Case: State of Missouri v. Darren Wilson

Transcript of: Grand Jury Volume XX

Date: November 6, 2014

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STATE OF MISSOURI

VS.

DARREN WILSON

GRAND JURY

November 6, 2014

VOLUME XX

IN THE CIRCUIT COURT OF ST. LOUIS COUNTY

STATE OF MISSOURI

STATE OF MISSOURI

vs.

DARREN WILSON

The following is a hearing before the Grand Jury of St. Louis County, at the offices of St. Louis County Prosecuting Attorney's Office, 100 South Central Avenue, in the City of Clayton, State of Missouri, on the 6th day of November, 2014, before .

APPEARANCES OF COUNSEL:

FOR THE STATE:

Ms. Kathi Alizadeh & Ms. Sheila Whirley
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GRAND JURY HEARING VOLUME XX

MS. ALIZADEH: Good morning. It's Thursday, November 6th, 9:22 a.m. This is Kathi Alizadeh, present is also Sheila Whirley, all 12 grand jurors are present as is , the court reporter.

We had several minutes of discussion before going on the record this morning. A lot of it was to do with, some of it was to do with scheduling of what we thought we had is still left to do. And I hope I answered your questions about that.

There was also talk about some concerns for safety and we talked about that and I will get you some information that I promise to get you.

And then we also talked about some additional things that you all wanted us to try to obtain to help you with your decision. And Sheila has made a list of those things, so we'll get what we can and if we can't, we'll tell you why we can't get it.

So with that, we have our first witness today is going to be You have already heard from him, but he has some additional

information that he did not testify about when he was here previously that, of course, if you recall was I think the second day that you guys, might have been the second or third day that you guys were hearing evidence on this case. So I'll go get Dr.

,

of lawful age, having been first duly sworn to testify the truth, the whole truth, and nothing but the truth in the case aforesaid, deposes and says in reply to oral interrogatories, propounded as follows, to-wit:

EXAMINATION

BY MS. ALIZADEH:

Q Good morning. Can you state your name again and spell it for court reporter.

A My name Dr. . And that's .

(Grand Jury Exhibit Number 5 marked for identification.)

Q (By Ms. Alizadeh) And, Dr. , thank you for coming back. I know we had you in grand jury several weeks ago and you were here for quite some time on the stand, and I don't think we're going to need to have you here quite as long today.

But I did mention to you that previously you had provided me with your most recent curriculum vitae. I had marked that Grand Jury Exhibit Number 5. I forgot about putting that on when he was here previously. So can you identify that as the CV that you gave me prior to your testimony earlier?

A Yes, this is the CV that I presented to you.

Q Okay. And I'm going to make copies of this for everybody. I, again, just kind of forgot about this. I will get copies for everybody of that.

Dr. we spoke last time about how when the body or the remains of Michael Brown were brought to the morgue and how he was in a, is it a body bag is what you call it?

A Yes, body bag.

Q And that was like at the crime scene by

A Correct.

Q And then it's, the body was placed into a drawer and then later removed by an employee of the medical examiner's office?

A Correct.

Q And who was that?

A . Q And is he, how long has been an employee? A I'm not sure, I don't know exactly. Q And what does he do for the medical examiner? A He's an autopsy technician and he's, he's responsible for one, helping me during my examinations. He's helpful for, you know, drawing any fluids I need for toxicology. He's helpful for weighing the body, checking in the body, and check the body for any type of personal belongings. Q And you've already testified that when the body was received by the Medical Examiner's Office and eventually the body bag was unlocked and opened, that Michael Brown still had his clothes on him; is that correct? A Correct. Q His name is ? A Yes. Q And so did assist you during your autopsy of Michael Brown? A Yes, he did. Q In fact, does he appear in some of the photos that were taken during the autopsy as well as

some of the morgue photos?

A Yes, he does.

Q And you testified that it's procedure for someone such as to check the personal items that might be on the body, any body that is received by the medical examiner's, correct?

A That is correct.

Q And then once the personal items are removed, are they photographed?

A Yes, they are.

Q All right. So previously I had introduced or offered or identified for the grand jurors a packet of photographs which I marked as Number 9, which are, I call the morgue photos. Those are different than the photos that the police took during the autopsy; is that right?

A Correct.

Q Okay. And so I'm going to hand you a photo which was, is in the packet of Grand Jury Exhibit Number 9, and this is, on the back it says looks like, well, it says 039CD. I'm not sure if that's the JPEG number or not. But I'm going to just show you where I'm reading 039CD on the back there. And then I'm going to show you this photo. Does that look like, do you recognize that as one of

the photos that was taken?
A Yes, I do.
Q Okay. And the items in this photo would represent the items that were on the person of Michael Brown when it was received by the Medical Examiner?
A Yes, they are.
Q Now, this blue thing right here, was that --
A That's on the body bag that locks the zipper.
Q Is that placed in the photograph to further identify who these items belong to?
A Yes, it is.
Q And then there's a placard that says St. Louis County and a number beneath it?
A Yes, there is a number.
Q And I assume that was not on his person, correct?
A No, it is not.
Q And is this number the Medical Examiner's number?
A That's the Medical Examiner's number.
Q Okay. I will go ahead and put this on here, and I will pass it around too. But you see in

this photograph two, 5 dollar bills, two, looks like disposable lighters, some paper that has some writing on it, and then this item that you talked about right here. Is that the lock that came off of the body bag?

A Correct.

Q Okay. And this is your placard right here, correct?

A Yes, correct.

Q And this looks like part of a wrapper for something?

A Correct.

Q And then what is this item right here?

A Leafy green substance.

Q Okay. And these items were all found by on the body?

A Correct.

Q Now, Dr. you talked about when you were here previously that during your examination you looked at an injury or wound on the palm of the right hand of Michael Brown. Just, I can't remember how, is this --

A It is on the palm.

Q On the palm?

A It is the palmer surface on the hand.

Q Okay. Near the right thumb or thumb?
A Right, correct.
Q And you indicated or you testified last time that you thought that that looked suspicious for possible soot or something that you wanted to examine further?
A Correct.
Q And you also testified back then that you had cut a piece of that tissue off of the body for you to then later examine; is that right?
A Correct.
Q So I know you've already testified about that, but we, I want to go into a little more detail because since you were in grand jury, you've completed a report about your examination of that tissue, correct?
A Correct.
Q And so once you cut that tissue out because you and I talked about this in a little greater detail since you were here previously, once you cut that tissue out, what did you do with it?
A Okay. So anything that I have on the body that I'm concerned about that I would like to perform histology on, which I will get to in a second. I take that fresh tissue, I mean, it hasn't

been altered or anything, it hasn't been washed, it hasn't been manipulated. I take those pieces of tissue and I put them in a cassette. The cassette is simply a plastic chamber that holds the tissue so that it doesn't get lost or moves around and it stays positioned how it's put when I put it in the gray cassette.

From that point I take that gray cassette and I put it in another container and it is filled with a fluid called formalin. Formalin is simply a preservative that gets the tissue in a state of preservation where it can now be prepared for the next step of processing.

So when I took the piece of tissue off to put in a cassette and I put it in formalin for later processing, that's what I did initially.

Q So did you do with then, is it still in this cassette then?

A Yes, the tissue remains in that cassette in that fluid until it is transported to another facility where they will process the tissue.

Q Okay. And so where does the tissue go from there?

A So after it leaves my position at the St. Louis County Medical Examiner's Office, it is then

sent to the St. Louis University Medical School/Histology Department where it will be processed.

(Grand Jury Exhibit Number 75 marked for identification.)

Q (By Ms. Alizadeh) And I showed you this morning some photographs that I have put in an envelope marked Grand Jury Exhibit Number 75. And do you recognize what's in those photographs?

A Yes, I do recognize what is in these pictures.

Q And what are those pictures of?

A The pictures that I'm looking at right now are the samples of tissue that I took from Mr. Michael Brown's right hand that I put in that formalin liquid that I spoke with you earlier, transported it to the St. Louis Medical School for Histology and then it is processed. That tissue is then put in a wax to keep everything positioned and that's what I'm looking at right now.

Q Okay. So this is after the medical school has put the tissue in a wax?

A Correct.

Q And so you've seen this before?

A Yes.

Q Not only these photographs, but this would be how you would preserve and process any tissue sample that you might want to look at microscopically?

A Correct.

Q And so I'll just show you, this is image number one and again these, this box here, is that the cassette or is that a box?

A It could be either/or. It could be representative of the cassette or something else that they used.

Q So these reddish, beige-ish brown things inside, that's the actual tissue?

A Yes.

Q Okay. And these are numerous photos of the same tissue; is that correct?

A That is correct.

Q And there's a ruler next to the box that kind of gives you perspective on the size, correct?

A Correct.

Q Do you weigh these tissue at all?

A No, I do not.

Q Okay. And there's markings on the side of that box, did you make those markings?

A No, I did not.

Q You recognize these as the tissues that you had removed?
A Yes, I do.
Q Okay. And I just put on the overhead Grand Jury Exhibit Number 1 through 5 to show the grand jurors.
Now, we see this is a larger kind of tray, do you know what that is?
A It was just a tray for transportation purposes.
Q Okay. All right. So once the medical school histology lab places this tissue in paraffin, what does it do then to prepare it for examination?
A So after the tissue is put in that wax substance that you saw, that's the paraffin material, at that point, that block of tissue is now taken to be sliced with a microtone blade, which is a very sharp blade that slices very thin segments, about five micrometers, which is very thin, pieces of wax tissue with the tissue embedded.
That slice is then put on a glass slide and it is then counterstained by adding a pink solution and a purple solution. One is called eosin and the other is called hematoxylin. And then that slide now has been prepared where I can look at it

under my microscope and examine it at a histological level.

Q Did you ultimately receive some slides from the medical school that were actual, this tissue that you had removed from Michael Brown's right palm?

A Yes, I do.

Q Okay. Did you examine those slides under a microscope?

A Yes, I did.

Q And again, you've already testified about this, but I'm going to, did you take photographs of those slides as well?

A I did take some photographs of the slides.

Q Okay.

A Or representative photos of some of the pieces. It is not everything.

Q And you know, Dr. , I didn't have the opportunity to show you this this morning because by the time you got here, the grand jurors were already here. So I'm going to show you a photograph that's on Disc Number 79, Grand Jury Number 79, which actually just to tie things in, did you later time send some of those photographs and the actual slides to the Department of Defense

Medical Examiner for them to also examine?

A Yes, I did.

Q Okay. And we're going to hear from that doctor after we hear from you. Actually, just have to ask you if you recognize this picture?

A Yes, I do.

Q You recognize what you are seeing up there?

A Yes, I do.

Q And so is this a picture of what you would see in the microscope when you were examining that tissue?

A Yes.

Q And does this picture help you to explain to the grand jurors what you are looking at when you previously testified that you saw some particulate?

A Just to take a step back and just to preface again, this is just, there are a lot of pieces of tissue that you saw on that paraffin embedded block. So when you take a slice of that, all of those slices are represented on one slide.

So what you are looking at right now is just a small corner of one of those tissue fragments. So we are not looking at all of those slices at one time.

So this is merely just a corner or a piece of some of that tissue.

Q You can use this if you feel it will help you. It will pick up your voice.

A All right. So for histology, what I was telling you about the colors and the purple and the pink, once that waxed tissue is stained, it give us this pinkish color and some of these things here is the purple color. I spent a lot of time knowing what each thing is, I will just try to keep it as simple as possible.

So you are looking at the edge of the tissue and the tissue that I took was from that wound that I passed around and showed up before. I took little samples of those and those were represented in the paraffin block that I showed you. This is the histology.

So here, this is just regular, you know, normal tissue of the hand, this pinkish material, but here you can see these little darker areas, these little pigmented flakes, these are the foreign particulate matter that I was talking about that is not native to his hand. It had to be introduced into his hand from another source and that's some of those particulate matter that I was

talking about previously. Like that right there, that right there, that right there. (indicating)

As I said before, this is merely just a representation, there are other areas on this slide, but this is just a representative of some of that matter that I saw.

Q And so you have already testified that in your opinion those particulate, the particulate?

A Particulate matter.

Q Matter, that is consistent with soot?

A I would say it is consistent with products that are discharged from a firearm. What I was telling you guys before, there is lots of things that can come out of a firearm. Remember I was telling you guys talking about the primer, the primer on the cartridge is the combustible material that ignites that, then lights the gunpowder, which then propels the bullet. All of those substances together are kind of coming out of that barrel.

So the definition of soot is actually burned gunpowder. So there can be different types of things in there. You can have burned, you can have unburned, you probably could have primer, have lots of different types of materials.

For myself, a better way to say it is

this is just foreign particulate matter consistent with products that can be discharged from the firearm.

So soot could be in there, I mean, it's a lot of material.

Q Now, did you do any testing to determine if that is, in fact, product from a gunshot?

A No, I did not do any specific testing for that.

Q Do you do gunshot residue testing in your lab?

A In my area, I do not do that.

Q Okay. And, Dr. , could those black or darker particulate matters that we can see on that image on the slide, could that be dirt?

A In my personal opinion it is not.

Q Okay.

A But it is due to the circumstances and things that I know about in this case why I feel that that's not dirt.

Q And what would those circumstances be that you feel that it's not dirt?

A So, got to kind of follow me here, okay. When I get the body, I don't alter it, you know, I don't wash it, I don't do anything to it if there is

something of interest that I'm trying to see.

So in this particular situation when I look at some Michael Brown's hand there was kind of an area of discoloration in his thumb area on his right hand that I was concerned about that this could be some type of material discharged from a firearm.

To myself in looking at it, it is kind of like an experience thing, when I was looking at it, just the color of it, the nature of it, it didn't look like dirt to me. Specifically right near the wound, when I think about dirt, we have all been children or working on things that you have dirt, like dirt is all over your hands, it is not like in one little particular corner.

So essentially it was associated with that particular area and it just looked different to me. I did not think that this was dirt and that's why I decided to take the next step to look under the microscope to confirm what I was looking at through my eyes.

So that the next step was doing histology. So when I did this and I saw these little molecules here, the fact that they are very darkly pigmented, they are embedded in the tissue,

it is hard for dirt to introduce itself into tissue. Dirt usually sits on top of things, it doesn't get into things.

So the fact that this is in the tissue, that let's me know that it had to be introduced into the tissue and that is going to be more consistent with products that are going to be discharged from a firearm that would be able to insert itself or get itself into those tissue. So that's why I feel this is not dirt, and this is particulate matter from the discharge from the firearm, if that makes sense.

Q And, Dr. , we talked about the fact that, you know, you've already testified about what the immediate affects would have been to Michael Brown once the gunshot wound that entered the top of his head and traveled through his brain and exited out by his jawline, somewhere around there, that that was actually, would have immediately rendered him incapacitated?

A Right. And just to back up, the wound that was going to be the more incapacitating, you know, the one that actually went in the top of the head and stayed in, there was another one that came over the brow that came out of the face, but the one

that went in and stayed in, that's the one that was going to render him immediately unconscious.

Q And a person who was still perhaps on his feet who would receive that wound would immediately fall?

A Correct.

Q And would they be able to put their hand out to brace themself for a fall?

A No.

Q I don't know if you've seen those photographs at this time. These were images that were taken at the crime scene by Detective and they are contained in a packet that I've marked Grand Jury Exhibit Number 3. And I'm going to show you Image Number 70 through 75, which are pictures of Michael Brown at the crime scene. Can you see the hand area that you were looking at during your autopsy?

A Yes, I can.

Q And if you can look at various pictures because it might show different views of that. His right hand is alongside his body, a little out from the body, but his palm is facing upward in those photographs; is that right?

A That is correct.

Q So he's not, the injured area is not against the pavement?
A No, it is not.
Q All right.
MS. ALIZADEH: Does anybody want to look at these if I pass them around?
A And it is showing the hand is exposed to air and not the ground. So it is not touching the ground, it is touching the air. You should be able to see the darkened area on the skin, that's that wound of the hand that I testified about earlier.
Q (By Ms. Alizadeh) Thanks, you can have a seat.
Dr. , did you prepare a supplemental microscopic examination report regarding your findings after you examined the slides that were prepared by the medical school?
A Yes, I did.
(Grand Jury Exhibit Number 77 marked for identification.)
Q (By Ms. Alizadeh) And is Grand Jury Exhibit Number 77, is that a copy of your report?
A Yes, this is a copy of my report.
Q Okay. Just could you read that and interpret, I don't know, tell us what it says

because --

A I will try my best. So start from the very beginning, upper left-hand corner you have Michael Brown and then upper right-hand corner you have our case number 2014-5143, exam case. And then it is headed as Supplemental Microscopic Examination Report.

Then the next line is, Microscopic Slide Examination.

And then the next paragraph, that's where I start to begin to describe some of the particular features that I'm seeing on the slides that were prepared of Mr. Mike Brown's gunshot wound to the hand.

So starting with skin and muscle I say, sections of the tissue from the right hand show multiple fragments of skin and single fragment of skeletal muscle.

What I was telling you before there is all of those little bits of tissue there, there is different fragments there and then one of those pieces was a piece of muscle, but it is not represented on what you just saw there. That was just one of the pictures and there is lots of things to look at, but that's in totality what I'm looking

at.

So all of those fragments in that tissue block I looked at each individual one of them, every little corner under the microscope, so that is what that first sentence means.

Next, I say there is a darkly pigmented foreign particulate matter present on the superficial surface.

So that dark material that you guys saw, that is more in a deeper layer of the tissue, but on the top. Like if you think of the top of a cake, some of that similar type of material is sitting on the superficial, that means the top portion of some of those skin fragments.

And the stratum corneum, on your hand skin has different layers. On your palmer skin, you have a very thick layer called stratum corneum, it is kind of the more superficial layer of your skin. It is kind of like where your skin eventually sheds and it's kind of similar to what dandruff is. That is what the stratum corneum is.

So that particular layer there is pigmented material embedded within that superficial layer.

As I was telling you before,

something has to introduce or cause those little particles to get pushed into that particular area, and that's what I'm talking about right here.

Also embedded within the stratum corneum of the skin fragments. A mixture of pigmented and non-pigmented foreign particulate matter is present focally within the dermis.

So when I was showing you that previous picture, there was pigmented material, that was the darker material and there was some, some things a little white in there, kind of shiny, that's the non-pigmented material. So there is a spectrum of items within the skin and that pink area that I was showing you, that's the dermis.

So when you have skin, you have the stratum corneum, you have a granular layer, beneath that you start to get into your connective tissue layer of your skin, which is the next layer beneath and that's where you will kind of see pinkish tissue, that's the dermis.

So in the dermis, deeper into the tissue below the skin, you still have those little foreign particulate matter introduced into the tissue.

So some of the skin tissue fragments

within the skeletal muscle tissue fragment. So as I was telling you before, in all of those little pieces that I had there were different types of tissue, I had a piece of skeletal muscle. Skeletal muscle is even deeper than the skin, deeper than the dermis and the next layer will be muscle.

So deep in that tissue injury I took some muscle out too. The muscle that I looked at under the scope also had some of that foreign particulate matter. So this matter, this foreign material was getting embedded deep into the tissues.

Some of the non-pigmented particulate matter is polarizable. All that means is that when you polarize something, polarize means basically reflecting light. So there is some of the material that's in there is able to reflect light and some of the material doesn't. It is kind of a nonspecific thing, but it is important for me to describe everything that I'm seeing to let, you know, let people know that there is a mixture of things in here.

But some reflect light, some don't. The previously described particles of foreign particulate matter are consistent with the products that are discharged from a barrel of a firearm.

That last statement is simply meaning that the things that I'm seeing under the scope in my opinion are being introduced into the hand as foreign material coming from another source. And that other source, in my opinion, what I'm seeing is consistent with coming from the barrel of a firearm, not being dirt introduced from another place, but specifically coming from something else due to the nature of the particles, how they're distributed in the skin, where they are distributed in the skin, and how they got into those particular levels.

Q Dr. , you previously testified about how close the barrel or the muzzle or the end of the barrel of a firearm would need to be deposit those type of particulate or those products once the firearm is discharged.

Can you give us an estimate or a range as to how far away the barrel would have been?

A In my opinion, the range would be about 6 to 9 inches away.

Q Okay. Could, do you have a terminology that you use such as contact, close contact, medium range or something of that nature?

A I would say this is consistent with a close range wound.

Q Okay. Now, contact wound that would be with someone actually, the barrel could possibly be touching the skin; is that right?
A Correct.
Q Could you, if the barrel was touching the skin, would it look the same or different?
A It would look different.
Q Okay. And so, in your opinion, is it your opinion that the barrel of the gun was not touching the hand of Michael Brown if, in fact, one is to conclude that this is gunshot products from a gun?
A Correct.
Q That the actual barrel of the gun would not have been up against the hand?
A Correct.
Q Now, let's talk about one more finding that you made after you had testified previously. You were given something to examine that was described by our St. Louis County Crime Laboratory as skin or hardened nasal mucus?
A Correct.
Q Were you aware that the St. Louis County Lab had done a DNA analysis on that --
A Yes.
Q -- thing?

A Yes, I was aware.
Q Were you aware that they had concluded that, whatever that thing was, contained Michael Brown's DNA?
A Yes.
Q So was that thing given to you for you to examine to see if you could determine what it was?
A Yes, it was.
Q Okay. And what did you do with that thing in order to determine what it was?
A So as I described to you all previously with those tissue fragments from Mr. Michael Brown's hand, that process of taking the fresh tissue, putting it in the formalin, putting it in the cassettes, sending it to SLU for processing, getting it sliced out of the paraffin block, put it on the microscopic slide, getting it stained and then coming back to me on a glass slide. That whole process happened again with this extra piece of tissue that I was given to look at independently.
Q And when you looked at it, did you make any findings as to what that thing was?
A Yes, I did.
Q And what did you conclude that it was?
A I determined that it's a fragment of skin

associated with some connective tissue, that's just supportive tissue beneath the skin layer.

Q Can you tell where on the body that skin comes from?

A Um, not definitively.

Q Okay. Do you have an educated guess or in your medical opinion, do you suspect it comes from one place as opposed to another?

A Um, I guess I'll preface it with this. Within a skin sample, there's a variety of cellular elements meaning different types of cells that are present within our bodies and, um, at times there is a cell called melanocyte. It's our cell that's responsible for producing pigment.

That particular cell when it makes its pigment, it kind of gives it away to another cell type, which is called a keratinocyte. In this particular cell at the junction between the dermis where I was telling you guys that connective tissue layer is, it's at the bottom part of the legitimate skin layer.

These two cells are kind of in contact with each other and they communicate. So the melanocyte makes the pigment, gives it to the keratinocyte, which kind of absorbs it and then it

kind of allows skin to kind of display its pigmented characteristics.

And the particular sample that I received to look at independently, there are keratinocytes there, but they are not picking up a lot of pigment.

So in my personal opinion, this particular skin fragment has to be from an area of the skin that is not highly pigmented. There is a few places on the body, especially for someone whose skin is of a pigmented nature, where you can have a more likely pigmented type skin.

And I'd like to show you, if you look on the back side of my hand here, if I looked under a scope on a piece of my skin under the microscope, I would see more pigmented keratinocytes present, but on this side of my hand it is more lightly pigmented, they are not going to be as prominent or being as significant.

So saying all of that, the fact that that's specimen that I do have, there aren't a lot of pigmented keratinocytes. So I suppose that this fragment is coming from an area where the skin is lightly pigmented.

Q Okay. Such as the palm of the hand?

A Correct.
Q But you can't say definitively that that tissue comes from the palm of the hand of Michael Brown?
A Correct.
Q And did you prepare a report that documented those findings?
A Yes, I did.
Q Okay. And I will have to give you the marked copy.
(Grand Jury Exhibit Number 78 marked for identification.)
Q (By Ms. Alizadeh) I'm going to give you Grand Jury Exhibit Number 78. Is that a copy of your supplemental microscopic examination report regarding your examination of that, what we now know is skin tissue?
A Yes, it is.
Q And I'm going to put this up here as well so that jurors can look at it and follow along. Can you read from that report and then, you know, describe for them what you are talking about?
A Okay. So we'll just start from the very top on the upper left-hand corner. You have Michael Brown's name and then on the right-hand side you

have once again the examination 2014-5413. You have the heading, Supplemental Microscopic Examination Report.

Then you have Microscopic Slide Examination, and then you have the body of the paragraph where I preface by saying tissue fragment.

And then I say sections of the tissue fragment from the exterior surface of the police officer's motor vehicle. I say that because that's where I knew where it came from, so I'm just trying to give it a description so that if someone looks at this later on, this kind of identifies where I got the tissue from and also helps to remind me where it came from.

Are consistent with a fragment of skin overlying soft tissue and then I put in parentheses connective tissue. So when I'm looking at this particular fragment there is characteristics of cutaneous skin that let me know histologically that it is skin as opposed to something mucosal. When I say mucosal, like the inner side of your lip, that's an epithelial surface, meaning the outer layer of cells that surfaces a lining, but it is a different type of tissue being that it is mucosal.

The difference between mucosal and

actual true skin, there's something called a granular layer. On the histology, and when I was talking about like the stratum corneum, you have the granular layer and you have another layer, you have a basilar layer. All of these things are kind of in a continuum.

A granular layer is specific to skin that's on the outside of a body, it is not mucosal. So this particular fragment that I'm looking at has a granular layer.

Since I see that, that let's me know that it is definitely exterior skin and that's how I know it's skin. And then the next part where it says overlying soft connective, the skin surface sits like on the level and beneath that you have a supporting layer of tissue. The supporting layer of tissue is this connective tissue layer that I'm talking about here.

Then I say there are features of desiccation/drying artifact. This particular piece of tissue that I had that was, you know, was sitting outside on a car door for an extended period of time before, let me back up.

Before I got a chance to put it in formalin, it has been exposed to air, other type of

things that can cause it to dry out, that's all desiccation means. It is kind of an artifactual change of it drying out, not being put in preservative, that would kind of halt or stop that process.

So for an extended period of time, I don't know how long it took before it got to me, but those features are there, it is hardened, it dried. I can appreciate those changes under the microscope. Those changes under the microscope look like little circles or kind of like pockets of air, kind of looks like swish cheese, in a way to think how the little pockets of swish cheese are. That's cause the tissue has kind of been affected by these drying changes and causes that artifactual change on my slides, so that's what I'm talking about right there.

Then I say there is a granular layer present within the upper layer of the stratified squamous epithelium.

So that granular layer that I just spoke to you about, that's how I definitively know that this is a skin sample from the outer surface of the body skin surface.

And the stratified squamous

epithelium is just how I as a pathologist describe this particular type of skin set. There is different types, but this particular type that you have on your skin is known as stratified squamous epithelium, so it is just a name.

So focally, lightly pigmented keratinocytes are present within the basal layer of the stratified squamous epithelium.

So that's just going back to what I was telling you before, you have that relationship between the melanocytes, who are responsible for making pigment. They give that pigment up to this keratinocyte, who holds onto it and eventually over time, you know, they will migrate up and disappear.

But this particular cell type is not, it is present, but it is not overly pigmented. So it was important for me to describe that to maybe suggest potentially where this piece of tissue may have come from and that's what I'm saying in essence.

Q Okay. I'm not even going to try to summarize that because I can't pronounce half the things you just said. I'm passing out copies of your two supplemental reports to the grand jurors and at this time I don't believe I have any other

questions.

MS. ALIZADEH: Sheila, do you have any questions for Dr. ?

Q (By Ms. Whirley) Hi, Dr. .

A Hi, how you doing.

Q Are you able to tell regarding the handle, how the injury occurred. For instance, whether he was grabbing the gun, shot went off and hurt his hand or if he was trying to block the weapon or stop him from shooting him, can you give any insight into that?

A No, I cannot.

Q Why is that?

A Due to the nature of the wound, really all the information in my report is saying is that it is helping me with a distance. How far away this gun was discharged when this wound was generated. So other than the fact knowing it is a tangential graze wound and it is a wound of close range, I can't say any more about it because the information that I have, that's all it is telling me.

. I thought before, if you could remind us, do you know the direction in which the wound, the gunshot would have entered?

A So when I was telling you guys before there's, when you get, not all the time, but with graze wounds you can get injury called skin tags or you get these little projections of tissue that point a particular way.

So in a situation for Mr. Michael Brown, the skin tags were going in an upward, let me back up. When I do my diagram, it is like this, anatomical position, you are like this. So with his wound --

MS. ALIZADEH: Would this help? This is a picture that I am using, which was taken during the autopsy and it is in the packet of Grand Jury Exhibit Number 7, and it is Image Number 49. If it is easier, you want me to turn the lights down?

A Yeah. The tips of Mr. Michael Brown's fingers will be out here. That's my hand manipulating his hand. So those skin tags I'm talking about kind of look like little shark teeth, these are the little skin tags I'm talking about. These tags are pointing this direction, they're point that way.

So the barrel of the gun points towards the tags.

MS. ALIZADEH: So let me do this. I'm

using my hand as a gun. So would the barrel be in this --

A The barrel is in that position and the bullet is going in that path just like that, that's the way it is going. (indicating)

So when I put it on a body diagram, I'm like this. It's going in an upwards fashion. It doesn't mean it is going upwards, but that's the way that I have to present it to give a reference point of the injuries on a body diagram.

But what it is saying in realtime is the hand can be positioned in all kind of fashions, but that gun barrel is going to have to stay like that. It has to be coming in a fashion like this. It can't change, it can't start coming this way, it can't. It has to always be in relationship like this. (indicating)

Where the hand could have been like that generating the wound, the hand could have been like this generating the wound, and it could have been like this generating the wound, but they have to stay in this locked position, that's the only way it can be. (indicating)

: How long from the first examination to the further examination that you did,

how long of a time was it that you got those samples? You said you put them in a preservative liquid.

A Uh-huh.

Was there any deterioration or anything from the time when you received it until you did the second examination?

A So in terms of processing that tissue, so I did the examination on August 10th. I immediately took samples, I cut little pieces out with scissors from kind of randomly around this area where it is kind of discolored. That's the area that I'm most suspicious for, concern for, for some type of particular matter or deposition of foreign material.

I cut those out and immediately put them in preservative solution of the formalin as soon as I took them off that day.

: Okay.

A Once they go in that solution, no more desiccation, nor more changing, nothing else is going to happen to it with the histology that I did of this wound.

That other tissue didn't get a chance to go into formalin immediately. I don't know where it sat, it could have been in a cooler or an air

room temperature room, I don't know, but it didn't get into formalin until I got it until weeks later after the event occurred when it was given to me.

: That couldn't affect the way the particulates appear?

A Just to make sure we are talking about the same specimen. For the things that I took here, once I put those into the solution, they are going to be preserved and nothing is going to be altered.

: Okay. That was the other thing, wasn't it, I'm sorry.

A So once it goes into that tissue, I'm sorry, once it goes into that liquid, then goes to my histology lab and then, you know, through a series of steps before it gets put in that wax.

: So the tissue you got from the hand was preserved right away?

A Correct.

: I just want to clarify because I understand you said it was sent to the medical school histology department?

A Correct.

: But those are not students examining those?

A No.

: They are present, but they are not the ones in charge, they could be present.

A To my knowledge there's no medical students affiliated with that laboratory.

: They are done at a professional level?

A They are done by technicians who are certified to do that type of work.

Okay. You said that dirt doesn't embed the way the soot would. I'm going to say soot, I know you can't verify that. I'm just going to call it that for right now. I know that we see that the hand, the hand palm is upright. Michael was almost 300 pounds and when he fell, could his hand have hit and moved and embedded dirt in there. Is there any way that that could be mistaken for dirt in your professional opinion?

A I don't think so.

Okay.

A And it goes back to the situation.

: Your experience and everything like you said?

A I'm looking at it in totality.

: One more, I'm sorry.

A No problem.

: You said that you could tell that his hand wasn't on the barrel of the gun?

A Yeah, I can't determine that though. You don't know that it was or you know that it wasn't?

A On the information on my report, the information on my report is saying it is kind of a thing of static time.

: Okay.

A Having the presence of that material, seeing that it is a graze wound, the way that things are pointing, putting all of those things together, I know it is a close range wound.

: Okay.

A That's all that it is saying. It doesn't help me to say when it happened.

: Or even how for?

A I have a how far. It is about 6 to 9 inches when that wound was generated. But you cannot tell?

A I don't know where in the process, like I said, I can't put an opinion on did he have it and he pulled away, then something happened or was he going towards it and something happened, I can't

even talk about that component of things. All I can say is that his hand was about 6 to 9 inches away when that gun went off.

Okay.

A That's all that I can say.

Thank you so much.

MS. ALIZADEH: And just let me clarify too, the tissue that was on the side of the police vehicle, did you see any of the particulate matter in that sample?

A No, I did not.

MS. ALIZADEH: When you examine the right hand and in particular the palm of Michael Brown and not just the wound, but the entire palm, did you see any dirt or debris on his, on the palm of his hand.

A When I examined, the only area of discoloration that I was concerned of being something, I guess, not native to his hand was right here in this region. The rest of his hand is clean. You can see it is a normal palmer hand except when you get into this area associated with the wound.

: I do want to reiterate something that you said. You can't tell from this whether he was pulling away or going toward?

A No.

: You can only tell the direction of the discharge of the gun?

A That's correct.

He could very well have been pulling away to leave?

A He could of, but I can't make a statement to that.

: I'm done, I promise.

A The information I have does not help me with determining that scenario definitively.

When you do, did you obtain the specimen for just leaving for toxicology.

A Uh-huh.

: We have the toxicology and blood and urine, we don't have anything about the liver and brain. Do you know if it is negative or what?

A With toxicology?

MS. ALIZADEH: You can sit if you want.

A I don't know if I have to move or something.

MS. ALIZADEH: You can get up if you want to again.

A With toxicology, you kind of have some

flexibility in what you want to take, but standard specimens that I take on a full examination pretty much every time I always take some type of blood, I try to preface where it is coming from. I take urine and I also take vitreous fluids, which is fluid from the eyes, and I take liver and I take brain.

I have to specifically tell the tox lab to test the brain and the liver if I'm concerned or worried about substances being in those organs. So for this particular case, the substances that were generated were active and metabolites of marijuana.

Those particular things are found in the blood and it is not necessary to correlate them to the brain or the liver. The blood samples are going to give an accurate representation of the levels that were in his body at the time of his death.

So submitting the brain and the liver is unnecessary.

: Okay.

A

: And I congratulate you.

You do an excellent job and you were very clear in everything that you explain, everybody could understand that perfectly. I congratulate you, you are a very good professor.

A Thank you.

MS. ALIZADEH: , I don't know if I understood it, but you guys are probably smarter than me. I can't say half the things, the words, I can't pronounce them.

Anybody else?

Did you do any measurements from like, from shoulder to shoulder, like the width or maybe from torso to torso?

A No, I did not.

. I know we went over this in your other visit about the other shots and it is very hard to tell, especially on the arm where things may have come in or come out, but just in your experience, is there anything or anywhere where you think this bullet may have traveled, I have no idea where it may have grazed somewhere else or may have entered somewhere else on his body?

A In what you just said it's always a

possibility that, you know, it is conceivable. It is possible that the hand is in a certain position when something goes off. We know it is a graze wound, it didn't stay, so it had to go someplace. Could it have went into the door? Could it have reentered another area on his body? Could it have just went out into another place in space? All of those things are reasonable and I can't definitively say because I wasn't there to actually see the positioning of how the body was when it happened.

It's possible, there is a multitude of ways that the bullet could have traveled after it struck the skin.

: Thank you.

. When I look at that wound, it looks to me there is a lot of tissue missing yet only one small piece of tissue was recovered. Is that maybe an illusion there is not a lot of tissue missing, more like where it opens up you could put it back?

A That's a possible thing where it is kind of more like filet and just kind of split open. It's tracking deep, muscle is more, I guess, firm for lack of a better word. So the more firm, the more it is going to kind of split. It is taking

more forces to kind of pry it open.

So it is hard to say that something, pieces get scattered around or whatnot, but from what you can see, there is definitely a track traveling through deeper into that muscle that you have.

You feel your thumb right there, that firmness right there, that muscle is being exposed to the environment due to the tracking of that graze wound superficially over the skin.

: Could I conclude that hand was not inside the vehicle?

A You can't.

There would have been more matter?

A Looking at the wound you can't determine where the hand was positioned in space. It could have been in the car, it could have been outside the car, you can't.

: I guess no tissue was recovered in the car, that's what I was after, would there be a lot of tissue?

A And not necessarily. It is like, you know if you try to squeeze it back, it will re-approximate pretty good. It is something came in

between it and pushed things to the side. It is just open like that because the muscle, that's just what muscle kind of does once it gets hit. Because your muscles are in a bundle, it is like a fascicle. You have tissue that kind of holds them together.

So when you injure that, they just kind of fall out. So that is going to make a wound that may not necessarily be, you have a little small bullet, but it goes through and filets that stuffs open, the integrity of the tissue elements has been disrupted. So now things are going to be able to kind of flop out. You no longer have the skin holding things together, you don't have connective tissue holding muscle together, that stuff's disrupted, it is going to flop open.

I'm also too, I'm putting traction on the hand too, and that's going to help to expose it more. You can see me pulling on his thumb, I mean your hand, your hand kind of just rest like this, I'm stretching it out like that. So that could make things look more dramatic than they really are.

: One more question,

. But the mucusy substance found on the door outside the vehicle --

A It is not mucus.

That's the way it was presented to us at the beginning, that's why I refer to it that way. It is consistent, you found it to be consistent with this part of the hand probably?

A It could be. I don't know definitively.

: Right. But the pigmentation, the keratin that's in here is consistent with either something with a lighter tone skin, it wouldn't be from this part of the hand and the arm?

A Right.

: It could be here or back here or the foot or whatever?

A It needs to be a lightly pigmented area.

: That's the one that was affected?

A That's the best spot I got, but I don't know exactly where it came from. There is no test I can do that says this is hands, this came from the hand, you know.

: I understand. I wasn't trying to lock you into corner there.

. Pretty scientific, seems like here's a little bit of art, different backgrounds trying to figure out what the

evidence is telling you. With that being said, obviously, going to hear from the federal, I guess, medical examiner?

A Yes.

: What are your expectations across multiple medical examiners should we expect all of those reports be primarily very much the same or major parts would be the same?

MS. ALIZADEH: Can I hold off right now on his answer, we have a juror that needs to use the restroom. Anybody need to go? I don't want to stop it.

(Recess)

MS. ALIZADEH: We took a quick break. This is Kathi Alizadeh, Sheila Whirley's present, all 12 grand jurors. We just took like less than a five minute break for a couple bathroom breaks.

Dr. is still testifying Dr. , you are still under oath, of course. And then the court reporter, , is taking down and recording what is being said and had posed a question to Dr. . Do you have anything, did I interrupt your question or were you done with that?

Okay. Mr. , do you recall his

question?

A Yes, I recall his question and it is a good question. Um, you know, I guess in my, I have to be honest with you guys, I have never been in a experience like this before. I've only been doing my craft, I guess on my own, for a little over two years. I haven't been involved in any really high profile cases. This is my second time coming to a grand jury, so this is all, you know, kind of new for me and I will always be learning throughout my life dealing with experiences and whatnot.

But in terms of having people come behind me to do an autopsy after I did it? When I initially first started out on this, I didn't know it could become what it is going to become. I was just working. That Sunday was my day to work. I got my caseload, things I was going to do that day. And I approach all my cases the same way every time based off of the training that I got and I just approach them the same way every time.

I don't, you know, if there is little special things I'm concerned about. I pursue those, I do that, but I usually have the same approach every time.

So knowing that someone is going to

come behind me, I've never had people come behind me before. I was a little nervous about it, but I know that I approach this in a logical fashion and I wouldn't have done anything different.

So that being said, when people come behind you, the work that we do at the end of the day it is an opinion. There can be a difference of opinion, but as long as, you know, everyone, once everything is documented, you know, when someone says this is an end, this is an out. You know, this is an entrance wound, this is an exit wound. Well, this looks close range, blah, blah, blah.

Once you get all of that kind of down on the table, you get all the facts out there, then at that point people start to say well, okay, this is what I think this is.

Will somebody potentially look at my slides and say, oh, that's dirt, they can. But you have to understand is you have to, you can't look at these things in a vacuum, you know.

Each piece is important for me not physically being there, I have the body, I have the evidence, I have to have all of these things to be able to generate my opinion. I think you have to look at everything in totality. You can't just take

a snapshot. You can do my job and do it in a vacuum and some come up with all kind of conclusions, but what you have to do is you have to look at everything and then you have to look at the person who was telling you, I mean, if the person is credible to you and like I say, I'm not here promoting one thing or another, I'm just speaking to the things that I observed. And for lack of a better term, regurgitating them back out with my level of medical training to try to make sense of everything.

People can come in and say whatever they want to say for whatever their agenda is and I think people need to be aware of that.

MS. ALIZADEH: That brings up some good points that I wanted to maybe clarify with you.

Have you, Doctor, ever performed a second autopsy?

A No, I have not.

Q (By Ms. Alizadeh) And you said you've never had anybody perform a second autopsy after you?

A No.

Q Are you aware of what the proper protocol would be if a second autopsy would be performed

regarding what that second doctor may need in order to complete his findings, do you know? I don't want you to guess.

A I have personal feelings about it what you may need, but I don't know is there a standard protocol, what someone is supposed to get when they do a second autopsy, I do not know the exact answer to that.

Q Okay. So in your profession in your job, you were tasked with examining the body and determining the manner of death, the cause of death, and documenting and describing any defects or wounds of the body and testifying perhaps about the affects of those wounds and preparing a report which you did in this case?

A Correct.

Q Now, you just said that when you went in on the 10th to do this autopsy, you approached this in the same manner that you would any autopsy that you are going to do; is that right?

A Correct.

Q You didn't do this any differently because it was Michael Brown?

A No, I did not.

Q Did you even know at that time you had

just said, you didn't know that this would become what it has become?

A No, I did not.

Q And are you familiar with Dr. , do you know him?

A Yes, I do.

Q Do you have an opinion as to whether or not he is a reputable or respected pathologist?

A I have no comment.

Q Okay. How about have you seen a report from Dr. ?

A I have not seen a report from him on this case.

Q And now you're aware that there was a third autopsy done; is that right?

A Yes, I am.

Q That was done by Medical Examiners with the Department of Defense?

A Correct.

Q And you are aware that one of those doctors was Major , go you not?

A Yes, I am.

Q Now, prior to this case, had you ever heard of Dr.

A No, I have not.

Q And you have since met him; is that right?
A Yes, I have.
Q When you met him, was it in relation to this case?
A Yes.
Q Okay. And have you seen his report?
A No, I have not.
Q Okay. So you can't today testify to any other findings by other professionals, correct?
A Correct.
Q But you do recognize that very competent and reputable experts may differ in their opinions?
A Correct.
Q And you've testified just regarding your opinion in this?
A Correct.
Q All right. And we'll hear from Dr. and hopefully Dr. in the future.
In order to do the things that I told you, you are tasked with doing in this case so that you testified, did you have to examine Officer Wilson's vehicle?
A No.
Q Did you do that?
A No.

Q Did you have to see the crime scene photos?
A I've seen them, but they weren't necessary to do my autopsy.
Q Okay. Did you see them after you had performed the autopsy?
A Yes.
Q Did you see them after you prepared your report?
A Yes.
Q Okay. Um, how about the medical records of police officer Darren Wilson, did you need to see those in order for you to form an opinion?
A No.
Q And how about the clothing of Officer Darren Wilson, did you need to see those things in order for you to form your opinions?
A No.
Q What about, now, of course you had the clothing of Michael Brown; is that correct?
A I don't have it, but I saw it at the time of the autopsy and then I gave it over to the St. Louis County Police Department as evidence.
Q And would it be, in your opinion, was it helpful to have the clothing to at least see perhaps

if there were defects or holes in the clothing that would correspond with injuries?

A Yes.

Q Was there anything, so you have the body of Michael Brown, you have the clothing of Michael Brown you, of course, did not have the toxicology results when you did your report?

A Correct.

Q And was there anything else that you had that you relied upon in making your reports?

A The x-rays.

Q X-rays of the body, correct. And we have those on a disc that we didn't show those to you, but I indicated if you needed to see them or ask any questions about them they would be available.

Anything else that you needed to form your ultimate conclusions?

A No.

Q Is there anything that you didn't have you wish you'd had?

A At this particular time, no, I can't think of anything.

Q What about the gun of Officer Wilson, the gun that was used in the shooting, did you need to have that or examine that to make your findings?

A No.

MS. ALIZADEH: Sheila, anyone else?

MS. WHIRLEY: No.

After you completed your autopsy of Michael Brown, and then we find out that there was going to be a second autopsy done, do you know how soon after you completed your autopsy was that second autopsy by Dr. done, do you know the timeframe?

A No, that was not shared with me.

Okay. Before you released the body from your office.

A Uh-huh.

: Is the body cleaned in any way.

A I mean --

: Do you wash it down like with distilled or stabilized water.

A The autopsy technician, like I said, doing the autopsy is not a totally clean process. You don't want to have blood all over the place from point of health hazards and visually esthetic purposes, it just doesn't look good.

With water, the body is washed also so it is not all bloody and things of that nature.

Okay. And this is just from a personal question.

A No problem.

okay and usually if I bet on something, I know pretty darn sure that what I know is right.

A Gotcha.

: Going from what you know that you've done in this autopsy and from your experience, like would you bet, I'm not going to say bet your life, but would you bet your bottom dollar that you are 100 percent correct about your finding?

A I stand by my report 100 percent.

: You said you know Dr. ?

A I know of him.

: You never worked with him?

A I don't know him, I know of him, I know who he is.

: Okay.

: . On the case examine, I notice that on Michael Brown's lower extremity there were several scars on his knee and on his lower left leg.

A Yeah.

: Was there any damage to his lower extremities that was recent?

A No.

: Nothing consistent with his foot being ran over?

A No.

: , I'm sorry. When you say you wash the body, you don't like scrub it or any use any soap or anything, it is just water?

A Water and a rag.

: So you can get a good view of what's going on?

A Yeah.

MS. ALIZADEH: In fact, I think, Dr. , if you recall from your previous testimony there's a series of photos that are taken before the body is washed and then there's a series of photos taken afterwards, and in cleaning parts of the body, is that so you can visualize the wounds and see what you are looking at?

A Correct.

Q (By Ms. Alizadeh) And if something is maybe dried blood that washes away and it is not

actually an injury or wound?

A Correct.

Q Okay. And just also to clarify when you did your autopsy, the body of Michael Brown had not been embalmed or touched by a funeral director or anyone else, it came from the crime scene to be placed in a locked bagged and then delivered directly to your offices?

A Correct.

MS. ALIZADEH: Any other questions?

(End of the testimony of Dr. .)

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of lawful age, having been first duly sworn to testify the truth, the whole truth, and nothing but the truth in the case aforesaid, deposes and says in reply to oral interrogatories, propounded as follows, to-wit:

EXAMINATION

BY MS. ALIZADEH:

Q Could you state your name and spell for the court reporter?

A Sure. .

Q What do you do, sir?

A I'm a forensic pathologist in the

military.

Q And prior to your testimony, did I ask you to send a copy of your current curriculum vitae?

A Yes, ma'am.

(Grand Jury Exhibit Number 80 marked for identification.)

Q (By Ms. Alizadeh) I'm going to hand you what I've marked as Grand Jury Exhibit Number 80, is that what you sent me?

A It is.

Q And I'm going to pass this out, but I'm also going to ask you to testify a little bit about your educational background.

Tell me, starting with college, your degree in college and where you went from there?

A I graduated from LaSalle University with a bachelor's degree in biology back in 2003 and then I went to Georgetown University School of Medicine in Washington and graduated in 2007 with a medical degree. From there I went to the University of North Carolina in Chapel Hill and spent five years there completing residency and forensic pathology training.

Q And we've already heard from Dr. about the science of forensic pathology, how long

have you have been working as a forensic pathologist?

A I finished my fellowship in 2012. I have been employed with the Armed Forces Medical Examiner System out of Dover Air Force Base since then. So A little over two years as a practicing forensic pathologist.

Q So you are employed by the military, is in, what branch of the military?

A The Air Force.

Q And are you a commissioned officer in the Air Force?

A Yes, ma'am. I hold the rank of major.

Q And so today, would you prefer I call you or would you prefer to go by Dr. ?

A Dr. is fine.

Q All right. And so Dr. , in your duties and responsibilities as a forensic, are you a forensic pathology?

A Yes, ma'am.

Q Are you a board certified forensic pathologist?

A I'm board certified in anatomic and clinical pathology, as well as forensic pathology.

Q And so in your job with the military, do you perform autopsies?
A Yes, ma'am.
Q And do you perform autopsies and then prepare reports regarding your findings?
A Yes.
Q And have you testified in court regarding your findings after performing autopsies?
A Yes, I have.
Q And so in relation to this case, you know that you are here because you performed an autopsy on the remains of Michael Brown, correct?
A Correct.
Q When were you contacted, approximately, in order, when did you first learn that you were being asked to perform for an autopsy?
A I believe August 18th was the day that we performed the autopsy, I know that. I think that was a Monday. I don't recall specifically, but I remember getting a call when I was at home from my boss. It was probably Sunday, the day before.
Q Okay. And what did your boss tell you about what you were being asked to do?
A Well, he said that the Department of Justice was making a special request from the

Department of Defense to perform an independent and non-biased autopsy on a civilian that had died in St. Louis.

Q So was it unusual for you to perform an autopsy on civilians?

A I would not say it is unusual for me to do autopsies on civilians. We perform autopsies on anyone that dies in federal jurisdictions as long as it's a medical examiner's case. If there's a civilian on a federal installation, we will be responsible for performing that post-mortem examination.

Q So, for example, a serviceman, serviceman who maybe lives on base, his child dies and there is a need for an autopsy?

A That is correct.

Q That's a civilian, correct?

A Correct.

Q Someone who may be, would be shot during a bank robbery, that would be a federal case, but that wouldn't necessarily be military, involved?

A Correct.

Q Okay. And so, so you were told that you were be requested by the Department of Justice to perform an independent and unbiased autopsy, is that

right?
A Correct.
Q Were you are told that the body had already been autopsy previous?
A Yes, I was.
Q And did you, were you told that it had been autopsy twice?
A Definitively it had been autopsy at least once before by the St. Louis County Medical Examiner's Office. There was some rumor at the time that a second independent autopsy had been performed, but we weren't sure at that time.
Q Now, did, when you were notified about this, did they tell you who you were going to be autopsying?
A At that time the name was given to me over the phone.
Q Did they tell you it was going to be the body of Michael Brown?
A They did.
Q And on August 18th, had you ever heard of Michael Brown?
A In fact, I was ignorant. I'm not sure why I hadn't been watching media on this. I know there was a lot of coverage that I know now, at the time

this was the first I was hearing of it at that phone conversation that Sunday.

Q So you had not viewed or at least had not made any connection between the media coverage regarding the shooting death of Michael Brown and the allegations that are being and were being made at the time with the autopsy that you were performing?

A Correct, this was the first I was hearing of it.

Q And so did you travel to St. Louis to perform the autopsy?

A Yes, ma'am, I did.

Q Did anyone come with you?

A I was accompanied by one of our senior forensic pathologist was a Navy captain. He probably has 15 or 20 years experience named Dr. . We performed the autopsy together and whenever we travel to do a case, we also bring one of our photographers. We have a staff of photographers that will accompany us when we go on road cases. So I had a photographer and Dr. accompany me.

Q And so prior to doing the autopsy, did you learn anything additional that helped you to do the

autopsy?

A So once we arrived at the Medical Examiner's Office, they welcomed us in, essentially gave us all access to the radiology, all the x-rays they had taken on the day that they performed their case, which I believe was the 10th of August.

So before any gunshot wound case, we need to review the radiology in order to see what bony structures have been injured, if there are any projectiles in the body that need to be recovered. So this is standard procedure.

So they gave me access to those x-rays and then I also was able to look at a small scene investigation synopsis probably a few paragraphs, I guess dating back to the 9th or 10th of August. So I had that information to review before we performed our, I guess, third autopsy.

Q Do you recall what you learned from that scene synopsis?

A It was just that there was an individual that had an altercation with a police officer and that he received multiple gunshot wounds and died at the scene.

Q Did you have any information about, for example, whether or not there was an altercation at

or near a police vehicle?

A It wasn't specified in what I had read.

Q Okay. Did you have any information that there were perhaps conflicting reports about whether or not the individual was running or standing still or turning or what position his body was in?

A I don't recall that being elaborated in that small synopsis, no.

Q Okay. And so when you arrived at the Medical Examiner's Office in St. Louis County, did you speak with any of the medical examiners in St. Louis County?

A Yes, ma'am. I spoke with Dr. right before we performed our own procedure and then afterwards, I spoke with Dr. .

Q So Dr. would be the chief medical examiner for St. Louis County?

A To my knowledge, she is the chief at that office, yes, I believe so.

Q All right. And did she give you any information that you felt was necessary in order for you to perform the autopsy?

A She didn't provide any additional information before the autopsy itself. She was just there mostly to facilitate and make sure things were

going smoothly and she allowed us to actually use one of their own technicians to help with the case.

Q Do you recall who that technician was?

A I do not recall. I saw him in the photographs from the first autopsy, I don't recall his name. We have a full ledger in our own case file of everybody that was present in that room, which would include that technician as well as an FBI agent.

Q And so the photographs that you mentioned that you saw from the first autopsy.

A That is correct, but I did not get to see those until after we performed our own examination.

Q Is that because they wouldn't allow you to see them, but you wanted to?

A We actually prefer that we did not look at any photographs before completing our own autopsy. We felt like we were there to perform our own independent study. We didn't want to get biased by other photographs.

Q All right. And when you arrived at the Medical Examiner's Office, I assume that the body was identified to you as the body of Michael Brown?

A That is correct. He also had identification bracelets around his ankles and his

wrist that said Michael Brown.

Q And did your photographer take photographs of the different stages of the autopsy?

A Yes. We have a very specific protocol in the military in the way we deal with photographs and we performed our autopsy the same way we would as if it was a service member for a normal autopsy.

When we arrive the body was discovered in several blankets. We take a photograph of that and then we removed those blankets and then we begin our standard photographs, which would include identification bracelets and anything else that could identify the body.

MS. WHIRLEY: Are you looking for the other file?

MS. ALIZADEH: Sorry.

Q (By Ms. Alizadeh) For the record, we are using a disc that I've marked as Grand Jury Exhibit Number 79, and there are a number of photographs on this disc. And I'll ask you, Dr. , if it is easier for you, and it might be, to maybe wheel that chair, you don't need to worry about the microphone picking you up, it will pick you up and you would be in a better position to look.

Here is a laser pointer so as we talk

about these photographs, you can use that.

A Sure.

Q I'm also going to turn this light down a little bit so it is easier for the jurors to see this.

So this is the first image that is on the file that's on the disc, Number 79.

A Yes, ma'am.

Q Do you recognize this placard?

A I do. We use this placard on all of our autopsies, this is how we start all of the photography with this placard. And usually we make this at Dover Air Force Base before we go to the actual case.

Q And the side of that placard says Dr. , St. Louis, Missouri?

A Correct. We were the two pathologists that were performing this autopsy.

Q Okay. The date at the top, is that the date that you prepared the placard or the date that you actually performed the autopsy?

A So this placard would have been prepared by at the bottom, he's our photographer. I'm not sure if he did it the day before or the morning we flew out, but that was the day we performed the

autopsy.

Q So AFMES, what's that?

A Arm Force Medical Examiner System. That's where we work and we're stationed out of Dover Air Force Base.

Q You have your own case number?

A Correct. ME140240.

Q Then you said MCCS , that's the photographer that you brought along with you?

A Correct. I'm not in the Navy, so I don't know what MCCS stands for. He's a senior chief enlisted in the Navy. I'm not sure what that means.

Q So you indicated that when you first arrived and the body was presented to you, it was wrapped in some blankets and that you took some, that your photographer took some pictures.

There is, in this next image, Image Number 2, you can see something that's inside a blanket and there is a piece of paper perhaps that's on top of the blanket and that is your case number, correct?

A Correct. We label all of our images no the matter what they are with a case number. I think that is just important for us to do not to misplace images across different autopsies.

Q This was all done at the Medical Examiner's Office here, correct?
A Correct. This entire autopsy was done here, but these placards that we are seeing were things we had printed up before we arrived.
Q Okay. So Image Number 3, and that is another different view of the body underneath the blankets?
A Correct.
Q Image Number 4. And so now in this image, we're seeing the lower half of the body and you indicated that there were bracelets, there is a green bracelet around the right hand and then there are bracelets around the ankles of the body. Did those identify the body as Michael Brown?
A Yes, ma'am. I think we have closer up images that show his name actually written on these bracelets, but they did.
Q And the next image. And then this is the upper half of his body; is that correct?
A Correct.
Q Now just viewing this as we see it and as you saw it that day, can you tell by looking at it then that this body has been autopsied?
A Yes, this is the standard Y incision that

we do in the United States and it has been sutured together.

Q All right. And the next photo. Again, you indicated that you took close-up images of the actual identifying bracelets around the wrist and ankles s of the body, correct?

A Correct.

Q And the next image and then the next, and the next, and then the next. Sorry, and so the last image we've already seen that image. So now we saw a number of images that you could see close up the bracelets that identified the body and now do you know why this image was taken?

A Again, this is just our standard protocol. So at this point we would consider the body, usually the bodies that we are dealing with are actually still within the body bag, the human remains pouch. This is just a standard image.

After we remove the blankets, whatever was underneath him, we will take pictures of him on the actual autopsy surface that we are going to be performing the case on.

Q Okay.

A So again, pretty much redundant information.

Q Okay. But these are different images?
A They are, they are. We have already removed the blankets.
Q All right. Now, this is an image of the lower half of his body, but he's turned over and he's lying on his stomach?
A Correct. And you can see here some evidence of decomposition change, some skin slippage.
Q And we see some discoloration on the, maybe I shouldn't characterize it as discoloration, you can see that there is definitely some different color to his skin, what's that caused by?
A Correct. So the body has been embalmed, I think any images you may have seen up to this point have been from the first autopsy. So now, you know, eight days later, the body has been embalmed, been three, several other autopsies. So when the body's playing flat on the table getting embalmed, some of the embalming fluid may not reach these areas because the skin is pressed against a flat surface that prevents it from getting in. So I think any changes in tone or color is probably due to that.
Q All right. So those aren't anything that you feel that were caused by the injuries that he

sustained during the shooting?

A No.

Q And the next image?

MS. WHIRLEY: Let me ask him, what's the white.

A This here? Skin slippage. It is decomposition.

Again, the skin here isn't going to be as embalmed as the skin on the front. He's laying on his back, so this area could be prone to decomposition.

Q (By Ms. Alizadeh) And the embalming process is to slow down decomposition?

A Correct.

Q And then you see the back of the upper half of his body. And you see some injuries to his body from that photograph; is that correct?

A Correct. And this photograph we can see clearly, it is hard to tell from here, but that's the exit gunshot wound from a gunshot wound to his forearm.

And then here is actually an autopsy artifact, that's where they had removed a bullet gunshot wound to the right lateral chest. That's where they recovered that round during the first

autopsy.

Q Now, were you able to tell that just by looking at it?

A No.

Q Or did you have to examine it?

A This information I'm giving you is after I examined the entire case.

Q Okay.

A I did not know at the time of first looking at his back that that was where they recovered a round from the first autopsy.

Q And you weren't able to conclude that from the x-rays either?

A No, because the x-rays, all we have is pretty much one dimension anterior and posterior, so it is hard to tell where exactly the bullet is. I only know it's in the right side of the chest somewhere, but in this situation, it was actually in the back.

So you need x-rays from two different angles in order to really tell that, which we didn't have.

Q All right.

MS. WHIRLEY: There's no indication that he was shot in his back?

A No, I would not at any point thought that was a gunshot wound.

Q (By Ms. Alizadeh) The next slide, is this a repetition of the previous, of a previous slide we've seen?

A Correct.

Q Which is the body still on its stomach and it is the lower half of his body. And the next slide and again, is this repetitious of --

A I'm not sure why we are looking at this again.

Q Okay.

A Just closer up image of the same thing, this is that defect that they created during the first autopsy to remove that round.

Q And you learned that after your autopsy?

A Correct.

Q But looking at that, you can say that that is not an entrance wound, a gunshot entrance wound?

A That is correct. And there is no evidence here of any, what we would say a sign of life. There is no vital reaction here, there is no blood, there is no inflammation around these edges, this looks like a post-mortem phenomenon and that's what it is.

Q All right. Is that a closer up of the --
A Correct. As you get closer you can actually see a scalpel injury here, it's all post-mortem, it is where they removed it.
Q And the next image. Describe what this photograph shows?
A So this is the right hand, we are looking at the palm surface and this is a tangential gunshot wound to the base of the right thumb.
Q And what do you mean tangential?
A Meaning if the skin surface is like this, the bullet is kind of going in the same direction as the skin at that point. So it is basically, you've heard the term graze, I'm sure. I would beg to differ this is a little deeper. When I think graze, I think of something very close to the surface of the skin only, which we will see later in this case. But I think this would be, I prefer to call it tangential gunshot wound, meaning the bullet was kind of going in the same direction as the skin at that point.
Q Now, you were just showing with your hand, you had your, at this point can you tell by looking at this the direction, if this injury was caused by a bullet, can you tell the direction the bullet was

traveling?

A It is difficult in this image because we have to orient it differently. You will see through different photographs there are skin tags and that is what we use to tell the direction of fire in a tangential gunshot wound. In this image I would have a hard time telling.

Q Okay.

A Again, this image can't help a whole lot. You can see a little bit of skin tag kind of pointing in this direction and one on this side also. This still a little difficult based on this image.

You will also have to keep in mind, again, the body has been embalmed. So as the skin starts to get tighter, it starts to change compared to first autopsy.

Q Have you ever done a second autopsy?

A In fact, we do a lot of second autopsies at Dover Air Force Base. A lot of the civilians that die overseas, they are going to get autopsies in sovereign countries and then they are going to come back to Dover and do a second autopsy, so we see a lot of these.

Q The next picture. This is the same injury

to the right hand and there is a scale that is placed over the wound to give it perspective, is that fair to say?

A Exactly. We do this for any gunshot wound, that is standard. You can start to see another tag coming into the field here again, it starts to point in that direction, not as good as I would like.

Q All right. And the next image?

A So in this image we have the posterior surface, an anatomic position, this is actually the anterior surface. I'm sure this has been demonstrated, right? So anatomic position is like this, standing straight ahead, palms facing forward. Okay.

This is actually confusingly the anterior surface of the right forearm and that's an exit gunshot wound right there.

We can also see that tangential gunshot wound to the thumb also in this image.

Q And the next image.

A Is just close-up image here of the exit wound on the anterior surface of right forearm.

Q All right.

A Here we are moving up a little bit closer

into the axilla. Basically still on his back and we are taking a picture here of the back of his arm here close to his armpit. So this is actually an exit gunshot wound. If I hold my arm out like this, it is right about in this location here. (indicating)

Q Now, let me ask you, Dr. , is there any, this may sound silly for me to ask you this, is there any rhyme or reason as to the order which you document and photograph wounds?

A There is, a lot of it's mechanics, right. Michael Brown wasn't a light person, you know, he was probably well over 250 pounds. It is difficult for us to continuously manipulate and turn him from front to back.

So we try to take all the photographs when he is laying on the stomach, then flip him over and then take all the photographs from the other side.

Q So when you talk about these wounds, we will see in your report later you might have them as numbered, or in this case the first wound you photographed and the second one you photographed, is there any, are you saying that those were the order in which the wounds were sustained?

A No, I'm not. This has nothing to do with the order of infliction of these wounds. This is just the order that we happen to photograph them at autopsy.

Q All right. So you said that this is on the back, upper arm and that is an exit wound?

A Correct.

Q And is this a gunshot wound?

A Correct, this is an exit gunshot wound.

Q And then the next photograph?

A Just a closer up image of the same thing.

Q And the next photograph?

A Okay. So now he's still laying on his stomach and now we have an image of the left forearm and we can see an injury here. I think if you go on we can actually get a better picture of that. Perhaps, okay, a little bit better here.

So we actually call this a superficial incised wound. In our opinion, a sharp force injury, it is not blunt.

Whatever caused this was something sharp, like a piece of glass, a piece of jagged metal, a knife, something like that, something sharp. The way that we can tell that is the edges of this are very clean. We don't see any abrasion

along it.

I think what you see here that is kind of dark along the edge of this is actually some vital reaction, he is getting a little inflammation from it. It doesn't take long for a wound to become inflamed. I think that is what we are seeing here.

And again, it is a little dry, it is eight days later, he has been embalmed, so it is a little different than it would look during the first autopsy.

And then along the same trajectory right here, you can pick up kind of a faint scratch along with it. So again, this is consistent, in our opinion, with something sharp.

Q All right. So in your opinion, you have said a couple of times in our opinion.

So are you performing the autopsy together with Dr. ?

A That is correct. We performed this autopsy together.

Q And do you talk about your beliefs and findings as you are performing the autopsy?

A Yes.

Q Who prepared the report in this case?

A I wrote the report and then Dr.

proofread it and signed it.

Q All right. And so when you say our opinion, for purposes of this grand jury I understand that it is because you and Dr. were working together, but it is important that we make sure that we are getting your opinion.

A Yes.

Q Since Dr. is not here to testify.

A Yes.

Q And let me just ask you, was there ever any difference of opinion between you and Dr. in your autopsy and your findings in this case?

A There was not.

Q Okay. All right. So if you continue to say our opinion, it is also your opinion as well.

A That is correct. I can change and say my opinion.

Q Okay. So now in this wound you said you think this was caused by a sharp object?

A I do.

Q You don't think that that could have been a bullet?

A I do not. This does not look like a graze gunshot wound to me. Again, I know we use the word

clean, I know that is kind of subjective. It is a little hard to fine, but when I say clean, I mean the edges of this are very straight, there is not a lot of abrasion to it.

A gunshot wound is going to create a lot of abrasion, it's going to look for all intents and purposes a lot slopier, it is not going to look like that.

Q And to kind of jump ahead a little bit here. After your autopsy, did you have a chance to review Dr. report?

A I did once we completed our autopsy. We actually sat down with Dr. , Dr. , Dr. and our photographer at a table and we reviewed all the images from the first autopsy. It was at that point he also gave us his autopsy report, which may have been preliminary at that time, but actually I think it was finalized.

Q Regarding this particular wound, you and Dr. disagree about what might have caused that wound; is that correct?

A Correct. Dr. , he may have called this abrasion. In my opinion an abrasion is superficial. It's basically the very most outer layer of the skin is just kind of worn away and it

is a blunt force injury. It is either your body impact a blunt object like a baseball bat or something flat or blunt object impact your body. That is what an abrasion is, it is very superficial.

This is deeper, it goes through the outer layers of skin. You can actually start to see a little bit of the deeper dermis and the subcutaneous tissue within that wound.

The only other thing that would be on differential for this is a laceration, which is also a blunt force injury. We see them all the time in contact sports, people that get hit in boxing, they get lacerations, the skin rips.

Again, I think this is a sharp force injury, a superficial incised wound.

Q Now, let me ask you then, Dr. , in your experience as a pathologist for the military, I would imagine you have seen performed a number of autopsies on servicemen who were killed by IUD's?

A Correct.

Q And they have like shrapnel injures and so forth?

A Correct.

Q A shrapnel injury, would that be something like you would have a piece of metal or some other

hard object that would injure the skin or injure the tissue?

A Correct, it can injure the body in a great number of ways. If you want to call shrapnel injuries, we would call them blast fragment injuries. They can actually look like gunshot wounds, but depending on the velocity and size of the fragment, it can also cause lacerations. I would not call them sharp force injuries if they impacted the body.

Q Okay. So you don't think the bullet grazing the surface of skin could cause that injury?

A That is not my opinion.

Q Okay. Did you look at the photographs that Dr. has taken of this injury?

A I did.

Q And I'm just wondering because we've talked earlier and Dr. has testified, of course, before about that experts can differ in their opinions. Did anything about the photographs that Dr. had taken change your opinion about the cause of what caused this injury?

A No, in fact, his photographs reinforced what I thought. I still believe this is a sharp force injury with his photographs and in addition to

ours.

Q Did you discuss with Dr. that you had a difference of opinion in regard to this injury?

A We had talked about it, yes. But he wasn't swayed one way or another.

Q And you weren't swayed either to change your opinion?

A No.

Q All right. And so could a piece of glass could have caused this injury, yes. I believe a piece of glass could have caused that injury?

MS. WHIRLEY: The only question I have is that this injury you believe happen contemporaneously with the gunshot injury?

A I do, especially if you look at the first, the first autopsy images of this injury. It looks very acute, it doesn't have any signs of healing. It has a little bit of inflammation around the border, it is still wide open and it is bleeding. I would think that if that injury had occurred in the past it would have potentially have been treated in some way, a bandage or something, that is a pretty large wound to leave open.

. What side

is the back side of what side, left or right?

A This is the left arm.

: This is the left arm?

A Correct. It would be like right here.

: Oh, so it is right here. So could that have happened against a metal car rubbing up against the window?

A I believe so, as long as whatever impacted his arm at that point was a sharp object, jagged metal, glass, yes.

Okay.

. What a about fingernail?

A Fingernail, no. Fingernail injury we would term abrasions. It would have to be an extraordinarily filed and sharp fingernail to cause that injury.

MS. ALIZADEH: You know, I appreciate as we move along, rather than save your questions just butt in because while we have a slide up, it makes sense for you to raise those questions for the doctor as we go along.

So the next image, this image we have seen of the lower half of his body.

A Okay. So now we have the other side of

the left hand here. At this point you saw in the last image we flipped his body back over and I think what is becoming apparent here is a small abrasion here kind of at the base of the wrist.

Q (By Ms. Alizadeh) So you describe this as an abrasion?

A Correct. An abrasion meaning it is a blunt force injury, either the hand impacted a blunt object or the blunt object impacted the hand. And it eroded away some of the superficial layers of skin leaving that.

Q Could that injury have been caused by a bullet?

A No, it is not my opinion that could be caused by a bullet.

Q You can't say what object then caused that abrasion?

A I cannot.

MS. WHIRLEY: A fingernail?

A Fingernail abrasions usually, we call them curve linear, they are basically a little U shaped abrasions. I don't think that that's a fingernail injury.

MS. WHIRLEY: Someone grabbing, holding?

A Potentially, but again, I cannot look at

that and tell you what caused it.

MS. WHIRLEY: Okay.

A bracelet?

A A bracelet potentially, yeah, a bracelet could do it, that's one possibility.

MS. ALIZADEH: Would the bracelet have to have been a hard object?

A It depends on how the injury occurred.

MS. ALIZADEH: Okay, all right.

A I can't add any more to that.

MS. ALIZADEH: Let me ask you this. We see a bracelet now on the right hand, was there an identifying bracelet on the left hand?

A I don't recall there being one on the left hand, no. But I know that it is not a postmortem abrasion because we can see that same abrasion on the autopsy photographs in the first case and there wasn't that bracelet there yet.

So in this image here now we can see entrance gunshot wound to the right forearm and that couples with the exit gunshot wound that we saw on the anterior surface of the right forearm in previous images.

Q (By Ms. Alizadeh) And so this wound have been, entrance wound would have been on the other

side of his forearm, correct?

A Correct. This is the entrance wound for this gunshot wound, and we saw the exit wound when he was laying on his stomach and that was on the right forearm in this location on the anterior surface.

Q And I just lost what I was going to say. Looking at the x-rays of his extremities, were you able to tell if this gunshot wound impacted any bone?

A Correct. The right ulna was fractured and we picked that up on x-ray.

Q And was that fracture consistent with a bullet passing through his forearm?

A It was 100 percent consistent with a bullet trajectory with an entrance wound here and an exit wound here, going through the right ulna.

MS. WHIRLEY: Two things. One is this wound consistent with being, with him being shot from behind, you understand what I'm saying? If someone is pursuing him and shooting, is that wound consistent with receiving that shot in that way?

A Right, obviously, a difficult question to answer because as you know, our arms can do all sorts of things in three dimensional space. And,

you know, the shooter versus who is receiving the bullets, it also depends on where they are in three dimensional space.

So if you are asking me could a shot from his backside produce that, I say yes. Because as you are running, if your arm is down like this, that surface, that very surface of your arm is exposed posteriorly. So a bullet coming from behind you could cause that injury.

Could it come from the front side? Yes, depending on how your arm is. If your arm is out in front of you like this, a bullet impacting here could still exit here.

If your arms are up like this, they have to be rotated in order for the bullet to impact here if the shooter is directly ahead of you. It's difficult, but I think there is a lot of different scenarios that can explain that trajectory. (indicating)

Q (By Ms. Alizadeh) So the last posture that you demonstrated with your arms above your head.

A Yes.

Q You said you believe your palms would have to be rotated?

A Correct.

Q So I can describe for the record, you had your palms facing each other?
A Correct. If my palms face outward like this, that part of the arm is starting to go lateral. The shooter in my opinion if you are facing like this would have to be at that angle. In order to go through your arm here and exit here. It is kind of going leftward, right. If your arms are up like this. If you rotate in, then the bullet can come more face on.
MS. WHIRLEY: And that's assuming that the shooter is right in front of you?
A That's correct.
MS. WHIRLEY: If the shooter is diagonal to you?
A If the shooter is diagonal, right, then I believe your palms can be facing forward, but you are not directly whoever is shooting you at that point.
MS. ALIZADEH: And this is the right arm, correct?
A This is his right forearm.
Q (By Ms. Alizadeh) So if the shooter were on his side, it would have to be on his right side?
A Correct.

MS. WHIRLEY: Ready?

A Just a close-up image of the entrance gunshot wound to the right forearm. Just some pertinent negatives that we see here, we don't see any close range discharge of a firearm, any evidence of that.

When I say that, that means stippling, which is essentially impact with the skin with burning and unburned gunpowder particles. We don't see any soot, which is a product of combustion of the gunpowder, we don't see any deposition of that.

I don't see any searing or muzzle imprint that would have occurred if a gun was right up against that forearm. So no evidence of that.

Q (By Ms. Alizadeh) And just to jump ahead a bit so you're not repetitious. We will talk about the hand injury separately, but other than the hand injury, were any of the other gunshot wounds in your opinion, did you observe any soot or stippling on any of those other injuries?

A On none of the other injuries did we see any soot, stippling or unburned gunpowder particles. No evidence of close range discharge of a firearm on any of these gunshot wounds except for the one you

had just mentioned on the hand.

And again, we have to preface that by saying I did not have the clothing to inspect at the time of this autopsy. And furthermore, this could have been the third autopsy, the body has been embalmed, washed several times. A lot of that stuff can start to wash away. Stippling doesn't, but soot can.

And the other thing to say is the gunshot wound to the top of the head, Michael Brown had pretty thick hair. So a lot of times hair can actually prevent deposition of soot, stippling.

Q Okay. Can you describe this injury, this wound?

A This here is an entrance gunshot wound to the upper right arm. We saw the exit wound earlier that was closer to the armpit. So this entrance wound was here on the right lateral arm and the exit was under the arm here by the armpit area.

And again, just a close-up image of the same.

Q Next image?

A Okay. So we have two things we can talk about here. One is an entrance wound, gunshot entrance wound of the right clavicle region and here

is a gunshot exit wound on the right chin.

Q All right.

A Again, close-up image here of the entrance gunshot wound to the right clavicle area.

So here we have two things we can talk about. This is a graze wound, a graze gunshot wound on right forearm, excuse me, right upper arm, that's basically in the bicep area. That would be about here on my arm.

This here is just another angle on that entrance gunshot wound to the upper right arm. (indicating)

Q Can you tell anything from that graze injury that you are circling right now about the direction of travel of the bullet?

A So we cannot, I cannot. We talked about earlier with that thumb wound, a lot of the ways that we can tell trajectory on some superficial like this is with the skin tags. Well, you guys can see just as well as I do there are no skin tags here.

Sometimes we can start to guess by the direction of the abrasions. We don't really have anything that I can go on here to tell the trajectory of this fire.

Q All right. And the next image?

A Just a close-up image of the same here. And some of what you are seeing here is drying artifact. Again, the body has been now deceased for a number of days and embalmed. It is starting to take on a more black color, which is not uncommon for these gunshot wounds.

Q And the next, this image is just a more distant image of that grazing wound that you just spoke of?

A Agreed, and then there's that entrance gunshot wound again on the upper right arm.

Q All right.

A A picture here of his tattoos. Another shot here of the exit gunshot wound on the right side of the chin here and coming into the field here also are abrasions. Now, a little more dry appearing than what they were eight days prior.

. The exit wound you were speaking of, were you able to determine what entrance wound?

A Coupled with that exit?

: Was it this one on the chest?

A Oh, okay. So this is the exit wound for a gunshot wound that was on the forehead. And right

here on the right clavicle area was another entrance gunshot. So I guess we haven't talked about that.

So the total amount of the gunshot wounds in this case is eight. There is eight separate gunshot wounds.

Now, the possibility exist that the gunshot wound to the right clavicle and the gunshot right lateral chest could be reentry gunshot wounds. The gunshot wound to the arm or the gunshot wound to the forehead. It is my opinion that entrance wound here on the right clavicle is likely a reentry wound from that exit right there on right chin because the trajectories line up perfectly.

Q (By Ms. Alizadeh) And then regarding the entrance wound on the chest being a reentry of a gunshot wound to the forearm, would that all just depend on how that forearm was positioned when the bullet passed through it?

A Correct. This gunshot wound on the upper right arm, which we've seen and then the exit was here, under the axilla basically. I have a hard time with that one coming from my body and causing this entrance gunshot wound to the right lateral chest, which we actually have not seen a picture of yet. The trajectory doesn't make sense in my mind.

The arm would have to be pretty up and over across the chest in order to come back, because that's where they got the bullet. It entered here and recovered it down here on the right lower flank. It is challenging, but the forearm one I do think could line up with that lateral chest if it was out like this. (indicating)

Q All right. And this is also that wound --

A This is the exit wound on the jawline there on the right side of the face.

: Question, Dr. ,

.

A Yes.

: In order for a bullet to enter twice, go in, come out and enter, do you have to be close or far away for that to happen?

A You do not, no. It is really going to depend on the type of weapon, the type of ammunition and what structures the bullet hits as it goes through the body. It's a very complicated question. But at this range, I'm actually not sure what weapon was used and I do not know the caliber. I can't really comment any further on that.

: Okay. Thank you.

Q (By Ms. Alizadeh) This next image you see

injuries to the right eye and above the eye?

A Correct. So now we can see the entrance wound that was on the forehead here. It is a little bit to the right of the midline.

This gunshot wound actually caused these lacerations both here to the right eyebrow and to the upper right eyelid here as it passed underneath of it. It also ruptured the right eye. I didn't even see it at the time of our autopsy. It was essentially obliterated.

It fractured several bones in the face and then it exited right here. (indicating)

Q And that is a bullet that you said possibly could have then reentered the clavicle area?

A Correct. So minimum number of gunshot wounds is six in this case and then eight total depending on whether or not you believe these are reentry wounds, you can drop the total number of gunshot wounds to six. Again, just a closer up image.

Q Let me just clarify that. When you talk about gunshot wounds, if each wound is separate.

A Right.

Q I think there is some confusion. We've

heard about other possible opinions. So how many total gunshots wound were on Michael Brown's body?

A If you want to count entrance and exist separately?

Q Right.

A See, I haven't been doing that. When I say eight total gunshots wounds, I just mean basically eight bullets went through his body.

Q Okay.

A If you want to drop the number to six total bullets went through his body, you would have to consider this and these two injuries on the right chest as reentry wounds.

Q Okay. I didn't want there to be some confusion that you thought there were only eight wounds on the body that were caused by a bullet.

A No.

Q Okay. All right. So the next slide we see is another image of the entry wound in the forehead; is that right?

A That's correct. This is a closer up image of that.

Q And again, you do not believe that this was a close contact wound?

A I do not. There would have been,

obviously, in this situation no clothing over the body. He wasn't wearing a hat, his hair wasn't here, we see no stippling, no soot, no muzzle imprint, no searing of his skin, no evidence.

Q This bullet would have traveled downward through the eye and then exited out the jaw?

A Correct.

Q And so given that Michael Brown was about 6'5", the bullet would of had to have entered and traveled downward, correct?

A Correct.

Q So the barrel of the gun would have to have been above, when I say above, it had to enter from this direction, correct? (indicating)

A Correct. Again, it is difficult with trajectories. We have to imagine, there is a lot of different scenarios to explain this trajectory. Yes, if you just look at it in anatomic position, it goes sharply downward to the right and a little bit backward. I can manipulate my head in all sorts of ways in three dimensional space where the shooter, if we don't know where he is, there is a lot of different ways to get that wound.

So we don't know anything whether or not he was falling or whether he bent

over to charge or whether he was just bending?

A Correct, yeah. I can't tell you from this what he was doing, that's correct.

Q (By Ms. Alizadeh) Okay. The next slide.

A Okay. So here they're just taking a more close-up image of the skin lacerations that were the result of that entrance gunshot wound. So again here, eyelid and eyebrow.

Q But those were caused by the bullet passing through?

A Correct.

Q That's not like a blunt force?

A We don't have any reason to suspect these are separate injuries. We believe, I believe that they were caused by that single gunshot wound to the forehead.

Q Okay. Next one?

A So left hand, we just noticed a few defects here, some small abrasions. Dr. also mentioned some possible abrasions, I think he calls them postmortem at times. Bottom line, I wouldn't make a big deal of these abrasions. They could have been there before.

: I have a question going back to the one in the head. I just want to make

sure that I understand. Would it have been possible, from what I'm reading, you're not indicating that somebody was standing over here, that's not indicated or standing over him at a close range?

A That's possible. When we say close range, it still did not deposit any evidence of close range discharge on --

: So not as close as we are?

A Not as close as we are. That's a whole another topic. I don't know if we want to get into that, you may have already addressed it, you know, at what distance does this stuff still deposit onto the skin. And I can just give a ballpark average, I'm not a ballistics expert, but with a standard handgun, it's about 2 feet to still get stippling and then within a foot you can get soot.

So if I'm two feet away from you with a standard handgun, standard ammunition, you are not going to have any evidence of close range discharge.

So having said that, this is 12. It is at least 2 feet away?

A Ballpark, yes, 2 feet away. But the weapon needs to be test fired with the exact same

ammunition that was used.

I understand. That's an educated guess.

A Educated guess I would say greater than 2 feet.

Okay.

MS. ALIZADEH: All right. The next image?

A So just a closer up image here, small discoloration here and then an abrasion there. Again, I cannot tell you what caused that and I really wouldn't put much significance into it.

MS. WHIRLEY: And the abrasion, you can't even say if it was contemporaneous with the shooting.

A I cannot. I would have to re-review all the images from the first autopsy again. I remember seeing some of these abrasions there, but I believe Dr. called them postmortem, which it is possible. Once the body is down on the ground, it is being manipulated and put in a body bag, abrasions can still occur.

MS. WHIRLEY: Is that what a fingernail would look like?

A This?

MS. WHIRLEY: The other one?

A Here?

MS. WHIRLEY: Yeah.

A No, a lot of the fingernail abrasions that we see in forensics are in cases of strangulation and they literally look like curve linear little U shaped abrasions. This kind of just looks irregular to me. I don't really have an opinion on it.

MS. ALIZADEH: This is the right hand?

A Could you go back. This is the left hand here.

MS. ALIZADEH: All right. Left hand, good.

MS. WHIRLEY: Done with that?

MS. ALIZADEH: Yes, sorry.

MS. WHIRLEY: No problem. I'm going back, sorry, let me go forward.

A So now we're moving back over to the right hand here and again, some small defects, a little abrasion here and there. I really, again, I cannot tell you what caused them, just small abrasions.

So now we're looking at his right flank. I had the photographer take this image cause now you can see the trajectory of this gunshot wound.

Here is the entrance gunshot wound to

the right lateral chest and this is where they recovered that round that we saw that defect from the prior autopsy. It is basically going front to back and a little bit downward.

And while it goes through this course, it doesn't actually enter the chest cavity, but it fractures the eighth rib and a splinter of that bone actually injured the right lung on the lower lobe.

Q (By Ms. Alizadeh) This is a gunshot wound from the front?

A Correct, correct. Here is your entrance here and this is where the round was recovered.

Q And in this image, because we can't see the hands or feet of the body, where is his head?

A His head would be up to this side and the feet would be down here. (indicating)

Q So that's on the right side?

A Correct, this is the right side of his body here.

Q All right.

MS. WHIRLEY: Would that wound have disabled him?

A No, it is not in my opinion that wound would have disabled him. It would hurt, but it

wouldn't disable him.

Q (By Ms. Alizadeh) If someone received that wound, could they run 25 feet?

A Yes, yes. Again, another image here. We kind of put his arm back and you can see his armpit and again entrance gunshot wound here, and that is where they recovered that round.

Just because we haven't mentioned it yet, we haven't really described that other wound here on the right clavicle. What it did on the inside he had about 400 milliliters of blood in his right chest cavity. That's about like a can of Coke. A can of Coke is about 350 milliliters, so a decent amount of blood in his right chest.

And again, this fractured a rib that caused injury to the lung and that gunshot wound to the right clavicle area fractured the clavicle and then it went right through the upper lobe of the right lung. So quite a bit of injury to the right side of his chest.

MS. ALIZADEH: We're going to ask the same question. If someone received those injuries that then injured his lung, would that immediately incapacitate a person?

A They would not.

Q (By Ms. Alizadeh) Is that a fatal wound?
A It could be. We talk about gunshot wounds, it could be fatal to your leg. I mean, it doesn't matter over time anything can be fatal. Instantly fatal, no.
Q So this person, Michael Brown, if he had received those two gunshots, he would still be able to stand?
A Yes.
Q Could he run?
A Yes.
Q Could he perceive things?
A Yes.
Q And see things and speak?
A Yes.
Q Make sound?
A Yes.
MS. WHIRLEY: Would he be able to raise his hands up towards his head?
A Yes, but with pain. Now you have a fractured clavicle, you have a gunshot wound through the right side of your chest. It is going to hurt to raise your arm, but yes.
MS. ALIZADEH: What about, you mention that the lung was actually pierce by the 8th rib,

but also that the bullet entered the lobe of right lung?

A Correct.

Q And there was a significant amount of blood from that, which I imagine you did not see in your autopsy?

A Of course, that's correct. A lot of these things that I'm telling you I could not tell from our autopsy. We actually had to go back and look at Dr. report and his images. And that's because, as you can imagine, after the autopsy, all of these organs have been dissected and they're dissected again on a second autopsy. And they're put in a bag and they are in the abdominal cavity after embalming.

So we basically just have a bag of organs to look at. We lay them all out, we do our best, but it can be challenging to interpret gunshot wounds at that point.

Q If the lung was injured in two different places at that point, could a person scream loudly?

A Yes, I see no reason why a person couldn't scream loudly.

Q And the other lung was uninjured by any gunshots wounds, correct?

A Correct.

Q Even a person with one lung can speak, can yell and scream, correct?

A Correct.

But a person of that size where only one chest cavity, might be very short of breath, he might be short of air.

A To answer your question, yes. That undoubtedly would make it difficult to breathe with two gunshots affecting your right chest, undoubtedly.

You said that entrance wound and it affected the lung and the rib was broken?

A Correct.

: And it also affected the clavicle?

A Correct.

: So when someone's hurt, I know when I'm hurt for whatever reason, my instinct is to do this? (indicating)

A Correct.

: My instinct when I'm in pain would not be to do this, not arms up, but that

could be misleading. If we were hurt like that, our instinct would be to bend over?

A I agree, that's possible.

: Okay. And he would be out of breath, so he'd be breathing heavy probably.

A Yes, he would have labored breathing. It would be difficult to get a good breath at this point.

With that same out of breath, he's out of breath, maybe he can't move as fast?

A Oh, I agree, undoubtedly. These are definitely, they're not fatal gunshot wounds, but they are difficult to breathe afterwards. I mean, having any injury to your right chest like that. Once a bullet goes through your lung, a lot of things can start happening physiologically. Your lungs can shrink down, it can be a real difficult time to breathe after that.

: You could still run or walk?

A You have a lot of reserves, especially in a certain situation like this and you have a lot of adrenaline going, you will be surprised what you can do after you receive a gunshot wound.

So, yes, I think he could still walk, run, talk, and do all of that despite having injury to his right chest.

MS. WHIRLEY: Okay.

A So now we are looking at the other side of the body. We don't have any injury here to talk about.

And again, left forearm, that injury we talked about before that superficial incised wound.

Just a close-up image here of his tattoo.

And now we're just going to do our face shot. These are our standard shots after we are done. Nothing new here. You get a little bit better appreciation of all the abrasions that he had suffered here above the right eye and below the right eye.

MS. WHIRLEY: The wound to the top of the head we have not seen yet, correct?

A The wound to the top of the head we have not seen yet. And I'll just make a quick comment about these abrasions because I know it will come up.

These are abrasions, blunt force

injury. The body impacts a foreign object or a blunt object impacts the body. I believe they are consistent with a terminal fall. We see it all the time, heart attacks, people all the time get abrasions on the prominences of their face when you hit the ground if you can't protect your head with your hands.

MS. WHIRLEY: I don't know if we will see this in this light, but there was testimony that he fell to his knees before falling on his face.

A Okay.

MS. WHIRLEY: Did you see any injuries to his knees?

A We did not see any injuries to his knees.

MS. WHIRLEY: You would have looked at the whole body?

A Yes, ma'am, head to toe.

: I have one question, On that forehead shot, I know we talked about some of the lungs, would he be able to still stay on his feet and run?

A In my opinion that would be a very disorienting thing to experience. If you think about it, you have a gunshot wound going from here through your right eye and exiting. Fracturing

multiple bones of your face in the process. Your brain is not far away. So just think about concussive effects of a bullet passing through your forehead.

We've seen people knocked out from punches, now imagine a bullet going through forehead. Yes, I believe it could be very difficult to not be disoriented after receiving that.

MS. WHIRLEY: What's disoriented going to look like?

A That's just going to depend, you could just look like you're in a stooper, it is going to depend.

MS. WHIRLEY: But it would not have put him down necessarily?

A I think it is just going to depend on situation. It depends on his constitution. I can see this putting somebody down.

MS. WHIRLEY: Was it the fatal shot in your opinion?

A This is not in and of itself an instantly fatal gunshot wound, no.

MS. WHIRLEY: Okay.

. Would it look like he was drunk or something like he was

staggering.

A I believe that's possible, yes, I believe that's possible.

. From these can you tell the duration between the time each of these wounds?

A We cannot.

: Going back to back, seconds in between now.

A We cannot do that.

This is a stupid question, but you can't even tell if those abrasions were happening, what time they happened?

A We can't. I mean, this all happened, I assume, within the same window of time. None of these injuries look like they are from weeks ago or anything.

So the image of the left side of the head. Now you can see that some more prior autopsy artifact he has had, his scalp reflected and there's sutures in there.

MS. WHIRLEY: What do you mean by scalp reflected?

A So during the autopsy, we take our scalpel blade and run it over the vertex of the scalp behind

the ears and then reflect the scalp over the face in order to get access to the brain, and it has already been done.

Now we are looking at the other gunshot wound.

Go ahead.

: I'm .

You said that he would be dizzy or disoriented, but if he has 12 nanograms of marijuana or 45 nanograms for marijuana in his body, that could let him do, not to feel that much, the pain or the part what is going on?

A I understand your question and I'm going tell you guys this. I'm not a forensic toxicologist. These levels of marijuana, I don't make any sense of them myself. I don't want to go there. I don't know its affects on him. I know general affects of marijuana, but I can't say whether or not that would make him impervious to pain. I would prefer not to comment.

Thank you.

MS. WHIRLEY: Still on this slide, I think.

A Okay. This gunshot we are looking straight down on the top of his head at this point.

His abdomen would be up here, his back is against the gurney.

So this has been previously shaved, Dr. had done this, I did not. And now we can see an entrance gunshot wound basically right at the top of your head right here. And I think we have a closer up image if we can go one more. Go one more, maybe we have one more. Go ahead one more. Maybe we don't, can you go back one more, sorry.

MS. WHIRLEY: Okay.

A Sorry.

MS. WHIRLEY: No problem. I'm trying to go back right.

A Slightly closer up image of that entrance gunshot wound to the top of the head. These red marks that you guys are seeing here, that was caused by the scalpel blade when Dr. had basically taken the hair off. Those are abrasions for where the scalpel kind of ran across the top of the skin. Now we have an entrance gunshot wound here. Again, we don't see any close range discharge with the firearm.

MS. ALIZADEH: And just let me ask you this. This is an entrance wound, correct?

A Correct.

MS. ALIZADEH: Was there a corresponding exit wound for this injury?

A There was not. On the x-rays we noticed a projectile on kind of the right side of his head. So this particular trajectory through the head went downward and to the right. It went right through the right hemisphere of the brain, clear through it. Clear through the parietal lobe, clear through the temporal lobe and then they recovered a bullet next to the base of the skull beneath the brain, and that was also fractured.

So there were skull fractures at the top of the head and also at the base of the skull and quite a bit of what we call intracranial bleeding. There was a lot of blood associated with this bullet going through the head.

MS. ALIZADEH: Can you explain what the effects of this wound would have been on Michael Brown?

A Right. So, you know, we had some debate with the gunshot wound to the forehead if that could immediately debilitate you and make it impossible to have purposeful movement. This gunshot wound, in my opinion, would be instantly fatal.

You know, there are things that we hear about in the media and the literature, people getting gunshot wounds through the head and still being able to do purposeful things. This one in particular went right through the right hemisphere of the brain. And then through really important areas. Motor control of the left side of your body would have been right there where the bullet went through. I don't think he could do any purposeful movement after this. He would have been instantly unconscious in my opinion.

Q When he received that injury, would his body become limp?

A In my opinion, yes. I think he would fall rapidly once receiving this gunshot wound.

. He would fall forward? He would not be able to go to his knees?

A Okay. So that's going to depend on where your center of gravity is when you receive this gunshot wound. Again, gunshot wounds in three dimensional space, they're difficult. I mean, there's a possibility he could have been leaning back at this point. It is difficult to say.

If he was leaning forward when he received this, I think it is still possible he could

have hit his knees on the way down.

: If he had hit his knees, is it possible to be no abrasion on his knees?

A Well, I took a look at his clothing, which we didn't have and obviously he wasn't clothed when he came in for his third autopsy, but his shorts do seem to go beyond his knees, around the level of the mid calf. I think they would have offered some protection to his knees, so it is possible he could have hit his knees on the pavement and not gotten an abrasion.

MS. ALIZADEH: Now, hold on. Is this the last gunshot wound.

A Well, we haven't talked in full detail about the one to thumb yet.

MS. ALIZADEH: Those pictures we have already seen, correct?

A Correct.

MS. ALIZADEH: So to spare everybody from looking. If you want to see those other images that show the eye and the mouth, let me ask you this, you talked about the injury to his right eye. Did you notice anything remarkable about his mouth?

A Uh, no. So when we open the mouth, we are going to look at the teeth and make sure they're all

intact. We also look at the frenulae, that's basically the part that attaches the gum to your lip, that was all intact. I didn't notice any significant injury to the mouth.

The tongue was still in place, we took the tongue out and we didn't see in any injuries to the tongue either.

MS. ALIZADEH: All right. Did you examine the neck of Michael Brown?

A So with any autopsy we first look at the exterior of the neck, we didn't see any lesions at all on the surface of his neck, any lesions on the back of his neck.

MS. ALIZADEH: What's a lesion, Doctor?

A Any kind of a defect out of the ordinary that you wouldn't expect to see. So we didn't see any abrasions, any contusions, any lacerations, no injuries.

During the autopsy you reflect the skin over the face and then we can look at underneath, we can look at all of the musculature of the neck, we can look at the deep layers of the skin. We didn't see any evidence that there was any bleeding in any of the neck structures.

MS. ALIZADEH: Did you notice either

through your autopsy or examining the photographs and the report from Dr. autopsy, did you note that there was any bruising to the neck area?

A No, we did not, nor through our examination or review of what Dr. had done, there was no injury to any of the neck structures.

MS. ALIZADEH: We talked yesterday a little bit about this bruising is a very difficult thing to interpret, would that be fair to say?

A Correct.

MS. ALIZADEH: And people bruise differently?

A Correct.

MS. ALIZADEH: And people have different skin tones, might make it more difficult to see a bruise, visualize a bruise, correct?

A Correct.

MS. ALIZADEH: Can you see a bruise after you've reflected the skin?

A Yes, especially once we reflect the skin, you can actually see, a real bruise is going to diffuse in the skin beneath.

So you can take your scalpel blade and run it over a bruise. If there is contusion or bleeding underneath that's consistent with a true

bruise. But in this situation, we didn't see anything like that in the neck.

: Just so I understand what you're saying, I know I want to make sure that I understand it.

It is easier to see a bruise under the skin than it is on the skin?

A Oh, no, not necessarily. It depends on the skin tone, it depends, you know, how old you are, because it is pretty easy to see bruising on some people that are over the age of whatever. Very old people have thinner skin.

MS. ALIZADEH: Be careful, Doctor.

A That is true.

: Just because they couldn't see it doesn't mean the bruising wasn't there?

A There was no evidence of bruising.

MS. ALIZADEH: Again, visually on the surface, no evidence of bruising, correct?

A Correct.

MS. ALIZADEH: And then when you reflected the skin and examined the tissue under the skin, no evidence of bruising?

A Correct.

MS. ALIZADEH: And I asked you yesterday, and I know that this is asking you to speculate somewhat, but have you seen strangulation injuries?

A Yes, ma'am, I have.

MS. ALIZADEH: And strangulation, have you seen strangulation injuries that are caused by a human hand as opposed to like what do you call it?

A Ligature.

MS. ALIZADEH: Ligature.

A I have, yes.

MS. ALIZADEH: Just for speculation purposes, and I know that this is, I'm asking you to use your medical expertise and if you can't answer this, just simply say I couldn't tell you. But if someone were to have grabbed Michael Brown around his throat with one hand and were to have hold tightly enough with that grasp so that Michael Brown could not get away from that grasp, would you expect to see bruising?

A I would, I would. Strangulation in general is a very violent act and it requires a lot of force. And in order to do it effectively, you need to be doing it hard. So you are going to have some evidence usually, yes, I would expect to see it.

MS. ALIZADEH: Not impossible that there wouldn't be any evidence.

A I would say that's true.

MS. ALIZADEH: Or maybe if his grasp was momentary as opposed to lasting several seconds, that would affect maybe whether you would see bruising?

A I agree.

MS. ALIZADEH: So I don't recall if there are any other injuries that you photographed. I would like to go back and talk about the injury to the palm now.

A Yes.

MS. ALIZADEH: Would it help you to explain your findings if we were to use photographs, because you've seen the photographs that Dr. , that were taken during Dr. autopsy; is that correct?

A Yes, ma'am, correct.

MS. ALIZADEH: By the time you examined the body, the appearance of that wound was somewhat different?

A Yes.

MS. ALIZADEH: Would it help you to explain your findings to look at the photographs

that Dr. look or would it be better for you to use the photographs that you took?

A I would prefer to use Dr. photography on this.

MS. ALIZADEH: Okay. I've got some photographs, and Sheila can you switch it so we can do that. And these are again photographs that were taken during the autopsy by Dr. , which are contained in State's Exhibit Number 7.

I'm going to show you one that is Image Number 49, and the picture is always clearer than it is when I put it up on the overhead here. So if you need to look at it on the overhead, I can have that, I can show you the picture, but can you see it clearly enough to describe what you need to see to describe your conclusions about this injury?

A Yes, ma'am.

Q Explain for the jurors, you have already talked about this being a tangential wound and you describe what that means. There is no bullet recovered in this wound; is that correct?

A Correct.

Q You believe this was caused by a blunt force as oppose to like a sharp object?

A I believe this was caused by a gunshot

wound.

Q Why do you think that?

A So this is very classic once again for a tangential gunshot wound. It was going in this direction towards the base of the palm here and the reason why I can say that is because whenever these injuries occur, these skin tags will form and they point toward the direction from which the bullet came.

So you can appreciate them a lot better here than you can on our autopsy photograph. And again, the body has been embalmed, the tissue's kind of contract and it makes it difficult, but you can appreciate several tags that point in that transaction.

Trajectory is going this way, and in this area, and I know it is difficult to appreciate projected on the screen, but I'm sure you guys have seen these photos in person before.

Again, I would suggest you take a close look at this area. This was from the first autopsy, it is after he washed the hand, but before he took sections of it for special microscopies. He was interested in this area right here which is the origination of this gunshot wound where the bullet

came from.

So right in this region, the skin is slightly discolored, it's a little gray in comparison to the skin around it. It's hard to see on the screen, but on these images you can see it up close. That is our interpretation of soot. It is from the barrel of the gun.

And we can confirm that when we take this and we look at it under the microscope and we can see the soot deposits on the skin and within the gunshot wound track. (indicating)

Q Now, at some point after your autopsy, did you receive some slides and some photographs of slides that were sent to you by ?

A Yes, ma'am, I did. took photographs of a slide from this location and sent it to me and then eventually sent me a slide to look at under my own microscope.

Q And we've seen actually a picture of the slide that you have talked about. Actually, the slide we had shown during Dr. testimony I received from the Department of Defense, but the image that you looked at through the microscope, did you draw any conclusions about whether or not there were any foreign particulate in the tissue?

A Yes. So what we're actually seeing, if you guys have already seen this image, it might be easier to explain. Little black deposits, foreign material. It is highly consistent with soot.

And again, we see the same thing in people that are in and around fires that get smoke inhalation. Inside the airways when we look at it under the microscope, we can see soot deposits, this black particulate matter.

I don't know what else it is, it's soot.

Q Could it be dirt?

A It is not my opinion that it is dirt.

Q What does it tell you then if you looked at the tissue samples provided to you by Dr. as well as the pictures of the slides that he has taken. What is your conclusion once you determine that he believed that there is soot deposited in the tissue that you examined?

A That this is officially close range discharge of a firearm at this point. This entrance wound was extremely close to the barrel of the weapon.

Q And what would be the farthest distance that you would consider before you would say it was

not close range?

A So we discussed this briefly before, again, in order to get soot deposition, standard ballpark number, standard handgun about one foot out. After two feet, you no longer see soot certainly, and you don't see any gunpowder stippling. Beyond 2 feet you won't see any evidence of close range discharge.

Q Did you see any gunpowder stippling?

A We did not see any gunpowder stippling on any of the gunshot wounds in this case.

Q It is your opinion that the foreign particulates, the little black specs that you saw on the slide that was the tissue sample from the wound of the right hand, that that was soot and that would indicate to you that it was a close range wound?

A Correct.

Q Did you do any gunshot residue test on that wound?

A We do not. The Arm Forces Medical Examiner System does not do gunshot residue testing. It is usually through CID or NCIS, one of the other investigative agencies. We did not do that in this case.

Moreover, it would have been for the

most part useless. The body had been autopsied twice before, it has been washed a number of times, embalmed, it wouldn't have given anything valuable at that point.

. I was writing while you're talking. Are you saying in order to get soot they would have to be one foot or closer?

A Within a foot, ballpark within a foot. With gunshot wounds, if it is right up against the skin, at that point all the soot is going to be inside the wound. It's not going to deposit around the skin because the muzzle is pressed against the skin.

As you start to pull back, the other thing you will see when it is right up against is a muzzle imprint. You can actually see the barrel basically abraded and stamped right on the skin around it.

So you will soot and you also get searing of the skin, like a thermal burning affect from the hot gases of the gun going onto the skin.

As you start to move the weapon back, the soot will start to disburse around the entrance wound a little bit and then as you move further and further back, you will start to get stippling. And

what stippling is, is basically the gunpowder particles, both burning and unburning that come out of the barrel, they pepper the skin, it's abrasions. They are not burns, they're abrasions from the gunpowder hitting the skin.

You usually have to be a few inches back before you start to get stippling. Soot indicates to me it is close, we're within a few inches here, this is close.

: So if it were up close right to the skin, it would be almost like a branding.

A Right, you would see a muzzle imprint. In this case we don't, but remember, though, this is a tangential gunshot wound, the gun is not perpendicular to the skin at this point. So the muzzle, you know, if I'm trying to recreate this as it is in my left hand. The muzzle is going to be like this compared to the skin, it is going to be close, it is not right on it. We would probably see some kind of a muzzle imprint at that point.

. Is that the direction that the stippling shows the gun was fired?

A The direction of fire, again, is this

direction. Starts here and goes in that way and that's why the soot is deposited here because that's the closest to the barrel in this location.

Q (By Ms. Alizadeh) Now, Dr. , you made a further finding in your examination of the slide or slides, you received several images and slides; is that right?

A Correct, yeah. Dr. has sent me at least three or four images of his slide.

Q We actually just used one today. For our purposes, it kind of all looks the same to me, if you feel it would help you to explain, we've got images of all of your slides. If I put up the slide that you and I looked at yesterday, would it help you to explain?

A Sure, we can go over it, that's fine.

MS. WHIRLEY: I'm not sure.

MS. ALIZADEH: You figure out how to change it back to this.

MS. WHIRLEY: What do you want to do?

MS. ALIZADEH: Change it back to this. At the very end of this we are finally getting the hang of that.

MS. WHIRLEY: Oh, I got it.

Q (By Ms. Alizadeh) What we're looking at,

Dr. , you and I met yesterday and we talked about this image and can you describe for the grand jurors what you are seeing?

A Okay. So we don't really have an establishing low power shot to kind of explain where we are. I can tell you this is the dermal part of the skin, it is the deeper layers of skin.

So you have the surface which is the epidermis and under that is the dermis. It's a little deeper, but it's not quite into the fat, which is pretty deep into the skin.

So what we are seeing here along this side, this is the gunshot wound track that was from that gunshot wound into the thumb, okay. And what we are seeing along the edge here are these polarizable fragments here, and then this black carbonation looking deposit.

This is soot, in my opinion. There's really nothing else on my differential. Dirt, I don't see how dirt is going to get into that wound in this situation and not really be deposited somewhere else on the palm that we're going to be able to see it.

Furthermore, when tissue is processed in histology, it is a pretty destructive process and

there's a lot of washing, a lot of chemicals. I would think that simple dirt would get washed away, okay.

And also look at where this stuff is. It is actually getting inside the tissue a little bit. For dirt to just crawl inside of the tissue, I think it would be difficult to do. I think this was deposited by force with a gunshot.

Q So this jagged edge along the right side of the tissue, that's the track of the bullet or it shows the track of the injury at least?

A Yeah. So in order for me to explain exactly where this is, I have to go back again to the photograph of the hand. But this is the bullet would have gone right through this location and it would have literally touched and injured this skin.

Q Okay. And so you mentioned the polarized particles, are those little white things?

A Yeah, these things that are standing out as clear like that and these guys, those are called polarizable foreign debris is what that is.

Q And the black things are?

A Again, we would just call this soot. I cannot tell you exactly what that is. It's polarizable foreign debris.

So if you think about when you shoot a gun, a lot of things come out of that barrel than just a bullet. You have vaporized pieces of metal, all sorts of things coming out. So it could be that, I'm not sure.

Q Okay. Now, you also made a particular finding about some thermal changes to the tissue?

A Correct. So thermal changes to the tissue again, it just means it is in close proximity to that barrel, so the heat from the gun can actually thermally coagulate the skin. A lot of what we see in those situations, these are nuclei down here, the nucleus is inside the cell. They can start to blur and stream, it is kind of hard to see these as clear as you would if it hadn't been heated up.

Again, here, there is some indication that there were nuclei here, but they're all kind of homogenizing and blurring and blending. It is a soft indicator there was probably some thermal affect here.

Q And so when a bullet passes through the barrel of a gun, does the barrel itself heat up?

A The barrel itself would, there is a lot of pressure in that barrel, it would heat up.

Q And then the gases that are expelled?

A Especially hot, the gases that come out of the barrel, you get a muzzle flame and super heated gases that come out of the barrel and they can burn you.

Q When you examine the injury visually on the hand, do you see any evidence of burning?

A So we have to remember when I did my autopsy, Dr. had already taken this relevant area out of the body. He submitted it for histology, so I had nothing to look at really of the hand that would suggest to me at that moment in time that there was close range.

Q So your conclusion about the thermal changes is based strictly on your examination of the slides that were provided?

A And Dr. photographs.

Q Okay. And so is there a difference, can you draw, what conclusion do you draw from the fact that you see thermal changes in the tissue?

A I would just lump it altogether and say close range discharge of a firearm. It is within a very close proximity of the muzzle of the weapon, enough to get thermal effect as well as soot deposition.

Q Is there any difference, it has to be

closer, or farther away, like you could possibly wouldn't see?

A I know what you are trying to say.

Q You give a range for the close contact or the close range?

A That would cause thermal effect?

Q Yes.

A That is difficult, I cannot do that. I don't know of any ballpark numbers to say, you know, it has to be 2 inches before you see thermal affect. I don't know, but I can tell you it has to be close.

MS. ALIZADEH: Okay. And then you prepared a report regarding your findings in this case. I'm going to hand you what I've marked as State's Exhibit: Number 80.

MS. WHIRLEY: Let me ask a question while you are looking for that. Doctor, can you say that how the injury occurred to the hand, I mean, you could say close range, but you can't say whether or not someone was grabbing the weapon and moving it or trying to avoid the weapon from shooting them or any of that?

A Right, there's nothing based on images and histology for me to be able to say how the hand was and what he was intending to do, I have no idea.

MS. WHIRLEY: You're not calling it a contact?

A I'm calling it close range.

MS. WHIRLEY: Close range. Tell us the difference, I know it sounds self-explanatory.

A It is kind of what we are discussing. In order for me to call it literally contact gunshot wound, the muzzle was on the skin. I would prefer to see a lot of soot deposition inside the wound. I like to see some searing of the barrel. I would like to see a muzzle imprint of the barrel on the skin. That's what I prefer to see in order to say contact range.

MS. WHIRLEY: You don't see any of that, so you call it close range?

A Close range. It's a little bit more of a hedgy term. To say I don't know exactly how far it was, but it wasn't necessarily right up against the skin.

A contact would be somebody taking their life?

A If they take the barrel and put it right to their temple and pull the trigger, yes, I would call that a contact range gunshot wound.

MS. ALIZADEH: All right. I can't lay my

hands on the copies I made, but I'm going to show you.

(Deposition Exhibit Number 81 marked for identification.)

Q (By Ms. Alizadeh) I'm going ahead to mark my copy, and this is Grand Jury Exhibit 81, is this a copy of your autopsy report?

A Yes, ma'am. This is copy of our autopsy report.

Q (By Ms. Alizadeh) Okay. Since this is my copy and I've marked it with highlights, but I'm going to make a clean copy for everyone. I thought I already did this, but just for the sake of making sure that we're looking at the same thing. The last page of your report it says nine of nine pages?

A Right.

Q So there is a total of nine pages to your report?

A Yes.

Q Let me ask you, Dr. , we're going to wrap this up. Did you see, you talked to Dr. , you saw his autopsy report, are there any differences between your findings and Dr. ?

A Essentially none. The only real

difference is that wound that we described on the left forearm. He called it blunt force, I called it sharp force. Whether that's significant, but that's the only difference.

Q In order for you to perform your autopsy, did you need to see the vehicle, Michael Brown's vehicle, I mean, Officer Wilson's vehicle?

A No, ma'am.

Q What about medical records from Officer Wilson?

A No.

Q Did you need to see the clothing from Officer Wilson?

A No.

Q And you said you did not have the clothing for Michael Brown when you did your autopsy, correct?

A Correct.

Q Would it have been helpful for you to have the clothing?

A It is always helpful to have the clothing in gunshot wound cases. That way you can see any soot or anything, any gunpowder particles on the clothing, but it doesn't mean I can't perform my job if I don't have them.

Q Was there anything that you needed in order to do your job and come up with your findings that you didn't have?
A No.
Q Did you, how did you have the gun to examine?
A Oh, no.
Q Did you need to have the gun in order to come up with your findings?
A No, ma'am, I have never had a gun to look at during an autopsy.
MS. ALIZADEH: Anything else.
Was this the time that you examined the body eight days later. Do you normally examine, is there like an earliness or being eight days late, do you normally examine later or sooner?
A So my job is kind of unique. People that die overseas in Afghanistan and Iraq, it takes them a number of days to get back to Dover. Sometimes embarrassing, they it could take a week. So I'm pretty accustom to seeing bodies if they have been dead for a number of days.
MS. ALIZADEH: And Sheila reminded me, I don't think I asked you, did you see the crime scene

photos prior or at any time during your examination or prepare your report?

A No, ma'am. Yesterday was the first day I was seeing the crime scene photos.

MS. ALIZADEH: That was when you and I were talking about this?

A Yes.

Q (By Ms. Alizadeh) And would you have needed those to have performed the autopsy and come up with your findings?

A Not in this case, no.

Q The ones I showed you, you recall that we were looking at the position of the deceased body as it laid on the ground and the position of his right hand?

A Correct.

Q All right. And was I asking you if you would expect to see dirt in the wound when his hand would be positioned in that manner?

A All we can see from that is that the relevant gunshot surface of his hand was not touching the ground, that's all I can say about that.

MS. ALIZADEH: Anything else anyone? Thank you, Dr. .

(End of the testimony of Dr. .)

MS. ALIZADEH: It is November 6th at 1:37 p.m. Kathi Alizadeh, Sheila Whirley is present, all 12 grand jurors are present and , the court reporter, is present and taking down what's happening in the grand jury. We have one more witness for today and his name is I'm not sure if it is And I believe it is he will spell it when he gets here.

And so prior to his testimony, we're going to play a disc that I've marked.

(Grand Jury Exhibit Number 82 marked for identification.)

MS. ALIZADEH: Grand Jury Exhibit Number 82. Just for explanation purposes. This is a disc of a POD cast. Do you all know what a POD cast is? If you were on the internet, you can broadcast yourself as well as images and voice, okay.

There is a man, I don't know where he originates from, but his name I'm not sure how you say it. But he has a POD cast and so you will see from the video, you can see him and he's sitting in a desk. It looks like he's sitting at a console and he's got what looks like a radio

microphone, but he talks about all kind of things.

This is a regular thing for him, this is what he does. And then he also take his calls, people call in like a radio show, they will talk about whatever the topic is.

And then those programs get broadcast out on the internet. Go to whatever his website is to watch his show and so this is a recording of a part of his show, where the caller talks about having witnessed the shooting of Michael Brown.

And so we're going to go ahead and play the call first. This is again Grand Jury Exhibit Number 82. Actually on this disc there are two files. And I'm playing the file that is entitled To Police Brutality! What Should Citizens Do.

The other file is actually the beginning of the show before the caller calls in and it is just the host of the show talking about things, so it is not something that eyewitness account.

Let me pause it because, , we do not have a transcript. As best you can if you could transcribe what we're hearing. I will have you go ahead and pause the recording right now.

(Playing of POD cast.)

On television the main

news people, they put someone sound dumb, they do not have any sympathy for the situation. You go look on my channel and see the guy that I have and hear how he spoke, hear how well he articulated himself. I'm the only one who put somebody who knew the person, who dealt with the person, who spoke like he knew what he was talking about, who sounded educated, who didn't sound straight street may say, exactly, that's why you want to choke him out, look how they are reporting themselves.

I'm the only one who did it. So it is funny that the coon doesn't allow people to get on his channel. It is funny that the coon doesn't help perpetuate the black folks look bad by going to the dumbest motherfucker possible and saying, here's a camera, speak.

It is funny how the guy I put up who was speaking at Lenox Mall yesterday was speaking eloquently with everything he said. No one could sit up there and listen to him and saying, he sound hood as a motherfucker, he's stupid.

We're going to get to a lot of phone calls, hopefully we have a lot of people calling from the area of St. Louis. I'm being told by a lot of people that I should not go, that it is really

bad there. What I'm going to do is speak to a lot of people who are from there. And one, his name is and he lives in the complex where Mike Brown was shot, what's up,

Hey, how you doing.

: I'm doing well, how you doing brother, when you are right there in the war zone?

I'm right in front. First of all, I'd like to say I appreciate the work you doing, brother.

: Thank you.

Big respect. , man, the incident happened just the other day went from the murder to a damn carnival out here, man.

Explain.

Well, I was on my front patio sitting down and I heard a first shot. So I jumped up and looked out my patio, right.

: Uh-huh.

And I notice that officer, officer is in his car. And the boy he's leaning up into the window, they are like struggling, right.

: Uh-huh.
I guess the officer hit the door open and the guy started running down Canfield, that's the name of street Canfield Road. And apparently the officer was shooting him from the rear.
Um.
And, I guess he, is his name Mike, Michael, Mike?
Yeah.
I guess he was turned around going back toward the officer, that's when the officer unloaded on him. And when he fell to his knees, he just collapsed in the middle of the road.
Okay. Now there are some reports, since you saw it firsthand, this is good, there are some reports which you are saying openly and hopefully you can help us out with that. There are some reports saying that the guy had his hands up when he was shot, is that true?
Well, I don't know, I didn't see that because I was behind a wall.
: Yeah.
Yeah, right. But finally

the guy, he was walking back towards the officer, maybe he did have his hands up, I don't know.

: Uh-huh. So somebody told you that he was walking back towards the officer?

That's what the crowd was saying. He had his hands up.

Uh-huh.

But I think I seen the guy running down the street, the officer was shooting from the back, okay.

: Uh-huh.

By the time I looked up, the guy --

Hello oh, damn it. Who dropped off, was it me? How did I drop off? Tell to hold on. I kicked off my own damn show. Now I know what y'all feel like. I got kicked off my own show somehow.

Hey, brother, you still there?

Yes, sir.

: I got kicked off my own shit. We didn't get a chance to hear the part where you said that's what the crowd was saying that he had his hands up, what happened?

Yeah, that's what the

crowd was saying he had his hand up. And I didn't see the guy with his hands up, I did see him running up the street towards the officer, maybe he did have his hands up, I don't recall.

Uh-huh.

You know what I'm saying?

Let me ask you, you said that he had his head inside of the car with the officer like they were scuffling, so that part that the officer said is actually true?

Yes, sir. That's when I heard the first shot, the first shot came from the officer in the car.

: That's what the officer wrote. I was calling bullshit, the officer was claiming that the dude was trying to grab his gun and the shot went off in the car.

That's right.

: So you're saying that's true?

The guy, half his upper body was inside the windshield. I said what the hell. And by that time, I guess the officer had kicked his door open and the guy took off running down the street and I think the officer was shooting

him as he was running down the street, okay.

Uh-huh.

By that time, the brother was headed toward, I'm ducking, you know, I didn't want to get done.

: Okay.

And I seen the guy turned around, I don't know if he had his hands up or not, I don't know, but that's when the officer unloaded, you know.

: If you had to say from your own opinion what you seen, do you think it was a justified homicide?

Oh, from what I seen, by the guy laying in the car up there, yeah. Yes, there was a big scuffle right there, yes. The guy was halfway inside the police car when I heard the shot. You know what I'm saying?

Do you believe, you're saying like the cop unloaded on him where you are coming from, the cop unloaded on him when he stopped and turned back around?

Like I said, he was running towards my way, okay, down the main street.

: Uh-huh.

And the cop was shooting the guy in the back and I guess the guy turned around and was heading back towards the officer. He was wearing flip flops and his flip flops were all in the street so he was running in his socks.

: That's a part, if it ends up being, I tell people all the time I don't mind apologizing if it ends up being after I did my report, I did my initial report based upon what I read. I'm just tired of seeing a black man get shot.

But when I'm hearing what other people are saying they were like look, you may have this wrong. They were saying this guy may have literally, because you hear the woman say and the woman say, he's a good son, he's never done anything. I just got to ask you this, though, do you think it is justified to try to shoot somebody in the back? I mean, he's running, but he's running off.

He was fleeing the scene, he was fleeing the scene.

Yes.

Yes, I don't think that was justified.

I would assume, if he's

shooting at this guy, apparently he's not a marksman. So he could literally miss this dude and hit a kid that's walking around.

That's right, yeah, yes, sir.

: I assume you saw it. You got a good look out for him, you put out an APB for him and you just try to bring him in.

That's right.

I don't know because we're in crazy positions, and ladies and gentlemen we're talking to a young man who was right there on the scene, lives right there, he seen it firsthand.

I'm not that young.

I ain't either, we young until we dead, I'm going to keep calling us young, man.

That's right, okay.

: What is this state of the atmosphere, what is going on right now, what is going on.

You really want to know what's going on right now? During your break, there was gunshots outside on the streets here, literally.

They had, kind of like beer cans popping, it was a damn freak show. It was a show, shit like that.

: How do you think the blacks are handling it. What do you think they should be doing, as opposed to what they are doing?

Well, I think what they should be doing is trying to come together in a more positive way because I mean, you got pregnant women out here, you've got kids, (inaudible). Kids out here watching this, you know.

Yeah.

Infants just walking around just watching stuff. It was a sad situation.

: I feel bad right now because I don't know what to say next. I want to measure my next comments. The first thing I said, I own up to it, first thing I said was the cops need to start feeling what the citizens are feeling. And I still feel that way because cops have literally gone too far how they are handling their citizens, but I also looked at the scene. I looked at how many hair hats was out there, (inaudible) we talk about that, doesn't it bother you a little bit that it was way more women, looks like 70 to 80 percent women.

Yes.

: Women and kids.

Half of them was pregnant.

: Oh, my goodness.

With baby strollers out there. There was all young guys and women, no older crowd at all. I heard you mention about the guy's mother.

: Uh-huh.

The father was out there also, but they was not, there was no companionship with each other, they was separate doing their own thing.

: Yeah, that's crazy.

There was no consoling or nothing.

You saw the step dad standing there with a sign saying, they shot my son dead in the street. I thought that was the father, they was like no, that's the step dad. You saw the step dad with the mom, but you never saw the dad with the mom. If you said he was out there, that's crazy, they never even interviewed him.

That's right. As a

matter of fact (inaudible) this guy was walking around with pants below his butt. Maybe (inaudible) You know, his pants was sagging off his butt, no shirt, it was sickening.

: Oh, gee, that's what's really bothering me and do me a favor, send me an email when I come out there, I want to talk to you face-to-face if that's cool.

No problem, brother. Send me an email at

Let me write this, just one moment, .

that's views with an S. Send me an email, I want to get up with you so I can meet with you and talk to you face-to-face if that's okay.

I have something to show you.

: Perfect, if you can.

I haven't shown anybody.

: If you can, send that to me, that would be beautiful, I would be able to use that and we can get that out there.

or just.

: . Send it to me. Let's get the thing going. I'm going to talk to you when I get there, I cannot wait, thank you, brother.

You keep up the good work, you are doing a good job.

Let's see if we can do this thing together. Guys, we got more people calling in from St. Louis.

had firsthand account, account has me thinking, but before I even spoke to after reading more, it had me thinking. The biggest thing I'm tired of hearing.

(End of the audio recording.)

MS. ALIZADEH: So we stopped playing of the video, I believe that was the end of the phone conversation with a person named who claims to live in Canfield Apartment Complex.

So, um, at this time we're done listening to the video. We can use the same disc for this witness because it's and just keep this on the same disc. I know you all need to go at 2:30. We are going to be as quick as possible, but again, I don't want to cut off anybody, I don't want to cut

anybody short and if need be, we'll bring him back next week, okay.

of lawful age, having been first duly sworn to testify the truth, the whole truth, and nothing but the truth in the case aforesaid, deposes and says in reply to oral interrogatories, propounded as follows, to-wit:

EXAMINATION

BY MS. ALIZADEH:

Q Sir, could you state your name and spell it for the court reporter?

A

Q Is your given name?

A Yes.

Q You said right?

A

Q

A

Q all right. And how old are you?

A

Q And do you live in the Canfield Green Apartment Complex?

A Yes.

Q And were you living there back in August of this year?
A Yes.
Q And did you witness some or parts of the shooting of Michael Brown?
A Yes.
Q Now, I showed you, there's a laser pointer right there and can you look on this map, this is Grand Jury Exhibit Number 25. Do you recognize this as being buildings and roads that surround or make up the Canfield Green Apartment Complex?
A Yes.
Q Okay. Will you use the laser pointer and show the grand jurors what building you live in?
A Right there, (indicating)
Q Okay. And then is your unit on the front, or on the north side of the build or on the south side of the building?
A It is right there. (indicating)
Q And you have indicated over here it is more toward, if this is east and this is west, is it on the east side of the building?
A Actually right between.
Q Okay. So the way these apartments, one unit here, now there is three floors we know that,

correct?
A Yes, yes.
Q There is one unit here and one unit here?
A Yes.
Q And then what floor do you live on?
A Bottom floor.
Q So from the bottom floor do you have windows that look out?
A Yes.
Q And so from what I understand about the apartments on the bottom floor, when you exit your apartment, you have to actually walk up some steps to get to the ground level, is that fair to say?
A Yes.
Q When you exit your apartment, if you are standing up, can you see, can you see the street or you have to go up those steps to see the street?
A I can see the streets.
Q And how about your apartment, is it one or two bedroom apartment?
A One bedroom.
Q And so are there windows on the front of the building?
A Yes.
Q And do you have a sliding glass door as

well?
A Yes.
Q And so those, is there a bedroom window that faces Canfield as well?
A Yes.
Q So when you look out the sliding glass door and your bedroom window from inside your apartment, can you see the street?
A Yes.
Q Um, can you tell me like if you were standing right outside your apartment building, and there's like, I'm going to call it like a concrete well that the staircase goes down, right?
A Right.
Q So there's a concrete wall that comes up and then is ground level at some point?
A Yes.
Q About how high is that wall?
A Uh, about two feet, two, three feet.
Q Okay. So you can clearly see over it when you are standing in that concrete well area?
A Yes.
Q All right. And so let's start with the morning of August 9th of this year. Was there anything special that you remember happening in the

morning? Was that a special day or anything eventful happen that morning?

A It was quiet day until the incident.

Q Okay. Do you live alone?

A Yes.

Q All right. Was anybody in your apartment with you when this happened?

A No.

Q And so now something happened around the noon hour that drew your attention to outside; is that right?

A Yes.

Q And were you inside your apartment or outside your apartment when you heard something?

A I was inside my apartment.

Q And what did you hear?

A I heard a gunshot.

Q And prior to your hearing the gunshot, had you looked out your windows to see anything going on?

A No.

Q So anything that happened before you heard a gunshot you didn't witness?

A No.

Q And so when you look out your, did you

look out your window or go out of your apartment?

A I looked out the patio.

Q So did you stay inside your apartment?

A Yes.

Q And so what window did you look out?

A The patio.

Q The patio window. Is that sliding glass door?

A Sliding glass door.

Q Now, those apartments have vertical blinds on the sliding glass doors, were your blinds open or closed?

A It was open.

Q And so when you say open, I know the blinds can open and close this way and they also can, you can turn the louvers so that they are open. Were your blinds across the window, but open or were they totally?

A It was across the windows but open.

Q Okay. So you could see through the louvers of the blinds?

A Yes.

Q So when you heard this gunshot, did you immediately recognize it as a gunshot or did you think it was like fireworks or car backfiring?

A No, I knew it was a gunshot.
Q Had you heard gunshots before?
A Yes.
Q Okay. So when you looked out of your window, your slider glass window, what did you see?
A I saw a police car up the street and I saw a guy tussling with an officer inside the car.
Q Okay. Now, because we can't, the grand jurors can see what you're doing but the record doesn't show it. You just grabbed like the front collar area of your shirt and tugged it a couple of times?
A Yes.
Q So did you see somebody doing that, tugging on somebody's shirt?
A I seen a guy, now I know his name is Mike Brown.
Q Okay.
A Officer was tussling with shirt inside the car.
Q So now can you use the laser pointer and show me where the police vehicle was?
A Um, approximately right there.
Q Okay. So right at about where the E of Canfield is?

A Yes.
Q Where it says printed Canfield Drive?
A Yes.
Q And was this a truck or an SUV or patrol car?
A It was SUV.
Q Was it marked Ferguson car?
A Yes.
Q And which direction was it facing?
A It was facing towards West Florissant.
Q Was it in the middle of street, was it on one side or the other?
A It was in the middle of the street.
Q Okay. And did you see any cars around it?
A No.
Q Did you see any police officers around the vehicle?
A No.
Q Could you see inside the vehicle?
A No.
Q So you couldn't at this point see a police officer?
A No.
Q Now, you said the person you saw at the vehicle you now know is Mike Brown or was Mike

Brown?

A Yes.

Q Did you know Mike Brown before this?

A No.

Q Had you seen him in the complex?

A No.

Q How about Dorian Johnson, do you know a Dorian Johnson?

A No.

Q Did you see any other pedestrians or people that were around the police car?

A No.

Q On foot?

A No.

Q And so now you said you saw Mike Brown at the police vehicle, from your vantage point, are you looking at the driver's side of the vehicle?

A Yes.

Q And so was Mike Brown at that side or was he on the other side of the car?

A He was at that side.

Q When you are looking, when you are talking about the side of the police vehicle and there's, I'm going to say there's the front on the driver's side, there's the fender area, and then there's the

driver door area and then there's a rear passenger door area and then there's the rear of the truck?

A Yes.

Q So where was Mike Brown standing alongside that vehicle?

A Along the front door of the vehicle.

Q Was his back to you at the time?

A Yes.

Q And so you said you saw some tussling or something at the car going on?

A Yes.

Q Could you see Mike Brown's hands?

A Yes.

Q And what were his hands doing?

A His hands were against a car.

Q Okay.

A Police car.

Q And you said you saw the officer's hands?

A I saw the officer's hands grabbing Mike Brown's shirt.

Q Okay. Was Mike Brown standing on his feet or was he leaning or slumped against the car or anything?

A He was leaning towards the car.

Q Was any part of his body inside the

vehicle?
A I couldn't see it.
Q Okay. And now earlier today you met with Detective and Special Agent no , that was , the FBI agent?
A Yes.
Q They told you that they had a radio, or a POD cast recording that they thought might be your voice on the recording; is that right?
A Yes.
Q Did they play part of that for you?
A Yes.
Q Did you recognize, was that your voice?
A Yes.
Q And that was you who called in?
A Yes.
Q And that's the ?
A Yes.
Q He has a name for the show, but that's the host of the POD cast?
A Yes.
Q And so do you recall when you called in you told the host of the show that Mike Brown's head was inside the car?
A I just recall it today, I didn't realize

it at the time.

Q Okay.

A When I saw the video.

Q How many days after the shooting did you call the ?

A Maybe one or two days after, maybe.

Q Okay. And when you talked to him, you told him about what you had seen that day; is that right?

A Yes.

Q And so did you listen to your entire tape today or did you just listen to a part of it?

A The entire tape.

Q Okay. Do you recall today hearing your voice telling that Mike Brown had his head inside the vehicle and he was actually like in the windshield?

A Yes.

Q Okay. Today do you recall something differently or is it that wasn't true?

A Actually, it wasn't true.

Q Okay. So what you told on that show was not true?

A Yes.

Q And why did you say that if it wasn't

true?

A I do not know.

Q Okay. So you're saying today Mike Brown was standing outside the vehicle and no part of his body was inside the vehicle?

A His upper half was leaning in towards the door, the windshield, the window.

Q And you said he had both hands up against, I guess along the frame of the window, would that be fair to say?

A Yes.

Q Did you see anything in his hand?

A No.

Q Did you see anybody next to him at the vehicle?

A No.

Q And so now this is after the gunshot has already happened, correct?

A Yes.

Q Did you hear more than one gunshot while Mike Brown was next to the vehicle or just the one?

A I believe it was just one.

Q And then from the time you heard the gunshot until you looked out, was there any like, did it take you a few seconds to get to the window

or were you close enough that it was just a matter of turning and looking out the window?

A It was just a matter of turning and looking.

Q Okay. So within seconds after hearing the gunshot, you looked out and that's what you saw, Mike Brown at the window?

A Yes.

Q Now, you said that his back was to you?

A Yes.

Q So how could you see that the officer had ahold of the front of his shirt in the manner that you kind of demonstrated for us, how could Mike Brown's back was to you, how is it that you are seeing that?

A Because when Mike Brown pushed off the car, the shirt, the officer had shirt like this and I seen a tugging. (indicating)

Q Okay. All right. And so when Mike Brown pushed back off the car, did the officer lose his grip or let go of the shirt or stop holding the shirt at some point?

A Yes.

Q And what did Mike Brown do?

A He took off running down the street.

Q In which direction?
A Towards the other end, opposite direction of the car.
Q Okay. So eastbound on Canfield?
A Yes.
Q And did he stay in the street as he was running or did he go onto sidewalk?
A He stayed in the middle of the street.
Q Was he running like sprinting or was he just jogging or can you describe how quickly he might have been going?
A He was sprinting.
Q Did you notice at that point if you saw that he was injured, did he have blood on him or anything that you could see that might show you that he's injured?
A No.
Q So then what happens after Mike Brown starts to run west onto Canfield, east on Canfield?
A Well, Mike Brown took off running, the officer came after him, was chasing him.
Q Did the officer get out of the car?
A Yes.
Q Okay. How soon after Mike Brown ran away from the car was it instantaneous or was there a few

second pause?
A It was instantaneous.
Q So when he got out of the car, is that the first time you really could see the officer?
A Yes.
Q So how would you describe him?
A Caucasian.
Q Okay.
A That's about it.
Q Fat, skinny?
A No, I couldn't tell you.
Q Old, young?
A Young by, he wasn't old.
Q Did he have on a uniform?
A Yes, he did.
Q Shorts sleeves or long sleeves?
A Short sleeves.
Q Was he wearing a police hat?
A No.
Q When he got out of the car, did you see a gun?
A On the side, yes.
Q On the side of his body?
A Yes.
Q Was it in his holster?

A Yes.
Q Was his hand on the gun?
A I don't know.
Q Now, is that the first time you see the gun or did you see the gun when he was inside the car at all?
A That was the first time I seen the gun.
Q Okay. And so as Mike Brown is running away and the officer gets out of the car and he has his gun in his holster, is it in right on his right hip or his left hip?
A Approximately the right, right side, I'm not for sure.
Q So if he gets out of the driver's seat of his car, and his left side would be toward you then, correct. If he's driving the car and it is going to be facing this way, so his left hip is towards you, right? And if he gets out and if he turns toward the back of his car to go after Mike Brown, then his right hip is towards you?
A Okay.
Q So you're saying it was in his right hip?
A Yes.
Q And then what did the officer do?
A Chased after Mike Brown.

Q Okay. So he ran?
A He ran behind him, yes, chasing him.
Q And what happened as he was chasing Mike Brown?
A That I don't know. There was concrete barrier there, I couldn't see what happened after he caught up with him, I didn't see that.
Q Do you remember on the show saying the officer shot Mike Brown as Mike Brown was running away?
A I remember saying it now, yes, that's what I thought.
Q But today you didn't see that?
A No, I didn't.
Q And why did you say that on the show?
A That's what I thought the officer was shooting. It happened so fast, I thought he was shooting at him.
Q This all happened very fast?
A Yes.
Q Matter of how many, like --
A Seconds.
Q Second?
A Yes.
Q Less than a minute then?

A Yes.
Q So when the officer starts running after Michael, you said there is a point in time where a concrete barrier blocks your view?
A Yes.
Q And is this the barrier that is actually like where the staircase is?
A Yes.
Q Okay. So they're running in this direction, correct?
A Yes.
Q Did you ever see, did you see Mike Brown stop running?
A No, I didn't.
Q Okay. Did you see him being shot by the officer?
A No, I didn't.
Q Did you see him turn around?
A No, I didn't.
Q Did you see him come at the officer?
A No.
Q Did you see him put his hands in the air or hands down or hands at his sides or in front of his body at all?
A No, I didn't.

Q And so at some point is Mike Brown running east on Canfield, you lose sight of him and then you don't actually see the shooting?
A Right.
Q Now, and again, on the show which was a couple of days after this you said that you saw him shooting at Mike Brown as he ran and that you saw Mike Brown stop and turn around and then come back toward the officer?
A Yes.
Q Today you are saying you didn't see that?
A Right, I assumed that he did.
Q So when you said that on the show, that was just your assumption?
A Yes.
Q Why did you assume that, do you still assume that today?
A Because when Mike Brown is running he's running down the street and when I seen the body out there, he was turned the other direction towards the cop, towards the officer. So I assume that he was probably running towards him.
Q Okay.
A The reason the body was turned, facing him.

Q So you are basing that assumption just on the way the body was positioned in the street?
A Yes, when he was laying down.
Q And is he on his stomach or on his back or side?
A He was on his stomach, I believe.
Q So could you see how he was laying in the street from where you were, did you have to come up and go out onto the street?
A I came up and came out to the sidewalk and saw the body out there.
Q Did you, the entire incident that you witnessed, did you witness it from inside your apartment?
A Yes, the incident, yes, I did.
Q And do you recall telling on the show that you were outside on your patio and that one point when gunfire happened, you kind of ducked because you didn't want to get shot?
A Yes.
Q Okay. So is it today now you believe you were inside your apartment?
A I was inside my apartment.
Q Okay. So do you know why you would have told you were sitting on your patio when this

happened?

A No, I don't know why I told him that.

Q All right. And so did you see the officer as he was running after Mike Brown, did you ever see him fire his weapon?

A No, I did not.

Q Now, from what I understand, a lot of what you told you say is based on things that people said or you heard afterwards; is that right?

A That was my assumption what I told .

Q That's not based on what people in the complex were saying?

A I haven't talked to them.

Q You went up after the shooting?

A After the shooting I came up, yes.

Q There were lots of people that started gathering?

A That's when people started coming out of their apartments.

Q People were screaming and yelling and talking about, amongst themselves about what maybe had happened?

A Yes.

Q You didn't hear what people were saying then that he had his hand up?

A Yes, I heard a lot out there, yes.
Q And you said something about in your statement to that you don't know if he had his hands up or not because you didn't see that?
A I didn't see it. That's what the people said.
Q Did you ever hear the officer, were your windows open or closed?
A It was open.
Q Did you ever hear the officer saying anything?
A No, I didn't.
Q Did you ever hear Mike Brown saying anything?
A No.
Q If they had said something in a loud voice, would you have heard it?
A I believe so.
Q Now, you have glasses on, sir, do you need those to see distance or close?
A Distance.
Q Did you have your glasses on that day?
A Yes.
Q And with your glasses on, can you see distance fine?

A Yes.
Q How about your hearing, do you need anything to, have you ever been told that you have loss of hearing?
A No.
Q Your hearing is fine?
A Yes.
Q And so today you're saying that you saw the officer have ahold of Mike Brown's shirt. Did you ever see the vehicle moving like rocking or moving?
A No.
Q Like somebody, like there was something moving the vehicle back and forth?
A No.
Q Did you ever see any other cars that were lined up in the street, either behind the police vehicle or in front of the police vehicle?
A No.
Q So when Mike Brown ran, you didn't see him run past a couple of cars?
A No, there was no cars out there when I seen him running.
Q So you had made a statement on that show when asked you, based upon what you saw that

day, do you think the officer was justified in shooting Mike Brown? And you said, yes, I think he was. Do you remember saying that?

A Yes.

Q Why do you think that today, is that what you still think?

A Yes.

Q Okay. Why would you say that if you really didn't see what the final moments were?

A Because there was a struggle at the car. I thought maybe he was resisting arrest. I don't really know what happened.

Q You never saw anything in Mike Brown's hands, right?

A No, I didn't.

Q So you never saw him with a weapon?

A No.

Q When the officer got out of the vehicle and started chasing Mike Brown, did it look to you like he was injured?

A Mike Brown or the officer?

Q The officer, I'm sorry.

A The officer.

Q You never saw any blood on him?

A No, I did not.

Q You didn't see his face that he might have been hit in the face or anything?
A No, I couldn't tell.
Q Approximately how many gunshots total. There is one at the car and then about how many more gunshots do you hear?
A Approximately six, maybe.
Q Did you ever see the officer up by Mike Brown?
A I seen one officer standing around the body.
Q Was it the same officer who did the shooting?
A I don't know, I couldn't tell.
Q And then did you ever see the officer's car move or be moved after the shooting?
A No.
Q Did you ever see after you went up and you could see Mike Brown's body laying in the street, and we know that it took quite some time before they removed the body, did you ever see them move the body in any way like reposition it or move it somewhere else?
A No.
Q How long did you stay out on Canfield

after the shooting?

A For hours.

Q You heard people talking about what they saw?

A Yes.

Q Do you know a lot of your neighbors in the Canfield Green Apartments?

A No, I do not.

Q Do you know the names of anybody who, at least that day or any time afterwards you believe saw this and talked about what they saw?

A No, I don't.

Q Now, you also recorded some of this on your cell phone, correct?

A Yes, I did.

Q And you gave your phone to Detective for him to go make a copy of it, right?

A Yes.

Q And you looked at the video images after you did it, correct?

A Yes.

Q And actually the video is of the aftermath, you didn't capture the shooting on your video, is that fair to say?

A Yes.

Q And now, shortly after this happened, a bunch of police came and then a bunch more police came and the place became just kind of chaotic, would that be fair to say?
A Yes.
Q And then for several days after that and the next Saturday there were FBI agents and police knocking on doors doing what they call an area canvas. Have you ever heard that term a canvas?
A Yes, I heard of it.
Q And actually, some police knocked on your door and asked you if you saw anything that day, do you remember that?
A Yes.
Q And you told them no, you didn't see it?
A Yes.
Q So that was a lie?
A Yes.
Q Why didn't you tell the police you saw part of what happened?
A Fear, I didn't want to get involved.
Q And, in fact, you never came forward to the police, it was only after the police contacted you because they had heard this show and they thought for whatever reason that that might be you

on the show; is that right?
A Yes.
Q I subpoenaed you to be here today is that right?
A Yes.
Q Is what you said today truthful?
A Today, yes.
Q But you lied when you talked to on the POD cast?
A Yes. It wasn't totally a lie.
MS. ALIZADEH: Sheila, do you have any questions?
MS. WHIRLEY: We run out of time. Let the grand jurors, you guys have any questions?
Have you met with yet? I know he talked on the POD cast?
A . Have I met him? No.
On the POD cast, we're talking about how to handle it coming to St. Louis?
A I never met him.
: Meeting him, have you been threatened or anything by what you saw?
A No.
MS. ALIZADEH: Have you talked with anybody besides these grand jurors and and now

Detective and the FBI agent about what you saw Michael Brown this FBI agent about what you saw.

A No.

MS. WHIRLEY: Why did you call into with this story, you said it wasn't true, what made you call him to say these things?

A Well, at the time I was mad and upset. I wanted to talk to someone and he was there I could talk to.

MS. WHIRLEY: What were you mad and upset about?

A The incident happened outside my apartment.

MS. WHIRLEY: When you say mad, what were you mad about?

A I wasn't mad, basically upset, you know, just wanted to talk to someone.

MS. WHIRLEY: Who were you upset at, I'm just trying to understand.

A The situation, you know, body outside my apartment and, you know, the incident with the, you know, folks gathering around my apartment drinking and smoking and carrying on, I just wanted to vent.

MS. WHIRLEY: All right. Were you mad at the fact that Mike Brown was shot and dead in the

street or were you mad you thought Mike Brown did something or either one of those?

A Basically because, you know, the situation that was outside my apartment, folks gathering around. Like I said, drinking and smoking, you know, it was like a carnival out there.

MS. WHIRLEY: I see, okay.

. With everything that was going on at that time up there, and the proximity of the police officers in the area, did you not think to maybe call the police and tell them to get the people away from your door or what?

A The police was out there.

I understand that, I understand that, but just help me understand you said you were upset because people were out around your apartment and they were drinking and smoking, and whatever?

A Yes.

: Wouldn't it have been easier to, I'm just asking this for me to call 911, send some police up here, these people around my place, yada, yada, yada.

A I don't think they would came back.

You don't think so?

A No.

: Okay. That's fair enough.

MS. ALIZADEH: Anyone else?

. I know you said earlier they were outside your door drinking and smoking, it was like a carnival you said. Was it were they angry or was it a little bit celebratory, can you tell me the atmosphere of the people? Were you upset because you felt like it wasn't taken seriously, how do you explain your mindset?

A Well, to be honest with you, I think it was ridiculous. There's a right and wrong to do things, I feel they was going about it the wrong way, you know. It was just ridiculous. All of this stuff could have been avoided.

MS. ALIZADEH: Anyone else have a question?

(End of the testimony of)

State of Missouri
SS.
County of St. Louis

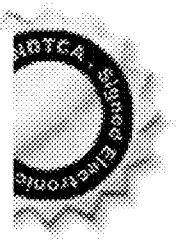
I, , a Licensed Certified Court Reporter by the Supreme Court in and for the State of Missouri, duly commissioned, qualified and authorized to administer oaths and to certify to depositions, do hereby certify that pursuant to Notice in the civil cause now pending and undetermined in the County of St. Louis, State of Missouri.

The said witness, being of sound mind and being by the grand jury first carefully examined and duly cautioned and sworn to testify to the truth, the whole truth, and nothing but the truth in the case aforesaid, thereupon testified as is shown in the foregoing transcript, said testimony being by me reported in shorthand and caused to be transcribed into typewriting, and that the foregoing page correctly sets forth the testimony of the aforementioned witness, together with the questions propounded by counsel and grand jurors thereto, and is in all respects a full, true, correct and complete transcript of the questions propounded to

and the answers given by said witness.

I further certify that the foregoing pages contain a true and accurate reproduction of the proceedings.

I further certify that I am not of counsel or attorney for either of the parties to said suit, not related to nor interested in any of the parties or their attorneys.



COURT MEMO

State of Missouri v. Darren Wilson

CERTIFICATE OF OFFICER AND
STATEMENT OF DEPOSITION CHARGES

DEPOSITION OF Grand Jury Volume XX

11/6/2014
Name and address of person or firm having custody of the original transcript:

St. Louis County Prosecuting Office
100 South Central, 2nd floor
Clayton, MO 63105

ORIGINAL TRANSCRIPT TAXED IN FAVOR OF:

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Clayton, MO 63105
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IN WITNESS WHEREOF, I have hereunto set my hand and seal on this _____ day of _____

STATEMENT OF DEPOSITION CHARGES

Commission expires

_____

Notary Public