

1 THE COURT: How's everyone doing
2 over there? Everybody okay? We should be taking
3 our next break around 3:15.

4 All right. State, call your next
5 witness.

6 MS. BARNETT: Dr. Haden-Pinneri.

7 THE COURT: Doctor, raise your
8 right hand.

9 *(Witness sworn.)*

10 THE COURT: All right. Doctor,
11 please have a seat.

12 State, you may proceed.

13 MS. BARNETT: Thank you, Your
14 Honor.

15 **KATHRYN PINNERI,**
16 having been first duly sworn, testified as follows:

17 **DIRECT EXAMINATION**

18 **BY MS. BARNETT:**

19 Q. Would you please state your name for the
20 record?

21 A. Sure. It's Dr. Kathryn, K-A-T-H-R-Y-N,
22 Pinneri, P-I-N-N-E-R-I.

23 Q. And, Doctor -- do I call you
24 Dr. Haden-Pinneri?

25 A. Pinneri is fine.

1 Q. Okay. Dr. Pinneri, where do you work?

2 A. I am currently employed as Director of
3 Forensic Services in Montgomery County, Texas.

4 Q. And what does that mean, forensic
5 services?

6 A. Well, Montgomery County is not a medical
7 examiner's office. So we do all the autopsies for
8 Montgomery, Walker, Washington, Madison and Trinity
9 Counties.

10 Q. All right. And are you the director of
11 the program itself?

12 A. I'm the director of the office, yes.

13 Q. Okay. So you're the head honcho in
14 Montgomery County?

15 A. Basically, I guess, for the forensic
16 services.

17 Q. How long have you been in Montgomery
18 County?

19 A. I've been there a little over a year
20 now.

21 Q. And did you formerly work in Harris
22 County?

23 A. Yes, I did.

24 Q. How did they snatch you away from us?

25 A. They just offered me a really good

1 opportunity, and I thought about it and accepted it.

2 Q. Okay. When you were in Harris County,
3 what was your title in Harris County?

4 A. I was the Assistant Deputy Chief Medical
5 Examiner.

6 Q. And how long did you work in Harris
7 County?

8 A. Eleven years.

9 Q. What is your educational background?

10 A. Well, so I have a bachelor's degree from
11 Louisiana -- Louisiana Tech University. I got my
12 medical degree from the University of Texas
13 Southwestern Medical School in Dallas. After that I
14 did a five-year pathology residency at the
15 University of Tennessee Medical Center in Knoxville.
16 After that I did a one-year forensic pathology
17 fellowship at the Dallas County Medical Examiner's
18 Office.

19 Q. Okay. And so can you tell us basically
20 how does an autopsy go down? What do you do? What
21 are the steps?

22 A. Well, I personally describe an autopsy
23 as being a procedure that has four parts. The first
24 part is an external examination where you look at
25 the body, the outside of the body, documenting

1 things like hair color, eye color, scars, tattoos,
2 and also any sorts of trauma that you may see on the
3 body. While we're doing that, we're taking
4 photographs and I'm making diagrams, documenting
5 what I see.

6 After the external examination, I
7 perform what I call the internal examination.
8 Actually most people call it the internal
9 examination. And that's where you look at the
10 internal organs for evidence of any natural disease
11 processes as well as any trauma. And while I'm
12 doing that, I'm collecting samples for toxicology
13 testing; and then also some cases, I'll take some
14 small pieces of tissue to look at under a
15 microscope.

16 So those are the four potential parts of
17 an autopsy.

18 Q. All right. Do you take pictures at all
19 stages of the autopsy?

20 A. I don't personally take the pictures,
21 but I request that the pictures be taken under my
22 direction.

23 Q. Okay. And does that include pictures of
24 internal organs?

25 A. Yes, it does.

1 Q. Why do you take pictures of internal
2 organs?

3 A. Well, I like to fully document the
4 autopsies that I perform so that anyone can see the
5 injuries. Sometimes it's easier to see a picture
6 than to read the description of injuries. And so
7 other people that may review my case or come after
8 me now that I'm gone, some people are having to
9 testify in court on some of my cases from Harris
10 County. So it's always good to have your cases
11 really well documented.

12 MS. BARNETT: Your Honor, may I
13 approach the witness?

14 THE COURT: You may.

15 Q. (BY MS. BARNETT) I'm going to show you
16 what's been marked for identification purposes as
17 State's Exhibit No. 677. Can you take a look at
18 that and tell me whether or not you can identify it?

19 A. (*Witness complies.*) State's Exhibit 677
20 is the autopsy report that I prepared on Jaime
21 Melgar.

22 Q. Okay. And this is your report and you
23 recall it and this is the same?

24 A. Yes.

25 MS. BARNETT: Your Honor, we would

1 offer into evidence State's Exhibit 677. Let the
2 record reflect I'm tendering to opposing counsel.

3 *(State's Exhibit No. 677 offered.)*

4 THE COURT: All right. Any
5 objections?

6 MR. SECREST: No objection at all.

7 THE COURT: State's Exhibit 677 is
8 admitted, and you may publish.

9 *(State's Exhibit No. 677 admitted.)*

10 MS. BARNETT: May I approach the
11 witness?

12 THE COURT: You may.

13 Q. (BY MS. BARNETT) Do I need to make an
14 adjustment?

15 Let me show you what's been marked for
16 identification purposes as State's Exhibits 678
17 through 719. Would you take a look at those,
18 please?

19 A. *(Witness complies.)* State's Exhibits
20 678 through 719 represent autopsy photographs.

21 Q. Okay. Hold on just a second.

22 *(Brief pause.)*

23 MS. BARNETT: May I approach the
24 witness?

25 THE COURT: You may.

1 Q. (BY MS. BARNETT) Just want to make sure
2 these two are in there.

3 A. I think this one is (*indicating*).

4 Q. Okay. Let me add State's Exhibit 720.
5 Would you take a look at that and tell me if you can
6 identify it?

7 A. Yes, I can identify State's Exhibit 720
8 as an autopsy photograph.

9 Q. All right. That's the same -- that
10 belongs to the same as this, the same ML number?

11 A. That's correct.

12 Q. Okay.

13 MS. BARNETT: Your Honor, we would
14 offer into evidence State's Exhibits -- excuse me --
15 678 through 720. May the record reflect I'm
16 tendering to opposing counsel?

17 THE COURT: It will.

18 (*State's Exhibits No. 678 through*
19 *720 offered.*)

20 (*Defense counsel reviewing*
21 *exhibits.*)

22 MR. SECREST: No objection.

23 THE COURT: All right. State's
24 Exhibits 678 through 720 are admitted, and you may
25 publish.

1 (*State's Exhibits No. 678 through*
2 720 admitted.)

3 MS. BARNETT: Thank you, Judge.

4 Q. (BY MS. BARNETT) All right. The first
5 thing I want to talk to you about is do you get --
6 first of all, let me ask you this. Was this an easy
7 case or a complicated case?

8 A. This was a very complicated case.

9 Q. Why do you say that?

10 A. I say that because there are a lot of
11 injuries to document. The scene findings were a
12 little bit odd, and just these types of cases take a
13 lot of work.

14 Q. When you say the scene findings -- is
15 that what you said -- were odd?

16 A. Yes, that's correct.

17 Q. What do you mean by that?

18 A. So he was found -- Mr. Melgar was found
19 in a closet. There's a lot of blood in the closet
20 and his feet were loosely bound with a telephone
21 cord and there was a red rope loosely tied around
22 his chest region.

23 Q. Okay. All right. Do you -- first, do
24 you find out the height and the weight or one of the
25 things that you find out is the height and the

1 weight of Mr. Melgar?

2 A. Yes.

3 Q. Can you tell us what was his height and
4 how much did he weigh?

5 A. So he weighed 125 pounds. And because
6 we measured the body in a laying-down position, he
7 measured 67 inches in length.

8 Q. Can you translate that to feet and
9 inches?

10 A. Sure, it's 5'7".

11 Q. All right. Now, you take pictures of
12 him with his clothes on, but he didn't have any
13 clothes on; is that right?

14 A. That's correct.

15 Q. He came to you without any clothes on?

16 A. Yes.

17 Q. So what's the first thing that you do
18 when Mr. Melgar comes into the Institute of Forensic
19 Science?

20 A. So one of the first things that we do is
21 examine the body in a case where you have sharp
22 force injuries, such as stab wounds and cuts. We
23 also do X rays to make sure that there's no
24 remaining pieces of a knife in there that I might
25 injure myself on and that I might need to collect as

1 evidence.

2 So we'll do X rays, and then we'll just
3 start taking photographs of the body as we see it.

4 Q. Okay. I'm going to start with his head.

5 I'm going to show you what's been marked
6 as State's Exhibit 678. Can you give us -- tell us
7 what -- what is it that you see here of Mr. Melgar?

8 A. Okay. So this State's exhibit is what
9 we consider to be our identification photograph, if
10 we ever needed some sort of visual identification.
11 But he has injuries on his face up here, as well as
12 some on his nose. And then you can almost see one
13 there on his forehead at the hairline (*indicating*).

14 Q. Can you tell what type of instrument --
15 or do you have an opinion as to what type instrument
16 caused those wounds?

17 A. Yes, I do.

18 Q. And what is that?

19 A. So those wounds are -- well, this one
20 right here -- oh, what did I do? Yikes. This wound
21 right here on the left side of the forehead is what
22 I classify as a sharp force injury, meaning it was
23 made by a weapon with a sharp edge or a cutting
24 edge. So that's a sharp force injury.

25 These here on the nose and then this

1 here on the eye are what I consider blunt force
2 injuries, meaning they were made by an instrument
3 that was not sharp, meaning it was blunt.

4 Then these injuries here also -- it's
5 hard to tell initially, but those actually end up
6 being sharp force injuries as well as that injury's
7 also a sharp force injury made by a cutting type
8 instrument (*indicating*).

9 Q. Are you able to tell that these wounds
10 occurred around the same time?

11 A. They all look to be about the same.
12 There's no evidence of healing; so, yes, I would
13 consider that they all occurred around the same
14 time.

15 Q. All right. State's Exhibit 679, what
16 does that show us?

17 A. This is the right side of Mr. Melgar's
18 neck and he has some sharp force injuries on the
19 neck that go up to just under the jaw and then you
20 can also see some on the upper part of the chest and
21 right shoulder.

22 Q. All right. Let me -- is that what
23 you're referring to (*indicating*)?

24 A. Yes.

25 Q. Okay. Is that what you're referring to

1 (*indicating*)?

2 A. Yes.

3 Q. What -- do those appear to be also with
4 the sharp object?

5 A. Yes.

6 Q. And let me ask you about this wound here
7 on the neck. What is that wound called? Is there a
8 name for it?

9 A. Yes. So with sharp force injuries, we
10 have two terms that we use; and it's based on how
11 wide the wound is on the skin and how deep it goes.
12 So this is classified as an incised wound, commonly
13 known as a cut. So incised wounds are longer on the
14 skin and they go in deep versus a stab wound which
15 goes in deeper than the width of the injury on the
16 skin. So this is an incised wound.

17 Q. Were you able to tell how deep that
18 wound was?

19 A. Yes.

20 Q. And how deep was that?

21 MR. SECREST: Excuse me. May I
22 receive a clarification as to which wound this is
23 based upon the doctor's report?

24 THE COURT: All right. If you
25 could just clarify which wound you're talking about.

1 THE WITNESS: This is going to be
2 incised wound No. 22.

3 MR. SECREST: Thank you.

4 A. And this wound penetrates 1/4 inch just
5 into the fat of the neck.

6 Q. (BY MS. BARNETT) All right. Let me ask
7 you to take a look at 681. What does that show us?

8 A. Okay. 681 is a close-up view of incised
9 wound No. 19 at the top right here (*indicating*).
10 Incised wound No. 19 is -- it's a sharp force injury
11 that actually superficially cuts the bone underneath
12 there. So it goes through the skin and actually
13 cuts the surface of the bone.

14 Q. Okay. And were you able to determine
15 how deep that wound was?

16 A. It just went in through the bone. I
17 didn't document the exact depth of the wound, but
18 that's usually about 1/8 to 1/4 of an inch at the
19 most to get to the bone from the skin.

20 Q. Now, this wound down here (*indicating*)
21 you marked as No. 20; is that right?

22 A. That's correct.

23 Q. And tell us what -- tell me what is
24 that.

25 A. This is also an incised wound. The

1 edges around it though are dried and kind of
2 abraded. An abrasion is basically a scrape. So
3 this is a combination injury. It's got some sharp
4 characteristics and some blunt characteristics. And
5 this one also is fairly superficial, does not go
6 into the skull. It only goes into the skin area
7 (*indicating*).

8 Q. All right. I notice that you did not
9 mark this wound in between the two. Was there a
10 reason for that?

11 A. That injury is an abrasion which is a
12 blunt injury, and I don't normally number blunt
13 injuries.

14 Q. Okay. Let me take you to 682. Is this
15 the same wound that's going to be No. 19 as we
16 looked at in 681?

17 A. Yes.

18 Q. But it looks different. Why?

19 A. Well, we've opened it up so you can
20 actually see the bone underneath; and there's a very
21 faint cut in the bone right there (*indicating*)
22 directly under the incised wound.

23 Q. Okay. What does 683 show?

24 A. Okay. 683 shows an injury, looks like
25 on the top of his head. Yes, it's on the top of his

1 head. I believe this is incised wound 15. So this
2 also has mixed characteristics of sharp and blunt.

3 The injuries of the head, particularly
4 of the scalp that I found, have mixed
5 characteristics, meaning they have blunt and sharp
6 characteristics, which look different than the
7 injuries that you'll see later of the torso, of the
8 chest and abdomen. So these have -- I guess they
9 have both a blunt and a sharp component to them.

10 Q. Okay. And what accounts for that?

11 A. So things that could account for that
12 would be an instrument with both sharp and dull
13 characteristics. It can be a sharp corner of an
14 object that would cut the skin but also scrape it or
15 bruise it, which is definitely a consideration in
16 this case, but something that's going to be able to
17 cut the skin in addition to causing the blunt
18 injuries.

19 Q. All right. Let me ask you to take a
20 look at 684. What does that show us?

21 A. State's Exhibit 684 shows the back of
22 Mr. Melgar's head. These will be incised wounds 17
23 and 18. And, again, they're wounds with both sharp
24 and blunt characteristics.

25 Q. Does 685 show us all three of the wounds

1 we've been talking about?

2 A. This one actually shows a different one.

3 Q. Okay.

4 A. So this is -- this one up here at the
5 top, it's going to be incised wound 16. Then we
6 have 17 and 18 (*indicating*). I can't write with my
7 left hand.

8 Q. All right.

9 A. And then the previous one on the very
10 top of the head was No. 15.

11 Q. Okay. Is that what you're talking about
12 (*indicating*)?

13 A. Yes, that's correct. That's 15.

14 Q. 15. These are what?

15 A. 17, 18, and 16, 17, 18.

16 Q. All right. Do you -- you've taken a
17 picture of them with his hair in place, right?

18 A. Yes.

19 Q. Do you do anything to make those look --
20 do you shave his head?

21 A. We shave the hair around the wound so
22 you can see the characteristics of the wounds
23 better, yes.

24 Q. Let me show you 686. Is that kind of
25 what we're talking about?

1 A. Yes.

2 Q. Okay. And are these the same wounds,
3 are they different wounds, or can you tell?

4 A. They look to be the same wounds.
5 They're definitely three wounds in the scalp, and
6 they look like how I've drawn them on my diagram.
7 So these look like incised wounds 16, 17, and 18.

8 Q. Okay. Do you take up-close photographs
9 of the wounds at 687?

10 A. Yes, we do.

11 Q. What -- what do we see here?

12 A. Could you orient it?

13 Q. Oh, I'm sorry.

14 A. That's okay.

15 Okay. So this one looks like the one on
16 the top of the head, incised wound 15. And so
17 there's this opening right there (*indicating*)
18 surrounded by this abrasion. One way that we
19 determine a sharp force injury from a blunt injury,
20 because they can look similar sometimes, is the
21 presence or absence of tissue bridging, meaning
22 little strands that go in between the two sides of
23 an injury. And this wound does have some of those
24 here. So this is --

25 Q. Let me -- let me -- does that help?

1 A. It helps me. I don't know if it helps
2 you guys.

3 Q. Okay. Go ahead.

4 A. So there's an opening here where there's
5 no tissue bridging, and then there's some on the
6 sides. Some blunt injuries you can see an area
7 without the tissue bridging, and it will be on the
8 sides. But this one, it goes way deeper than it
9 should, so I do believe that this injury is caused
10 by an instrument with a sharp edge but it also has
11 to have some sort of blunt component to create the
12 wound around the opening.

13 So if you see tissue bridging, you know
14 you're dealing partly -- or dealing with an injury
15 that has blunt characteristics because if it's
16 completely cutting, the knife is going to sever all
17 those tissue bridges so you're not going to see
18 them, which you'll see in other photographs.

19 Q. Let me ask you to look at State's
20 Exhibit No. -- excuse me -- 690. What is that? Can
21 you tell us what that is?

22 A. Yes. State's Exhibit 690 is a
23 photograph of the right side of the back of the
24 head, so the ear. You can see part of the back of
25 the ear. And this injury right here (*indicating*) is

1 a blunt injury made up of predominantly bruises with
2 an abrasion on it or a scrape.

3 Q. Now, the thing that would cause a wound
4 like we see on 690 would be Mr. Melgar coming into
5 contact with some type of object; is that right?

6 A. Some sort of blunt object, yes.

7 Q. And you're not able to tell if he fell
8 against something or something hit him?

9 A. That's correct.

10 Q. State's Exhibit No. 691, what is this a
11 picture of?

12 A. Looks like it's the side of his face
13 with neck injuries, incised wounds of his neck
14 there.

15 Q. All right. Were you able to tell at
16 some point whether or not he -- he had something --
17 some injuries to his ears?

18 A. Yes. He has a bruise of this ear right
19 here (*indicating*).

20 Q. All right. On the top?

21 A. On the top part.

22 Q. Would that be trauma? How does he get a
23 bruise on his ear?

24 A. So a bruise is a blunt injury. So an
25 ear must have come in contact with some sort of

1 blunt object.

2 Q. And was there a bruise on the other ear,
3 692?

4 A. Yes. You can see this one a little bit
5 better (*indicating*) right there.

6 Q. Let me show you 693. Let me --

7 MS. BARNETT: May I approach?

8 THE COURT: You may.

9 Q. (BY MS. BARNETT) What does 693 show us?

10 A. State's Exhibit 693 shows the back of
11 Mr. Melgar as well as a couple of bruises on his
12 back.

13 Q. Okay. And is this the same --

14 MS. BARNETT: May I walk in front
15 of the jury, Your Honor?

16 THE COURT: You may.

17 Q. (BY MS. BARNETT) Does this show us some
18 type of -- either that he fell against something or
19 something was -- somebody gave force to him or
20 something gave force to him?

21 A. Yes.

22 Q. On his back?

23 A. Yes.

24 Q. 694, did you take a closer shot of that?

25 A. Yes.

1 Q. I don't know if you can -- okay. So do
2 you see some of the red marks up on his neck?

3 A. Some of that is lividity. There is a
4 contusion and then what this is showing is this
5 bruise right here (*indicating*), which is going to be
6 right over his shoulder blade or scapula. And then
7 that is also a bruise up here (*indicating*) --

8 Q. All right.

9 A. -- as well.

10 Q. 695?

11 A. This is the back of the right shoulder
12 again showing a blunt injury right there, contusion.

13 Q. 696?

14 A. This is a photograph of the top of the
15 left shoulder showing, again, more blunt trauma, big
16 bruise, and some abrasions or scrapes on the
17 shoulder.

18 Q. 697?

19 A. 697 shows both blunt and sharp injuries.
20 There's a big bruise right there (*indicating*).
21 There's also an abrasion or a scrape right there
22 (*indicating*). There are also some stab wounds right
23 there (*indicating*).

24 Q. 698?

25 A. 698 is the back of his right arm showing

1 this blunt injury, which is an abrasion and a
2 contusion (*indicating*).

3 Q. 699?

4 A. 699 is an inside of his right arm
5 showing this abrasion, a blunt injury, right there
6 (*indicating*).

7 Q. 700?

8 A. State's Exhibit 700 is the back of the
9 left elbow, again showing bruises on the back of his
10 elbow (*indicating*).

11 Q. State's Exhibit 701?

12 A. Can you turn the light down just a
13 little bit? So State's Exhibit --

14 Q. Hold on. Let me just walk up there.

15 A. Okay.

16 Q. I'm not exactly sure how to do that.

17 A. Oh, there you go. You just did it. All
18 right.

19 Q. I'm a genius. State's 701?

20 A. 701 is the back of his right hand
21 showing a blunt injury right here (*indicating*).
22 There's also a sharp force injury right there
23 (*indicating*). It's hard to see, but there's also
24 another bruise on this side as well (*indicating*).

25 MS. BARNETT: May I walk 701 in

1 front of the jury?

2 THE COURT: You may.

3 Q. (BY MS. BARNETT) 702?

4 A. State's Exhibit 702 is the side of the
5 right hand again showing a -- showing a blunt injury
6 there and then a sharp force injury on the pinky
7 side of his hand.

8 Q. Would you characterize some of these
9 wounds as defensive in nature?

10 A. Yes.

11 Q. And why would you say that?

12 A. Typically when you see wounds on the
13 pinky side of your hands and the forearms, that's
14 usually because they're up in a defensive type
15 posture.

16 Q. And is that what -- do you have an
17 opinion as to whether or not that appears to be
18 consistent with a defensive wound?

19 A. This could be consistent with a
20 defensive wound.

21 THE COURT: All right.

22 Ms. Barnett, we're going to go ahead and pause here
23 for our afternoon break; and so we'll take a break
24 now for 15 minutes.

25 Please retire the jury.

1 THE BAILIFF: All rise for the
2 jury.

3 *(Jury retired.)*

4 *(Brief recess.)*

5 THE BAILIFF: All rise.

6 *(Jury seated.)*

7 THE COURT: Please be seated.

8 State, you may proceed.

9 MS. BARNETT: Thank you.

10 **DIRECT EXAMINATION RESUMED**

11 **BY MS. BARNETT:**

12 Q. I'll show you State's Exhibit No. 703.
13 What do we see here?

14 A. On State's Exhibit 703 shows an injury
15 on the back of the right index finger, which is an
16 incised wound or a cut.

17 Q. Does that look like it's consistent with
18 a defensive wound?

19 A. Yes.

20 Q. State's Exhibit No. 704, can you tell?

21 A. Yes. So this is -- looks like the back
22 of the right hand, where I actually shaved some of
23 the hair off of the wrist so you can see the
24 injuries a little bit better.

25 MS. BARNETT: May I walk this in

1 front of the jury?

2 THE COURT: You may.

3 Q. (BY MS. BARNETT) State's 706, what do
4 we see here?

5 A. So this is the palm side of the right
6 hand and wrist showing an incised wound right there
7 (*indicating*).

8 Q. 707?

9 A. Again, the palm of the right hand
10 showing two incised wounds right there by the thumb
11 (*indicating*).

12 Q. All right. Do you take a picture of the
13 body before it's washed off?

14 A. Yes.

15 Q. And do you recall -- in most of the
16 pictures we've shown so far, has the body been
17 washed?

18 A. Yes.

19 Q. Now, when the body came in, do you
20 remember specifically whether or not this was a
21 bloody body or not?

22 A. Yes, I do remember and, yes, it was
23 bloody.

24 Q. Let me show you State's Exhibit 708.
25 What does that show us?

1 of a cut blood vessel right there. And I can't tell
2 you if it's an artery or a vein, but it does look
3 like there's a blood vessel that's been cut across.

4 Q. Which would cause a lot of bleeding?

5 A. Yes.

6 Q. State's Exhibit No. 710?

7 A. So this is, again, the same right hand
8 showing another wound right here (*indicating*). And
9 then this is the wound that was pulled open so now
10 you can see what it looks like closed.

11 Q. State's Exhibit 12?

12 A. This is the back of the -- looks like
13 the right wrist with this abrasion or blunt injury
14 right there (*indicating*).

15 Q. State's Exhibit 13?

16 A. Sorry. Now we move down to the leg area
17 and this is the left knee and this is an abrasion or
18 a blunt injury on the left knee.

19 Q. State's Exhibit 714?

20 A. This is the left elbow showing a
21 contusion right here (*indicating*).

22 Q. State's Exhibit 715?

23 A. Okay. Now we're back down to the right
24 knee.

25 Q. Sorry. That's my fault.

1 A. That's okay. Showing this bruise on the
2 knee. Testing my anatomy.

3 Q. State's Exhibit 716?

4 A. So now we're at the back of the -- looks
5 like the left foot, showing some blunt trauma right
6 here (*indicating*). And then there's also a little
7 bit on the medial part of the ankle as well.

8 Q. 717?

9 A. This is the inner or medial side of the
10 right foot. There is a contusion right here
11 (*indicating*). And there's also a contusion right
12 here (*indicating*), kind of hard to see.

13 Q. And --

14 A. I think that's all it shows.

15 Q. Sorry. 718?

16 A. 718 shows the top of the right foot.
17 There is an injury right here as well as this bruise
18 right here (*indicating*). So two blunt injuries.

19 Q. All right. 719, what does 719 show us?

20 A. 719 is a photograph of the torso showing
21 all of the different stab wounds and some other
22 incised wounds that were documented. And it can be
23 very difficult to keep track of the wounds when you
24 have this many, so I've actually numbered them as
25 they're numbered in my autopsy report so that I can

1 keep track of them as I'm looking at the inside of
2 the body and tracking their paths through the body
3 to make sure that I get their wound paths correct
4 and how deep they go correct.

5 Q. Now, did you -- on each one of these
6 wounds, did you measure the depth of the wounds?

7 A. Yes, I did.

8 Q. And did you mark that in your report?

9 A. Yes.

10 MS. BARNETT: Your Honor, may I
11 approach the witness?

12 THE COURT: You may.

13 Q. (BY MS. BARNETT) I'm going to show you
14 a copy of 719, but it has some markings on it. Did
15 I show that to you earlier?

16 A. Yes, you did.

17 Q. And what is that marked 719-A? So what
18 did I do on that photo?

19 A. 719-A has each of the wounds circled,
20 and the depth of penetration or how far they went
21 into the body is handwritten next to the wound with
22 the exception of No. 12.

23 Q. And did I ask you for correct -- to see
24 if this was correct?

25 A. I did. Yes, you did.

1 Q. And is it?

2 A. Yes.

3 MS. BARNETT: Your Honor, we would
4 offer into evidence State's Exhibit 719-A. Let the
5 record reflect I'm tendering to opposing counsel.

6 *(State's Exhibit No. 719-A*
7 *offered.)*

8 THE COURT: It will. Any
9 objections?

10 MR. SECREST: No, Your Honor.

11 THE COURT: 719-A is admitted, and
12 you may publish.

13 *(State's Exhibit No. 719-A*
14 *admitted.)*

15 MS. BARNETT: Thank you.

16 Q. (BY MS. BARNETT) Let's start with the
17 first one. What is that? And that's not one that I
18 circled.

19 A. You circled the number.

20 Q. Oh, okay. Sorry.

21 A. These are two incised wounds -- oh, I'm
22 sorry, yes. So this is No. 1 and No. 2. So incised
23 wound No. 1 goes across the -- this is your
24 collarbone right here. So it goes across the
25 clavicle.

1 Incised wound No. 2 goes right here.
2 They're both very superficial. No. 1 doesn't even
3 penetrate past the superficial layer of the skin.
4 No. 2 penetrates less than 1/16th of an inch and
5 doesn't do any significant damage.

6 Q. Does that appear to be two different
7 wounds?

8 A. Yes.

9 Q. What about No. 3?

10 A. Okay. Stab wound No. 3, this is on the
11 right side of the chest. So if you think of this as
12 being like the midline of the body, stab wound No. 3
13 is right there.

14 When we do the autopsy, we try and look
15 at those wounds to see if we can figure out any
16 weapon characteristics. Sometimes we can see that
17 on the skin. So when you push this wound, these
18 wound edges together, you can appreciate it here
19 with this wound is that you have a flat or blunt end
20 on the inferior edge. And then this is a little bit
21 more pointed. So that would suggest that you're
22 dealing with a knife that has only one sharp edge
23 and the other is flat or not sharp.

24 So stab wound No. 3 actually goes into
25 the body approximately 2 1/4 inches and actually

1 goes into the cartilage that attaches the ribs to
2 the sternum or chest plate.

3 Q. Okay. Let's talk about 4 and 5. What
4 do we see here?

5 A. Okay. Stab wounds 4 and 5, both very
6 close together on the right chest. So stab wound
7 No. 4 goes in approximately 3 inches and it goes
8 into the muscle, which is the pectoralis or your
9 chest muscles. Goes into that, into the muscle
10 between the ribs and also cuts the cartilage between
11 the fourth and fifth ribs and is associated with
12 bleeding that is inside the right chest cavity.

13 And then stab wound No. 5 also goes in
14 approximately 1 5/8 inches going into the muscle
15 only and doesn't go into the rib or the underlying
16 wall.

17 Q. Is stab wound No. 4 going to be your
18 deepest one, if you recall?

19 A. I believe 3 inches is the maximum depth
20 of penetration which was stab wound No. 4, yes.

21 Q. Okay. No. 6 and 7?

22 A. Okay. Stab wound 6 is -- again, we've
23 switched back over towards the middle of the chest.
24 And this stab wound goes in about 1 1/4 inches and
25 it goes into the chest muscles and in between the

1 ribs and then cuts the left side of your sternum or
2 your breast plate.

3 Q. Okay. And is No. 7 a stab wound?

4 A. I'm sorry. No. 7, yes. No. 7 actually
5 is a wound that measures one -- measures 1/2 inch
6 and it goes in 1/4 of an inch, which actually makes
7 it an incised wound -- stab wound -- sorry. So
8 because it's longer on the skin than it goes in
9 deep, so 7 actually is an incised wound, and it just
10 goes into the subcutaneous fat.

11 Q. Okay. Let's look at this closer. We've
12 got 8 -- No. 8 next. What do we see here?

13 A. So this cluster of wounds is on what's
14 called the abdomen because it's going to be below
15 the diaphragm. So stab wound No. 8 goes into the
16 body approximately 1 1/4 inches. It goes through
17 the -- the cartilages of the ribs. It goes into the
18 diaphragm and the liver.

19 Q. Okay. Is 9 a stab wound?

20 A. 9 is actually the same distance or same
21 width on the skin as it is deep. I classified it as
22 a stab wound because that would be the most
23 appropriate designation because it actually does go
24 in a fair distance for its size but it doesn't -- it
25 just goes into the fat.

1 Q. Okay. No. 10?

2 A. Stab wound No. 10 right here goes in the
3 maximum of 1 1/2 inches, and this one actually goes
4 upward. So we're in the abdominal region and it
5 goes up just under the -- under the rib cage and
6 goes into the pericardial sac which is the sac that
7 is around the heart. It doesn't actually go into
8 the heart, but it goes into the sac that the heart
9 is around. So it goes in 1 1/2 inches, but it goes
10 upward.

11 Q. Take a look at No. 11 and 12. Tell us
12 about those.

13 A. Okay. Stab wound No. 11, we're getting
14 around to the left side of the abdomen. This one's
15 going to go in approximately 1 1/2 -- I'm sorry.
16 It's a 1 1/2 inch deep cut that goes in
17 approximately 7/8 of an inch, and it goes all the
18 way through a portion of the liver and is associated
19 with bleeding in the abdomen.

20 Q. No. 12?

21 A. No. 12 is a superficial wound. So it
22 doesn't really -- doesn't go into the skin very deep
23 at all. So it's just a very superficial injury.
24 There's some irregularity here on the inferior edge,
25 which is probably because it's coming off of the

1 slope of the rib cage. But it's just -- it's not as
2 clean as the upper part of the wound is.

3 Q. And 13?

4 A. Stab wound 13 goes in almost 3 inches.
5 It goes in 2 3/4 inches, and it goes into the liver
6 in sort of a V shape. So it's almost like there are
7 two paths through this same hole because the liver
8 underneath it has two holes it in directly under
9 this.

10 But the maximum depth that I could tell
11 was 2 3/4 inches, and all it goes through is it goes
12 through the diaphragm and the liver.

13 Q. All right. Now, were there any stab
14 wounds on Mr. Melgar's back?

15 A. No.

16 Q. Were there any stab wounds to the back
17 of his body?

18 A. No.

19 Q. All right.

20 MS. BARNETT: May I approach the
21 witness?

22 THE COURT: You may.

23 Q. (BY MS. BARNETT) I'm going to show you
24 what's been marked and introduced into evidence as
25 State's Exhibit No. 569. Let me get some gloves.

1 And did I show that -- that exhibit to you while we
2 were on break?

3 A. Yes, you did.

4 Q. And I asked you if this knife would be
5 consistent with some of the wounds that you saw on
6 your autopsy. And what did you -- do you -- do you
7 have an answer for that?

8 A. My answer is that this knife would be
9 capable of producing the injuries that I see on
10 Mr. Melgar.

11 Q. All right. Now, the deepest wound that
12 you notated was 3 inches deep. Clearly this knife
13 is bigger than that?

14 A. That's correct.

15 Q. Would you classify these wounds that
16 Mr. Melgar sustained as superficial wounds?

17 A. There are some superficial wounds, but
18 most of the ones on the torso are not superficial.

19 Q. All right. In the report it indicated
20 that there was a possibility that the knife had some
21 serrated edges to it. Do you recall that?

22 A. I -- I do recall that suggestion, yes.

23 Q. And was an analysis done on the knife to
24 determine if that was -- on this weapon, on the
25 murder weapon, State's Exhibit No. 569, to determine

1 whether or not the knife could exhibit signs of
2 serration?

3 A. I don't know if an examination was done
4 on the knife.

5 Q. All right. You talked about some of the
6 abrasions on the back of the head; is that right?

7 A. Yes.

8 Q. Now, you talked about them being
9 abrasions as well as penetration?

10 A. Yes.

11 MS. BARNETT: Your Honor, may I
12 approach the witness?

13 THE COURT: You may.

14 Q. (BY MS. BARNETT) Let me show you what's
15 been introduced into evidence as State's
16 Exhibit 365. Can you tell me whether or not that
17 looks like it's something that could cause some of
18 the injuries to Mr. Melgar's head?

19 A. Yes.

20 Q. And in what way?

21 A. So it looks like there's some blood
22 smear on the back.

23 Q. Let me take this up if you don't mind.

24 A. And so there's definitely some blood
25 smear, which would fit with injuries from the back

1 of his head being smeared across the wall after they
2 were sustained; but he also -- there's this bar and
3 piece of wood sticking out, and the majority of the
4 wounds of the head have a blunt -- more of a blunt
5 component than a sharp. So it makes me think that
6 they're probably more likely caused by a blunt
7 instrument that has a sharp part to it, which could
8 be this part of the closet rod or maybe that or the
9 sharp edge of this wood (*indicating*) that can cut
10 the skin as well as abrade it. So that's a
11 possibility. I also have -- darn it. I'm good at
12 that.

13 Oh, no, I've broken it.

14 Q. And I'm not the one who could tell you
15 how to fix it.

16 THE COURT: If you'll touch the
17 bottom left of the screen that's on the podium
18 there, that should clear it.

19 MS. BARNETT: Bottom left. Well, I
20 don't know.

21 THE BAILIFF: Try "exit."

22 MS. BARNETT: Thank you.

23 Q. (BY MS. BARNETT) All right. So I don't
24 remember what you were saying --

25 A. I was trying to show this edge of the

1 closet shelf right above this rod -- bar that has
2 some blood on it. That could also be responsible
3 for producing a wound with the suggestion of a sharp
4 and a blunt component.

5 Q. Okay. Now, when the body was found,
6 there were -- I think you've already testified to
7 this -- there was a red rope and also a telephone
8 cord. Do you recall that?

9 A. Yes.

10 MS. BARNETT: Your Honor, may I
11 approach the witness?

12 THE COURT: You may.

13 Q. (BY MS. BARNETT) I'm going to show you
14 what has been marked for identification purposes as
15 State's Exhibit 721 and State's Exhibit 722. And
16 I'll take these from you.

17 721, does this look familiar to you?

18 A. Exhibit 721 appears to be the rope
19 visible in scene photographs that was around
20 Mr. Melgar's torso.

21 Q. State's Exhibit 722, do you recognize
22 that?

23 A. Yes. State's Exhibit 722 is the
24 telephone cord that was wrapped around his ankles.

25 Q. Did you --

1 MS. BARNETT: We would offer into
2 evidence 721 and 722.

3 *(State's Exhibits No. 721 and 722*
4 *offered.)*

5 THE COURT: Any objection?

6 MR. SECREST: No objection.

7 THE COURT: State's Exhibits 721
8 and 722 are admitted.

9 *(State's Exhibits No. 721 and 722*
10 *admitted.)*

11 MS. BARNETT: And may I publish
12 these to the jury?

13 THE COURT: You may.

14 Q. (BY MS. BARNETT) Now, did 721, the red
15 rope, obviously this came -- or is it -- did this
16 come with the body? I'll just put it that way.

17 A. No, it was removed at the scene.

18 Q. All right. Is there medical -- is there
19 someone from the Medical Examiner's Office that goes
20 to the scene and documents this and also takes the
21 evidence, if they do?

22 A. Yes.

23 Q. All right. Now, did you look at this
24 rope, do any analysis on it as far as whether or not
25 there were any marks on it?

1 A. I did not.

2 Q. Okay. So the rope that we see here, is
3 that the way that it came to the Medical Examiner's
4 Office from the scene?

5 A. It appears to be, yes.

6 Q. Okay. As well as State's Exhibit 722,
7 the telephone cord, that also was collected and
8 brought to you or to the Medical Examiner's Office?

9 A. The telephone cord was removed by a
10 representative from the Harris County Institute of
11 Forensic Sciences and packaged.

12 Q. All right. And the Medical Examiner's
13 Office is the Institute of Forensic Sciences, right?

14 A. Yes, correct.

15 Q. They changed their name?

16 A. Yes.

17 Q. Okay. Now, the telephone cord was
18 wrapped around Mr. Melgar's ankles at the time his
19 body was found. Do you have an opinion as to
20 whether or not Mr. Melgar's -- the telephone cord
21 was wrapped around his ankles before he died or
22 after he died?

23 A. Yes, I do have an opinion.

24 Q. And what is that?

25 A. It's my opinion that the cord was

1 wrapped around his ankles after he had sustained the
2 injuries of his head and torso.

3 Q. And why is that your opinion?

4 A. Well, as you've seen in the photographs
5 of the arms, it looks like he has defensive type
6 injuries which would mean that he was moving and
7 trying to get away from the assailant.

8 The cord around the ankles -- his ankles
9 were crossed which would not necessarily be how
10 someone defending themselves would necessarily have
11 their ankles, but they were crossed. The cord was
12 loose, loosely wrapped multiple times around the
13 ankles with a piece of, looked like, plastic or dry
14 cleaning bags stuck in the telephone cord as it was
15 wrapped around the ankles. And there's no
16 hemorrhage or anything where the cord was. If that
17 cord had been around his ankles when he was
18 sustaining these injuries and fighting off the
19 assailant, then I would have expected there to be
20 some bleeding or hemorrhage or marks on the skin
21 from the cord to show me that he was restrained as
22 he was fighting off this assailant. And there
23 wasn't any hemorrhage or marks other than just,
24 like, an impression, an indentation from where his
25 foot was laying on the telephone cord.

1 Q. All right. And the red cord as well,
2 were you able to tell if that was something that was
3 tightly -- that was binding him, maybe his arms or
4 around his chest?

5 A. Yeah, the red cord was very loose around
6 the chest. There weren't any marks that I could see
7 on his body from the red cord.

8 MS. BARNETT: Your Honor, may I
9 approach the witness?

10 THE COURT: You may.

11 Q. (BY MS. BARNETT) I forgot this one,
12 Dr. Pinneri. I'm showing you what's been marked for
13 identification purposes as State's 723. Do you
14 recognize that?

15 A. Yes, I do.

16 Q. And is that one of the same autopsy
17 photographs that was taken along with the others?

18 A. Yes, it is.

19 MS. BARNETT: Your Honor, we would
20 offer into evidence State's Exhibit 723. Let the
21 record reflect I'm tendering to opposing counsel.

22 *(State's Exhibit No. 723 offered.)*

23 THE COURT: Any objection?

24 MR. SECREST: No objection.

25 THE COURT: State's Exhibit 723 is

1 admitted and you may publish.

2 (State's Exhibit No. 723 admitted.)

3 Q. (BY MS. BARNETT) On 723, Dr. Pinneri,
4 does it look as if these wounds are the same line?

5 A. There are in the same plane.
6 Particularly this one right here (*indicating*) would
7 be in the same linear plane as the other with a gap
8 in between them.

9 Q. All right. Based on your report, your
10 pictures and everything you did in this case, did
11 you have an opinion -- or do you have an opinion of
12 the cause of death of Jaime Melgar?

13 A. Yes, I do.

14 Q. And what is that?

15 A. Multiple sharp force injuries and blunt
16 force trauma attack.

17 Q. And could that -- is another way of
18 saying that, could that be stabbing -- by stabbing
19 him with a deadly weapon, namely, a knife?

20 A. Yes.

21 Q. And can you tell us what -- is this in
22 your opinion a homicide?

23 A. Yes, it is.

24 MS. BARNETT: I'll pass the
25 witness.

1 THE COURT: All right.

2 Cross-examination?

3 MR. SECREST: Thank you.

4 **CROSS-EXAMINATION**

5 **BY MR. SECREST:**

6 Q. Dr. Pinneri, nice seeing you again. How
7 are you?

8 A. I'm doing well. Nice to see you.

9 Q. Do you remember meeting me back -- I'll
10 tell you -- January the 7th of 2016? You were kind
11 enough to speak with me and Billy Belk in your
12 office?

13 A. I do recall. Yes, I do.

14 Q. And I appreciate again taking the time
15 to walk us through all this.

16 Let me just ask you from the get-go,
17 could you rule out the use of more than one weapon
18 in this homicide?

19 A. No.

20 Q. And why is that?

21 A. Because the wounds of the head have a
22 different appearance than the wounds of the torso.
23 The torso, while they're all different sizes on the
24 skin, that can just be explained by they're not
25 going in as deep as the others.

1 So the torso injuries could have all
2 been produced by the same weapon, but the injuries
3 to the head are -- have a different appearance with
4 the blunt appearance. So, no, I can't.

5 Q. Thank you.

6 And do you recall me asking you some
7 questions about the possibility of the -- of the use
8 of a serrated edge, at least with respect to maybe
9 one or more of those stab wounds or incised wounds?

10 A. I don't recall specifically, but --

11 Q. That's okay. But let me ask you that,
12 is can you rule out the possibility that a second
13 weapon might have had a serrated edge?

14 A. So it did seem like there were some
15 extra marks or possible serrations associated with a
16 couple of the wounds, possibly incised wound 12 on
17 the lateral side.

18 Q. Okay.

19 A. And then we had an anthropology
20 consultation which examined the cut marks on the
21 cartilage, which they thought it was mostly a
22 smooth, non-serrated weapon with maybe some use
23 defects on the edge.

24 Q. Okay. All right.

25 A. Which might cause the extra marks on the

1 skin so it appears somewhat serrated. There's no
2 classic serrated mark on this skin, though.

3 Q. Okay. No classic?

4 A. That's correct.

5 Q. Okay. Are you saying -- I think I
6 understood your testimony, and I don't want to
7 suggest otherwise. Are you saying for a fact that
8 the blunt force injuries to his skull were caused by
9 the rod in the closet on the piece of metal or
10 you're saying that was a possibility that that may
11 be the instrument that caused those types of
12 injuries?

13 A. I'm not saying definitely. I'm saying
14 that's a possibility.

15 Q. Okay. Is it also possible that
16 Mr. Melgar was hit over the head with another object
17 that was not a sharp-edged object but a blunt-edged
18 object, if I'm making myself clear?

19 A. Yes. It would need to be an object that
20 has a little bit of a sharp edge to it, but another
21 object with a sharp and blunt edge could produce
22 these injuries.

23 Q. Would you -- would you believe that
24 State's Exhibit 569, this knife, is it likely that
25 that caused the blunt force trauma injuries to the

1 skull?

2 A. The blunt -- no.

3 Q. Okay. He had actually a skull fracture,
4 did he not?

5 A. He did.

6 Q. And tell us what -- what does that mean,
7 you have a skull fracture? That's obviously a
8 significant injury, I would assume?

9 A. Yes.

10 Q. So, please, if you would, walk us
11 through what you found in that regard and then
12 explain to us all what a skull fracture is.

13 A. Sure.

14 Q. Thank you.

15 A. So there was a photograph that showed a
16 large area hemorrhage or contusion on the right side
17 of the back of the head by the ear. Underneath that
18 was some hemorrhage as well as a linear fracture
19 through the occipital bone right there.

20 There also were a couple of tiny
21 fractures to the very thin bones that were just over
22 the eyes and then the cut mark on the bone above the
23 left eye. So those were the skull defects that I
24 saw.

25 A skull fracture is basically a break in

1 the skull. So it's saying that there's a broken
2 bone that you would get in your arm or your leg.
3 It's just usually in the skull. They're not --
4 well, this one has a linear appearance. It's just a
5 line through it. So it's a blunt injury. So there
6 was an impact enough to that side of his head that
7 caused his skull to be broken or cracked.

8 Q. And is it fair to say that that would
9 have required significant force?

10 A. Yes.

11 Q. And could it have happened when he fell?

12 A. That's a possibility.

13 Q. Is it more likely that it happened
14 because he was struck?

15 A. So that can be difficult to determine.
16 When you have skull fractures and injuries to the
17 head, we're always trying to determine if it's from
18 a fall or a blow, meaning a direct impact to that
19 area. And sometimes you can tell if there's a fall
20 pattern.

21 He has a little bit of a fall pattern.
22 Actually he does have a fall pattern of his brain
23 such that he has this fracture on the back of his
24 head(*indicating*). And what happens is you get that
25 impact and that causes the brain to kind of move

1 forward and strike the skull on the opposite side.
2 So you get -- it's called coup contrecoup meaning
3 coup for blow. So you have the impact here. The
4 brain moves forward and impacts in the exact
5 opposite area. So typically what you do see in a
6 fall pattern.

7 And he did have some bleeding of the
8 brain in the opposite direction as well as at the
9 site of the fracture.

10 Q. So what's your verdict? What do you
11 think? Still go either way?

12 A. Given the hemorrhage and the -- over the
13 frontal part of the brain makes me think more of a
14 fall pattern, but he also has trauma to the front
15 part of his head. So I don't want to overstep my
16 bounds and say definite because he does have the
17 trauma to the front part of his face as well.

18 Q. Okay. He had quite a significant amount
19 of trauma, did he not?

20 A. Yes, he did.

21 Q. Did it appear to you that he was beaten?

22 A. Yes.

23 Q. And so we're all on the same page, when
24 I say it appeared that he was beaten, what do you
25 mean when you agree with me about that? What does

1 that mean?

2 A. Well, he has a lot of injuries, blunt
3 injuries that I see in people that are assaulted or
4 beaten. He's got the bruises on the back and on his
5 hands and his knees and his hips. So he's -- that
6 to me suggests -- well, it's consistent with blunt
7 force trauma which is -- I guess, I'm not -- I'm
8 sorry -- a beating. I didn't see any particular
9 weapon characteristics from a beating. I guess I'd
10 like you to define what you mean by beating.

11 Q. Fair enough. Was it consistent he'd
12 been maybe hit with fists?

13 A. Some of them, yes.

14 Q. And which specific blunt trauma injuries
15 did you see consistent with him actually being hit
16 with a fist?

17 A. Well, I can't tell exactly a fist; but
18 there are some on the arms, some bruises on the arms
19 that could be from impacts with someone else's hand
20 or other body part.

21 As far as a direct blow with a fist, he
22 had a bruise on his nose which --

23 Q. That's consistent with being caused by
24 what?

25 A. Well, it just indicates that there's

1 some blunt -- there is some impact to that area.
2 Whether it was with a fist or something else, I
3 can't say.

4 Q. Certainly not -- we're talking about not
5 about impact with State's Exhibit 569, the murder
6 weapon, are we?

7 A. No.

8 Q. Okay. So it would be consistent with
9 being hit with a closed hand? I'm going to push you
10 here a little bit, and you can push me back.

11 A. I didn't see any specific, you know,
12 fist or knuckle marks.

13 Q. Right.

14 A. But he definitely has bruises on him. I
15 just can't tell you what made those injuries.

16 Q. Okay. That's fair enough.

17 You said that he had a pretty good blow
18 right here in the -- on his nose between his eyes
19 (*indicating*)?

20 A. Yes, he has a bruise right over the
21 bridge of his nose, yes.

22 Q. And, again, that is a blunt force
23 trauma. That's not sharp force trauma?

24 A. Correct.

25 Q. So that would have been -- that would

1 have had to be caused either by -- I'm going to go
2 back to a fist or some other kind of object that
3 upon impact wouldn't leave a sharp force injury type
4 of mark on his body?

5 A. Yes, it's a blunt impact, not a sharp.
6 And the possibilities are that the blunt object
7 struck him or he struck a blunt object.

8 Q. Okay. Okay. How many different
9 injuries did you document based upon the autopsy
10 that you conducted at the Harris County Institute of
11 Forensic Sciences?

12 A. I documented 31 sharp force injuries. I
13 did not count all of the bruises and contusions; but
14 there were a lot, probably more than about 20 or so.

15 Q. So when -- it's my word; but when I said
16 that he took a hell of a beating, is that kind of
17 fair based upon the sheer number of wounds and
18 injuries you saw on his body?

19 A. Again, I'm not sure what you mean by
20 beating.

21 Q. Would you agree with me that the
22 encounter was particularly violent?

23 A. Yes, sir.

24 Q. Why do you agree with me as to that,
25 Dr. Pinneri?

1 A. Because of the number of injuries that
2 he has.

3 Q. Can you give us any idea as to how long
4 it would take for one or more persons to sustain
5 that many injuries on him?

6 A. It's going to take some time. It's not
7 an immediate -- he doesn't have any immediately
8 incapacitating injuries. So there's no one injury
9 that I can say, yes, after he sustained that, he
10 died immediately.

11 So he has a lot of injuries, a lot of
12 significant injuries, but they're all spread out on
13 his body and to sustain this number of injuries in
14 all these areas would take some time.

15 Q. Okay. Was there ever an indication
16 present in your autopsy that Jaime Melgar tried to
17 fight back?

18 A. Yes, it does appear that he has
19 defensive wounds, which are consistent with fighting
20 back.

21 Q. Okay. And consistent with a struggle?

22 A. Yes.

23 Q. Is there any doubt that the murderer or
24 murderers -- can you rule out -- can you rule out
25 more than one murderer?

1 A. No, I can only tell you what happened to
2 him, not who did it.

3 Q. Okay. Can you tell us how many people
4 were involved?

5 A. No, sir.

6 Q. Okay. Well, let me do it this way.

7 This is a toy knife (*indicating*). Okay?

8 A. Okay.

9 Q. I don't want to get hurt. Can you give
10 us any idea as to the mechanism -- basically how the
11 knife might have been -- how it might have been used
12 as he was either stabbed or there was incised sharp
13 force injuries 31 times on his body?

14 A. Well, I can tell you that all of the
15 sharp force injuries are to the front of the body
16 and to the hands. So his hands were up against the
17 weapon. Other than the front-to-back pathway that
18 the injuries took through his body, some went
19 upwards, some went downward, some went to the right,
20 some went to the left. The wound paths were
21 different.

22 Q. And not to cut you off, but does that
23 indicate anything to you that the wound patterns are
24 going in multiple directions?

25 A. You tend to see that more in situations

1 where there is a struggle going on between the
2 assailant and the victim. Other than that --

3 Q. Not to cut you off, but why is it that a
4 struggle could very well result in those types of
5 wound patterns? What is it about the dynamics of a
6 struggle that would cause that medical opinion?

7 A. The overall movement of the body.

8 Q. And is there any question that Jaime
9 Melgar's assailant was quite close to Jaime Melgar
10 at the time of the attack?

11 A. That's correct.

12 Q. Have you also told us that there is a
13 high probability that the murderer or murderers got
14 blood on themselves?

15 A. I don't believe I said that; but it was
16 a very bloody -- he was very bloody.

17 Q. Would you expect that the murderer would
18 have gotten blood on himself based upon the type of
19 struggle we're talking about here, the number of
20 injuries, the closeness of the encounter, if you
21 will?

22 A. I would expect that the person would
23 have blood on them from this number of injuries.

24 Q. Okay. Let me show you what has already
25 been admitted into evidence as 2370.

1 MR. SECREST: Your Honor, may I
2 approach the witness?

3 THE COURT: You may.

4 Q. (BY MR. SECREST) Dr. Pinneri, let me
5 show you Defense Exhibit 2370. Can you see what
6 that is? What does that appear to be to you, ma'am?

7 A. This is a photograph from the scene
8 showing Mr. Melgar's feet and the telephone cord
9 binding around his feet.

10 Q. Do you see the marking -- and I'm going
11 to use the word "linear" and you can correct me --
12 about 3 inches above the loosely tied telephone cord
13 there appears to be a line that starts at one side
14 of his right leg and ultimately goes all the way
15 across over here to the left side of his left leg?

16 A. Yes, there appears to be some sort of
17 indentation there on the medial part of his left leg
18 and the lateral part of the right leg.

19 Q. Would you mind helping us? When you say
20 the medial part, what does that mean, please, ma'am?

21 A. Medial is inside of his leg, and lateral
22 would be the outside.

23 Q. Would that be consistent with Mr. Melgar
24 having been lifted or carried?

25 A. The actual marks on the inside of the

1 left leg would probably not because I wouldn't
2 expect that binding to be there.

3 Q. Okay.

4 A. I can't say for sure that the one on the
5 right leg would be from that. I don't -- it doesn't
6 look like he's been carried, but I can't say for
7 sure.

8 Q. Could he have been? Is it at all
9 possible he could have been carried into the closet,
10 or you don't think that's the case?

11 A. I don't think that's the case.

12 Q. Okay.

13 A. I'm sorry. I don't think he was carried
14 there after the injuries were sustained.

15 Q. Okay. Thank you.

16 And this injury over here on the left
17 knee looks like a -- in my vernacular -- a heck of a
18 scraped knee. What is that? An abrasion?

19 A. It is an abrasion.

20 Q. And what's the possible cause of that?

21 A. Anything that came across the knee with
22 a blunt object. Could be from a carpet. Could be
23 from clothes that someone's wearing. You can get --
24 if there's pressure against it, you can get an
25 abrasion.

1 Q. Is it your view that in all probability
2 he was killed in the closet?

3 A. Yes.

4 Q. And why do you say that?

5 A. The amount of blood and blood spray,
6 blood spatter that's in the closet and the lack of
7 it elsewhere.

8 Q. So there's nothing about the telephone
9 cord found on his ankles or the loose red rope
10 around his chest that would suggest that he was tied
11 up at some point and assaulted while tied up?
12 That's obviously not what you're saying, correct?

13 A. That's correct.

14 Q. Did you-all do any analysis of his blood
15 alcohol?

16 A. Yes, we did.

17 Q. Thank you. Can you look at that,
18 please, ma'am? Sorry. And what was that?

19 A. I wasn't sure if you asked me a question
20 or not.

21 Q. I did. I just want to know what the
22 blood alcohol level was. I'm sorry.

23 A. You asked me if we did it. Yes, we did.

24 Q. Okay.

25 A. You want the results, too. Okay.

1 Q. Please.

2 A. So his femoral blood, which is blood
3 from the leg vein, had an alcohol level of .06 grams
4 per deciliter. The equivalent of .06 percent.

5 And then we do alcohol comparisons at
6 Harris County. They do it in three different
7 substances. So we also have a liver alcohol level,
8 which honestly don't really know what that means.
9 And then we have an alcohol level in the fluid from
10 the eye, which shows the exact same level as the
11 blood, so a .06.

12 Q. So that's consistent with, what, a
13 couple of three cocktails, give or take?

14 A. Could be, yes.

15 Q. When I say a couple of three, I'm not
16 suggesting six; but as a general proposition, rule
17 of thumb, the average mixed drink produces
18 about .02, roughly?

19 A. Yes. It just depends on how fast you
20 drink it and what you're drinking, but that's --

21 Q. Okay.

22 A. .02 is the average that a lot of people
23 use.

24 Q. Okay. Would that have been consistent
25 with a gentleman who prior to his premature demise

1 had two or three drinks, give or take?

2 A. Yes.

3 Q. Okay. Did you do any toxicology screen
4 to see whether or not he had any drugs in his body?

5 A. I did.

6 Q. And what did you find out in that
7 regard?

8 A. That we tested also for amphetamine,
9 methamphetamine, cocaine and PCP; and that was all
10 negative.

11 Q. All right. So all negative for any
12 illegal street drugs, but .06 for the alcohol?

13 A. Correct.

14 Q. Were his hands bagged when he arrived at
15 the morgue?

16 A. Yes.

17 Q. And why were the hands bagged? Why do
18 you do that? Not that you bagged them, but why is
19 that protocol in play?

20 A. We place paper bags on the hands in
21 order to preserve any evidence that may be there.
22 We don't want to lose it from the time that they're
23 transported from the scene to when we do our
24 examination.

25 Q. And at some point is there an

1 examination of the hands and actually the scraping
2 of the fingernails? Is that pretty standard
3 protocol?

4 A. Well, a standard protocol is to collect
5 the fingernail scrapings and clippings. What's done
6 with them after I collect them, I don't know.

7 Q. That's okay. So in this case, though,
8 there was a scraping done and whatever happened to
9 that that's not your -- on your watch, right?

10 A. That's correct.

11 Q. Okay. Fair enough.

12 Relative to some of these incised wounds
13 and maybe more of the superficial incised wounds, is
14 that consistent with a slashing?

15 A. That's a difficult question to answer.

16 Q. That's why I asked you.

17 A. It basically means that the knife just
18 wasn't in contact with the skin. It didn't
19 penetrate very deep. So you can get an incised
20 wound from dragging the knife. I guess you can get
21 it from slashing, as you said, if the distance is so
22 great that you just make contact with the skin in a
23 very shallow fashion. But most slashing actually
24 results in cutting of the skin.

25 Q. Okay. What is a bilateral orbital plate

1 fracture?

2 A. So the orbital plates are the thin bones
3 that are part of your skull that sit right above the
4 eye. They're very thin, and they do break fairly
5 easily with people that sustain trauma to the head.
6 So he had a very small one over each eye, I believe.
7 Yes.

8 Q. And when you talk about the blunt force
9 trauma injuries to the top of his head -- well, make
10 sure we're on the same page. Are those different
11 injuries than the skull fracture?

12 A. Yes, that's correct.

13 Q. Okay. And when you talk about blunt
14 force trauma injuries to his face, that would be a
15 different mechanism than to the top of his head?

16 A. The injuries looked different, so I
17 would say, yes, probably a different mechanism of
18 injury.

19 Q. So different mechanism of injury, you
20 have another thrust, another strike, another use of
21 a weapon against him?

22 A. Yes.

23 Q. Did you in any way estimate -- based
24 upon the extensiveness of the injuries that you saw,
25 can you estimate how many separate times that he was

1 struck or stabbed or cut during this homicide?

2 A. It's going to be over 50 times just from
3 glancing at my diagrams. 31 sharp force injuries
4 and then the rest would be the blunt injuries.

5 Q. Would it be fair to say that as one
6 increases the number -- if you're saying over 50
7 times, if you would -- the higher the number that
8 you get would you expect some injury to the
9 assailant just based upon the sheer number of times
10 that that assailant has now come into contact with
11 the body of the deceased?

12 A. I'm not sure I can answer that. It
13 would depend on the assailant.

14 Q. What do you mean by that?

15 A. Well, someone with more force would
16 potentially not be able to -- or Mr. Melgar wouldn't
17 have -- might not be able to inflict injury upon, or
18 if he was trying not to inflict injury upon them,
19 but -- I don't know. That's a hard one to answer.

20 Q. But if I were to strike you or stab you
21 and my body came into contact with you over and over
22 again, do we raise the odds that I'm going to
23 receive some type of injury or I could hurt myself
24 or I could hurt my hand?

25 MS. BARNETT: I object to that.

1 The witness has testified that she can't answer that
2 question.

3 MR. SECREST: I don't think she
4 has.

5 THE COURT: She can answer if she
6 knows.

7 A. If I'm fighting back --

8 Q. (BY MR. SECREST) Yes, ma'am.

9 A. -- I think there is a chance that you
10 would sustain injuries from me.

11 Q. Okay.

12 A. Because I'm going to fight hard.

13 Q. And by every indication, Jaime Melgar
14 tried to fight back?

15 A. He does have defensive injuries, yes.

16 MR. SECREST: May I have just a
17 second, Your Honor?

18 THE COURT: You may.

19 MR. SECREST: Thank you.

20 *(Brief pause.)*

21 Q. (BY MR. SECREST) What is your medical
22 opinion as to the cause of the subcutaneous
23 hemorrhages on the back of the ankle? What is that
24 consistent with, if you can tell?

25 A. He did have some bruises there, some

1 isolated bruises, but no ligature marks that I would
2 have expected from the telephone cord binding; but
3 he did have some bruises. So I don't know if he was
4 kicking at his assailant or was being kicked. I'm
5 not sure, but that is a possibility for how they
6 were sustained.

7 Q. That was what I was driving at. Is it
8 conceivable, based upon what you saw during your
9 examination, that he was actually kicked at some
10 point during his assault?

11 A. I can't say that any particular injury
12 is from kicking; but as a possible scenario, you do
13 get bruises from being kicked. So some of these
14 could. That's a possible scenario.

15 Q. Could he have been hit on the head at
16 some point but that didn't cause his death and then
17 later on he was then stabbed to death? Does that
18 make sense?

19 A. All injuries appear to be about the same
20 age. And actually the injuries to the head have a
21 bit more of -- they are a bit more dried, but they
22 all appear to be -- to have been inflicted about the
23 same time.

24 Q. When you say about the same time, give
25 me a time range.

1 A. I'm not that --

2 Q. Obviously -- obviously there wasn't an
3 injury on Monday and then another one on Wednesday,
4 right?

5 A. That's correct. There's no evidence of
6 healing. Could they have spanned an hour? Yes.
7 I'm not going to be able to pin it down any closer
8 than that; but they all look about the same
9 freshness, I guess, for lack of a better word, to
10 have been inflicted at the same time.

11 Q. You can't pin it down closer than an
12 hour so that it's possible he could have been hit on
13 the head and then eight minutes, ten minutes later
14 he was stabbed? Possible?

15 A. Right. I can't exclude that
16 possibility.

17 Q. You cannot exclude that possibility.

18 Dr. Pinneri, thank you for your time and
19 we appreciate seeing you. That's all I have.

20 MS. BARNETT: I have a couple more
21 questions.

22 THE COURT: Any redirect?

23 MS. BARNETT: Yes.

24

25

1 A. Yes.

2 Q. All right. So on the last paragraph on
3 Page 2 of your report -- do you see that -- I'm
4 sorry. In Jennifer Love's part of your report.

5 MS. BARNETT: May I approach the
6 witness?

7 THE COURT: You may.

8 Q. (BY MS. BARNETT) This last paragraph
9 (*indicating*). Okay. All right. So it talked about
10 the cut marks are consistent with a beveled-edged
11 tool. What's a beveled-edged tool?

12 A. It means a tool that has a V-shaped or
13 pointed edge.

14 Q. All right. And it talks about the
15 majority of the cut surfaces indicate a portion of
16 the tool that's non-serrated; is that right?

17 A. That's correct.

18 Q. Okay. So what does that mean if it's
19 non-serrated?

20 A. That it has a smooth or non --
21 serrations are sawtooth patterns typically seen in
22 things like bread knives. They have a lot of
23 serrations -- steak knives, other knives can have
24 them, too -- versus one that's just smooth and has
25 no serrations.

1 Q. Okay. And that's basically what we
2 have, a non-serrated knife; is that right?

3 A. That's correct. That was -- that is a
4 non-serrated knife.

5 Q. Okay. But she goes on to talk about cut
6 surfaces have irregular striations. What does that
7 mean?

8 A. So there were some -- the cut mark
9 wasn't completely smooth, and it went through the
10 cartilage. Cartilage is a substance that when cut
11 leaves some of the characteristics of the cutting
12 weapon on the surface, and it wasn't completely
13 smooth. It has some irregular defects in it that
14 suggested that maybe it had some prior use defects
15 to the weapon, but they weren't in a pattern
16 consistent with a serrated weapon.

17 Q. Is that basically just a knife that's
18 been used?

19 A. Yes.

20 Q. Okay. So if it's not a brand-new knife
21 and it's a knife that's been used and in the
22 kitchen, that could account for some of the defects
23 or make it appear that it's possibly serrated or has
24 some striations to it?

25 A. Yes.

1 Q. All right. And this -- this is a guard,
2 is it not, on State's Exhibit 569, to help prevent
3 the hand from slipping (*indicating*)? Is that right?

4 A. That's correct, yes.

5 Q. And would you say that the edge, the
6 other side of the knife, this is the -- this is
7 blunt force -- it could be blunt force; is that
8 right?

9 A. That is a blunt edge, yes.

10 Q. So on 569, could the blunt edge be
11 something that would be responsible possibly for a
12 contusion on his nose?

13 A. It could be possible, yes.

14 Q. What about the back end of the knife, is
15 that something that could be used as a weapon that
16 could cause a contusion on his nose?

17 A. Yes.

18 Q. What about the -- what you were talking
19 about, the different things that cause -- what is
20 this called on the eyes that we talked about?

21 A. The orbital plates.

22 Q. All right. You testified that you
23 thought a different weapon caused that, but
24 certainly there's not stab wounds there; is that
25 right?

1 MR. SECREST: Object, constant
2 leading.

3 THE COURT: Sustained.

4 Q. (BY MS. BARNETT) You talked -- you
5 talked about a different weapon causing those marks;
6 is that right?

7 A. The orbital plate fractures are not
8 caused by a cutting instrument. He has trauma to
9 the right -- I'm sorry -- the left side of his face
10 right here (*indicating*). He has one cut mark,
11 incised wound, that actually went to the bone. So
12 that bone is cut on the outer part and not the inner
13 part.

14 And he does have some other injuries,
15 some bruising by this eye (*indicating*). He also has
16 a little fracture of the bone above the left eye and
17 another one above the right eye. The possibilities
18 for both of those include a direct impact but
19 created the bruising and the fracture, or you can
20 see orbital plate fractures from someone that falls
21 and sustains injury to the back of their head, such
22 as a skull fracture. Then those bones can also
23 break just from the pressure.

24 So I don't know exactly what caused
25 those fractures because we have two different

1 possibilities.

2 Q. Okay. And he did -- I think you've
3 already testified he had an injury to the back of
4 his head?

5 MR. SECREST: Objection to the
6 leading; and if she's already testified to it, it's
7 repetitive.

8 THE COURT: Sustained.

9 Q. (BY MS. BARNETT) 569, the knife, could
10 be used in another way besides a stabbing, cutting,
11 couldn't it? Meaning there's a -- there's a handle
12 to it that could be used to force trauma, to hit,
13 right?

14 A. Yes.

15 MR. SECREST: Object to the
16 leading.

17 THE COURT: Sustained. Don't lead
18 your witness.

19 MS. BARNETT: Yes, ma'am.

20 I'll pass the witness.

21 THE COURT: All right. Any
22 recross?

23 MR. SECREST: One question.

24

25

RECROSS-EXAMINATION

BY MR. SECREST:

Q. Dr. Pinneri, in light of the injuries that were observed to the rib cage itself, right, talking about the weapon penetrated the chest and actually cut a part of the, what, bone structure, if you will?

A. Is that a question?

Q. Yes, it is. I'm sorry. Not a very artful one but, yeah.

A. It didn't actually cut the bone. It cut the cartilage, which is softer than the bone; but it did cut the cartilage.

Q. It cut the cartilage. And that's, again, what, you said 3 inches or 3 1/2 inches?

A. One of them went in as far as 3 inches.

MR. SECREST: Okay. I have no further questions. Thank you.

THE COURT: Thank you, Mr. Secrest.
All right. Thank you, Doctor.
May this witness be excused?

MS. BARNETT: Yes, Your Honor.

MR. SECREST: Yes, Your Honor.

THE COURT: You are excused. Have a good evening.