

1 I mean the Court doesn't have a problem with going past  
2 five is what I'm saying because he's going to go past  
3 five.

4 BY THE COURT: How much further; how much longer?

5 BY MR. ALLGOOD: Well of course that's going to be  
6 a function of cross examination.

7 BY THE COURT: I suspect cross examination will  
8 last awhile.

9 BY MR. KESLER: It will--I--I couldn't put a  
10 minute figure, but, you know, it will not be perfunctory.

11 BY THE COURT: What are we talking about, an hour?  
12 I want to get these people away and through too.

13 BY MR. ALLGOOD: I--I suspect an hour if not longer,  
14 your Honor. It's probably--

15 BY MR. KESLER: Well if the State--is the State  
16 saying they going to examine him for an hour?

17 BY MR. ALLGOOD: I probably won't examine him for an  
18 hour, no, but I think at least--

19 BY THE COURT: Let's go ahead and get him on. Let's  
20 get him on. Call your next witness, please.

21 BY MR. ALLGOOD: If your Honor please, the State  
22 would like to call Doctor Steven Hayne out of turn, this  
23 being because he has another trial in which he must  
24 testify in in the northern part of the state.

25 BY THE COURT: Swear the witness please, clerk.

26 DOCTOR STEVEN HAYNE,

27 upon being called to testify as a witness on behalf of the State,  
28 after having been first duly sworn by Deputy Clerk, Lloyd Cobb,  
29 testified as follows, to-wit:

1 BY THE COURT: You may proceed.

2 BY MR. ALLGOOD: If I can have the Court's  
3 indulgence just for a minute.

4 DIRECT EXAMINATION BY MR. ALLGOOD:

5 Q. Would you state your name please for the ladies and  
6 gentlemen of the jury, please, sir?

7 A. Steven Timothy Hayne.

8 Q. And what is your occupation?

9 A. I'm a physician who practices in the fields of anatomic,  
10 clinical and forensic pathology.

11 Q. And how long have you been so engaged in that practice,  
12 Doctor?

13 A. For approximately twenty years.

14 Q. And, Doctor, if you would, give the--the ladies and  
15 gentlemen of the jury the benefit of your training and experience  
16 in the field of that, uh, endeavor we call forensic pathology.

17 A. I, uh, graduated, uh, from medical school at Brown  
18 University; then, uh, went to, uh, Presidio San Francisco at  
19 Letterman Army Medical Center for training in pathology with  
20 rotations, uh, at different hospitals, uh, as well as the medical  
21 examiner's officer for the city and county of San Francisco.  
22 Subsequently, uh, leaving that, uh, training program going to both  
23 Fort Leavenworth and Fort Campbell where I served as chief of  
24 pathology and post medical examiner for those two, uh, installa-  
25 tions, and then, uh, I spent two years in Alabama, uh, working as  
26 a reference pathologist, and then came to Mississippi where I've  
27 been on the list as a designated pathologist; I've also served as  
28 the, uh--the state medical examiner for the State of Mississippi.

29 Q. Doctor, if you would, how many times have you had the

1 occasion to perform, uh, I guess you'd say forensic examinations  
2 upon, uh, bodies which have been submitted to you for analysis?

3 A. In--in--

4 Q. Ballpark figure.

5 A. In the range of six to seven thousand times.

6 Q. And, Doctor, how many times have you been qualified as an  
7 expert in the field of forensic pathology either in the courts of  
8 this state or any other state or any other jurisdiction for that  
9 matter?

10 A. Approximately three hundred and fifty to four hundred  
11 times.

12 Q. And where are you currently employed and what are you  
13 currently doing in terms of an occupation?

14 A. I'm the senior pathologist at Rankin Medical Center; I'm  
15 also on the staff at the University of Mississippi Medical Center;  
16 I'm the, uh, medical director of the Kidney Care Laboratories; I'm  
17 also the medical director of the Rankin County Morgue. I'm a  
18 designated pathologist, uh, for the Mississippi State Medical  
19 Examiner's Office; and I also hold staff positions at other  
20 hospitals.

21 BY MR. ALLGOOD: If your Honor please, we would  
22 tender Doctor Hayne at this particular point in time  
23 as an expert in the field of forensic pathology.

24 BY THE COURT: Any voir dire on qualifications?

25 BY MR. WALTERS: No, your Honor.

26 BY THE COURT: He'll be accepted as an expert in  
27 the field of medicine specializing in the field of  
28 forensic pathology.

29 BY MR. ALLGOOD: Thank you, your Honor.

1 BY THE COURT: You may proceed.

2 Q. Doctor, if--if--if you would, first of all, tell us what  
3 exactly is a forensic pathologist. Explain for us what that is,  
4 please.

5 A. A forensic pathologist is a person, uh, who is trained  
6 basically in the fields of pathology and, uh--and forensic  
7 pathology as a subspecialty, and his basic task, uh, among, uh,  
8 many tasks, but the basic task is to come to a conclusion as to the  
9 cause and manner of death of an individual. The cause of death is  
10 the medical reason the person died whether it be from a gunshot  
11 wound or cancer, a motor vehicle crash, or one of a myriad of  
12 possibilities. The manner of death, however, can only be one of  
13 six possibilities, and those include homicide, suicide, accident,  
14 natural and in some cases pending till additional information is  
15 gathered, and in rare cases undetermined when one cannot come to a  
16 conclusion.

17 Q. And--

18 A. This usually requires an--an autopsy or postmortem  
19 examination but not always.

20 Q. How do you go about and I think you presaged my next  
21 question--how do you go about making a determination in that  
22 respect; what--what steps, procedures do you follow; what's the  
23 generally accepted tool, if you will, of the forensic pathologist?

24 A. The most common tool and one of the most useful tools of  
25 course is a, uh, postmortem examination in--in the broad sense, uh,  
26 to include toxicology and other studies, uh, when necessary, but  
27 the, uh, tool that is most commonly used of course is an autopsy.

28 Q. Now when you start talking about an autopsy, I think  
29 essentially it's done in two steps, would that be correct?

1           A.    There are two basic steps as well as, uh, preceding and  
2   intervening steps as well concluding steps, but there are two basic  
3   components to an autopsy.

4           Q.    And those two components are what, Doctor, if you would,  
5   please?

6           A.    Uh, an internal and an external examination.

7           Q.    Now insofar as, uh, the scientific community is con-  
8   cerned, is in fact those two steps, the internal and external  
9   examination of the body, uh, in a autopsy scenario, is it in fact  
10   generally accepted as being conclusive for the determination of  
11   cause of death?

12          A.    It usually is in the vast preponderance of the cases,  
13   though in some cases additional studies must be initiated and  
14   completed before a cause and manner of death can be, uh, deter-  
15   mined.

16          Q.    Now, Doctor, in this particular case, on May ninth,  
17   nineteen hundred and ninety-two, did you have the occasion to  
18   examine the body of Christine Jackson?

19          A.    I did, sir.

20          Q.    Doctor, first of all, if you would, how was the body  
21   attired when you first--

22          A.    The body was--

23          Q.    --saw her?

24          A.    --clothed, uh, with a pair of panties, pants and a shirt.

25          Q.    All right. Insofar as the--the, uh, article of clothing  
26   that you, uh, remarked on this particular child, what did you do  
27   with those articles of clothing?

28          A.    The clothing was dried, secured, transported to the  
29   Mississippi State Crime Lab on a chain of custody for analysis.

1 BY MR. ALLGOOD: May I approach the witness, your  
2 Honor?

3 BY THE COURT: You may.

4 (BAGS SHOWN TO DEFENSE COUNSEL)

5 Q. I'm going to hand you two sets of sacks, Doctor, and ask  
6 if you would to open those up and examine them and tell us if you  
7 can identify those for us, please. Would you like some rubber  
8 gloves, Doctor, before you open those?

9 A. I think I can open this one. (Witness opens bags) Yes,  
10 sir.

11 Q. What are those, Doctor?

12 A. First, there are two paper bags and the bags are from an  
13 RSVK-1111 sexual assault kit for contact clothing and non-contact  
14 clothing, uh, and in, uh, the larger bag the, uh, shirts--shirt  
15 and, uh, uh, pants are located; uh, in the, uh, smaller bag, uh,  
16 panties are located.

17 Q. Those are in fact the clothing articles which were on the  
18 body of Christine Jackson when you first observed it on May ninth,  
19 nineteen hundred and ninety-two, is that correct?

20 A. That's correct, sir.

21 BY MR. ALLGOOD: If your Honor please, we would  
22 tender these as exhibits to this witness's testimony  
23 at this time.

24 BY MR. WALTERS: No objection, your Honor.

25 BY THE COURT: Let them be received and marked.  
26 Do you want them separate exhibits?

27 BY MR. ALLGOOD: If your Honor please, yes, sir.

28 BY THE COURT: Mark them separately, court  
29 reporter.

1 (COURT REPORTER MARKS BROWN BAG CONTAINING PANTIES  
2 OF VICTIM AS STATE'S EXHIBIT NUMBER 5 IN EVIDENCE)

3 (COURT REPORTER MARKS BROWN BAG CONTAINING SHIRT AND  
4 PANTS OF VICTIM AS STATE'S EXHIBIT NUMBER 6 IN EVIDENCE)

5 BY THE COURT REPORTER: Okay.

6 BY THE COURT: You may proceed.

7 Q. Doctor, uh, when in fact you found these--these articles  
8 of clothing, where were the panties located, if you would?

9 A. The--

10 Q. Consult your--your--your report, if necessary, but where  
11 were the panties actually located on the child?

12 A. As I remember they were on the body, and they were, uh,  
13 folded in the, uh, pocket of the pants.

14 Q. Now, Doctor, that's the condition you received them at,  
15 right, the--the--the panties were folded in the pocket of the  
16 pants, is that correct?

17 A. Yes, sir.

18 Q. Now, Doctor, insofar as the actual dimensions of  
19 Christine Jackson, how--how tall or long, if you will, was  
20 Christine Jackson?

21 A. Thirty-nine inches, sir.

22 Q. And how much did Christine Jackson weigh?

23 A. Approximately forty-five pounds.

24 Q. Having made those I guess initial observations, did you  
25 in fact at that point proceed to your external examination of her  
26 body?

27 A. I did, sir.

28 Q. And what did you note when you began, uh, examining the  
29 body just on the outside, grossly I think is the term y'all use

1 which means the--the big picture, so to speak.

2 A. On the external examination there was obvious decomposi-  
3 tion to include putrefication and, uh, autolysis, uh, the body was  
4 breaking down. There was, uh, skin slippage, uh, identified over  
5 the face, and there was a green discoloration, uh, to the abdomen.

6 Q. Now when we start talking about skin slippage, first of  
7 all, tell the ladies and gentlemen of the jury what that is and  
8 what causes it, if you would.

9 A. After a period of time, uh, from death the skin becomes  
10 disattached from the underlying dermis and it will actually slough  
11 off, become separate, and, uh, initially it will appear as, uh,  
12 bubbling, uh, forming small pockets of fluid underneath commonly,  
13 and, uh, those bubbles will break and then, uh, larger pieces of  
14 skin will become, uh, uh, separated, uh, from the body itself.

15 Q. Now you also mentioned two other terms, putrefication and  
16 autolysis. If you would, tell the ladies and gentlemen of the jury  
17 what that--those two items are, please, sir.

18 A. Putrefication is the breakdown of the body by, uh,  
19 bacterial, uh, organisms, uh, that are found initially within the  
20 body, but also enter the body, uh, externally; they cause, the foul  
21 smell as well as predominantly the bloating and production of gas  
22 within the body. Autolysis is the enzymes of the body, itself  
23 breaking down the tissue. They're two different processes, uh,  
24 both involved in decomposition.

25 Q. Insofar as this child was concerned, Doctor, how far  
26 advanced were these processes?

27 A. It was early to moderate.

28 Q. Now, Doctor, upon examining her--her head area on the  
29 outside, what did you remark?



1       A.   That there was skin slippage over the face, but most  
2   importantly there was non-circumferential, uh, abrasions or scrapes  
3   to the skin, uh, located, uh, about the neck, that is, non-  
4   circumferential, they did not go all the way around the neck, and  
5   they did not form a furrow around the neck.

6       Q.   All right.  These particular abrasions, first of all,  
7   define abrasion for us.  Tell us what an abrasion is, please, sir.

8       A.   An abrasion is a scraping of the skin, uh, usually  
9   producing a linear pattern, uh, by scraping the most superficial  
10   layer of the skin away.  It does not extend to the point where you  
11   have any significant bleeding.

12      Q.   And I believe you've testified that in this particular  
13   case there was real no pattern to this, uh, abrasions that you saw,  
14   is that correct?

15      A.   There was no pattern that I could identify, either the  
16   pattern of a hand, uh, specifically, or the placement of a ligature  
17   about the neck.

18      Q.   Insofar as the size of these particular, uh, pattern or--  
19   or--or--or wounds that you saw, abrasions that you saw, what size  
20   are we talking about, Doctor?

21      A.   They measured slightly less than one inch, uh, up to two  
22   two--up to two centimeters.

23      Q.   Doctor, do you have an opinion based on the training and  
24   experience in your field to a reasonable certainty as to what those  
25   abrasions represented on the neck of this child?

26      A.   They represented the application of force on the neck  
27   while the child was alive.

28      Q.   Now, Doctor, uh, you have said one thing, uh, at that  
29   point that--that, uh, is--is something that's important for us to

1 develop, and that is you said while the child was alive. Explain  
2 for the ladies and gentlemen of the jury why and how you can tell  
3 that the child was alive when this force was applied.

4 A. That determination was made on internal examination of  
5 the neck and that there was hemorrhage or bleeding to involve the  
6 strap muscles, the sternocleidomastoid muscles that connect the jaw  
7 with the, uh, clavicle, uh, the bone running across the upper part  
8 of the chest.

9 Q. When we start talking about hemorrhaging, how does that--  
10 and bleeding, how does that indicate that someone was alive when  
11 the wound was administered? Explain that for the ladies and  
12 gentlemen of the jury.

13 A. It would indicate that there is active blood pressure,  
14 and when there is active blood pressure that is one of the  
15 definitions of life. There are many definitions of life, but one  
16 of them is that there's active blood pressure, that there is--the  
17 heart is beating, and in this case there was injury to the, uh, uh,  
18 small blood vessels, uh, of the, uh--of the neck to involve the,  
19 uh, uh, uh, muscles that are running down the side of the neck, uh,  
20 causing them to tear, and then with the blood pressure existing by  
21 action of the heart it allowed for bleeding into the, uh, areas of  
22 muscle to involve the right and the left sides of the neck.

23 Q. So without some type of blood pressure, without the heart  
24 pumping, so to speak, creating that blood pressure, then there can  
25 be no bruising or hemorrhaging, would that be correct?

26 A. That's correct. You would have to have two components,  
27 one there has to be a tear of the, uh, vessel, and there has to be  
28 bleeding.

29 Q. And insofar as just putting it I guess quantified and in

1 simple terms, you can't bruise a dead body. I think that would be  
2 a fair statement to say. Would that be correct?

3 A. It is essentially difficult and almost impossible to do  
4 that.

5 Q. Insofar--going back to the--to the out--

6 A. Well we might--might I also add that there was another  
7 finding within the neck that confirmed that the abrasions on the  
8 anterior surface of the neck were of an antemortem nature, that is,  
9 occurring before, uh, uh, a death. That is specifically on gross  
10 examination, there was an area suggestive of bleeding underneath  
11 the voice box, on the lining of the voice box that subsequently on  
12 microscopic evaluation revealed that there was bleeding or  
13 hemorrhage at that site giving additional information that, uh,  
14 when the injuries occurred to the outside surface of the neck, the  
15 child was alive.

16 Q. Now insofar as going back to the--to the external  
17 examination for awhile yet, uh, on the right upper extremity, that  
18 portion we call the right upper extremity which I believe is hands,  
19 uh, forearm, shoul--up to the shoulder or so, what did you find in  
20 your examination of that particular area externally?

21 A. There were multiple abrasions, scrapes to the skin  
22 located on the front lateral and, uh, posterior surfaces of the arm  
23 and forearm as well as the hand and focally to involve the digits.

24 Q. And when we start talking about these abrasions, what  
25 sizes are we talking about in these terms?

26 A. The abrasions located on the back of the left hand  
27 measured one point five centimeters, uh, maximally; that would be  
28 up to approximately, uh, uh, five-eighths of an inch located on  
29 the, uh, uh, back of the, uh, uh, arm as well as the forearm, uh,

1 and on the palmar surface of the hand the abrasions measured up to,  
2 uh, one centimeter which would be, uh, slightly greater than three-  
3 eighths of an inch.

4 Q. And, Doctor, what about on the left; what did you find on  
5 the left, uh--

6 A. There were--

7 Q. --extremity?

8 A. There were similar abrasions located on similar loca-  
9 tions, the backs of the, uh, extremity as well as the front surface  
10 of the extremity, uh, and measured, uh, approximately the same size  
11 up to, uh, one centimeter, and the equivalent of slightly greater  
12 than three-eighths of an inch.

13 Q. Doctor, if you would, tell the ladies and gentlemen of  
14 the jury what a defensive posture wound is, please, sir.

15 A. A defensive posturing injury or wound is a wound, uh,  
16 pattern identified on an individual consistent with that individual  
17 trying to ward off an attack. Usually it's found over the back of  
18 the hand, uh, as well as the, uh, forearm, but may also be found on  
19 the palm or front surface of the hand. Uh, they can consist of  
20 abrasions, contusions, and sometimes even slash wounds or, uh, uh,  
21 other types of injuries.

22 Q. Doctor, do you have an opinion based on the training and  
23 experience in your field to a reasonable certainty as to whether or  
24 not these injuries that you observed on both the upper right and  
25 the upper left, uh, extremity of Christine Jackson were in fact  
26 such injuries, that is, defensive posturing injuries?

27 A. They would be in part consistent with, uh, defensive  
28 posturing injuries.

29 Q. And consistent with what else, Doctor?

1           A.    Other types of injuries.

2           Q.    Such as? Describe that for the ladies and gentlemen of  
3 the jury, if you would, please, sir.

4           A.    They were subsequently identified, uh, by another expert  
5 that was called into this case.

6           Q.    Now, Doctor, insofar as the right lower extremity and the  
7 left lower extremity, what did you find on your examination of  
8 those areas?

9           A.    Again, there were abrasions or scrapes to the skin  
10 located predominantly on the front surfaces of the extremity, uh,  
11 located on the thighs, uh, as well as the, uh, lower part of the  
12 extremity, and, uh, near the, uh, uh, back of the right knee, and  
13 those individually measured up to, uh, approximately two centi-  
14 meters which would be, uh, approaching three-quarters of an inch.

15          Q.    Once again, Doctor, are these injuries consistent with  
16 that which we have already discussed as, uh, defensive posturing  
17 injuries?

18          A.    Those would be less likely to be defensive posturing  
19 injuries. They--they're located in areas that are not commonly  
20 associated with defensive posturing injuries in that the--the  
21 defensive posturing injuries are commonly found on the backs or the  
22 fronts of hands and forearms.

23          Q.    Insofar as these injuries are concerned though, we're  
24 talking about the tops and insteps of feet and things of that area,  
25 is that correct?

26          A.    Yes, sir.

27          Q.    Doctor, do you have an opinion insofar as a reasonable  
28 medical certainty is concerned as to whether or not based on your  
29 observations on the exterior of the body of Christine Jackson she,

1 in fact was thrashing and fighting as best she could for her life?

2 A. I do, sir.

3 Q. And what is--

4 BY MR. KESLER: Your Honor, we'll object to the--  
5 the--the latter phrasing of that question.

6 BY THE COURT: Overruled. You can answer.

7 Q. And what is that opinion, Doctor?

8 A. She was, sir.

9 Q. Doctor, you--you've already commented on some green  
10 discoloration. Where did you find that green discoloration?

11 A. That was found over the abdominal wall.

12 Q. And what was that indicative of? Explain how that green  
13 discoloration got there and--and what that is in fact indicative  
14 of.

15 A. That is supportive of, uh, decomposition change,  
16 specifically putrefication; there was the production of sulfhydryl  
17 groups by the bacteria in the GI tract after death and sulfhydryl  
18 groups, uh, have sulfur in them by definition, and they impinge a  
19 green discoloration to anything they come in contact with. It's  
20 indicative of bacteria growing after death, a specific type of  
21 bacteria that metabolized sulfur in part and they produce a, uh,  
22 distinctive green, uh, color that was found on the decedent's, uh,  
23 abdomen.

24 Q. Doctor, having comple--

25 BY THE COURT: Excuse me. Let me interrupt you  
26 just a moment, counsel. I'm going to take a brief recess  
27 here. We've been going a pretty good while; I'm going  
28 to take a brief recess. We must finish this physician's  
29 testimony today, but I do also want to keep the jury's

1           comfort in mind. I'm going to take a brief recess at  
2           this stage. Should any of you have further messages that  
3           you wish to be conveyed, please make notes of that and  
4           the bailiffs will tend to it. I believe that the other  
5           messages have already been taken care of to today's date  
6           that you've given so far to date. If there are any other  
7           or further messages, please give those at this recess and  
8           we will make those calls for you.

9           Doctor, you need not stay on the witness stand  
10          during this recess. You may step down from the witness  
11          stand. Please do not discuss your testimony with anyone  
12          or any other witness involved in this case.

13         A.    Yes, your Honor.

14                BY THE COURT: Thank you. You may step back in the  
15          jury room for a brief recess.

16                BY THE COURT: (To the witness) You may step down.

17         A.    Thank you, sir.

18                               (JURY OUT)

19                BY THE COURT: Court's in recess. Bailiff, give  
20          them something to write with.

21                               (JURY OUT)

22                               \* \* \* \* \*

23                FOLLOWING THE RECESS, ALL MEMBERS OF THE COURT, INCLUDING THE  
24          JUDGE, COURT REPORTER, ATTORNEYS, CLERK, BAILIFFS, AND THE  
25          DEFENDANT BEING PRESENT, THE FOLLOWING PROCEEDINGS WERE HAD:

26                BY THE COURT: Show the jury in, please.

27                               (JURY IN)

28                BY THE COURT: You may proceed.

29                BY MR. ALLGOOD: Thank you, your Honor.

1 DIRECT EXAMINATION CONTINUES BY MR. ALLGOOD:

2 Q. Doctor, proceeding from the external examination to the  
3 internal examination, if you would, did you in fact examine the  
4 lungs and trachea of this particular child?

5 A. I did, sir.

6 Q. And what did you find or more particularly what was the  
7 absence of what you found in that particular, uh, examination which  
8 proved to be significant?

9 A. There was the absence of any water within the, uh, upper  
10 respiratory tree.

11 Q. And insofar as water, we might as well run that thread  
12 out. What about in the stomach of this child?

13 A. There was no water in the stomach.

14 Q. And insofar as the--the blood was concerned, uh, anywhere  
15 in this child did you find any evid--evidence of any clotting?

16 A. As I remember, I did, sir.

17 Q. And what about--what about the base of the skull; did you  
18 find any hemorrhagings at--at the base of the skull in this  
19 particular case?

20 A. I saw no evidence of hemorrhage to involve the petrous  
21 ridges.

22 Q. Now when I start talking about all of those things that  
23 I've just mentioned here before this jury, what are those all  
24 indicative of?

25 A. When there is water in the trachea, water in the stomach,  
26 clotting the blood, hemorrhage in the--over the petrous ridges as  
27 well as the presence of Tardieu's spots and petechia over the, uh,  
28 different body or--uh, organs, those would be indicative, uh, and  
29 highly supportive of fresh water drowning.



1 Q. And in this particular case did you find any of those  
2 such--sort of indicative?

3 A. No, sir.

4 Q. And consequently, Doctor, do you have an opinion as to  
5 whether or not, uh, this child in fact died of fresh water  
6 drowning?

7 A. I do, sir.

8 Q. And what is that opinion?

9 A. The child did not die of fresh water drowning.

10 Q. Doctor, proceeding on through your, uh, examination on  
11 the internal examination, did you in--in fact examine the vaginal  
12 area of this child?

13 A. I did, sir.

14 Q. Explain for the ladies and gentlemen of the jury what you  
15 found upon that examination.

16 A. On the examination of the vaginal vault there were, uh,  
17 uh, contusions that, uh, measured up to approximately one-half inch  
18 and they were found on the top, bottom, right and left sides of  
19 the, uh, uh, vaginal vault. In addition on the structure located  
20 more towards the outside surface, uh, of the body, uh, the mons--  
21 the, uh, labia menorrhoea there was a one centimeter contusion; in  
22 addition there were lacerations, uh, extending from the vaginal  
23 vault.

24 Q. From the vaginal fault to where, Doctor?

25 A. They extended, uh, to the rectum and anus essentially  
26 forming one large tract instead of two separate, uh, tracts. The  
27 vaginal vault does not dump into the anus and rectum nor does the  
28 anus or rectum enter the, uh, vaginal vault, but in this case it  
29 formed one, uh, large common chamber secondary to lacerations to

1 the posterior or back side of the vaginal vault.

2 Q. In other words she had been torn from that vaginal vault  
3 all the way to her anal opening?

4 A. Yes, sir.

5 BY MR. ALLGOOD: May I approach the witness, your  
6 Honor?

7 BY THE COURT: You may.

8 (PHOTOGRAPHS SHOWN TO DEFENSE ATTORNEYS)

9 Q. Doctor, I'm going to hand you a series of three photo-  
10 graphs and ask if you can identify those for us, please.

11 A. (Witness examines photographs) Yes, sir.

12 Q. What are those, Doctor?

13 A. They show the buttocks of, uh, the decedent, Christine  
14 Jackson, and it also specifically shows me, uh, pulling the  
15 buttocks apart and displaying the large laceration that essentially  
16 torn a hole, uh, communicating the vaginal vault with the rectum  
17 and anus.

18 Q. Doctor, are those in fact photographs which were taken  
19 while you were present?

20 A. Yes, sir.

21 Q. And are those photographs in fact a fair and accurate  
22 reproduction of those injuries such as you have described here on  
23 this witness stand today to the vaginal opening and the anal  
24 opening of this child?

25 A. Yes, sir.

26 BY MR. ALLGOOD: If your Honor please, we would  
27 tender these as exhibits to this witness's testimony  
28 as a composite exhibit.

29 BY MR. WALTERS: No objection, your Honor.

1 BY THE COURT: Let them be received and marked.  
2 Mark them separately?

3 BY THE COURT REPORTER: He said composite.

4 BY THE COURT: Composite or separately?

5 BY MR. ALLGOOD: Composite, your Honor.

6 BY THE COURT: Mark them as a composite exhibit.

7 (COURT REPORTER MARKS THREE PHOTOGRAPHS SHOWING  
8 VAGINAL AREA OF VICTIM AS STATE'S EXHIBIT NUMBER  
9 7(A-C) IN EVIDENCE)

10 BY THE COURT REPORTER: Okay.

11 BY THE COURT: You may proceed.

12 BY MR. ALLGOOD: Thank you, your Honor.

13 Q. Doctor, insofar as these, uh, contusions are concerned,  
14 you've mentioned contusions to the labia menorrhoea and also  
15 contusions inside the vaginal vault essentially all the way around.  
16 Doctor, contusions are what? Explain that for the ladies and  
17 gentlemen of the jury.

18 A. They are bruises produced by, uh, tears of, uh, blood  
19 vessels underneath the skin or mucosal surface, and in this case  
20 these are mucosal surfaces; they look very similar to a skin  
21 surface, like inside the mouth that's a mucosal surface, and when  
22 there is blood pressure and these, uh, tears to the blood vessels  
23 have occurred there will be bleeding, and the bleeding grossly is  
24 referred to as a contusion or a bruise.

25 Q. Obviously then these bruises were administered before the  
26 death of the child then, is that correct?

27 A. Yes, sir.

28 Q. Doctor, microscopically did you examine any of that  
29 mucosal tissue or the submucosal tissue there, uh, to see if there

1 was in fact any hemorrhaging into the--into the tissue there?

2 A. I did, sir.

3 Q. What did you find in that regard?

4 A. There was hemorrhage.

5 Q. Doctor, uh, do you have an opinion based on the training  
6 and experience in your field to a reasonable medical certainty as  
7 to whether or not these injuries which you have just described to  
8 us, those injuries which are portrayed in those photographs,  
9 whether or not they are consistent with the penetration of this  
10 particular child's privates by some non-angled ridged object?

11 A. Yes, I do, sir.

12 Q. And what would that opinion be, Doctor?

13 A. She was penetrated by a ridged object, not non-angled,  
14 uh, and, uh, not of a ferrous or a similar type, uh, construction.

15 Q. Would those injuries that you found would they in fact be  
16 consistent with forceful penetration by a male penis?

17 A. They would be, sir.

18 Q. Doctor, what kind of force are we talking about would it  
19 be necessary to create the--the injuries that you have described  
20 and are depicted in these particular photographs?

21 A. A moderate amount of force would produce that type of  
22 tearing.

23 Q. Now, Doctor, uh, you have already in some respects gone  
24 into what you found in the neck; however, you did do an internal  
25 examination of the neck, is that correct?

26 A. I did, sir.

27 Q. You mentioned already that you found some hemorrhaging in  
28 the strap muscles, is that correct?

29 A. That is correct, sir.

1 Q. Show the ladies and gentlemen of the jury where those  
2 strap muscles are, please, sir.

3 A. May I point them out on myself?

4 Q. Yes, sir, if you would, please.

5 A. They are the right and left sternocleidomastoid muscles  
6 running from the jaw to the clavicle.

7 Q. And insofar as, uh, these hem--this hemorrhaging that you  
8 found in these particular muscles, what size are we talking about;  
9 what kind of--of, uh, injuries are we talking about here?

10 A. They were multiple and they measured individually  
11 approximately, uh, one centimeter which would be slightly less than  
12 one-half inch.

13 Q. Did you do in fact a microscopic study of some of this  
14 tissue?

15 A. I did, sir.

16 Q. And what did you find in that--

17 A. There was--

18 Q. --particular--

19 A. There was hemorrhage, sir. There was hemorrhage which is  
20 the same as bleeding.

21 Q. Doctor, likewise did you examine the larynx area, the  
22 submucosal area of the larynx there in the throat?

23 A. I did, sir, both grossly and microscopically.

24 Q. What did you find upon that examination?

25 A. The gross examination there were areas suggestive of, uh,  
26 bruising or contusions, hemorrhage, bleeding underneath the, uh,  
27 uh, mucosal surface; microscopically that was confirmed by the  
28 presence of blood outside of the blood vessels indicating that  
29 there was bleeding, uh, while the child was alive.

1 Q. Likewise insofar as the trachea is concerned, did you  
2 examine that microscopically also?

3 A. Yes, sir.

4 Q. What did you find in that regard?

5 A. I did not find any significant hemorrhage to involve the  
6 trachea.

7 Q. Now, Doctor, insofar as all of these findings are  
8 concerned, uh, do you have an opinion based on the training and  
9 experience in your field to a reasonable certainty as what in fact  
10 caused the death of Christine Jackson?

11 A. I do, sir.

12 Q. And what would that opinion be, Doctor?

13 A. She was strangled consistent with manual strangulation,  
14 not using a ligature, but using a--a hand, uh, which is commonly  
15 referred to as garroting.

16 Q. Insofar as a--you say not using a ligature, if you would  
17 tell the ladies and gentlemen of the jury what a ligature is, just  
18 so they'll understand.

19 A. A ligature is an object such as a string, a piece of  
20 rope, or a similar object when placed around the neck will leave a  
21 different pattern of injury especially on the external surface of  
22 the neck, and that is there would be a deep furrow, uh, around the  
23 neck, uh, almost always circumferential, uh, though not, uh, in  
24 every case, but almost always, and in this case that was not  
25 present.

26 Q. What instead you found was that which was indicative of  
27 manual strangulation, is that correct?

28 A. Yes, sir.

29 Q. Doctor, uh, you have described in some detail the wounds

1 that you found on, uh, the--the private parts of this particular  
2 child. Do you have an opinion based on the training and experience  
3 in your field as to how much blood would have been in fact  
4 deposited, released, uh, as a result of those particular injuries?

5 BY MR. WALTERS: I would object, your Honor, unless  
6 that's couched in the terms to a reasonable degree of  
7 medical certainty.

8 BY MR. ALLGOOD: I'll so rephrase it, your Honor.

9 Q. Based on--on to a reasonable degree of medical certainty,  
10 Doctor.

11 A. There would not be a significant amount of bleeding from  
12 that area. Uh, and that would be based upon the extent of bruising  
13 to the vaginal vault, uh, indicating that death had occurred, uh,  
14 shortly after injury to that area. Uh, in addition, uh, uh, the  
15 posturing of the child would, uh, may or may not preclude any--any  
16 significant bleeding at all externally.

17 Q. Now explain that for the ladies and gentlemen of the  
18 jury. When you say the posturing of the child may prevent there  
19 from being any significant bleeding externally, explain what you  
20 mean by that, Doctor, and how that would operate.

21 A. If the child dies shortly after infliction of an injury  
22 and the heart stops pumping, the only way the blood can exude or  
23 leak from a cut surface would be gravitational force, and if the  
24 area of injury is located above, uh, the gravitational line, the  
25 blood--the blood would be pooled in the body itself, but not  
26 necessarily be bleeding to any extensive amount externally.

27 Q. In other words, Doctor, and--and correct me if I'm wrong,  
28 but once--once the heart has stopped beating, then a dead body  
29 becomes no more than--than a--a jar, if you will, of blood and in

1 order for that blood to pour out, it must be positioned so it can  
2 some how or another be drawn out any available holes for it to come  
3 out, is that correct?

4 A. Yes, sir. You'd have to have two components. One, there  
5 would have to be a loss of integrity of the skin with tears of the  
6 vessel, that is, a--a wound through the skin surface, and after  
7 death the body would have to be positioned in such a place that the  
8 gravitational force would allow for blood to ooze out.

9 Q. Now, Doctor, uh, there was some other, uh, marks on the  
10 child's body which you have also already referred to I believe. Is  
11 that correct?

12 A. I eluded to them, yes, sir.

13 Q. Uh, that was, you previously indicated that some of the  
14 marks you found on the limbs on the child--of the child on the  
15 extremities, uh, you related they could be posturing wounds and  
16 then also part other types of wounds. Is that correct?

17 A. Yes, sir.

18 Q. What other types of wounds did they appear to you to be,  
19 Doctor?

20 A. I thought that they were bite wounds, sir.

21 Q. Now, Doctor, insofar as your opinion in that particular,  
22 uh--in that particular area is concerned, Doctor, uh, do you have  
23 an opinion based on the training and experience in your field and  
24 the--the examination of literally hundreds and thousands of bodies  
25 in autopsy scenarios, do you have an opinion to a reasonable  
26 medical certainty as whether these marks which you observed on this  
27 child's body that you thought might be bite marks, do you have an  
28 opinion as to whether or not they were evidence of decomposition  
29 and tissue sloughing?



1 A. I do have an opinion.

2 Q. And what is that opinion?

3 A. I do not believe they were, sir.

4 Q. And, Doctor, likewise having examined thousands of bodies  
5 and had I don't how much postmortem experience, Doctor, do you have  
6 an opinion based on the training and experience in your field to a  
7 reasonable certain degree of certainty whether or not these marks  
8 that you found on this child's body that you perceive could very  
9 well be bite marks, whether or not they were the result of insect  
10 activity?

11 BY MR. WALTERS: I object, your Honor.

12 BY THE COURT: Overruled. He hadn't stated whether  
13 he had the opinion or not.

14 Q. Do you have--

15 A. Yes, sir.

16 Q. And what would that opinion be, Doctor?

17 A. I did not think that they were insect bites.

18 Q. Doctor, when--when someone uses the term perimortem, what  
19 are we talking about; when some--somebody uses a term called  
20 perimortem, what are we talking about?

21 A. Perimortem is, uh, a time frame centered about death.  
22 Usually fairly short, it can occur, uh, the time frame from  
23 slightly before death, during the death phase itself and slightly  
24 after.

25 Q. If an injury is in fact perimortem, Doctor, if an injury  
26 is inflicted at or about time of death, would it be possible for  
27 that injury to be evidence of decomposition and tissue sloughing?

28 A. I'm sorry, sir. Would it be evident of--

29 Q. Possible for that injury to also be evidence of decompo-

1 sition and tissue sloughing?

2 A. The perimortem injury?

3 Q. Yes, sir.

4 A. No, sir.

5 Q. Explain why that cannot be for the ladies and gentlemen  
6 of the jury.

7 A. There has to be a period of time for decomposition to  
8 take place. Uh, in the State of Mississippi even during the, uh,  
9 late spring there will be a period of time before, uh, autolysis  
10 and putrefication occur to any significant degree. There'll be  
11 other changes before that that I would think they would go through  
12 the time frame of perimortem, uh, including before, during and  
13 slightly after death, but significant putrefication would not take  
14 place certainly for a period of, uh, many hours. Even in the hot  
15 Mississippi sun during the summer, we don't see significant skin  
16 sloughing for several hours.

17 Q. Doctor, insofar as this particular injury that we have  
18 already discussed in the vaginal opening and anal opening of this  
19 child, what other artifacts would you expect to be found--that's  
20 probably a poor term--what other material will you expect to have  
21 found at the scene of such an assault as that other than perhaps  
22 some blood?

23 A. There would be several things. One--uh, one would, as we  
24 did, uh, collect evidence for determination of the presence or  
25 absence of semen, to include seminal fluid which would be, uh,  
26 unlikely in--in a time frame like this, specifically as phosphatase  
27 as well as the presence or absence of spermatozoa, sperm itself,  
28 and in a--in an injury like this where there is a tear between the,  
29 uh, distal large bowel and the vaginal vault, one could expect to

1 see fecal material within the vaginal vault--

2 Q. And one would--

3 A. --stool.

4 Q. Would it also be your opinion that you would expect to  
5 find fecal material at the scene of this assault?

6 A. One--one could see that and would most likely expect to  
7 see that.

8 Q. Doctor, I believe you also took, uh, an RSVK-4 kit from  
9 the body of Christine Jackson, is that correct?

10 A. I used an RSVK-1111 sexual assault kit, uh, to collect  
11 evidence in the usual way.

12 BY MR. ALLGOOD: May I approach the witness, your  
13 Honor?

14 BY THE COURT: You may.

15 (ITEMS SHOWN TO DEFENSE ATTORNEYS)

16 Q. I'm handing you a box that has some markings on it. I'm  
17 going to ask you if you would, Doctor, to open it up, examine the  
18 contents and tell us if you can, please, sir, what that contains.

19 A. (Doctor examines box and contents) It's a standard, uh,  
20 RSVK sexual assault kit produced by Roper Supply and within it  
21 contains the, uh, normal white manila envelopes, uh, that indicate  
22 the specimens that were collected to include vaginal wash, that is,  
23 use of normal saline to, uh, collect fluid from the vaginal wash;  
24 uh, an external swab of the vaginal area; two vaginal swabs; uh,  
25 public combing, but there was no pubic hair; also, uh, pulled head  
26 hair; a oral or an anal swab that was taken in this case; and  
27 saliva. The other, uh, uh, specimens to include serology and  
28 toxicology were submitted separately.

29 Q. Doctor, are those in fact the articles which you took

1 from the body of Christine Jackson on that particular day?

2 A. Yes, sir.

3 BY MR. ALLGOOD: If your Honor please, we would  
4 tender these as exhibits to this witness's testimony  
5 at this time.

6 BY MR. WALTERS: No objection, your Honor.

7 BY THE COURT: Being no objection, let them be  
8 received and marked. Give the court reporter time to  
9 mark them.

10 (COURT REPORTER MARKS SEXUAL ASSAULT KIT FROM  
11 VICTIM AS STATE'S EXHIBIT NUMBER 8 IN EVIDENCE)

12 BY THE COURT REPORTER: Okay.

13 BY THE COURT: You may proceed.

14 BY MR. ALLGOOD: If I can have the Court's  
15 indulgence just for a minute. May I approach the  
16 witness, your Honor?

17 BY THE COURT: You may.

18 (ITEMS SHOWN TO DEFENSE ATTORNEYS)

19 Q. Doctor, you indicated that the serology, the blood, was  
20 drawn and kept in two separate containers, is that correct?

21 A. Yes, sir. There--there--there are actually three. Uh,  
22 there was a gray, purple and red, uh, top tubes.

23 Q. I believe at this point all we have is the purple and the  
24 red top, is that correct?

25 A. Yes, sir.

26 Q. Those are in fact though the same tubes, I believe if  
27 you'll examine those and make sure those are in fact the same  
28 tubes, which you drew the blood from Christine Jackson from, is  
29 that correct?

1           A.   (Witness examines tubes) That's correct, sir.

2                   BY MR. ALLGOOD: If your Honor please, we would  
3           tender these as exhibits to this witness's testimony  
4           at this time.

5                   BY THE COURT: There being no objection, let them  
6           be received and marked. Separately?

7                   BY MR. ALLGOOD: As a composite, your Honor; they're  
8           stapled together already.

9                   BY THE COURT: They're stapled together; mark them  
10          compositely, court reporter.

11                   (COURT REPORTER MARKS PLASTIC BAG CONTAINING TWO  
12          BLOOD SAMPLES FROM VICTIM AS STATE'S EXHIBIT NUMBER 9 IN  
13          EVIDENCE)

14                   BY THE COURT REPORTER: Okay.

15                   BY THE COURT: You may proceed.

16          Q.    Doctor, did you in fact take some photographs of both  
17    those clothing articles that have previously been introduced in  
18    evidence and those areas of skin slippage and abrasion which you  
19    have previously testified to?

20          A.    Yes, sir.

21                   BY MR. ALLGOOD: May I approach the witness, your  
22          Honor?

23                   BY THE COURT: You may.

24                   (PHOTOGRAPHS SHOWN TO DEFENSE ATTORNEYS)

25          Q.    I'm going to hand you a series of two photographs and ask  
26    if you can to identify those for us, please, Doctor.

27          A.    (Witness examines photographs) That's the clothing of  
28    the decedent, Christine Jackson; it's laid out on the, uh,  
29    stainless steel autopsy table.

1 Q. Those are in fact photographs of those articles of  
2 clothing as they appeared on the day that you removed from her  
3 body, is that correct?

4 A. Yes, sir.

5 BY MR. ALLGOOD: If your Honor please, we would  
6 tender these two photographs as a composite exhibit to  
7 this witness's testimony at this time.

8 BY THE COURT: Being no objection, let them be  
9 received and marked. Give the court reporter time to  
10 mark them.

11 (COURT REPORTER MARKS TWO PHOTOGRAPHS OF CLOTHING  
12 OF VICTIM AS STATE'S EXHIBIT NUMBER 10 (A-B) IN EVIDENCE)

13 BY THE COURT REPORTER: Okay.

14 BY THE COURT: You may proceed.

15 Q. Doctor, did you also take some photographs or were you  
16 present when some photographs were taken of the body of Christine  
17 Jack--Jackson exhibiting that area of skin slippage and also those  
18 areas of abrasion patterns that you perceive to be could be bite  
19 marks?

20 A. Yes, sir.

21 Q. I'm handing you four photographs and ask you if you would  
22 to tell us if you can identify those for us, please.

23 A. (Witness examines photographs) Yes, sir.

24 Q. Are those in fact photographs or at least a part of those  
25 areas which you have identified for the ladies and gentlemen of the  
26 jury?

27 A. They are, sir.

28 Q. And are they in fact a fair and accurate representation  
29 of those areas as they existed on that day when you photographed

1 them?

2 A. They are, sir.

3 BY MR. ALLGOOD: If your Honor please, we would  
4 tender this series of four photographs as a composite  
5 exhibit to this witness's testimony.

6 BY THE COURT: Being no objection, let them be  
7 received and marked. Give the court reporter time to  
8 mark them.

9 (COURT REPORTER MARKS FOUR PHOTOGRAPHS OF BODY OF  
10 VICTIM AS STATE'S EXHIBIT NUMBER 11(A-D) IN EVIDENCE)

11 BY THE COURT REPORTER: Okay.

12 BY THE COURT: You may proceed.

13 BY MR. ALLGOOD: Thank you, your Honor.

14 Q. Doctor, I believe there was some alcohol found inside the  
15 body of Christine Jackson by the state crime lab.

16 A. Yes, sir.

17 Q. Would that be unusual under the conditions of this  
18 child's body being left out in the, uh, open in the Mississippi  
19 environment, as you understand it, for a period of some two to  
20 three days?

21 A. It would not be unexpected at all at a level of zero  
22 point O three percent ethyl alcohol in the blood secondary to post-  
23 mortem fermentation.

24 Q. For the benefit of the ladies and gentlemen of the jury,  
25 all that alcohol--the presence of that alcohol is indicative of is  
26 the fact she was decomposing and the bacteria was forming alcohol  
27 inside her body. Is that correct?

28 A. That's correct. It's not necessarily indicative that she  
29 had been drinking, but rather more supportive that the body was

1 breaking down.

2 BY MR. ALLGOOD: I've no further questions, your  
3 Honor.

4 BY THE COURT: Cross examination.

5 CROSS EXAMINATION BY MR. WALTERS:

6 Q. Doctor Haynes (sic), when Mr. Allgood asked you questions  
7 and asked your opinion, he asked you to a reasonable degree of  
8 medical certainty. Why do you couch your opinions in the terms of  
9 a reasonable degree of medical certainty?

10 A. That is the standard for rendering an opinion as a  
11 physician in the courtroom.

12 Q. That is the stan--the generally accepted standard for  
13 rendering a professionally scientifically based opinion, is that  
14 correct?

15 A. Yes, sir.

16 Q. Would you please describe for this jury the differences  
17 between antemortem, perimortem and postmortem?

18 A. Well one, there--you have given two defi--three defini-  
19 tions that you requested. Perimortem would also include late phase  
20 antemortem and early phase postmortem. Antemortem only means that  
21 something has occurred prior to death; perimortem means that  
22 something has occurred at or about the time of death, can extend  
23 slightly into the antemortem, can extend slightly into the  
24 postmortem; postmortem indicates, uh, that a finding is present  
25 secondary, uh, or after death.

26 Q. So postmortem is for sure after death, antemortem is for  
27 sure before death, and perimortem is kind of that area in there  
28 where you can't really be sure, is that right?

29 A. At or about death.



1 Q. All right, sir. Do you have your report, Doctor Haynes,  
2 before you?

3 A. Yes, sir..

4 Q. Doctor Haynes, if you would please look in there to  
5 Section 14--Paragraph 14 or Section 14, whatever you call it, under  
6 B.

7 A. Yes, sir.

8 Q. Please read Number 2.

9 BY MR. ALLGOOD: If your Honor please, that is a  
10 report that's not in evidence. I assume he means read  
11 it--

12 BY THE COURT: I assume he means--he's reading it  
13 to himself.

14 BY MR. ALLGOOD: --to himself.

15 Q. Does that say that the lacerations in the vaginal vault  
16 are consistent with antemortem penetration?

17 A. Yes, sir.

18 Q. So it was your opinion that those lacerations were before  
19 she died, is that correct?

20 A. Yes, sir.

21 Q. All right, sir. You deferred to another expert you  
22 referred to in your testimony to Doctor (sic) Allgood about these,  
23 uh, possible bite marks. Who is that other expert that you  
24 deferred to?

25 A. Doctor Michael West.

26 Q. All right, sir. Doctor, in Section 9 of your report I  
27 believe you stated that special photographic techniques as well as  
28 general photographic documentation were performed by Doctor West.  
29 What special photographic techniques were performed by Doctor West?

1           A.    As I remember they were alternate light source imaging,  
2   but I would defer to Doctor West and his testimony and his report  
3   since I was an observer to that aspect of the examination.

4           Q.    All right, sir. But to your--to your recollection it  
5   was--how did you say that again? I'm sorry; I'm not real familiar  
6   with--

7           A.    Alternate light source imaging.

8           Q.    Alternate light source imaging?

9           A.    Yes, sir.

10          Q.    Tell me what--what you know about alternate light source  
11   imaging, if you could, please, sir.

12          A.    It is the use of a four hundred and fifty two nanometer  
13   blue light with a yellow filter that appears to have an ability to  
14   superficially penetrate the skin surface augmenting injury  
15   patterns, uh, when visually observed.

16          Q.    All right, sir. In Section 2 of your report, Doctor  
17   Hayne, titled External Examination, you noted a number of what you  
18   refer to as abrasions on the body, is that correct?

19          A.    Yes, sir.

20          Q.    And those abrasions ranged in size from one centimeter to  
21   two centimeters, is that correct?

22          A.    Yes, sir.

23          Q.    I remember you said it when Mr. Allgood was talking to  
24   you, but in inches what's one centimeter about?

25          A.    It takes two point five four, uh, centimeters to equal  
26   one inch so one centimeter is the equivalent of slightly greater  
27   than three-eighths of an inch.

28          Q.    All right, sir. Slightly more than three-eighths of an  
29   inch would be one centimeter?

1 A. Yes, sir.

2 Q. About how long in inches would two centimeters be?

3 A. That would be approximately three-quarters of an inch.

4 Q. All right, sir. And you noted on a drawing of a human  
5 outline where these abrasions were, is that correct?

6 A. Yes.

7 Q. And do you have a copy of that drawing in your file?

8 A. Yes, sir.

9 BY MR. WALTERS: May I approach, your Honor?

10 BY THE COURT: You may.

11 (DOCUMENT SHOWN TO MR. ALLGOOD)

12 Q. Doctor Hayne, I now present to you what I purport to be  
13 a exact copy of the anatomical drawing that was produced in your  
14 file. Is that it?

15 A. Yes, sir.

16 BY MR. WALTERS: Your Honor, I'd ask that this be  
17 entered into evidence as an exhibit to this witness's  
18 testimony.

19 BY MR. ALLGOOD: I don't have any objection, your  
20 Honor.

21 BY THE COURT: Let it be received and marked. Pass  
22 it to the court reporter, please.

23 (COURT REPORTER MARKS DIAGRAM OF BODY OF VICTIM AS  
24 AS DEFENDANT'S EXHIBIT NUMBER 12 IN EVIDENCE)

25 BY THE COURT REPORTER: Okay.

26 BY THE COURT: You may proceed.

27 Q. Did Doctor Michael West also prepare a drawing on that  
28 same type form and you incorporated that in your report as well?

29 A. Yes, sir.

1 BY MR. WALTERS: May I approach, your Honor?

2 BY THE COURT: You may.

3 (DOCUMENT SHOWN TO MR. ALLGOOD)

4 Q. Doctor Hayne, I now present to you what I purport to be  
5 an exact photocopy of the doctor--of the drawing prepared by Doctor  
6 West that is contained in your file. Does that appear to be the  
7 same?

8 A. The photocopy that you have appears to be the same as the  
9 photocopy that I have.

10 BY MR. WALTERS: At this time, your Honor, we'd ask  
11 that this be marked as an exhibit to this witness's  
12 testimony.

13 BY MR. ALLGOOD: If your Honor please, Doctor Hay--  
14 Doctor West is going to be here.

15 BY THE COURT: Do you object to that document?

16 BY MR. ALLGOOD: I--I--I would object, your Honor.  
17 I have no objection to be being marked for identification  
18 purposes.

19 BY THE COURT: The objection is sustained.

20 BY MR. WALTERS: We would ask then that it be marked  
21 as--for identification then, your Honor.

22 BY THE COURT: Pass it to the court reporter. Court  
23 reporter, mark it for identification only.

24 (COURT REPORTER MARKS PHOTOCOPY OF DIAGRAM OF BODY  
25 OF VICTIM AS DEFENDANT'S EXHIBIT NUMBER 13 FOR  
26 IDENTIFICATION)

27 BY THE COURT REPORTER: Okay.

28 BY THE COURT: You may proceed.

29 Q. Doctor Hayne, this drawing that Doctor West made that's

1 been marked as Defendant's Exhibit 13--excuse me--Defendant's  
2 marked for Identification 13, did you take this drawing and  
3 incorporate this in your official report?

4 A. Yes, sir.

5 (MR. KESLER CONFERS WITH MR. WALTERS)

6 Q. Are you aware of any inaccuracies on that report prepared  
7 by Doctor West?

8 A. There was one statement here says, "Biopsy two, three,  
9 sixteen." Now I don't remember biopsies being taken. I do not  
10 have any record.

11 Q. Did you take a biopsy?

12 A. I do not remember doing that. I have no record of that.

13 Q. Does your report anywhere reflect the taking of a biopsy?

14 A. It does not, sir.

15 Q. What is a biopsy? Please explain to the jury..

16 A. Biopsy is the excision of, uh, tissue or other objects  
17 within the body.

18 Q. When you do a biopsy do you put it in your report, Doctor  
19 Hayne?

20 A. Yes, sir.

21 Q. Did you do a biopsy in this case?

22 A. I do not remember doing that and I have nothing in my  
23 report to reflect that.

24 BY MR. WALTERS: Your Honor, at this time the  
25 defense would ask the Court to admonish Doctor Hayne  
26 to answer the question yes or no.

27 BY THE COURT: I believe that the doctor answered  
28 your question, counsel.

29 BY MR. WALTERS: He said he didn't remember, your

1 Honor.

2 BY THE COURT: That is an answer, counsel.

3 BY MR. WALTERS: Very well, your Honor.

4 Q. Doctor Hayne, when you examined this wound pattern on  
5 this girl's throat, you saw that there was an external wound  
6 pattern, is that correct?

7 A. Yes, sir.

8 Q. And you cut down passed the surface where you could see,  
9 is that correct?

10 A. Yes, sir.

11 Q. And you looked at the muscles underneath there, is that  
12 correct?

13 A. Yes, sir.

14 Q. Why did you do that?

15 A. That's part of the normal dissection, uh, in a case like  
16 this to dissect the strap muscles of the neck out as well as the  
17 thyroid gland, the larynx, the trachea, the corner of the, uh,  
18 thyroid cartilage, and the hyoid bone, uh, to gain access to look  
19 at the, uh, carotid arter--arteries, the jugular veins as well as  
20 the mucosal surface of the upper respiratory tree.

21 Q. This incision along this--this wound pattern also helped  
22 you determine how deep the wound pattern was also, didn't it,  
23 whether it was just superficial or whether there was actual  
24 bruising down in the muscle?

25 A. Well when you cut through the muscle when one was  
26 specifically looking for bruising to the muscle and that which is  
27 part of the, uh, process, yes, it would.

28 Q. So it would reveal how much force was used and it--and  
29 whether or not this was just a superficial injury or whether it was

1 an injury with sufficient force to cause damage to the underlying  
2 tissues?

3 A. Yes, sir.

4 Q. You--you, uh, examined some of this tissue microscopical-  
5 ly too, is that correct?

6 A. I examined the, uh, strap muscle as well as the, uh, uh,  
7 larynx or voice box.

8 Q. And that is part of the standard operating procedure to  
9 determine the depth and the force and why type of wound it was, is  
10 that correct?

11 A. No. It is--it is not necessarily; in fact many patholo-  
12 gists don't perform microscopic examinations, and the--the question  
13 that I had as indicated in the original external and internal  
14 dissection that when I described the, uh, larynx I used the term  
15 what appears to be submucosal contusions, and that was a inconclu-  
16 sive description as to possible findings that could only be  
17 ascertained, uh, as to the presence or absence microscopic--by  
18 microscopic examination, therefore I went to, uh, microscopic  
19 examination taking sections of tissue to render a definitive  
20 opinion as opposed to an impression, that is, a diagnosis as  
21 opposed to an impression, and the microscopic examination did  
22 reveal areas of bleeding at that site. So the--what I observed  
23 with my eyes was confirmed, uh, by, uh, sectioning the tissue and  
24 looking at it under a microscope.

25 Q. So by doing the microscopic examination and actually  
26 cutting through the muscle that confirmed what you had visually  
27 observed, is that correct?

28 A. No. Cutting through the larynx where I suspected and I--  
29 and I described as apparent, uh, submucosal hemorrhage, that was

1 confirmed microscopically. The hemorrhages in the neck, uh, to  
2 involve the strap muscles, I had definitively stated that was  
3 hemorrhage. In fact the terminology that I used, uh, the right and  
4 left strap muscles reveal focal hemorrhage bilaterally, that is, on  
5 both sides. That's a definitive statement, does not require  
6 microscopic evaluation of the tissue. I went ahead and did it  
7 anyway since on all autopsies I take tissue and look at it which is  
8 not the normal standard for a forensic autopsy.

9 BY MR. WALTERS: The Court's indulgence a moment,  
10 your Honor.

11 (MR. WALTERS CONFERS WITH MR. KESLER)

12 Q. Doctor Hayne, you earlier testified that you believe  
13 Doctor West had done some special photographic techniques. What  
14 equipment did you see that Doctor--that West had present at the  
15 autopsy to undertake these special photographic techniques that you  
16 described?

17 A. As I remember, there was the, uh, blue light set up. I  
18 don't remember the other aspects of it since I deferred to him, uh,  
19 to conduct that--that part of the examination.

20 Q. But you do recall that there was a blue light set up  
21 there?

22 A. Uh, to my knowledge there was.

23 Q. And you did incorporate in your official report that  
24 special photographic techniques were used, is that correct?

25 A. Yes, sir.

26 BY MR. WALTERS: No further questions, your Honor.

27 BY THE COURT: Redirect.

28 BY MR. ALLGOOD: Just a couple of questions, your  
29 Honor.



1 REDIRECT EXAMINATION BY MR. ALLGOOD:

2 Q. Doctor, you have been given a diagram which you prepared.

3 BY MR. ALLGOOD: May I approach the witness, your  
4 Honor?

5 BY THE COURT: You may.

6 Q. It has been marked Defendant's Exhibit Number 12 in  
7 Evidence I believe. This is a diagram you yourself prepared, is  
8 that correct?

9 A. Yes, sir.

10 Q. Doctor, uh, are all of those I guess you'd say, for lack  
11 of a better term, squiggly marks, uh, scratch marks, whatever, are  
12 all of those indicative of areas you perceived to be bite marks or  
13 are some of those areas also, uh, marking skin slippage, also  
14 marking those defensive posturing wounds that we discussed, also  
15 marking other types of injuries?

16 A. There are multiple types of injuries identified on the,  
17 uh, the schematic. There is postmortem change, skin slippage, uh,  
18 there is also the presence of abrasions, and I describe those  
19 abrasions in part consistent with defensive posturing injuries, but  
20 also supportive of other types of injuries at different locations.

21 Q. And so not all of that marking on that particular diagram  
22 is supposed to indicate all of it bite marks, is it?

23 A. No, sir.

24 BY MR. ALLGOOD: If your Honor please, I have no  
25 further questions of the doctor; however, I would ask  
26 that the photographs which have been introduced through  
27 his testimony be published to the jury.

28 BY THE COURT: Is this witness finally discharged?

29 BY MR. ALLGOOD: I would so ask, your Honor. He has