IN THE SUPREME COURT OF THE STATE OF NEVADA

COLE DUANE ENGELSON

Appellant,

vs.

THE STATE OF NEVADA

Respondent.

Docket No. 82691

Appeal From A Judgment of Conviction (Jury Trial)
Fifth Judicial District Court
The Honorable Robert Lane, District JudgeDistrict
Court No. CR9226

APPELLANT'S APPENDIX VOLUME 16 OF 22

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IN THE FIFTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

IN AND FOR THE COUNTY OF NYE

THE HONORABLE ROBERT W. LANE, DISTRICT JUDGE

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THE STATE OF NEVADA, Plaintiff, vs. COLE D. ENGELSON, Defendant.	TRANSCRIPT OF PROCEEDINGS JURY TRIAL - DAY 6 NOVEMBER 12, 2020 9:05 A.M. PAHRUMP, NEVADA

APPEARANCES:

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The Defendant:	COLE D. ENGELSON

Reported by: CECILIA D. THOMAS, RPR, CCR No. 712

I N D E X

E X H I B I T S

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PAHRUMP, NYE COUNTY, NEVADA, THURS., NOVEMBER 12, 2020

9:05 A.M.

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P R O C E E D I N G S

(Whereupon State's Proposed Exhibit Nos. 35, 49A, 68A through J, and 69 are marked prior to commencement of the proceedings.)

(Proceedings commence outside the presence.)

THE BAILIFF: All rise.

THE COURT: Thank you. Please be seated.

Okay. We're back on Day 5 (sic) of the Engelson case. We're outside the presence of the jury. There's some argument to be made.

MR. VITTO: Thank you, Your Honor. I would like to begin with no objections or stipulations to State's Proposed Exhibits 69, which is simply a weather report of the day in question.

MR. MARTINEZ: That's correct, Judge; there's a stipulation to admit that.

THE COURT: Thank you, sir.

MR. VITTO: There's a stipulation to the Forensic Toxicology Report as it pertains to the

decedent and her autopsy. That's State's Exhibit 35.

THE COURT: Stipulated?

MR. MARTINEZ: Yes, Judge.

THE COURT: All right. 69 and 35 are admitted.

(Whereupon State's Exhibit Nos. 69 and 35 are admitted into evidence.)

MR. VITTO: And there's no objection to Exhibit 49A which is the actual autopsy that we'll be reviewing with Dr. Roquero this morning.

MR. MARTINEZ: Well, there will be no objection once he's on the stand and lays the foundation and testifies.

MR. VITTO: Okay. No worries.

THE COURT: What did you say 35 was? How is it different from 49A?

MR. VITTO: 35 is the Toxicology Report aspect.

THE COURT: Okay. Thank you.

Anything else?

MR. VITTO: We're marking some photographs 68A through something. We're going to get to be around J, I think. And the Defense will not be arguing against the admission of those photographs so long as they're properly authenticated by the witness.

The exhibits that the Defense would now like to address are photographs of the autopsy arguing that they're cumulative or gruesome or otherwise prejudicial, and my argument is going to be the law is so well settled in this case. I'm just going to reference Wallace v. State, a very recent decision November of this year -- excuse me, Wallace v. State is November 7 of 1968. It's an old decision that merely echoes what is a very well settled area of law.

Photographs, autopsy photographs, death photographs are not inadmissible simply because they damage the Defense. And specifically what the Court will see with each of these photographs is that in the Autopsy Report, Dr. Leonardo Roquero who performed the autopsy as the forensic pathologist uses a lot of scientific terminology. He uses a lot of ten dollar words. He uses a couple of $25 words. He uses language and phraseology which is beyond the kin of the laymen.

I have asked Dr. Roquero to provide me with the photographs that he needs, and this mirrors the language that comes from the Nevada Supreme Court. These are the photographs that he needs to be able to describe to the jury the injury that he observed.

Therefore, I believe that all of the

photographs that he needs to explain what he saw are admissible. It's not -- the State shouldn't be punished by keeping photographs out, a lot of photographs, when the fact that the cause of death is multiple blunt force injuries. It's not the State's fault that Yessenia was beat as many times as she was, as badly as she was, over her whole body. It's not my fault that it takes a lot of photographs to demonstrate the amount and the severity of each of the injuries. And it clearly militates contrary to the position that this was an accident or this was something that could possibly have been forgotten or overlooked or anything else.

Frankly, the defendant was the artist. Yessenia's body was the canvas. He painted it. Dr. Roquero needs to explain it. And he needs these photographs in order to do so.

THE COURT: Thank you.

MR. MARTINEZ: Your Honor, the State has given us everything that they want to use. There are five pictures specifically that we're asking the Court to keep out. I agree with Mr. Vitto's assessment of the law. The one thing I would add, with anything the analysis is whether or not the danger of unfair prejudice substantially outweighs the probative value

of these pictures. And that's where I'm going to, Your Honor. When we're talking about pictures, gruesome pictures, pictures of death, one of the things the Court does need to consider is whether or not they're going to be so shocking and strike at the emotions of the jury to create that danger of unfair prejudice to the defendant.

In this case the five pictures that I am talking about are pictures not just of the decedent -- we've seen some of those already at the Emergency Room and there will be some more of the exterior pictures. These are interior pictures that I am talking about, Judge. One of them is her cut open in her chest with her chest open, and we can see her intestines and her lungs and her kidneys and all of her organs. There's another one that's just those same inside organs sitting on the table. There's another picture where Yessenia's head is cut open, and we are looking down into her brain.

These are gruesome pictures. I don't believe that they are necessary for Dr. Roquero to explain to the jury the injuries that she suffered. I think it's reasonable that he can do that without these pictures and without getting into that danger of unfair prejudice, and that's why I'm asking the Court

to exclude him.

I know Dr. Roquero is here. So I would certainly think that would be reasonable if the Court wanted to hear from him specifically why he needed these pictures and whether or not he could adequately explain his diagnosis without the pictures being there, without those pictures being introduced.

THE COURT: I concur with everything Kirk said, and I concur with everything you said, because it's a three-year-old little girl. Any picture you show is going to inflame that emotion of the child being killed. There is no way to avoid that in this trial. So as Kirk was saying we have these numerous photos, the first thought in my head was, was any of them redundant? Photo B shows a bruise on her arm, and photo Q shows the same bruise on her arm. That's redundant; we don't need both of them.

So when it was your turn, you said that there were five you object to, and you told me about three of them. I assume a couple of them are redundant. You said the first one was the cut-open chest showing the intestines, lungs, and kidneys. B was the organ on the table. C was the head cut open and the brain. So you told me about three out of five, but two of them may be redundant; I don't know.

MR. MARTINEZ: Yes, Judge. Another is -- Ms. Boskovich is showing them to me here on my left. Another is Yessenia's scalp being peeled off of her skull.

THE COURT: Okay.

MR. MARTINEZ: And then the last one is, I believe, just the inside of her skull once her brain was removed.

THE COURT: All right. Now, obviously, the remedy to this is Kirk said that every picture there is -- the doctor's going to have to explain it to the jury and it's relevant, more probative than prejudicial. So obviously we're going to have to get the doctor in here before the jury and ask him about those five pictures; why do we want those in.

MR. VITTO: We're ready to go. We're ready to go right now.

MR. MARTINEZ: Fine, Judge. Sounds good.

MR. VITTO: And this is 49. I'm going to go ahead and mark these. We'll just address those five.

(Whereupon State's Proposed Exhibit Nos. 49B through P are marked for identification.)

THE COURT: Sir, if you'll approach up here

to the witness stand. We're going to ask you to raise your right hand and be sworn. We're going to swear him in again when the jury's here.

THE BAILIFF: Raise your right hand and face the clerk.

Whereupon,

LEONARDO ROQUERO, M.D.,

called as a witness on behalf of the State, was sworn and testified as follows:

THE WITNESS: I do.

THE COURT: Thank you, sir. Have a seat.

THE WITNESS: Thank you.

THE COURT: Pull up close to the microphone.

And Daniel, Kirk just asked her for the whole litany of photos. I assume he's going to look for those five. We could speed it up by just saying here's the five.

MR. MARTINEZ: I'm going to know which five they are, Judge. I know what order those photos are in so they're going to be the last five in one of the State's exhibits.

THE CLERK: It starts at 49B, though; right?

MS. WARD: Yes, it starts at 49B.

MR. VITTO: Oh, it starts at 49B, Sarah.

THE CLERK: 49B?

MR. VITTO: Yeah. And it's going to be the last five of those. And that's B through -- it's B through M. So we need -- what's five up from M. I will have Sarah mark those first.

THE COURT: You high IQ persons can figure that out quickly. I bet you did instantly, huh?

MR. VITTO: I, J, K, L, M.

THE COURT: There's a litany for marking these photographs that the State's going to have you testify to. The Defense is objecting to five. So he brought you in outside the presence of the jury so we can show you those five photos. So you can tell us why we should have those five photos in. So we're going to do that in just a moment.

THE WITNESS: Sure.

MR. VITTO: Feel free. Pick out your five. Let's get them marked, and we'll get going.

Your Honor, has Dr. Roquero been sworn?

THE COURT: Yes.

MR. VITTO: Do you mind if I start, kind of explain where we are and what we're doing?

THE COURT: I just did.

MR. VITTO: Okay. Thank you. Sorry, I was

preoccupied.

THE COURT: Columbo -- I mean Mr. Vitto?

THE COURT: Okay. We're back on the record. And we'll turn it over to Mr. Vitto or Mr. Martinez to go through the photos one at a time and tell us why they're more probative than prejudice.

MR. VITTO: Yeah. I'll start, and then help you out.

(VOIR DIRE EXAMINATION TAKES PLACE OUTSIDE THE PRESENCE.)

DIRECT EXAMINATION

BY MR. VITTO:

Q. Dr. Roquero, you see some photographs in front of you that should be marked State's Proposed Exhibits 49. And then is it I through M?

MR. MARTINEZ: Madam clerk, what was the first of those pictures?

THE CLERK: It is, yeah, I through M.

THE WITNESS: I received five photos and they are I through M; correct.

Q. (By Mr. Vitto) Great. Now, you recall you and I had a conversation, a few conversations, a lot of email conversations; and at one point I had asked you to identify some photographs that would help you explain to the jury your findings and your testimony;

do you recall that?

A. That is correct.

Q. And you gave us certain photographs that would be helpful to you to explain to the jury; is that correct?

A. Yes.

Q. Are those five photographs, photographs that would help you explain to the jury the injury you observed and your findings?

A. Yes.

MR. VITTO: To the extent that you want to get into any specifics.

MR. MARTINEZ: Okay.

CROSS-EXAMINATION

BY MR. MARTINEZ:

Q. Good morning, Dr. Roquero.

A. Good morning, sir.

Q. I guess I will start with a simple question here. With those five photos -- and we may go through them individually -- are you able to explain your findings and your diagnoses without those photos?

A. I can, but the photo will give more appreciation of the words and the statements that I report.

Q. Okay. So you -- and I guess I'm looking

for a gauge here, which I know is hard, because we're trying to quantify something that is not quantifiable. Are the pictures going to help the jury explain everything -- help you explain everything to the jury a little bit more or a lot bit more?

A. A lot bit more in terms of the location, because I will be using medical terms that sometimes is very hard or a little challenging for any nonmedical jurors or any nonmedical individuals in the court. So and pardon me on that one, but sometimes there's no getting around medical terms, but the photos will help a lot more in terms of what medical terms I am saying or I am stating to the Court.

Q. Okay. So you're going to be pointing at the picture and basically say, "This is what I mean"?

A. Correct. And what part of that body I am talking about.

Q. But you are able to explain it without the pictures?

A. I can, but it would be more -- there will be more appreciation in the words that I am saying as far as the medical terms that I will be using and then referring my statement to the photos.

MR. MARTINEZ: Okay; understood. No more questions, Judge.

THE COURT: Mr. Vitto?

MR. VITTO: Just real briefly, real briefly.

REDIRECT EXAMINATION

BY MR. VITTO:

Q. Doctor, you're going to be able to say words to the jury; correct?

A. That is correct.

Q. But with the photographs, you're going to be able to say, "And this is what I mean"?

A. That is correct.

MR. VITTO: Judge, these photographs should be admitted.

THE COURT: Anything else.

MR. MARTINEZ: Judge, my only argument is he did say he could explain it to the jury without the photographs, and that would be my request.

THE COURT: All right. Let me think for a second. Will you let me think?

You're going to explain the cause of death of the child and the injuries that happened to her. And you're going to go through 20 or 30 pictures, however many Mr. Vitto has, as you explain to the jury, "Here's this bruise. Here's this bite mark," whatever; I don't know. I haven't seen the evidence

yet myself. I don't even know what your holding. But the point is apparently, at some point you're going to pull out a picture, and it's going to be the inside of the skull with the brain removed, if I understood you correctly?

MR. MARTINEZ: I believe so.

THE COURT: That's the fifth one that you said to me was, "Here's a photo of the child with the brain removed, the inside of the skull." And when they pull up that picture and show it to you, you're going to explain why that picture is important, what relevance it has.

THE WITNESS: That is correct.

THE COURT: All right. We'll allow the pictures then.

MR. VITTO: Thank you, Judge.

THE COURT: I don't want Mr. Vitto to say, "Now, here's the picture of the skull with the brain being out of the skull. Tell me what's relevant about that?" And him say, "Oh, nothing. It's just another picture." That would be prejudicial. But if you can explain why it's relevant, we'll go forward.

MR. VITTO: Thank, Judge.

THE COURT: Of course you're free to object.

Anything else we need to do outside the presence of the jury?

MR. VITTO: Not for me, Judge. I would like to get those photographs back to the clerk. We'll call Alexandra Fernandez briefly for some photographs, and then we'll pick up with Dr. Roquero for probably the rest of the morning.

THE COURT: Okay. So we're going to ask you to step down, and we'll bring you back shortly. If you need coffee or anything, let my staff know.

THE WITNESS: Thank you, Your Honor.

(The jurors are brought into the courtroom.)

THE COURT: All right. We're back in the presence of our 15 jurors. I hope you all had a nice holiday. We're on the State's case in chief, direct exam. They're going to call their next witness now.

MR. VITTO: Your Honor, the State would call Alexandra Fernandes to the stand briefly.

THE COURT: Good morning. You're still under oath.

THE WITNESS: Okay.

THE COURT: Have a seat.

THE WITNESS: Thank you.

/ / /

Whereupon,

ALEXANDRA FERNANDES,

having been previously sworn to testify truthfully, was recalled to the stand and testified as follow:

DIRECT EXAMINATION

BY MR. VITTO:

Q. Detective, showing you State's Proposed Exhibits A through C -- I'm sorry, 27A through C. Do you recognize those exhibits?

A. Yes, I do.

Q. How do you recognize them?

A. These are the initial photos that I took on scene.

Q. Of the shower stall?

A. Yes.

Q. Are they accurate?

A. Yes, they are.

Q. Everything was that tidy and in order?

A. Yes, it was.

Q. And obviously, those photographs were taken after the defendant requested to shut off the running water; is that correct?

A. I believe so.

Q. Well, we don't see any water falling out of the shower head, do we?

A. No.

MR. VITTO: Your Honor, I would ask that 27A through C be admitted into evidence.

MS. BOSKOVICH: No objection.

THE COURT: Admitted.

(Whereupon State's Exhibit Nos. 27A through C are admitted into evidence.)

MR. VITTO: I have no more questions of this witness, Judge.

THE COURT: Counsel?

CROSS-EXAMINATION

BY MS. BOSKOVICH:

Q. Detective Fernandes, I'm sorry. Looking at those pictures, can you tell us if the floor of the shower was still wet?

A. From looking at the photos, I cannot tell, no.

Q. How long after turning off the shower did you take those photos?

A. I'm fairly certain I took them right after.

MS. BOSKOVICH: No further questions, Your Honor. Thank you.

THE COURT: Anything else, Mr. Vitto?

MR. VITTO: Nope.

THE COURT: You can step down. Thank you.

Still subject to recall.

THE WITNESS: Okay.

MR. VITTO: Dr. Leonardo Roquero.

THE COURT: Good morning. If you can raise your right hand and be sworn, please.

Whereupon,

LEONARDO ROQUERO, MD.,

called as a witness on behalf of the State, was sworn and testified as follows:

THE WITNESS: I do.

THE COURT: Thank you. Doctor, if you're worried about Covid, you can keep wearing your mask. If you're okay with it, we'd like the jury to be able to see your face and hear your words. So if you can remove it, that would be great too; whichever you choose.

THE WITNESS: Thank you, Your Honor. No problem.

DIRECT EXAMINATION

BY MR. VITTO:

Q. Please state your name for the record spelling your last name?

A. My name is Leonardo Roquero, L-e-o-n-a-r-d-o, R-o-q-u-e-r-o.

Q. And what is your current occupation?

A. I am a practicing Medical Examiner of Office of the Chief Medical Examiner in Oklahoma.

Q. And that's your current employment?

A. Correct?

Q. How long have you been so employed in that capacity?

A. Since August of 2019; so that would make it about 14 months.

Q. And where were you working previous to that?

A. I worked in Clark County Coroner's Office in Las Vegas since 2017 up to July of 2019.

Q. Okay. So you went from Clark County to Oklahoma?

A. Correct.

Q. Is the job description roughly the same?

A. Yes.

Q. What are your duties on a daily basis?

A. As a Medical Examiner, my task is to determine the cause and manner of death by examining a -- by doing autopsy or examining a dead individual or a dead body.

Q. Doctor, tell us about your journey. How did you get to be where you are today -- education, experience, that kind of thing.

A. Sure. After med school, I went into residency at Henry Ford Health System in Detroit for four years of anatomical and clinical pathology. That's a residency training program. And after which I went onward to do a one-year fellowship in forensic pathology at the University of Michigan.

And currently I am board certified for anatomical, clinical, and forensic pathology. And after that, I work in Detroit for two years, and move to Vegas in two years, and currently working in Oklahoma as a Medical Examiner still.

Q. I want to direct your attention to July 16, 2017. On that day, did you perform an autopsy on a three-year-old little girl?

A. Yes, I did.

Q. And what was her name?

A. Ms. Yessenia Camp.

Q. And where was that autopsy conducted.

A. It was conducted in the Clark County Coroner's Office.

Q. How many autopsies of children that young have you conducted?

A. At least a hundred autopsies.

Q. All right.

A. Oh, I'm sorry. Could you please repeat the

question? Are you referencing the young of three years old only or young children?

Q. Thank you. Let's start with how many autopsies have you conducted in your career?

A. At least a thousand in five years.

Q. And how many on a child, let's say under the age of ten?

A. At least a hundred cases.

Q. All right. When conducting an autopsy and providing your final report, it appears to me that your investigation of the body as a basis for reaching your conclusions has two major components, the cause of death and the manner of death; would that be fair?

A. Correct.

Q. In this case, Dr. Roquero, what was your expert, medical, forensic opinion as it pertains to the cause of death?

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

Q. You conducted an autopsy. Did you conclude what was the cause of death?

A. I'm sorry. You're referring to this case of Ms. Yessenia Camp?

Q. Yes.

A. I'm sorry about that.

Q. That's okay.

A. Thank you. Yes, I did. The cause of death is multiple blunt force injuries.

Q. And what did you conclude was the manner of death?

A. Homicide.

Q. And simply put, a homicide means what?

A. "Homicide" is defined as "death at the hands of another individual."

Q. Nonaccidental?

A. Correct.

Q. Showing you State's Proposed Exhibit 49A.

(State shows exhibit to Defense Counsel.)

Q. (By Mr. Vitto) Take as much time as you need, Doctor. I would like you to review that. When you're finished, please look up. I would like to ask you some questions about it.

A. Sure. I received State's Exhibit 49A. 49A, Exhibit 49A, which I received, consists of a one-page copy of Report of Investigation. This is reference to the report of the investigator. I did not author this report. Second, is the Autopsy Report, which I authored, which consists of 18 pages. A third is a Toxicology Report in which a specimen is sent to another lab, which is a private toxicology lab

in Pennsylvania referred as NMS Labs and consists of two -- or rather a two-page Toxicology Report. Next is a four-page copy of the diagram of injury, which I made. And last would be a single page copy of the Radiologist, Radiology Consult on the decedent Ms. Yessenia Camp.

Q. And you recognize the paperwork that is before you as an exhibit?

A. Correct.

Q. Is it accurate?

A. Yes.

Q. That exhibit, that document in its entirety is your autopsy report as it reflect and pertains to the work you performed on the body of Yessenia Camp?

A. Correct.

Q. And is it an accurate reflection of what you saw and what you did that day more than three years ago?

A. Correct.

MR. VITTO: Your Honor, I request that this exhibit be admitted. I have copies for each juror to follow along with as we go through the testimony of Dr. Roquero.

MR. MARTINEZ: No objection, Judge.

THE COURT: Admitted.

(Whereupon State's Exhibit No. 49A is admitted into evidence.)

THE COURT: Because of Covid, instead of having all of the jurors in the jury box, we have them all the way to the back of the room.

THE WITNESS: Thank you.

(The bailiff hands a copy of the paperwork to the Court.)

THE COURT: Thank you, sir.

THE BAILIFF: You're welcome, sir.

Q. (By Mr. Vitto) Doctor, generally speaking, if you can, how many pages of your autopsy report are dedicated to detailing the evidence of injury?

A. Fifteen pages.

Q. All right. Now, I notice on the -- let's say the second, third, and fourth pages of the exhibit you're looking at, you document some initial observations; would that be correct?

A. I'm sorry. The second page starts after this Report of Investigation?

Q. Yes.

A. Okay. Thank you. Could you please repeat the question again?

Q. It appears to me -- correct me if I'm wrong -- that the second, third, and fourth pages

appear to be some initial observations regarding the body?

A. Correct.

Q. All right. Now, I'm a layman, Doctor, so what do you do when you conduct an autopsy?

A. So an autopsy is being conducted in two parts: external examination, and then after that is following by internal examination. External examination is external examination for a state of the body wherein anything that is seen by the naked eyes, that I saw in the naked eyes. That does not only include injuries or any other injuries for that matter. That also includes any medical intervention, presence or absence of clothing, color of the hair, the eyes, the body itself as seen by the naked eyes.

After the external examination, then I proceed to do an internal examination. It means that opening the body, examining what the -- the organs of the chest, abdomen, as well as the head, and then also examining, furthermore examining underneath what's going -- underneath the skin of an individual. That is an autopsy.

Q. Okay. And at some point, the autopsy may also call for microscopic examination?

A. Correct. And that's part of the whole

internal examination.

Q. Doctor, I would like you to -- well, let's do this. Let me show you what has been preliminarily marked as State's Proposed Exhibits 49B through P. I'd like you to take your time. There is a lot of photographers. I would like you to go through those, review them. When you've had that opportunity, look up, and I'll ask you some questions.

A. Sure.

Your Honor, if I may ask. I have a pen here. May I write something on a paper? I don't have an extra paper here. There's so many photographs here.

THE BAILIFF: What do you need, a pen?

THE WITNESS: A paper. I have a pen.

THE COURT: I know I have a pad somewhere. Do you need a pen too?

THE WITNESS: Yes, sir. I have -- thank you.

Q. (By Mr. Vitto) Doctor, you don't have to return them to the plastic bag. We're going to be going through them a lot.

A. Thank you. I received 15 photos of the autopsy of Ms. Yessenia Camp. It's labeled Exhibit B through M.

Q. Do you recognize those photographs?
A. I do.
Q. Are they accurate?
A. Yes.
Q. Doctor, will using those photographs help you explain the injury that you observed to Yessenia Camp?
A. Yes.
MR. VITTO: Your Honor, I request that these photographs be admitted into evidence.
MR. MARTINEZ: Judge, no objection with the exception of what we argued this morning outside the presence of the jury.
THE COURT: All right. And you're preserving that on the record?
MR. MARTINEZ: I am, Judge.
THE COURT: They're admitted.
MR. VITTO: Thank you, Your Honor.
(Whereupon State's Exhibit No. 49B through P are admitted into evidence.)
Q. (By Mr. Vitto) Doctor, I would like to make this as simple as I can for you so help me out. You're the professional; I'm just a guy. So I could ask you to explain the injuries using the photographs as you go along, or we can simply take them photograph

by photograph. Did you have a preference?

A. I don't.

Q. Then I would ask you, using your autopsy to explain the injury -- the injury that you observed, using the photographs when necessary to help everybody understand what it is that you saw.

A. Sure.

Q. Let's start from the outside, the external injuries that you observed. Can you tell me what injuries you observed on Yessenia on the outside of her body?

A. Sure. There are multiple injuries on the body, and I will divide it by regions for -- as a means of simplification because there are so many of them. So on the head, there were abrasions on the back, on the front of the head; that includes the face, which includes the forehead, eyes, nose, mouth, lips. There were abrasions and contusions present. There was also a contusion on the right at the junction of the right lower jaw and just below the neck area.

Next is the torso. On the torso, externally there were also abrasions. I will talk about the first, the abdomen -- the front of the torso which is the chest and abdomen. So there were

contusions on the area of the chest. And on the back as part of the torso, there were contusions as well as abrasions seen.

I move up, next is the extremities. On the right and left upper extremities, that includes from the shoulder to the arm to the forearm to the hands, my external examination revealed abrasions as well as contusions. On the lower extremities, that includes the right and the left as follows: The thigh, the legs, the feet, there were also abrasions as well as contusions present.

In addition, there were also on the buttocks, which I forgot to mention as part of the torso, there were abrasions as well as contusions on the buttocks as well.

In addition, there were pattern contusions also present, or rather pattern injuries present on the body parts that includes the back of the right arm, top of the left shoulder, front of the right thigh, back, as well as the buttocks.

Q. Okay. Doctor, in the exhibits that are marked sequentially 49, starting with B through P, I think --

THE COURT: Kirk?

MR. VITTO: Yes.

THE COURT: A moment ago, the doctor said to you that he received 15 photos labeled 49B through 49M, and he didn't mention N, O, P.

MR. VITTO: Okay. That's great, super. That's where we are 49B through --

THE COURT: -- M --

MR. VITTO: -- M. Thank you, Judge.

THE COURT: -- as in "meticulous."

Q. (By Mr. Vitto) Doctor, can you identify by number and letter which of those photographs best illustrate what it is that you've just described?

A. Sure. Again, if I can go back, what I just mentioned as far as the regions of the injuries; I separated it by regions. So as for the head, the photos that will show the injuries include State's Exhibit 490.

Q. And you know what, let's just -- let's just stop right there, and we'll go ahead and show that one to the jury and let you explain what it is that you're talking about. So that's 490.

THE COURT: Now, I'm confused also. You said to Mr. Vitto you had 15 photos, 49B through M, and just now you said 490. So I'm confused.

THE WITNESS: I apologize, Your Honor. I misspoke. It's B through P.

THE COURT: Thank you. You were correct, B through P --

MR. VITTO: Not that I'm gloating.

THE COURT: -- as in "pusillanimous," which is what this is.

Q. (By Mr. Vitto) So and we're going to start with I believe it was O, Doctor?

A. Correct. Let's -- if I may?

Q. Yes.

A. If I may, can I just have O and P at the same time as well to show?

Q. Certainly.

A. As far as, again, I will just be referencing the injuries on the head.

Q. Doctor, these are going to come up on the screen. I don't know if you can see the screen.

Actually, it will come up on his screen as well; is that correct, Your Honor?

THE BAILIFF: Yes, it will.

MR. VITTO: All right. Kassie, let's start with O.

(Kassie is trying to get the photo to appear on digital visualizer for viewing.)

MR. VITTO: Okay. We can go old school.

THE BAILIFF: Laptop, or just hold it up?

MR. VITTO: Show them the picture.
THE BAILIFF: Can you show the picture?
MS. WARD: There it is.
THE COURT: Did it work, you said?
MS. WARD: Uh-huh.
THE COURT: While you were talking to me, it worked.
MR. VITTO: And the first one is O? Is that O, Kassie?
MS. WARD: Yes.
Q. (By Mr. Vitto) Doctor, do you see that on your screen.
THE COURT: There's a shadow over it. Can you move it a little bit so the shadow is not on it?
MS. WARD: We got it.
Q. (By Mr. Vitto) Now, Doctor, how does this photograph help you describe -- this is one that you specifically identified as describing some of what I believe the head injury?
A. Correct.
Q. Can you describe that using this photograph?
A. Sure. What we are looking right now is the back of the body of Ms. Camp. This was taken that includes the head, the back -- the back, the buttocks,

the back of the extremities. So this photo Exhibit O is showing -- just focus on the head injury for now -- showing the abrasion on the back of the head and that is on the right side. That is on the top.

Your Honor, do you have any cursors here that I may point towards where --

THE BAILIFF: You can touch the screen like this.

THE WITNESS: Okay. Thank you.

THE BAILIFF: And then to clear it -- if you want to clear it, hit this little corner and it clears it.

THE WITNESS: Thank you.

So the abrasion is on the back of the head on the right side.

Q. (By Mr. Vitto) Anything else with that photograph, Doctor?

A. As I have said, I will go through first the head jury. But if you would like me to go all through, then I don't mind.

Q. Well, we can use different exhibits, whatever is going to work best for you. Right now we have P. Let's take a look at P.

A. So Exhibit P is the -- a close-up photo of that head injury which is an abrasion. That big

abrasion was surrounding other small abrasions. So this injury is identified as abrasions.

Q. And you just indicated that this abrasion was surrounded by other abrasions also on the head?

A. Correct. Just on the small one. So there is a big abrasion that we all see here, and surrounding it are also small abrasions.

Q. Okay. And at some point during your autopsy, you're going to see what that looks like on the inside; is that correct?

A. Correct.

Q. What other exhibits, Doctor, will help us understand your testimony as it pertains to, you talked about the torso, the extremities, neck, that kind of thing?

A. Okay. So from the injuries on the back of the head, if I may now move towards the front portion of the head, and that will be on Exhibit G and Exhibit H.

Q. Thank you, Doctor.

A. You're welcome.

Q. Go to G, yeah.

And what do you see there, Doctor?

A. So what we are looking right now is a facial shot of Ms. Camp. And here we see bruising on

the left forehead, and one of the bruise also had substantial abrasion. So one of these bruise or contusion has essential abrasion in there. And the contusions I am referring to on the forehead are these contusion or bruises.

There's also an abrasion on the right, lower eyelid. There are contusions -- I don't know if you see it there, but there are contusions on the side of the right eye or the corner of the right eye. Abrasion on the nose. And in the lips, there are also abrasions on the lips.

Q. Okay. Let's go ahead and take a look at H?

A. Yes. So this is another photo of the face which shows the right side of the face. And this shows bruising on the right cheek, as well the rest of the right side of the face.

Q. Thank you. What further photographs can we look at, Doctor, to help you explain what you observed as far as the torso, the abdomen area, extremities, et cetera?

A. Sure. For the injuries on the torso, we can still utilize Exhibit letter B, and additionally Exhibit 49E, 49F -- or rather not Exhibit B, the first one, I'm sorry. Yeah, the first photo that was shown on that -- if I may -- 49O, sorry. So again for the

torso 49O, 49F, 49E, and 49B.

Q. B, as in "boy"?

A. Correct.

Q. Got it. All right. Let's start with P, or was it O?

MS. WARD: O.

MR. VITTO: Thank you.

Q. (By Mr. Vitto) Okay. What are we looking at, Doctor?

A. This is shown previously again just to show what parts of the body we are looking at. We are looking at the back of the body. That includes the head, the back, the buttocks, and extremities, upper and lower extremities.

So as far as the injuries to the torso, I'm referring to the back, there are pattern contusions around this area. I don't know. It's faint, but that's that. There are abrasions as well on the right side, and there are also contusions -- additional contusions on the back. And that's it, and we can move to the next photo D.

THE COURT: Which one is that?

MS. WARD: 49B.

THE COURT: B?

MS. WARD: B.

THE WITNESS: This photo shows the front of the body which is the front of the face, the head, the face, neck, torso, and extremities, upper and lower extremities. On this photo, it shows the two parallel contusions, round contusions on the midline chest, as well as there is also a faint -- I cannot appreciate here, but there was a faint contusion, as well on the left upper chest. There is also contusions on the side of the left hip. And that's it.

Q. (By Mr. Vitto) Let's look at E?

A. This is a photo showing the left side of the body, which includes a little portion of the neck, the back, the buttocks, and the length of the left upper extremity, and the portion of a right upper extremity, and the proximal part of the thigh. This photo shows abrasions on the left side of the back.

Q. Doctor, are there any -- I'm sorry.

A. That includes the one encircled.

Q. Doctor, are there any other photographs that will help you explain what you observed to the jury pertaining to the external examination?

A. Sure. There are also photos for -- I'm sorry. Are you referring only to the torso, or are you moving to the extremities?

Q. Extremities. Let's go extremities.

A. Sure. If I may have the photo again, because there are photos which also include the extremities. If you don't mind, thank you.

THE COURT: If my record keeping is correct, he said he had O, F, E, and B; and he just showed O, E, and B, and not F.

MR. VITTO: Do we have F to show?

MS. WARD: He has it back there.

THE WITNESS: Sorry.

Q. (By Mr. Vitto) That's okay. Let's show F. And, Doctor, what were we looking at with F? It should be on your screen.

A. Oh, I'm sorry. This is Exhibit F showing the left side of the back; again, a portion of the left upper extremity; and a portion of that lower portion -- the portion of the buttocks. So on the F, we are looking at abrasions on the left side of the back.

Q. Okay. So we've covered head, face, and torso front and back. We're moving to extremities?

A. Correct.

Q. Let's go.

A. For the interest of the extremities, I will be using State's Exhibit 49B, C, O, D, and E. Could you please show this in order for me, the way it's

being presented.

Q. Thank you, Doctor.

A. Thank you. Could you please lower this down? I can only see clearly the half bottom of the screen. Thank you, sir.

Q. And the first one is 49B.

MS. WARD: 49B, as in "boy"?

MR. VITTO: B, as in "boy." You got it.

THE WITNESS: So this is Exhibit 49B showing the front of the body again; the head; the neck; the chest and abdomen, which is the torso; the extremities, upper and lower extremities; the thighs.

So on this photo what we are looking at, what we are just focusing to look at right now is the injury to the extremities. And if I can direct your attention to the right upper extremity, and that includes from the right shoulder up to the hand, we see here a bruise. And there's also a bruise here. There's also -- if I may repeat again, there's a bruise on the right arm, there's a bruise on the right forearm, and there's a bruise on the back of the left hand. I'm sorry.

Moving on to the lower extremities is what we see here. There's this circular contusion with central skin paring in front of the right thigh.

That's it.

Can we move to photo Exhibit C, please. So this photo shows half the body of Ms. Yessenia Camp, and that also includes the -- here we can see also still the portion of the lower chest, abdomen, the right and lower extremities -- right and left upper and lower extremities. Here I just would like you to focus, direct your attention if I may, to the lower extremities. Again, that includes the one that we saw a photo prior. This is again the circular contusion the central skin paring; and in addition to that, there are also other contusions on the right knee, and contusions as well on the left knee -- left knee and left leg, and left leg.

Could you please show Exhibit letter O, please? So this photo shows again the back of the body of Ms. Yessenia Camp -- the head; the neck; the back; the extremities, the upper and lower extremities.

So if I may again direct your attention to the injuries on the extremities. So on the right, we're just focusing -- if I can focus your attention to the right extremities. Again, there is a contusion of the right arm, abrasions on the right elbow, abrasions and contusions on the left elbow. Okay.

And that's it.

And could you please show Exhibit letter D, please.

Q. (By Mr. Vitto) D, as in "David"?

A. Correct.

Q. Thank you.

A. So this photo shows the left side of the head. That includes the ear, left side of the neck, left side of the shoulder, left side of the arm, and a portion of the forearm, and a portion of the chest. This photo shows a circular contusion on top of the left shoulder.

Could you please show next exhibit, please?

MS. WARD: 49E.

THE WITNESS: Correct. Thank you.

MR. VITTO: And what letter is that?

MS. WARD: E, as in "elephant."

THE WITNESS: E. Thank you.

Again, this is more of a closer photograph of the injuries of the upper extremities. And this includes again, as I have stated -- if I can go back. So this photo shows the back of the body, which includes the back of the neck, the torso, the upper extremities, the buttocks, and the proximal thigh.

Again, if I may direct your attention to

the injuries up on the extremities. There are contusions and abrasions on the left elbow. There's also abrasions on the right -- on the right elbow. And that's it.

Q. (By Mr. Vitto) Thank you, Doctor.

A. We -- as I have reiterated, had torso and extremity injury. I still have, if I may, there are also injuries on the buttocks that I have not showed to the Court or I have not discussed with the Court.

Q. Do you have a photograph that best depicts those injuries?

A. Yes.

Q. Go ahead.

A. Thank you. So for the injuries on the buttocks, that would be depicted on State's Exhibit 49O and State's Exhibit 49E. Could you please show this in order as presented? Thank you.

So this photo, if I may again direct your attention to the buttocks only. This photo shows the back of the body, again showing the head, the back of the neck, the back, the buttocks, and the extremities. Again, if I may direct your attention only to the injuries on the buttocks.

There are abrasions and contusions on the buttocks. And there are -- notably, there are

curvilinear contusion on the left buttocks that is circled as such. And likewise, this area on the left buttocks as well, another contusion of the left buttocks. And there's another contusion which is the curvilinear contusion close to the intergluteal cleft or midline of the buttocks.

Q. Doctor, let me ask you a couple of things about that. So I believe you used the word "curvilinear"?

A. Correct.

Q. And we're going to be getting into that in a little more depth in a little while. But what exactly do you mean when you say curvilinear?

A. "Curvilinear" means like a half-moon appearance. It's not a full circle. It also describes a semicircle, like half of a circle or a half moon.

Q. Thank you. And the last thing you referenced with this photograph, you referenced an injury near the fold. What were you referring to there?

A. Oh, it's just the location. It's the intergluteal fold, which that is reference to -- that is reference to the, for lack of a better term, and I apologize, the midline of the buttocks crack or...

Q. Okay.
A. I'm sorry.
Q. We'll be going more in depth with that with some more detailed photographs; so if you could continue.
A. Could you please show photo Exhibit letter E, please? Thank you.
This photo shows the back of the body -- back of the neck, back of the back, the buttocks, the upper extremities, the proximal thigh. Once again, if I may direct your attention to the injuries on the buttocks only. This shows abrasions and confusions on the buttocks. Again, in addition, there's also this curvilinear contusion of the left buttocks. That is encircled.
Q. Thank you. Doctor, I don't believe that you've addressed 49C. He has?
Never mind, Doctor, apparently you have. Do you have 49C with you?
A. I think I did.
Q. Okay.
A. Correct. Would you like me to show again.
Q. Can you tell me what it was?
A. Sure. 49C, Exhibit 49C, this is the front portion of the lower body that shows the portion of

the lower chest, abdomen, and the lower extremities. And this shows the rest of the injury on the lower extremities, and that includes the circular contusion with central skin paring on front of the right thigh, and contusion/abrasions on the rest of the right and left lower extremities.

Q. All right. Doctor, let me direct your attention to I, J, K, L, M, and N. Could you pull those photographs. I would like to ask you some brief questions, and then I think we're going to move on to a little different area.

A. Sure. So that would be I, J, K, L, and M; correct?

Q. And N.

A. So I, J, K, L, N?

Q. M, N.

A. Thank you. Okay I have photos of I, J, K, L -- I, J, K, L, M, and N.

(There is a note from a juror in the back of the courtroom.)

THE COURT: All right. Share that with the two attorneys -- four attorneys.

MR. VITTO: Your Honor, it's a great question, and we are actually going to dive in depth into terminology used, including the reference that we

have been asked.

THE COURT: Thank you, sir.

Q. (By Mr. Vitto) Now, Doctor, in regard to the photographs that I've asked you to call I, J, K, L, M, and N, have we addressed those yet?

A. No.

Q. All right. And are those more suitable to your internal examination?

A. Except N.

Q. And what is N?

A. N shows the photo of the palm on the right hand.

Q. Let's go ahead and show that one.

A. So this photo shows the palm of the right hand, and on the right upper hand side of the photo of the left side of the face. This photo shows some injury.

Q. Thank you.

A. Thank you.

Q. And the rest of them are all for the internal examination?

A. Yes.

Q. All right. Now, Doctor, I'm going to ask you some questions, and if at any point a photograph will help you best or better explain it to the jury,

please let us know and we will move in that direction. So there's some terms that we need to go over, some things that we need to understand.

What exactly is a "contusion"?

A. A "contusion" is the breakage of the blood vessels from impact, and this blood vessel it will break. The red blood cells will go into the surrounding soft tissue, and that is we see contusions. That is typically the definition of contusion.

Q. Okay.

A. So there's a break in the blood vessels underlying the skin or in the tissues.

Q. I think that it's common to man to be familiar with a bruise and an abrasion. Is there a difference between a contusion, a bruise, and an abrasion?

A. Partly, yes. A contusion is otherwise also called a bruise. An abrasion is different. An abrasion is the damage to the surface of the skin, like a scrape.

Q. All right. So a bruise or a contusion may not necessarily be accompanied by an abrasion?

A. Correct.

Q. But an abrasion can cause a bruise or a

contusion?

A. Or vice versa. It doesn't have to have a surrounding contusion to have a bruise -- or I'm sorry, a surrounding contusion to have an abrasion.

Q. Doctor, how about subcutaneous hemorrhage?

A. "Subcutaneous hemorrhage" it means that the hemorrhage underlying the skin. Anything underneath the skin is medically referred to subcutaneous. So subcutaneous hemorrhage materially means a bruise or a contusion.

Q. Okay. And you'll have to correct me as I'm going through these terms. I'm sure I'm going to pronounce some of them incorrectly? What is "galeal hemorrhage"?

A. "Galeal hemorrhage," this is the hemorrhage on the surface of the skull.

Q. That soft tissue?

A. No. That's the membrane that is on top of the skull.

Q. I understand.

A. Soft tissue -- I'm sorry, it can also be referred to as soft tissue; that is correct, on the skull.

Q. How about "focal epidural hemorrhage"?

A. "Focal" means limited. "Epidural" means

along the surface or the dura. The "dura" is the thick membrane which protects or covers the brain. "Hemorrhage" is bleeding.

Q. Is there a difference between -- well, I think I just answered my question. So a "subdural hemorrhage" means what?

A. "Subdural" is underneath the dura.

Q. So can you talk me through the layers of going inside someone's skull to get to the brain?

A. Sure. So a skull is a bone. Before I go into the skull, you have to break the -- or you have to open the scalp, which is the skin and subcutaneous soft tissue. So after the scalp, the skull, in order to get to the brain, you have -- also, the brain is protected not only by skull or bone, but also by the thick layer of membrane, and that includes also the dura. But just -- the closest to the brain, there is another layer there which we call the "leptomeningeal."

Would you like me to spell it for you?

Q. Sure.

A. Leptomeningeal is L-e-o -- L-e-p-t-o-m-e-n-i-n-g-e-a-l. Leptomeningeal. So that's another layer or -- yeah, another layer that is just the closest to the brain.

Q. And what -- where would we see a subarachnoid hemorrhage?

A. "Subarachnoid hemorrhage" is the hemorrhage on the surface of the brain. And that is a layer of the leptomeningeal part.

Q. So that's a hemorrhage that is actually on the organ itself?

A. No, on the surface of the brain.

Q. Okay. And can you define -- there's a phrase that you use in your autopsy report, "focal microscopic parenchymal hemorrhage"?

A. Sure. That term is referring to the -- if I'm not mistaken, referring to the brain. So focal intraparenchymal hemorrhage. So focal means again limited. "Parenchymal" is another name that -- another medical term used for tissue or the substance of the tissue. So parenchymal.

Would you like me to spell it for you again?

MS. REPORTER: Yes.

THE WITNESS: Sure. P-a-r-e-n-c-h-y-m-a-l.

MS. REPORTER: Thank you.

THE WITNESS: So "parenchymal hemorrhage microscopic" meaning we cannot see it with our naked eye. "Microscopic," we need a microscope to see it.

So those hemorrhages are in the tissue that can only be seen by using a microscope.

Q. (By Mr. Vitto) And, Doctor, as you were describing some of the external injury you observed, you used the phrase "skin sparing." What exactly do you mean?

A. Sure. "Skin sparing" is the area that is not contused or bruised or abraded.

Q. So in other words, if you see a circular bruise that is incomplete, there are spaces perhaps; that would be the sparing?

A. Correct. There are spaces either in between or at the center of that circle.

Q. And I think if I'm -- correct me if I'm wrong -- but I think the most dramatic example of that was the bruise you observed to the upper right thigh?

A. Correct.

Q. Let's go ahead, if you could find that photograph, and I will ask you to point out exactly the skin sparing that you see?

A. Sure. And I believe that would be Exhibit C. Likewise, Exhibit B would also help as far as a close-up, or a closer photo. So do you mind showing Exhibit B instead?

MS. WARD: Yeah, of course.

THE WITNESS: Thank you. And is there a way for you to zoom the projector, or no. Then just focus on the right thigh.

So if I may direct your attention to the just the right thigh, reference to the circular contusion. So on the right thigh, there is this circular contusion and where I'm referring to the central skin sparing. So there's a circular contusion on the front of the right thigh. The central skin sparing is the area within the circular contusion that is not contused nor abraded.

Q. (By Mr. Vitto) And, Doctor, I might have some photographs that might be even more helpful in that regard. Let me show you State's Proposed Exhibits 68C, I, and G.

(Showing exhibits to Defense Counsel.)

Q. (By Mr. Vitto) Let me ask you if you recognize those?

A. So I received three photos labeled 68C, 68I, and 68G. And Yes, I do recognize that.

Q. Are they accurate?

A. Yes.

Q. Will they help you explain skin sparing to three different areas of Yessenia's body?

A. Yes. In one of them -- in one of the

photos.

Q. Well, let me -- which one?

A. That would be 68C.

MR. VITTO: Your Honor, I would ask that 68C be admitted into evidence?

MR. MARTINEZ: Judge, I know he said he recognized the photos. Just a little bit more foundation about how he recognizes them is what I would request.

THE COURT: Thank you, sir.

Q. (By Mr. Vitto) Is that one of your autopsy photos?

A. Yes.

Q. The autopsy that you conducted of that little girl?

A. Yes.

Q. And you recognize it, and it's accurate?

A. Yes.

MR. VITTO: Would ask that it be admitted.

MR. MARTINEZ: No objection.

THE COURT: It's admitted.

(Whereupon State's Exhibit No. 68C is admitted into evidence and published to the jury.)

MR. VITTO: I would like to display that

photograph to the jury.

THE COURT: Thank you.

Q. (By Mr. Vitto) Now, Doctor, does that photograph accurately depict and display the sparing that you're referencing?

A. Yes.

Q. The other two that I just -- and showing you 68I, that appears to be the shoulder of Yessenia?

A. No.

Q. What is that?

A. This is the side of the left -- or this is left buttocks.

Q. That's the left buttocks?

A. Correct.

Q. And how about what is depicted in 68G?

A. 68G shows the buttocks.

Q. Okay. Do we see skin sparing in that circular bruise?

A. No. This is not circular bruises. I described them. These you are curvilinear bruise.

Q. And curvilinear is a half of a circle?

A. Correct.

Q. Do we see skin sparing?

A. Partly, yes.

Q. Okay. Is it an accurate photograph?

A. Yes.
Q. That's your autopsy?
A. Yes.
MR. VITTO: Your Honor, I would ask that this exhibit be admitted and published to the jury.
MR. MARTINEZ: No objection.
THE COURT: It's admitted.
(Whereupon State's Exhibit No. 68G is admitted into evidence and published to the jury.)
Q. (By Mr. Vitto) What do we see here, Doctor, as it relates to skin sparing; what can you tell us?
A. Sure. This is a photo of the back which shows a curvilinear -- if I may direct your attention to the left buttocks only. So there are curvilinear or a semicircular or a half-moon shape bruises on the left buttocks. So that includes this -- that includes this one of the left buttocks; this, the one which is close to the fold or to that in between the buttocks, as well as this.
So with regards on the central skin sparing, this is not a complete circle compared to the one that we saw on the anterior, on the front of the right thigh. This has an incomplete or a semicircular

or curvilinear bruise. But these two opposite bruises are facing each other, and that's also the reason why I say partly, because there is partly a central skin sparing of that. But it's not as a complete circular as compared to the front of the right thigh.

Q. So the front of the right thigh is simply a better depiction?

A. Correct.

Q. And let me show you 68I again. Is that an accurate photo?

A. Yes.

Q. That's from the autopsy?

A. Correct.

Q. Is that a different bruise on the buttocks than the one you just explained?

A. No. It's the -- would you please show again the -- this is an additional bruise on the left buttocks, but it doesn't show the curvilinear appearance that is more appreciated on the screen that we are seeing.

Q. Okay. So the one on the screen is a better version?

A. As far as the curvilinear bruise it shows.

Q. But the one in your hand is an additional bruise?

A. Correct.

MR. VITTO: I would ask that -- I believe we're at 68I. I would ask that that be admitted and published.

MR. MARTINEZ: No objection, Judge.

THE COURT: Admitted.

(Whereupon State's Exhibit No. 68I is admitted into evidence and published to the jury.)

(There is another note from one of the jurors.)

THE COURT: Show it to the two sides.

MR. VITTO: Your Honor, referencing that question, both sides will be addressing that issue.

THE COURT: Thank you, sir.

Q. (By Mr. Vitto) Doctor, we're going to be getting into this in depth and detail, but at this point let me ask you: We've seen some photographs of and her testimony pertaining to circular curvilinear bruising to the body of this little girl; correct?

A. Correct.

Q. Doctor, what causes marks like that?

A. Anything. Most likely a blunt object with a semicircular, circular end.

Q. Can you rule out bite marks?

A. No, I cannot.

MR. VITTO: Your Honor, if I'm not mistaken, there may be perhaps a need for a recess.

MR. MARTINEZ: I believe so.

THE COURT: Ladies and gentlemen, we're going to take a short recess. During this recess, it's your duty not to converse among yourselves or with anyone else on any subject connected with the trial; or to read, watch, or listen to any report of or commentary on the trial, including, without limitation, televisions, newspapers, radio, and Internet.

Don't form or express an opinion on any subject of this matter until it's submitted to you. And I always say ten and then it's 15. If I say 15, it's 20. We'll shoot for ten and see you in about 15.

THE BAILIFF: All rise.

(A short recess is taken.)

THE BAILIFF: All rise.

THE COURT: Thank you. Please be seated.

MR. VITTO: Thank you, Your Honor.

THE COURT: We're back in the presence of our 15 jurors. We'll continue with direct examination.

MR. VITTO: Thank you, Your Honor.

DIRECT EXAMINATION (RESUMES)

BY MR. VITTO:

Q. Doctor, you observed a linear fracture of the left occipital bone; is that correct?

A. Yes.

Q. Does that mean that the back of her head was fractured in a straight line?

A. Not necessarily.

Q. Tell me what it means.

A. It means that an impact, rather the back of the head -- or an impact was on the back of the head.

Q. And what is -- what does it mean to be designated as a linear fracture?

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

Q. If I'm not mistaken, the injury was observed to be a linear fracture?

A. Correct.

Q. What does the word "linear" mean in conjunction with fracture?

A. Fracture is a break in the bone. It means that, linear is appearance of the fracture meaning its line.

Q. I understand. Let's go ahead and go through your internal examination of Yessenia, and I

believe we're talking about photographs I, J, K, L, and N?

A. Correct.

Q. All right. Let's start with I.

A. If I may request to the Court, could you please show this in this order.

MS. WARD: Uh-huh.

THE WITNESS: If I may request also we may not start from Exhibit I.

Q. (By Mr. Vitto) Absolutely. We'll start with the one you want first, which is?

A. So I will be showing exhibits in order Exhibit K, L, N, I, J.

Q. Great. Start with K. So this is Exhibit K. This is -- again, I'm moving from head to torso. This is a photo of the head in which the scalp is open and showing the subcutaneous, the inner surface of the scalp which is seen on the bottom portion of the screen. And this photo also shows the skull. Mainly or a majority is the back of the skull and a portion of the top of the skull. So this --

A. I'm sorry.

Q. -- I'm sorry. The top of the head is the parietal?

A. Correct. We -- or pronounced it, if I may,

parietal (pronounces pah-rye-e-tal).

Q. Parietal.

A. Correct.

Q. And then the side of the head, the thinnest, that would be the temporal?

A. Correct.

Q. And then obviously the front would be the frontal?

A. Correct.

Q. So when we're referring to the occipital region, we're talking about the back of the head?

A. Correct. And it's the thickest bone.

Q. The thickest and the densest?

A. Correct.

Q. All right. Now, in relation to this photograph -- we saw a photograph of an injury to Yessenia's head externally. Can you point out how we can relate what we saw externally to what's currently on the screen?

A. Sure. Externally, there were abrasions on the right back of the head. On the screen, we are now looking the scalp is being open or the head is being open. Again, the scalp is that portion below the screen. The skull is the portion which is the round portion above that.

Injuries include the subcutaneous hemorrhage of the scalp, which is the tissue underneath the scalp. Underneath that, that's the subcutaneous tissue, and we see all the hemorrhages. And on the skull -- this is the skull. This is the round portion just above it, we see subgaleal hemorrhage on the left back or occipital surface of the skull, as well as the occipital and parietal surfaces right side of the skull. So these are the subgaleal or rather subgaleal hemorrhages.

Q. How many different points of hemorrhage do we see in this photograph?

A. On the subgaleal, we see -- at least in a partly discrete presentation, we see on the right back. So that's one. There is also a cluster of subgaleal on the left back of the skull. And this corresponds also to the overlying scalp, which is on the left side. As well as this corresponds also to the overlying right side of the scalp. So as for the subgaleal, the answer are at least two discrete clusters.

Q. And does that correspond with two separate injuries?

A. Not necessarily. It may be one. It may be at least one.

Q. Okay. And that's for the galeal?

A. Correct, or subgaleal.

Q. I understand. Let's go to our next photograph. What do we have here, Doctor?

A. This is Exhibit letter L. Once the skull is open, then we see that membrane we call as the dura. That membrane has already been taken out, and what we are looking at here is the brain, mostly of the brain and a portion of the removed skull on the bottom of the brain. And on top of the brain. You also see the front portion of the base of the skull.

As for the injuries, what we see here is that the brain is swollen meaning it's very -- meaning -- the brain is -- as we see here, it's a lot of spaces in between this worm-like appearances of the brain. And in between there are spaces. Normally, it has to have that -- or cracks -- normally, it has to have enough space.

For this one the brain is swollen because it's so tight. The one wormy-like appearance of the brain -- the other wormy-like appearance is so tight and the space is narrow. So that's cerebral swelling or edema or swelling of the brain. That's number one.

You also see surfaced hemorrhage on the brain which we call a subarachnoid hemorrhage.

Do you want me to spell it?

MS. REPORTER: No. I got that.

THE WITNESS: Thank you. So that's the subarachnoid, which is the hemorrhage on the surface of the brain. And we don't see it clearly here on this photo, but this is where the subdural, so underneath -- so on top of the brain there was supposed to be -- there's supposed to be the dura which is covering; underneath that is the hemorrhage. We call it subdural hemorrhage. Unfortunately, we don't see this clearly in the photo, but it's the blood at the bottom portion of the brain, which is the dark colored area inside the skull and just below the brain.

Q. Doctor, what causes the brain to swell?

A. Any injury. It's not a specific finding. Anything can swell the brain.

Q. And what is the purpose of the brain swelling. Why does the brain want to do that?

A. It's just a physiological reaction of our body to any insult -- injury, toxins, drugs, heart disease, anything that insults the brain. The brain requires oxygen. Anything that -- anything that stops the brain from getting oxygen, the brain reacts to it. The brain does not like -- our brain does not like to

have no oxygen. It has to always have oxygen.

Q. So does it swell in search of oxygen?

A. No. It's just a physiologic reaction.

Q. I understand. Let's go to our next picture. What do we have here, Doctor?

A. This is Exhibit letter M. This shows the base of the skull once the brain is out. And once we take out also the dura, the dura covers the entire surface of the brain, that means the entire round surfaces of the brain. So once we take out the brain, we take out the dura, now what we are looking at here on the screen is the base of the skull where the brain fits.

And this is a photo showing the linear fracture on the occipital bone. The occipital bone is the bone which is at the back of the head or the back portion of the skull. So occipital bone is the bone that is on the back portion of the school, and the injury that we are looking at here is the fracture on the left back or left occipital bone.

Q. And our next photograph. What do we have here, Doctor?

A. This is a photo -- so autopsy portion of the autopsy internal examination is not only of the head, but also of the torso. I also examined -- as

far as the autopsy examination, I also examined the internal organs of the chest and abdomen. This is the photo showing the organs of the torso. The rib cage is already taken out, and what we are looking at here is the lungs. We don't see the heart yet because there is a membrane at the center which covers the heart; so we don't see that. Also in this photo, we see the liver, the stomach, and the intestines.

On this photo the injuries that we are looking at are the contusions on the left lung, as well as on the right lung.

Q. Let's go ahead and look at our next photo. What do we see here, Doctor?

A. So this is the photo of the organs of the chest and abdomen all taken at once. In this photo, we see -- we are looking at the back of the organs. So if I can move back a little bit. So before the photo -- before this, the photo was showing the front of the organs. Now Exhibit letter J; correct: If I may confirm that?

MS. WARD: Yes.

THE WITNESS: So Exhibit letter J, now we are looking at the back surface of the organs of the torso, meaning organs of the chest and organs of the abdomen. Okay. So we are looking at that photo right

now showing the back surface of the lungs; the back surface of the spleen; the diaphragm; the kidney, which is wrapped or covered in this fibrofatty tissue; the intestines, as well as the supporting tissue of the intestines -- we call this mesentery.

So the injuries we see here are the hemorrhages on the surface or on the tissue covering the kidney, as well as -- it's not clearly shown, but only a portion of it is the mesentery hemorrhage.

Q. And what exactly is the "mesentery"?

A. "Mesentery" is the supporting tissue that holds our intestines.

Q. And that supporting tissue was hemorrhaging?

A. Correct.

Q. Do we have another picture? That's it. All right.

Now, Doctor, I'm going to get into some detail with some of your findings, your phraseology. I note in your autopsy, and I'm going to quote a finding, "Recent hemorrhage of the cervical spinal nerve root and ganglia with focal epidural hemorrhage." Can you explain that to me?

A. Sure. That report was authored by the neuropathologist. As far as the definition of that

term, "recent" meaning it is recent. It happens on the day, more or less rather recent. Cervical is the spinal cord, "cervical" meaning the spinal cord at the portion of the neck; okay. The dorsal root nerve, dorsal root ganglion --

MS. REPORTER: What is that, the dorsal root nerve?

THE WITNESS: I'm sorry. What was that?

MS. REPORTER: The nerve? What nerve?

THE WITNESS: Oh, the cervical, yeah, cervical nerve root and the ganglion hemorrhage. So this is the hemorrhage in the cervical nerve root and ganglion. So these are the branches that is coming off from the spinal cord. So think if I may put it in a more better perspective, the spinal cord looks like a tree. It has a big trunk, and it springs out a lot of branches. So the big trunk is the spinal cord. Coming off from that branches are called the spinal nerve spinal ganglion; okay. So the hemorrhages are seen on that branches, the spinal nerve root and spinal ganglion -- spinal nerve root and ganglion of the spinal -- of the cervical spinal cord.

"Epidural," again, the brain is not only wrapped or covered by the dura. It is also -- the spinal cord -- because the brain connects to the

spinal cord. So the dura also protects the spinal cord and the epidural is the hemorrhage on the surface of the spinal -- of the dura along the cervical spinal cord.

Q. And, Doctor, I think that you referenced this specific report as being at the neck level?

A. Correct.

Q. Can this be caused by some whiplash mechanism?

A. I cannot exclude that.

Q. And as far as recent in time, are we talking seconds? minutes? hours?

A. Based on the examination of the body, that includes also histologic examination of the body, meaning histology of the different tissues I took, along with the review of the neuropathology examination histology portion of it, "recent" means hours, minutes.

Q. And you used a word "histology." Can you describe what it is you mean when you say that? What did you do?

A. Sure. "Histology" is the examination of tissue under the microscope.

Q. Now, Doctor, to be fair, you observed the brain; correct?

A. I did.
Q. You observed the eyes; correct?
A. Correct.
Q. You drew conclusions; correct?
A. Yes.
Q. You also had the eyes and brain and brain stem sent out for further expert opinion; is that correct?
A. Yes. And that also includes the spinal cord was sent out as well.
Q. I understand. Now, there's a report, a notation within your report that says, quote, retinal and optic nerve sheath hemorrhages, as well as focal orbital hemorrhage of the eyes. In laymen's terms, Doctor, what did you observe?
A. This is the report of the ophthalmologist where the eye was sent to be examined, specifically sent for ophthalmology consultant office. It means that there is bleeding in the eyes.
Q. All right. And I believe -- going back to a question I just asked previously, I believe your report includes a reference to the injury you observed at the neck level, that you could not totally exclude the whiplash-type mechanism of the neck; is that correct?

A. Correct.
Q. When we're talking about whiplash, are we talking about a back and forth movement?
A. Correct.
Q. A violent back and forth movement?
A. It's a back and forth movement.
Q. You don't like the word "violent." Is there some velocity required to produce what it is you observed?
A. Definitely if there is a movement, there's velocity, but I don't know how much velocity it needs to cause an injury. I don't know how to quantify violent. Violent for me may not be violent for you --
Q. I understand.
A. -- so I don't use that word.
Q. I understand. You noticed that Yessenia was bruised on her chest, back, hips, and bony prominence. What is the "bony prominence"?
A. The "bony prominence" was referring to the left side of the hip that we saw a while ago in the photo. It's on the side of our hip that we can feel this bone. That is the bony prominence.
Q. Okay. We would call it our hip bone?
A. The hip bone is a thigh bone of the pelvis. The portion of the hip where we can feel is called the

bony prominence.

Q. I understand. How about the proximal thigh?

A. I'm sorry, is that a question or?

Q. Well, the question is if you use the phrase "proximal thigh," is that simply referencing the part of the thigh closest to the hip?

A. Correct. Or closest to the buttocks.

Q. I got you. And your observation of muscle hemorrhage, hemorrhage of the mesentery and the retroperitoneal hemorrhage, is that when you were talking about the internal bleeding to the mesentery and the soft tissue around the kidney?

A. Correct.

Q. And what is that an indication of to you as you're examining this body to determine the cause of death?

A. So it indicates a blunt force injury.

Q. So the internal injuries around the internal organs were also a blunt force injury?

A. Correct.

Q. As was the injury to the head; is that correct?

A. Correct.

Q. And other injuries that you saw on the

body?

A. Correct.

Q. Hence, your conclusion that the child's death was the result of multiple blunt force injury?

A. That is correct.

Q. So we have heard you testify regarding blunt force trauma to the head, neck, and torso; correct?

A. Correct.

Q. What can you tell us about the injury to the lungs?

A. The injuries to the lungs, these are -- as depicted a while ago in the photo, they are parallel to each side on the lower portion of the lungs. And it may indicate that there's a pressure on that area of the chest, right and left, at least at these points.

Q. Okay. And were you able to draw a conclusion regarding whether the child was alive at the time that pressure was applied?

A. Yes. Because there are hemorrhages present. And those hemorrhages, as I have stated, are parallel contusions on each side of that lower portion of the lungs.

Q. So at the time that injury was inflicted

upon Yessenia to her lungs that impacted her lungs, she was alive?

A. Correct.

Q. Could that also be from shaking?

A. I'm sorry. Could you please elaborate your question?

Q. The injury that you saw to Yessenia's -- that caused injury to her lungs, bleeding that you just described, could that result from the child being shaken?

A. It definitely is probable in a scenario wherein you are holding the torso of the child.

Q. What you saw is not the result of CPR?

A. Correct.

Q. Now, Doctor, you observed abrasions, contusions all around the extremities, elbows, forearms, knees, ankle, arms, hand. You made a reference to the third knuckle, the right thigh side of the hip, legs, feet; noted that, quote, internally there was subcutaneous hemorrhage and additional soft tissue hemorrhage of the left elbow and left knee; is that correct?

A. Correct.

Q. Can you explain that?

A. Sure. This is based on the examination

after -- so the contusions are seen externally. As part of the autopsy examination, we also open or examine internally the skin. And underlying that contusion is the subcutaneous hemorrhage which is underneath the skin. And in particular, there's also an additional soft tissue hemorrhage underlying the subcutaneous tissue on the left elbow and front of the right knee.

Q. All right. I notice going through your autopsy report, you took particular notice of certain injuries saying, quote, Notably there were patterned injuries consistent of continuous circular contusions with central skin sparing on the right upper and middle back, left shoulder, posterior right arm, and anterior right thigh; two separate couple of opposite continuous curvilinear contusions with central skin sparing on the left buttock; and additional continuous curvilinear contusions on the left buttock close to the intergluteal cleft and back of the right forearm indicated that most likely a blunt object was inflicted on these surfaces. Do you recall that?

A. Yes.

Q. Could the blunt object be teeth?

A. Again, I cannot rule out.

Q. So let me show you -- in conjunction with

what I just referenced, let me show you State's Proposed Exhibits 68B, D, E, F, H, and J (68A was not mentioned). I would like to show these to you. Please take your time, review them. Look up when you're done, and we'll go forward from there.

A. So what I received are seven photographs labeled Exhibits A, B, D, E, F, H, J. And yes, I do recognize that.

Q. Are they accurate?

A. Yes.

MR. VITTO: Your Honor, I would ask that these photographs be admitted into evidence.

MR. MARTINEZ: No objection, Your Honor.

THE COURT: Admitted.

(Whereupon State's Exhibits 68A, B, D, E, F, H, and J are admitted into evidence.)

Q. (By Mr. Vitto) Let's start with A. Doctor, what can you tell us about this photograph?

A. This photograph shows the back, specifically the right upper back. And this photograph shows the circular contusion with central skin sparing on the right upper back.

Q. Now, did you have opportunity to observe whether there was bleeding that occurred into the soft tissue?

A. Yes. Underlying soft tissue or the subcutaneous soft tissue. Once I open the skin, look at its underlying tissue, which I call subcutaneous tissue, yes, there were.

Q. So does that mean there was enough blood pressure present at the time to allow blood to come out, damaged blood vessels, into the surrounding tissue?

A. Could you please repeat the question again?

Q. If there was -- you saw bleeding that occurred in the soft tissue?

A. Correct.

Q. Without more, are you able to tell whether that's an indication that this bruise occurred post or antemortem?

A. Antemortem. It means that the child is still alive or around the time of death.

Q. So when this happened, this child was alive?

A. Correct.

Q. Let's look at the next photograph. Now, what do we see here, Doctor?

THE COURT: What's the exhibit number?

MS. WARD: 68B, as in "boy."

THE COURT: 68B.

THE WITNESS: So this is Exhibit 68B showing the rest of the right side of the back. And this additionally shows a faint circular -- a faint circular contusion with central skin sparing.

Q. (By Mr. Vitto) Distinct from the one that we observed just a moment ago?

A. I'm sorry. Could you please repeat?

Q. This is a different bruise than the one we just saw?

A. Correct.

Q. Antemortem or postmortem?

A. Ante.

Q. Let's look at our next photograph.

MS. WARD: D, as in "dog."

THE COURT: 69D.

MS. WARD: 68, I'm sorry.

THE COURT: 69D. Thank you.

Q. (By Mr. Vitto) And, Doctor, is this the one that we have previously gone over. Is this the right thigh?

A. The photo on the screen, I don't recognize what part of the body because it's a close-up photo of a circular contusion. There were five of them. So this photo, I don't know what part of the body is being shown, but what we see in this photo Exhibit D

is a circular contusion with central skin sparing in a very close-up photo. But I don't know what part.

Q. Antemortem?

A. Yes.

Q. Doctor, do verified bite marks look like this?

A. It could be.

Q. Okay. Let's look at the next picture.

A. So this photo, Exhibit E; correct?

MS. WARD: Yes.

THE WITNESS: This photo Exhibit E shows the back of the right arm. And this -- the injury that is being shown here is the continuous circular contusion of the back of the right arm with central skin sparing.

Q. (By Mr. Vitto) And the same as the others, the child was alive when this injury occurred?

A. Correct.

Q. Look at the next one.

MS. WARD: F.

THE COURT: F.

Q. (By Mr. Vitto) What do we see here, Doctor?

A. This photo Exhibit F shows the top of the left shoulder. The injury that, if I may district

you, is the circular contusion with central skin sparing on top of the left shoulder.

Q. And again, this one like all of the others were antemortem while the child was alive?

A. Yes.

Q. Next.

MS. WARD: H.

THE COURT: What did say that was?

MS. WARD: H.

THE COURT: H?

Q. (By Mr. Vitto) Go ahead, Doctor. What do we see here?

A. Exhibit H on the screen, what we are looking at is the left buttocks, and underneath that is the thigh and a portion of the back of the right leg and back of the right knee. So if I may direct your attention to the buttocks, what we are looking at here are the different abrasions and contusions on the buttocks left and right. Notably, there are curvilinear contusion on the left buttocks, as shown here. Likewise, here which is close to the intergluteal cleft or the cleft between the two buttocks. So it's this one additionally on the left buttocks.

In addition, there's also a contusion just

below the right buttocks, which is at the portion already of the proximal thigh. The proximal is just below the next part of the body. So below that is another bruise on the back of the right thigh, just hiding from that right buttocks.

Q. So, doctor, in regard to the last one, the one that you still have circled on the screen, in order to see that more clearly, do I understand looking at this photograph, do I understand that the buttocks had to actually be pulled to expose that bruise?

A. Correct. And likewise, any other bodies that is hidden like the armpit, I have to extend the arm in order to see the armpit. Any inside of the body, anything that is folds or that has folds. The back of the ear cannot be seen if I'm just looking at it. I have to retract it, if you will, or put it out in order for me to see the back of the ear.

Underneath the buttocks, especially those individual that have big buttocks or larger ones, I have to examine every corner of the body.

Q. And that bruise was also curvilinear?

A. No.

Q. How would you describe that bruise?

A. It's just an irregular bruise.

Q. I got you. Next.

MS. WARD: J.

THE COURT: J.

THE WITNESS: So this is Exhibit J. This is a faint -- I don't think it's really faint. It's faint on me. This is Exhibit J showing the back of the right forearm, and it shows a faint curvilinear or a half-moon-like or a semicircular bruise on the back of the right arm.

Q. Thank you, Doctor.

Thank you, Kassie. We're going to move on.

Doctor, at one point in your report, you indicated that what you observed was, quote, constellations of the injuries, unquote. What exactly were you indicating with that phrase?

A. So the constellation of injuries, what I'm referencing is the overall injuries that this child sustained. And as I have reiterated or stated a while ago, the way I describe or how I describe the injuries is by region. Because there's so many injuries on the body that it's very confusing for me not to describe them by region.

So on the head, the back, the front of the head; the torso, the back and the front of the torso. The extremities, you have the back, the front, the

right, the left, upper and lower extremities. So taking into account all of these injuries from head to toe, what I'm referencing to the constellation is that, the overall injuries on the child.

Q. Okay. And you included this quote? "His child was beaten multiple times. There were no scarring present in all of these lesions, indicating that the child was assaulted recently"; is that correct?

A. Correct.

Q. Did you happen to see an old injury?

A. None.

Q. Now, Doctor -- and I want to use your phraseology -- do you say rigor (pronounces rye-gor) or rigor (rig-or)?

A. Either way is fine. Sometimes I hear police saying rigor or rigor. In other parts of the world, it may be rigor (pronounces reeg-or).

Q. If I'm not mistaken, "rigor mortis" is a Latin phrase that means stiffness of death?

A. Correct, or stiffening -- no, not stiffness of death, if I may correct, a stiffening of the body.

Q. And simply put, a body received in full rigor mortis simply means that the body is dead?

A. Correct.

Q. What is the difference between rigor, algor, and livor mortis?

A. "Rigor mortis" is the stiffening of the body after death, or the body is dead it stiffens or it becomes rigid. "Livor" is referring to the blood pooling on the dependent portion of the body, and this is an after-death or postmortem observation. If the body -- if the body dies face up, the blood will pool down on the dependent portion of the body, and that is the back. So that is livor. "Algor" is pertaining to the temperature of the body.

Q. Cooling?

A. Correct.

Q. So does it stand to reason that algor mortis would occur first?

A. I don't know in terms of -- the body is very unique in how it responds after death. It doesn't follow that way.

Q. I understand. Now, in some of the photographs, particularly those where we see the back of the child, is the blood pooling evident in those photographs?

A. Yes. They are on the back portion of the child, but they are not again -- these are observations and not injuries.

Q. I understand. Exactly. And that would be, that blood pooling would be the livor (pronounces liv-er) mortis or livor (pronounces live-or) mortis?

A. Correct.

Q. I think you referenced in your autopsy report, Doctor, "pale conjunctivae." What does that mean?

A. In the eyes, our eyes, if you check our eyes, if you retract our eyelid, that layer on the inside of the eyelid is the conjunctiva. A dead person, not necessarily a dead person, we could have a pale pink or a pale conjunctiva. It just means observation of the conjunctivae is pale.

Q. You also noted a minimal drying of the right cornea?

A. Correct.

Q. What significance does that have?

A. Drying of the cornea signifies on a dead person, signifies death as well. Our eyes dry very rapidly, and that's why we blink constantly, because it needs to be -- to have that moisture on our eye. And that's why we're alive. The -- one of the eye, the right eye in particular of Ms. Camp was dry. So there is this drying of the eye, which I see -- I see cases of a person dying with an eye open.

Q. And you saw that in conjunction with one eye as opposed to both eyes?

A. Correct.

Q. Doctor, do white or pale gums have any medical significance in relation to what we've been discussing today?

A. No.

MR. VITTO: May I have the Court's indulgence just a moment, please.

Your Honor, I would say that without a doubt have at least 30 minutes; could be longer. If no one has an objection to taking lunch at this time.

THE COURT: We'll take a lunch recess. During this recess, it's your duty not to converse among yourselves on any subject connected with the trial. Don't watch radio, Internet, TV about the trial. Don't form or express an opinion on any subject connected with the trial until it is finally submitted to you for deliberation.

It's 12:00 o'clock. We'll meet back here at 1:15.

MR. VITTO: Thank you, Your Honor.

THE BAILIFF: All rise.

THE COURT: Thank you.

(A lunch recess is taken.)

THE BAILIFF: All rise.

THE COURT: Thank you. Please be seated. We're back in the presence of our 15 jurors.

The State -- is it the State's turn or cross?

MR. VITTO: We're still doing direct, Judge.

THE COURT: Mr. Vitto is going to resume direct examination. Any of you in the course of trial need to stand up and stretch and everything, feel free to do so.

MR. VITTO: Thank you, Your Honor.

THE COURT: You're welcome.

DIRECT EXAMINATION (RESUMES)

BY MR. VITTO:

Q. Dr. Roquero, I would like to start off our afternoon session with a hypothetical. So let me provide you with a fact pattern, and then I'm going to ask you a question. A three-year-old female child enters a shower stall uninjured and otherwise fine. She emerges from the shower and is immediately observed to be limp and unresponsive. She is then laid naked on a bed where she is observed five hours later in the same spot. Lifesaving measures prove fruitless. She is asystole, no pulse, no reaction to

an intraosseous line or other stimuli. She is quickly thereafter pronounced deceased.

With that as a fact pattern, if the injury you observed caused what we have in the fact pattern provided, can we conclude that the child was dead or dying at that moment in time?

A. Correct.

MR. MARTINEZ: And I apologize, Your Honor, can we clarify "at that moment in time."

THE COURT: Yes.

Q. (By Mr. Vitto) At the time that the child was laid on the bed in that fact pattern?

A. Correct.

Q. Doctor, have you seen documented bite marks on a human body?

A. In books, yes, but not in my experience.

Q. Okay. You've seen them in textbooks?

A. Correct.

Q. You've seen them over the course of your study?

A. Correct.

Q. Will bite marks that have -- confirmed, documented bite marks that you've seen in books, will bite marks appear circular?

A. They can.

Q. They can also appear semicircular?
A. They can.
Q. Do they also appear curvilinear?
A. They can.
Q. Excuse my mispronunciation if I mispronounce this phrase. What is "tache noir"?
A. It's a French terminology commonly -- we already discussed that this morning -- is the drying of the eyes, specifically the cornea. It's the covering of the eye that we see from every one of us. So it's just the drying of the eye. That is a French fancy terminology; they like to use that.
MS. REPORTER: Can you spell it?
THE WITNESS: Oh, yeah, I can spell it for you if you don't mind. Sorry. Tache, t-a-c-h-e --
MS. REPORTER: T-a --
THE WITNESS: Yeah, "t" as in "tango," -a-c-h-e, noir, n-, as in "November," -o-i-r.
MS. REPORTER: Thank you.
THE COURT: Why do you always ask him to spell things and not the rest of us?
Q. (By Mr. Vitto) Doctor, I believe that your autopsy report referenced the collection of a rape kit?
A. Correct.

Q. Were you present for that procedure?
A. Yes.
Q. Do you happen to remember who did that?
A. I don't, but as for the -- for lack of a better term, process in cases of suspicious death -- we call the third processing of the body, if you will -- that includes the doctor, the practice of the doctor; the pathology technician, or assistant for that matter; as well as the detectives of that case. So that will be -- but specifically as to who are they, I don't remember.
Q. That's okay. As far as putting your report together, taking photographs, you were identifying and measuring the abrasions and contusions to the head and neck?
A. Correct.
Q. Do you happen to recall off the top of your head if there were, all told, more than 20 injuries observed, some being identified as clusters; does that sound accurate?
A. Would you please repeat the question again.
Q. How many individual injuries did you observe, if you recall?
A. I tried counting them as far as my description is in the autopsy report. It's about 30

separate. But many of these or some of these are clusters. Example on the buttocks where it's really hard to define how many.

Q. Okay. So if you are counting a cluster of injuries, you would count the cluster as one?

A. Correct. As measured as one.

Q. Okay. You also observed that the right and left eyes had perioptic nerve hemorrhages. Is that something different than saying in lay terms the eyes were bleeding?

A. Yes.

Q. Can you explain that?

A. Sure. That was my finding based on when I took the eyes of the child. There was perioptic. So the eye structure has the globe, and at the back of it is the optic nerve. So the eye is the eye itself, and then the nerve that is connecting the eye to the brain for us to discern that we are looking at different colors -- we are looking white, black, red, yellow, anything like that -- is the one connected to the brain is the optic nerve.

So perioptic nerve hemorrhage is not the hemorrhage on the eye itself. It's actually the hemorrhage surrounding the optic nerve, which is the structure that connects the eye to the brain.

Q. So that reference is something more internal than simply the eyeball?

A. Correct.

Q. What does it mean that the brain was free of neoplastic lesions?

A. That pertains to neoplas -- to masses or to tumors. So there was no tumor found on my initial observation of the brain when I took it out. I don't remember if the neuropathologist who examined the brain also commented on that. But as far as my comment is, and based on the review of her photos, I did not find a tumor in the brain.

Q. So other than the obvious injury that you observed, the brain appeared to be normal and healthy?

A. It's not normal and healthy per se, because the brain is swollen. I would say there was no tumor in the brain.

Q. Okay. So other than the fact that the brain was swelling, and the brain swelling was due to -- and you've gone over that before -- injury or something, because the brain is seeking oxygen?

A. Correct.

Q. And the heart was free of disease?

A. Correct.

Q. The respiratory system looked normal?

A. Except for those mentioned.
Q. And that would be the injury to the lungs?
A. Correct.
Q. Bleeding?
A. Correct.
Q. The liver was fine?
A. Yes.
Q. The spleen was fine?
A. Yes.
Q. The alimentary system was fine?
A. Yes.
Q. What is the "alimentary system"?
A. The "alimentary system" is again another name for the GI tract. That includes mainly the lower GI tract. That includes the stomach; intestines, small and large intestines.
Q. All right. Pancreas was fine?
A. Yes.
Q. The endocrine system was fine?
A. Correct.
Q. What does that include?
A. "Endocrine" means the hormone organs. That includes the thyroid, adrenal gland. These organs are normal. There's also no tumor or bleeding in the -- in these tissues.

Q. And although you did notice bleeding associated with the soft tissue near or around the kidneys, the kidneys themselves were otherwise fine?

A. Correct.

Q. The cervix, fallopian tube, ovaries fine?

A. Correct.

Q. So if I understand your testimony correctly, what you saw was a normal healthy little girl who had just been beaten to death?

A. Correct.

Q. Can you explain thin "multifocal leptomeningeal hemorrhage, recent"?

A. Sure. Multifocal leptomeningeal hemorrhage was, again, as per neurology finding -- or neuropathologist finding after examination. And I did review them and I disagree. "Multifocal" meaning multiple areas on the surface of the brain. "Leptomeningeal" is a histologic term, histologic term to the subarachnoid hemorrhage. So it's similar; the term is similar. Leptomeningeal is a histological term we use, or I use. But in terms of the overall finding in general, it is also called a subarachnoid hemorrhage.

Q. So leptomeningeal is what was observed under the microscope?

A. Yes, but it can also be seen as a subarachnoid hemorrhage with the naked eye. So they are similar in terms, just in the way someone would prefer to use it as leptomeningeal, as someone would use subarachnoid as I do.

Q. And multifocal simply means at different points?

A. Correct. Or different areas on the brain, like right, left, here and there.

Q. Okay. Because you also observed focal microscopic intraparenchymal hemorrhages, basis pontis and splenium; correct?

A. That was originally examined by the brain -- initially by the neuropathologist, and then I reviewed her report, as well as the slides. And I made a report on it as well, and I agree with her. And the answer is yes, correct.

Q. And there was also focal epidural hemorrhage in the right convexity. So if I understand what you just testified with the last few questions, simply put, the brain was bleeding from multiple areas?

A. I'm sorry. Could you please --

Q. The brain was bleeding from multiple sites?

A. Correct.

Q. And those would be separate and distinct areas of the brain?

A. Correct.

Q. Now, could that be caused by multiple blunt force trauma to the head?

A. It can be, yes.

Q. Could it also be caused by one blow that caused the brain to bounce back and forth within the skull?

A. It can be, yes.

Q. Now, for the latter, would that -- well, for the latter, one blow that caused the brain to go back and forth, that would make me think that it was a blow of some significance. Is that a question that you can answer?

A. I can't.

Q. Okay. The whiplash effect that may have caused some of the injury you observed, would that cause the brain to rock back and forth within the skull?

A. Yes.

Q. And if I've already asked you this, just say, "We've gone over that," but I was asking -- I would like you to explain the spinal cord with recent hemorrhage around several cervical nerve roots and

ganglia. And we might have gone over that previously.

A. Yes.

Q. We did?

A. Yes.

Q. All right. And you observed the bleeding in respect to the eyes; correct, or the hemorrhaging?

A. As per -- initially again, it was the eyes were examined. Initially, as I took it out from the body externally, and I made a comment on the (inaudible) of the perioptic nerve sheath. And then it was sent later to an ophthalmologist who identified the eye and who internally examined the eye. And that was made initially -- the report was made initially by the ophthalmologist regarding that retinal hemorrhage. And I did review his report, as well as the slides he sent me, and I do agree with him.

Q. And it included not only retinal, but I think you testified the optic nerve sheath and the focal orbital; is that correct?

A. Correct.

Q. What significance does it have that in the left eye there was observed to be perimacular retinal folds?

A. As far as significance, it is again a group of spectrum of injury. Again, this is the initial --

this is the initial report of the ophthalmologist who examined the eye internally. Perimacular folds along with the other -- along with the other findings of retinal hemorrhages, as well as the optic nerve hemorrhage or perioptic nerve sheath hemorrhage, also signify a severe injury to the head!

Q. And again, I think we went over this. You had sent the brain, brain stem, so to speak, and the identifies were sent for independent analysis to confirm your findings; is that correct?

A. Not to confirm my findings, but actually it's a resource that the Clark County Coroner's Office has for the office at the -- when I was working there as a Medical Examiner. So it's an added, additional resources for us to help with the examination.

So it was, at the time there was the three sources that is available for us for the brain examination; separate examination internal and external; as well as the eye separate examination, internal and external. So that's an added resource that the Clark County Coroner's Office provides.

Q. Thank you.

A. You're welcome.

Q. Is the -- your reference to -- I'm going to mess this one up -- alveolar neutrophilic infiltrates,

edema, and atelectasis?

A. Correct.

Q. What is that?

A. It's the lungs are collapsed, and that's it. It's another medical I use, or we use in the medical community. Atelectasis -- do you want me to spell it for you?

Q. Sure.

A. Atelectasis is A-t, as in "tango," -e-l -- if I may write it down first? So that would be a-t-e-l-e-c-t, as in "tango," -a-s-i-s. So it means collapse of the lungs or air spaces.

Q. And part of the reason I want to go over these is because admitted as an exhibit as your autopsy report is, the jury will have that with them when they deliberate at the end of these proceedings, and they will have an understanding of some of the words that they see in here.

A. Sure.

Q. Okay. And I think we went over the mesentery, the periadrenal soft tissue. You noticed hemorrhage consisting of red blood cells and scattered neutrophils. Did we go over that?

A. Neutrophils are cells in our body which help us to attack infection.

Q. So what is the significance of referencing that in your autopsy report?

A. Oh, it helps me in terms of appreciating, not just saying hemorrhage. Hemorrhage is definitely bleeding by itself. But as far as histology, histology is describing what I see in the slides underneath -- in the tissue underneath.

So the way I present the histology findings is I describe what I saw and what consistency these hemorrhage are, such as red blood cells. Are there anything other than red blood cells, like few, rare, more, extensive, if there is any of that neutrophils or any other mononuclear. This is another inflammatory cells that I may find in a hemorrhage. And it also helps me in terms of the findings of events.

Q. Exactly. And I want to turn to that now because you subjected skin of the back, buttock, left extremity, right forearm, right knee, right thigh, and left shoulder to microscopic examination; correct?

A. Correct.

Q. And you were able to observe subcutaneous adipose hemorrhage?

A. Correct.

Q. What does that mean as far as there being

scarring?

A. So there was no scarring in this hemorrhages. When I look under the microscope at the different parts of the skin I took, representative sections of the skin of these contusions, there was no scarring underneath. And it means that these injury are recent, along with the intact red blood cells that consist of these hemorrhages and few scattered or rare neutrophilic infiltrates.

Q. And all of that led you to the conclusion, backed up by what you were able to observe under microscopic examination of the back, buttocks, left extremity, right forearm, right knee, and right thigh, that these injuries were recent?

A. Correct.

Q. And in regard to -- what can you tell me as it pertains to observing no stainable iron in that regard as well?

A. Sure. No stainable iron is the description that is in the report that pertains to the iron stain. So these hemorrhages may have been -- again, the one thing that is helpful also for me in terms of resolving the issue of it is recent or not recent is to do an iron stain. So it's a special stain that I use on the tissue in the slide. So it's a special

stain, an iron stain. If I see those iron stains in the correct area of hemorrhages, that usually -- they are usually seen, we call them as hemosiderin histiocytes. So they're the scavenger of the -- scavenger of the nonintact red cells, because the nonintact red blood cells break. And then the component of the red cells will be eaten or will be cleaned up by the histiocytes, and a portion of this will have this iron positive or positivity.

So the significance of this if I see this, that will provide me the information that the injury is approximately two -- at least two to three days post injury. So there is no stainable iron in the sections of the skin in the area of hemorrhage when I examined under histology.

Q. So if there's stainable iron, the injuries could have been older?

A. At least two to three days; correct.

Q. But in this case there was no stainable iron?

A. Correct.

Q. Which is -- correct me if I'm wrong -- empirical, hard science that these injuries were recent?

A. Correct.

Q. As recent as seconds to hours?

A. Correct. Or less than -- with that being said as far as the statement of iron is, at least two to three days post injury. And that will narrow down the injury to less than 24 hours or less than a day.

Q. With no stainable iron?

A. Correct.

Q. So as far as the bowels themselves -- I use the words bowels -- the bowels themselves were not bleeding, but the supporting tissue was bleeding?

A. Correct.

Q. And I think we've gone over this, the same with the kidneys. The lungs were bleeding; correct?

A. Correct.

Q. The eyes were bleeding?

A. Yes.

Q. And the brain was bleeding?

A. Yes.

Q. All of which is a hundred percent consistent and corroborative of your conclusions regarding the cause and manner of death?

A. Correct.

Q. So three-year-old Yessenia Camp was beaten to death, the result of multiple recent beatings, blunt force trauma, and it was a homicide?

A. Correct.

MR. VITTO: I have no more questions of this witness.

THE COURT: Counsel?

MR. MARTINEZ: Thank you.

THE COURT: Thank you.

CROSS-EXAMINATION

BY MR. MARTINEZ:

Q. Good afternoon, Doctor?

A. Good afternoon, sir.

Q. I'm going to take it way back to the beginning?

A. Sure.

Q. So, Doctor, you had to go through a lot of education to get where you are; right?

A. Correct.

Q. Started with your bachelors degree?

A. Correct.

Q. And you went to college in the Philippines?

A. Yes.

Q. Then you got your medical degree; right?

A. Correct.

Q. That was also in the Philippines?

A. Correct.

Q. And I think you said it was an internship

that brought you to the United States?

A. Residency.

Q. Oh, residency. What is a residency? What do you do as a resident?

A. Sure. Residency training program is where after med school, these are -- not specialized, but before specializing to a -- before specializing into a particular field. So in order for us, or for me to get into forensics, I had to undergo pathology training program.

So pathology training program in anatomical and clinical is a four-year residency. It means that you are training for four years as a resident -- interning as a resident, or an occupant, if you will, in a house or occupant in a hospital. So in the case of residency, it's a person who's doing a four-year straight training -- that's me -- in anatomical and clinical pathology.

And if you will, likewise, an internist or internal medicine or pediatric, they also undergo the three-year residency where they become occupant of that hospital under their program.

Q. Okay. So it's four years of hands-on training?

A. Correct.

Q. Rather than just reading about everything in a book, you start to put it into practice?

A. It's both. Loosely, it's a practice, but it's a training in pathology per se because we are under supervision for everything that I do in terms of learning anatomical and clinical pathology.

Q. And that residency was specifically a pathology residency?

A. Correct.

Q. And you did that in Michigan you said; right?

A. Correct.

Q. I believe next you were a fellow; right?

A. Correct.

Q. What do you do as a fellow?

A. So a fellowship or a fellow, a person is doing fellowship, and fellowship is a subspecialty. It's a specialized training in a different field of medicine, in the different disciplines of medicine. Again, different disciplines of medicine is pathology, medicine, surgery, family medicine, things like that.

So in pathology, a fellow is a person doing fellowship. So it's a subspecialized training program that is intended for forensic, or exclusively for forensic pathology, which is the study of trauma.

Q. Okay. How is a fellowship different than a residency?

A. So a fellowship is a specialized training. So a residency is more of a generalized approach in pathology. Pathology is a study of disease. So in residency, it's a generalized approach in studying of the disease. And from that, there is multiple subspecialization or specialization pathology. One of these specializations is forensic pathology, which is geared towards training, further training on trauma, as well as the cause of death or why did the person die, that sort of approach or sort of principle.

Q. What's the difference between forensic pathology and anatomical and clinical pathology?

A. So anatomical pathology and clinical is under the residency training. So again, it's a generalized training in the study of disease or in pathology. Forensic is different. Forensic is a specialized training, wherein my training is concentrated or allotted only for the cause of death, as well as the trauma, related to trauma.

Q. Okay. And you have certifications in both forensic pathology and anatomical and clinical pathology; correct?

A. In three -- anatomical, clinical, and