANTS, ISN'T THAT CORRECT?  
20 A YES, SIR, THE LEFT UPPER THIGH.  
21 Q OKAY. AND ANOTHER AREA THAT FLUORESCED I  
22 BELIEVE WAS ON THE BACK OF HER PANTS, IS THAT  
23 CORRECT?  
24 A EXCUSE ME JUST A MINUTE. YES, SIR, THERE IS A  
25 AREA ON THE RIGHT LATERAL FLANK AND I DID NOT SEE ANY

1 REFERENCE IN HERE, THE THIGHS HAVE A SMALL AREA OF  
2 FLUORESCENCE. I DON'T SEE ANYTHING ON THE BACK IN MY  
3 REPORT.

4 Q ALL RIGHT. BUT YOU GOT THESE FLUORESCING SOME  
5 OF THE FLUORESCENCE THAT YOU GOT WERE ON THE PANTS?

6 A YES, SIR, THAT'S CORRECT.

7 Q OKAY. NOW DO YOU KNOW HOW LONG IT TAKES SEMEN  
8 TO DRY?

9 A NO, SIR, I DON'T.

10 Q OKAY. DOES IT EVENTUALLY DRY?

11 A YES, SIR, IT DOES.

12 Q BUT WHEN IT IS FIRST EJACULATED IT IS WET,  
13 STICKY SUBSTANCE, IS THAT CORRECT?

14 A YES, SIR, THAT'S CORRECT.

15 Q AND IN REGARDS TO WHEN A PERSON EJACULATES OR A  
16 MAN EJACULATES, DO YOU KNOW HOW MUCH EJACULATE MAYBE  
17 PRODUCED?

18 A THE NORMAL RANGE FOR A PERSON THAT HAS NOT HAD  
19 AN EJACULATION IN THREE DAYS IS THREE AND A HALF TO  
20 FIVE CCS OR LESS THAN A TEASPOON. IF YOU'VE HAD  
21 EJACULATION FREQUENTLY YOU'LL HAVE LESS PRODUCED JUST  
22 SIMPLY BECAUSE THERE IS LESS IN YOUR BODY.

23 Q OKAY. AND GIVEN THE NATURE OF THE EJACULATION  
24 PROCESS, IT'S NOT ALL PUT INTO ONE PLACE WHEN IT'S  
25 EJACULATED NORMALLY, IS IT?

1       A     THERE ARE SEVERAL CONTRACTIONS WHICH INITIALLY  
2       THAT THIS SEMINAL FLUID COMES OUT AND THEN THE SPERM  
3       COMES OUT AND THEN ADDITIONAL FLUID COMES OUT.

4       Q     RIGHT.  SO YOU WILL HAVE POTENTIALLY MULTIPLE  
5       SPLATTERS?

6       A     YES, SIR, OR MULTIPLE THE EXTRUSIONS FROM THE  
7       PENIS.

8       Q     OKAY.  NOW DO YOU KNOW HOW LONG IT TAKES FOR  
9       SALIVA TO DRY?

10      A     NO, SIR, I DON'T.

11      Q     OKAY.  BUT IT DOES DRY?

12      A     YES, SIR, IT DOES.

13      Q     IS THAT CORRECT?  NOW I BELIEVE YOU ALSO HAD  
14      PREVIOUSLY TESTIFIED IN REGARDS TO THE ODOR OF  
15      AMANDA'S BODY, THAT IT WAS YOUR BELIEF THAT SHE HAD  
16      NOT BATHED IN A DAY OR TWO DAYS, IS THAT CORRECT?

17      A     YES, SIR, IN MY OPINION.

18      Q     OKAY.  AND YOU SAID THAT YOU HAD THE, YOU HAD  
19      AMANDA'S BODY THAT Y'ALL VIEWED FOR 24 TO 48 HOURS?

20      A     YES, WE DID.

21      Q     AND THE PURPOSE OF THAT WAS TO SEE WHAT BRUISING  
22      WAS GOING TO BASICALLY CHANGE?

23      A     YES, SIR.  IF ADDITIONAL BRUISES WOULD BE SEEN.

24      Q     AND IN SOME AREAS THERE WERE ADDITIONAL  
25      BRUISING, ISN'T THAT CORRECT?

1       A     THE BRUISING BECAME MORE PRONOUNCED IN SOME  
2       AREAS THAT WE DID NOT SEE INITIALLY, YES, SIR.

3       Q     AND I BELIEVE THAT YOU TESTIFIED THAT THE  
4       BRUISING BECAME MORE PRONOUNCED IN THE NECK AREA?

5       A     YES, SIR, ESPECIALLY BEHIND THE EAR.

6       Q     AFTER ABOUT TWO DAYS.  NOW I WANT TO ASK YOU  
7       SPECIFICALLY ABOUT THE ALLEGED BRUISES TO THE BREAST.  
8       IT WAS EITHER THE RIGHT OR THE LEFT?

9       A     THE RIGHT BREAST.

10      Q     RIGHT BREAST.  FORENSICALLY THERE ARE TIMES WHEN  
11      PEOPLE ARE ABLE TO DO A BITE MARK COMPARISON IF THERE  
12      IS A BITE MARK IN REGARDS TO AN ASSAULT OR A  
13      HOMICIDE, ISN'T THAT CORRECT?

14      A     YES, SIR, IT IS.

15      Q     AND IT'S VERY SIMILAR TO THE PHOTOGRAPH THAT YOU  
16      SHOWED OF THE NECK THAT HAD A RULER SHOWING THE  
17      LENGTH, IS THAT CORRECT?

18      A     YES, SIR, IT WOULD BE.

19      Q     SO IF YOU HAVE A PRONOUNCED BITE MARK, A  
20      PHOTOGRAPH CAN BE TAKEN OF THAT BITE MARK AND IT CAN  
21      BE BLOWN UP AND IN SOME CASES IT CAN BE USED TO MATCH  
22      AGAINST THE MOULD OF A MOUTH, IS THAT CORRECT?

23      A     YES, SIR, IN INSTANCES A PHOTOGRAPH CAN BE USED.

24      Q     AND THAT'S AN ACCEPTED FORENSIC PRACTICE?

25      A     YES, SIR, IT IS.

1 Q IS THAT CORRECT? NOW IN THIS PARTICULAR CASE  
2 YOU DID NOT TAKE A PHOTOGRAPH OF THE ALLEGED BITE  
3 MARK, IS THAT CORRECT?

4 A WE ATTEMPTED TO TAKE A PHOTOGRAPHS BUT IT WAS SO  
5 FAINT THE PHOTOGRAPHS JUST DIDN'T COME OUT.

6 Q OKAY. SO IT WAS FAINT AND WAS NOT AS PRONOUNCED  
7 AS THE BRUISES ON THE NECK?

8 A THAT'S CORRECT.

9 Q OKAY. NOW I NOTICE ON PAGE THREE IN REGARDS TO  
10 THIS BRUISE ON LINE FIVE OF YOUR REPORT UNDER  
11 DESCRIPTION OF INJURIES YOU SAY THERE IS A ONE  
12 CENTIMETER POSSIBLE HEMORRHAGIC AREA LATERAL TO THE  
13 RIGHT NIPPLE, IS THAT CORRECT?

14 A YES, SIR, THAT IS.

15 Q AND THAT'S FROM AN EXTERIOR VIEW?

16 A YES, SIR, EXTERIOR ONLY.

17 Q THAT'S BEFORE YOU DID AN INCISION, IS THAT  
18 CORRECT?

19 A YES, SIR, IT IS.

20 Q OKAY. AND SO IT WAS VISIBLE BUT IT WAS FAINT?

21 A YES, SIR.

22 Q CORRECT. AND ON PAGE SIX UNDER INTERNAL  
23 EXAMINATION THERE IS BLOCK SUMMARY DOWN THERE BELOW,  
24 NUMBER TWO YOU SAY POSSIBLE RIGHT BREAST INJURY, IS  
25 THAT CORRECT?

1       A     YES, SIR, IT IS.

2       Q     OKAY.  NOW EVENTUALLY YOU GET TO YOUR FINAL  
3       SUMMARY IN THE REPORT, PAGE 11, AND AT THE BEGINNING,  
4       I MEAN THE LAST LINE OF THE SECOND PARAGRAPH SAYS  
5       THERE WAS ALSO HEMORRHAGE IN THE DEEP RIGHT BREAST  
6       TISSUE BENEATH THE BRUISE OR IRREGULARITY NOTED?

7       A     YES, SIR, IT DOES.

8       Q     OKAY.  NOW YOU'VE ALSO TESTIFIED THAT YOU  
9       BELIEVE THAT ALL OF THESE INJURIES WERE THE SAME AGE?

10      A     YES, THAT'S CORRECT.

11      Q     OKAY.  AND THAT'S BASED UPON YOUR EXAMINATION  
12      AND I BELIEVE AS I RECALL YOU TESTIFYING THE ACUTE  
13      INFLAMMATION CELLS, IS THAT RIGHT?

14      A     YES, SIR, THE LACK OF THEM.

15      Q     THOSE ARE THE FIRST ONES ON THE SCENE?

16      A     YES, SIR, AFTER THE BLOOD CELLS.

17      Q     OKAY.  AND IF YOU LOOK AT YOUR REPORT ON PAGE  
18      11, IT'S THE SECOND SENTENCE ABOUT FOUR LINES FROM  
19      THE BOTTOM, AND IT STATES THE INJURIES ARE FRESH  
20      INDICATIVE OF OCCURRING UP TO APPROXIMATELY FOUR  
21      HOURS PRIOR TO DEATH OR JUST PRIOR TO DEATH.  SO YOU  
22      CAN'T SAY FROM A SCIENTIFIC BASIS THAT ALL OF THESE  
23      INJURIES OCCURRED IN THE SAME INSTANCE OR THE SAME  
24      HAPPENING?

25      A     NO, SIR, THEY ARE ALL CONSISTENT WITH BEING OF

1 THE SAME TIMEFRAME.

2 Q RIGHT.

3 A THERE IS NOT ONE YESTERDAY, ONE TODAY, BUT THEY  
4 ARE ALL WITHIN A FEW HOURS OR ALL AT THE SAME TIME.

5 Q AND I BELIEVE IN YOUR REPORT YOU SAID UP TO FOUR  
6 HOURS?

7 A TYPICALLY YOU START SEEING THE INFLAMMATORY  
8 CELLS COME IN, AGAIN DEPENDING UPON THE EXTENT OF THE  
9 INJURIES, SOMETIMES IN SURGERY IF THEY PUT A CLAMP ON  
10 IT TISSUE YOU CAN SEE INFLAMMATORY CELLS COME FAIRLY  
11 QUICKLY, BUT USUALLY IT'S ABOUT FOUR HOURS BEFORE  
12 THEY START MOBILIZING AND COMING IN.

13 Q BUT IF YOU HAVE A MINOR INJURY IT COULD TAKE  
14 THEM LONGER?

15 A YEAH, VERY, VERY LIGHT INJURY.

16 Q OKAY. AND SO WITH ANY OF THESE INJURIES WE'RE  
17 TALKING ABOUT ANYWHERE FROM THE TIME OF AMANDA'S  
18 DEATH UP TO FOUR HOURS PROCEEDING ROUGHLY?

19 A YES, SIR, ROUGHLY.

20 Q AND WITH THE MORE EXTREME INJURIES YOU BELIEVE  
21 THAT THE ACUTE INFLAMMATION CELLS COME IN QUICKER AND  
22 WITH LESSER INJURIES THEY MAY NOT COME IN AS RAPIDLY  
23 AS WITH?

24 A YES, SIR, THAT'S MY OPINION.

25 Q OKAY. IN YOUR INVESTIGATION OF THIS MATTER HAVE

1       YOU HAD AN OPPORTUNITY TO SEE AMANDA'S MEDICAL

2       HISTORY OR PART OF IT?

3       A     NO, SIR, I HAVEN'T.

4       Q     YOU HAVEN'T?

5       A     NO, SIR.

6       Q     YOU HAVEN'T SEEN A MEDICAL HISTORY IN REGARDS TO

7       AN EXAMINATION OF HER IN 1999?

8       A     YES, I BELIEVE I DID.

9       Q     OKAY.

10      A     IT WAS A SIMPLE EXAM, NOT A MEDICAL HISTORY.

11      Q     IT WAS A MEDICAL EXAM?

12      A     A MEDICAL EXAM.

13      Q     AND SO YOU DID REVIEW THAT?

14      A     I SAW IT.  I I DON'T REMEMBER REVIEWING THE

15      ENTIRE.

16      Q     AND ISN'T IT TRUE IN THAT MEDICAL EXAM THAT HER

17      HYMEN WAS INTACT IN 1999?

18      A     YES, SIR, IT WAS.  I REMEMBER THAT.

19      Q     SO JUST TO GO BACK BRIEFLY IN REGARDS TO THE

20      BRUISES ON THE BREAST THAT YOU SAW YOU CAN'T TESTIFY

21      THAT YOU KNOW THAT THAT OCCURRED AT THE SAME TIME

22      THAT THIS ASSAULT ON HER OCCURRED, CAN YOU?

23      A     THE BRUISE ON THE BREAST IS A SIMILAR AGE AS THE

24      REST OF THE INJURIES.  IT MAY HAVE OCCURRED IN THIS

25      FOUR HOUR WINDOW OR APPROXIMATE FOUR HOUR WINDOW, BUT



1       THEY ALL SEEM TO BE OF THE SAME AGE.

2       Q     AND THAT'S FROM THE TIME OF DEATH AND THE TIME  
3       OF DEATH YOU HAVE SAID YOU BELIEVE BETWEEN TWO AND  
4       FOUR IN THE MORNING, BUT THERE IS STILL SOME LEEWAY?

5       A     YES, SIR, CERTAINLY IS.

6       Q     COULD HAVE BEEN A LITTLE EARLIER IN THE MORNING  
7       OR A LITTLE LATER IN THE MORNING?

8       A     YES, SIR.

9       Q     THANK YOU, DOCTOR.

10               THE COURT:  REDIRECT.

11               MR. THOMPSON:  YES, YOUR HONOR.

12       REDIRECT EXAMINATION BY MR. THOMPSON:

13       Q     DR. MAYNARD IF YOU WOULD IF COULD YOU JUST  
14       EXAMINE THIS.  IS THIS THE 1999 EXAM THAT YOU WERE  
15       ABLE TO LOOK AT?

16       A     YES, SIR, IT IS.

17       Q     AND DR. MAYNARD, DOES IT INDICATE THE CONDITION  
18       OF AMANDA'S HYMEN AT THAT TIME IN JULY OF 1999?

19               MR. BAITY:  APPROACH THE BENCH, YOUR  
20       HONOR.

21               (BENCH CONFERENCE.)

22               THE COURT:  MR. IVEY, I'M GOING TO LET YOU  
23       TAKE TO THE JURY TO THE JURY ROOM WHILE WE TAKE UP A  
24       MATTER OF LAW.

25               (THE JURY EXITS THE COURTROOM AT

1 3:06.)

2 THE COURT: ALL RIGHT. IT'S YOUR WITNESS.

3 MR. BAITY: YES, YOUR HONOR. WE WOULD  
4 OBJECT TO AN INTRODUCTION OR REFERENCE TO THIS 1999  
5 REPORT WHICH IS NOT PART OF THIS CASE. IT'S, WE  
6 BELIEVE THAT IT'S AN ATTEMPT TO IMPLY SOME PRIOR BAD  
7 ACTS ON THE PART OF OUR CLIENT IN THAT THE  
8 IMPLICATION IS THAT IF SHE HAD A HYMEN IN 1999 AND  
9 DOES NOT HAVE ONE NOW THAT SOMEONE HAS BEEN SEXUAL  
10 ACTIVE WITH HER, WE JUST BELIEVE THIS IS PREJUDICIAL  
11 AND WHICH OUTWEIGHS THE PROBATIVE VALUE.

12 THE COURT: WELL, FIRST I FIND THE MOTION  
13 IS UNTIMELY BECAUSE IT'S ALREADY BEEN ASKED, NOBODY  
14 OBJECTED WHEN IT WAS BROUGHT UP, AND THE STATE  
15 CERTAINLY HAS A RIGHT, AS MR. COPE, TO GO INTO IT NOW  
16 THAT IT'S BEEN BROUGHT UP, SO I DENY THE MOTION.

17 MR. BAITY: THANK YOU.

18 MR. THOMPSON: YOUR HONOR, TO LET THE  
19 COURT KNOW AND DR. MAYNARD, WE DON'T INTEND TO OFFER  
20 THIS, OTHER THAN THAT IT SHOWS A PRIOR MEDICAL REPORT  
21 AND THE CONDITION OF HER HYMEN AND CONDITION OF HER  
22 ANUS AT THAT TIME. NOT WHERE IT CAME FROM, NOT WHY  
23 IT WAS DONE, IT COULD BE ANY MEDICAL EXAM THAT SHE  
24 HAD HAD.

25 THE COURT: OKAY. BRING IN THE JURY. I

1 FEEL LIKE IT HAS PROBATIVE VALUE REGARDING THE DEPTH  
2 TO WHICH THIS WITNESS WAS EXAMINED AS TO THE LACK OF  
3 PRESENCE OF A HYMEN AND THE MANY REASONS FOR WHICH  
4 THAT COULD HAVE BEEN INCLUDING THAT THERE WAS NO  
5 HYMEN EVER EXISTING IN THIS YOUNG LADY, SO IN  
6 ADDITION TO IT NOT BEING TIMELY ON ITS, I OVERRULE  
7 THE MOTION ON THE SUBSTANCE OF IT IN ADDITION TO THE  
8 UNTIMELINESS.

9 (THE JURY RETURNS TO THE COURTROOM.)

10 THE COURT: MR. THOMPSON, YOU MAY PROCEED.  
11 REDIRECT CONTINUED BY MR. THOMPSON:

12 Q DR. MAYNARD, I BELIEVE I WAS ASKING YOU FROM THE  
13 EXAM THAT YOU LOOKED AT THAT OCCURRED WITH AMANDA  
14 BACK IN 1999 IF YOU WOULD, DOES IT DESCRIBE THE  
15 CONDITION OF HER HYMEN AT THAT TIME?

16 A YES. THIS EXAM IS DATED 7/1/99 DESCRIBES THE  
17 EXAM AS NORMAL GENITAL EXAM. THE LABIA, CLITORIS,  
18 PER HYMENAL TISSUE AND HYMENAL AND CLITORIS ARE  
19 CONSIDERED WITHIN NORMAL. THE HYMEN IS ANGULAR AND  
20 REDUNDANT. THIS JUST DESCRIBE THE TYPE OF HYMEN THAT  
21 WAS THERE.

22 Q SO FROM THAT EXAM WERE YOU ABLE TO TELL WHETHER  
23 SHE ACTUALLY HAD A HYMEN?

24 A YES, SIR, SHE DID BASED ON THIS EXAM.

25 Q AND AS WELL LOOK AT THE, DID IN THAT EXAM DID IT

1 MENTION ANYTHING ABOUT WHETHER SHE HAD AN ANAL EXAM

2 AT THAT TIME?

3 A YES, SIR, SHE DID.

4 Q AND WHAT DOES IT SAY ABOUT THAT?

5 A THE ANAL EXAM IS DESCRIBED AS A NORMAL ANAL  
6 EXAM.

7 Q ALL RIGHT. IS THERE ANY INDICATION ON THERE AS  
8 FAR AS TONE?

9 A THERE IS REFLEX DILATATION IT SAYS NO AND STOOL  
10 AND RECTUM IT SAYS YES.

11 Q SO DOES THAT INDICATE IT TO BE WITHIN NORMAL  
12 LIMITS?

13 A IT SAYS METHOD FOR ANAL TONE IT DOESN'T SAY WHAT  
14 TYPE OR OBSERVATION, SO IT'S NORMAL LIMITS.

15 Q NORMAL LIMITS, OKAY. DR. MAYNARD, WHEN YOU  
16 RETRIEVED THE PANTIES FROM THE VICTIM THAT DAY WERE  
17 THEY IN THE CONDITION THAT, DID YOU GIVE THEM THE  
18 CONDITION YOU FOUND THEM TO THE POLICE AND THEN TO  
19 SLED?

20 A YES, SIR, THEY WERE JUST TAKEN AND PLACED  
21 STRAIGHT IN THE PAPER BAG.

22 Q ALL RIGHT. AND DO YOU RECALL SEEING ANY FECES  
23 IN THE PANTIES?

24 A NOT THAT I RECALL.

25 Q ONE OTHER THING, DR. MAYNARD. IN YOUR

1 EXPERIENCE WITH WHAT YOU TOLD US ABOUT THE INJURIES  
2 THAT AMANDA HAD SUFFERED COULD THOSE INJURIES HAVE  
3 BEEN INFLICTED BY A SEVEN YEAR OLD CHILD?

4 A BY -- I'M SORRY?

5 Q BY A SEVEN YEAR OLD CHILD?

6 A IT WOULD BE DIFFICULT UNLESS A BASEBALL BAT OR  
7 SOME OTHER HEAVY OBJECT WAS USED.

8 Q IN YOUR OPINION WAS A BASEBALL BAT OR ANYTHING  
9 LIKE THAT USED?

10 A NO, IT WAS NOT.

11 Q AND THE INJURIES THAT SHE SUSTAINED IN YOUR  
12 OPINION BE POSSIBLE FOR A 11 YEAR OLD FEMALE TO DO  
13 THAT TO HER?

14 A IT WOULD BE VERY DOUBTFUL.

15 Q OKAY. THANK YOU. NO FURTHER QUESTIONS?

16 RE CROSS EXAMINATION BY MR. BAITY:

17 Q DR. MAYNARD, IF A 380 POUND MAN LEAPED ON THE  
18 BED THAT AMANDA WAS ON AND SHE WAS LYING FACE DOWN  
19 AND HE LANDED ON HER WITH HIS KNEE WHICH WAS  
20 SUGGESTED IN AN EARLIER QUESTION, WOULD THAT HAVE  
21 DONE THE DAMAGE TO THE ABDOMEN THAT YOU HAVE OBSERVED  
22 IN THIS?

23 A IT COULD HAVE DONE THE DAMAGE TO THE SPLEEN,  
24 POSSIBLY BRUISING AROUND THE PANCREAS. IT WOULD BE  
25 UNLIKELY IN THE RIGHT LOWER QUADRANT, THE CECUM, BUT

1       AGAIN I GUESS IT'S POSSIBLE.

2       Q     BUT I MEAN WOULD IT HAVE DAMAGED THE ABDOMEN I'M  
3       TALKING ABOUT, THE FRONT OF THE BODY THAT YOU  
4       NOTICED?

5       A     I DID NOT SEE ANY INJURIES TO THE SKIN ON THE  
6       FRONT OF THE ABDOMEN.

7       Q     BUT THERE WAS A DEEP BRUISE IN THE ABDOMEN, WAS  
8       THERE NOT?

9       A     YES, SIR, AGAIN IN THIS RIGHT LOWER QUADRANT  
10      AREA AND THEN ON THE PELVIC WALL.

11      Q     AND DO YOU BELIEVE THAT WAS THE RESULT OF A  
12      DIRECT BLOW TO HER ABDOMEN?

13      A     IT'S MORE --

14      Q     OR WAS IT SOMETHING THAT OCCURRED WHEN SHE WAS  
15      HIT IN THE BACK?

16      A     MORE CONSISTENT WITH THE DIRECT BLOW TO THE  
17      ABDOMEN.

18      Q     AND YOU TESTIFIED TO THAT IN YOUR FAMILY COURT?

19      A     YES, SIR.

20      Q     YOU SAID THAT YOU THOUGHT IT WAS A DIRECT BLOW,  
21      A KNEE TO THE ABDOMEN OR FALLING AGAINST SOMETHING,  
22      ISN'T THAT WHAT YOU SAID IN YOUR FAMILY COURT  
23      TESTIMONY?

24      A     YES, SIR, OR SOME BLOW TO THE ABDOMEN.

25      Q     WHICH WOULD BE CONSISTENT WITH A FRONTAL ATTACK

1       AND NOT A ATTACK FROM THE REAR?

2       A     YES, IT WOULD BE MORE TYPICAL OF A FRONTAL  
3       ATTACK.

4       Q     AND YOU DIDN'T BELIEVE THAT THIS LADY WAS  
5       STRANGLED WITH TWO HANDS.  YOU BELIEVE SHE'S  
6       STRANGLED WITH ONE, DON'T YOU?

7       A     IT'S MORE PROBABLE ONE BUT TWO COULD BE USED.

8       Q     BUT YOU DON'T SEE ANY EVIDENCE OF TWO HANDS, DO  
9       YOU?

10      A     I SEE NO OTHER MARKS ON HER RIGHT NECK OTHER  
11      THAN THAT ONE SPOT.

12      Q     AND YOU HAVE TESTIFIED BEFORE UNDER OATH THAT IT  
13      APPEARED TO BE A ONE HANDED FRONTAL ATTACK?

14      A     YES, SIR, MOST --

15      Q     AND THAT'S STILL YOUR OPINION TODAY?

16      A     YES, SIR.

17      Q     NOW IF A BROOM WAS INSERTED IN THE ANUS OF POOR  
18      AMANDA, WOULD, AND WAS INSERTED WITH A GREAT DEAL OF  
19      FORCE THE TYPE OF FORCE TO MAKE THE BRUISING THAT YOU  
20      HAVE ALREADY OBSERVED AND EXPLAINED TO US, IS THERE  
21      ANYTHING THAT WOULD HAVE STOPPED THE BROOM OR COULD  
22      IT HAVE JUST KEPT ON GOING FOR A WHILE.

23      A     DEPENDING ON THE FORCE BEHIND IT, IT COULD HAVE  
24      KEPT ON GOING AND ACTUALLY GONE THROUGH THE COLON.

25      Q     SO THERE WAS NO BONE OR ANY SOLID SUBSTANCE THAT

1        WOULD HAVE STOPPED IT?

2        A        THERE IS BONE AT THE END OF THE RECTUM WHERE IT  
3        STARTS TURNING INTO ANOTHER PART OF THE COLON, BUT  
4        AGAIN A STRAIGHT SIGMOIDOSCOPE OR A SCOPE WHERE A  
5        DOCTOR LOOKS IN THERE CAN BE INSERTED, YOU KNOW, UP  
6        TO 60 CENTIMETERS OR YOU KNOW A FOOT AND A HALF.

7        Q        AND THE 6 TO 8 INCHES THAT IT WAS INSERTED,  
8        THERE WAS NOTHING, THERE WAS NO BLOCKAGE OR ANYTHING  
9        PREVENTING IT FROM GOING ANY FURTHER?

10      A        NO, SIR, THERE WAS NOT.

11      Q        I BELIEVE YOU SAID THAT WHOEVER DID IT HE  
12      STOPPED, NOTHING STOPPED THE THRUST?

13      A        YES, SIR.

14      Q        AND THE SAME TYPE OF QUESTION ABOUT THE VAGINA.  
15      IF A LARGE MAN TOOK A BROOM AND INSERTED IT INTO THE  
16      VAGINA WITH A GREAT DEAL OF FORCE WOULD THERE BE  
17      ANYTHING TO STOP IT AFTER THREE TO FOUR INCHES?

18      A        THERE IS THE BACK WALL OF THE VAGINA WHICH DOES  
19      HAVE SOME ELASTICITY.

20      Q        RIGHT. BUT WAS IT PUNCTURED?

21      A        NO, SIR, IT WAS NOT.

22      Q        AND COULD IT HAVE BEEN PUNCTURED BY A VIOLENT  
23      THRUSTING?

24      A        YES, SIR, IT COULD HAVE.

25      Q        AND YOU SAW NO EVIDENCE OF THAT OCCURRING?



1       A     SAW NO EVIDENCE OF A PUNCTURE.

2       Q     SO BASICALLY WHAT YOU SAW WAS A FOUR INCH

3       INSERTION INTO HER VAGINA?

4       A     APPROXIMATELY.

5       Q     AND THAT'S AS FAR AS IT WENT IN?

6       A     APPROXIMATELY, YES, SIR.

7       Q     AND AGAIN THE INDENTIONS YOU SAW ON THE BACK

8       SIDE YOU DID NOT SEE ON THE FRONT SIDE?

9       A     NO, SIR, I DID NOT.

10      Q     THE INDENTIONS OF THE THINGS THAT SHE WAS LYING

11      ON WERE CONSISTENT TO NOT ONLY BEING UNDER HER WHEN

12      SHE WAS LAYING IN THE BED, BUT WHEN SHE WAS BEING

13      VIOLENTLY MOVED AROUND?

14      A     WHEN THERE WAS A STRUGGLE OCCURRING.

15      Q     AND YOU SAW NOTHING OF THAT ON HER FRONT?

16      A     NO, SIR.

17      Q     ON ANY PART OF HER BODY?

18      A     NO, SIR, ON THE OUTSIDE OF THE LEFT LEG AND ON

19      THE BACK.

20      Q     I BELIEVE IN YOUR AUTOPSY REPORT YOU MENTION

21      AREAS OF FLUID THAT YOU DETECTED BY USE OF THE

22      FLUORESCENT LIGHT AND YOU NOTED THAT THERE WERE AREAS

23      OF FLUID OVER THE FRONT OF THE BLOUSE AND OVER THE

24      LEFT SHOULDER, RIGHT?  AND ALSO ON THE LEFT GROIN

25      AREA OF THE PANTS, IS THAT CORRECT?

1 A YES, SIR. THE LEFT GROIN DEFINITELY FLUORESCED.

2 Q NOW WAS THAT ON THE OUTSIDE OF THE PANTS OR THE  
3 INSIDE OF THE PANTS?

4 A OUTSIDE OF THE PANTS.

5 Q NOW LET ME JUST ASK YOU THIS, WHEN YOU SAY THE  
6 OUTSIDE OF THE PANTS AND THE GROIN AREA, ARE YOU  
7 TALKING ABOUT IN HERE?

8 A YES, SIR, THAT'S CORRECT.

9 Q OKAY. NOW IF SOMEONE HAD PULLED THIS GIRL,  
10 THESE PANTS DOWN, GET THEM OUT OF THE WAY SO THAT A  
11 SEXUAL ASSAULT COULD OCCUR, AND THEN PERHAPS PULLED  
12 HER PANTS BACK UP AND EJACULATED, WOULD THAT BE  
13 CONSISTENT?

14 A YES, SIR.

15 Q WITH WHAT YOU OBSERVED?

16 A YES, SIR, IT COULD BE.

17 Q SO WAS IT CONSISTENT WITH YOUR OBSERVATIONS THAT  
18 PERHAPS THE PERSON THAT PULLED THE PANTS UP WAS ALSO  
19 THE PERSON WHO EJACULATED IN THAT ROOM THAT NIGHT?

20 A IT'S POSSIBLE.

21 Q WELL, IF HER PANTS WERE DOWN AROUND HER ANKLES  
22 WOULD THAT MAKE SENSE FOR HIS EJACULATE TO BE RIGHT  
23 THERE ON THE GROIN AREA?

24 A THE EJACULATE THERE MAY BE THE RESULT OF LEAKAGE  
25 AFTER A CLIMAX OR THE INITIAL EJACULATE THAT STILL

1 MAY BE LEAKING, COULD BE JERKING OFF A PENIS, SO  
2 THERE ARE A NUMBER OF WAYS IT COULD BE THERE.

3 Q OKAY. BUT IT WAS RIGHT ON THE GROIN AREA?

4 A YES, SIR, ON THE PANTS.

5 Q NOW YOU ALSO MENTION THAT I BELIEVE ON -- OF  
6 COURSE THERE WAS THE BITE MARK ON THE RIGHT NIPPLE  
7 AND THAT FLUORESCED, CORRECT? I MEAN, SOMEHOW YOU  
8 DISCOVERED IT?

9 A NO, IT WAS LOOKING, I DON'T BELIEVE IT  
10 FLUORESCED.

11 Q SO YOU SAW THAT WITH THE NAKED EYE?

12 A YES, SIR.

13 Q OKAY.

14 A WHAT APPEARED TO BE A BITE MARK AND WHAT  
15 APPEARED TO BE A BRUISE WHICH DID OF COURSE TURN OUT  
16 TO BE A BRUISE.

17 Q AND YOU TOOK A SWAB FOR DNA PURPOSES?

18 A YES, SIR, I DID.

19 Q CORRECT. AND YOU TURNED THAT INTO THE POLICE OF  
20 COURSE.

21 A YES, SIR.

22 Q AND YOU MENTION, ALSO ON PAGE THREE, SAYS  
23 EXAMINATION OF THE CHEST REVEALS A SMALL LEFT BREAST?

24 A YES, SIR.

25 Q AND APPROXIMATELY TWICE THE SIZE, THE RIGHT

1 BREAST IS TWICE THE SIZE OF THE LEFT BREAST, IS THAT  
2 CORRECT?

3 A YES, SIR.

4 Q AND SO THE LARGE BREAST IS THE ONE THAT HAD BEEN  
5 BITTEN?

6 A YES, SIR, THAT'S CORRECT.

7 Q NOW THEN ON PAGE OF SIX OF YOUR AUTOPSY REPORT  
8 YOU MENTION IN YOUR BLOCK SUMMARY POSSIBLE RIGHT  
9 BREAST INJURY, NOW WOULD THERE BE ANY CONNECTION  
10 BETWEEN THE ENLARGED BREAST AND THE BITE MARK AND  
11 THIS COMMENT THAT THERE IS A POSSIBLE RIGHT BREAST  
12 INJURY?

13 A NO, SIR, IT APPEARED TO US TO BE ACTUAL  
14 HEMORRHAGE OR BLEEDING THERE BUT MICROSCOPIC WE  
15 WANTED TO CONFIRM THAT.

16 Q OKAY. WELL, WHAT WAS YOUR CONCLUSION THERE?  
17 WHAT MADE ONE BREAST LARGER THAN THE OTHER?

18 A YOU'LL FREQUENTLY HAVE BREASTS OF DIFFERENT  
19 SIZES ESPECIALLY AT THE TIME THAT THE HORMONES START  
20 FLOWING THAT ONE BREAST MAY REACT A LITTLE BIT MORE  
21 TO THE HORMONES THAN THE OTHER. THAT'S NOT THAT  
22 UNUSUAL.

23 Q WELL, DID YOU RULE OUT AN INJURY TO HER RIGHT  
24 BREAST?

25 A OTHER THAN BITE MARK THERE WAS NO OTHER PROBLEMS

1 WITH HER BREAST.

2 Q BUT YOU DID TAKE A SAMPLE OFF OF THAT AND YOU  
3 DID CONCLUDE THAT THERE WAS SOME FLUID LEFT ON THAT  
4 AND IT WAS TURNED OVER TO THE POLICE FOR DNA TESTING?

5 A I TOOK A SWAB OF THAT AREA IN CASE THERE WAS  
6 FLUID THERE.

7 Q ALL RIGHT. AND I'M GOING TO ASK YOU ONE MORE  
8 TIME CONCERNING THE HYMEN. YOU CANNOT SAY TO A  
9 REASONABLE DEGREE OF MEDICAL CERTAINTY THAT AMANDA  
10 COPE'S LACK OF A HYMEN WAS THE RESULT OF SEXUAL  
11 ABUSE, CAN YOU?

12 A NO, SIR, I CANNOT.

13 Q THANK YOU. NO FURTHER QUESTIONS.

14 THE COURT: MR. GREELEY.

15 MR. GREELEY: I DON'T HAVE ANYTHING  
16 FURTHER.

17 THE COURT: DR. MAYNARD, WE APPRECIATE  
18 YOUR TIME.

19 A THANK YOU, SIR.

20 THE COURT: PLEASE FEEL FREE TO LEAVE AND  
21 BE EXCUSED. THANK YOU.

22 A OKAY.

23 THE COURT: CALL YOUR NEXT WITNESS.

24 MR. BRACKETT: THE STATE WOULD CALL  
25 DETECTIVE WILLIE BURRIS.