

Testimony of Dr. Janis Townsend-Parchman

DIRECT EXAMINATION

11

12 BY MR. GREG DAVIS:

13 Q. Ma'am, would you please tell us your
14 full name.

15 A. Janis Townsend-Parchman.

16 Q. Are you a medical doctor?

17 A. Yes, I am.

18 Q. Would you please tell us how you're
19 employed.

20 A. I'm employed as a medical examiner by
21 Dallas County.

22 Q. How long have you been a medical
23 examiner for Dallas County?

24 A. I've been working for Dallas County for
25 five and a half years.

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1 Q. Ma'am, would you please tell us about
2 your professional and educational background prior to
3 becoming a medical examiner?

4 A. I have a bachelor of arts degree in
5 biology, with honors from Princeton University.

6 I have a master of arts degree in
7 zoology from Indiana University at Bloomington.

8 I have a doctor of medicine degree from
9 the University of Texas Health Science Center, San
10 Antonio.

11 I then did a one year general surgery
12 internship, at the teaching hospitals at the University of
13 Texas Health Science Center of San Antonio. I then did
14 the first year of a four year combined anatomic and
15 clinical pathology residency program, also in the teaching
16 hospitals at the University of Texas Health Science Center
17 at San Antonio.

18 I then transferred my pathology
19 residency program to Methodist Medical Center of Dallas
20 and completed it.

21 I am licensed to practice medicine in
22 the State of Texas. I'm certified by the American Board
23 of Pathology in anatomic, clinical and forensic pathology.
24 I've done over 1,800 forensic autopsies.

25 Q. All right.

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1 THE COURT: You may want to speak into
2 that microphone, Doctor. Okay.

3 THE WITNESS: Okay. Is it on?

4 THE COURT: It's on.

5

6 BY MR. GREG DAVIS:

7 Q. Doctor, did you perform an autopsy on
8 an individual identified to you as Damon Routier?

9 A. Yes, I did.

10 Q. And was that assigned the case number
11 of 1810-96?

12 A. Yes, it was.

13 Q. As part of your autopsies, do you
14 prepare a written autopsy report of your findings?

15 A. Yes.

16

17 MR. GREG DAVIS: Your Honor, may I
18 please approach?

19 THE COURT: You may.

20

21 (Whereupon, the following
22 mentioned item was

23 marked for identification

24 only as State's Exhibit B,

25 3, 3-A & 3-B, after

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1 which time the

2 proceedings were

3 resumed on the record

4 in open court, as

5 follows:)

6

7 BY MR. GREG DAVIS:

8 Q. Dr. Townsend-Parchman, if you would,
9 please look at State's Exhibit No. 3, and tell me whether

10 or not that is a true and correct copy of the autopsy

11 report prepared in this case involving Damon Routier?

12 A. Yes, it is.

13 Q. Okay. Doctor, at the time of the

14 autopsy, was a record photograph taken of the victim?

15 A. Yes.

16 Q. If you would, please look at what's

17 been marked as State's Exhibit B. And I'll ask you

18 whether or not that photograph bears also the case number

19 of 1810-96, the same number that appears on the autopsy

20 report concerning Damon Routier?

21 A. Yes, it does.

22 Q. All right.

23

24 MR. GREG DAVIS: Your Honor, at this
25 time we will offer State's Exhibit No. 3. We would offer
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1 State's Exhibit B for record purposes only.
2 MR. DOUGLAS MULDER: No objection.
3 THE COURT: State's Exhibit 3 is
4 admitted for all purposes. 3-B is admitted for record
5 purposes only, not to be shown to the jury.

6

7 (Whereupon, the items
8 Heretofore mentioned
9 Were received in evidence
10 As State's Exhibit No. 3
11 For all purposes, and
12 State's Exhibit B
13 For record purposes only,
14 After which time, the
15 Proceedings were resumed
16 As follows:)

17

18 BY MR. GREG DAVIS:
19 Q. Doctor, do you have another copy of
20 your autopsy report with you?
21 A. Yes, I have the original.
22 Q. Okay. Doctor, if you would, would you
23 briefly tell us the procedures that you used to perform
24 this autopsy on this child.
25 A. Well, the standard procedure at our
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1 office for a homicide, since this is a homicide -- the
2 first thing that happens, the medical examiner reads the
3 background information that's been compiled by one of our
4 investigative agents. And then the autopsy actually
5 begins.

6 The first thing that happens is what we
7 call an "as is" photograph that's taken of the individual,
8 simply as they're received by our office. And after that,
9 evidence is collected, whatever the appropriate evidence
10 is for that case.

11 The body is disrobed, and a brief
12 inventory of any clothing or jewelry on or with the body
13 is made at that time. Standard characteristics are noted
14 about the body during the external examination, including
15 length, weight, hair color, eye color, and so on and so
16 forth, including any scars or identifying marks, and

17 including any evidence of treatment at the hospital.
18 Photographs are taken of the body,
19 particularly noting any injuries. And, of course, during
20 our examination the injuries are noted and described. And
21 then, when all of that is taken care of, the actual
22 internal examination is made with the characteristic
23 incisions being made in the body.
24 The body organs are examined while
25 they're still in the body cavities looking for evidence of
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1 natural disease and looking for evidence of injury. And
2 samples of body fluids are taken at that time to be sent
3 to our toxicology lab for analysis.
4 Then the body organs are removed from
5 the body cavities and they are again examined, both while
6 intact, and after incisions were made in them, looking for
7 evidence of natural disease and evidence of any injury. A
8 portion of each body organ is put into a preservative
9 solution in case microscopic slides need to be made.

10 Q. Can you tell us how tall Damon Routier
11 was?

12 A. Well, we do length, not weight --
13 rather not height. And when we measured him, we got 43
14 inches in length.

15 Q. Okay. How much did he weigh?

16 A. Forty pounds.

17 Q. Were there any clothes accompanying the
18 body to the morgue?

19 A. Accompanying the body, there was a cut
20 away blood-stained, black, printed T-shirt with defect.

21 No jewelry was present.

22 Q. Okay. Now, when you talk about a
23 T-shirt having a defect. What do you mean?

24 A. Simply that there were one or more
25 defects or holes in it.

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1 Q. Do you recall whether the defects were
2 on the front or the back of the T-shirt?

3 A. I don't really recall in any detail to
4 tell you the truth.

5 Q. So that's the only clothing that came
6 with him. Correct?

7 A. Correct. And there was no clothing on
8 his body.

9 Q. Okay. During the course of the
10 autopsy, did you note any injuries to Damon Routier?

11 A. Yes, indeed.

12 Q. Would you tell us what those injuries
13 were.

14 A. There were four stab wounds, and there
15 were two incised wounds. Incised wounds, like stab
16 wounds, are sharp-force injuries. Injuries caused by a
17 sharp-edged object. Incised wounds are commonly called
18 cuts. They are longer on the surface of the body than
19 they are deep into the body, and stab wounds are just the
20 opposite. They are longer within the body than they are
21 long on the surface of the body.

22

23 MR. GREG DAVIS: Okay. May I approach,
24 your Honor?

25 THE COURT: You may.

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1

2 BY MR. GREG DAVIS:

3 Q. Doctor, if you would, look at the
4 photographs that have been marked as State's Exhibits 3-A
5 and 3-B. I'll ask you whether these two photographs truly
6 and accurately depict the injuries that you noted during
7 the autopsy of Damon Routier.

8 A. Yes, they do.

9 Q. Do you believe that they would assist
10 the jury and would assist you during your testimony in
11 describing these injuries?

12 A. Yes, I do.

13

14 MR. GREG DAVIS: Your Honor, at this
15 time we'll offer State's Exhibits 3-A and 3-B.

16 MR. DOUGLAS MULDER: We have no
17 objection.

18 THE COURT: State's Exhibits 3-A and
19 3-B are admitted.

20

21 (Whereupon, the items

22 Heretofore mentioned

23 Were received in evidence

24 As State's Exhibit No. 3-A

25 And 3-B for all purposes,

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1 After which time, the

2 Proceedings were resumed

3 As follows:)

4

5 BY MR. GREG DAVIS:

6 Q. Doctor, can you still see the board?

7 A. Yes, I can.

8 Q. Doctor, again, if we look at the injury

9 that's marked with a black 1 first, can you tell us what

10 type of injury this one is?

11 A. That's one of the incised wounds or

12 cuts.

13 Q. Okay. This is going to be more of a

14 cut than a stab. Correct?

15 A. It's not a stab, it's a cut.

16 Q. Can you tell us about how deep injury

17 number 1 was?

18 A. Into the body?

19 Q. Yes.

20 A. One-eighth inch, going into the muscle.

21 Q. If we look at the wound that's marked

22 with a black 2, what type of injury is that?

23 A. That's another incised wound or cut.

24 Q. How deep was this wound number 2?

25 A. It also goes into the muscle. And the

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1 depth was three-quarter inch.

2 Q. Now, if we turn to the four injuries

3 that are marked with the white numbers, are those the stab

4 wounds?

5 A. Yes, they are.

6 Q. Looking first at stab wound number 1,

7 can you tell us how deep was stab wound number 1?

8 A. One and three quarter inches.

9 Q. All right. And, what organs were

10 penetrated with stab wound number 1?

11 A. It perforated, which means made a hole

12 in the left 8th rib, as well as the left 7th, intercostal

13 muscle, which is the muscle between the left 7th and 8th

14 ribs. And it went into the left lung.

15 Q. Did this actually penetrate a rib then?

16 A. Yes, it did. It went through a rib.

17 Q. Could you compare this child's ribs

18 with an adult's ribs, consistency, just -- are they the

19 same? Are they different? How would you compare those?

20 A. They are different. They are narrower,

21 they are thinner and they are softer.

22 Q. Okay. Would it take more force, less

23 force, or just as much force, to penetrate this child's

24 rib as it would to penetrate one of my ribs or another

25 adult's ribs?

1 A. Less force.

2 Q. Stab wound number 2 here. Can you
3 describe that for us?

4 A. That one goes through the right 8th rib
5 and also the right 7th intercostal muscle, and goes into
6 the right lung to a depth of four and three quarter
7 inches.

8 Q. Okay. How deep again?

9 A. Four and -- I'm sorry, four and
10 three-eighth inches.

11 Q. Okay. Stab wound number 3. Can you
12 describe that one for us?

13 A. That one goes through the right 8th
14 intercostal musculature. That's the muscle between the
15 right 8th and 9th ribs. And it goes into the right lung
16 with a maximum depth of penetration of one and
17 seven-eighth inches.

18 Q. Okay. Finally, stab wound number 4.

19 Would you describe that one for us.

20 A. That goes through the right 11th
21 intercostal musculature. It goes through the right lung,
22 the diaphragm and into the liver, with a maximum depth of
23 penetration of three inches.

24 Q. Now, on these wounds, were you able to
25 determine whether or not these four stab wounds marked

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1 with a white 1, 2, 3 and 4, whether or not they were
2 consistent with having been made by a single-edged knife?

3 A. Yes.

4 Q. Okay. Were they?

5 A. Yes. Each of those, as well as the
6 incised wounds, had one, we call angle, more pointed
7 portions of the wounds. And each one of those had a blunt
8 angle, and a squared off angle. And each one had a sharp
9 angle, and that's consistent with a single-edged
10 instrument.

11 Q. Okay. Did you note that same pattern
12 on each one of these injuries?

13 A. All six.

14 Q. Okay. These injuries, would it be fair
15 to say that they appear to be rather wide on this
16 photograph?

17 A. Yes.

18 Q. Okay. Can you describe how the skin
19 may act after a stabbing to produce this sort of

20 appearance at autopsy?

21 A. Your skin has in it what doctors call

22 lines of Langer, which are lines of tension, and they're

23 really -- it's a matter of elastic -- of the elasticity of

24 the skin. And, unless a stab wound is absolutely parallel

25 with the lines of Langer, it's going to spread. It's just

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1 the nature of skin.

2 If it's absolutely parallel with these

3 lines of Langer, along which the tension flows, then it

4 won't spread, because it's right there and the tension is

5 going along with it. But, if it's the least bit of like

6 or crosswise, it's going to spread.

7 Q. Okay. In this case, did these wounds

8 spread after the wounds were actually inflicted?

9 A. Yes, on all of them.

10 Q. You talked about these being consistent

11 with a single-edged knife. If I may, let me show you

12 State's Exhibit No. 67. Have you had an opportunity to

13 look at this knife?

14 A. Yes, I have.

15 Q. Okay. In fact, did you look at it

16 yesterday?

17 A. Yes, I did.

18 Q. Is this, in fact, a single-edged knife?

19 A. Yes, it is.

20 Q. If we look at stab wounds 1, 2, 3 and

21 4, starting with stab wounds -- well, the first incised

22 wound. Is there anything about stab wound number 1, that

23 would eliminate State's Exhibit No. 67 as the instrument

24 as -- that actually produced that wound? Is there

25 anything that could exclude that?

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1 A. No.

2 Q. Is this wound number 1, the incised

3 wound, is it consistent with having been made with State's

4 Exhibit No. 67?

5 A. Yes.

6 Q. The incised wound number 2, is that

7 consistent with having been produced with State's Exhibit

8 Number 67 again?

9 A. Yes.

10 Q. Is there anything about this wound that

11 would exclude it from having been made with State's

12 Exhibit No. 67?

13 A. No.

14 Q. If we could then, let's look at stab
15 wound number 1. Is that wound consistent with having been
16 made with a single-edged knife, such as State's Exhibit
17 67?

18 A. Yes.

19 Q. Is there anything about that wound that
20 would exclude State's Exhibit 67 as the weapon that
21 produced that wound?

22 A. No.

23 Q. The same question for State's Exhibits
24 2, 3 and 4. Are they consistent with having been made
25 with a single-edged knife, such as State's Exhibit 67?

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1 A. Yes, they are.

2 Q. They are consistent?

3 A. Yes, they are.

4 Q. Is there anything about these three
5 wounds, 2, 3 and 4, that would exclude State's Exhibit No.
6 67 as the weapon that produced those wounds?

7 A. No, there isn't.

8 Q. Doctor, looking at these wounds at 1,
9 2, 3 and 4, do you have an opinion as to whether or not
10 when they would have been produced with a stabbing motion,
11 would blood have gushed out, or spurted out of stab wounds
12 1, 2, 3 and 4?

13 A. Gushed or spurted? No.

14 Q. Okay. Do you believe that that would
15 have occurred?

16 A. Gushed or spurted?

17 Q. Yes.

18 A. No.

19 Q. Okay. What type of bleeding would you
20 expect to see from stab wounds 1, 2, 3 and 4?

21 A. Ooze.

22 Q. Oozing?

23 A. To a greater or lesser extent, it's
24 actually impossible to predict how rapid an ooze.

25 Q. Okay. Why would you expect this to
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1 produce an oozing, as opposed to a gushing or spurting?

2 A. Because they all go into long, or in

3 the case of number 4 -- and when I say all, I'm talking

4 about the stab wounds. The incised wounds just go in the
5 muscle, although muscle oozes too.

6 But 1, 2, 3 and 4 all -- the stab

7 wounds, all go into the lung. None of them cut a major

8 vessel. They cut actual lung tissue. And what lung
9 tissue does it ooze. That's also what the liver does.

10 And it's also what muscle does.

11 Q. Doctor, let me ask you, during the
12 course of this autopsy, did you take hair samples from
13 Damon Routier?

14 A. Yes.

15 Q. Did you also take blood samples?

16 A. Yes.

17 Q. Can you tell us what you did with the
18 hair and blood samples taken? Did you keep them for your
19 own analysis or did you send them to someone else out
20 there at Southwestern Institute of Forensic Sciences for
21 instance?

22 A. What we routinely do, is take all of
23 the evidence we collect during autopsy up to the third
24 floor, which is where the criminal investigation
25 laboratory for Dallas County is. And we take the evidence
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1 to the evidence registrar and give it to that person who
2 enters it into the computer and then gives it to the
3 appropriate people in the criminal investigation
4 laboratory for the actual analysis.

5 Q. So, are there other people out there
6 who do hair examinations or do blood work, DNA, other
7 folks?

8 A. Yes. Yes. There are several
9 subdivisions of the criminal investigation laboratory,
10 including people who do all of those things.

11 Q. Okay. Were footprints taken of Damon
12 Routier?

13 A. As I recall, yes. Let me check. Yes.

14 Q. Okay. Can you tell from your report
15 whether or not fingerprints and palm prints were taken
16 from Damon Routier?

17 A. They were not.

18 Q. Okay. Can you tell us why that was not
19 done in this case?

20 A. Routinely on small children in this age
21 group we take footprints. We are largely taking
22 footprints in this age group for possible identification
23 purposes. And children this age have had, of course, the
24 footprints taken at the hospital when they are born, but
25 seldom have had their fingerprints taken.

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1 Q. Okay. Doctor, in addition to the
2 photographs that were taken, have you had a chance to view
3 the video tape depicting the injuries sustained by Damon
4 Routier?

5 A. Yes.

6 Q. And does that video tape truly and
7 accurately depict the injuries sustained by that child?

8 A. Yes.

9 Q. Do you believe that it would assist the
10 jury in understanding the nature of the wounds?

11 A. Yes, I do.

12

13 MR. GREG DAVIS: May I approach, your
14 Honor?

15 THE COURT: You may.

16

17 (Whereupon, the following

18 mentioned item was

19 marked for

20 identification only

21 as State's Exhibit 5,

22 after which time the

23 proceedings were

24 resumed on the record

25 in open court, as

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1 follows:)

2

3 BY MR. GREG DAVIS:

4 Q. Okay. Doctor, let me show you what's

5 been marked as State's Exhibit No. 5. Is that, in fact,

6 the video tape that you've had a chance to view that shows

7 the injuries sustained by Damon Routier?

8 A. I believe so.

9 Q. Okay.

10

11 MR. GREG DAVIS: Your Honor, at this

12 time, we'll offer State's Exhibit No. 5.

13 THE COURT: Any objection?

14 MR. DOUGLAS MULDER: No objection.

15 THE COURT: State's Exhibit No. 5 is

16 admitted.

17

18 (Whereupon, the item

19 Heretofore mentioned

20 Was received in evidence

21 As State's Exhibit No. 5

22 For all purposes,

23 After which time, the
24 Proceedings were resumed
25 As follows:)
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1
2 MR. GREG DAVIS: Your Honor, may I
3 publish it at this time?
4 THE COURT: You may.
5
6 (Whereupon, State's
7 Exhibit No. 5, a
8 video tape, was played
9 for the jury, during
10 which time proceedings
11 were resumed on the
12 record as follows:)
13
14 BY MR. GREG DAVIS:
15 Q. Doctor, this video does not have any
16 sound attached to it, does it?
17 A. I don't recall such.
18 Q. Okay. If you would, as we view each
19 injury, if you'll narrate for the jury what we're looking
20 at please. All right?
21 A. I'll try.
22 Q. Okay. Are we now looking at stab wound
23 number 1?
24 A. Yes. It's gone through the 8th rib.
25 And you can see that it goes into the left lung to a depth
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1 of one and three quarter inches.
2 And stab wound number 2 goes through
3 the right 8th rib. All the way through the right lung and
4 actually penetrated the anterior chest wall, not all the
5 way through.
6 Q. Is this area here the anterior chest
7 wall?
8 A. Yes. The anterior chest wall, the
9 inside.
10 Q. Okay.
11 A. Stab wound number 3 goes through the
12 right 8th intercostal space, the muscle between the right
13 8th and 9th ribs and goes into the right lung, as you can
14 see there.
15 Q. Okay.
16 A. And stab wound number 4 is in the right

17 11th intercostal musculature between the right 11th and
18 12th ribs. And it goes through the right lung diaphragm
19 and into the right lobe of the liver.

20 Q. Okay. Thank you, Doctor.

21

22 (Whereupon, the witness

23 resumed the witness

24 stand, and the

25 proceedings were resumed

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1 on the record, as

2 follows:)

3

4 BY MR. GREG DAVIS:

5 Q. Doctor, let me just ask you, what is

6 your opinion concerning the cause of death of Damon

7 Routier?

8 A. Sharp force injuries to the back.

9 Q. Okay. The cause of death, would that

10 be consistent with this child having been stabbed with a

11 knife?

12 A. Yes.

13 Q. Okay. A single-edged knife?

14 A. Yes.

15 Q. Let me also ask you, Doctor, whether or

16 not on June 6th, 1996 you received a call from the Rowlett

17 Police Department?

18 A. Not me personally.

19 Q. Someone out there at the medical

20 examiner's office?

21 A. Yes.

22 Q. Okay. As a result of that phone call,

23 did you go to Baylor Hospital in Dallas?

24 A. Yes, I did.

25 Q. And, while at Baylor Hospital, did you

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1 have an opportunity to see the defendant in this case,

2 Darlie Lynn Routier?

3 A. Yes, I did.

4 Q. Do you see her here in the courtroom

5 this afternoon?

6 A. Yes, I do.

7 Q. Would you please point her out for the

8 members of the jury.

9 A. She's the lady over there in the red

10 dress with the white collar.

11

12 MR. GREG DAVIS: Your Honor, may the
13 record please reflect that this witness is identifying the
14 defendant in open court?

15 THE COURT: Yes, sir.

16

17 BY MR. GREG DAVIS:

18 Q. Doctor, at the time that you saw Darlie

19 Lynn Routier where was she?

20 A. She was in a hospital bed.

21 Q. Okay. And, was anyone in the room when

22 you were there with her?

23 A. There were many people in the room, but

24 you have to understand this was a large four-bed room,

25 four or six-bed room. And, although there were many

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1 people in the room, when I was actually looking at her

2 injuries, there was no one in the immediate vicinity.

3 Q. Do you remember about what time it was

4 on June the 6th that you saw her?

5 A. It was afternoon. Late afternoon, I

6 think.

7 Q. Okay. Did you have an opportunity to

8 observe the wounds that she had at that time?

9 A. The wounds on her neck and right

10 shoulder, the dressings were removed so that I could

11 better look at them, but they were still completely

12 covered by steri-strips. The wounds in her right forearm,

13 one of them was suture closed, the other one was open, and

14 there was no dressing on those.

15 Q. So she had a wound to her left

16 shoulder; is that right?

17 A. Anterior left shoulder, yes.

18 Q. One to her neck area?

19 A. Yes.

20 Q. And then another wound to her right

21 arm; is that correct?

22 A. Two in the right forearm, one a little

23 bit bigger than the other one.

24 Q. And you had an opportunity to see them;

25 is that correct?

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1 A. Yes.

2 Q. And, as I understand, the wounds to the

3 neck and to the anterior portion of the left shoulder,

4 they were still covered with steri-strips; is that right?

5 A. Yes.

6 Q. What is steri-strips?

7 A. Steri-strips are long, thin, adhesive

8 pieces of a somewhat translucent, partially see

9 throughable, but not really very see throughable tape,

10 which surgeons and other doctors will put across. Say

11 your incision is this way, they'll be put across it, in

12 order to hold the skin edges in very good close

13 proximation. And, by in large, that means it heals better

14 and gives you a nicer scar. That's why they do it.

15

16 MR. GREG DAVIS: Your Honor, we're

17 going to ask that the defendant be asked to stand up and

18 remove the scarf so that Dr. Townsend-Parchman can look at

19 the injuries there on the neck to determine whether -- so

20 she can describe those injuries as they appeared on June

21 6th, 1996.

22 MR. DOUGLAS MULDER: Excuse me, I don't

23 think I'm going to have any objection to this, but I

24 thought the Doctor said that it was bandaged at the time

25 and she couldn't see it.

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1 THE WITNESS: It was not bandaged. The

2 gauze bandage -- when I came in originally, there were

3 gauze bandages, over both of these, not on the arm. They

4 removed the gauze bandages, but the actual injuries were

5 completely covered with steri-strips.

6 THE COURT: All right. If you will

7 stand, and please remove your scarf or whatever. You may

8 want to step up here.

9 Do want to step down, Doctor?

10 MR. GREG DAVIS: Yes, if you could step

11 down here, Doctor.

12 THE COURT: She can just remain there

13 if she wishes. That's far enough.

14

15 (Whereupon, the witness

16 stepped down from the

17 witness stand, and

18 approached the defendant

19 and the proceedings were

20 resumed as follows:)

21

22 BY MR. GREG DAVIS:

23 Q. Doctor, if you could, if you could go

24 over there to the defendant and just point to the areas of

25 the injuries and describe what you see today and what you

1 saw on June 6th, 1996, please.

2 A. Well, what I see today is a scar, from
3 here to here, (witness pointing on defendant) on the
4 portion of the neck, and the base of the neck that I can
5 see, which is angled from her right superior to her left
6 inferior. And, it's a scar that looks about six months
7 old. And, it's in the same location as where I saw all
8 the steri-strips going across her neck back in June.

9 Q. Okay. How about the injury to the
10 anterior portion of the shoulder? Can you just -- we
11 can't see that one right now, can we?

12 A. Okay. There's a scar right there which
13 is, what, about an inch long. And, again, that's in the
14 same location that I saw steri-strips across her anterior
15 left shoulder back in June.

16 Q. Okay. How about the injury to her
17 right arm?

18 A. Okay. There's a scar here, with stitch
19 marks, which is appropriate for what I saw back in June,
20 that has healed. And, there is also a little scar
21 corresponding to the other defect that I saw back in June.

22 Q. Okay. So, do we have a longer scar?

23 A. We have a longer scar here with stitch
24 marks, and we have got a shorter scar, more on the dorsum
25 of the forearm.

1 Q. Okay. Thank you, Doctor. You can take
2 your seat.

3

4 (Whereupon, the witness

5 Resumed the witness

6 Stand, and the

7 Proceedings were resumed

8 On the record, as

9 Follows:)

10

11 BY MR. GREG DAVIS:

12 Q. All right. You have indicated that you
13 saw the injury to the neck, to the shoulder and the two
14 injuries to the right arm. Did you note any other
15 injuries while you were examining Ms. Routier?

16 A. Back in June?

17 Q. Yes.

18 A. No.

19 Q. Did she complain of any other injuries

20 that she wanted you to look at while you were with her on
21 June 6th, 1996?

22 A. No.

23 Q. Okay. Any other injuries to her hands,
24 to her legs, to her trunk, her face, any other injury
25 whatsoever?

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1 A. No.

2 Q. Okay.

3

4 MR. GREG DAVIS: May I approach, your
5 Honor?

6 THE COURT: You may indeed.

7 MR. DOUGLAS MULDER: Judge, may we all
8 approach?

9 THE COURT: Yes.

10 MR. DOUGLAS MULDER: We're going to
11 object to displaying anything before the jury until it's
12 been properly identified and authenticated and the chain
13 of evidence has been proven, and it's been admitted into
14 evidence. I tell you, he can do all that, we have no
15 objection to it, but we want to see him do it first.

16 That's the only proper thing to do. He knows the rules.

17 THE COURT: Well, I think that's what
18 he's getting ready to do.

19 MR. DOUGLAS MULDER: He's not going to
20 put it in through her.

21 THE COURT: Well, if he is, let's see
22 if it's going to be offered.

23 MR. GREG DAVIS: Well, Judge, I am not
24 going to bring it in through this witness at this time.

25 MR. DOUGLAS MULDER: Well, then we
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1 object until the evidence is admitted into evidence.

2 THE COURT: I understand. Anything,

3 Mr. Davis?

4 MR. GREG DAVIS: No, sir. If that's
5 the -- I'll certainly, I'll hold this back and I will
6 bring this witness back from Dallas, if necessary, and
7 we'll do it at that time, your Honor.

8 THE COURT: All right.

9

10 BY MR. GREG DAVIS:

11 Q. All right. Let me just ask you,
12 Doctor, did you see any injuries to Ms. Routier that
13 morning, or that afternoon of June 6th, of 1996 that would

14 have corresponded to three defects in a T-shirt that she
15 was wearing, during the attack on June 6th, 1996? Any
16 injuries to this portion of her shoulder up here?

17 A. No.

18 Q. Any stab wounds up here?

19 A. No.

20 Q. Any scratches up in this area of her
21 body?

22 A. I didn't see anything on her right
23 shoulder.

24 Q. Did she complain to you of any injuries
25 to this portion of her body then?

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1 A. No.

2 Q. Okay. Now, with regard to the injuries
3 to her neck and to her shoulder, how would you describe
4 the severity of those wounds that you saw?

5 A. They are relatively superficial.

6 Q. And by that, what do you mean?

7 A. Well, they didn't go very deep into her
8 body, and they didn't strike any vital structure.

9 Q. Do you have an opinion as to whether or
10 not the injuries to Ms. Routier's right arm, her left
11 shoulder and her neck could have been self-inflicted?
12

13 MR. JOHN HAGLER: Excuse me, your
14 Honor. I don't think this witness has been qualified as
15 an expert in the area to know whether that is
16 self-inflicted. We don't question her qualifications as a
17 medical examiner, but not this line of questioning.

18 THE COURT: Overruled. Go ahead and
19 answer, if you know it.

20 MR. CURTIS GLOVER: Judge, you might
21 note, that some of these wounds were concealed and
22 covered. The Doctor didn't even see them at that time.
23 To make a determination like that with something
24 concealed --

25 THE COURT: Thank you very much.
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1 Overruled. Go ahead.

2 THE WITNESS: It is possible that they
3 were.

4

5 BY MR. GREG DAVIS:

6 Q. Okay. Is it possible that someone else
7 did it?

8 A. Yes. It's possible someone else did
9 it.

10 Q. But it's possible from their location
11 that she could have done it also?

12

13 MR. DOUGLAS MULDER: Object to the
14 leading.

15 THE WITNESS: Yes, it's possible.

16 THE COURT: Overruled. Go ahead.

17 THE WITNESS: It's possible.

18

19 BY MR. GREG DAVIS:

20 Q. How long were you with Ms. Routier that
21 afternoon?

22 A. Oh, possibly 10 minutes.

23 Q. Did you have any lengthy conversations
24 with her?

25 A. No.

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1 Q. If we may, if we could go back to the
2 injuries sustained by Damon Routier.

3

4 THE COURT: Can all of the members of
5 the jury see that? If you can't, speak up.

6

7 BY MR. GREG DAVIS:

8 Q. Do you have an opinion whether or not
9 these wounds would have caused this child to die
10 instantly?

11 A. Yes, I have an opinion, and no, he
12 would not have.

13 Q. Okay. Do you have any -- can you give
14 us an estimate of the amount of time that you believe this
15 child could have survived with these four stab wounds to
16 the back?

17 A. Minutes.

18 Q. Okay. Doctor, I would like for you to
19 assume for a moment that this child had received all four
20 of these stab wounds at one time. Okay. Do you have an
21 opinion whether or not this child could have remained
22 mobile and could have moved on his own, say, 10 to 15
23 feet?

24 A. Yes.

25 Q. Okay. What is your opinion?

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1 A. He could have.

2 Q. I would like for you also to assume
3 that the child, again, has received all four of these stab
4 wounds at one time. Do you have an opinion whether or not
5 this child would have had the ability to make a noise, to
6 be audible, after receiving all four of these stab wounds?

7 A. Yes, he could have.

8 Q. And, can you tell us why you believe
9 that this child could have remained mobile, and why he
10 could have actually made a noise after receiving all four
11 of these stab wounds?

12 A. Well, again, we have to go back to the
13 nature of the injuries. These stab wounds are penetrating
14 the lung. And in the case of stab wound number 4, the
15 lung and liver.

16 Now, what lung and liver do is ooze.

17 It's rapid ooze, but they ooze. They don't spurt, or
18 whatever your verbs were. And, that means that, until
19 you -- or whoever the victim is, loses enough blood volume
20 that they lose consciousness, until that time, they are
21 able to move around and make noise.

22 Now, in this case, since we are dealing
23 with the lungs, and you have to think about the business
24 about the idea of the lungs collapsing. You have to
25 realize that lungs are not like a balloon. It's not a
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1 matter of either it's inflated or it's popped. It's not
2 like that. Once a lung is punctured, it slowly, however
3 slowly, sometimes relatively rapidly, but nonetheless over
4 a period of some time deflates, both as blood comes out of
5 the lung, and, sometimes you will also have air coming
6 into the chest cavity from -- through the wound passage
7 way itself. But until that gets to the point that the
8 lung is no longer inflating and deflating somewhat with
9 breath efforts, then the person is able to cause sound, or
10 make a noise.

11 Q. Doctor, finally, if you would look at
12 State's Exhibit No. 31-B. Do you see depicted on this
13 board certain injuries pertaining to Damon Routier, stab
14 wounds 1, 2, 3 and 4?

15 A. Yes.

16 Q. Do these truly and accurately depict
17 the injuries sustained by Damon Routier?

18 A. Yes.

19 Q. Okay. Do you believe that they would
20 be of assistance to the jury in understanding the nature
21 of these wounds also?

22 A. I think so. I personally find it

23 easier to follow this, than to follow the video tape.

24 Q. Okay.

25

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1 MR. GREG DAVIS: I'll pass the witness,

2 your Honor.

3 THE COURT: Mr. Mulder.

4 MR. DOUGLAS MULDER: Yes, sir.

5

6 CROSS EXAMINATION

7

8 BY MR. DOUGLAS MULDER:

9 Q. Dr. Townsend-Parchman, can you give us

10 your best estimate as to how long this child would have

11 survived after he had received the last of the series of

12 six wounds?

13 A. Minutes.

14 Q. I know you said a matter of minutes,

15 but --

16 A. It's minutes.

17 Q. But I mean --

18 A. My very best estimate, and it's an

19 estimate, would be that -- if we're still assuming that

20 all four stab wounds were inflicted at the same time.

21 Q. Okay.

22 A. That --

23 Q. Or at approximately the same time.

24 A. Yes, approximately the same time. That

25 from that moment until the time he collapsed, because of

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1 blood loss and difficulty breathing, would be a few

2 minutes.

3 Q. Less than five minutes. Would that be

4 fair to say?

5 A. Likely.

6 Q. Likely. All right.

7 A. And that, from the time he collapsed,

8 until he actually expired, would probably be another few

9 minutes.

10 Q. Okay. So, from the time that he

11 received all of these injuries, he could have lasted as

12 little as two or three minutes, or as much as maybe five

13 or six minutes, something like that?

14 A. Yes.

15 Q. Okay.

16 A. Even conceivably a little bit longer.

17 Q. Maybe as much as eight or nine minutes?

18 A. You can't tell.

19 Q. All right. Now, there isn't anyway

20 that you know of, that you can determine the order in

21 which these injuries were received, is there?

22 A. No. No. In fact, let me add, that

23 when we number these injuries, we're numbering them for

24 ease of identification and ease in talking about them.

25 It's a lot easier to say stab wound number 3, than for

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1 every time, for instance, have to say the middle stab

2 wound, on the right side of the back. So we numbered them

3 for ease of description in court, and ease in talking

4 about them. But, it is in no way, meant to indicate what

5 order they actually happened.

6 Q. Okay. They are generally numbered from

7 the top of the head, don't you, down?

8 A. As a rule. For instance, on this time

9 I simply -- it's the back of the body -- and, you know,

10 our society with English, you tend to go top to bottom,

11 and left to right. So I started on the left side of the

12 body and went top to bottom, and then go to the right side

13 of the body and went top to bottom.

14 Q. Okay.

15 A. So it's arbitrary.

16 Q. Now, could you tell from your

17 examination, based on the 1,800 autopsies that you say you

18 have done?

19 A. Yes, forensic.

20 Q. Could you tell whether the instrument,

21 and I notice you didn't call it a knife when you told the

22 jury what the cause of death was. You just simply called

23 it a sharp instrument?

24 A. Yes.

25 Q. Because it may or may not be a knife?

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1 A. Correct.

2 Q. Okay. Were you able to tell whether or

3 not this sharp instrument had a serrated blade or not?

4 A. No.

5 Q. You could not?

6 A. No.

7 Q. Okay. Could you tell the maximum width

8 of the instrument?

9 A. No.

10 Q. Could you tell the maximum length of

11 the blade of the instrument?

12 A. No.

13 Q. Okay. So, when you say it's consistent

14 with this one, just all you're telling the jury is that

15 you can't rule this out?

16 A. Correct.

17 Q. Okay. And it could be consistent with

18 any number of pocket knives or buck knives that we may

19 have?

20 A. Or other kitchen knives.

21 Q. Yes. Thank you. Now, for example,

22 Doctor, if we take -- well, we'll just start off with this

23 stab wound number 1. And it says that you found a defect

24 in the back, of one and five-eighths inches. That's going

25 to be this one right here, right?

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1 A. Yes. And, when I say one and

2 five-eighths inches, I mean that's the length on the

3 surface of the body.

4 Q. Okay.

5 A. Not to be confused with the depth of

6 penetration within the body tissues, which on stab wound

7 number 1 is one and three quarter inches.

8 Q. Okay. And, if we -- we know then that

9 if this instrument actually made this cut, it couldn't

10 have gone in more than how far?

11 A. One and three quarter inches. And it's

12 a stab wound, it's not a cut.

13 Q. Well, I understand what you mean when

14 you talk about a stab, and how you differentiate the

15 incised wound. It's longer, generally, than it is deep.

16 And the stab wound is simply deeper than it is --

17 A. That's right.

18 Q. That's generally accepted, is it not?

19 A. Yes.

20 Q. And, by cut, I simply meant that the

21 body was penetrated.

22 A. I'm just trying to keep it straight in

23 everybody's mind.

24 Q. I understand.

25 A. Because it can get tricky and

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1 confusing.

2 Q. Well, we don't want to be tricky. But

3 we can agree, can we not, that, for example, stab wound

4 number 1, if this knife was used, it couldn't have gone in

5 anymore than one and three-quarters inches?

6 A. Well, I'm saying I don't think whatever
7 instrument was used went in any further than one and
8 three-quarter inches.

9 Q. It could have gone in a little less
10 than that. I notice that you have it maximum.

11 A. Yes. That's what we call it. And we
12 call it that because, as you are perfectly well aware,
13 since all of us live in a human body, bodies are,
14 depending upon the portion of the body, to a greater or
15 lesser degree, compressible. And even the thorax, and
16 even the rib cage is somewhat compressible, particularly on
17 a child where the bones are softer.

18 So, what I'm measuring is the maximum
19 depth. And I cannot rule out at the time of the actual
20 injury, the body wasn't somewhat compressed with that.
21 So the instrument didn't have to go
22 that far back in -- far in. But then once the instrument
23 was out of the body, and the compression was released, the
24 track expands a little bit, if you see what I am getting
25 at. So that's why we phrase it this way.

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1 Q. Can we agree that if this knife made
2 this stab wound, that the knife -- let me back up here a
3 minute. We could take a knife, a pocket knife, and stab
4 me, for example, and shove it in. And a two-inch blade
5 could make a -- it could penetrate me to a depth of as
6 much as four inches, couldn't it?

7 A. Probably only in the abdomen could you
8 get four inches. In the thorax, you probably couldn't get
9 more than two and a half to three inches. I'm just
10 pointing out that the portion of the body makes a real
11 difference in terms of compressibility.

12 Q. Okay.

13 A. But yes, that's --

14 Q. Well, we can agree on that. Right?

15 A. Yes. That's what I was trying to
16 explain to the jury.

17 Q. All right. But -- so, if I'm, and I'm
18 kind of doing this as I'm standing up, and thinking as I'm
19 going along. But you're saying that this knife could
20 have -- I could have held it like this, for example, in a
21 test, and shoved it in, and gotten it in an inch and three
22 quarters. Right? Because of the -- because that may have
23 given some, I may have been able to push down on it and
24 compress it and push it in?

25 A. Well, again, the factor of almost

1 two -- you're probably pushing your luck. But the general
2 idea that the portion of the blade actually used could be
3 less than the wound track left, because of the
4 compressibility of the body, is accurate.

5 Q. Okay. Are you saying that often times
6 in stab wounds the individual moves, or the individual
7 doing the stabbing moves, and that can enlarge the stab
8 wound itself?

9 A. Well, you can have two things happen.

10 Instead of -- let me start out with what perhaps is -- it
11 certainly is the simplest idea of stab wounds. The
12 simplest idea, I think, of a stab wound is the idea that
13 the knife blade goes into the body, there's no
14 compression, there's no cutting of force by the blade
15 during the stab, rather the blade just goes in and comes
16 back out. That's the most simple case.

17 Now, what we've been talking about is
18 the idea that the blade goes in while the body is
19 compressed. So that when the blade comes back out, and
20 the pressure is released, the track in the body actually
21 is longer than the amount of the blade that was in the
22 body at the time the wound was inflicted.

23 I think Mr. Mulder is also getting at
24 the idea that while the blade is in the body, it's
25 possible for the sharp cutting edge to cut through the
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1 body, so that you got essentially a cutting on the surface
2 of the body, and, of course, into the body motion, as well
3 as the stabbing motion. And, yes, both of those things
4 are possible.

5 Q. Okay. So we can agree, can we not,
6 Doctor, that these injuries could have been inflicted with
7 quite a bit smaller instrument than the knife that you
8 were shown, I guess I want to say last week, but it was
9 yesterday?

10 A. Yes.

11 Q. Okay. And it's impossible, Doctor, is
12 it not, to testify that all of these stab wounds and
13 incised wounds were made with the same instrument?

14 A. There's no way to know that.

15 Q. You can't tell that, can you?

16 A. No.

17 Q. And there's no way for you to look at
18 this, and tell how many people participated or how many
19 assailants may have been present at the time these

20 injuries were inflicted?

21 A. Oh, my, no.

22 Q. Now, Doctor, did you x-ray this

23 youngster?

24 A. We did a chest x-ray.

25 Q. Okay. Was he x-rayed and examined to

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1 see if there was any evidence of past child abuse?

2 A. We did a chest x-ray because we were

3 looking for the question of whether there was air

4 embolism. But, I think what you're getting at, perhaps,

5 is the idea of did we do total body x-rays, including the

6 long bone survey. And, I can't tell you for sure, but I

7 have no memory of that.

8 Q. Okay. You don't know why one would be

9 x-rayed and the other one not. If the other youngster was

10 x-rayed, in all probability this one was too?

11 A. It's quite likely.

12 Q. Okay. And, it's fair to say that you

13 found no evidence of child abuse when you examined this

14 young man?

15 A. No, I did not.

16 Q. Okay. In fact, found him to be in good

17 health, did you not?

18 A. Yes.

19 Q. Good hygiene?

20 A. Yes.

21 Q. Teeth?

22 A. Yes.

23 Q. Just appeared a well-nourished

24 well-taken care of youngster, didn't he?

25 A. Well, except for these six sharp-force

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1 injuries, he seemed to be a perfectly healthy, normal

2 little boy.

3 Q. Yes. And you can agree with me then

4 that you found no evidence of past child abuse?

5 A. I did not.

6 Q. You know, sometimes y'all will x-ray

7 the children where you suspect child abuse, and you'll

8 find broken bones that have healed, won't you?

9 A. Yes.

10 Q. Now, when you went up to see Miss

11 Routier in the hospital, you were there at the suggestion

12 of the Rowlett Police Department; is that right?

13 A. Indirectly, yes.

14 Q. Okay. Had they made a request of the
15 medical examiner's office?

16 A. Yes, that's what I was told.

17 Q. All right. And, did they accompany you
18 when you went up to see Ms. Routier?

19 A. There was an officer either in or
20 outside the room. But there was not one at the bed side
21 while I looked at her injuries, no.

22 Q. Okay. Did you -- you weren't there to
23 take any complaints that she might have, were you?

24 A. No.

25 Q. Okay. And you weren't there to treat
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1 her or to check on her treatment, were you?

2 A. I did talk with one of the surgery
3 residents about what they found during their exploratory
4 surgery, but I was certainly not there to treat her. I
5 was there to inquire into her injuries.

6 Q. And, of course, in all fairness to her,
7 you identified yourself and told her why you were there,
8 didn't you?

9 A. I introduced myself, told her who I
10 was, where I was from.

11 Q. Well, she knew then --

12 A. And told her that I would like to look
13 at her injuries.

14 Q. And, is it fair to say that she knew
15 from your introduction -- you knew then, from your
16 introduction to her, that if she had complaints, of
17 course, she wasn't going to direct her complaints to you.
18 She understood that, I assume, didn't she?

19 A. I don't know what she understood.

20 Q. I mean, you would have thought it
21 inappropriate if she started directing -- I mean, you cut
22 bodies up after they're dead. You don't, as a general
23 rule, treat live people, do you?

24 A. Not anymore.

25 Q. Okay. Now, at any rate, you did talk
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1 to one of the attending physicians?

2 A. I talked with one of the physicians on
3 the case. I don't remember his name.

4 Q. Okay. But, I assume you made some
5 notes?

6 A. No, I didn't make any notes.

7 Q. Didn't make any notes?

8 A. No.

9 Q. So you're just sharing with us what you
10 are retrieving from the halls of your memory?

11 A. Yes.

12 Q. Okay. Is there a particular --

13

14 MR. GREG DAVIS: I'm sorry Mr. Mulder.

15 Could we have this examination done at the counsel table
16 unless there is some exhibits being used.

17 MR. DOUGLAS MULDER: Well, Judge, it's

18 so difficult to get in and out of there. If I could just

19 stand to the side.

20 THE COURT: That will be fine. Just

21 stand there.

22

23 BY MR. DOUGLAS MULDER:

24 Q. Yes. Is there a reason that you didn't

25 take notes?

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1 A. Well, why would I take notes? It's not

2 pertinent to the autopsy. I was there at the request of

3 the police, through the people in our office. And the

4 question I had been asked to answer was: Is it possible

5 the injuries were self-inflicted?

6 I went in, I examined her without

7 touching her. I talked with this one surgeon, and, my

8 opinion at that time is still the same opinion --

9 Q. Could be, maybe yes, maybe no?

10 A. -- was that it was possible. And

11 that's what I told the Rowlett policeman who was there.

12 Q. Well, I mean, that's tantamount --

13 almost tantamount to no opinion. I mean, you're saying

14 maybe yes and maybe no. Is that about the size of it?

15 A. That is what I can conclude from the

16 information I have available.

17 Q. Did you take any photographs of her?

18 A. I did not.

19 Q. Were photographs taken while you were

20 present?

21 A. Yes.

22 Q. Have you had a chance to review those?

23 A. Not recently.

24 Q. And again, did you introduce yourself

25 to the doctor that you visited with?

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1 A. I don't recall.
2 Q. Okay. But you didn't get his name?
3 A. No, I don't recall.
4 Q. Was it a male doctor?
5 A. It was a male doctor.
6 Q. Okay. Did you ask him about the
7 injuries that she had received to her right forearm?
8 A. I just asked about her injuries.
9 Q. Okay. And did he tell you that she had
10 the two -- what do you characteristically call those
11 injuries to this area of the arm?
12 A. Well --
13 Q. If they were on the -- on this young
14 man, and he had the injuries that you've described and
15 observed from Ms. Routier, would you not characterize
16 those in your autopsy protocol as defensive wounds?
17 A. They could be construed as such.
18 Q. Could be construed as defensive wounds,
19 couldn't they?
20 A. They could be.
21 Q. Yes. Um-hum. And, did the physician
22 who was there, that you, whose name you can't recall, did
23 he tell you that the one wound was -- did more than just
24 penetrate the skin?
25 A. He said the larger wound on her right
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1 forearm went to the bone.
2 Q. Went to the bone?
3 A. Yes.
4 Q. That's as far as it could go, I guess,
5 isn't it?
6 A. Well, if you examine that portion of
7 your right forearm, you're virtually over bone.
8 Q. Well, didn't you --
9 A. I'm just saying you don't have to go
10 very far in terms of portions of an inch --
11 Q. Yes.
12 A. -- to get to the bone.
13 Q. I understand. But he told you it went
14 in an inch to the bone, did he not?
15 A. I don't recall that.
16 Q. You don't recall that?
17 A. No.
18 Q. Okay. All right. Would you tell the
19 jury what a defensive wound is, please.
20 A. It's not uncommon in a case where the
21 victim has sustained sharp-force injuries, and where the
22 victim has put up a resistance during a struggle, for the

23 victim to sustain sharp-force injuries on the hands and
24 the forearms. And those, I believe, is what Mr. Mulder is
25 referring to as defensive wounds.

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1 Q. Okay. Have you had a chance to review
2 a statement that you had made on another occasion? Have
3 you had a chance to review your testimony?

4 A. You mean during the bond denial
5 hearing?

6 Q. Yes.

7 A. Yes.

8 Q. You have?

9 A. Yes.

10 Q. Okay. Let me ask you, if you were
11 asked about the -- how deep the wound on the right forearm
12 was, and you answered: "The surgeon I talked to said that
13 it went through and hit the bone. But if you look at that
14 portion of your forearm, you realize that the bone is less
15 than an inch away." Did you respond in that fashion?

16 A. That sounds right.

17 Q. Okay. So it's approximately an inch
18 that that penetrated to get to the bone, isn't it?

19 A. Well, less than an inch.

20 Q. All right. But it's again, it's on the
21 high side, is it not? It's closer to an inch than it is
22 to a half of an inch, and that's why you use that
23 reference. Is that not fair to say?

24 A. Not necessarily. And remember I wasn't
25 there during the surgery, and I certainly wasn't able to
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1 measure the depth of penetration.

2 Q. Well, and of course, he may have said,
3 an inch and a half, and since you didn't write it down,
4 you simply were calling on your memory and your knowledge
5 of anatomy?

6 A. Well, with knowledge of anatomy, it
7 would be difficult to get more than an inch.

8 Q. Okay. That's a -- it's not just a
9 little nick. That is a -- can you estimate about the
10 length of that defect?

11 A. On the surface of her body?

12 Q. Yes.

13 A. Well, the thing to do is to measure it.

14 Q. Okay. Well --

15 A. There's no reason to estimate.

16 Q. Okay. How large do you recall it

17 being?
18 A. I don't.
19 Q. You don't remember?
20 A. I didn't -- no, I don't.
21 Q. Okay. You do recall it being --
22
23 THE COURT: Please do not lean on the
24 bench.
25 MR. DOUGLAS MULDER: Judge, I'm sorry.
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1 THE COURT: Thank you very much.
2 MR. DOUGLAS MULDER: You bet.
3 THE COURT: Let's don't do it again or
4 you'll be back sitting down.
5 MR. DOUGLAS MULDER: Yes, sir.
6
7 BY MR. DOUGLAS MULDER:
8 Q. Yes. Would you say that it's in excess
9 of an inch and a half? You wouldn't quarrel with that?
10 A. I would measure it.
11 Q. Well, do you want to step over here and
12 measure it?
13 A. Well, you can -- I'm perfectly happy to
14 have you report to me whatever it happens to measure.
15 Q. Well, I measure it nearly an inch and
16 three quarters, or right at an inch and three quarters.
17 A. Okay.
18 Q. Okay. And there were two wounds that
19 could be characterized as defensive wounds then?
20 A. There was another much smaller one.
21 Q. Okay. And, did you know how deep that
22 was?
23 A. I could see it went into the dermis.
24 Q. Okay.
25 A. Which is the deep portion of the skin.
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1 Q. Okay. All right.
2 A. The skin on one's forearm is probably
3 less than an eighth of an inch thick.
4 Q. Okay. Doctor, you said that with
5 respect to whether or not these are self-inflicted, or not
6 self-inflicted, you can't say either way, basically; is
7 that correct?
8 A. It could be either.
9 Q. Okay. And generally associated with a
10 self-inflicted -- say a suicide, for example, or attempted

11 suicide. Don't you have what are frequently referred to
12 as hesitation wounds?

13 A. They may be present.

14 Q. Okay. And, this is just a situation

15 where the individual, once they cut the skin decide that

16 maybe it's not that good of an idea after all, and then

17 they jerk back or stop and then they get a little more.

18 And you will see a lot jerks in the outer portions of the

19 skin, won't you, traditionally?

20 A. Yes, you may.

21 Q. Okay. And, isn't it fair to say, in

22 all fairness to Ms. Routier, isn't it fair to say, that

23 her wounds are, in the neck, are quite deep for hesitation

24 wounds?

25 A. Not necessarily.

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1 Q. Okay. Is that another maybe yes, maybe

2 no, type of deal?

3 A. I would say that usually, what I think

4 you're thinking of as hesitation wounds, go into the

5 dermis. But certainly I have seen hesitation wounds that

6 went deeper than that, into the musculature.

7 Q. Okay. Traditionally they aren't as

8 deep as Mrs. Routier's, are they?

9 A. Well --

10 Q. Ordinarily.

11 A. Most of the hesitation wounds I have

12 seen were not that deep.

13 Q. Okay. Doctor, did you look at her

14 medical charts?

15 A. I've seen portions of her medical chart

16 from that admission to Baylor.

17 Q. Did you make any copies of those?

18 A. I made copies of a few pages from it,

19 chiefly the operative report.

20 Q. Okay. Now, was she -- usually when you

21 see hesitation wounds, you see a series of them, don't

22 you?

23 A. Oh, I have seen a few cases where there

24 were only one or two. There are usually a few more than

25 that. It's variable.

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1 Q. Okay. Now, Doctor, when you saw Ms.

2 Routier, was she -- she wasn't ambulatory, was she?

3 A. She was in the bed.

4 Q. Okay.

5

6 MR. DOUGLAS MULDER: Mark these,
7 please.

8

9 (Whereupon, the
10 exhibits were
11 marked for
12 Identification
13 only, as Defense
14 Exhibit Nos. 1
15 through 5.)

16

17 THE COURT: What numbers will these
18 exhibits be?

19 MR. DOUGLAS MULDER: Your Honor, they
20 will be Defendant's Exhibits 1 --

21 THE COURT: 1 through 5?

22 MR. DOUGLAS MULDER: Thank you, Judge,
23 but I thought I would number them -- well, I can do that.

24 Or I can do them --

25 THE COURT: Whatever you wish.

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1 MR. DOUGLAS MULDER: A, B, C.

2 THE COURT: In the future, I would like
3 for all -- both sides to have all their exhibits
4 pre-marked, prior to admitting them into evidence.

5 MR. DOUGLAS MULDER: That's what I'm
6 doing.

7 THE COURT: I mean pre-marked before
8 you come in with them, so we don't have to go through this
9 delay.

10 MR. DOUGLAS MULDER: Judge, we don't
11 know who the witnesses are going to be. There is no way
12 we can put them on.

13 THE COURT: Thank you. All right. So
14 what are they going to be? Defendant's Exhibit number
15 what?

16 MR. DOUGLAS MULDER: I think that's a
17 good idea. If I had a list of their witnesses, and the
18 order in which they'll be, I will have them pre-marked.

19 THE COURT: Okay.

20 MR. DOUGLAS MULDER: Could I expect
21 that at the conclusion of the day?

22 MR. GREG DAVIS: Could we have a stop
23 to these sidebar comments, please?

24 THE COURT: Sustained.

25 MR. GREG DAVIS: Thank you.

1

2 BY MR. DOUGLAS MULDER:

3 Q. Let me hand you what have been marked
4 for identification record purposes as Defense Exhibits 1
5 through 5. And if you'll examine those in the privacy of
6 the jury box -- the witness box. Have you seen those?

7 A. I recall seeing those before, I
8 believe.

9 Q. All right. Do those accurately portray
10 the scene they seek to represent as they existed as you
11 viewed Ms. Routier on the date that you've described?

12 A. They represent what I saw when I went
13 to see her in the hospital.

14

15 MR. DOUGLAS MULDER: We'll offer into
16 evidence what has been marked and identified as Defense
17 Exhibits 1 through 5.

18 MR. GREG DAVIS: No objection.

19 THE COURT: Defense Exhibits 1 through
20 5 are admitted.

21

22 (Whereupon, the items

23 Heretofore mentioned

24 Were received in evidence as

25 Defendant's Exhibit No. 1

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1 through 5 for all purposes,

2 After which time, the

3 Proceedings were resumed

4 As follows:)

5

6 BY MR. DOUGLAS MULDER:

7 Q. Now --

8

9 MR. DOUGLAS MULDER: Judge, I will hand
10 these to the jury in a minute when I finish my
11 examination.

12

13 BY MR. DOUGLAS MULDER:

14 Q. Now, Doctor, did you notice any

15 bruising on her arms?

16 A. I did not.

17 Q. Okay. Doctor, will you share with the

18 jury some of your knowledge with respect to bruising, how

19 it occurs. And, you know, when I bump myself, it really
20 doesn't look all that bad that day or the next day, but

21 it's on down the line. What happens? What causes that?
22 A. What bruising or contusions are, is a
23 breakage of very small blood vessels, usually capillaries
24 in your skin, or the subcutaneous tissue, or let's talk
25 about the extremities to make things easy.

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1
2 THE COURT: Could you speak up just a
3 little bit louder.
4 THE WITNESS: Okay. Let me try to
5 repeat.
6 We're talking about the breakage of
7 very small blood vessels, or capillaries in the skin or
8 the subcutaneous tissues or the muscle, or sometimes all
9 of those.
10 If they break in the skin, usually you
11 will see the bruise within 24 hours. If you bruise or
12 break the blood vessels in deeper structures, then it
13 takes a while, a variable length of time, for the blood
14 that comes out of the broken blood vessels to work its way
15 up into your skin, so that you can actually see a bruise.
16 And I expect most of you have had that experience.
17 We, of course, have bumped into things
18 and by the next day have seen a bruise. But I expect most
19 of us have bumped into something, or gotten clobbered by
20 something pretty hard, and you didn't see anything for a
21 day or two, or maybe three or four, but eventually the
22 bruise, as we say, comes to the surface and you do see it.
23

24 MR. DOUGLAS MULDER: Mark these too,
25 please.
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1
2 (Whereupon, the following
3 mentioned items were
4 marked for
5 identification only
6 as Defendant's 6 through 10,
7 after which time the
8 proceedings were
9 resumed on the record
10 in open court, as
11 follows:)

12

13 BY MR. DOUGLAS MULDER:

14 Q. Doctor, let me show you what's been

15 marked for identification for record purposes as

16 Defendant's Exhibits 6 through 10. And again, I'll ask

17 you to examine those in the privacy of the witness box.

18 Do you recognize Darlie Routier in

19 those photographs?

20 A. I can't say that I do.

21 Q. Let me see if I have got one that shows

22 that.

23 A. All right.

24

25 THE COURT: All right. Ladies and

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1 gentlemen, we're going to take a 10 minute break right

2 now. Thank you very much.

3 May I see both sides.

4

5 (Whereupon, a short

6 recess was taken,

7 after which time,

8 the proceedings were

9 resumed on the record,

10 in the presence and

11 hearing of the defendant

12 and the jury, as follows:)

13

14 THE COURT: Are both sides ready to

15 bring the jury in and resume?

16 MR. DOUGLAS MULDER: Yes, sir, the

17 defense is ready.

18 MR. GREG DAVIS: Yes, your Honor, the

19 State is ready.

20 THE COURT: All right, bring the jury

21 back in, please.

22

23 (Whereupon, the jury

24 was returned to the

25 courtroom, and the

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1 proceedings were

2 resumed on the record,

3 in open court, in the

4 presence and hearing

5 of the defendant,

6 as follows:)

7

8 THE COURT: All right. Back on the
9 record in the Darlie Routier matter. Let the record
10 reflect that all parties of the trial are present, and the
11 jury is seated.

12 All right, Mr. Mulder.

13

14 BY MR. DOUGLAS MULDER:

15 Q. Doctor, could you tell us, as best you
16 recall, when you were asked to go to Baylor Medical Center
17 to see Darlie Routier?

18 A. It was sometime during the day that I
19 performed the autopsy on Damon.

20 Q. Sometime during the 6th of June?

21 A. Yes.

22 Q. Okay. And you don't recall when that
23 was, whether it was morning or afternoon?

24 A. Not precisely.

25 Q. Okay. And you didn't make any notes
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1 about check out of the office or anything like that?

2 A. Not that I recollect.

3 Q. All right. And, I assume you didn't
4 dictate any sort of a memo when you returned?

5 A. No, I did not.

6 Q. So we're relying strictly on your
7 memory; is that correct?

8 A. Yes.

9 Q. Okay. Did you examine either of her
10 hands?

11 A. No.

12 Q. Did you ask to see her hands?

13 A. I asked to be shown her injuries.

14 Q. Okay.

15 A. I was shown her steri-strip neck, her
16 steri-strip anterior left shoulder, and her right forearm.

17 Q. Okay. And, who did you ask to see her
18 injuries, the Rowlett police officer, the treating
19 physician whose name escapes you or --

20 A. I was talking with one of the ICU
21 nurses, who in turn, talked with the doctor in surgery
22 resident, who was the person who actually removed the
23 dressings on her neck injury and on her anterior left
24 shoulder injury.

25 Q. Okay. Did you make any determination
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1 at that time as to the instrument that had caused those
2 injuries?

3 A. No.

4 Q. Okay. And, Doctor, how closely did you
5 examine the injury to her right forearm?

6 A. The longer one was sutured up, the
7 shorter one was not. I looked at them.

8 Q. Okay. I mean, you just eyeballed them
9 from a distance of four or five feet?

10 A. I was at the bedside.

11 Q. Okay. Did you examine her legs?

12 A. No.

13 Q. Doctor, what is blunt trauma?

14 A. Blunt force injuries are usually
15 divided into three categories: There are lacerations,
16 which are breaks or tears in the skin. And they are
17 different from cuts or incised wounds, and they're
18 different from stab wounds, because as we've said, stab
19 wounds and incised wounds are caused by a sharp edge.
20 Whereas, lacerations are, just that, they're blunt force
21 injuries, so that the break, or tear in the skin, as a
22 rule, if you look into the depths of the wound, will have
23 tissue bridging, what we call tissue bridging. Which a
24 stab wound or incised wound will not have.

25 There are also contusions, which is the
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1 same thing as bruising, or ecchymosis. That is what we
2 were talking about, the idea of small blood vessels being
3 broken and blood leaking out of the small blood vessels.
4 And the idea is that it's blunt force that causes the
5 breakage of the blood vessels.

6 And you also have the third variety of
7 blunt force injuries, which is abrasions. Abrasions are
8 scrapes or scratches.

9 Q. Okay. Doctor, where were you prior to
10 coming to the medical examiner's office in Dallas?

11 A. I was working in Denton at Ford's lab.

12 Q. Okay. And what were you doing there?

13 A. I was a pathologist.

14 Q. Okay. Do they have a medical examiner
15 in Denton County?

16 A. No, they do not.

17 Q. How long were you there at Ford's lab?

18 A. About six months.

19 Q. Do you have an independent recollection
20 as to how long you were there at Baylor Medical Center
21 with Ms. Routier on the 6th of June of '96?

22 A. As I've already mentioned, I was with

23 her approximately, perhaps 10 minutes.

24

25 MR. DOUGLAS MULDER: I believe that's
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1 all.

2 Thank you, Doctor.

3

4 REDIRECT EXAMINATION

5

6 BY MR. GREG DAVIS:

7 Q. Doctor, I just have a couple of

8 questions for you. Defensive wounds -- when you see

9 defensive wounds in your line of business, on what part of

10 the body do you normally see those?

11 A. I most commonly see defensive wounds on

12 the hands. They're also seen on the forearms. Sometimes,

13 if the person winds up, essentially fighting off the

14 assailant with his or her legs, you'll see them on the

15 feet, and lower legs.

16 Q. Okay. When you see defensive wounds to

17 the hands, can you please describe for the members of the

18 jury, what those defensive wounds look like when you see

19 them.

20 A. The most common thing I see when I see

21 defensive wounds on the hands is, what I see is deep

22 incised wounds.

23 Now, I'm talking about deep incised

24 wounds. Most of these wounds go all the way through the

25 skin into the subcutaneous tissue, on the fingers and on

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1 the palms. Some of them will go into or through tendons,

2 sometimes all the way to the bone.

3 Now, it may sound real foreign to you,

4 the idea of grabbing a knife. I know it does to me. But

5 you've got to understand that these people are fighting

6 for their lives. And the alternative to grabbing a knife

7 is letting the knife come into their body, their neck,

8 their head, their chest, their body organ area.

9 So, when push comes to shove, people

10 will grab a knife and get these deep cuts on their hands.

11 And that's what I most commonly see in the way of

12 defensive wounds.

13 Q. Okay. And so, does it go through the

14 skin then?

15 A. Almost all of them go into the deep

16 dermis, or through the skin, into the subcutaneous tissue.

17 Q. What is subcutaneous tissue?

18 A. It's actually fat. I don't know if

19 you've ever seen a cut, or laceration, all the way through

20 the skin, but what you've got underneath your skin is a

21 layer of fat, which is yellow, it's fat. And then, what

22 you've got underneath that, is the muscle tissue.

23 Q. Okay. Now, when you looked at Darlie

24 Routier on June 6th, 1996, did you see any wounds to her

25 hands that looked like what you've just been talking

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1 about?

2

3 MR. DOUGLAS MULDER: Excuse me, Judge.

4 She's already answered that. She said she didn't examine

5 her hands. She didn't see her hands.

6 THE COURT: Overruled. Overruled. She

7 can answer it if she knows. Go ahead.

8 THE WITNESS: I didn't see any injuries

9 to her hands. I didn't look at her hands.

10 MR. DOUGLAS MULDER: And that's why if

11 you don't look at the hands.

12 MR. GREG DAVIS: I'm going to object to

13 his comments.

14 THE COURT: Sustained. Let's both

15 sides sit down, ask the questions, I'll rule on the

16 objections, and no sidebar.

17 Is that clear, Mr. Mulder?

18 MR. DOUGLAS MULDER: Yes, sir.

19 THE COURT: Thank you.

20

21 BY MR. GREG DAVIS:

22 Q. Now, you've also mentioned hesitation

23 wounds. Now, how deep do hesitation wounds normally go?

24 A. I would say most of the hesitation

25 wounds I have seen go into the dermis. The dermis being

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1 the deep white part of the skin.

2 You know, on the very surface you've

3 got a thin layer area of epidermis, which is where the

4 pigment is. And then you've got the deeper part of the

5 skin, which is the dermis. And once you cut into the

6 dermis -- the dermis on everybody is absolutely pure

7 white. Pure white. And then under that you've got the

8 yellow subcutaneous fat.

9 Q. And normally what do hesitation wounds

10 look like?

11 A. Well, I would say if you have got more
12 than one, they will often crisscross and go into the
13 dermis.

14

15 MR. GREG DAVIS: Okay. May I see
16 Defense Exhibits 1 through 5, please?

17 MR. DOUGLAS MULDER: Sure.

18 MR. GREG DAVIS: May I approach, your
19 Honor?

20 THE COURT: You may indeed.

21

22 BY MR. GREG DAVIS:

23 Q. Doctor, if you would, looking at
24 Defense Exhibit No. 5. How many wounds to the right
25 forearm do you see there?

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1 A. I see two.

2 Q. Okay. Do I have my finger on the
3 longer one that's been sutured?

4 A. Yes, you do.

5 Q. Okay. And is there a second wound to
6 the right arm?

7 A. Yes, there is. It's up here.

8 Q. Okay. Above the first one?

9 A. Yes.

10 Q. Can you tell us how deep this wound
11 was?

12 A. It was open and it went into the
13 dermis.

14 Q. Is it fair to say it's much shorter?

15 A. Yes.

16 Q. Can you tell whether or not that's a
17 hesitation wound or not?

18 A. It could be.

19 Q. Now, again, looking at Damon's wounds,
20 is there any way for you to tell whether or not all four
21 of these stab wounds were produced at the same time?

22 A. No, there's not.

23 Q. Is it possible that stab wound, say,
24 number 1 occurred, and then some period of time elapsed
25 before stab wounds 2, 3 and 4 occurred?

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1 A. That's possible.

2 Q. If only one of these stab wounds had
3 occurred, and then an interval of time had elapsed before
4 stab wounds 2, 3, and 4 occurred, for instance, could this

5 child have lived longer than the time period that you've
6 already talked about?

7 A. That's possible.

8 Q. Can you give us an estimate of how long
9 this child might have lived if, say, stab wound 1 had been
10 inflicted and then the other three were inflicted sometime
11 later on?

12 A. What we're talking about, a few to
13 several more minutes.

14 Q. Okay. Can you give us a ballpark
15 figure of an outside time period there?

16 A. A few to several more minutes.

17 Q. Okay. And, how many minutes did you
18 say that this child could have lived if all four of them
19 had been produced at the same time?

20 A. A few minutes.

21

22 MR. GREG DAVIS: Okay. No further
23 questions.

24

25

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1 RECROSS EXAMINATION

2

3 BY MR. DOUGLAS MULDER:

4 Q. Doctor is there anything to suggest
5 that those wounds were not all received at the same time,
6 or at approximately the same time?

7 A. There's nothing -- they don't suggest
8 anything.

9 Q. Thank you.

10

11 MR. DOUGLAS MULDER: I believe that's
12 all.

13 MR. GREG DAVIS: No further questions.

14 THE COURT: All right. Now, this
15 witness, as I understand, will be returning to Dallas
16 tonight; is that correct, Doctor?

17 THE WITNESS: I hope so.

18 THE COURT: Okay. Well, I'm sure
19 they'll get you out of San Antonio airport.

20 All right. So, we are excusing this
21 witness now for the time being; is that right?

22 MR. GREG DAVIS: That's what we would
23 ask, along with Dr. McClain, also subject to recall.

24 THE COURT: Subject to recall.

25 MR. DOUGLAS MULDER: We wouldn't have

1 any quarrel with that.
2 THE COURT: All right. Thank you very
3 much for coming, Doctor.
4 All right. Next witness.
5 MR. TOBY L. SHOOK: Judge, we'll call
6 William Gorsuch.
7 THE COURT: All right. Thank you.
8 MR. DOUGLAS MULDER: Judge, may I give
9 these pictures to the jury?
10 THE COURT: You may publish those to
11 the jury. That will be fine.
12 Sir, if you will just come on up and
13 have a seat here.
14 Just speak into the mike loudly so
15 everybody can hear you.
16 All right. Go ahead, please, Mr.
17 Davis.
18 MR. TOBY L. SHOOK: Judge, I'm asking
19 the questions.
20 THE COURT: Mr. Shook, excuse me,
21 sorry.
22 MR. TOBY L. SHOOK: Would the Court
23 prefer that I wait until the jurors view the photographs
24 before I go ahead?
25 THE COURT: That will be fine.
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1 All right. Go ahead, Mr. Shook.
2 MR. TOBY L. SHOOK: Thank you, Judge.