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It's not justice if it's not equal. Leonard Schroeter, Attorney
Defending the weak against the strong... Dick Cates, Attorney
This is a court of law ... and a court of justice.
Oliver Wendell Holmes.

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3 October 2022

Mr. Igor Jklh, Attorney at Law
Jason Jklh & Associates, PC

By e-mail only: XXXXXXXXXXXXXXXXXXXXX

**RE: STATE V. MR. FRANKLIN XXXXXXXXXXXXX, STATE OF XXXXXXXXXXXXX,
THIRD JUDICIAL DISTRICT, JKLH NO.: NO. 3KN-18-1385CR DECEDENT: VIOLET
XXXXXXXXXXXXXXXX, 4 MO.; CROSS-EXAMINATION FOR TRIAL QUESTIONS OF STATE'S
WITNESS, PATHOLOGIST, CRISTIN DFGH, MD**

Dear Mr. Jklh:

I have reviewed the materials you have provided me and include, below, are the questions I propose for trial examination of Cristin DFGH, MD, pathologist in Mr. XXXXXXXXXXXXX's defense.

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vers. 1 June 2022

Please be sure to review the work I did in 2021, attached for your convenience, including the DFGH interview of 22 February 2021.

I still lack a death certificate in the 526 pp. of the investigative file. This could be useful and if you have it, I can add some additional questions.

I read the FBI transcripts of conversations, pp. 67 (1106 et seq.) but I do not understand how this correlates to the video segment. Ms. Wertyq, mother, states that Mr. XXXXXXXXXXXXX would not hurt the child, p. 71 (1110).

Additionally, in order to create the trial materials, I read various relevant XXXXXXXXXXXXX cvbnms:

Bragaw v. XXXXXXXXXXXXX, Court of Appeals No. A-012854, Opinion, 26 February 2021, The Hon. Anna Moran;

State v. Nick- Daubert Motion, Cvbnm No. 4BE-18-00690CR-A, David Cvbnm, 4 February 2021;

XXXXXXXXXXXX v. Sharpe, Supreme Court Nos. S-16191/16193/ 16214/16449 (Consolidated), 4 January 2019;

State v. Coon, Supreme Court No. S-6893, 974 P.2d 386 (XXXXXXXXXXXX 1999), 5 March 1999.

For Mr. XXXXXXXXXXXXX, there are several defenses. Who was the perpetrator? Ms. Savannah Wertyq; not Mr. XXXXXXXXXXXXX. Further, it is clear that Mr. XXXXXXXXXXXXX abused the child at 10/19/18, 12:18:50, but what, exactly did that exact conduct cause in terms of actual injuries? Did his conduct cause the intra-cerebral injuries seen by Dr. Rolf and Dr. Yuiop? That is the scientific approach and the basis for the *Daubert* motion. Dr. DFGH cites "strangulation" as a cause of death, yet her autopsy does not support strangulation.

One of the best defense arises in this annoying 66 minute 8 second absent video. It is here, I believe, in this interval that we should stress that the blunt trauma occurred, inflicted by Ms. Savannah Wertyq; not Mr. XXXXXXXXXXXXX.

It appears to me as if the State is trying to "bootleg" Dr. Rolf's unassailable prestige of her office and education to convict Mr. XXXXXXXXXXXXX as the perpetrator. This pathologist is expressing opinions about live people, missing the fact that, in 30 years, she has no background, skills, training, or experience in pediatric traumas; live patients.

Additionally, Dr. Rolf, upon an incomplete investigation, attributes the homicide to Mr. XXXXXXXXXXXXX upon incomplete evidence: the video. Apparently, she believes that she is able to make conclusions on mechanism of injury and force of injury by reviewing a video recording. This testimony must be excluded as speculation.

Mr. XXXXXXXXXXXXX argues that it was Ms. Wertyq who delivered the fatal trauma.

MOTIONS IN LIMINÉ:

I can't anticipate how your court will handle Dr. DFGH's testimony but the general inertia these days at the trial court level is NOT to rule in advance of the testimony at trial. In order not to create a mis-trial, Courts, typically, will hear a *voire dire* of the general testimony and decide in advance of jury testimony; or not ... and let the witness testify and then rule. The reason for this approach is that the Jury doesn't know what she will say. I propose, prior to her testimony at trial, here, a *voire dire*. As the attorney, this decision, however is your judgement.

Here you would seek to (a) exclude any testimony about the living child from a pathologist. Her opinion is pure speculation; (b) exclude any opinions about Mr. XXXXXXXXXXXXX as to whether he caused death. No evidence supports what, exactly, Mr. XXXXXXXXXXXXX did that caused death.

(c) And, additionally, to **completely exclude Dr. Yuiop's report**, as contained in and incorporated by the Rolf autopsy, pp. 25-29. Unless Dr. Yuiop surfaces as a witness, I do not think her analysis meets evidentiary standards of admissibility. Her "report" is unlike a lab test, where a sample is inserted into a machine and a result pops out. The report is scientific opinion and must be subjected to scrutiny by cross-examination of the witness.

Dr. DFGH adopts Dr. Yuiop's medical analysis. Dr. DFGH, apparently, by her own referral, she deferred to Dr. Yuiop, so Dr. DFGH is unqualified as a neuropathologist. That is the reason she sent the slides to Dr. Yuiop. If the State wants Dr. Yuiop, the State can produce her as a witness. Otherwise, I think to have the Yuiop opinion incorporated prohibits Mr. XXXXXXXXXXXXX from his confrontation and due process rights.

The State has some glaring omissions in its Grand Jury testimony for Dr. Rolf. Dr. Rolf performed the autopsy but did not do the neuropathology. Mr. XXXXXXXXXXXXX's medically-related defense in this cvbnm arises from the uncertainty as to who may be the perpetrator and exactly how the death was caused. Clearly, it was NOT by strangulation. The child was not dead at the scene. The child did not die from strangulation at the scene. There is NO showing in the autopsy gross or microscopic that the child was strangled or smothered.

The autopsy supports that something happened *after* Mr. XXXXXXXXXXXXX's video.

It appears that the logical choices are Mr. Franklin XXXXXXXXXXXXX and, child's mother, Ms. Savannah Wertyq.

Mr. XXXXXXXXXXXXX is seen on video abusing the child but the injuries in the autopsy support, essentially, trauma leading to death. That progression is time-distant to what the Mr. XXXXXXXXXXXXX video portrays. Something else happened AFTER that.

That is, specifically, on 10/19/18, 12:18:50¹, et seq., Mr. XXXXXXXXXXXXX is abusing the child.

¹ I may have missed this, but on the video Mr. XXXXXXXXXXXXX and Ms. Wertyq speak by signing. Has that been transcribed? That communication could be extremely important. You could ask Mr. XXXXXXXXXXXXX to write down what they were saying.

4 m/o female with epidermolysis bullosa. Per mom, she woke up well this morning, fed normally, she was sleepy so she and fiancé swaddled her and put down for a nap. Mom napped at the same time. An alarm went off indicating that the baby was up. The fiance went into check on the baby and saw that she wasn't breathing. He awoke mom and they started breathing for her and CPR. Because the parents are deaf they were not able to call 911 as their phone was malfunctioning. Because of this the parents transported the child into the ER themselves with rescue breathing and CPR ongoing. In triage the child was apneic but had a pulse.

PAMC p. 4

The above rendition is contradicted by the medical autopsy facts, below.

The Soldatna hospital records, where the child first arrived, allow for interpretation of the timing sequence. In terms of timing, following the above conduct by Mr. XXXXXXXXXXXXX, please reference CPH records, pp. 149 et seq. for the 10/19/18 incident: 10/19/18 at 14:15 hrs. arrival at Soldatna. The brain injuries caused immediate unconsciousness NOT because of strangulation but due to cerebral contusion trauma.

The injuries had to have been inflicted, probably, at approximately 13:30; *after* Mr. XXXXXXXXXXXXX's above noted conduct. P. 150: Justin Warix, DO at 13:46.

Mr. XXXXXXXXXXXXX's medically based defense, then, is that Ms. Wertyq intervened and inflicted the trauma which caused death.

According to one witness, at the end of the police discovery, Melissa Dieckhoff, pp. 525-526, there were significant problems with the couple. Dieckhoff may be a good witness if she will implicate Ms. Wertyq.

So far as I understand, Mr. XXXXXXXXXXXXX did not participate and he did not observe or have an opportunity to intervene.

In the Soldatna records, note that on p. 150, the time, upper left corner, is noted to be 13:08. I do not know why that time is inserted because it appears as if the child did not arrive until later.

No data in Dr. Rolf's autopsy support that, specifically, Mr. XXXXXXXXXXXXX injured this child.

Consider, too, and this is very important, in my opinion, that the actual cause of death occurred as a consequence of organ donation. It is unknown as to how long this child may have lived had she received the standard of care in sustaining her live.

Sincerely,

Elliott Oppenheim, MD, JD, LLM Health Law

Elliott Oppenheim, MD, JD, LLM Health Law
CEO & President, coMEDco, Inc.

PATHOLOGIST INTERVIEW: CHRISTINE ROLF, MD

Decedent: DOB: 6/07/18 Date of death: 10/21/18

You testified in the Grand Jury proceedings in this cvbnm on 7 November 2018, pp. 29-41?

What was the purpose of your testimony?

This appearance was not an inquest to determine the cause of death?

Your testimony came after your autopsy?

You concluded that the death was a homicide?

Do you recall your telephonic testimony?

Have you reviewed your GJ testimony in preparation for today's interview?

Have you reviewed your autopsy records?

Is there any testimony at the GJ that you want to change before trial or will change at trial?

Or amend?

Add to?

When you performed your autopsy, what was the reason for the autopsy?

You currently work with² State of XXXXXXXXXXXXX Medical Examiner?

You are a Deputy Medical Examiner?

When did you commence work with the XXXXXXXXXXXXX ME?

Briefly, please tell me about your education starting from high school: college, medical school, residency, fellowship?

GJ-pp. 28-31

I'm a Deputy Medical Examiner for the State of XXXXXXXXXXXXX and

5 I perform autopsies on bodies of people who die sudden,

6 unexpectedly, often violent deaths or unnatural deaths or

7 of unknown causes.

8 Q Can you briefly explain to the Grand Jury your education

² http://dhss.XXXXXXXXXXX.gov/dph/MedicalExaminer/Pages/contact_us.aspx

9 and training in order to come to this position?

10 A To become a medical examiner here in XXXXXXXXXXXXX and many
11 other places, I did a -- an undergraduate degree in
12 biology and pre-medicine and got my Bachelor's Degree in
13 Biology and Pre-Medicine at Kent State University in
14 Ohio. I then went to medical school, the Medical College
15 of Ohio at Toledo, which is now called the University of
16 Toledo and graduated with a Doctor of Medicine in the
17 year 1991.

18 Then did my training for pathology, which is a
19 laboratory branch of medicine. That's -- that's where
20 the doctor looks at biopsies or determines disease
21 through examining body fluids and other body tissues,
22 maybe doing autopsies as well. That was at Jklh Western
23 Reserve University Hospital. It's in Cleveland, Ohio,
24 the five year program. I then did a one-year program of
25 -- of -- a fellowship for forensic pathology at the

31

Cuyahoga County Coroner's office in 1 Cleveland, Ohio.

2 It's changed its name to the Cuyahoga Medical Examiner's
3 Office now.

4 I then finished my training and I worked for 17

5 years in the State of Kentucky as a Medical Examiner

6 there. And actually, we came here on a vacation a couple

7 of times here in XXXXXXXXXXXXX and we liked it. And when a job

8 came open, I decided to make a move and come here to

9 XXXXXXXXXXXXX.

You are Board Certified by the American Board of Medical Specialties?

In Anatomic Pathology?

And in Forensic Pathology?

Your training is very different than the requirements to be a coroner?

Are you a certified homicide investigation specialist?

In homicide cvbnms, it is not your job to determine who causes death?

You determine whether the death was natural, suicide, or at the hands of another?

The law enforcement agencies determine who may be the wrongdoer?

You are a highly specialized physician?

Please describe your specific medical forensic experiences? GJ 30 et seq.

The facts in this cvbnm occurred in October 2018?

How did you get assigned to do this particular autopsy on Violet XXXXXXXXXXXXX?

These are your handwritten notes on p. 4?

It looks as if you sent slides to the Department of Neuropathology at Western Michigan University in Kalamazoo, MI?

The reason you sent these slides outside of the State of XXXXXXXXXXXXX was that you are insufficiently qualified to render an opinion in neuropathology?

Are you not qualified to do the neuropathologic histologic analysis?

What documents did you review prior to the autopsy?

After the autopsy?

The 32 pages I have in the autopsy report represent the sum of your knowledge about this cvbnm?

You have no other independent investigations or information which is not contained in this autopsy report of 32 pages?

Did any representative from the Prosecutor's Office provide you with any materials to reference or think about in your work on the autopsy?

So far as you know, in how many cvbnms do you usually testify in court on an annual basis up to October of 2018?

How often do you appear before a Grand Jury?

How often do you and Mr. Leaders meet?

Have lunch?

Prior to doing this autopsy, did you meet in any way, by phone, in person, Zoom, e-mail, any fashion with Mr. Leaders or any agent of the State about this intended autopsy?

Following the autopsy; same question — meeting with Mr. Leaders?

Prior to finalizing your report, did you allow any person to examine it for content?

The Chief Medical Examiner, Dr. Zientek?

Is it protocol or part of the ME's Office to review homicide autopsies in any way before you sign off on them?

You did not share that draft with Mr. Leaders?

Or with Mr. Ryan Grimm?

Or with any law enforcement agent or officer?

GJ p. 32:

Well she was brought here from the hospital after being
8 declared brain dead or brain death. After an alleged
9 history of violent injury to her head.

How or in what way or manner were you informed of this information to which you testified which you did not derive *solely* from the medical information of your autopsy?

Did you review any of the decedent's medical records?

Before the GJ you would only testify about what you knew as a forensic pathologist?

Not testify about medical information outside of your specific field of forensic pathology?

The 206 pp. from Central Peninsula Hospital?

The 899 pp. from PAMC PROVIDENCE XXXXXXXXXXXXX MEDICAL CENTER?

What is your opinion upon who may be the perpetrator of the injuries?

GJ. P. 32:

...how that determination of brain death occurred?
20 A Mm-hm (affirmative). That was from the hospital notes
21 and from the investigative notes that she was no longer

22 able to breath on her own and was -- the brain function,
23 the higher brain functions were absent and she was
24 unconscious as well as not being to breath on her own,
25 had to be assisted with a respirator.

It appears as if you did review the hospital notes?

Had the child been removed from the respirator, is it your opinion that she would not have lived?

As a pathologist, you do not care for live patients?

You do not engage in clinical medical care, where you care for live patients?

The child did not actually die on her own?

She was adjudged to be an organ donor?

But because of the decision on organ donation, to maximize the utility of the organs for other living persons, at the time the organ donation process began, this person was still alive?

As a forensic pathologist, who does not care for live patients, you are unable to express an opinion, had she been maintained on life support, how long would she have survived?

The actual cause of death came as a result of the process of organ donation?

Not from anything Mr. XXXXXXXXXXXXX or anyone else may have done or didn't do?

Patients with minimal brain function can live for extended periods of time?

Organ donation caused the death?

FINAL DIAGNOSES:

- I. Blunt Impacts Of Head, Trunk and Extremities.
 - A. History Of blunt-force injuries per family interview.
 - B. Sudden cardiorespiratory arrest in residence.
 - C. Contusions Of head and extremities with subgaleal hemorrhages.
 - D. Subdural hemorrhage Of right cerebral hemisphere and right middle and posterior fossa,
 - E. Global cerebral edema with early herniation Of cerebellar tonsils with clinical diagnosis Of ischemic encephalopathy (See neuropathology report).
 - F. Partial liquefaction Of brain.
 - G. Contusions Of face, arms and feet.
 - H. Remote healing rib fracture calluses of ribs 5 through 7, left (Reported 10/1/2018).
 - I. Early anasarca of body.

- J. Acute bronchitis and bronchopneumonia.
- K. Optic nerve, scleral, orbital soft tissue and retinal hemorrhages (See neuropathology report).
- L. Scattered individual beta amyloid precursor protein-positive axonal varicosities/spheroids with regions of patchy, streaky beta amyloid precursor protein axonal staining of cerebral white matter, brain stem, optic nerves, bilateral retina, spinal cord and spinal nerve roots (See neuropathology report).
- M Healing laceration of left lip (10/1/2018).
- N. Evidence of manual strangulation by paternal caregiver per surveillance video.
- II. Postmortem Toxicological Examination.
 - A. Perimortem hospital blood Carboxyhemoglobin saturation 8 %Hb.
 - m. Clinical Epidermolysis Bullosa with Lesions Of Hands and Feet.
 - A. Scaling lesions of hands and feet with no active bullus is seen,
 - B. History of familial epidermolysis bullosa.
- IV. Clinical Deafness of Parents and Older Sibling.
- V. Clinical Patent Foramen Ovale.
 - VI. Normal Newborn Metabolic Screen for Inborn Errors of Metabolism.

VII. Postmortem Nasopharyngeal Swab: Negative for Respiratory Pathogens.

VIII. Therapeutic Procedures.

- A. Endotracheal intubation,
- B. Intravascular and intraosseous catheterization.
- C. Nasogastric intubation.
- D. Urinary catheterization,
- IX. Postmortem Organ Donation.

A. Donation of heart, kidneys, adrenals, liver, and portion of spleen.

CAUSE OF DEATH: HYPOXIC-ISCHEMIC ENCEPHALOPATHY

DUE TO: BRAIN INJURY AND SUBDURAL HEMATOMA/EVIDENCE OF STRANGULATION

DUE TO: BLUNT-FORCE INJURIES OF HEAD

CONTRIBUTING CONDITION: BLUNT-

This patient, then alive, could have been maintained on support mechanisms for a period of time?

If greater than a year, if Mr. Schrader were culpable, (depending upon XXXXXXXXXXXXX law) he would not have caused a homicide?

Are you able to express an opinion how long may that period have been?

Greater than a year?

You are not a clinician?

A physician who takes care of live patients?

In the Grand Jury, you stated:

GJ p. 36:

A Yeah, her death was what I -- we call it Hypoxic Ischemic
5 Encephalopathy, that's basically brain death due to blunt
6 force injuries of the head with subdural hematoma and
7 basic through brain -- and brain injury. Contributing
8 condition would be just blunt force injuries of the
9 extremities and trunk.

This was your testimony at the GJ. Is that still your opinion?

Hypoxic Ischemic Encephalopathy is caused by any interruption of oxygen supply to the brain?
Not necessarily only as a result of brain blunt force trauma?
By drowning, for instance?
Hanging?

The actual cause of death was the harvesting of organs for transplantation?

When the harvest team removed the heart, that was the end of life?

Not the blunt force injuries to the extremities and trunk?

Not strangulation?

Not smothering?

Apart from the cerebral trauma, none of those skeletal or peripheral injuries were lethal?

In you GJ testimony, you spent a considerable amount of time in preparation?

p. 36

There was written information as well from the police as
16 well as video of the -- of a perpetrator injuring the
17 child, such as squeezing the neck, carrying the baby by
18 the neck. The -- the shaking, side to side against the
19 chest area of the perpetrator. There was also evidence,
20 I think I said, the squeezing of the neck by the hands.
21 There's also biting or chewing on the feet, possibly the
22 hands.

In the video, at what date, time, and place did the lethal injury occur?

When, precisely, did the neck squeezing occur?

Was the neck squeezing, in your opinion, sufficient, to cause sufficient interruption of oxygen flow to the brain, to cause the brain damage which you claim caused death?

What were the nature of the forces, in terms of force applied over time and area, to cause this brain injury?

Other than your proclamation that that the squeezing caused this brain injury, what quantified evidence do you have?

You made no measurements of forces or re-enactments necessary to obstruct this airway?

The biting and chewing did not cause lethal injury?

You watched this hour long video?

With whom did you meet?

Where did you meet?

You are the State's expert witness on identifying the perpetrator?

The above testimony was not included in your autopsy?

Did any State employee or agent watch this video with you or was in your presence?

Then,

GJ p. 37

And then did -- did you observe any -- what's the risk,

4 medical risk or injury risk for an act of strangulation?

5 A What happens is that he's cutting the circulation to the

6 brain, basically. And -- and this is -- was repeatedly

7 done and caused damage over time. Hypoxic or lack of

8 oxygen injury to the brain.

You are speculating about these effects?

This is an opinion about a live patient?

Where you have no contact?

Where did you get that information from?

The video?

To reasonable degree of medical certainty, do you know if "he", Mr. XXXXXXXXXXXXX,
produced such an effect?

You made no measurements on the airway of the same or similar child?

How do you define strangulation?

Was the child strangled?

That is in your autopsy at p. 8, item N?

Smothered?

Is that in your autopsy?

Is strangulation synonymous with smothering?

Is the mechanism identical?

Cutting off of air?

GJ p. 38

Then:

... we had multiple behaviors and outside of the squeezing
5 and of the neck and depriving the brain of oxygen, the
6 baby's also shaken violently and the head hitting the
7 chest causing the brain to -- to keep moving when the
8 head comes to a stop and then causing tearing and injury
9 inside the brain itself and then, you know, the cells
10 would be torn, the neurons. The -- there's also slapping
11 of the face where it was slapped hard enough to move the
12 baby's head.

This is pure speculation?

You have no measurements?

You are speculating about multiple behaviors?

About whether whatever he did "deprived" the baby's brain of oxygen?

That's your speculation?

And shaking?

You have no measurements?

No data that any of this caused anything?

This statement:

head hitting the
7 chest causing the brain to -- to keep moving when the
8 head comes to a stop and then causing tearing and injury
9 inside the brain itself and then, you know, the cells
10 would be torn, the neurons

is your opinion, pure speculation, with NO science behind it?

You do not know whether what you saw was scientifically, medically, sufficient to cause anything?

This next statement is 100% speculation:

there's also slapping
11 of the face where it was slapped hard enough to move the
12 baby's head

You have no scientific or medical data to support that the slapping was sufficient to cause or contribute to lethal harm?

In your final diagnoses, you do not list strangulation or smothering?

In your autopsy you do not describe teeth marks?

GJ p. 38
You said there was biting of the feet?
22 A Yeah. And that definitely explained the findings that I
23 had in the feet. They weren't just the normal blisters
24 that were on this child that was seen in her -- her
25 condition of her skin.

In the video, you do not actually know if he was biting the feet?

There are no teeth marks?

GJ p. 40:

It -- sometimes a child can tear it by falling or bumping
14 its head or something like that. But this is a -- this
15 is a really big tear. It's kind of unusual for a little
16 four-month old because four-month old's aren't walking
17 and falling on to tables and things like that.

You are a forensic pathologist and do not treat live people, so you do not know about

“normal” in a four month old live child?

GJ p. 41:

BY MR. LEADERS:

6 Q In your -- your assessment of the development of this
7 child, were you aware of this child being able to crawl
8 or otherwise move on its own?
9 A Yeah, she's only four-months old and probably could roll
10 and things like that, but couldn't walk and, you know,
11 fall and stuff like that.

This is speculation?

Autopsy Report:

The first few pages of your autopsy, pp. 2-7, are bench notes?

Drawings, annotations, jottings which you used when you created your formal autopsy?

In your autopsy, pp. 30-32, 0743-0745, include law enforcement investigative records, not
part of your work product in your autopsy?

You referenced these three pages prior to doing your autopsy?

Do you, personally, know Amanda Yuiop, MD? Autopsy p. 26.

How did you find out about Dr. Yuiop?

Previous cvbnms?

She is a neuropathologist?

In your actual autopsy work, then, your work commences on p. 8 (0721) and ends on p. 24 (0737)?

You reviewed the pre-natal blood testing?

That testing does not implicate Mr. XXXXXXXXXXXXX?

You took various bacterial and viral samples as part of your autopsy protocol?

Results do not implicate Mr. XXXXXXXXXXXXX?

You reviewed the surveillance video of Mr. XXXXXXXXXXXXX, 59':59" length- in particular; 1824 on the slider or 12:18 in the upper right hand clock?

You watched the entirety of that video which ended at 12:59?

Violet was alive at 12:59?

When, exactly, did Mr. XXXXXXXXXXXXX's conduct as shown on the video cause the lethal injuries which you cite in your autopsy?

At 12:34:52, Ms. Wertyq and Mr. XXXXXXXXXXXXX were attending to the child?

So far as you can interpret, Violet was alive at 12:39:42?

That is the last of the video where the child is visible?

From the Soldatna hospital record, CPH p. 150, it appears as if the child was seen by Dr.

Warix at 13:45?

Thus, there is an interval between 12:39:42 and 13:45, where something happened?

What happened in sixty-six minutes and eight seconds, 66'08"?

Or who may have done anything?

You do not know what happened in over an hour?

At 12:44:23, Mother leaves?

At 12:44:41, Mr. XXXXXXXXXXXXX picks up child?

Then he is off camera?

At 12:45:01, it appears as if they both leave with the child?

This video is inconsistent with the medical history which appears at PAMC medical records p. 4 (above)

Is it probable, that if Mr. XXXXXXXXXXXXX denies harming the child, in this interval before the hospital, that Ms. Wertyq could have harmed the child at that time?

You have no way to know whether Ms. Wertyq inflicted the fatal traumas?

When the team harvested the organs, the child died 10/21/2018?

Your autopsy took place 10/24/18?

When were you notified of the death?

You arrived at work that day and someone handed you the file, among the other cvbnms on your desk?

When did you examine the various records we have discussed?

You reviewed the records on that day 10/24/18 prior to your autopsy?

Law enforcement informed you that it was Mr. XXXXXXXXXXXXX who was the person who caused death?

Who told you that that it was Mr. XXXXXXXXXXXXX who was charged?

In your autopsy report you state that Deputy Grimm attended the autopsy for the purpose of taking photographs?

I attended the autopsy for VIOLET on 10/24/2018 at the XXXXXXXXXXXXX Medical Examiner's office in Anchorage. Dr. Cristin Rolf was the forensic pathologist that performed the autopsy. I was advised that the injuries to VIOLET including the retinal hemorrhage and subdural hematomas are consistent with abusive head trauma. I took photographs throughout the autopsy and also seized the clothing VIOLET had on as evidence.

POLICE Report and Records, p. 10, 0010.

Officer Grimm's role was much more than a mere photographer?

Officer Grimm was the conduit to the Prosecutor?

Your statement was not objective in that respect about Mr. Grimm's role?

Autopsy: pp. 0716-0720- Are these pages part of the final autopsy records or are these preparatory notes?

>>>>>Move to exclude the bench notes.

Autopsy p.8 (0721)

You have listed Final Diagnoses, A-N?

These are intended as *medical* diagnoses?

Under I, you have Blunt Impacts of Head, Trunk, and Extremities?

A is History of blunt-force injuries per *family interview*?

That is not a medical diagnosis?

You did not, personally, perform the interview with the family?

You were not present at the interview?

You did not engage in any form of independent investigation of this cvbnm to identify or determine what person persons may have caused these injuries and death?

From your autopsy table you have no idea whatever about the person who did these injuries?

Nothing on your autopsy table pointed to the perpetrator?

No medical evidence of any sort?

No DNA?

You adopted various law enforcement investigative analyses?

This body of information in I. Final Diagnoses, which you list as **A. History of blunt-force injuries per family interview** is extrinsic to your autopsy?

You didn't find any of this on your autopsy table?

A, then, as stated is inaccurate?

B is sudden cardiac arrest in residence?

You did not find this in your autopsy?

You relied upon various extrinsic statements?

You have no evidence from your autopsy to support that Mr. XXXXXXXXXXXXX did that or caused that?

C is "contusions of head and extremities with subgaleal hemorrhages?"

These findings were present on your autopsy table?

Did you get that from Dr. Yuiop's report or was this your observation?

You have no evidence from your autopsy to support that Mr. XXXXXXXXXXXXX did that or caused that?

How many layers are there in the scalp?

The gala is one of the layers?

Overlying the periosteum?

Blood can easily collect beneath the galea?

Thus, subgaleal?

D- subdural hemorrhage of right cerebral hemisphere and right middle and posterior fossa?

These findings were present on your autopsy table?

Did you get that from Dr. Yuiop's report or was this *your* observation?

You have no evidence from your autopsy to support that Mr. XXXXXXXXXXXXX did that or caused that?

E. Global cerebral edema with early herniation of cerebellar tonsils with clinical diagnosis.

of ischemic encephalopathy (See neuropathology report).

You got that from Dr. Yuiop's report?

You have no evidence from your autopsy to support that Mr. XXXXXXXXXXXXX did that or caused that?

F. Partial liquefaction of brain.

You have no evidence from your autopsy to support that Mr. XXXXXXXXXXXXX did that or caused that?

You got that from Dr. Yuiop's report?

G. Contusions of face, arms and feet.

You have no evidence from your autopsy to support that Mr. XXXXXXXXXXXXX did that or caused that?

None of these caused death?

Or hastened death?

H. Remote healing rib fracture calluses of ribs 5 through 7, left (Reported 10/1/2018).

You have no evidence from your autopsy to support that Mr. XXXXXXXXXXXXX did that or caused that?

This was an old injury?

Did not cause or hasten death?

I. Early anasarca of body.

You have no evidence from your autopsy to support that Mr. XXXXXXXXXXXXX did that or caused that?

Please briefly describe anasarca in this context?

Anasarca was pre-death?

How did anasarca occur?

J. Acute bronchitis and bronchopneumonia.

You have no evidence from your autopsy to support that Mr. XXXXXXXXXXXXX did that or caused that?

Acute bronchitis and bronchopneumonia is a common development in a person injured in this way?

You see it commonly?

When did the acute bronchitis and bronchopneumonia begin?

These are diagnoses in living people?

You found this on autopsy?

K. Optic nerve, scleral, orbital soft tissue and retinal hemorrhages

Solely from your autopsy table, you have no evidence from your autopsy to support that Mr. XXXXXXXXXXXXX did that or caused that?

You got that from Dr. Yuiop's report?

To a reasonable degree of medical certainty did Mr. XXXXXXXXXXXXX cause this injury as gleaned from you viewing a video?

L. Scattered individual beta amyloid precursor protein-positive axonal varicosities/ spheroids³ with regions of patchy, streaky beta amyloid precursor protein

³ Spheroids = this is a misprint. See, <https://www.sciencedirect.com/science/article/pii/B9780124105027000090>
Neuroaxonal spheroids are a prominent feature of PLAN, occurring throughout the brain and spinal cord. Spheroids can also be appreciated in peripheral nerve. Spheroids are eosinophilic, neuronally derived structures 30–100 µm in diameter. They may stain positively for neurofilament, ubiquitin, and α-synuclein.

<https://pathologycenter.jp/crrinpa/crrinpa14.html>

axonal staining of cerebral white matter, brain stem, optic nerves, bilateral retina, spinal cord and spinal nerve roots (See neuropathology report).

Please explain what this means?

Is this basically diffuse axonal degeneration?

“Speroids” is a typographical error?

Should be “spheroids?”

Bad mistake to make with this death cvbnm, a homicide, where Mr. XXXXXXXXXXXXX's life is on the line?

You have no evidence from your autopsy to support that Mr. XXXXXXXXXXXXX did that or caused that?

Is it your opinion, to a reasonable degree of medical certainty, that Mr. XXXXXXXXXXXXX caused this by his conduct as portrayed in the video?

From a video, as a medical scientist, you can't determine whether the forces involved caused anything?

You have no scientific measurements from the video?

Spheroids . Spheroid is the general term for pathological swelling of neuronal processes, particularly axons, which is also referred to as axonal swelling. Various causes can lead to the formation of spheroids in the proximal to distal portion of the axon

Spheroids

Spheroid is the general term for pathological swelling of neuronal processes, particularly axons, which is also referred to as axonal swelling. Various causes can lead to the formation of spheroids in the proximal to distal portion of the axon. Of these, relatively small (20 µm or smaller in diameter) spheroids may have to be distinguished from globules; however, there is essentially no difference. With H&E staining, spheroids are eosinophilic, and with silver staining such as Bodian staining, they are more clearly visualized. The argyrophilic intensity varies depending on the amount of fibrous components in the spheroid. In general, more fibrous components (such as neurofilaments) are associated with stronger argyrophilia, whereas if there is a large amount of organelles, including granular structures and mitochondria, the argyrophilia is weak and the cells often appear light stained and foamy. With KB and LFB staining of the myelin sheath, the area surrounding the spheroid is stained densely blue, representing a spheroid on the myelinated nerve fiber; if unstained, it is identified as a nonmyelinated nerve fiber spheroid.

Note that in Dr. Yuiop' s report she correctly wrote “spheroids.”

You are unable to scientifically quantify the effects of what you observed?

This conclusion is your speculation?

Items K and L are not from your autopsy table but from the University of Michigan, where

Dr. Yuiop performed the neuropathology?

This is not your work?

Did Dr. Amanda Yuiop, MD of the University in Michigan tell you, or in some way or manner, communicate to you that Mr. XXXXXXXXXXXXX caused this?

M Healing laceration of left lip (10/1/2018).

What were the circumstances of this left lip laceration, if you know?

You have no evidence from your autopsy to support that Mr. XXXXXXXXXXXXX did that or caused that?

N. Evidence of manual strangulation by paternal caregiver per surveillance video.

From your autopsy table, not from any other source which you may have had access to, you have no evidence from your autopsy to support that Mr. XXXXXXXXXXXXX did that or caused that?

Did you complete the Death Certificate?

If you didn't, do you know who did?

Then:

CAUSE OF DEATH: HYPOXIC-ISCHEMIC ENCEPHALOPATHY
DUE TO: BRAIN INJURY AND SUBDURAL HEMATOMA/EVIDENCE OF STRANGULATION
DUE TO: BLUNT-FORCE INJURIES OF HEAD
CONTRIBUTING CONDITION: BLUNT-FORCE INJURIES OF EXTREMITIES AND TRUNK

Please describe what exactly is hypoxic-ischemic encephalopathy? [HIE]

Mr. XXXXXXXXXXXXX directly and proximately caused this hypoxic-ischemic encephalopathy [HIE]?

Is it your opinion that Mr. XXXXXXXXXXXXX caused this HIE on 10/19/18, 12:18:50 by his conduct as seen on that video?

Is it your testimony that BRAIN INJURY AND SUBDURAL HEMATOMA, because of the swelling, then caused the HIE?

Which you attribute to Mr. XXXXXXXXXXXXX 10/19/18, 12:18:50 by his conduct?

Apart from the video, what, exactly, is your autopsy table evidence of STRANGULATION?

All of this you attribute to BLUNT-FORCE INRJRIES OF HEAD?

Which you attribute to Mr. XXXXXXXXXXXXX?

What evidence do you have to show that Mr. XXXXXXXXXXXXX inflicted any form of blunt-force trauma to this child's head?

How do you define blunt-force trauma?

Does what you observed on the video, qualify as blunt-force trauma?

Does what you see on 10/19/18, 12:18:50 constitute blunt-force trauma to this child's head?

Then you list as a CONTRIBUTING CONDITION: BLUNT-FORCE INJURIES OF EXTREMITIES AND TRUNK to the cause of death?

Specifically, what are the blunt force injuries of the extremities and the trunk a contributing cause of death?

Please explain that?

Would you agree you have none?

When you received Amanda Yuiop, MD's report, you incorporated her conclusions into your report as if you had actually performed these examinations?

pp. 25-29: Neuropathology: Amanda Yuiop, MD: major CNS trauma

Diagnosis

AUTOPSY BRAIN, DURA MATER, RIGHT AND LEFT GLOBES WITH OPTIC NERVES, AND SPINAL CORD, REFERRED TISSUE (XXXXXXXXXXXX STATE MEDICAL EXAMINER'S OFFICE, 2018-01516):

DIFFUSE CEREBRAL SWELLING WITH GLOBAL HYPOXIC-ISCHEMIC CHANGES OF BRAIN, SPINAL

CORD, AND OPTIC NERVES, ACUTE TO SUBACUTE.

SUBARACHNOID HEMORRHAGE, CEREBRUM, MULTIFOCAL. SUBDURAL HEMORRHAGE, PREDOMINATELY RIGHT CEREBRUM.

ORBITAL SOFT TISSUE HEMORRHAGE, RIGHT.

OPTIC NERVE SHEATH (SUBARACHNOID, INTRADURAL)

HEMORRHAGE, BILATERAL.

PERIMACULAR RETINAL FOLDS, BILATERAL

INTRARETINAL AND SUBRETINAL HEMORRHAGES, BILATERAL, ACUTE, EXTENDING TO THE ORA

SERRATA.

INTRASCLERAL HEMORRHAGES, BILATERAL, ACUTE.

DORSAL ROOT GANGLIA AND SPINAL NERVE ROOT PERINEURAL

HEMORRHAGES, MULTIFOCAL.

SCATTERED INDIVIDUAL BETA AMYLOID PRECURSOR PROTEIN-POSITIVE

AXONAL

VARICOSITIES/SPHEROIDS WITH REGIONS OF PATCHY, STREAKY BETA AMYLOID PRECURSOR PROTEIN AXONAL STAINING OF CEREBRAL WHITE MATTER, BRAIN

Would you agree that you have no idea to what degree any of this is accurate?

You sent this to Dr. Yuiop because you are not competent as a neuropathologist?

With your competency as a forensic pathologist, is there some reason you, personally, were unable to perform the neuropathology examination?

Your lab does not have the histologic and microscopic capabilities to process brain tissue?

In the Yuiop report, she did not use electron-microscopy?

Mr. XXXXXXXXXXXXX has the legal right to examine Dr. Yuiop just as he does to examine and test your analytical processes?

If we return to your list A-N, only the following items originate from your autopsy table:

C: "contusions of head and extremities with subgaleal hemorrhages?"

D- subdural hemorrhage of right cerebral hemisphere and right middle and posterior fossa?

E- Global cerebral edema with early herniation of cerebellar tonsils with clinical diagnosis.

of ischemic encephalopathy

F. Partial liquefaction of brain.

G. Contusions of face, arms and feet.

H. Remote healing rib fracture calluses of ribs 5 through 7, left (Reported 10/1/2018).

- I. Early anasarca of body.
- J. Acute bronchitis and bronchopneumonia.
- K. Optic nerve, scleral, orbital soft tissue and retinal hemorrhages

And you are unable to attribute any of the above C,D,E,F,G,H, I, J, or K to Mr.

XXXXXXXXXXXXXXXXX?

What is the significance of Postmortem Toxicological Examination of the Perimortem

hospital blood Carboxyhemoglobin saturation 8 %Hb.

What does this test?

What is the significance?

Is it your opinion, to a reasonable degree of medical certainty, that the fact that the parents

smoked, in any way a contributing factor to the death?

Please describe how smoking influenced the outcome?

You just added that for "good measure?"

Autopsy p. 12:

You cite multiple, blunt-force injuries?

Specifically, the bulging anterior fontanelle?

You were able to feel that?

There was a hematoma, 3 1/2" x 2 1/2", on the left temporal parietal scalp, with extensive

subgaleal hematoma?

Please explain the galea?⁴

Where is it?

⁴ <https://www.sciencedirect.com/topics/neuroscience/galea-aponeurotica>:

Subgaleal hematomas are collections of blood in the loose tissue beneath the galea aponeurotica (thus subgaleal) and above the periosteum. They rarely need any intervention. However, these hematomas are in a potential space that can expand, and large hematomas can cause significant anemia and should be monitored carefully with serial checks of blood pressure and hemoglobin, especially in infants. Unlike cephalhematomas, they generally cross suture lines.

Is this inside the cranium, the brain compartment, or is this in the scalp?

Would you agree that there had to have been a direct force to the left temporal area to cause this cephalohematoma?

In the video, you did not see such a blunt force applied?

This force had to have been with a blunt instrument?

Or contact with a hard object?

Not mere slapping?

Something hard; a rolling pin, baseball bat, top of table, wall?

That is the reason for the sub-galeal hematomas?

Something hard impacted the skull?

What you observed on the video did not cause the subgaleal hematomas?

But the suffocation or strangulation to which you referred was NOT caused by this injury?

The right side of the scalp has sustained blunt-force trauma?

Not as severe as the left?

On the right side, the underlying skull is intact but you noticed extreme separation of the coronal and sagittal sutures with purple discoloration of the underlying dura?

What caused that?

Did you see that in the video?

Then, you describe the section of the scalp, p. 12, multiple subgaleal contusions? Does that support multiple blows over the left temporal parietal scalp and right temporal parietal scalp and left mid-occipital scalp?

Blows then to the right left and back of the head?

But it was contact with something hard?

You then describe the underlying subdural space, which you must have seen when you opened the skull?

That showed a small, nearly flat subdural hematoma of the right para-sagittal region covering the posteroparietal lobe and the occipital lobe?

What you saw on the video did not cause that?

There had to have been contact with something hard?

Was the hematoma organized?

Does your observation indicate that some time had passed from the blow or blows to the time of your autopsy?

Was there tissue iron-staining which happens with time?

The trauma may have occurred over a few days?

But you do not know?

The child had been in the hospital for a while?

Was that the reason for you to notice and comment upon the organization of the hematoma?

You then cut across the brain stem and falx cerebri and then removed the brain?

Then you observed that there was a thin subdural hemorrhage of the right middle, and posterior fossae?

What does that indicate?

How does such an event occur?

Direct trauma to the overlying skull?

Then there was subgaleal hemorrhage, outside of the skull, of the right anterior fossa and left middle fossa?

That represents the classic *coup* and *contra-coup* injury?

From your review of the video, was Mr. XXXXXXXXXXXXX's conduct as seen on the video the cause of what you observed?

All of this could have happened during the 66 minute, 8 seconds, in which there is no video?

Once these blows or blow was inflicted, the brain responded over the next few days and produced what you observed inside the skull?

Including the eye findings?

As a forensic pathologist, are you able to render an opinion about the level of consciousness once the blows were administered?

Did the child enter unconsciousness immediately once the blows were inflicted?

To a reasonable degree of medical certainty, was Mr. XXXXXXXXXXXXX's conduct as seen in the video sufficient to produce what you observed?

You have testified that the cerebral injuries were caused by the skull contacting a hard surface?

In the video there is no hard surface?

Is the shaking back and forth as seen in the video sufficient to cause what you have described?

Is the holding of the infant's head and wagging the body, sufficient to cause these findings?

Was there, perhaps, another series of blows or trauma inflicted after Mr. XXXXXXXXXXXXX's conduct, perhaps during the 66'8" gap?

Your observations on the trunk, p. 12, support chronic trauma?

Not acute?

These trunk injuries did not cause or contribute to death?

Your comments on the extremities do not support acute injury?

And did not cause or contribute to death?

There was no injury to the abdominal viscera? P. 13

In your histologic examinations, we have covered the findings and on the neuropathology you defer to Dr. Amanda Yuiop? P. 15

Why did you order a carboxyhemoglobin test? P. 19

You did not include the alleged hand biting which you referenced?

No teeth marks on your bench notes?

Autopsy: p. 3:

Please point out to me any marks or anything of significance that was not the result of or incident to the medical care:

On p. 4, I note that you did a biopsy of the feet?

Is that noted in your autopsy report?

In the GJ testimony you described your education pathway?

p. 30:

I then went to medical school, the Medical College
15 of Ohio at Toledo, which is now called the University of
16 Toledo and graduated with a Doctor of Medicine in the
17 year 1991.

You then began extensive training in pathology?

You never, in your forensic pathology role, encounter live patients?

When you were in medical school, graduating in 1991, thirty years ago, did you take a pediatrics rotation?

In medical school, did you do an ER rotation?

Orthopedics?

Pediatric orthopedics?

Other than that experience, now 30 years ago, you have no experience with live patients?

Any training or experience with 4 month-old children?

Would you agree that you have no expertise in the diagnosis or treatment or assessment of 4 month-old children?

Would you agree that your testimony in the GJ about what you saw in the video and what it may have caused is speculation?

You do not know from your background, experience, training?

p. 36
well as video of the -- of a perpetrator injuring the
17 child, such as squeezing the neck, carrying the baby by
18 the neck.

You have no medical idea about causation based upon your medical training or experience?

It would require someone with experience in live patients to discuss that?

Or this?

p. 36

There was also evidence,

20 I think I said, the squeezing of the neck by the hands.

Or this?

... There's also biting or chewing on the feet, possibly the
22 hands.
23

Which you did not mention in your autopsy?

You did not find bite marks?

You are guessing, speculating, extrapolating from your viewing of the video?

Then, pp. 36-37:

Q You notice anything as far as -- you mentioned, I guess,
24 hands on the neck, strangling type behavior, is that
25 correct?
Yes. And then the infant going limp during 1 these -- this
2 episode.

You have no idea about this because you do not treat live children?

Or this?

p. 37

A What happens is that he's cutting the circulation to the
6 brain, basically. And -- and this is -- was repeatedly
7 done and caused damage over time. Hypoxic or lack of
8 oxygen injury to the brain.

9 Q All right. From acts of strangulation is there a
10 substantial risk of death or serious physical injury?

11 A Yes. Especially if it's repeated.

You don't know because you have no experience in such matters?

p. 37

How about from an act -- you talked about that, it's that
13 deprivation of oxygen to the brain would -- so, would a
14 similar risk be a -- the result of smothering or
15 preventing oxygen from going in by the covering --

16 A Yeah, there --

17 Q -- the mouth?

18 A -- there was smothering or possible just one -- one
19 episode with a hand over the baby's mouth. But a lot of
20 times we were just, like, squeezing the neck.

Again you are speculating?

p. 37:

And carrying by the head or carrying by the neck.

More speculation:

p 38

A -- we had multiple behaviors and outside of the squeezing
5 and of the neck and depriving the brain of oxygen, the
6 baby's also shaken violently and the head hitting the
7 chest causing the brain to -- to keep moving when the

8 head comes to a stop and then causing tearing and injury
9 inside the brain itself and then, you know, the cells
10 would be torn, the neurons. The -- there's also slapping
11 of the face where it was slapped hard enough to move the
12 baby's head.

And this:

p. 38

... Yes. It was -- so there were multiple things going on
16 all throughout the videotape.

This is a general opinion but not based upon any background, skills, training, experience with
live children of this age?

Your expertise is with dead people?

If you testify about live people, you are out of your bailiwick?

To produce the cerebral trauma to which you have testified requires the child's head contacting a
hard surface?

You do not know what was that hard surface?

You do not know if Mr. XXXXXXXXXXXXX had anything to do with that hard surface?

As a skilled scientist, a Board Certified Forensic Pathologist, you must testify to a reasonable
degree of medical certainty?

You are seeing the part of the story the State wants you to see?

Your autopsy supports that the child died as a result of cerebral trauma because the head
contacted a hard surface?

Your opinion that the child died by manual strangulation by the paternal caregiver is 100%
speculation?

Had the child died as a result of strangulation, it would have been dead at the scene?

How many homicides were there in 2018 in Anchorage?⁵

And in Kenai in 2018?⁶

How many deaths in auto crashes do you see in Kenai?

In your twenty years or more of being a medical examiner it is not infrequent for you, as a Medical Examiner⁷ to see deaths from head injuries?

You do not send every cvbnm with head injury to Dr. Yuiop, do you?

How was the decision made to send this cvbnm to Dr. Yuiop?

Was there an in-house staffing and a decision by your supervisors to send this cvbnm?

“The State Medical Examiner’s Office conducts autopsies, provides court testimony when necessary, and assists with the review of all child deaths through the Child Fatality Review Team.”

Was this cvbnm designated as part of the Child Fatality Review Team protocols?

Was Dr. Zientek involved in this decision in any way?⁸

Did you discuss this cvbnm with Dr. Zientek?

Did Dr. Zientek tell you to send these slides to Dr. Yuiop?

Other than a gross dissection, it appears as if you sent raw material to Dr. Dr. Yuiop?

It seems as if there are three of you working as medical examiners?⁹

⁵ <https://www.adn.com/XXXXXXXXXXXXX-news/crime-courts/2019/01/01/in-anchorage-28-people-died-by-homicide-this-year/>

⁶ <http://www.city-data.com/crime/crime-Kenai-XXXXXXXXXXXXX.html>

The 2019 crime rate in Kenai, AK is 722 (City-Data.com crime index), which is 2.7 times higher than the U.S. average. It was higher than in 98.7% U.S. cities. The 2019 Kenai crime rate rose by 10% compared to 2018. The number of homicides stood at 2 - an increase of 1 compared to 2018. In the last 5 years Kenai has seen rise of violent crime and increasing property crime. Read more: <http://www.city-data.com/crime/crime-Kenai-XXXXXXXXXXXXX.html>

⁷ <http://dhss.XXXXXXXXXXXXXX.gov/dph/medicalexaminer/pages/default.aspx>

⁸ http://dhss.XXXXXXXXXXXXXX.gov/dph/MedicalExaminer/Pages/contact_us.aspx

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From Dr. Yuiop's report, it appears as if you plopped the neurologic tissue into fixative and sent it to Michigan?

When you discussed the cvbnm, before sending the materials to Michigan, did Dr. Yuiop tell you what to send?

How to package it?

Why didn't you just send her 28 slides which you had prepared?

Is sending out wet neurologic tissue a protocol for the XXXXXXXXXXXXX Medical Examiner on all cvbnms with central neurologic injury?

What was unique about this cvbnm?

Why were you unable to perform this examination in Anchorage?

You have twenty plus years of experience?

What was special about this cvbnm?

The brain pathology is consistent with sudden impact and sudden deceleration?

But no cerebral skull fractures?

How does this level of brain injury occur without skull fractures?

Dr. Yuiop did not identify the mechanism of injury?

Autopsy p. 32:

Last entry states that you received an e-mail from Jessie Whittom on 10/31/18?

Where is that e-mail?

Dr. Yuiop received the specimens on 11/27/18?

Did you communicate to her that you thought that Mr. XXXXXXXXXXXXX was the perpetrator?

How do you know of Dr. Yuiop?

You discussed the cvbnm extensively with Dr. Yuiop?

Did you provide her with the documents on pp. 29-32 included in your autopsy report?

She does not reference that specifically but she does reference that she did receive your autopsy report?

Dr. Yuiop was aware, when she examined these tissues that the Anchorage PD and Kenai PD were targeting Mr. XXXXXXXXXXXXX who was already in custody?

You overstepped your job by concluding that Mr. XXXXXXXXXXXXX was responsible for this death?

Pure speculation?

And you do not know how or in what manner this child's skull came into contact with something hard?

Or who did it?

Objectivity is the hallmark of forensic pathology, isn't it?

You entered the autopsy suite with a pre-determined outcome?

Whom did you ask for any data that might support that someone other than Mr.

XXXXXXXXXXXXXXXX was the perpetrator?

Were you offered any other data to support the possibility that someone other than Mr.

XXXXXXXXXXXXXXXX was the perpetrator?

Your opinion is that Mr. XXXXXXXXXXXXX is responsible for the death of this child?

And no other person?

