

JACK T. LITMAN

CROSS FROM THE MURDER TRIAL, PEOPLE V. DAVID TSE.
OF THE STATE'S FORENSIC PATHOLOGIST

VERDICT: NOT GUILTY
ON ALL CHARGES

LITMAN, ASCHE, LUPKIN & GIOIELLA
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1 7all

Veress - People- direct

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2 A Wounds 2, wound 4, wound 5, 6, 8, 9, wound 10,
3 wound 11, 12, wound 17.

4 Q Making a total of eleven wounds? Is that right?

5 THE COURT: That's right.

6 A Yes.

7 Q Doctor, how many of those shots went through Andy
8 Liang's heart?

9 A Can I say the number wounds?

10 Q Sure.

11 A Wound 4 probably. Wound 5, yes. Wound 6, yes.
12 Wound 10, yes. Wound 11, yes.

13 Q Is that it?

14 A Yes.

15 MR. WAPLES: I have nothing else, your
16 Honor.

17 THE COURT: All right, Mr. Litman.

18 MR. LITMAN: Yes.

19 CROSS-EXAMINATION

20 BY MR. LITMAN:

21 Q Dr. Veress, it is your opinion that all of these
22 wounds ^{to} the body of Andy Liang took place within a very short
23 period of time, ^{is} is that right?

24 A This is my opinion, yes.

25 Q Indeed, within seconds, is that right?

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A Yes.

Q Next, you agree, sir, that as you previously expressed an opinion that he died either during the sequence of wounds or immediately thereafter, is that right?

A He could have died immediately after but the most likely during.

Q But could --

A I would think.

Q But he could die immediately thereafter, is that right?

A Yes, it is possible.

Q Now, that a person could die immediately thereafter -- withdrawn.

You told us that some of the wounds could have caused death in and of themselves, is that right?

A Yes.

Q Certainly if they were not treated internal bleeding would have eventually led to death, is that right?

A Yes.

(Continued on following page)

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2 Q. Now, a wound may be fatal eventually. You are not
3 saying, doctor, that when a person is shot, that he cannot
4 utilize and indeed perform physical activity, isn't that
5 correct?

6 A. Depending upon the location of the wound.

7 Q. ^{Do} You agree that Lester Adelson, who ^{authored} ~~wrote~~ the book
8 Pathology of Homicide, wrote what you consider to be a
9 learned treatise in the subject of forensic pathology?

10 A. Yes.

11 Q. You would agree that Werner Spitz, wrote the
12 medical legal something or other of the pathology, that's
13 also a recognized text in the field?

14 A. Yes.

15 Q. And Dr. DiMaio's book on gunshot wounds is also a
16 recognized text in the field?

17 A. Yes, sir.

18 Q. And you're aware there, are you not sir, of
19 examples of a person whose heart was totally annihilated by
20 a gunshot wound, blown to smithereens and that person could
21 undergo activity for ten, fifteen, twenty seconds, you're
22 aware of that, sir?

23 A. That's their opinion.

24 Q. That's what?

25 A. That's their opinion.

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Q. Their opinion is their opinion not based sir on the fact that the brain has reserve at least ten or fifteen seconds of oxygen so that if the heart is completely annihilated totally annihilated, that the brain can still function and perform activity and dictate motor activity, isn't that correct?

MR. WAYLES: Objection.

THE COURT: No, overruled.

Q. Isn't that correct, sir?

A. Certain coordination can persist for a few moments but not long.

Q. For certain numbers of seconds, is that correct, sir?

A. That's correct.

Q. Now, would it be fair to say sir, that you did this autopsy throughout an eight hour period on June the 10th, 1988, is that correct?

A. Yes, I did.

Q. And during that time, of course you were doing other autopsies as well?

A. That's what I don't recall. Whatever else I handled on that date, I cannot tell you.

Q. You testified before the Grand Jury that you may well have been doing other things at the same time, is that

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right?

A. Yes, probably.

Q. And it would be fair to say sir, that since you do so many autopsies, you really don't recall this one other than what you wrote down, is that correct?

A. Yes, sir.

Q. And indeed, that's why one tries to be as accurate and as complete as possible in detail when one creates an autopsy report, is that correct?

A. Yes, sir.

Q. Because months later or in this case now years later, the only thing you can really rely on is what you wrote down, is that right, sir?

A. That's correct.

Q. Now, you notice sir, did you not, a very large scar on the stomach of Andy Liang from the area that I am pointing to here on my chest all the way down here, is that right, sir?

A. Yes, I did.

Q. And indeed that scar was about 35 centimeters long, is that correct?

A. If I indicated in my protocol, yes, it is.

Q. And that indicated to you, did it not sir, that Andy Liang in fact had been operated on previously for other

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gunshot wounds, is that correct?

MR. WAPLES: Objection.

THE COURT: Sustained.

Q. Did that indicate to you, that scar, that that had been part of a surgical procedure, sir?

A. Yes, sir.

Q. Did you check the prior hospital records, if any, of Andy Liang to determine whether or not he had been previously shot, sir?

MR. WAPLES: Objection.

A. No.

THE COURT: Sustained. Answer is stricken.

The jury will disregard.

Q. Did you check to see whether there were any prior hospital records of Andy Liang from April the 9th, 1987, sir?

MR. WAPLES: Objection.

THE COURT: Sustained.

Q. Now, it is clear, is it not, sir that when you examined -- it is clear is it not, sir that when you examined the body of Andy Liang for gunshot residue, you found none, is that correct?

A. Yes.

Q. And that you did with the naked eye, right?

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A. Yes.

Q. In addition to examining the body and the wounds themselves, you of course also examined the clothing, is that correct?

A. Yes, I did.

Q. So that on the shirt for example, you also, as I correct, found no evidence of gunshot residue, is that correct?

A. I could not see any but you have to understand that the shirt was soaked in blood and to see through that, it's sometimes very difficult to recognize any residue, sir.

Q. But you certainly didn't see any?

A. No, I did not.

Q. And to you, that means that assuming that this weapon, which is Exhibit 22A, People's Exhibit 22A in evidence, that the person that utilized this weapon, assuming this is the weapon that caused these shots, was at a minimum distance, minimum distance of a foot and a half from the body of Andy Liang when Andy Liang was shot, is that correct?

A. That's consistent with it.

Q. No, no, not consistent with that doctor. Consistent means it could happen and it couldn't happen too, that's what consistent means, right?

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A. Yes.

Q. And consistent doesn't mean that's what it is, it means maybe yes, maybe no, correct?

A. Yes, yes.

Q. I'm not asking consistent.

A. Yes.

Q. I'm asking as a fact, there's no debate, that this weapon, assuming this is the one that fired the shots, was at a minimum of eighteen inches from the body of Andy Liang when the shots came out of the muzzle?

A. Yes, it was.

Q. And of course it could have been two feet away or two and a half feet away, is that correct?

A. That's correct.

Q. But one thing -- withdrawn.

You are also absolutely sure about this as well, none of the shots, none of them was what you would call a contact wound, is that correct?

A. Yes, sir.

Q. A contact wound means, does it not, when the muzzle of the weapon is held for example right against the person?

A. That's correct.

Q. Correct. None of them was that?

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A. No.

Q. So in no instance, whether Andy Liang was standing, falling, or on the ground, did whoever did the shooting go over to him put the gun to him and fire?

A. No.

Q. That never happened, correct?

A. That's correct.

Q. Now, in addition to there being no contact wounds, would you also agree that there was no, what you might call near contact wounds?

A. Yes.

Q. And a near contact wound is a wound that occurs when the muzzle of the weapon is close, within several inches, is that right?

A. Yes.

Q. And when the muzzle of the weapon is fired within several inches of the body, that also leaves very tell tale marks on the body of the person that you as a medical examiner would recognize in an instant, is that right?

A. Yes.

Q. So, again, whether Andy Liang was standing, falling or on the ground at any time during the shooting, you agree, do you not, that at no time did the shooter approach and bring the gun even close to the body of Andy

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2 Liang to make a near contact wounds, is that correct?

3 A. I agree with that.

4 Q. Indeed, sir, all of the shots are consistent with
5 having been fired from the same distance between the shooter
6 and Andy Liang, is that correct?

7 A. Yes.

8 THE COURT: That means maybe yes, maybe no.

9 THE WITNESS: Same distance, approximately.

10 Q. Now, doctor, would you be kind enough to explain
11 to the jury what the term rigor mortis means?

12 A. Rigor mortis means the establishment, setting in
13 of rigidity of the muscles.

14 Q. So, is it not a common phenomenon after a person
15 dies, depending in great measure on the weather conditions,
16 that rigor mortis within hours begins to set in, is that
17 correct?

18 A. It starts right away after death and step by step
19 it sets in different areas of the body.

20 Q. Indeed sir, it starts about two to four hours
21 after death, isn't that correct?

22 A. Different opinions.

23 Q. Different opinions. Would you accept the opinion
24 of your colleague, Dr. Plank?

25 A. Yes, I do.

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2 Q. Certainly competent enough to figure out whether a
3 person has rigor mortis, is that right?

4 A. Yes.

5 Q. And he, so far as you know, actually went to 7
6 Division Street to look at the body of Andy Liang while it
7 was there, correct?

8 MR. WAPLES: Objection.

9 A. Yes.

10 Q. And he got there sometime between nine and 10
11 o'clock?

12 MR. WAPLES: Your Honor, I object. He has no
13 basis for knowledge.

14 THE COURT: Sustained. There's no factual
15 basis for that.

16 Q. You've looked at documents which were prepared in
17 the ordinary course of business by the Medical Examiners
18 Office that Dr. Flank created?

19 A. Yes, I did.

20 Q. And of course those records are part of the
21 business of the medical examiner to create, is that right?

22 A. Yes.

23 Q. And they detail things that the medical examiner
24 does in the ordinary course of business, isn't that correct?

25 A. Yes.

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Q. Just like this autopsy report, is that right?

A. That's correct.

Q. And you of course reviewed that file in the medical examiners office many times, haven't you?

A. Yes, I did.

Q. And you saw of course the writings of Dr. Plank, didn't you?

A. I did.

Q. And you saw that Dr. Plank --

MR. NAPLES: Objection, your Honor.

THE COURT: Sustained.

Q. You've spoken to Dr. Plank, haven't you?

A. I don't recall.

MR. LITMAN: Could we mark this please as a defense exhibit -- what number are we up to R?

These three pages could kindly be marked collectively as Defense Exhibit R for identification?

(So marked as Defense Exhibit R for identification)

MR. LITMAN: Could I approach with Mr. Naples for a second please?

(Whereupon, the following sidebar conference was held out of the hearing of the jury.)

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THE COURT: Yes.

MR. LITMAN: Thank you.

CROSS EXAMINATION (Cont'g)

BY MR. LITMAN:

Q. Now, you mentioned what you are positive about is a re-entry wound and that is that wound number 19 that went in and out the arm up here caused wound 12, correct sir?

MR. MAPLES: Objection.

A. Yes.

MR. MAPLES: That was not his testimony

but --

Q. That is your testimony?

THE COURT: He acknowledges that that's his testimony.

Q. Correct?

A. It's consistent with.

Q. And also the one 18 could also have re-entered the body, isn't that correct?

A. I don't know where.

Q. You don't know where. But it's perfectly consistent with the arm being like this and having been shot here and then shot here and re-entering the body, correct?

A. It is possible. I could not identify the re-entrance.

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2 Q. But certainly the position in which I'm holding my
3 arm like this is consistent with these two shots having been
4 fired --

5 A. As you are holding it but an arm not necessarily
6 is held, being held this way. It could be held this way.

7 THE COURT: Indicating --

8 Q. I'm not --

9 THE COURT: Indicating an arm outstretched as
10 opposed to bent and against the body.

11 Q. Doctor, the question I asked, if the arm is held
12 this way, that wound is consistent with it, is it not?

13 A. Which one?

14 Q. I couldn't hear you?

15 A. Which one, which wound?

16 Q. Eighteen?

17 A. Eighteen is an entrance and exit.

18 Q. That's correct. And the way I'm holding my arm is
19 consistent with the way it could have occurred, if a shooter
20 was standing opposite the person, isn't that correct?

21 A. I'm very sorry. I did not understand your
22 question in the beginning.

23 Q. Forgive me, sir.

24 A. I was confused.

25 Q. Forgive me. You concede, do you not, that wound

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2 18, when it went in the arm and out of the arm, could well
3 have exited the chest -- entered the chest afterwards,
4 correct?

5 A. Yes, it could.

6 Q. Okay. Same thing is true with this grass wound,
7 it could have come off the hand and entered the chest, isn't
8 that correct?

9 A. Oh, yes, it could.

10 Q. Now, sir, you removed blood from the body of the
11 deceased at the beginning of your autopsy, didn't you?

12 A. Yes, I did.

13 Q. And after you removed blood from the body of the
14 deceased at the beginning of your autopsy, you put it in a
15 bottle, didn't you?

16 A. In more than one bottle.

17 Q. More than one bottle.

18 And the bottles that you put ^{it} in were plastic or
19 glass?

20 A. At that time, I have no personal recollection. We
21 probably still had some glass bottles and plastic. I cannot
22 remember what they were, they were bottles I know.

23 Q. And then you screwed something on the top like a
24 jar cap?

25 A. Yes.

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2 Q. And when you put it in the bottle, was the bottle
3 empty?

4 A. Before I put it in, yes, the bottle was empty.

5 Q. So the bottle is completely empty, then you put
6 the blood into several bottles?

7 A. Yes.

8 Q. Then you screwed the bottle caps?

9 A. Yes.

10 Q. And then sometime after you finish the autopsy,
11 you remove them from the autopsy room, is that correct?

12 A. No, the ways I do is --

13 Q. That date.

14 A. As I finish the autopsy, I put everything in a
15 marked bucket.

16 Q. Marked bucket.

17 A. All the organs, tissues, whatever. And I put,
18 myself, in the refrigerator, in the mortuary and it stays
19 there.

20 Q. When, during the autopsy, when you started at ten
21 when you took the blood until 6 o'clock that you finished,
22 did you bring it to the refrigerator?

23 A. Not during the time.

24 Q. I'm sorry?

25 A. Not during the time.

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Q. Okay.

A. After I finish.

Q. After you finished?

A. Yes.

Q. So you took the blood at 10 o'clock, correct, after you began?

A. Not necessarily ten o'clock because as you remember as I testified I do many things before I start the autopsy itself. I started working on the case at 10 o'clock. I honestly don't know what time I made my first incision.

Q. Taking the blood is one of the first things you do?

A. That's right. That's correct.

Q. All right. So close to the beginning of when you began your autopsy is when you took the blood?

A. If I can, if I can be more specific. I started autopsy at 10 o'clock. I am sure I did not make my first incision until 1 o'clock because I had so many things to do.

Q. So you took the blood at approximately 1 o'clock?

A. Sometimes after.

Q. And then after you finished the autopsy, after 6 o'clock, you took the bottles into which you had placed the blood and you brought them to the refrigerator?

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A. Yes, sir.

Q. How long after 6 o'clock was it that you brought the blood that you had put into these empty bottles to the refrigerator?

A. I don't know. I do not know.

Q. Could it have been as late as 8 o'clock at night?

A. It could.

Q. Or even later?

A. I don't believe so because I was so tired that I just could not stay up.

Q. Now, the analysis by toxicology of whether or not there was for example any cocaine in the body of Andy Liang was not done by you, is that correct?

A. That's correct.

Q. That is a department there that's headed up by a person named?

A. Dr. Stajic.

Q. Dr. Stajic?

A. Stajic. S T A --

Q. -- A J I C?

A. That's correct.

Q. And it was that group of people that analysed to see if there was for example any cocaine?

A. Yes, sir.

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2 Q. Now, let us talk about, if we can now, wound
3 number 14.

4 You do recall that, don't you?

5 A. Yes, I do.

6 Q. How many times have you testified under oath that
7 wound number 14 was an entrance wound?

8 A. I believe twice.

9 Q. Excuse me?

10 A. Twice, I believe.

11 Q. And on both of those occasions, you were
12 questioned not by me, but by a prosecutor, is that right?

13 A. Yes.

14 Q. Now, not only did you describe wound number 14 as
15 an entrance wound -- withdrawn.

16 You described wound number 14 as an entrance wound in
17 your autopsy report, correct?

18 A. Yes, I did.

19 Q. And you left it that way for almost three years,
20 correct?

21 A. Yes.

22 Q. You testified once in the Grand Jury in December
23 of 1988 that it was an entrance wound, correct?

24 A. Yes.

25 Q. And you testified again in January of 1990 that it

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was an entrance wound is that correct?

A. Whenever it was, yes, I did.

Q. Now, in addition to describing it as an entrance wound, you also described a track, you say that you saw a track. Why don't you tell the ladies and gentlemen of the jury please, and you can look at your autopsy report if you need, this track that you say existed?

A. There is a wound of the left groin area and corresponding to that there are injuries, laceration the soft tissues. Including this area the pelvic bone has some fractures.

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Q Could you be kind enough -- let me see if I can rephrase that question. Withdraws.

I am asking you if you would be kind enough to please describe to us the track of the wound, No. 14.

MR. NAPLES: Judge, I am not sure with respect to the question why Mr. Litman is directing Dr. Veress attention to, a description given at a previous time, or a description that he believes now.

Q Dr. Veress, you have testified several times already that you don't have an independent recollection of this autopsy other than what you wrote down in the report, correct?

A Yes.

Q Now, tell the jury what you wrote down.

A Yes.

I wrote down that there is an entrance wound of the left inguinal area.

Q How far above the left heel?

A It is 90 centimeters above the left heel.

Q Three-and-a-half inches.

A Yes.

Q How far to the left?

A Ten centimeters to the left from the anterior midline.

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EXHIBIT 1 100 70 100

CONFIDENTIAL

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Veress - People - cross

1117

2 Q Can we stop for a second.

3 The midline is a real or an imaginary line that
4 goes right down the center of our body, is that right?

5 A Yes.

6 Q As a medical examiner, what you are supposed to do
7 is to describe the areas where wounds are by, among other
8 things, the distance ^{from} ~~over~~ that midline, is that right?

9 A Yes.

10 Q The anterior again means the front of the body.

11 A Yes.

12 Q Please continue with this description of this
13 entrance wound that you made when you saw the body.

14 A The wound is a circular defect --

15 Q Circular in shape.

16 A You want me to read the autopsy report?

17 Q It is in evidence, you can read it, please.

18 A The wound is circular in shape with a diameter of
19 1.5 centimeters and surrounded by a rim of abrasion which has
20 a thickness of .2 centimeters.

21 The surrounding skin surfaces are free of flame
22 burns, smokes, smudges or unburnt gunpowder tattoos.

23 Q May I stop you for a second?

24 When you say surrounding skin surfaces are free of,
25 that is what you told us before, there is no gunshot residue,

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Veras - People - cross

1118

1 is that right?

2 A Yes.

3 Q You then now describe a track of the wound?

4 A Yes.

5 Q Please tell us the track that you say you saw on
6 June 10, 1968.

7 A I am reading from my autopsy report:

8 The wound perforates the skin, takes a direction
9 upward, fractures the crista of the iliac bone on the left
10 side and after penetration of about ten centimeters, the bullet
11 is falling in pieces.

12 In areas small copper jacketed pieces are found and
13 some poppy-seed-like pellets.

14 Q Now, when you -- withdraw.

15 By the way, when you make an autopsy report, you
16 don't write it, in fact you dictate it into a machine while
17 you are actually doing the autopsy, is that right?

18 A No, sir.

19 Q You take notes?

20 A I cannot dictate it when my hands are busy with
21 the scapular and other things.

22 Q So you take notes, is that right?

23 A Yes, I do.

24 Q O.K.

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Veress - People- cross

1119

2 After you take your notes you then dictate it, is
3 that right?

4 A Yes.

5 Q After you dictate it you read the report for accuracy,
6 completeness, and details?

7 A Yes.

8 Q Allright.

9 Could you tell us, please, how it was that you saw
10 the wound track that went upwards and fractured the crista of
11 the iliac bone on the left side, and that after a penetration
12 of about two centimeters the bullet fell into pieces?

13 How did you see that as an entrance wound over here
14 (indicating)?

15 A Because that was my interpretation at that time, as
16 I took a look on the wound it was consistent with an entrance
17 wound.

18 Q Now you're telling us that not only was that not an
19 entrance and that is an exit but that this is not even a
20 track, is that right?

21 A I didn't say that.

22 Q Is that a track from the exit now?

23 A Could be the track of the exit, yes.

24 Q If that is the track of the exit, where did it come
25 from?

A I don't know.

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2 Q According to you, it disappeared after ten centi-
3 meters?

4 A Because at the time I identified that wound it
5 appeared to be that it was an entrance wound. Since then I
6 learned that it is not an entrance wound, that certain evidence
7 has been shown to me which convinced me that it is not an
8 entrance wound.

9 You have to understand, sir, that certain wounds
10 because of the location on the body surfaces are very difficult
11 to identify. That there is an entrance and exit wound, and
12 this one was one of them.

13 Q Did you --

14 A Can I finish?

15 Q Please do.

16 A That the evidence that was given to me, and it was
17 convincing that it is an exit wound, I changed my mind.

18 Q So, in other words, this autopsy report that Mr.
19 Weple put into evidence before, part of it is based on what
20 someone else told you, is that right?

21 THE COURT: Sorry, which autopsy report?

22 MR. LITMAN: What is the exhibit number, I, I
23 think.

24 THE WITNESS: No, sir.

25 Q Didn't you change part of it at the end?

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Veress - People - cross

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2 A Yes, I did.

3 Q That was, as you told us, based on what someone else
4 told you?

5 A Someone presented to me some evidence which was
6 convincing to change my mind, and I did.

7 Q Now, when you wrote it was an entrance, and you
8 swore twice in the grand jury that it was an entrance, is it
9 not the fact, sir, that never did you indicate that you had
10 any hesitation saying that it was an entrance wound. Is that
11 right?

12 A Sir, at the time I was one hundred percent sure
13 with the information in my hand that this is an exit wound.

14 After some other evidence --

15 Q You mean entrance?

16 MR. WAPLES: Your Honor, may he finish his
17 answer?

18 THE COURT: All Mr. Litman is doing is correct-
19 ing him. I think you misspoke when you said you
20 were sure it was an exit wound --

21 THE WITNESS: I am very sorry if I did.

22 THE COURT: Finish your answer.

23 THE WITNESS: Yes.

24 I was sure at the time. I was sure that it was
25 an entrance wound.

FD-302 (REV. 11-27-70)

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INVESTIGATOR

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Verasa - People - cross

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2 Q That was based on what you saw at the autopsy?

3 A Yes.

4 Q Let me ask you this, Doctor:

5 You are familiar, are you not, with shopping in a
6 supermarket?

7 A Yes, I do.

8 Q The rest of us buy food in the supermarket from time
9 to time?

10 A Yes, I do.

11 Q You know sometimes they have in supermarkets pyramids
12 of fruit, like grapefruits or even tomatoes stacked up, right?

13 A Yes.

14 Q And if you take one off the top you take it and
15 the rest of it is O.K., is that correct?

16 A Most of the time, yes.

17 Q But if you take one off the bottom, sometimes the
18 whole bunch of fruit falls down with it, is that correct?

19 A Yes, it does.

20 Q O.K., now, Doctor.

21 You have described to the jury what you say are
22 the tracks of all of these other wounds in the torso of Andy
23 Liang, correct?

24 A Yes.

25 Q Not a single one of those, according to you,
corresponded with coming out in the area that, now we agree,

1
2 is an exit wound, is that right? No. 14?

3 A (No response)

4 Q Is that right?

5 A (No response)

6 Q You have described some of the other entrance wounds
7 as coming out where 14 is, is that right?

8 A I don't know where is the entrance wound for 14, yes.

9 Q But, Doctor, there must be an entrance wound, is
10 that right?

11 A Yes, absolutely.

12 Q If there is an entrance wound that means that one
13 of the entrance wounds and the track from that entrance wound
14 that you described, by logic, must be incorrect, because it
15 must have come out on 14?

16 MR. WAPLES: Objection, your Honor. It doesn't
17 follow as a matter of --

18 THE COURT: I have no problem with the substance
19 but just as to the form.

20 MR. LYMAN: The same --

1 Q Doctor, the exit wound on 14 must -- you would
2 agree -- have an entrance wound somewhere in this body, is
3 that right?
4

5 A Yes.

6 Q You have described the tracks, at least what you
7 say, where all of these other wounds went inside the body,
8 correct?

9 A Yes.

10 Q None of these other tracks lead to the exit at
11 wound 14, correct?

12 A Yes.

13 Q Therefore, one of these other tracks must be in-
14 correct, isn't that right, Doctor?

15 MR. MAPLES: Objection.

16 THE COURT: Overruled.

17 Q Is that right, Doctor?

18 A You have to understand when you are dealing with
19 so many interacting trajectories in the body, so many internal
20 injuries, so many wounds on the body surfaces, that sometimes
21 you just can't figure out certain wounds trajectories and this
22 is one of them.

23 Q What you are saying is, given the multiplicity of
24 the wounds in this case, you cannot really be sure on all of
25 the wounds where or which direction they actually traveled is,

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Verona - People - cross

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2 is that right?

3 A I didn't say that.

4 Q Well, Doctor, then the answer is no?

5 MR. MAPLES: May be finish?

6 MR. LITMAN: Forgive me, I think this calls
7 for a yes or no answer.

8 THE COURT: Yes, if you want a yes or no answer
9 you are entitled to one.

10 MR. LITMAN: Thank you.

11 Q Doctor, I asked you, is it correct that because of
12 the multiplicity of the wounds, you couldn't really figure out
13 the tracks of all the wounds? Just yes or no.

14 A I cannot answer it with a yes or no.

15 Q Let me ask it to you this way, doctor, if I could:
16 Let's assume hypothetically speaking, that there
17 are only two bullet wounds in the body, O.K.?

18 One of the wounds enters the body and goes through
19 the body and exits, O.K.?

20 The other wound is a wound in the inguinal area,
21 all right?

22 Do you understand the suggestion I am giving to you?

23 A Yes.

24 Q O.K., now. You do your autopsy and you say, looking
25 at the body, dictating your report, the one wound has an

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entrance that went through the body and exited. That inguinal wound there is the groin that is an entrance, O.K.?

Thereafter things are brought to your attention about the wound and other things, and you conclude that that inguinal wound is not an entrance, it is an exit, O.K.?

A Yes.

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6 Yesess - People - Cross

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Q Do you understand the hypothetical question?

A Yes.

Q Would you agree then, sir, that the track that you gave for the first wound is either incorrect, or there is another entrance wound that you just missed in the body?

Would you agree?

MR. NAPLES: Hypothetically speaking, of course.

MR. LITMAN: Hypothetically speaking.

THE COURT: Yes.

A I agree with that, that one wound what I identified would be entrance and exit, there is no problem with that.

With the second one, if I didn't find the bullet in the body and I -- the entrance wound?

Q And now you agree it is an exit?

MR. NAPLES: I think we are talking about a hypothetical.

MR. LITMAN: Judge --

THE COURT: Yes.

MR. LITMAN: This is cross-examination.

THE COURT: Counsel has put a hypothetical question to you and only a hypothetical question.

Let's try it again.

Veress - People - Cross

MR. LITMAN: Sorry.

THE COURT: Try it again.

MR. LITMAN: All right.

Q The entrance wound of what you now agree is
the exit wound 14, you can't find, right?

A That's right.

Q Was it bullet wound one?

A No.

Q Was it bullet wound two?

A No.

Q Was it bullet wound three?

A No.

Q Was it four?

A No.

Q Five?

A No.

Q Six?

A No.

Q Seven?

A I don't know.

Q Yet don't know?

A No.

Q Doctor, do you know how you described to this
jury before wound number seven?

Veress - People - Cross

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2 A Sir, if you give me time that I go in the
3 details of the wound, I will answer and it will be an
4 able answer.

5 I just can't answer like that of 19 wounds,
6 you know, which one went in which way.

7 Q Doctor, you have had this case for three years.
8 Do you realize how important your testimony
9 is here, sir?

10 MR. NAPLES: Objection.

11 A I know.

12 THE COURT: Sustained, don't argue with
13 the witness, just put questions to him.

14 Q Did the wound, number seven, cause exit wound
15 14? Yes or no?

16 MR. NAPLES: Your Honor, can you instruct
17 the witness if he needs time to answer the
18 question, he should take the time?

19 THE COURT: Absolutely.

20 Sir, let me ask you a question.

21 THE WITNESS: Yes, your Honor.

22 THE COURT: Not you, Mr. Litman.

23 THE WITNESS: Sorry.

24 THE COURT: As I understand it as you
25 sit here now, you cannot say if wound 14 is

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an exit wound, you cannot say where the entrance is that corresponds to that exit, am I correct?

THE WITNESS: Yes, sir.

THE COURT: Have you, before today, examined any of the other wounds that you found in the body to see if they corresponded to the exit wound at 14?

THE WITNESS: No.

THE COURT: Can you make such an examination of your notes to make a determination now?

When I say now, I don't mean this minute, but overnight, for example.

THE WITNESS: (No response.)

THE COURT: Would your notes, in other words, reveal that?

THE WITNESS: I don't think so.

MR. LITMAN: May I go back to my questioning?

THE COURT: Yes.

Q Did number seven cause exit wound 14?

A No.

Q Did eight?

A No.

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Q Did mine?

A No.

Q Did ten?

A No.

Q Did 11?

A No.

Q Did 12?

A No.

Q Did 13?

A It could.

Q 13 could have?

A Yes.

Q Doctor, do you remember how you described to the jury that exit wound 13 went into the body, basically, where I am pointing here? If you will be kind enough to look at me, would you look up for a second?

THE COURT: Doctor. The question — thank you.

Did you not describe to the jury the bullet wound 13 went into the body here and came out over here (indicating)?

THE COURT: Describe it for the record.

MR. LITMAN: Right on the left side of my chest, below the nipple area, off to the

Veress - People - Cross

back on the flank side over here.

Q Didn't you describe to the jury that is where
13 went?

A I am sorry, it is not consistent, no. I am
sorry.

Q You mean —

A I overlooked it.

Q So 13 didn't do it either?

A No.

Q How about 15?

A No.

Q How about 16?

A No.

Q How about 17?

A 17 could.

Q 17 could?

A Yes.

Q Do you remember how you described 17 to the
jury?

A Yes.

Q You had 17 —

A Yes.

Q — going in over here (indicating).

THE COURT: Indicating the left side.

Veress - People - Cross

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2 Q — the left side, and going across the body
3 and winding up on the right side; is that right?

4 A I have to check how that wound 17 goes.

5 Q Please do.

6 A This is --

7 Q Don't you have 17?

8 A This is the wound, 17, that actually I lost
9 contact with the wound.

10 I don't know exactly where it ends.

11 Q But you have an ending here in your description,
12 if I can ask the question, please, that it enters the
13 abdominal cavity and in the areas in the posterior?
14 Where is the posterior?

15 A In the back.

16 Q In the back?

17 A Yes.

18 Q The inguinal wound is in the front, is that
19 right?

20 A It is in front, yes.

21 Q But number 17 continues in the posterior,
22 in the back abdominal wall, is that correct?

23 A Yes.

24 Q So that didn't cause it either?

25 A Sir, I just said it is possible.

D R . J O B E R N V E R E S S , R E S U M E .

CROSS-EXAMINATION (CONTINUED)

BY MR. LITMAN:

Q Good morning, Doctor.

A Good morning.

Q We were talking at the end about wound number 17, Doctor.

Do you recall?

A Yes, sir.

Q I am sorry.

A Yes, sir.

Q And with respect to wound number 17 you have already testified, sir, yesterday that in response to a question by Mr. Napier as to the general path as it progressed through the body that "17 is from front to back, from left to right, downwards." Is that right?

A Yes.

Q Now, if you would be kind enough — with the pen that is provided to you, and in front of you, and with the Court's permission, if you can come off the witness stand and take that pen and go over here to Exhibit 5 in evidence —

THE COURT: Is it possible to turn that chart a little more so that I can see it.

too, as well as the jury?

(Whereupon, the court officer complies with the request.)

THE COURT: All right, that is good enough.

MR. LITMAN: Can you see it, sir?

THE COURT: As long as the jurors can.

They are more important than I.

Okay, as long as the jurors can see it.

BY MR. LITMAN:

Q Now, Doctor, as I correct in here, pointing out 17, which is here on the left flank of the body and of the three human drawings here, the one in the middle of Exhibit 5, is that correct —

A It is not the flank, it is the left side of the chest.

Q The left side of the chest?

A Yes.

Q If you would be kind enough to take an arrow from 17 and draw in the general direction with an arrow, please, from the front to the back of the body, from left to right downwards.

Show us the track of that bullet, please.

A It could be something like that.

Q No, no, Doctor. You see where 17 is?

1
2 MR. WAPLES: Your Honor, I object.

3 We are talking about two-dimensions here,
4 and I think Mr. Litman is quarreling.

5 THE COURT: The record should show that
6 there is a front view of the human body
7 on this chart.

8 A profile view, also, and the back
9 view.

10 MR. LITMAN: Yes.

11 THE COURT: When Mr. Litman asked the
12 question, Dr. Veress began to draw the line
13 on the front view.

14 Q Dr. Veress, do you see the side view of the
15 body where the number 17 is written?

16 A Yes.

17 Q That is the only place on the whole chart
18 where you have written the number 17 and shown the entrance
19 wound, sir?

20 A That's right.

21 Q Okay.

22 Over here on 17, that is the front of the
23 body to the left of the number 17?

24 A Yes.

25 Q Is the back of the body to the right of the

1
2 number 17?

3 A Yes.

4 Q Okay.

5 From here you see where the number is?

6 A Yes.

7 Q Start there and show us the track of the bullet
8 as best you can in that two-dimensional drawing that
9 the bullet goes from the front to the back of the body.

10 A Like this (indicating).

11 Q Draw it in, if you would be kind enough.

12 Draw it in, please, and make a mark.

13 THE COURT: All right.

14 (The witness complies with request.)

15 THE COURT: A line with an arrow was
16 drawn.

17 Q Would you be kind enough to put your initials
18 next to that, sir?

19 A Yes.

20 Q Thank you.

21 It is clear then, Doctor, is it not, that
22 if that is the track of the bullet toward the back of
23 the body, that the bullet did not come out towards the
24 front which is where 14 would be, is that right, sir?

25 A Yes.

1
2 Q Since we have now eliminated every other wound,
3 could you tell us, please, again which entrance wound
4 caused the exit at wound 14?

5 MR. MAPLES: Objection, asked and answered
6 several times.

7 THE COURT: Overruled.

8 A If I tell you about the case again, the possibility
9 is that wound 17 could take a projectory downward after
10 fracturing the rib down to the pelvic area, hit the crest
11 of the illium bone, bounce the back, and it could exit
12 at side 14.

13 Q You didn't see any of this or note any of
14 that at the autopsy, is that right?

15 A At the time --

16 Q Is that right?

17 MR. MAPLES: Objection, that is a
18 misstatement, Judge.

19 A Yes.

20 THE COURT: No.

21 MR. LITMAN: Judge --

22 THE COURT: No, the question and the
23 answer will stand.

24 MR. LITMAN: Thank you.

25 Q In fact, Doctor, isn't it a fact that wound

Veress - by People - Cross .

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2 number 16, the one in the back, if I may lift my jacket
3 here, basically over here (continuing) --

4 THE COURT: In the mid of the back.

5 Q -- a little off to the left --

6 A Yes?

7 Q -- went in here and came out vers 14 is?

8 MR. MAPLES: Objection, asked and
9 answered yesterday.

10 THE COURT: Overruled.

11 A No.

12 Q Doctor -- withdrawn.

13 MR. LITNAM: Your Honor, at this time
14 I would offer into evidence Defendant's
15 Exhibit R, pursuant to our discussion, the
16 one paragraph of the report that has been
17 previously referred to, created by
18 Dr. Plank on June 9, 1968 after his visit
19 Number 7 Division Street, sir.

20 THE COURT: Okay.

21 What we will do, since that one
22 paragraph is admitted into evidence, we will
23 provide a photocopy as a substitute which
24 contains only the one paragraph.

25 MR. LITNAM: Okay.

1
2 THE COURT: All right.

3 But it is admitted as Defendant's
4 Exhibit — what is the next exhibit number?

5 MR. LITMAN: R, it was already marked
6 R.

7 THE COURT: All right.

8 (Document previously marked as
9 Defendant's Exhibit R for identification was
10 received in evidence.)

11 Q Doctor, I wonder if you would be kind enough,
12 if you could just show the witness, because I have to
13 show him what portion, here, sir, is the paragraph that
14 is admitted into evidence, starting with the word "body",
15 and ending with the word "face", okay?

16 A Yes.

17 Q I wonder if you would be kind enough to read
18 out loud that medical finding of Dr. Plank's.

19 A "Body lying on floor. No rigor. Multiple
20 gun wounds, some livor, left face."

21 Q Now, could you please tell the jury what —
22 withdrawn.

23 You pronounce it rigor?

24 A Yes, r-i-g-o-r.

25 Q Rigor, some say rigor and some say rigr.

1
2 That refers to rigor mortis; is that right?

3 A Yes.

4 Q So that at the time Dr. Fleak got there, sometime
5 after 9:00 at night, his finding was that there was no
6 rigor mortis, is that right?

7 A Yes.

8 Q No rigor mortis means that there was no hardening
9 of the muscles, is that right, sir?

10 A Yes.

11 Q So that the muscles could be opened and manipulated?

12 A Yes.

13 Q Like arms and hands and fingers?

14 A Yes.

15 Q Now, sir, is it your opinion, sir, is it not,
16 that it was the combination of all the wounds that caused
17 death?

18 A Yes.

19 Q Is it also your opinion, sir, that you cannot
20 tell whether any wounds to the body of Andy Liang occurred
21 after death?

22 A I cannot.

23 Q That means you agree with that, you cannot
24 tell whether any of the wounds occurred after death,
25 is that right?

1
2 A It is my opinion that no wounds occurred after
3 death.

4 Q Now, sir, with respect to what has been referred
5 to as the grazed wound, do you recall that, sir?

6 A Yes.

7 Q That is the one where you looked at that large
8 blow-up on the photograph there, sir?

9 A Yes.

10 Q Would you agree that that grazed wound just
11 touched the surface right here (indicating)?

12 THE COURT: Indicating the area between
13 the thumb and the fourth finger.

14 MR. LITMAN: On the back of the right
15 hand.

16 Q Would you agree it just touched the surface?

17 A Yes, it is a superficial --

18 Q I didn't hear you.

19 A It is a superficial wound.

20 Q And it "just touched the surface of the
21 skin," do you agree?

22 A Yes.

23 Q Now, in terms of the activity that a person
24 could perform, physical activity after being shot, could
25 a person, if he was standing out next to a table or a

1
2 desk, less on the table?

3 Could a person do that, sir?

4 A Yes, sir.

5 Q Do you agree, sir, with Dr. Adelson, whose
6 book you agreed is a learned text in the field, is that
7 right?

8 A Yes.

9 Q When he said that many fatally injured persons
10 carry out surprising varieties of voluntary activity
11 before they succumb, do you agree with that?

12 A Yes.

13 Q Further, that victims with even perforating
14 cardiac gunshot wounds have survived for several minutes,
15 or longer, and have continued to walk, drive their own
16 automobiles, or to do any one of the large number of
17 complicated activities before death supervened? Do you
18 agree with that?

19 A Yes.

20 Q Doctor, you cannot state with a reasonable
21 degree of medical certainty what position the body of
22 Andy Liang was in or what position the gun was in vis-a-vis
23 that body when each or any of these wounds occurred,
24 is that right?
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MR. MAPLES: Which gun are we talking

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Q Anything is possible, Doctor.

Did it do it?

A I don't know.

Q Doctor, isn't it a fact that wound 16, the one that went in the back, this one here (indicating), is the one that came out here, number 16?

Isn't that the one that did, Doctor?

A Yes, that is not the way, as I find it, on the autopsy.

Q Sorry?

A That is not the way, as I found it when I performed the autopsy.

I found the bullet for that entrance wound.

Q You found the bullet for 16?

A Yes.

MR. LITMAN: Would this be a good place to stop and can we pick this up tomorrow morning?

THE COURT: Yes, 10:00.

Ladies and gentlemen, please remember the admonition that I have been giving you.

It is very important that you follow these and I will see you at 10:00 tomorrow

1
2 about?

3 THE COURT: I am assuming that Mr. Litman
4 was talking about the gun that fired the
5 bullets into Andy Liang.

6 Q You cannot tell us the position of the shooter
7 or the position of the body, is that right?

8 A No, I cannot.

9 Q Now, Doctor, when you saw Andy Liang for the
10 first time at the medical examiner's office on the morning
11 of June 10, 1968 at that time the shirt of Andy Liang
12 had been soaked with blood; is that right?

13 A Yes, it was.

14 Q Now, if you would be kind enough to look --
15 withdraws.

16 MR. LITMAN: Your Honor, could I hold
17 this up so the jury can see it and
18 witness at the same time, and if I go back
19 far enough, you can too, sir.

20 THE COURT: Closer to the jury, please.

21 MR. LITMAN: All right.

22 THE COURT: All right.

23 MR. LITMAN: Thank you.

24 Q Doctor, if you would be kind enough to
25 look, for example, at People's Exhibit 25-C, and 25-D,

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okay?

A Yes.

Q Do you see these are photographs that we have heard about that were taken by the Scene Unit personnel from the Police Department sometime starting after 7:50, 7:55 p.m. on the evening of June 9th. okay?

A Yes.

Q You see here on the photograph G, basically the front right side of the shirt and part of the left side of the shirt?

Do you see that, sir?

A Yes.

Q Do you see here on Exhibit H, some of the right side, or most of the right side of the shirt, and a little bit of the left side of the shirt?

Do you see that shirt?

A No, here I see most of the left and a little of the right.

Q Excuse me, did I say the reverse?

Most of the left side, sorry, and a little bit of the right?

A Yes.

Q Now, would you agree, sir, that when you saw the shirt for the first time it was much, much more soaked

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with blood than what you see here?

A Oh, definitely.

Q Definitely?

A Yes.

(Continued on Page 1198.)

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Q. Now, are you aware whether or not, for example, the police moved the body around alot at 7 Division Street?

A. I do not know.

Q. And you don't know how the body was thereafter transported, for example, as you told us?

A. I do not know.

Q. You don't know if it was thrown into a body bag or what the people did in the morgue truck or whatever, you don't know?

A. I don't know. I have no information for that.

Q. Doctor, with respect to the surgical intervention -- let me withdraw that.

with respect to the surgical intervention about which we spoke yesterday that you observed on the body of Andy Liang, do you remember making a notation with respect to that in your findings of the gastro internal tract?

A. Gastro intestinal tract.

Q. What did you find?

A. I found some areas with sutures.

Q. So that he had been subjected to some prior surgery?

A. Yes.

Q. Did you also notice any scarring on his buttocks that indicated anything?

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2 A. As I recall on one side I noticed that there was a
3 small scar, yes.

4 Q. That looked like?

5 A. It was an irregular scar as I recall.

6 Q. Did you note anywhere that that appeared to you to
7 be a wound of some sort, a prior wound.

8 MR. WARLEN: Objection, Your Honor.

9 THE COURT: Sustained.

10 MR. LITMAN: I'll move on, forgive me.

11 Q. Now, you mentioned something about a potential for
12 shoring on wound one. Do you remember you said it is
13 consistent?

14 A. Yes, sir.

15 Q. Maybe yes maybe no, correct?

16 A. It is consistent with shoring, yes.

17 Q. And you remember what you said about "consistent"
18 yesterday?

19 A. Yes.

20 Q. And did you, in the autopsy report, make any note
21 whatsoever that it was consistent with shoring in any way at
22 all?

23 A. No, I did not.

24 Q. And this is the autopsy report that you create for
25 completeness, accuracy, and details, correct?

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A. Yes.

Q. Indeed there is no mention of shoring with respect to any wound at all in the autopsy report; is that correct?

A. Yes, sir.

Q. And the only one you've mentioned as maybe yes maybe no is wound number one; is that correct?

A. That is correct.

Q. Now, you told us about Andy Liang's weight and height as you measured it on the autopsy table?

A. Yes, sir.

Q. In your view, to a reasonable degree of medical certainty, was he a well-nourished person?

A. Yes, he was.

Q. In fact, you made a note of that in your autopsy report?

A. Yes.

Q. And, by the way, these photographs, sir, that were taken at the Medical Examiner's Office, were you the photographer or is there a person there who actually takes them?

A. There is a photographer who takes the pictures.

Q. Okay.

MR. LITMAN: Your Honor, I would ask that this be marked as Exhibit 5 I guess for

1 identification.

2
3 (A photograph marked Defendant's Exhibit 4
4 for identification)

5 Q. Now, doctor, I have removed from People's 16 what
6 you have referred to as poppy seed pellets. This is the
7 thing in evidence that you identified for us yesterday?

8 A. Yes, sir.

9 Q. And did I hear you correctly that these are, in
10 fact, small pieces of lead that are inside of a copper
11 jacketing?

12 A. Yes, sir.

13 Q. And now, the next exhibit I have in my hand is
14 People's Exhibit 17 and this has these very small little
15 blue plastic pearls like balls; is that correct?

16 A. Yes, sir.

17 Q. These fit over that type of a bullet which is
18 sold, commonly called a glaser bullet?

19 A. Yes, absolutely correct.

20 Q. That sits on top of this copper jacketing in which
21 are these little pellets?

22 A. Yes.

23 Q. Now, is that, Defense Exhibit 6, a photograph and
24 accurate representation of the same items that I just showed
25 you that were taken by the photograph at the medical

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Examiner's office about the time of the autopsy?

A. Yes, it is.

MR. LITMAN: I offer that into evidence as
Defendant's Exhibit 4, your Honor.

MR. MAPLES: No objection.

THE COURT: All right received Exhibit 4.

(No marked is in evidence)

THE COURT: It has been marked, sir.

Q. Now, Doctor, let me show you exhibit J-J which is
in evidence. You have already identified this for us
yesterday; is that correct?

A. Yes.

Q. And this is an x-ray taken of the body of Andy
Liang showing an area basically from the neck area down to
the bottom of the thoracic spine; is that correct?

A. Yes.

Q. And I think that we mentioned yesterday that --

MR. LITMAN: One quick second, your Honor.

Could I come near the witness, your Honor?

THE COURT: Go ahead.

MR. LITMAN: Thank you.

Q. If you can see it otherwise I'll get the box in a
second that near where you see where I'm pointing which is
the x-ray of bullet L-1, that is at the level of the first

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thoracic spine?

A. Yes.

Q. And may I then correctly put the number one up

here?

A. Yes.

Q. And the next thoracic spine would be two, is that

correct?

A. Yes.

Q. May I correctly do that?

A. Yes.

Q. The next one is three?

A. Yes.

Q. The next one is four?

A. Yes.

Q. Correct?

A. Yes.

Q. The next one is five?

A. Yes.

Q. Six?

A. Yes.

Q. Correct?

A. Yes.

Q. Seven?

A. Yes.

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Q. Eighth?

A. Yes.

Q. Ninth?

A. Yes.

Q. Tenth?

A. Yes.

Q. Eleventh?

A. Yes.

Q. Twelfth?

A. Yes.

Q. And this would be the beginning of the first lumbar spine, is that correct?

A. Yes.

THE COURT: All right. The record should show what Mr. Litman has done, as he questioned the witness was with a marking pen to mark each spine to which he has referred in the thoracic region and also the one identified as the first lumbar.

MR. LITMAN: Thank you, your Honor.

Q. Now, Doctor, let me show you Exhibit 3-1 for identification.

Now, if you could take the one you have in front of you and bring it to yourself if you would.

1
2 You can see, can you not, where the eighth
3 thoracic spine is, this one right over here (indicating).

4 THE COURT: Mr. Litman is pointing to 3-1.

5 That is in evidence?

6 MR. LITMAN: It is.

7 THE COURT: 3-1 in evidence.

8 Q. We will mark that one eight, if I can see it.
9 Here. Maybe I have to mark it like this. This is eight, of
10 course, the one underneath it is nine, correct, sir?

11 A. Yes.

12 Q. The one underneath that one is ten. Correct?

13 A. Yes.

14 Q. The one underneath that, hold on for one second,
15 forgive me, Mr. Maples.

16 The one underneath that would be eleven; is that
17 correct?

18 A. Yes.

19 Q. The one underneath that would be twelve?

20 A. Yes.

21 Q. And then we go, after twelve, to the first lumbar
22 spine; is that correct, sir?

23 A. Yes.

24 Q. Then the second lumbar spine?

25 A. Yes.

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Q. The third?

A. Yes.

Q. And the fourth?

A. Yes.

Q. Now had this been correctly marked on exhibit J-1 starting with eight, nine, ten, eleven and, twelve, the first lumbar, the second lumbar, the third lumbar and the fourth lumbar spine, sir?

A. Yes.

Q. Thank you. If I may have this now.

Now, doctor, I asked you yesterday when Mr. Waples was introducing a variety of exhibits, whether or not, in fact, where you say you found bullets you found them and you recall saying you won't remember, you rely on what you wrote down in the notes?

A. Yes.

Q. And you have no independent recollection; is that correct?

A. No, I don't.

Q. And you don't have an independent recollection but what we do have, do we not, is a road map right here in these X-rays, correct?

A. Yes.

Q. Because these X-rays are taken before you made any

1 surgical intervention into the body; is that correct, sir?

2 A. Yes.

3 Q. And they show the positions, do they not, of
4 objects that are opaque, like bullets?

5 A. Yes.

6 Q. Now, Doctor, let us talk first, if we could, about
7 the wound you call L-3. Do you remember that one --
8 withdrawn, forgive me, the wound you called, "you designated
9 number five I'm sorry?

10 A. Yes, I remember.

11 Q. And you said that from that wound at the end of
12 the track you recovered a bullet which you designated L-3;
13 is that correct?

14 A. Yes.

15 Q. What is the one you tell us lacerated the heart
16 and the thoracic aorta?

17 A. Yes.

18 Q. Then wound up in the spinal canal at L-7?

19 A. I said it enters at L-7.

20 Q. Well, Doctor, with your eyes you can't look
21 through the body as an x-ray can, correct?

22 A. That's correct.

23 Q. And when the x-rays were taken at the beginning of
24 the autopsy, before you intervened inside the body, they had
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not been developed and handed to you?

A. Yes.

Q. You then had to look with your eyes as to what you saw?

A. Yes, I did.

Q. Can you tell the jury that you saw at the level of T-7 in the spinal canal the bullet you called L-5?

A. No.

MR. LITMAN: with the court's permission could the witness come off the stand?

THE COURT: Yes.

Q. Doctor, what I have plugged in and turned on is one of these typical x-ray boxes that you use all the time, right?

A. Yes.

Q. And I'm putting on the box people's Exhibit 3-3 okay?

A. Yes.

Q. Now, just for the jury here, because they didn't have a chance to see this when we did this before, since the spinal area is made up of vertebra bones that sit one on top of the other, is that correct?

A. Yes, that's correct.

Q. And we can see, if we look carefully, for example,

1
2 the sixth, the spinal area underneath that, the seventh
3 spinal area, underneath that the eighth then the ninth and
4 tenth; is that correct?

5 A. Yes.

6 Q. Now, this, we have agreed is the seventh spinal,
7 excuse me the seventh thoracic spine or the seventh vertebra
8 in the thoracic area; is that correct?

9 A. Yes.

10 Q. Do you, sir, see, first of all, at the level of
11 L-7 any bullet at all?

12 A. No.

13 Q. No bullet at L-7. Excuse me, L-7 is not even a
14 bullet there to begin with?

15 A. It is not there.

16 Q. Show us where people's exhibit / is?

17 A. It is in the spinal canal.

18 Q. It is in the spinal canal you say?

19 A. Yes.

20 Q. That is what you are telling us?

21 A. Yes.

22 Q. I put it to you, doctor, this bullet over here
23 people's exhibit /, is nowhere near the spinal canal, but,
24 in fact, you can see this, if you can look carefully, see
25 the area I'm pointing to right over here, that is this

1
2 bullet, right here. The area I'm pointing to is at the
3 level of about T-9, x-10 all the way over in the left chest.

4 I want to you look at this and you tell us whether
5 or not this bullet which is L-5 is not that thing right over
6 there?

7 A. It is not.

8 Q. It is not?

9 A. No.

10 Q. That is your opinion?

11 A. Yes.

12 Q. That is your opinion, sir?

13 A. Yes.

14 Q. So you want to hold on to this please. Do you see
15 the bullet that you call L-5 in the spinal canal anywhere?

16 A. No, I don't.

17 Q. It is not on the x-ray anywhere; is that correct?

18 A. That's correct.

19 Q. Where did you find the bullet?

20 A. In the spinal canal.

21 Q. Where?

22 A. Below 7.

23 Q. Below 7?

24 A. Yes.

25 Q. This thing like floated down the river somewhere?

MR. MARLES: Objection.

THE COURT: Sustained.

MR. LITMAN: Withdrawn.

Q. Where below 7 was it at T-8, sir, yes or no?

A. I don't know.

Q. Was it at T-9?

A. I don't know.

Q. Was it at T-10?

A. I don't know.

Q. Was it at T-11?

A. No.

Q. T-12?

A. I don't know.

Q. Lumber 1?

A. I don't know.

Q. You did an autopsy of this man and you don't know where that bullet was? Is that correct, you don't know where it was?

A. I know it was in the spinal canal.

Q. Now, if I may, let me show you, if I may, sir, this little photograph which I would ask to be designated or deemed defendant's exhibit X for identification, sir.

THE COURT: All right.

(A small photograph of a bullet deemed marked)

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defense T for identification)

Q. Doctor, if you would be kind enough to look over here at this bullet which is L-5 and I'll give you a magnifying glass and if you would look at this photograph, and would you tell us if the photograph is a fair and accurate representation of bullet L-5, sir?

A. Yes, it is.

Q. Thank you.

MR. LITMAN: Your Honor, I would move T in evidence.

THE COURT: Along with your magnifying glass.

MR. LITMAN: I don't want to give that up right away, Judge. If you wish.

THE COURT: Received.

(Deemed marked in evidence)

MR. WARLES: May I see it, Judge.

MR. LITMAN: Sure. Forgive me.

Q. Now, Doctor, I'm going to affix this right over here next to this little area here. Do you see this little opaque area I'm pointing to?

A. Yes.

Q. I will place this on the diagram in evidence.

THE COURT: Just designate the area you are pointing to.

1
2 Q. I'm about to. On the x-ray just as we are clear
3 about this, the x-ray reverses things; is that correct, sir?
4 So that the left side of the body is over here on the right
5 of the x-ray and the right side of the body is on the left
6 side of the x-ray as we are looking at it; is that correct?

7 A. Yes.

8 Q. There is no debate. In fact, your office puts an
9 L on that side to show it is the left side; is that right?

10 A. Yes.

11 Q. Now, given is that I have affixed defendant's
12 exhibit X, sir, over on the right side, the left side,
13 forgive me, over on the left side of the chest at the level
14 of about near the top of T-10 next to this opaque area over
15 here?

16 A. Yes.

17 Q. All the way over on the left side of the body.
18 Would you agree at least, Doctor, that I've fairly described
19 where I put this little sticker?

20 A. Yes.

21 Q. And you are telling us that in your opinion
22 defendant's exhibit X which is L-3 is not this thing, this
23 opaque thing right next to it, that is your opinion, "is?"

24 A. Yes.

25 Q. Okay. Would you be kind enough to resume the

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stand for a moment.

MR. LITMAN: Could I close this off and get to this in a few minutes?

THE COURT: Yes.

Q. Now, Doctor, with respect to the wound that you have and you told us you did this arbitrarily because you don't know the sequence of the shots, designated wound number one?

A. Yes.

Q. You recall which one that one is?

A. Yes.

Q. And that is the one that enters into the body at the level of the neck. About how many centimeters from the midline of the body, sir, six?

A. Yes, it is six.

Q. A little bit more than two and a half centimeters. Exactly 4.54 centimeters is one inch; is that correct?

A. Yes.

Q. So six centimeters is two inches and a little bit, two inches and a third or something like that?

A. Yes.

Q. Okay. So it is at the area just a little off the center; is that right?

A. Yes.

1
2 Q. And the exit area, although the bullet you say was
3 near it and still in the body, didn't come out of the body,
4 is in the back how many centimeters off the midline now to
5 the left in the back?

6 A. It is very close to the midline.

7 Q. About one centimeter away?

8 A. It is very close to the midline.

9 Q. Your report says one centimeter, doesn't it?

10 A. I say it is one centimeter.

11 MR. MAPLES: It is two centimeters.

12 A. Two centimeters.

13 Q. That is less than an inch?

14 A. Yes.

15 Q. Now, you used right to left, front to back,
16 downward. When we talk about right to left, we are talking
17 about, if we are standing facing each other, just a slight
18 twist here; is that correct?

19 If someone were to shoot a bullet straight at me,
20 if I were to turn myself just slightly like this
21 (indicating) and you were to shoot me here the angle would
22 be the same; is that right?

23 A. Yes.

24 Q. And now we talk about downward. Tell us please
25 how far down the bullet went from when it entered the body

1
2 to the exit wound at the back.

3 what is the drop, would you agree, sir, it is
4 about two inches.

5 THE COURT: You say the "drop" you mean the
6 drop from absolute horizontal?

7 MR. LITMAN: That's correct, sir. Thank you.

8 A. Yes, it is approximately.

9 Q. Two inches?

10 A. Yes.

11 Q. So that if you were facing me and I were Andy
12 Liang standing, if I turned just a little bit like this
13 (indicating) and leaned over, that could get that angle; is
14 that right?

15 A. Yes, it could.

16 Q. And you saw in the x-ray, you saw in the x-ray L-1
17 right here (indicating)?

18 A. Yes.

19 MR. LITMAN: Your honor, I would offer into
20 evidence, when I can get it off this one, as
21 Defendant's Exhibit U a photograph of L-1.

22 Mr. Waple, her-

23 MR. ~~LITMAN~~ ^{WAPLE}: Judge, I'm not prepared to
24 accept Mr. Litman's representation at this point
25 that this is L-1. Perhaps he should ask some

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questions.

THE COURT: I agree.

MR. LITMAN: Sure. Will you be kind enough to give me L-1, Mr. Maples.

Q. Here is the magnifying glass if you need it, sir. This is L-1. Look at this photograph and can you tell us, sir, whether or not the photograph you see is a fair and accurate representation of L-1?

A. It is.

U. Thank you.

MR. LITMAN: I offer it into evidence, your Honor.

THE COURT: That is defendant's Exhibit U for identification offered, Mr. Maples.

MR. MAPLES: No objection, Judge.

THE COURT: Received in evidence.

(So marked in evidence)

Q. I have affixed L-1, have I not, Doctor, on exhibit U next to what you tell us is L-1 right up at the level of the first thoracic spine, correct, sir?

A. Yes.

Q. And that is L-1?

A. Yes.

U. And that you can tell by looking at the x-ray, is

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that correct?

A. Yes.

Q. And but there, you tell us, is not L-5?

A. That's correct.

Q. Now, doctor, with respect to wounds, two, three and four, they converge to areas at the back; is that correct?

A. Yes.

Q. And, in fact, the track of two could really go into three and the track for three could really have ^{gone} into two and the track of three ~~what happened~~ ^{gone} may have into four because they are in the same general area?

A. That's right.

Q. It is hard with all of these tracks in the body to keep track of the tracks; is that correct? (LAUGHTER!)

A. Yes.

Q. Now, with respect to those as well, sir, what we are talking about, for example, on two is nine centimeters to the left of the midline in terms of where it enters the body?

A. Yes.

Q. And you did not mention in your report how many centimeters to the left of the midline it exited, correct?

A. No.

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2 Q. There you called from right to left which means if
3 it entered nine centimeters to the left of the midline, and
4 if it is going from right to left it has to be a little bit
5 further than nine centimeters on the back?

6 A. Yes.

7 Q. Right?

8 A. Yes.

9 Q. And there is a drop, if I understood your
10 measurements correctly, of about six and three quarter
11 inches, is that right?

12 A. Yes.

13 Q. In terms of, if we are standing facing each other
14 and you had the gun, if I turn like this and lean over that
15 would create that angle (indicating); is that correct?

16 A. Yes, it would.

17 Q. And the same thing is true, is it not, of wound
18 number three, which starts three centimeters to the left of
19 the midline and again you have no position for the exit
20 marking, how many centimeters it is off the midline, but
21 there is a drop of four and three quarter inches; do you
22 agree with that, sir?

23 A. Yes, I do.

24 Q. Same positioning that we did before, sir,
25 (indicating) you could be in front of me (face-to-face), my

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turning to to the left and leaning forward; is that right
sir?

A. Yes.

Q. And the same thing is true with respect to wound
number four, is it not, sir, where there is a drop of three
and seven eighths inches starting three centimeters to the
left of the midline and exiting five centimeters to the left
of the midline?

A. Yes.

Q. Same angle?

A. It is.

Q. He is turned to the left leaning forward, correct,
sir (indicating)?

A. Yes, it is.

Q. This is one of those that probably hit the heart?

MR. MAPLES: Objection.

MR. LITMAN: withdrawn.

Q. Did you say to us yesterday that wound number four
probably hit the heart?

A. Yes, sir.

Q. Well, when you looked at the track if you did, did
you see it hit the heart.

MR. MAPLES: Objection.

THE COURT: No. Overruled.

1
2 Did you observe, did you observe in your
3 autopsy any marks or wounds which indicated that
4 it hit the heart.

5 Q. Wound number four now.

6 A. In the trajectory the penetration of the bullet,
7 the heart is, and that is why I said probably hit it.
8 injures the heart. You have to understand the heart has
9 many injuries and to separate them as to a particular one,
10 it is almost impossible.

11 Q. Well, you didn't seem to have any problem with the
12 other ones that you mentioned. This is the one that got the
13 word "probably", it is the only time I heard that word?

14 A. This is my opinion, sir, of what I observed at the
15 time.

16 Q. This was the first of the wounds that you looked
17 at that the supposedly hit the heart; is that right?

18 A. Yes.

19 Q. You say that wound five, the one that you tell us
20 entered the canal at the seventh thoracic spine or seventh
21 thoracic vertebra —

22 A. Yes.

23 Q. — that was clearly, was it not, a glasser bullet,
24 correct?

25 A. This is my opinion.

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Q. And now, a glaser bullet, as I think you mentioned before, has these pellets, lead pellets lots of them inside of a copper jacketing shell that surrounds it?

A. Yes.

Q. And with this blue ball at the top, correct?

A. Yes.

Q. And when it goes into the body presumably that copper jacketing might open up, correct?

A. Yes.

Q. Releasing the bullets, correct?

A. Yes.

Q. And well, doctor, at the level of -- by the way the pellets, there are a lot of them in these things, I mean several hundred in each one?

A. Yes.

Q. At the level of T-7, sir, I'm sorry I can't see it over there. If you would be kind enough with the permission of the court, if you could come down over here.

at the level of T-7, you see if I could just one second.

THE COURT: Mr. Litman, tell us again is he looking at J-J.

MR. LITMAN: Yes, he is, I remember. He is looking at J-

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Q. J. So we are clear about it, Doctor, this is the bullet fragment that you recovered, ~~isn't it~~ this is L-5?

A. Yes.

Q. This is the one you tell us was in the spinal canal?

A. Yes.

Q. and you can see, can you not, that this couldn't house any bullets, the pellets came out of this thing?

A. Yes.

Q. Do you see at the level here of where you say it entered in, I mean you see like a whole bunch of pellets?

A. I see pellets.

Q. Really. How many do you see at the level of it?

A. There is one here.

Q. You see one?

A. Yes.

Q. Now about the other two hundred and ninety-nine, air?

MR. MAPLES: Objection.

THE COURT: Sustained.

Q. Excuse me, how many -- you said there are several hundred in each one, correct?

A. Yes.

Q. Where are the several hundred minus one pellet in

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the area of T-7? Do you see anything there? Do you see anything there?

A. Sir I have seen one pellet there.

Q. You have seen one pellet there?

A. Yes.

Q. All right. Thank you.

THE COURT: Mr. Litman --

Q. You do see, however, forgive me, ladies and gentlemen, I can walk back a little built.

You do see however, do you not, a whole bunch of pellets over here on the left side of the chest don't you, sir (indicating), in the area I'm pointing where I affixed Defendant's Exhibit X which is a photograph of L-5?

A. Yes. I see a lot not, just there, many other places too.

Q. Predominantly over here in the left chest, correct, sir?

A. Yes.

THE COURT: Mr. Litman --

MR. LITMAN: I'm sorry.

(A discussion was held off at sidebar off the record)

THE COURT: Ladies and gentlemen, we will recess now for lunch. I hope and pray that we

1
2 will resume at 2:15. I will be here ready to go.
3 see you later.

4 (the jury left the courtroom)

5 THE COURT: Doctor, you are excused. Please
6 don't discuss your testimony.

7 THE WITNESS: I have to come back at what
8 time?

9 THE COURT: 2:15.

10 (the witness left the courtroom)

11 THE COURT: The record should show I'm
12 turning over to Mr. Waples for his investigators
13 an official list of the addresses and telephone
14 numbers of the jurors as received from the County
15 Clerk with the understanding that while it may be
16 shared by the lawyers, it will be disclosed to
17 no one other than Mr. Waples's investigators for
18 the purpose of conducting an investigation.

19 CONTINUED ON NEXT PAGE

Varese - People - cross

1
2 Dr. JOSEPH VARESE, previously duly
3 sworn, resumed the stand and testified further
4 as follows:

5 MR. LITMAN: Thank you, your Honor.

6 THE COURT: All right, you may continue, Mr.
7 Litman.

8 CROSS-EXAMINATION

9 BY MR. LITMAN:

10 Q Good afternoon, sir.

11 A Good afternoon.

12 Q One of the purposes of the autopsy report is to
13 make notes of unusual findings, correct, sir?

14 A Yes.

15 Q Now, if we could return to this for a moment.

16 MR. MAPLES: Your Honor, what we have done
17 in the recess to move things along is that we have
18 substituted another copy of the X-ray, the two X-rays
19 that have been previously shown and marked as
20 People's Exhibits J-J and J-I in evidence.

21 MR. LITMAN: We have already marked for the
22 defense, with the exact same number but this is now
23 Defendant's J-J in evidence and Defendant's J-I.

24 What I did with Mr. Maples and the witness, is
25 that we transferred over the two labels that had

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1
2 been affixed -- I shouldn't say labels, they are
3 little photographs, one is I-1, and put it where
4 the doctor said, and one as I-3, which is next to
5 the side of the left chest.

6 That is a fixture and now it is on Defendant's
7 Exhibit I-J and I.

8 THE COURT: All right, mark them for identifica-
9 tion.

10 (X-rays marked Defendant's Exhibits I-I and I-J
11 for identification.)

12 BY MR. LITMAN:

13 Q Now, Doctor, in your testimony yesterday you
14 described a term as an intercostal space, is that right?

15 A Yes.

16 Q And intercostal space simply means the space between
17 the two ribs?

18 A Yes.

19 Q Would it be fair to say that the intercostal space,
20 one, is the space between rib 1 and rib 2?

21 A Yes.

22 Q And, for example, the seven intercostal space would
23 be the space between the 7th and 8th ribs?

24 A Yes.

25 Q O.K., now, if you would be kind enough to look --
26 withdrawn.

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Verese - People - cross

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MR. LITMAN: Your Honor, can I put this up here?

THE COURT: Sure.

Q This is Exhibit 3-J in evidence.

You see here where the number 1 is, indicating the first rib as it comes around?

A Yes.

Q You see the number 2 here, over here on the side, indicating the second rib which comes into level of thoracic spine 2, curving all the way around and coming down (indicating)?

A Yes.

Q And then we have rib No. 3 which goes right into thoracic spine, 3, and that curves, the rib does, all the way around and comes all the way down here (indicating)?

A Yes.

Q The next one we have, the next marking would be rib No. 4, which goes into thoracic spine 4, comes all the way around and comes down over here (indicating)?

A Yes.

Q And then 5, of course, would come down here; 6, et cetera?

A Yes.

Q O.K.

A Yes.

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Q The markings are accurate as to the nomenclature of each rib?

A Yes, that's right.

Q Now, Doctor, I wonder if you would be kind enough and we could take this little piece of paper on which I have written L-5, and please place it -- I am now putting back up People's Exhibit 3-J, copy of that same X-ray.

If you would be kind enough to put L-5 at the level of the 7th thoracic spine near the spinal canal, if you would put that on there, please, where you say it entered the spinal canal.

A All right.

(A sticker is affixed to the shadow box x-ray)

MR. LITMAN: The record should indicate -- withdrawn.

You don't mind if I put it so we can read it the right way?

THE WITNESS: No.

MR. LITMAN: O.K., the record should indicate the doctor has placed, your Honor, a little piece of paper on which is written L-5 next to the No. 7 on the thoracic spine.

Q Now, Doctor -- withdrawn.

MR. LITMAN: Your Honor, let me ask the Court's

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1
2 guidance. I want to use something, should I use
3 the back of this or get a blackboard? I just want
4 to draw something.

5 THE COURT: To amuse yourself?

6 MR. LITMAN: No, I hope not.

7 How about that, can we get a piece of paper
8 on the chart?

9 THE COURT: Yes, why don't you use the back of
10 the chart. I am sure Mr. Naples won't mind.

11 MR. NAPLES: If it is going to go into evi-
12 dence --

13 THE COURT: That is why I am concerned, but
14 I have a blackboard but I am interested in preserv-
15 ing it as evidence.

16 MR. LITMAN: O.K., then.

17 Could I use the back of the chart?

18 THE COURT: The back of the chart will be all
19 right.

20 MR. LITMAN: O.K.

21 BY MR. LITMAN:

22 Q Doctor, I am going to draw over here two sort of
23 parallel lines, O.K. Can you see that?

24 A Yes.

25 Q And let's assume that this is the front of the body,

NOTHING TO DO

WITNESS I AM NOT

CONSIDERED BY

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Veress - People - cross

1232

you know, near where the chest is, O.K.?

So let's assume this is at least in layman's terms this would be the back?

A Yes.

Q Now, in the center of the chest you used the word sternum for us before, is that right?

A Yes.

Q And you called that the breastbone?

A Yes.

Q And that is a completely thick bone right here in the center of our chest, is that right?

A Yes.

Q I am going to put something over here with an arrow, at the chest level and call this the sternum.

Now, at the other side, at the back, you go straight through the breastbone to the back and wind up near where the spinal vertebrae is, is that right?

A Yes.

Q Now, would it be fair to say, and believe me I am not making an anatomical drawing here, that if we went straight back like this (indicating), that when you get back toward the back that essentially what you have back here is a layer of again bone, thick bone, which is the vertebrae, and then inside of it is the spinal canal, and inside of that the spinal

1 4/8

Varian - People - cross

1233

2 cord?

3 A Yes.

4 Q Sort of like this, where this would be the vertebrae
5 and inside of that would be the canal, and inside of that would
6 be the cord?

7 A Yes.

8 Q O.K., now, what you are telling us is that wound
9 No. 5, which we have, according to you, this L-5, People's
10 Exhibit 7 is evidence, struck the sternum, correct?

11 A Yes.

12 Q Hit the sternum and then went through whatever is
13 between the sternum ^{and} the back, and then fractured ~~the~~ the
14 vertebra?

15 A Yes.

16 Q Is that what you are telling us?

17 A Yes.

18 Q Now, those are two pretty thick bones, the sternum
19 and the vertebra, is that right?

20 A Yes.

21 Q And then this bullet, L-5 -- withdrawn.

22 - There are basically two types of bullets that you
23 found in connection with this case, both of which are commer-
24 cially sold?

25 A Yes.

ALBERT J. GARDNER

ALBERT J. GARDNER

ALBERT J. GARDNER

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Veress - People - cross

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Q This other one called conventional.

A Yes, conventional.

Q The conventional one for example --

This feels like one of them -- would be this kind of a thing, is that right?

A Yes.

Q Which I am taking this out of People's Exhibit 10, which is in fact marked L-10. This is one of the conventional types that we are talking about.

A Yes.

Q O.K.

And the glacier-types you are talking about is like L-5?

A Yes.

Q Just the copper jacketing with the lead pellets inside?

A Yes.

Q L-5 is definitely of the glacier -type, the non-conventional one, correct?

A Yes.

Q And that one tends to open up and the pellets go out?

A Yes.

Q Is that right?

A Yes.

PHOTO 1000

PHOTO 1000 (SEE PAGE 10)

PHOTO 1000 (SEE PAGE 10)

1 4/10

Verasa - Faople- cross

1235

2 Q And all other things being equal — it is not made
3 to penetrate as far as the normal case, correct?

4 A That is the purpose of the design.

5 Q O.K., and you were telling us that the case that,
6 the purpose of the design of which is not to penetrate that
7 far, L-5, penetrated the sternum, went through the rest of the
8 body, penetrated the sternum, and you found it in the spinal
9 canal?

10 A Yes.

11 (Continued on following page)

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2 Q Even though we can't see it anywhere near
3 the spinal canal?

4 A Yes.

5 Q Now, did you note in your autopsy report any
6 injury, whatever, to the spinal cord?

7 A I did not.

8 Q Did you note any hemorrhaging of the spinal
9 cord?

10 A I did not.

11 Q Did you note any laceration of the spinal
12 cord?

13 A I did not.

14 Q Doctor, this wound that you designated as
15 number 5 entered the body at the level of the second
16 intercostal space?

17 A I say the --

18 Q Sorry?

19 A We are talking about L-5?

20 Q Yes, wound 5.

21 A Second intercostal space.

22 Q The second intercostal space?

23 A Yes.

24 Q And the second intercostal space we can see
25 over here (indicating), can we not, Doctor?

1
2 A (No response.)

3 Q I'll show it to you and then with your Honor's
4 permission, show it to you.

5 Is the space between 2 and 3 somewhere about
6 this level (indicating), is that right, sir?

7 A (No response.)

8 Q That is the second intercostal space at the
9 level of the sternum.

10 This is rib 2 and this is 3 (indicating),
11 somewhere over here (indicating), is that right?

12 A No, it is not correct.

13 Q You told me before that it is correct?

14 A No, sir.

15 Q You were counting from the back, I am counting
16 from the front.

17 A That's right.

18 Q The position from the front is different
19 than you show it here.

20 This is, in fact, what you were saying is
21 the back.

22 The position in the front is where the ribs
23 curve like this (indicating)?

24 MR. NAPLES: Is Mr. Litten asking a speech
25 or asking a question?

THE COURT: Ask a question.

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2
3 Q Isn't it a fact that the second intercostal
4 space in the front is right over here (indicating)?

5 A No, sir.

6 Q It is not?

7 A No.

8 Q You would agree that this is an accurate
9 representation of the skeletal system, Doctor?

10 A Yes, it is.

11 Q Okay.

12 Do you see here what is marked as the first
13 lumbar vertebrae here?

14 A Yes.

15 Q Right over here, this area (indicating)?

16 A Yes.

17 Q That is the 12th thoracic?

18 A Yes.

19 Q The 11th thoracic is here (indicating)?

20 A Yes.

21 Q The 10th?

22 A Yes.

23 Q Okay, let's look at the 10th thoracic, that
24 is in this area (indicating)?

25 A Yes.

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Q This is the first rib, first intercostal space?

A Yes.

Q The second (indicating)?

A Yes.

Q The second intercostal?

A Yes.

Q The third rib and the third intercostal and the fourth rib is at the left of the 10th thoracic spine; is that right?

A No.

Q The first rib, correct?

A Yes.

Q Second rib, correct? (Indicating.)

A No.

Q This is not the second rib? (Indicating.)

A This is the first rib.

Q This is the first rib? (Indicating.)

A Yes.

Q Here? (Indicating.)

A Yes.

Q This is the second? (Indicating.)

A Yes.

Q This is the third? (Indicating.)

A Yes.

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Q This is the fourth (indicating)?

A Yes.

Q Fifth (indicating)?

A Yes.

Q Sixth (indicating)?

A Yes.

Q Okay, now.

The second intercostal space is over here
(indicating)?

A Yes, that is the second intercostal.

Q That you think is at what level, sir,
approximately?

A The second intercostal space, period.

Q But can you tell us, sir, where it is, vis-a-vis
the thoracic spine on the back?

MR. WAPLES: You are talking about Andy
Liang, or a diagram, Mr. Litman?

THE COURT: Well --

MR. LITMAN: Excuse me, I assume that
most human beings --

THE COURT: At this time we are talking
about general anatomy, not specifically
as to Andy Liang.

Now, you want to know at what level

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of the -- vis-a-vis the spine, at what level
is the second intercostal space?

MR. LITMAN: Yes.

THE COURT: That is the space between
the first and second rib?

MR. LITMAN: No, the second and third.

THE COURT: Second and third, I am sorry.

A That must be the area between the second and
third thoracic vertebrae.

Q The second and third thoracic vertebrae?

A Yes.

Q Where is the 10th thoracic spine vis-a-vis
the 10th intercostal space?

A In the back.

Q In the front?

A In the front it is below the area of the
xyphoid process.

Q Below what --

A The xyphoid process.

Q How far down is that, Doctor?

A It is actually down at the -- just below the
thoracic cage.

Q Now, assume for the moment, if you would,
Doctor, assume, okay, that this thing over here next

Veress - by People - Cross

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1
2 to which is the photograph, in fact, is L-5 --

3 A Yes?

4 Q -- which you assume that for the moment, just
5 assume that for the moment, okay?

6 A Okay.

7 Q If, in fact, that is the case, Doctor, would
8 you say that the track of the wound, assuming that is
9 where L-5 winds up, okay, is again from front toward
10 the back, from right all the way over toward the left
11 chest?

12 If that is L-5?

13 A From the x-ray picture you cannot say.

14 Q Doctor, I am asking you if you would assume
15 it, if you would, for purposes of the question.

16 A I am assuming, but from the x-ray picture
17 I cannot say.

18 Q Doctor, just assume it for the purpose of
19 the question.

20 If you would be kind enough, okay?

21 A Yes.

22 Q Thank you.

23 If you would assume that L-5 is, in fact,
24 where it is on Defense Exhibit 3-J, all right --

25 A Yes?

1
2 Q -- and wound 5, 5 enters the chest, goes downward
3 and up to the side on the left, from right to left, is
4 that right, sir?

5 A You can assume, but these are all assumptions,
6 sir.

7 Bullets can travel in the body in every direction,
8 so --

9 MR. LITMAN: Your Honor, forgive me, sir.
10 Could I ask the witness to answer the
11 question?

12 THE COURT: He has answered it.

13 MR. WAPLES: I think he did.

14 THE COURT: He has answered it.

15 Q If it wound up over here, it is again consistent
16 with the body, like this, with you looking straight at
17 me; is that right (indicating)?

18 THE COURT: Indicating --

19 Q Turning toward the left, looking forward,
20 is that right, sir?

21 A Yes.

22 Q Let's talk.

23 If -- let's talk, if we can, about wound number
24 6, sir.

25 Wound number 6 is six, seven centimeters to

1
2 the right of the midline in the chest area, sir?

3 A Yes.

4 Q And you told us that it winds up, you found
5 that -- you said yesterday when I asked you these questions
6 at Page 1002:

7 "QUESTION: L-6, sir, again you marked
8 just at the moment that you recovered this
9 from the body of Andy Liang, is that right?

10 "ANSWER: Yes.

11 "QUESTION: And you found that off on
12 the side of the left chest, is that right?

13 "ANSWER: No, that was on the right."

14 And then I said, "Excuse me.

15 "ANSWER: That was on the right.

16 "QUESTION: On the right chest?

17 "ANSWER: Yes.

18 "QUESTION: On the left?

19 "ANSWER: On the right chest.

20 "QUESTION: Right chest?

21 "ANSWER: Yes.

22 Do you remember giving those answers yesterday?

23 A Yes, sir.

24 Q But, of course, it is not on the right chest,
25 is it?

1
2 A I am very sorry, I just overlooked it as I
3 see it now and it is on the left side.

4 Q Left?

5 A Yes, probably I looked at another wound, I
6 am very sorry.

7 It was an error on my part, it was on the
8 left.

9 Q All right now.

10 If you would be kind enough, I think you told
11 us that this wound up at the level of T-8, all the way
12 in the left chest, is that right, sir?

13 A I say T-8 and 9, yes.

14 MR. LITMAN: I would like to put this
15 x-ray here.

16 (Puts another x-ray in shadow box.)

17 Q Would it be fair to say, Doctor, that all
18 the way over on the left chest at the level of about
19 T-8 or 9, you see what appears to be a bullet right here?

20 THE COURT: You were looking at three?

21 MR. LITMAN: Yes, J-J for the People,
22 in evidence.

23 Q Is that right?

24 A Yes.

25 Q Would it be fair to say we could put L-6 to

1
2 correspond to that right here?

3 A Yes.

4 Q Okay.

5 MR. LITMAN: I have affixed a little piece
6 of paper on which is written L-6 as that
7 area, your Honor.

8 Q Now, this one goes across the body, basically,
9 and drops maybe about, not too far, an inch and-a-half,
10 two inches, would go in over here and essentially wind
11 up in the left chest, correct?

12 A Yes.

13 Q Again with the body turned and a little bit
14 bent the way I am doing now, is that right?

15 A Yes.

16 Q Let's talk about wound number 7.

17 You told the jury that wound number 7 had
18 the general track of right to left, is that right?

19 A Yes.

20 Q In fact, it's left to right, isn't it, Doctor?

21 A (No response.)

22 Q Isn't it really left to right, Doctor?

23 A Sorry, my notes indicate right-left.

24 Q Okay.

25 You testified that the wound terminates with

1
2 these fragments here, okay, that comes out of People's
3 Exhibit 9, one of which you marked L-7?

4 If you wish to look at it, sir, here is a
5 magnifying glass.

6 A No. L-7.

7 Q That that wound, you said you found this at
8 the level of the 8th thoracic spine on the side chest
9 wall on the right side.

10 Then you said, when I questioned you with
11 this question:

12 "QUESTION: You are sure of that?

13 "ANSWER: That is what my notes say."

14 Correct?

15 A Yes.

16 Q I will open this a little bit.

17 On the side of the chest, on the right side:
18 is that right?

19 A Yes.

20 Q You see where I am pointing on the right side?

21 A Yes.

22 MR. LITMAN: The record indicates that
23 I am pointing on the seam of my shirt on the
24 right side.

25 THE COURT: Yes.

MR. LITMAN: May I?

THE COURT: Yes.

Q All right now, the bullet entered the body
three centimeters from the right midline, is that right?

A (No response.)

Q Is that right, sir?

A I am checking it, yes.

(Continued on Page 1249.)

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2 Q. Three centimeters is a little more than an inch
3 off the midline, if I can use the midline of my shirt where
4 the buttons are, a little off the middle here (indicating),
5 right?

6 A. Yes.

7 Q. So the bullet went this way (indicating), right,
8 that is left to right, isn't it, Doctor?

9 A. I'm sorry. My notes indicate right to left.

10 Q. I know, but forget the notes for a second. If we
11 can look at the body for a moment, this is left to right,
12 isn't it (indicating)?

13 A. Yes, it is.

14 Q. Okay. So your notes which indicate that it
15 entered three centimeters from the midline and wound up all
16 the way on the right chest by necessity mean that it went
17 left to right, correct?

18 MR. WAPLES: Objection.

19 THE COURT: I think the witness has agreed it
20 went left to right; am I right, sir.

21 MR. WAPLES: He was talking about Mr.
22 Litman's demonstration.

23 THE COURT: Mr. Litman's demonstration.
24 Did he not demonstrate to you to your
25 satisfaction, sir, that the bullet went left to

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Veress - People - Cross

1250

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right?

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THE WITNESS: Sir, he did not. He showed it

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to me that it went in from the right side to the

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right side. That is what he demonstrated to me.

6

Q. That's left to right?

7

THE COURT: Sir, it entered --

8

MR. MAPLES: Objection.

9

THE WITNESS: It entered three centimeters

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from the midline on the right. Sir, there is the

11

midline.

12

Q. Right?

13

A. I say this is three centimeters to the right, so

14

it entered the right chest cavity on the right side.

15

Q. Correct. And it went -- keep standing up if you

16

don't mind for a minute -- and it went on the right side

17

further to the right?

18

A. I have to check my protocol, sir. I'm very sorry.

19

Q. Now, Doctor --

20

MR. MAPLES: Judge, I think the witness is

21

trying to answer the question.

22

THE COURT: Sir, you are checking your notes

23

now?

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THE WITNESS: Yes, sir.

25

THE COURT: To answer the 1st question,

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correct?

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THE WITNESS: Yes.

4

THE COURT: Mr. Litman, let's give the doctor

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a moment to do that?

6

THE WITNESS: Yes, sir.

7

THE COURT: All right. He has done it.

8

Q. Now, you say it is left to right or right to left?

9

A. I say my right to left.

10

Q. Doctor, you've done this with all the wounds in

11

the case?

12

A. Yes.

13

Q. You analyzed whether something goes from left to

14

right based upon the anatomy of a person as if the person is

15

lying on the ground facing up; is that correct?

16

A. Yes.

17

Q. So if something, for example, goes in on the right

18

chest and goes further off to the right, it is going from

19

left to right; isn't that correct?

20

A. Not in this case. Sir, in my description I say

21

that I find the fragments close to the spine which indicates

22

that there is a distance between three centimeters from the

23

right to the left. If a projectile flies from this

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direction down towards the spine, it is from right to left

25

mildly.

2 Q. Doctor, let me try again, what you swore to under
3 oath yesterday, I asked you where you found L-7, this is
4 what you swore to under oath yesterday. You found this at
5 the level of the eighth thoracic spine on the side chest
6 wall on the right side, on the side chest wall over here on
7 the side (indicating).

8 THE COURT: Stop for a second. If I may.

9 Mr. Litman, you have my permission to open your
10 jacket, point to where you assert the fragments
11 were found.

12 MR. LITMAN: On the side chest wall
13 (indicating).

14 THE COURT: I didn't say make a speech. I
15 said point.

16 MR. LITMAN: Yes.

17 THE COURT: Now, Doctor, is that where these
18 fragments were found?

19 THE WITNESS: No.

20 Q. Is that what you said yesterday?

21 A. No, sir.

22 Q. Could you please tell us what the level of the
23 eighth thoracic spine means on the side chest wall on the
24 right side?

25 A. Can I read the phrase?

2 Q. No. With the permission of the court, please
3 answer what you said yesterday.

4 MR. MAPLES: Objection.

5 THE COURT: Sir, I would simply like to know,
6 I hope the jury would like to know, where the
7 fragments were found.

8 would you describe for us in a somewhat
9 graphic way, not too graphic, but graphic enough,
10 where you found the fragments so we can know?
11 Pointing with a finger is permitted. Where did
12 you find the fragments?

13 You can demonstrate on a court officer if you
14 want.

15 MR. LITMAN: Or on me if you want.

16 THE COURT: Let's use a court officer, your
17 honor.

18 THE WITNESS: If I could use the anatomical
19 graph it would help me.

20 THE COURT: Do you have that anatomical
21 chart.

22 MR. LITMAN: Use this.

23 THE WITNESS: I can use this too. We are
24 with the entrance wound about three centimeters to
25 the right and I find bullet fragments just to the

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Veress - People - Cross

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side of the spine on the right side around the

3

level of eight I saw.

4

Q. The gentleman is pointing here (indicating) to the
5 right side on this x-ray at about the level of T-8; is that
6 correct?

7

A. Yes.

8

THE COURT: When we say to the right side for

9

those of us unfamiliar with these terms, it is a

10

little to the right of the spine, right.

11

MR. LITMAN: Correct.

12

MR. WAPLES: Accept it appears on the left

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side in the x-ray.

14

THE COURT: When we say "right", we all

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understand we are talking about not the right side

16

as you look at the body, but the right side of the

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body itself as it looks straight up, okay.

18

So it just to the right of the spine at the

19

level of T-8, correct?

20

THE WITNESS: Correct.

21

THE COURT: That's where you found the

22

fragments?

23

THE WITNESS: Yes.

24

Q. That's what you say?

25

A. Yes.

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V-7 1

Veress - People - Cross

12:5

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THE COURT: The witness is pointing to the entrance as being about three centimeters to the right of midline?

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4

THE WITNESS: Yes, sir.

5

Q. Now, Doctor, would you please show the jury where -- you still have that exhibit up here?

6

THE COURT: Which exhibit are you looking for?

7

8

MR. LITMAN: The one we were looking at, the one that contains L-7. Right here.

9

10

Q. You have a multiplicity of fragments?

11

A. Yes.

12

Q. Show us where they are in the diagram here, not the diagram, the X-ray, where are they?

13

A. There are some pellets near.

14

Q. These are not pellets?

15

A. The fragments are not there.

16

Q. Sir, these are not pellets, these are large fragments compared to the little poppy seed things. What you see here are the little poppy seed things. Where are all the big things, where are they?

17

A. It is not shown here.

18

Q. Did they disappear?

19

A. No, they don't disappear.

KA

2 Q. where are they?

3 A. they can move. they can move with the soft
4 tissues. If they are imbedded in the soft tissues I will
5 remove from the soft tissues, sir.

6 Q. This is where you say you found L-7; is that right
7 sir, just where I put the little sticker that says L-7?

8 A. Okay.

9 Q. Okay?

10 A. Yes.

11 Q. Now, is it not a fact -- that is yours, that is
12 yours too -- what is, in fact, L-7 is this right over here
13 (indicating) this conglomeration of stuff over here which is
14 at the level of lumbar one all the way over on the right
15 chest wall; isn't that where it is?

16 A. I don't know sir.

17 Q. You don't know?

18 A. You show me an x-ray loaded with pellets and
19 bullet fragments.

20 Q. Forgive me. I'm not showing you an x-ray loaded,
21 I'm showing you the x-ray of And' Liang's body.

22 MR. WAPLES: Your Honor, this is
23 argumentative.

24 THE COURT: I wish we could stop the
25 argument.

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2

Q. This is the x-ray of Andy Liang's body isn't it?

3

A. Yes.

4

Q. And isn't that L-7 where I'm pointing to right now

5

(indicating)?

6

A. I don't know.

7

Q. You don't know?

8

A. No.

9

MR. LITMAN: Your Honor, the area where I was pointing, so the record is clear, is basically at the level of lumbar one all the way over on the right chest wall, sir.

10

11

12

13

Can the record indicate that I'll show it to your honor, the level of lumbar one all the way over on the right chest wall.

14

15

16

THE COURT: That is what Mr. Litman is pointing to.

17

18

MR. LITMAN: Thank you.

19

Q. You don't know, doctor?

20

A. No, I don't.

21

Q. But yesterday you did say it was on the side chest

22

wall?

23

MR. WAPLES: Objection. Asked and answered.

24

THE COURT: Yes. Sustained.

25

Q. And if it were over, sir (indicating), if it were

RA

V-10 1

Veress - People - Cross

125b

2 over on the right chest wall where you said you didn't know,
3 over her, if it were there, then the body would have been
4 turned this way (indicating)?

5 THE COURT: Indicating.

6 MR. LITMAN: Swinging towards the right.

7 Q. Is that right, if he was straight on, the shot
8 would have gone like this (indicating), correct?

9 THE COURT: The record should reflect that
10 Mr. Litman turned his left shoulder towards the
11 witness and his right shoulder away from the
12 witness at an angle and he has pointed to an entry
13 somewhere left of, somewhere to Mr. Litman's right
14 or midline with an exit or a termination point on
15 the side seam of his shirt.

16 MR. LITMAN: Correct.

17 Q. Sir, I would have to be turned this way
18 (indicating) if it entered here and wound up here
19 (indicating)?

20 Just look at, mer.

21 A. It means that there is an angle or incident from
22 the left.

23 Q. From here that way I'd have to be turned this way
24 and maybe bent over a little bit, right (indicating)?

25 A. I cannot answer that to you. I can't tell you

RA

2 that there is an angle ever incidence.

3 Q. My left shoulder would have to be this way
4 (indicating) for it to go in here and wind up here?

5 MR. WALES: Under that hypothetical version,
6 your Honor.

7 THE COURT: Yes.

8 If you will forgive me, from my point of view
9 it is better put that at least one way for a
10 bullet to have entered where Mr. Litman is now
11 pointing and ended where he is now pointing with
12 his right hand, at least one way for it to have
13 done that would be for it to have entered as Mr.
14 Litman is now standing fired in that direction
15 given the configuration of his body?

16 THE WITNESS: Yes, it is consistent with
17 that.

18 Q. Just so we are clear on one thing, doctor, with
19 the right to left and left to right, forgive me for boring
20 everybody with this. Do you have this thing. Over here is
21 drawn in wound two, for example, wound three and wound four,
22 do you see that?

23 A. Yes.

24 Q. On the left side or the chest in the front?

25 A. Yes, sir.

2 Q. And that the exits although they were there were
 3 intersecting trajectories and you weren't sure, but
 4 basically they come out two, three, four further to the left
 5 on the back; is that correct?

6 A. Yes.

7 Q. They started on the left side of the front and
 8 they go further to the left in the back. You called that
 9 right to left, correct?

10 A. yes.

11 Q. right?

12 A. yes.

13 Q. So that if a bullet enters on the right side and
 14 comes out further on the right, that would be left to right;
 15 is that correct.

16 MR. MAPLES: Judge this has been asked and
 17 answered.

18 THE COURT: yes. I think we have gone over
 19 it.

20 MR. LITMAN: I thought he didn't, but perhaps
 21 the point is made.

22 Q. The next one is wound number eight, correct, sir?

23 A. yes.

24 Q. And that goes in seven centimeters to the right of
 25 the midline?

2 A. Yes.

3 Q. And it comes out further to the right, according
4 to you, ten centimeters?

5 A. Yes.

6 Q. That would be left to right, correct?

7 A. Yes, it is.

8 Q. But you have it right to left?

9 A. Yes, that is correct.

10 Q. Basically, doctor, that shot is almost like a
11 straight on shot; is that right, sir?

12 A. I'm very sorry. I couldn't hear.

13 Q. It is basically is almost a straight on shot?

14 A. Yes, it is.

15 Q. All right. Number nine is another one in the
16 right chest, correct, sir?

17 A. Yes.

18 Q. And basically almost straight on with the body
19 could have been turned a little bit towards the left the way
20 I'm looking at you now (indicating); is that correct, sir,
21 coming in right to left?

22 A. Yes.

23 Q. All right. Doctor, now, let's look at ten.

24 You say that in ten that the bullet winds up at
25 the level of the ninth thoracic spine; is that correct?

2 A. Yes.

3 Q. You see this bullet, it is a pretty distinctive
4 bullet, it has this little hook off here on the side
5 (indicating)?

6 A. I can see it.

7 Q. You see that?

8 A. Yes.

9 Q. Where it is right there, right, doctor
10 (indicating), don't look at your notes, just look at the
11 x-ray if you could for a second. Isn't that it right there?

12 A. Yes.

13 THE COURT: For the record.

14 MR. LITMAN: Your Honor indicate that what
15 I'm pointing to is between this essentially T-11
16 and T-12 here, sir, on exhibit 3-J for defense in
17 evidence:

18 Q. Photograph of L-10, sir?

19 A. Yes, similar.

20 Q. I'll put it right next to where you said it was,
21 right here, okay?

22 A. Yes.

23 MR. MAPLES: Does Mr. Litman offer objects
24 into evidence or does he just bypass the court and
25 the prosecution?

2 MR. LITMAN: Excuse me. I offer it into
3 evidence. Forgive me, Mr. Waples. I offer it
4 into evidence.

5 THE COURT: How about "forgive me, Judge"?
6 How about that?

7 MR. LITMAN: I'm just offering it as Defense
8 Exhibit V.

9 THE COURT: Sir, this photograph that Mr.
10 Litman just pasted on this x-ray, is it a
11 photograph of -- what was the object.

12 MR. LITMAN: L-10?

13 THE COURT: Answer?

14 THE WITNESS: Very similar, yes.

15 THE COURT: Is it a photograph of it or not?

16 THE WITNESS: It is similar of that bullet.

17 THE COURT: It looks like it?

18 THE WITNESS: It looks like it.

19 THE COURT: All right.

20 MR. LITMAN: I offer it in evidence as
21 Defendant's Exhibit V, sir.

22 THE COURT: V.

23 MR. WAPLES: Do you know if it is a
24 photograph of L-10 as opposed to L-16 or bullet A
25 or anything else?

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Veress - People - Cross

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2

THE WITNESS: I don't know I don't know no.

3

MR. WAPLES: Objection?

4

MR. LITMAN: People versus Miranda.

5

THE COURT: You didn't have to cite the case, admitted, Exhibit V.

7

(So marked in evidence)

8

MR. LITMAN: Thank you.

9

THE COURT: We will get to double letters

10

soon, Mr. Litman.

11

MR. WAPLES: On the understanding it look-

12

something like L-10.

13

THE COURT: The qualifying testimony is that

14

it looks similar.

15

Q. Now, I'm putting prosecution's Exhibit J-J up

16

there and we will take a piece of paper for L-10 -nu you say

17

you found it at the ninth thoracic spine; is that correct?

18

A. Yes.

19

Q. On which side, the left or the right?

20

A. I think on the left.

21

Q. You think on the left, like about over here, sir

22

(indicating)?

23

A. Yes.

24

MR. LITMAN: Your Honor, let the record

25

reflect I've paced on prosecution's Exhibit J-J

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2

piece of yellow stickum on which is written L-10

3

at the area of the right thoracic spine on the

4

left where the doctor indicated it should go.

5

Q. Now, of course, here, sir, you don't see any

6

bullet do you?

7

A. I agree.

8

Q. You agree?

9

A. Yes.

10

Q. And this one was in the vertebra?

11

A. Yes.

12

Q. Inside the bone?

13

A. Yes.

14

Q. Embodied in the bone?

15

A. Yes.

16

Q. Not floating around somewhere in the bone?

17

A. That's correct.

18

MR. WAPLES: Objection. Move to strike.

19

THE COURT: Sustained.

20

Q. Let on the other one where you see it, 't is now

21

down one, two almost three vertebra?

22

A. Yes.

23

Q. By the way, how many -- withdrawn.

24

How many centimeters off the midline do you say

25

that this bullet entered the body?

RA

2 A. which one are we talking about?

3 Q. The same one, wound ten, sir?

4 A. Eighteen centimeters to the right.

5 THE COURT: What sir?

6 THE WITNESS: Eighteen centimeters to the
7 right.

8 Q. Did you actually measure that?

9 A. Yes, I did.

10 Q. Now, wound ten is essentially right on top of the
11 right nipple of the deceased; is that right?

12 A. Yes.

13 Q. Without drawing this out so much, isn't the right
14 nipple off the midline at the most twelve?

15 A. It depends upon who you are. Smaller men or
16 smaller women it is smaller.

17 MR. MAPLES: Can the witness please answer
18 the question without interruptions.

19 THE COURT: Yes.

20 Q. Smaller men, the distance would be smaller off the
21 midline, larger men the it would be larger?

22 A. Yes.

23 Q. Would you think I'm a little larger than Andy
24 Liang, sir?

25 A. I cannot answer that question. I don't know your

2 wait, your height.

3 Q. How much did the guy weigh?

4 A. I don't know your height, anything.

5 Q. You don't know my height?

6 A. No.

7 Q. Could you make an approximation, sir, I'm standing
8 right in front of you?

9 A. I always measure body lengths.

10 Q. You want to measure me please?

11 A. Sixty-eight inches.

12 Q. How tall did you say I am?

13 A. Sixty-eight inches as I measured there, but I
14 don't know if you gave me the right measuring strip.

15 Q. Doctor, I didn't manufacture this, believe me.

16 A. If it is sixty inches then you are sixty plus as
17 I measure it there.

18 Q. You agree I'm sixty-eight inches, five feet. The
19 last time I checked I'm sixty plus too.

20 MR. WAPLES: Could we put a question please,

21 Q. Doctor, would you say that I'm approximately five
22 foot ten inches tall, I mean would you say that?

23 A. Yes, I would say that.

24 Q. And would you say that I am considerably more than
25 120 pound, would you say that?

2 A. I believe you are.

3 Q. Now, so I'm a little larger than a five foot eight
4 inch 120 pounds man; is that correct?

5 A. Yes.

6 Q. Considerably?

7 A. Not considerably.

8 THE COURT: All right, come on.

9 Q. Isn't it a fact that the distance off the midline
10 to the right nipple is at most twelve or thirteen inches?[?]



12 A. No. I cannot tell that for sure.

13 THE COURT: We are dealing with centimeters,
14 yes?

15 A. Your's is around ten centimeters.

16 Q. You think his is eighteen?

17 A. I measured eighteen.

18 Q. Again, doctor, this one is from right to left just
19 slightly with a bend because it is a slight drop in height;
20 is that correct?

21 A. Yes.

22 Q. Wound number eleven, doctor, that is below wound
23 number ten, also right on the right nipple; is that correct?

24 A. Yes.

25 Q. And you have that as eighteen centimeters off the

2 midline?

3 A. Yes.

4 Q. If you would look at the x-ray, "ir, "ok at this
5 bullet, do you see it right there (indicating), sir?

6 A. I'm very sorry, which one did you show me?

7 A. Right here (indicating)?

8 A. Yes. I see a shadow there.

9 Q. Is that a bullet?

10 A. No. It does not look to me the same.

11 Q. It doesn't look to you to be the same?

12 A. No.

13 MR. LITMAN: Your Honor, so the record is
14 clear, what the witness has been pointing to, what
15 I showed him is, "this is a bullet though in your
16 estimation, correct, sir.

17 THE COURT: Indicating on the x-ray, is that
18 is J-J.

19 MR. LITMAN: 3-1.

20 THE COURT: between 1-10 and 1-11?

21 THE WITNESS: May I see the labeling on that.

22 Q. That is L-11. Do you want the magnifying glass?

23 A. I don't need it.

24 Q. You can't tell?

25 A. The x-ray is different than this.

- 2 Q. In your opinion?
- 3 A. Yes.
- 4 Q. Okay. But that spot, as your Honor pointed out,
5 is between T-10 and T-11 on that?
- 6 A. Yes.
- 7 Q. Now, Doctor, this thing over here, which is L-11,
8 forgive me, you say you found at the level of of T-9; is
9 that correct?
- 10 A. Yes.
- 11 Q. And all the way over on the left side of the
12 chest, correct?
- 13 A. Posterior chest.
- 14 Q. I'm sorry?
- 15 A. Posterior chest I say.
- 16 Q. Forgive me?
- 17 A. Posterior chest I say.
- 18 Q. All the way over on the left chest.
- 19 A. Mr. Waples: He did not say that.
- 20 A. Left side of chest I just said.
- 21 Q. Well, Doctor, forgive me, but do you remember what
22 you said yesterday about that?
- 23 A. I'm sorry, I don't remember what I said.
- 24 Q. Well, page 1014, Mr. Waples:
- 25 "And you tell us that people's exhibit 11,

V-23 1

Veress - People - Cross

12/1

2

which you marked L-11, you found at the level of

3

the ninth thoracic spine all the way over on the

4

side of the left chest; is that correct?

5

"ANSWER: That's correct."

6

Did you say that under oath yesterday, yes or no?

7

A. "All the way" I don't recall.

8

Q. Excuse me?

9

A. "All the way" I don't recall I said.

10

MR. LITMAN: Would you stipulate I have read

11

accurately from an accurate transcript of the

12

recording from yesterday?

13

MR. MAPLES: I object at this time.

14

THE COURT: You object.

15

MR. MAPLES: Yes.

16

THE COURT: He won't stipulate.

17

MR. MAPLES: Not at this time. I don't have

18

my copy with me.

19

MR. LITMAN: Would you look at my copy

20

please.

21

MR. MAPLES: Have him show it to the doctor,

22

your honor.

23

Q. Here, doctor, read to yourself from page 1014 of

24

your testimony yesterday with respect to L-11?

25

A. You said that "all the way".

RA

2 Q. what did you say? what was your answer?

3 A. I said, correct. I said that's correct, but what
4 I meant was on the left side, the but not real --

5 Q. You meant that is correct, but not really correct?

6 MR. WAPLES: Objection.

7 THE COURT: Sustained.

8 in other words, when you said it was correct
9 yesterday you didn't mean that?

10 THE WITNESS: Your Honor --

11 THE COURT: You didn't mean that?

12 THE WITNESS: I don't know what you mean by
13 that, whether I meant it or not.

14 THE COURT: five minutes everybody.

15 (The jury left the court room)

16 (A short recess was taken).

17 THE COURT: Let's go on the record.

18 THE COURT: Mr. waples is complaining that
19 the defense lawyer should not openly ask opposing
20 counsel for a stipulation in front of the jury
21 and I don't disagree with that.

22 MR. LITMAN: Sorry.

23 MR. WAPLES: I would ask he not do it again.

24 THE COURT: Don't ask him for a stipulation
25 in front of the jury. If you want to ask him for

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a stipulation, do it quietly, privately. Do it at sidebar. Don't stick something in front of opposing counsel's nose and ask him for a stipulation because you know how you would react if he did it to you.

MR. LITMAN: It was done to me by so many lawyers when I was a prosecutor.

THE COURT: Then why should we do it? It is not fair.

MR. LITMAN: If it is the transcript of the court proceeding, sir.

THE COURT: Sir, don't do it.

MR. LITMAN: I won't do it if your honor doesn't want it.

THE COURT: Don't do it in front of the jury.

MR. LITMAN: Okay.

THE COURT: It was a grand standing when they did it to you. It has not changed its character in all of the years.

MR. LITMAN: It is a stipulation as to a record. I won't do it.

THE COURT: Don't do it in front of the jury. Can I have the X-ray.

CONTINUED ON NEXT PAGE

2 A F T E R R E C E S S

3 THE CLERK: People against David Tse.

4 The defendant, his counsel, the interpreter,
5 and the assistant district attorney are present.

6 This is outside of the presence of the jury.

7 THE COURT: Are you ready, Mr. Litman?

8 MR. LITMAN: Yes.

9 THE COURT: Dr. Veress, please take the stand.

10 Dr. J O S E P H V E R E S S, previously duly sworn,
11 resumed the stand and testified further as follows:

12 THE COURT: All right, bring in the jury.

13 (Whereupon, the jurors entered the courtroom
14 and take their respective seats in the jury box.)

15 THE CLERK: All sworn jurors are present and
16 all parties are present, your Honor.

17 THE COURT: All right, Mr. Litman, you may con-
18 tinue.

19 CROSS-EXAMINATION

20 BY MR. LITMAN: (Cont'g)

21 Q By the way, you are looking at notes that you made
22 for the purpose of helping you testify?

23 A Yes, I did.

24 Q Could I see them, please.

25 A Yes. (Handing)

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MR. MAPLES: For the record, a copy has been given Mr. Litman some time ago.

MR. LITMAN: Can we approach for a moment, please?

THE COURT: Side bar?

MR. LITMAN: Yes.

(There was discussion at side bar among the Court and counsel, out of the hearing of the jury and the audience, as follows:)

MR. LITMAN: "Quote a colleague of mine where I practice law, the Damon case says you don't reveal that you turned over the Rosario material in front of the jury. In fact, the Court of Appeals says that, so I would appreciate it if Mr. Maples did not make such comments in front of the jury and I'll verify whether in fact these particular notes I had from before, because I am not sure I do.

Maybe I do, but even if I did, he had no right to say that in front of the jury, the way I understood the Damon case, sir.

That is my application.

THE COURT: What application?

MR. LITMAN: Not to make those comments in the future.

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DATE 10-10-2011 BY 60322

1
2 THE COURT: I'll make the following comment:

3 I appreciate what the law says but it is
4 getting to the point where one good turn is getting
5 to deserve another. What is sauce for the goose is
6 good for the gander. There are a variety of other
7 expressions.

8 Listen, you two, if you want to play the game,
9 then you play the game.

10 Mr. Litman, you are hardly in a position to
11 complain given some of the stuff that you have been
12 doing throughout the trial.

13 Let's just get on with this and get this over
14 with, and get the witness off the stand.

15 MR. LITMAN: O.K.

16 (The side bar discussion concluded and the
17 trial resumed in open court, as follows:)

18 BY MR. LITMAN:

19 Q Doctor, if you would be kind enough to take the
20 x-ray which is People's Exhibit 3-J in evidence, right here,
21 here is a sticker for L-11 and take it, please, and just put
22 it on the x-ray where you found the bullet.

23 Put it at the level of the 9th thoracic spine or on
24 the left chest.

25 A All right.

6/4 Veress - People - cross

1
2 Q Doctor, you have put or affixed a label to L-11
3 over here.

4 Do you see the bullet where you put it?

5 A I see some pellets.

6 Q The question is do you see the bullet, L-11?

7 A No, I don't.

8 Q This thing over here (indicating).

9 A No, I don't.

10 Q That bullet went into the right nipple, sir, correct,
11 went across the body easily, is that right?

12 A Yes.

13 Q So that it would be consistent, wouldn't it -- with
14 drawn.

15 If my body were horizontal, almost, turning in you
16 shot here it would go right across the body, is that right?

17 A Yes.

18 MR. LITMAN: With my body turned with my right
19 shoulder toward the witness and my left shoulder
20 away, is that correct?

21 THE COURT: That's right.

22 MR. LITMAN: Thank you.

23 Q Let's talk about wound No. 12. That is the one
24 that is the reentry wound, Doctor, is that right?

25 A If I see my papers, may I?

5/18/68 ABCD

5/18/68 EFGH IJKL

5/18/68 MNOP QRST

1 6/5 Verasa - People- cross

2 Q Yes.

3 (Papers handed to the witness)

4 A Thank you. Yes, sir.

5 Q That is clearly a glacier wound, correct, bullet,
6 correct?

7 A I just can't tell.

8 Q Do you have anywhere on your notes whether it is
9 a glacier or a regular, the bullet that caused wound No.12?

10 A I don't have it marked glacier.

11 Q Do you have it marked conventional?

12 A On my notes I have no marks made at all.

13 Q Sir, so we are clear on this, what we are talking
14 about is Wound No. 12, this one right over here, is that right?

15 A Yes.

16 THE COURT: Indicating?

17 MR. LITMAN: Indicating on People's Exhibit 4-B,
18 of the two bullet wounds in the left chest that are
19 shown here, the one further to the left in the
20 photograph, sir.

21 Q That is the one -- withdrawn.

22 MR. LITMAN: Your Honor, can that be for the
23 record, please?

24 THE COURT: It is on the record.

25 MR. LITMAN: Thank you.

1 6/6 Verese - People - cross

2 Q That is the case where the re-entry from the upper
3 arm, correct?

4 A Yes.

5 Q Now, you know, do you not, that the re-entry in the
6 upper arm, from the upper arm -- withdraws.

7 The bullet that went through the upper arm --

8 A Yes?

9 Q -- fractured a bone?

10 A Yes.

11 Q The bone it fractured is the humerus bone, is that
12 right?

13 A Yes.

14 Q There is no question but that that is -- was a
15 glasier bullet, is that right?

16 A I don't know, sir.

17 Q Can't you tell by looking at the X-ray, sir?

18 A If you show me what the X-ray shows.

19 Q The X-ray, if it is a glasier bullet, would show
20 pellets in the path, is that right, the conventional has no
21 pellets, is that right?

22 A Yes.

23 Q O.K. Look at Defendant's Exhibit J-G, which is the
24 copy of prosecution's J-G, which I will offer into evidence
25 as Defendant's G.

1
2 MR. WAPLES: I have no objection to duplicate
3 sets of X-rays being put in if defense wishes it,
4 your Honor.

5 THE COURT: All right, mark it as Defendant's
6 Exhibit 3-G.

7 (Whereupon, 3-G for identification was marked
8 as 3-G into evidence.)

9 Q Now, sir, you see by looking at Defense 3-G -- with-
10 drawn.

11 MR. LITMAN: Your Honor, may I put this up?
12 Forgive me?

13 THE COURT: All right.

14 Q This is an X-ray, is it not, of the left side of
15 Andy Liang's chest, and this is the area above the elbow,
16 the left arm, is that right?

17 A Yes.

18 Q And you can clearly see the fracture of the humerus
19 bone right here, indicating?

20 A Yes.

21 Q In the path of that fracture you can see these
22 little poppy seed pellets?

23 A Yes.

24 Q So there is no debate that that was a glacier bullet,
25 is that right?

2 A (No response)

3 Q Is that right, sir?

4 A I don't know if it is on the wound or on the skin
5 surface, by the x-ray.

6 Q Do you see the things right here in the area of
7 the fracture?

8 A Yes.

9 Q Isn't that a glasier bullet that caused that? Do
10 you see the pellets there?

11 A I see the pellets but I don't know if it is in the
12 wound or on the skin surface.

13 Q On the skin surface?

14 A Yes.

15 Q Do you think each one of these pellets could be on
16 the skin surface?

17 A I can't tell you for sure. Some of them could be
18 on the skin surface, since we have so much gunshot wounds,
19 and some of those can be just deposited on the skin surface.

20 Q This is clearly the one that broke the humerus,
21 though?

22 A No question about it.

23 Q After it broke the humerus and entered the body?

24 A It re-entered the body, yes.

25 Q It certainly could be -- withdrawn.

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1 6/9

Verrasa - People - cross

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2 If any one of those pellets is inside then it is a
3 glacier bullet, is that right?

4 A Yes, I agree with you.

5 Q Did you --

6 A I still would expect more pellets there if it opens
7 up.

8 Q You would expect more there?

9 A Yes.

10 Q And the others that are the glacier that you saw
11 before, you don't even see any glacier pellets?

12 (Continued on Page 1283.)

13

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MR. WAPLES: Objection.

Q And the ones we showed you before?

THE COURT: Sustained.

Q Doctor, that bullet then, you said, went across the body after it re-entered on the left chest, it went towards the right side of the body; is that right?

A Yes.

Q And it went towards the right flank, is that correct?

A Yes.

Q Now, so there is no doubt about it, the right flank is over here (indicating)?

A Rather on the back.

Q Further on the back?

A Yes.

Q So even around, past the seam of my shirt, like back where I am pointing?

A You are just about right.

Q Now, let's try and see if we can get the level. You say that that bullet struck the right kidney?

A Yes.

Q Correct?

A That's right.

1
2 Q And that the track of it was going down, is
3 that correct?

4 A Yes.

5 Q And that it wound up, if it is going down
6 after striking the kidney, either at the level of the
7 kidney or a little bit below the level of the kidney?
8 Would that be fair to say?

9 A It is fair to say.

10 Q At what level is the kidney on the right side
11 of the body, sir, in terms of the thoracic spine?

12 A It is below the thoracic spine.

13 Q In fact, the right kidney is in the area of
14 about, let's say, lumbar 3?

15 A Again, we have individual variations, but
16 yes, it is right down there.

17 Q Now, in fact, that is what Grey's Anatomy
18 says, too, right?

19 A I studied it a long time ago, sir.

20 Q Okay.

21 But about the level of lumbar 3, right?

22 A Yes.

23 Q Now, let's look, please, at People's Exhibit
24 3-1 in evidence.

25 In 3-1 in evidence, there is one bullet.

1
2 One bullet, that is anywhere close to the
3 right flank below or near lumbar 3, is that right?

4 A (No response.)

5 Q Is that correct, sir?

6 A Yes, that is on the right side.

7 Q And the only one that is near lumbar 3, or
8 below it on the right side is this thing right over here
9 (indicating), is that right?

10 A Yes.

11 MR. LITMAN: Your Honor, could the record
12 indicate that I am pointing to an opaque area on the
13 x-ray, all the way on the right side, a little bit below
14 lumbar 3?

15 THE COURT: As you look at the x-ray
16 in the lower left-hand corner?

17 MR. LITMAN: Yes, which is the right
18 side of the person.

19 Q Okay?

20 A Yes.

21 Q Now, Doctor, how is it possible that this
22 thing over here --

23 THE COURT: Indicating?

24 Q -- L-12 -- withdrawn.

25 That L-12 does not look like this at all,

1
2 does it, Doctor?

3 We can all look at it. This is a full bullet,
4 right?

5 THE COURT: Indicating the item?

6 MR. LITMAN: That we picked out before.

7 Q That doesn't look like that at all, correct,
8 Doctor?

9 A It depends how the x-ray is.

10 Q Doctor --

11 A It depends how the x-ray hits the bullet.

12 The direction of the x-ray can't give this
13 configuration.

14 Q Is that your sworn testimony?

15 A Yes.

16 Q As to a reasonable degree of medical certainty?

17 A Yes, it depends.

18 Q This twisted bullet can look like this?

19 A Yes, sir.

20 It depends on the angle that the x-ray hits
21 it.

22 Q And you were telling us, is it your sworn
23 testimony, that this L-12 is this on the x-ray?

24 MR. WAPLES: Your Honor, he hasn't said
25 that.

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A Yes.

Q That is your testimony?

A That is what my notes indicate.

THE COURT: Going along by that.

Q You were going along by that?

A Yes.

Q I am placing on People's Exhibit 3-I in evidence a little stick-on label that says L-12, where you say you found L-12; is that right?

A Yes.

Q Doctor, I want you to look, if you would, at x-ray 3-I in evidence, People's Exhibit 3-I in evidence, and if you would, go down to the level of lumbar 1, lumbar 2, here. (Indicating.)

Is this not, right there where I am pointing on the left side although the left side of the film as you are looking at it, but the left side of the body, is not L-12?

A I don't know.

Q You don't know?

A No.

MR. LITMAN: Your Honor, let the record indicate that I was pointing to -- this certainly is a bullet of some sort?

1
2 THE WITNESS: Yes.

3 MR. LITMAN: -- I am pointing to the opaque
4 part here on People's Exhibit 3-1, which is
5 essentially at the bottom of lumbar 1, near
6 the top of lumbar 2, as one looks at the x-ray
7 film, the one to the right, sir.

8 THE COURT: All right.

9 MR. LITMAN: May the record so indicate
10 your Honor?

11 THE COURT: Yes.

12 Q Doctor, this full bullet, L-16, this is what
13 you call a conventional bullet, this one here?

14 A Can I see it?

15 Q This is L-16, which is People's Exhibit 12
16 in evidence.

17 Doesn't that look a whole lot more like this?

18 If I shoved it to the jury, what we are talking
19 about, what appears to be this bullet right over here
20 (indicating).

21 THE COURT: Indicating the lower left-
22 hand corner.

23 Q Where you have L-12?

24 A It is more similar to that.

25 Q Then to your L-12?

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A Yes.

Q So that you may have confused the track of bullet wound 12; is that right, sir?

A Yes, I could.

Q In fact, sir, if, as you said you may well have confused it, is it not the track of 12 that is wound 12, winds up over here at the first lumbar spine to the left of it?

A I just don't know.

Q You don't know anymore?

A Yes.

Q In fact, that would make more sense, wouldn't it, already broke a bone, the humerus which would slow the bullet down a bit, is that right?

A Yea, it can.

Q It entered the six intercostal space, which is pretty far down, and would wind up just to the left of lumbar one, which is basically like that, if a person went like this (indicating); is that right, Doctor?

A Sir, it is possible, but I just have the only one recollection by my autopsy report and I referred to that.

Q Now, you realize, sir, that if, in fact, L-16 which you said looks like a lot more like it, this thing

1
2 over here on the side (indicating) is, in fact, that
3 bullet that bullet wound 16 doesn't have the track you
4 say it has where L-16 wound up, would you agree with
5 that?

6 A The bullet's penetration, in my opinion, is
7 the way -- as I describe them, it might have happened
8 happened that -- because of the multiplicity of the
9 projectiles I could make a human error and I mislabeled
10 it.

11 Q Now, we can talk about wound 13.

12 Wound 13, sir, is basically, is not, if I
13 move my coat back here --

14 MR. LITMAN: Your Honor, all right?

15 THE COURT: Yes.

16 Q -- from front to back, it comes in over here
17 and there is an exit right over here on the flank, a
18 little bit to the back, right?

19 A Yes.

20 THE COURT: Please describe it.

21 MR. LITMAN: Yes, your Honor.

22 I am pointing to an area that is below
23 the nipple on the left side of the chest and
24 my thumb is pointing in the general area of
25 an exit wound a little bit past the left seam

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of my shirt, a little bit either on the side or on the back, however you view it.

Q Doctor, that is basically a straight-on shot; is that right, sir?

A Yes.

Q If the person were like this (indicating)?

A Yes.

Q We will skip 14 for the moment and go on to wound 15, sir.

Now, this, sir, if you would be kind enough to look at it, comes from this envelope which is in evidence as People's Exhibit 13 and that is bullet L-15, is that right, sir?

A Yes.

Q Take a look at this, please.

Just pick that up for a moment.

That is this one right over here, is that right, Doctor?

A It is a different shadow.

Q If you turned this, this doesn't look like this, Doctor, this one right over here?

You can hold it any way you wish.

MR. LITMAN: Two that are about the level of 12 and one further down, Mr. Waples.

1
2 A It doesn't look to me the same, no.

3 THE COURT: We are looking at Exhibit
4 3?

5 MR. WAPLES: People's Exhibit 3-I in
6 evidence.

7 A It looks different to me.

8 Q It looks different to you but you are not
9 really sure?

10 A I just can't tell you that much.

11 From x-rays you have certain shadows which
12 is with some sort of contrast and it is deforming.

13 It seems to be different than the x-ray shows.

14 Q You say that this was found at the level of
15 the second lumbar vertebra?

16 A Yes.

17 Q Right against the vertebra, in the vertebra?

18 A I say in the abdominal cavity -- sorry, sir,
19 sorry.

20 Q No.

21 A Sorry, yes.

22 I say against the vertebra, yes.

23 Q Right against the vertebra?

24 A Yes.

25 Q And so there is no debate about it, if I can

1
2 again lift my shirt, the vertebra is what we can feel
3 if we put our hands against our back?

4 A Yes.

5 Q It is right at the back of the break, right
6 smack in the middle?

7 A No, actually what you feel is that you feel
8 the spinal process of the vertebra.

9 Q The vertebra is a little in front of that?

10 A The body of the vertebra is in front and
11 between the two you have the spinal canal.

12 So actually what you are feeling, you are
13 just feeling the least portion of the vertebra when you
14 do that.

15 Q The thicker portion is the one that is in
16 front if a bullet were to go to the chest towards the
17 back?

18 A Yes.

19 Q To protect the canal and the cord?

20 A Yes, and support the body.

21 Q Right here, right in front of what we can
22 feel in our back is where the vertebrae are located,
23 is that right?

24 A In front, yes.

25 Q Okay now.

1
2 You say that this bullet entered on the left
3 side, lateral left side over here somewhere, is that
4 right (indicating)?

5 A Further down, further down.

6 Qq Here (indicating)?

7 A Yes, yes.

8 THE COURT: Indicating roughly about
9 the left seam of Mr. Litman's shirt,
10 somewhere above the belt.

11 THE WITNESS: Yes.

12 Q And where I am pointing to is basically at
13 the first lumbar level, right here?

14 A I don't know.

15 Q Doctor, I mean I don't know if you can tell
16 where I wear my belt --

17 A I cannot tell you.

18 Q But it is basically right here where the first
19 lumbar level is?

20 A I don't know where your lumbar is, it is down
21 there. I know that for sure.

22 Q I know for sure, too.

23 Okay, this bullet, if it winds up where you
24 said it did, went straight across the back, it right
25 here (indicating), and then went straight and lodged?

1
2 It went this distance?

3 Do you see where I have my fingers?

4 A Yes.

5 Q Like this (indicating).

6 THE COURT: Indicating about four inches
7 or so across the back.

8 MR. LITMAN: I cannot see, what do you
9 have to say, your Honor.

10 I don't know if it that much, but
11 whatever you think it is.

12 THE COURT: That is what I said.

13 MR. LITMAN: Okay.

14 Q Just a short distance, right?

15 A Yes.

16 Q I am sorry?

17 A Yes, it is.

18 I said 10 to 15 centimeters.

19 Q And that would be consistent -- withdrawn.

20 If you had the gun in your hand shooting me,
21 if I turned just like this to the side and you shot like
22 this?

23 A It is consistent with that.

24 Q Not with my back fully to you, then the bullet
25 would go forward but to the side so that the bullet goes

1
2 right here and just goes right against the lumbar vertebra,
3 is that right (indicating)?

4 A Yea.

5 Q You say this wound up at the level of the
6 second lumbar vertebra?

7 A Yes.

8 Q Let me just give you another one of those
9 stick-ins that will say L-15.

10 If you would be kind enough, sir, to affix
11 this to the left side at about the level right up against
12 the vertebra, right up against the vertebra L-2.

13 A Right.

14 (Witness complies with request.)

15 MR. LITMAN: The Doctor has affixed on
16 People's 3-I in evidence a little
17 stick-in on which is written L-15 on the
18 right side of the spinal vertebra, but which
19 is really the left side.

20 THE WITNESS: It is on the left.

21 Q But on the right side of the film because
22 the x-ray switches things.

23 On the right side of the film, but on the
24 left of the vertebra, correct?

25 A Yes.

1
2 MR. LITMAN: The record should so
3 indicate.

4 THE COURT: Yes.

5 Q Now, as you said, if in the course of a shooting
6 the person who was shot turned away, just turned exposing
7 his left flank, that shot would be just what we saw,
8 is that right?

9 A Yes, sir.

10 Q Now, we come to the one shot that is in the
11 back, going inside the back, towards the front.

12 MR. WAPLES: Objection to the speech,
13 your Honor.

14 (Continued on Page 1298.)
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7-1 1

Veress - People - Cross

2

THE COURT: No, it is all right. Go ahead.

3

Q. Which one was that, Doctor?

4

A. Number sixteen?

5

Q. Number sixteen?

6

A. Yes.

7

Q. And that is the one that you say may well be this

8

one over here (indicating)?

9

A. Close to the midline.

10

Q. No, no. Excuse me a second if I may ask a

11

question. That's the one we walked about that could be this

12

one over here, right (indicating).

13

THE COURT: Indicating the lower left hand

14

corner of J-1.

15

Q. Of people's exhibit J-1.

16

You remember our discussion about that a few

17

minutes ago?

18

A. Yes.

19

Q. Let's see where you said this one went. You say

20

this one went --

21

A. From the back toward the front and from the left

22

to the right and I find the bullet against the second lumbar

23

vertebra.

24

Q. From the left to the right or right to left,

25

Doctor?

2 A. Left to right.

3 Q. Upwards?

4 A. Yes, sir.

5 Q. Where did it enter the body, sir?

6 A. Just to the left from the spine on the left side,
7 just to the left.

8 Q. Doctor, if in the course of the shooting, you were
9 shooting at me and I turned to the side and you shot and hit
10 where fifteen went; do you remember?

11 A. Yes.

12 Q. I could have turned more and you could have hit
13 where sixteen went (indicating); is that correct?

14 A. Yes, I can.

15 Q. Now, this went in, according to you, according to
16 your notes rather, also low down on the back right near my
17 belt level, right, above my buttocks right here
18 (indicating), right?

19 A. Yes.

20 Q. And you said that there wound up to the left at
21 the second lumbar vertebra?

22 A. Yes.

23 Q. Correct?

24 A. Yes.

25 Q. So it would travel --

7-3 1

Veress - People - Cross

2 A. A few centimeters, probably more.

3 Q. And you had it going ten to fifteen centimeters.

4 Q. Fifteen centimeters is six inches, right, sir that
5 is correct, sir, fifteen centimeters is approximately six
6 inches, six times 2.5 is exactly fifteen?

7 A. Well, at least the distance between the entrance
8 site.

9 Q. The question is, is fifteen centimeters
10 approximately six inches?

11 A. Yes, it is.

12 Q. So this bullet, according to you, traveled about
13 one inch?

14 A. I said between ten and fifteen. I don't know for
15 sure.

16 Q. You are saying the bullet enters the back right
17 off the vertebra and winds up right next to the vertebra we
18 are talking about as you said a second ago a couple of
19 centimeters?

20 A. I did not see my notes. I'm sorry I saw my notes
21 now. The point is that there is distance between the spinal
22 processes, you know, until the frontal end of the spine
23 almost ten centimeters, sir.

24 Q. Almost ~~ten~~ ten centimeters?

25 A. That is a quite wide structure, the lumbar

Veress - People - Cross

7-4 1

2 vertebra itself.

3 Q. Doctor, I put it to you again, is it not a fact
4 that the wound which has the entrance sixteen i^{..}, in fact,
5 the one that came out fourteen, the one that you have a
6 mystery entrance for? Isn't that the one that came out
7 where fourteen is?

8 A. Sir, I don't know.

9 Q. Isn't that the only possible one?

10 A. I don't know, sir?

11 A. Now, Doctor, as a pathologist you have been
12 involved in many cases where bullets have traversed the body
13 and because of what they encounter or the nature of the
14 bullet will expend their energy, these bullets and not
15 actually exit the other side of the body?

16 A. Yes.

17 Q. And, indeed, you said that may well have been the
18 case with number one; is that correct?

19 A. Yes.

20 Q. And you've also seen cases, have you not, where a
21 bullet will go into the body from one side, it will cross
22 the body and will be stopped by clothing or simply expend
23 its energy before actually breaking through the clothes on
24 the other side of the body; is that correct?

25 A. Yes.

7-5 1

Veress - People - Cross

2 Q. And, in fact, when you took off the clothing, and
3 I think you recall that part of the clothing that you were
4 taking off at the time, the jeans and the underwear when you
5 found a bullet?

6 A. Yes. That is is that one is, this one, this one.

7 Q. This is People's Exhibit 15 and this is marked
8 bullet X. This is the one that you marked X and you found
9 after you took off the pants and the underpants, the bullet
10 you found on the autopsy table?

11 A. Yes, sir.

12 Q. And that could well have been between the body and
13 the underpants in the inguinal area, right at the exit of
14 wound fourteen?

15 A. It could.

16 Q. Not only could it, but basically you see something
17 on the x-ray that may lead you to that conclusion.

18 I show you exhibit J-A which I ask to be marked as
19 a defense exhibit in evidence which is a duplicate of your
20 J-A.

21 MR. MAPLES: I thought we had a duplicate set
22 in already.

23 THE COURT: We are doing them one at a time.

24 All right, J-A a duplicate of People's J-A.

25 MR. MAPLES: No objection.

7-6 1

Veress - People - Cross

2

THE COURT: He has the x-ray.

3

Q. Doctor, forgive my curiosity, could I ask you a question?

4

5

A. Yes.

6

Q. Why did you call it X?

7

A. Unknown.

8

Q. Unknown?

9

A. When I started the autopsy it fell out. I don't know where it came from. I marked with an X.

10

11

Q. Now, if we look at the x-ray of J-A, before the clothing was taken off, your Honor, you can take a chance to see it.

12

13

14

If you would be kind enough to look at it. Do you see this forget this thing glued here, do you see what appears to be the pelvic area and then the bones and the thigh of Anny Liang; do you see that, sir?

15

16

17

18

A. Yes, I do.

19

Q. And do you see what I'm pointing to over here which is the right side of the x-ray film, but, in fact, is the left side of the body, you see what appears to be conventional bullet, right?

20

21

22

23

A. Yes, sir, it is.

24

Q. That is certainly consistent with -- withdrawn. It looks like X?

25

7-7 1

Veress - reople - Cross

2 A. It is the same.

3 Q. It is the same?

4 A. Yes.

5 Q. How do you know all of a sudden this is the same,
6 because it can't be anything else?

7 A. I know the bullet.

8 Q. You know the bullet?

9 A. Yes.

10 Q. Now, Doctor, take a look at this, are you telling
11 us now that you are reading this x-ray and you are going to
12 compare this bullet to the x-ray and say that is the same
13 one?

14 A. Yes, sir.

15 Q. How can you tell it is the same one, Doctor?

16 A. Configuratioⁿ. It has the features that I see on
17 the bullet. It actually shows it very well.

18 Q. Now, let's look at this one. How about that one,
19 is that the same or is that one a little different?

20 A. It is simila^r, but not the sam^e.

21 THE COURT: Which one is that.

22 MR. LITMAN: That's L-10?

23 A. It is different.

24 MR. WAPLES: Judge, I believe this has been
25 asked and answered.

KA

7-8 1

Veress - People - Cross

2

MR. LITMAN: No, it has not.

3

THE COURT: It has not. Go ahead.

4

Q. That is the same as that one, isn't it?

5

A. It looks different to me, sir.

6

Q. Before you said it looked the same?

7

A. Well, in a way similar, but it is not the same,

8

no.

9

Q. This one, Doctor, look at the photograph that is

10

next to it. would you agree that that is a photograph, sir,

11

of People's Exhibit 15 or bullet X, would you agree that is

12

a photograph of that?

13

A. Yes.

14

MR. LITMAN: Your Honor I would introduce

15

into evidence or offer rather Defendant's Exhibit

16

which is that little photograph the doctor has

17

identified as bullet X.

18

THE COURT: Okay.

19

MR. WAPLES: Judge, can I see it.

20

THE COURT: Sure. I haven't passed on it

21

yet.

22

MR. WAPLES: No objection.

23

THE COURT: Receive.

24

(A small photograph marked in evidence).

25

Q. Doctor, will we now get to wound 1/, wound 1/,

7-9 1

Veress - People - Cross

2 right here on the left chest. Is that basically -- Am I
3 correct, the area, sir, where the bullet entered the body,
4 sir?

5 A. Yes.

6 Q. And the record should indicate that I'm a little
7 bit in front of the side seam on the left side of my shirt,
8 sir, on the left chest a little further down from the nipple
9 and above my pants, your honor.

10 THE COURT: Yes.

11 MR. LITMAN: Is that basic area.

12 THE COURT: Yes, that is what you are
13 pointing to.

14 Q. Now, Doctor, that bullet went from the left to the
15 right?

16 A. Yes it did.

17 Q. Just like bullet fifteen did, correct?

18 A. Yes, it went from left to right.

19 Q. Bullet sixteen?

20 A. Went left to right.

21 Q. And nineteen into twelve?

22 A. Sorry. I'm mixed up with the number.

23 Q. The one that broke the number, came out, went
24 right back into the body, left to right?

25 A. Yes.

7-10 1

Veress - people - Cross

2 Q. And the one here in number eighteen which could
3 have gone into the body then would have gone left to right,
4 correct?

5 A. Yes, it could.

6 Q. And number thirteen, you remember that basically
7 went here to the back?

8 A. Yes.

9 Q. And could it have been in a -- thirteen, these two
10 the body turning like this could have happened like that
11 right, doctor?

12 A. I don't know it could happen.

13 Q. Now, let's talk about seventeen for a minute.
14 seventeen went left to right cross the body?

15 A. It does not go across the body, it goes from front
16 over the back and I lose it in the abdominal cavity.

17 Q. You lost it?

18 A. I just could not follow it further because I find
19 some bullet fragment.

20 Q. Where did you find the bullet fragments?

21 A. I found some bullet fragments in the posterior
22 abdominal wall.

23 Q. I'm sorry, sir, in the posterior?

24 A. posterior abdominal wall in the back of the
25 abdominal area, in the back.

7-11 1

Veress - People - Cross

2 Q. How far back?

3 A. In the soft tissues I picked up some bullet
4 fragments.

5 Q. And you picked these up and you recovered them?

6 A. Yes, I did.

7 Q. And how come you didn't mark them and put them in
8 an envelope that said wound seventeen?

9 A. I had one, if I recall one envelope and it looks
10 like I just did not put the number on it, but I collected
11 some bullet fragments and other evidence and probably I
12 picked up that from that area.

13 Q. Now, you don't really see the fragments on the
14 x-ray up your

15 A. I don't recall.

16 Q. I put it to you sir, is it is not a fact that
17 wound number seventeen, which came in her, traversed the
18 body and, in fact, wound up across the body where this is
19 (indicating)?

20 A. I don't know.

21 Q. You don't know?

22 A. No.

23 Q. I'm pointing to the area on People's Exhibit J-1
24 to the bullet, the shadow of the bullet which is in the
25 lower left hand corner of the x-ray film on People's Exhibit

Veress - People - Cross

1-12 1

2 J-I.

3 Doctor, you mentioned wounds of the heart. Would you
4 agree, sir, that your autopsy report does not indicate with
5 respect to each wound where the heart was injured; is that
6 correct?

7 A. Yes.

8 Q. And there is a difference, is there not, between
9 injury for example to the left ventricle or to the right
10 atrium?

11 A. Yes.

12 Q. What does a "tip" wound mean?

13 A. Top.

14 Q. Tip?

15 A. I'm not familiar with that term.

16 Q. Sorry?

17 A. I am not familiar with the term. I'm not using
18 it.

19 Q. You are not using it?

20 A. No.

21 Q. Did you at all use that word when you first
22 dictated your autopsy report and then cross it out when you
23 saw the final version?

24 A. I don't remember.

25 Q. Doctor, you agree, do you not, with the following

7-13 1

Veress - People - Cross

2 basic formula, if I could use this, 's a pathologist you
3 have to do some bookkeeping when it comes to wounds in the
4 body to make sure that you have all of the bullets you are
5 suppose to have and they measure up with the number of
6 entrances and the number of exits; isn't that correct?

7 A. Yes.

8 Q. And you would agree basically, would you not, that
9 the number of entrances into the trunk of the body has to
10 equal the number of bullets you find inside, plus the number
11 of exits as long as bullets didn't split and cause different
12 exits? would you agree with that?

13 A. Yes.

14 Q. would you agree basically with that formula sir,
15 that for bullet wounds in the torso the number of bullet
16 wound entries equals the number of bullets found in the body
17 plus the number of exits?

18 I've just wrote what we just said

19 A. Yes.

20 Q. Okay. Now, when you first did your autopsy, and
21 for three years thereafter, you had bullets recovered in the
22 body, nine of them L-1, L-5, L-6, 7, 8, 12, 15, 10 and 16,
23 nine bullets; is that right?

24 A. Yes.

25 Q. And you had initially six exits, one, two, three,

1-14 1

Veress - People - Cross

2 four, eight, nine, thirteen; correct?

3 A. Yes.

4 Q. So what you had initially --

5 A. And the wounds of the arm.

6 Q. We are talking about the torso because they can be
7 reentry?

8 A. I'm sorry.

9 Q. So the bullets found in the body you initially
10 have nine, the number of exits, you have six; is that
11 correct; is that right, what we just did?

12 A. Yes.

13 Q. Now, the number of entries you had which, of
14 course, should be fifteen. You had seventeen of the 1, 2,
15 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, which you ^{initially} ~~initially~~
16 characterized as an entrance, 15, 16 and 17, correct?

17 A. Yes.

18 Q. So when you first did your autopsy you had
19 seventeen wounds going in, nine bullets found, and six
20 exits, right?

21 A. Yes.

22 Q. And now we know seventeen does not equal thirteen,
23 correct?

24 A. Yes.

25 Q. So that means you had to come up with two

7-15 1

Veress - People - Cross

2 disappearing bullets and you have two disappearing bullets,
3 one for wound fourteen which you say went in and just
4 disappeared after ten centimeters, you even ^{had} another, ~~one~~ for wound
5 seventeen that went in and disappeared after sometime,
6 right?

7 A. Yes.

8 Q. But they didn't disappear, doctor, did they?

9 A. I could not find them.

10 MR. LITMAN: Give me a few minutes. I

11 hopefully can bring there to a very quick end.

12 Excuse me one second please, your Honor.

13 THE COURT: Sure.

14 Q. By the way, doctor, let me mark please, with the
15 court's permission as defendant's X I think we are up to,
16 this chart.

17 (A chart marked Defendant's Exhibit X)

18 Q. Would you please look at defendant's Exhibit X.
19 That is another anatomical chart, one of several that you
20 created in the past at the request of the prosecution,
21 indicating the entrances and exit wounds on the body of Andy
22 Liang, sir?

23 A. I prepared.

24 Q. Don't you see a handwriting on it?

25 A. This is the one.

1-16 1

Veress - People - Cross

2

Q. That maybe a photograph of it, but that is it?

3

A. It looks like it, yes.

4

MR. LITMAN: Your Honor I would offer this in evidence as Defendant's Exhibit X, sir.

5

MR. LITMAN: Show it to Mr. Waples.

6

MR. ~~LITMAN~~ WAPLES: Yes. I object, Judge.

7

THE COURT: I'm sorry.

8

MR. WAPLES: I object.

9

THE COURT: Overruled.

10

11 Q. Now, you recall, do you not, sir, that on the
12 shirt of the deceased that one of the bullets went right
13 through one of the buttons on the shirt; do you recall that?

14

MR. WAPLES: I'm sorry. Could I have the question read back please?

15

16 THE COURT: You want to know whether the
17 witness could recall if one of the bullets went
18 right through the button on the shirt of the
19 deceased, on the chest in the center of the shirt,
20 sir.

20

21

A. I don't recall.

22

MR. LITMAN: Do you have the shirt here?

23

MR. WAPLES: Yes.

24

25 Q. Maybe we can find out without taking it out or if
you have your gloves, if you would be kind enough.

7-17 1

Veress - People - Cross

2 would you move your chair back a little bit,
3 Doctor. You don't have to hold it up, you can hold it down.
4 If you would look at the shirt right in the front.

5 MR. LITMAN: May I approach the witness for a
6 moment.

7 THE COURT: Yes.

8 Q. You see that button, sir, on the front of the
9 shirt, it looks like about one, two, three, three buttons
10 down is completely missing with the fabric underneath it;
11 do you see that sir?

12 A. Yes, I do.

13 Q. And there seems to be a hole, what appears to be
14 to you be at least consistent with a bullet hole right in
15 that area that knocked in the fabric of the shirt and that
16 button, correct?

17 A. Yes.

18 Q. And, in fact, we can see at least a fragment of
19 the button?

20 A. Yes. I remember that, sir. I see that.

21 Q. Right here on the x-ray: this is people's exhibit
22 J-J in evidence, your honor. I can first turn it to the
23 court.

24 Now, I turn to you, sir, you see the piece right
25 over here?

7-18 1

Veress - People - Cross

2 A. Yes, I do.

3 Q. which is on the film a little bit to the left of
4 the level of T-8 which would be, of course, on the right
5 side of the person's body.6 You see this piece, Doctor, you agree that this
7 is, in fact, part of the button of the shirt?

8 A. Yes, I do.

9 Q. And, in fact, that piece is collected with other
10 fragments that I think Mr. Waples marked previously as
11 either 17 or 18, you see the piece in there?

12 A. Yes.

13 Q. where is the piece of the shirt itself, the fabric
14 of the shirt that also went inside, did you recover that?

15 MR. WAPLES: Objection.

16 THE COURT: Sustained as to the form of the
17 question.18 Q. well, Doctor, you said before that to a previous
19 question that not only is the button missing, but the fabric
20 underneath is missing too; is that correct?

21 A. Yes.

22 Q. I'm asking did you recover the fabric of the shirt
23 that was shot away by that bullet, did you recover it?

24 That's the question.

25 A. I'm sorry. I don't know if I can answer it or not.

7-19 1

veress - people - Cross

2 because it was there was an objection.

3 THE COURT: No. You can answer the question.

4 A. No, I did not.

5 Q. So it could be in the body somewhere?

6 A. Yes, it could. It could be outside too.

7 A. Now, I think I should be basically finished with
8 this, sir.9 Scientifically speaking, not what maybe or what might
10 be, the most you can tell us is that there were sixteen
11 bullets that hit Andy Liang; isn't that a fact?

12 A. Scientifically speaking now, yes.

13 Q. And the reason that is so is that although you
14 described twenty wounds, three of them the grazes, there is
15 one in the arm, number 18 and this one in the arm number 19,
16 all of them could have reentered the body, correct?

17 A. They could.

18 Q. So we get twenty take off three, we are down to
19 seventeen. Then, of course, this number fourteen is now an
20 exit not an entrance, now we are down to sixteen; is that
21 right?

22 A. Yes.

23 Q. Mr. Waples asked you whether all people who come
24 that you see obviously deceased at the morgue, if they are
25 all fingerprinted and you say they are not all

2 fingerprinted, right?

3 A. Yes.

4 Q. But Andy Liang was?

5 A. Yes, he was.

6 MR. LITMAN: Thank you, sir, your Honor.

7 THE COURT: Mr. Waples, can I see you for a
8 minute.

9 MR. WAPLES: I'll be very brief, your Honor.

10 THE COURT: That's okay. Go ahead.

11 MR. WAPLES: If that is what you are
12 inquiring about.

13 THE COURT: Go ahead.

14 REDIRECT-EXAMINATION:

15 BY MR. WAPLES:

16 Q. Mr. Veress, any doubt in your mind, sir, that Andy
17 Liang suffered a gunshot wound of entrance on the right side
18 of the neck in the area shown in photograph People's Exhibit
19 4-A in evidence?

20 A. No doubt.

21 Q. Is there any doubt in your mind, sir, that Andy
22 Liang also suffered a gunshot wound of entryway in the upper
23 left chest in the photograph 4-A, in this area shown here?

24 A. Yes.

25 Q. Marked as two on your diagram?

7-21 1

Veress - People - Redirect

2 A. Yes.

3 Q. Any doubt in your mind about that?

4 A. No.

5 MR. LITMAN: I'll stipulate that is there is
6 no doubt he suffered three, four, five, six,
7 seven, eight in the same direction.

8 THE COURT: Sir, I don't know that Mr. Waples
9 wants your stipulation at all. We talked about
10 doing that sort of thing in the open courtroom.

11 MR. WAPLES: I would prefer to do my own
12 redirect if I may, your Honor.

13 THE COURT: You have every right.

14 Q. Dr. Veress, is there any doubt in your mind that
15 Andy Liang suffered a gunshot wound of entry on the left
16 side of the chest in the area marked on the diagram number
17 three, sir?

18 A. No doubt.

19 Q. And, sir, is there any doubt that Andy Liang
20 suffered a gunshot wound of entrance at the area you marked
21 on the diagram as four?

22 A. No doubt.

23 Q. Likewise, Dr. Veress, is there any doubt in your
24 mind that Andy Liang suffered another gunshot wound of
25 entrance at the area marked five on the anatomical diagram?

7-22 1

Veress - People - Redirect

2 A. No doubt.

3 Q. Dr. Veress, is there any doubt in your mind, sir,
4 that Andy Liang also suffered a gunshot wound of entrance
5 that you marked six on the anatomical diagram?

6 A. No doubt.

7 Q. And is there any doubt, sir, is that Andy Liang
8 suffered a gunshot wound of entrance at the area you marked
9 seven on the diagram?

10 A. No doubt.

11 Q. And is there any doubt, sir, that Andy Liang
12 suffered another gunshot wound of entrance in the right side
13 of the chest at the area you marked eight on the diagram?

14 A. No doubt.

15 Q. And, sir, irrespective of where Andy Liang's right
16 nipple is how many centimeters to the right of the midline,
17 is there any doubt that he suffered two gunshot wounds of
18 entrance almost on top of that nipple, wounds that you
19 marked on the diagram nine --

20 MR. LITMAN: Ten and eleven.

21 Q. I'm sorry ten and eleven?

22 A. Yes, he suffered these gunshot wounds.

23 Q. No doubt in your mind about that?

24 A. No.

25 Q. Any doubt in your mind, sir, that he also suffered

7-23 1

Veress - People - redirect

2 a gunshot wound of entry or reentry on the left chest area?

3 A. No doubt.

4 Q. At the area marked twelve on the diagram?

5 A. No doubt.

6 Q. And also suffered a gunshot wound of entry at the
7 area marked thirteen on the diagram almost right next to
8 twelve?

9 A. No doubt.

10 Q. Is there also any doubt in your mind, sir, that
11 Andy Liang suffered a gunshot wound of entry in the left
12 flank, the lower left flank, the area you marked fifteen in
13 red on the far right portion of the diagram?

14 A. No doubt.

15 Q. Is there any doubt, sir, that Andy Liang suffered
16 a gunshot wound of entry almost in the center of the back at
17 the area you marked sixteen in red on the diagram, on the
18 far right hand side?

19 A. No doubt.

20 Q. Do you have any doubt, sir, that Andy Liang
21 suffered another gunshot wound of entry at an area you
22 marked seventeen in the lower left chest on the diagram?

23 A. No doubt.

24 Q. Is there any doubt, sir, is that many of those
25 entrance wounds had corresponding exit wounds in any

7-24 1

Veress - People - Redirect

2 Liang's back at areas you denominated on the far right hand
3 portion of the diagram?

4 A. Yes.

5 Q. Areas which are shown in People's Exhibit 4-C in
6 evidence. Dr. Veress, is there any doubt in your mind that
7 all of this ballistics evidence, L-1, L-6, L-10 you
8 recovered during the autopsy of Andy Liang on June 10, 1988?

9 A. Yes, sir.

10 MR. WAPLES: Thank you. Nothing else, your
11 Honor. May the photographs be shown to
12 the jury, your Honor?

13 THE COURT: Well, let's complete the
14 examination. Then we can certainly do that first
15 thing in the morning.

16 RE-CROSS-EXAMINATION:

17 BY MR. LITMAN:

18 Q. There is no doubt that he suffered sixteen gunshot
19 wound to the torso,, correct, there is no doubt about that?

20 A. Correct.

21 Q. The doubt is the tracks and what happened inside
22 the body, right?

23 MR. WAPLES: Objection.

24 THE COURT: Sustained.

25 Q. Isn't that right, you even expressed some doubt?

7-25 1

Veress - People - Recross

2

THE COURT: It was sustained, Mr. Litman.

3

MR. LITMAN: I thought I changed the

4

question.

5

THE COURT: Now you are making a speech. You are not asking a question.

6

7

Q. You have expressed before the jury this afternoon

8

some doubts about that the tracks; have you not?

9

A. There were some inconsistencies, "es.

10

MR. LITMAN: I have nothing further.

11

MR. WAPLES: Nothing further, your honor.

12

THE COURT: All right. Step down.

13

MR. WAPLES: Are we calling it a day, judge?

14

THE COURT: Do you want to watch them faint.

15

I think we have Detective Race's testimony to

16

complete; is that correct?

17

MR. WAPLES: Among other things, "es.

18

THE COURT: All right. Hopefully we will do

19

that tomorrow at 10 o'clock. We still have some

20

distance to go in this trial. You will hear other

21

evidence. It may affect your judgment about the

22

evidence you've already heard. It may confirm it,

23

may not confirm it, but the important thing is

24

that you maintain an open mind with respect to

25

what you heard and to be open to all other

RA

