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PETITIONER'S EXHIBIT #58
Letter from Dr. Terri Haddox

004132



22 October 2007

Dennis Riordan
Riordan & Horgan
523 Octavia Street
San Francisco, CA 94102

RE: Arkansas v. Echols, et al.
(FSD case 20070413)

Dear Mr. Riordan,

At your request, please permit this letter to serve as a summary of my preliminary findings regarding the above case. Although I have received a number of materials from you for review, the content of this letter is predicated upon the following items:

1. The autopsy reports of James Moore (ME-329-93), Steve Branch (ME-330-93) and Christopher Byers (ME-331-93) authored by Dr. Frank Peretti;
2. A CD containing over 1500 photographs (including multiple duplicates) of the scene of recovery of the bodies, autopsies and evidence;
3. Transcripts of two testimonies of Dr. Peretti (Bates 1779-1921 (indicated by you to have been from the Echols-Baldwin trial); no Bates stamp on the other (although indicated by you to have been from the Misskelley trial)); and
4. The transcript of testimony of Dr. Richard Jennings (Bates 3137-3169).

While you are amply aware of the circumstances surrounding the death of the three children, my understanding is as follows. The three eight-year old boys (Moore, Branch and Byers) were last seen alive in the late afternoon of May 5, 1993. They were subsequently reported missing a couple of hours later (approximately 8:00 pm) and a search was initiated by family, police and others near the same time. Their bodies were found at or near 1:30 pm on May 6 in a creek in a wooded area adjoining a bayou. No photographic documentation of the positions of the bodies prior to their removal from the creek is available. All three boys were nude with their hands bound to their ipsilateral ankles with shoelaces. Their clothing was recovered in the creek.

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Again to briefly recap the findings of the autopsy reports, all of the boys had evidence of blunt force injuries (e.g. lacerations, abrasions and contusions) with the fatal blunt force injuries in all cases involving the head in which skull fractures, cerebral cortical contusions and subarachnoid hemorrhages were found. Two of the boys (Moore and Branch) also had evidence of drowning, including pulmonary edema and froth in the airways. In the absence of drowning, the blunt force injuries of the head sustained by Moore and Branch would have alone been fatal. Toxicological analyses were significant only for a therapeutic level of carbamazepine in Byers and a negligible level of ethanol in Moore.

The remainder of this letter will address my opinions about the causation of a number of injuries, presented in no particular order:

1. Each child has evidence of abrasions and contusions about the ears as well as perioral/intraoral injuries. Dr. Peretti opines that these injuries are "generally seen in children forced to perform oral sex" (transcript Echols-Baldwin trial, Bates stamp 1826). He further acknowledges that these injuries can result from a number of other mechanisms including punches, slaps and obstructing objects (e.g. hands, gags). The injuries in these areas are not in isolation, but often in proximity to other injuries. In consideration of the extensive blunt force injuries sustained elsewhere on the heads of these children, I do not think a specific mechanism (e.g. forced oral sex) can be assigned to any reasonable degree of medical certainty.
2. Anal dilatation is found in all three children. In some portions of the transcript this finding is included in the discussion of various injuries. Dr. Peretti acknowledges that this finding can be entirely attributed to postmortem relaxation. Further, he does not describe evidence of anal injury in any of the autopsy reports. Anal dilatation is a common postmortem finding and, in fact, has been studied (*Am J Forensic Med Pathol* 17(4): 289-298, 1996). Venous congestion was also a common finding in this study. Accordingly, there is no objective evidence of anal penetration in these cases.
3. The items potentially responsible for producing the scalp contusions, abrasions and lacerations are legion and the appearance of the cutaneous injuries doesn't particularly help narrow the field. However, the curvilinear skull fractures identified during Moore's autopsy are suggestive of an object with a similar curvilinear profile. The skull fractures in Branch and Byers autopsies are not as illustrative.
4. The "bell shaped" injury on the left side of the forehead of Branch was stated to have been "typical of a belt injury" (transcript Echols-Baldwin trial, Bates stamp 1836). I think this injury is more complex than that. The injury crosses the left brow ridge and is therefore on more than one plane with relative sparing of the most prominent region, the supraorbital rim. Belt buckles are rigid objects and I would expect an impact with a buckle would produce an injury above OR below

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the supraorbital rim and likely involve the rim proper. Furthermore this injury appears to consist of overlapping curvilinear components which is not typical of most belt buckles in my experience.

5. Injuries due to a serrated blade in each child are described in the transcripts of Dr. Peretti's testimony. The specific injuries include the diagonal injury on the right upper chest of Moore (exhibit 60A Echols-Baldwin trial, Bates stamp 1828), an injury on an extremity of Branch (exhibit 66B Echols-Baldwin trial, Bates stamp 1836) and associated with the genital and thigh injuries of Byers (exhibit 73C Echols-Baldwin trial, Bates stamp 1847). With regards to the injuries on Moore attributed to a serrated blade, my first and enduring impression is that these injuries more likely reflect abrasions produced by dragging along a roughened surface. The abrasions and contusions are typical of those I have encountered in people who have slid across a roughened surface (e.g. motor vehicle collisions). With regards to Branch's injury stated to have been a possible consequence of a serrated blade, I cannot find that this injury is documented in Dr. Peretti's report and therefore the location and dimensions of this injury are unknown. Similarly, I cannot find a description of this patterned injury in Dr. Peretti's report of Byers' autopsy. Although I cannot determine which photograph was designated exhibit 73C, I cannot find an injury in all of the submitted photographs from this autopsy that demonstrate a purported injury of this nature on Byers' inner thighs.
6. The injuries on Byers' buttocks, specifically the "cuts," photographically appear to represent abrasions rather than sharp force injuries. I think these injuries are also most compatible with dragging. In the discussion of the perianal injuries (exhibit 71C Echols-Baldwin trial, Bates stamp 1847), Dr. Peretti notes that "You have all this bleeding here in the soft tissues." Photographically there is not convincing evidence of hemorrhage into the tissues. An incision in this area (and subsequent photographic documentation) would have helped clarify this issue.
7. Sharp force injuries are described in Branch's left facial area. I think these are postmortem injuries (possibly attributable to animal depredation), superimposed upon antemortem injuries. The close-up photographs of the "cutting" injuries, which were described as entering the mouth, show characteristics which are not typical of injuries produced by a sharp edged implement. Specifically, the edges of the wounds are irregular and not cleanly incised and tissue bridges are evident within the depths of some of the wounds. As these injuries extend into the left side of the neck, I would expect to see some indication of hemorrhage within the anterior neck, rather than the described absence of abnormalities in the "soft tissues of the neck, including strap muscles, thyroid gland and large vessels . . ."
8. The sharp force injuries of the genital region and thighs in Byers' autopsy are remarkably similar in appearance: "... extensive irregular punctate gouging type injuries measuring from 1/8 to 3/4 inch and had a depth of penetration of 1/4 to 1/2 inch." Hemorrhage is noted to be associated with some but not all of these injuries. These injuries also do not have the cleanly incised edges that are typical

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- of injuries inflicted by a sharp edged implement. Additionally the skin surrounding this area has a yellow, bloodless appearance which is typical of postmortem abrasions. I believe the genital and thigh injuries are most compatible with postmortem animal depredation. That these are postmortem injuries would also account for the absence of blood on the banks of the creek where it was suggested in the transcript that this injury was inflicted prior to death.
9. A diagonal injury on Branch's left thigh was described as a patterned impression in the autopsy report. In his testimony (Echols-Baldwin trial, Bates stamp 1839-1840), Dr. Peretti described this area as a contusion attributed to an impact with some object. Again, photographs of this area do not clearly demonstrate the presence of hemorrhage and it is not clear why this was not described as a contusion initially. An incision (and subsequent photographic documentation) would have helped clarify this issue.
 10. Curiously, Dr. Peretti states in his testimony (Echols-Baldwin trial, Bates stamp 1845) that there are postmortem injuries, however this is not further pursued either in direct or cross examination.

In summary, while I agree with the cause of death in these cases, I hold different opinions about the timing and causation of a number of the injuries. I have not completed my review of the submitted materials and I reserve the right to modify my opinions/findings. Please feel free to contact me should you wish to discuss the content of this letter.

Sincerely,



Terri L. Haddix, MD
Forensic Pathologist

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