

1 THE COURT: Call your next witness on behalf of the
2 State.

3 DR. MICHAEL ZARICOR, being duly sworn by the
4 clerk, testified as follows:

5 DIRECT EXAMINATION by Mr. Hicks:

6 Q. Sir, could you introduce yourself to the jury,
7 please.

8 A. Michael D. Zaricor, D.O. I'm a pathologist at
9 Mineral Area Regional Medical Center here in Farmington.

10 Q. Sir, how long have you been a pathologist?

11 A. Twenty-two years.

12 Q. And could you explain to this jury what a
13 pathologist does?

14 A. Yes, sir. Our main job is at the hospital which
15 involves keeping track of the laboratory tests done on
16 patients to assure the quality and precision of those tests
17 and to look at organs removed at surgery to determine what
18 the pathologic process, whether it's malignant or benign
19 might have occurred in those organs that are removed at
20 surgery. And for that, I did a four-year pathology
21 residency in Flint, Michigan, '76 to '80. We also, in our
22 office, Dr. Deidiker and I, investigate forensic cases, that
23 the cause of death is obscure or suspicious. And in those
24 cases we do forensic autopsies for the several counties in
25 Southeast Missouri mostly, to determine manner of cause of

1 death in those suspicious cases.

2 Q. Now, Doctor, you were just talking about this
3 forensic pathology.

4 A. Yes.

5 Q. Is that related to criminal investigations?

6 A. Yes, it is.

7 Q. A lot like Quincy, I'm going to date myself here,
8 on TV?

9 A. Except that we don't have two weeks to dedicate to
10 each case.

11 Q. Right. Now, could you explain to this jury what
12 kind of education that you have that allows you to be a
13 pathologist?

14 A. Yes, sir. I graduated Southeast Missouri State
15 University with a BA in Zoology in '68. I went to
16 Kirksville College of Osteopathic Medicine for four years
17 and graduated in '73 with a Doctorate of Osteopathic
18 Medicine Degree. Did a rotating internship, '73, '74, in
19 Flint, Michigan, in all departments of the hospital. And
20 then I took a break and worked emergency room medicine for a
21 couple years in Milwaukee, before going back for a four-year
22 residency in pathology in Flint, Michigan. And in that four
23 years, six months were spent at the Detroit Medical
24 Examiner's Office, the Genesede County Medical Examiner's
25 Office, and at the University of Missouri, dedicated mostly

1 to forensic pathology. With that and experience, I was at
2 one time board eligible to take the boards in forensic
3 pathology and elected not to, being 50-years-old already at
4 that time. So I am not board certified in forensic
5 pathology but have been doing it for 27 years, including the
6 study. And I'm board certified in anatomic pathology.

7 Q. What is the significance in being board certified
8 in forensic pathology?

9 A. It requires a full year fellowship after your
10 pathology residency and forensic pathology. So I only had
11 about six months of that full year in mine.

12 Q. When did you actually move to Missouri and start
13 practicing pathology here in the State of Missouri?

14 A. December 1980.

15 Q. And since you've been in the State of Missouri,
16 have you practiced both anatomical and pathological -- I'm
17 sorry, forensic pathology?

18 A. Yes, sir.

19 Q. And is there any requirement in the State of
20 Missouri in order to practice forensic pathology that you be
21 certified in any way?

22 A. No, there is not that I know of.

23 Q. And, in fact, have you ever testified as an expert
24 in the State of Missouri in regards to forensic pathology?

25 A. Yes, sir.

1 Q. Do you have any estimate about how many times?

2 A. Maybe 300.

3 Q. And what portion of the State of Missouri do you
4 mainly testify in?

5 A. From St. Francois County south to the Arkansas
6 border. And, well, we've gone as far as Salem and over into
7 Southern Illinois and done some cases for them occasionally,
8 too.

9 Q. How many total autopsies do you think you've been
10 involved in?

11 A. A few years back it was over 2,000.

12 MR. HICKS: Your Honor, at this time I'd like to
13 tender Dr. Zaricor as an expert in the area of pathology.

14 MR. WILLIAMS: No objection, Judge.

15 THE COURT: The Court will recognize the witness as
16 an expert witness in this field.

17 Q. (By Mr. Hicks): Now, Dr. Zaricor, were you asked to
18 perform the autopsy of a Rita Politte?

19 A. Yes, sir.

20 Q. Do you remember when that was?

21 A. It was December the 5th, of '98.

22 Q. And who requested that you do this autopsy?

23 A. The coroner of Washington County at the time was
24 Mal Gum. And he called and explained the situation and
25 brought the body over to Mineral Area Regional Medical

1 Center where we performed the autopsy at 1:30 p.m. on that
2 date.

3 Q. On that Saturday, December 5th?

4 A. Pardon me?

5 Q. Could you give me the date again? I'm sorry.

6 A. It was 12/5. I don't remember if it was Saturday
7 or not.

8 Q. So it was December 5th?

9 A. Yes, sir.

10 Q. Could you briefly explain to the jury what you kind
11 of do in an autopsy, from beginning to end?

12 A. Yes. I first try to get as much history
13 surrounding the scene and the circumstances of the death
14 which might lead towards deeper investigation in one area or
15 another. We begin by looking over the body on the outside,
16 including any clothing that might be present, and describe
17 and record any injuries or damage that might have occurred
18 to the body or the clothing. We also, prior to the internal
19 examination, will obtain whatever fluids we can for
20 toxicology. In this case it was blood and fluid from the
21 eyeballs. And we also will take x-rays of the body if
22 they're required, as it was in this case, of the head, the
23 chest, and abdomen, in this particular case, to rule out any
24 foreign bodies, such as a bullet that might be in the body,
25 because it was severely burned in the upper half, and an

1 entrance wound might not be obvious. So those are the
2 initial things that we do and did in this case. And then
3 after that the internal examination involves a Y-shaped
4 incision in the chest and abdomen to look at the organs from
5 the chest cavity and the abdominal cavity and also in this
6 case the neck organs. All of the damage or injuries or
7 disease processes are recorded at the time the autopsy's
8 being done. And after that was described, we advanced to
9 the head and did an examination of the cranium and of the
10 brain.

11 Q. That's what you did in this case, is a typical
12 autopsy; is that correct?

13 A. Yes.

14 Q. Were you able to make any findings and reach any
15 conclusions after this autopsy?

16 A. Yes, I was.

17 Q. Let's start with the ultimate conclusion. Were you
18 able to determine the cause of death to Rita Politte?

19 A. Yes. Not at the time of autopsy, although we were
20 suspicious, because of a bright red discoloration to the
21 skin from the blood, that we had a carbon monoxide
22 poisoning. In the laboratory in St. Louis, at the county
23 medical examiner's office, later substantiated that with a
24 blood carbon monoxide level of 50 percent.

25 Q. Now, I want to back up just a second then. You

1 mentioned that you take blood and then fluid from the
2 eyeball?

3 A. Yes.

4 Q. Is that what you're talking about was sent to a lab
5 in St. Louis?

6 A. Yes, sir.

7 Q. Now, is this typically what you do in all
8 autopsies?

9 A. Yes, sir.

10 Q. And basically from this lab, what are you asking
11 for?

12 A. We're asking for any drugs of abuse that might be
13 in the body from the blood sample. In this case we also
14 asked for a carbon monoxide level because of the suspicion.
15 And they frequently do the initial screening of that on
16 urine, but when that's not available, as was in this case,
17 the bladder was empty, then the only other fluids that are
18 available are the vitreous fluid in the eyeball, and so we
19 took that from both sides.

20 Q. And then this lab in St. Louis, do they provide you
21 with a report about their results?

22 A. Yes, sir.

23 Q. Now, do you typically rely upon those reports in
24 coming to your conclusions?

25 A. Oh, yes, absolutely.

1 Q. And that's what you did in this case?

2 A. For the carbon monoxide level, yes, sir.

3 Q. And the carbon monoxide level was what again?

4 A. Fifty percent.

5 Q. Now, is that significant?

6 A. Absolutely. That's lethal.

7 Q. And when you say lethal, that means you were able
8 to determine that Rita Politte died of what?

9 A. Carbon monoxide poisoning.

10 Q. Now, while we're talking about carbon monoxide
11 poisoning, could this 50 percent level to which she died
12 from have been caused simply from setting this area of her
13 on fire without any sort of fabric or anything like that?

14 A. Well, I guess we probably need to go back and start
15 with the severe burns of the body.

16 Q. Okay.

17 A. And describe what kind of fire we had here. This
18 was a fire that was confined to a relatively small area from
19 an accelerant. And the burn to the body was mostly to the
20 head and front and back from about the navel up. And
21 tissues were burned and charred down to the fatty tissues in
22 some spots. And much of the skin of the right side of the
23 head and back of the head were completely absent.

24 Q. While you're there, did you find that the burning
25 and the charring was most significant where you just pointed

1 to, the back of the head and the shoulder area, right here
2 on the right side of her body?

3 A. That was the most intense it appeared, yes, sir.

4 Q. I didn't mean to stop you there, but you were
5 talking about how this -- what you were dealing with is the
6 severely burned skin.

7 A. Yes.

8 Q. Why is that significant in trying to reach
9 findings?

10 A. Well, this fire is what I would call a variant of a
11 flash fire in which was intense in a small area and probably
12 didn't last very long, relatively, and certainly it didn't
13 burn the trailer down. And we know how easily trailers can
14 be burned. Of course, the fire was put out later. But it
15 was confined to a small area from what appeared to be an
16 accelerant. And that kind of hot fire, if it were just on
17 your body alone would probably kill you before you could
18 accumulate a 50 percent carbon monoxide level.

19 Q. I want to stop you right there. You said if it was
20 just on your body alone. You're talking about, I'm laying
21 here without anything covering my face, without a shirt on,
22 and I've just put some sort of accelerant directly on my
23 skin, no type of fabric at all, it's your opinion that if,
24 in that situation an individual --

25 MR. WILLIAMS: Objection, Your Honor, as to the

*I believe
this mobile
home was treated
w/ Flame Retardant*

1 leading nature of the question. He's suggesting the answer.

2 MR. HICKS: Well, I'm not suggesting the answer.

3 I'm asking.

4 THE COURT: I think he's posing a situation. The
5 doctor can answer. Overruled.

6 Q. (By Mr. Hicks): Again, in this situation that I think
7 you just described where there's accelerant just put on the
8 skin, would you expect the individual to die from smoke
9 inhalation or die before they were able to inhale this
10 smoke?

11 A. I think the physical damage to the lungs from
12 inhaling that super-heated air would probably kill you
13 before you could get a carbon monoxide much over 20, 25
14 percent.

15 Q. So is that the significance of the 50 percent
16 carbon monoxide poisoning

17 A. It means that she was alive and breathing when that
18 fire was started and didn't die for a period of minutes,
19 that she could accumulate that degree of carbon monoxide in
20 her blood.

21 Q. Now, have you been able to reach an opinion as to
22 whether her face area was covered with any kind of fabric?

23 A. There was no fabric left except for burned
24 remnants, which we did find over the face and anterior chest
25 that had burned down to look like elastic-type fibers and

1 material. But there was no really intact residual fabric
2 that came to me at the time of autopsy but was adherent and
3 burned into what was left of the skin, pieces of fabric that
4 had burned, yes, sir.

5 Q. And from what you've been able to observe and what
6 you've just explained to us, do you have an opinion as to
7 whether there was fabric placed over her face at the time of
8 this crime?

9 A. It would appear that it was, yes, sir.

10 Q. Now, you talked about the severe burning that was
11 back here. Did that affect your ability in any way to
12 determine what kind of injuries she had to that part of her
13 body, other than fire injury?

14 A. Yes, sir, it did.

15 Q. Can you explain that to the jury, what you're
16 talking about?

17 A. Well, first we should probably describe what we did
18 find, and that was that even though the skin was gone from
19 this area of the skull on the right side, it was still
20 present on the left. And so we, in removing and flapping
21 back the skin over the head, there was nothing over here to
22 indicate bruising or any damage to the skin. It was gone.
23 There was nothing on the left side, although that was
24 somewhat charred, too. But at least on the left side when
25 we reflected the skin you could still see the skull was

1 white. It had not been damaged to any extent on the left.
2 On the right back of the head there was just essentially no
3 skin left.

4 Q. Is that significant? I mean, not having skin
5 present there, does that prevent you from making certain
6 determinations?

7 A. Well, any damage that might have been done pre-
8 mortem to that skin would have evaporated with the loss of
9 the skin and the burning of the skin away.

10 Q. And you're talking, you used a big word there. Are
11 you talking about, like, superficial blows, blows to the
12 head that might cause bruising but not necessarily
13 unconsciousness?

14 A. That, knife wounds, it was just not there, so there
15 was nothing to evaluate, except for the skull, and that's
16 what was pretty much exposed to the air at the time.

17 Q. And that's what we're going to get to next. So you
18 don't have the skin and what you commonly call the subdural,
19 what's underneath?

20 A. The scalp.

21 Q. You just had the skull to deal with; is that
22 correct?

23 A. That's correct.

24 Q. What did you see when you observed the skull?

25 A. Just the charring of the outer -- the skull is in

1 two layers with the bone marrow in between. And the outer
2 diploe or outer layer of the skull was visible there and
3 charred and black, except on the left it was not. So we
4 removed the skull cap or the top with a bone saw and then
5 examined the brain. Now, the heat had caused the right side
6 of the brain to pretty much cook and shrink up. And it
7 expressed bone marrow from between those two plates of bone
8 into the epidural space outside the dura lining of the
9 skull, a real tough fibrous lining. But when we removed the
10 brain then, there was liquid blood back in the back of the
11 cranial cavity. The occipital portion of the brain was
12 liquid blood.

13 Q. Is that indicative of anything?

14 A. Well, the black goo that the fire had expressed out
15 was part of the fire and not part of any injury. But
16 there's a linear fracture to the basal skull originating in
17 the right occiput, down below in here, and that went all the
18 way across the midline to the other left occipital area and
19 also up towards the parietal area behind the ear. So there
20 was a linear V-shape skull fracture of the basal skull. And
21 that had actually caused hemorrhage in the back of the
22 brain, in the occipital region. There was also artifactual
23 cooked bone marrow into that space, too, but that was over
24 here on the right side.

25 Q. Have you seen this type of injury before in skulls?

1 A. Yes, sir.

2 Q. In your experience, can a fire cause that kind of
3 injury to the skull?

4 A. No. A linear fracture like that is not the typical
5 fire type fractures. Now, the fire burning of the skull and
6 apposition to the skull, a direct flame, will cause
7 curvilinear cracks in the outer diploe of the skull and can
8 even, if it's hot enough, get into the inner portion of the
9 skull, but not a linear skull fracture, no.

10 Q. What would cause a linear skull fracture?

11 A. A blunt trauma to the head.

12 Q. Blunt trauma. That could be any number of things;
13 is that correct?

14 A. Yes.

15 Q. Any number of devices or tools or something hard,
16 is that what you're saying, hit that head?

17 A. A significant blow by a firm object, yes.

18 Q. Based upon what you observed there, could you tell
19 how many times Rita Politte had been hit in the head?

20 A. All I could say is that there was at least one blow
21 that fractured the skull.

22 Q. And the reason you can't say that there was -- the
23 reason that you can only say there was at least one, is that
24 because of the burn damage there, not being able to tell
25 about the bruising that we talked about just previously?

1 A. Sure. Absent the fire, every blow would, of that
2 velocity at least, would leave a bruise. So if it was in a
3 different place on the scalp that she was struck more than
4 once, we would see the bruising from it if the skin were
5 still viable. But that was gone. So all I know is, she was
6 hit hard enough here to break her skull.

7 Q. So we know at least one time?

8 A. Yes, sir.

9 Q. Now, let's talk about that one blow. In your
10 opinion, what you observed there, was this a significant
11 blow to the head?

12 A. I'd say it was enough to knock you unconscious and
13 put you on the ground.

14 Q. It's your opinion that most people this would knock
15 unconscious and put you to the ground?

16 A. Yes.

17 Q. How big was Rita Politte; do you recall?

18 A. She was five feet three measured, and we don't have
19 a scale, but she estimates at 120 to 130 pounds, small,
20 petite lady.

21 Q. Now, you're given a little bit of history when
22 you're asked to do an autopsy; is that correct?

23 A. Yes. Try to get as much as I can.

24 Q. What is the purpose of the history?

25 A. Well, just give me an idea of how suspicious the

1 death is. If it's something that could have been an
2 accident, it helps to know that. If it's something that
3 appears to obviously have been inflicted upon the deceased,
4 then we're talking about a whole different ball game in the
5 way we retrieve and save trace evidence and things like
6 that.

7 Q. This blow that we were just talking about to her
8 head.

9 A. Yes.

10 Q. Would have, in your opinion, rendered her
11 unconscious. Would it have caused any bleeding?

12 A. From the scalp, yes. The head bleeds excessively
13 with wounds and head and face. So, yes, this would have
14 bled.

15 Q. And you just said that the head bleeds excessively.
16 That type of blow, would that have caused a substantial
17 amount of blood?

18 A. Well, again, I don't have the skin injury, but
19 since blood was left, I assume then that there was skin
20 puncture from the blow, and so we had some blood that was
21 the scene. And the scalp and the face if typically a
22 heavily bleeding area of the body, yes.

23 Q. There are different degrees of blows that can be
24 made to a head, correct?

25 A. Yes.

1 Q. Can a person receive a blow to the head that does
2 not crack the skull but that causes bleeding?

3 A. Yes.

4 Q. And if it doesn't crack the skull and just causes
5 bleeding, typically does that render a person unconscious,
6 or are they a lot of times able to remain conscious?

7 A. Either are possible. Could certainly knock one
8 unconscious or not. It depends on the concussive force to
9 the brain.

10 Q. You just told me that you were given a history. I
11 want to ask you this question. If a person is hit on the
12 head, all right, and then hypothetically they were able to
13 get out of bed and weren't unconscious and walk across the
14 room, in your expert opinion, is there any reason why this
15 person would not be able to yell out or scream, anything
16 medical that would prevent them from doing this, from a blow
17 to the head?

18 A. If they're conscious and are able to walk after the
19 blow?

20 Q. Yes.

21 A. Then they should be able to vocalize.

22 Q. Did you examine the contents of Mrs. Politte's
23 stomach?

24 A. Yes.

25 Q. And, one, why did you do that?

1 A. Well, interestingly enough, it's one of the means
2 to determine the time interval from the last meal to death,
3 and it's not precise to the minute or anything. But gastric
4 emptying is usually at four to six hours after a full meal.

5 Q. What's that mean, gastric emptying?

6 A. Emptying, well the stomach, of course, is the pouch
7 that holds your food as you eat as it goes down the
8 esophagus into the stomach. And then the digestive process
9 begins there and is pretty much liquified and passes on into
10 the small bowel. And at the point it passes from the
11 stomach into the small bowel is the time we're talking of,
12 under normal circumstances in a well patient, four to six
13 hours.

14 Q. And so we're talking about a maximum of six hours
15 it would take to process the food through?

16 A. Pretty much, unless it was under stress or
17 excitement or something which can prolong that interval. In
18 this case we had obvious pickles and onions in the stomach
19 with 150 cc's of liquid. So whatever was eaten included
20 pickles and onions, and most of the rest of the material had
21 digested and passed on out of the stomach.

22 Q. In your opinion, that would have been four to six
23 hours previous to her time of death?

24 A. It could be as little as three maybe, but probably
25 in normal circumstances it would have been gone if it had

Subway
at
Midnight

1 been six hours.

2 Q. And once a person is dead, okay, does the body quit
3 digesting food?

4 A. Yes.

5 Q. That's what significant about looking at the food
6 then, in certain circumstances, is to try to figure out
7 maybe a time of death?

8 A. It can be used for that, yes, or where the patient
9 has been or where the deceased has been. I know one time,
10 being from Sikeston, I could tell that the patient had eaten
11 at a Lambert's Café because of what was in the stomach.

12 Q. One more thing, Dr. Zaricor. Well, actually two
13 more things. During an autopsy, a typical autopsy, do you
14 always take fingernail clippings?

15 A. No, sir.

16 Q. Are there situations in which you do take
17 fingernail clippings?

18 A. Yes.

19 Q. And what are those situations and why?

20 A. If there's been a fight of some sort or the
21 deceased has defense injuries that indicate there was a
22 scuffle or if there has been any evidence of a sexual
23 assault, then we usually do the skin clippings -- the
24 fingernail clippings, pardon me, and submit those to find
25 out if anything's under there. There may be blood from the

1 assailant, DNA testings come into vogue now, so that if
2 there is any material under there at all from the assailant,
3 it can perhaps be amplified and determine who the assailant
4 was.

5 Q. Material such as if the victim had scratched or
6 clawed the perpetrator?

7 A. Yes.

8 Q. The assailant; is that correct?

9 A. Correct.

10 Q. Now, in this case, during the initial autopsy, did
11 you take fingernail clippings?

12 A. I thought I had, but I guess I had not. The right
13 hand was completely charred and was of no value. But the
14 left, while it was scorched, was okay and might have yielded
15 some material that might have been of value the
16 investigators. In accomplishing the rape kit, vaginal
17 swabs, and slides and all and hair, standard hair from the
18 -- it was burned mostly away. There was a little bit of
19 blond/red hair up here in front of the scalp. We got all of
20 that. And I did not, it appears, clip the fingernails at
21 the time of the initial autopsy, although I thought I had.

22 Q. Did you have an opportunity after the autopsy some
23 months later to get these fingernail clippings?

24 A. Yes, I did.

25 Q. And that was during a body exhumation; is that

or maybe he died
E. they were 'lost'

Seems
He did
everything
properly
except for
the one
thing that
could have
had DNA
of murderer

1 correct?

2 A. Yes, sir.

3 Q. And you were there when Ms. Politte's body was
4 exhumed?

5 A. Yes, sir.

6 Q. And was the sole purpose of that body exhumation
7 was for what?

8 A. Was to take the fingernails if they had not been
9 taken before.

10 Q. And did you find fingernails when this body was
11 exhumed?

12 A. I'm afraid I did, yes.

13 Q. And so at that point you took these fingernail
14 clippings; is that correct?

15 A. Yes. And I went ahead and took the right ones,
16 too. I didn't want to do it again.

17 Q. You said now during the initial autopsy though that
18 you did do a vaginal swab. What's that?

19 A. Cotton tip applicators into the vaginal cavity
20 after we've examined it to look for any damage or injuries.

21 Q. And why do you do that?

22 A. Well, for potential semen, or acid phosphatase from
23 semen might be there that could be either DNA tested if it
24 had phostic sperm or at least evidence of rape. And so we
25 do those and also roll that out on a slide to look for

1 spermatozoa. And we did the same with the rectum and
2 sometime swab the mouth as well.

3 Q. One more thing, Dr. Zaricor. You said when this
4 body was exhumed and you took the fingernail clippings, they
5 were ultimately sent to a lab, is that correct, to be
6 analyzed?

7 A. Those were taken to the State Highway Patrol lab in
8 Jefferson City, I'm told.

9 Q. And in your 22 years of experience in sending
10 fingernail clippings to the lab, how often do these
11 fingernail clippings lend results?

12 A. Well, I've never had any positive results from
13 them. And I never heard of any sure until just a couple
14 weeks ago, and I think I saw in U.S.A. Today over in the
15 Kansas City area, someone was convicted on the basis of
16 material from under the fingernails.

17 Q. All right. But in your experience it's --

18 A. It's a low yield thing.

19 Q. Very low yield thing. Did you find any bruising on
20 Rita?

21 A. Not in the tissues that remained intact that I
22 would have been able to see it. I saw no evidence of --

23 Q. And we're talking about, where there was skin,
24 where there's the capability of being burned?

25 A. Right.

*They seem to think its
to No big deal
to Not
take or
loose fingernail
clippings.*

*If its not important,
why 397
exhume A Body to
Get them
Again...*

1 Q. And so what I'm looking for here, Doctor, --

2 THE COURT: You said capability of being burned.

3 Is that what you meant?

4 Q. (By Mr. Hicks): I meant where skin had burned away,
5 you're just incapable of determining whether there was any
6 kind of bruising or injury there other than fire; is that
7 correct?

8 A. That's correct.

9 Q. Now, where there was skin, where there was the
10 capability of bruising, okay.

11 A. Yes.

12 Q. Did you find any bruising?

13 A. No, sir, I did not.

14 Q. And we're talking about what parts of her body?

15 A. Well, from the pubic bone down was fairly well
16 preserved. And some of the subcutaneous tissues were fairly
17 well preserved over the left arm and the sides, particularly
18 the left side. But I saw no evidence of any other injuries
19 than we've discussed.

20 Q. When you're looking for these type of injuries --
21 Strike that. What's a defensive type wound?

22 A. If you're being attacked and you get your hands or
23 legs up to protect yourself, sometimes they can be injured,
24 bruised, cut, scratched, broken.

25 Q. Did you find any fractures on Rita Politte?

1 A. Yes, sir, the one in the skull and the little bit
2 on the head, and that was all.

3 Q. Any fractures to her arms?

4 A. No. The shoulder on the right was burned right
5 down to the bone. And the radiologist thought it was
6 dislocated. But it was intact. It was just, because of the
7 soft tissues being gone, looked like it was dislocated.

8 Q. So, again, --

9 A. No, I did not.

10 Q. Unrelated to the burning, was there anything on her
11 that was fractured?

12 A. No, sir.

13 Q. Were her teeth, had any of her teeth been knocked
14 out?

15 A. No, sir.

16 Q. Was there anything that indicated to you that she
17 had been able to put up a struggle and to fight whoever
18 attacked her?

19 A. No, sir, not that I saw.

20 Q. All right. I'm going to hand you State's Exhibit
21 50. The charred material that you took from the body and
22 the face, do you remember who you handed that over to?

23 A. Yes, I do. It would have been Walt Higgenbotham,
24 chief deputy from Washington County Sheriff's Department.

25 Q. So you didn't package this material in any way?

1 A. Well, yeah. I was involved in the packaging at the
2 site of the autopsy. But it's obviously been put in an
3 evidence bag that I had nothing to do with.

4 Q. That you had nothing to do with. I want to see if
5 you recognize the packaging in here.

6 A. This does contain some of the material fiber here.

7 Q. Does that appear to be the fiber that you're
8 talking about?

9 A. Yes. It looks like burned cloth.

10 Q. And, again, this was given to Deputy Higgenbotham?

11 A. Yes, sir.

12 Q. I'm going to hand you what has been marked as
13 State's Exhibit 35, and ask you if you recognize the
14 container?

15 A. This looks like a rape kit to me that was secured
16 at the time. All of these I have personally signed at the
17 time of the autopsy and indicated the case, with the
18 exception of this whole blood and tube of whole blood I fill
19 out with the patient's name and my autopsy number and my
20 initials would be on the tube of blood.

21 Q. On the tube of blood?

22 A. Yes.

23 Q. So you recognize these as items that you took at
24 the autopsy?

25 A. Yes, sir.

1 Q. And that's State's Exhibit 35. I'm going to hand
2 you State's Exhibit 51, and ask if you recognize that? I
3 know you see the writing on the outside. If you could open
4 it up, see if you recognize what's inside of there.

5 A. Okay. Well, this is not as I packaged it. It
6 looks like it's just the cotton tip from the applicator. So
7 it's been already processed at the lab.

8 Q. Right. So it's changed a little bit since you --

9 A. It has, yes.

10 Q. What do you do? Do you take like a big Q-tip?

11 A. Yes, about this long.

12 Q. And does that appear to be the end of one of these
13 Q-tips?

14 A. That's what it looks like, yes, sir.

15 Q. Okay. And so that would be consistent with what
16 you did at the time of the autopsy?

17 A. It's just not my packaging.

18 Q. Right, I understand. I'm going to hand you 52 and
19 52(a) and ask you to look at those real quick as well.

20 A. In all honesty, I could not -- this is not my
21 writing.

22 Q. Okay.

23 A. And it should be. So this may have been obtained
24 at another time by the fire at the scene or somewhere else.

25 Q. All right. I want you to look at 52 and make sure.

1 A. Okay.

2 Q. And, again is that anything that you recognize?

3 A. Well, it looks like it's a part of a cloth that was
4 saturated with blood. But it's been repackaged.

5 Q. So there's no way you could recognize that at this
6 point?

7 A. No.

8 MR. HICKS: Fair enough. Thank you, Doctor. At
9 this time the State would only move to have admitted into
10 evidence State's Exhibit 50, which is the debris.

11 THE COURT: Any objection to 50?

12 MR. WILLIAMS: No objections, Judge.

13 THE COURT: Admitted, 50.

14 MR. HICKS: And then State's Exhibit 35, which is
15 the sexual assault kit.

16 THE COURT: That has already been admitted into
17 evidence.

18 MR. HICKS: I'm sorry. And then State's Exhibit
19 51, which is the vaginal swab which Dr. Zaricor recognized
20 it.

21 THE COURT: Any objections to that?

22 MR. WILLIAMS: No objections.

23 THE COURT: Exhibit 51 admitted.

24 MR. HICKS: I don't think I have any further
25 questions for Dr. Zaricor. Thank you.

1 CROSS-EXAMINATION by Mr. Williams:

2 Q. Dr. Zaricor, let's talk about the injury to the
3 back of the head for just a second, okay?

4 A. Okay.

5 Q. Okay. You'd indicated that this was a traverse
6 occipital skull fracture; is that correct?

7 A. Transverse, yes, sir.

8 Q. What was that first word?

9 A. Transverse occipital.

10 Q. Okay. And that was mostly on the back of her head?

11 A. Yes. The occiput is the back part of the skull.

12 Q. Which also traverses the midline?

13 A. Yes.

14 Q. And somewhat into the left occipital space?

15 A. Yes. Went across the base of the skull midline, it
16 went over into the left occipital space.

17 Q. Is what we're talking about here in common
18 language, she got hit in the back of head about right here?

19 A. That's what it appeared, yes, sir.

20 Q. Okay, the lower right portion behind the head?

21 A. Yes, sir.

22 Q. And it went across to the middle of the head, the
23 middle of the skull?

24 A. The fracture itself did, yes.

25 Q. The fracture did?

1 A. Yes.

2 Q. And it went slightly into the left region of the
3 head, the fracture, right?

4 A. Yes. When it crossed the midline, it did.

5 Q. Okay. In your expert opinion, would you say this
6 was a pretty massive blow to the head?

7 A. Yes, sir, it was a pretty good lick.

8 Q. It has to be caused by extreme force?

9 A. I would say, yes.

10 Q. Okay. You can't just get a skull fracture? I
11 mean, her skull was fractured, right?

12 A. Yes.

13 Q. It was cracked?

14 A. Yes.

15 Q. And you can't get a skull -- A skull is thick,
16 right?

17 A. Relatively so, yes.

18 Q. Relatively so?

19 A. Yes, sir.

20 Q. And it doesn't crack easily, does it?

21 A. No, thank goodness.

22 Q. It's there to protect our brain, right?

23 A. Yes.

24 Q. And the tissues therein?

25 A. Yes, sir.

1 Q. So this took a pretty good blow, pretty massive
2 blow to crack that skull?

3 A. I would say so, yes.

4 Q. And the only evidence that you saw was one skull
5 fracture of an injury to the back of the head, right?

6 A. Yes, sir.

7 Q. You didn't see any other evidence of any other
8 injuries, right?

9 A. No.

10 Q. Okay. This fracture wasn't consistent with
11 fractures that can be caused by heat or fire, right?

12 A. No, it was not.

13 Q. This was a pretty substantial fracture?

14 A. Yes. Linear across the base and then went up
15 behind the right ear as well.

16 Q. There's no evidence of any other head trauma,
17 right?

18 A. That's correct, other than the fire, of course.

19 Q. Other than the fire. Now, I want to talk to you
20 for a second about your observations of blood, okay, on the
21 body at the time of the autopsy, okay?

22 A. Yes, sir.

23 Q. Would it be fair to say there were 11 blood
24 drippings down the left front thigh?

25 A. There were 11 originating from a larger pool higher

1 on the body, yes, sir.

2 Q. And the drip pattern indicated that the thigh was
3 in a vertical position; is that not correct?

4 A. At the time that that blood dripped, yes, sir.

5 Q. Okay. Meaning that this body was either standing
6 up, right?

7 A. (No response.)

8 Q. Is that correct?

9 A. Or ... ?

10 Q. Or fall on its knees?

11 A. Yes, sir.

12 Q. Is that correct?

13 A. Yes, sir.

14 Q. Would that be fair to say?

15 A. Yes it would.

16 Q. And that would be at the time of the bleeding?

17 A. Well, at the time of the dripping from the upper
18 thigh, yes.

19 Q. So, in other words, she was probably upright at the
20 time, right?

21 A. When that blood was deposited, it appeared that she
22 was upright.

23 Q. Okay. You also noticed blood at the medial aspect
24 of the knee?

25 A. The left knee, yes, sir.

1 Q. And the medial aspect, is that on the inside of the
2 knees?

3 A. The inside, yes, a smudge.

4 Q. Okay. And blood was also on the left hand. Would
5 that be a correct statement?

6 A. Around the nails of the forth and fifth fingers on
7 the left hand, yes, sir.

8 Q. Was it also on the forth finger?

9 A. Forth and fifth, yes.

10 Q. Forth and fifth finger and on the nail beds?

11 A. Yes, sir.

12 Q. To those fingers?

13 A. Yes.

14 Q. Now, facial and scalp injuries tend to bleed a lot,
15 right?

16 A. Yes, sir.

17 Q. And you wouldn't expect her to bleed from -- you
18 would expect her to bleed from the back of the head, right?

19 A. That would be the source of the bleeding I would
20 think, yes.

21 Q. And it wouldn't take much for her to turn her head
22 and have the blood drip all over the place, right?

23 A. I would think not, yes, sir.

24 Q. And so there is a likelihood that there would have
25 been a great deal of blood at this time?