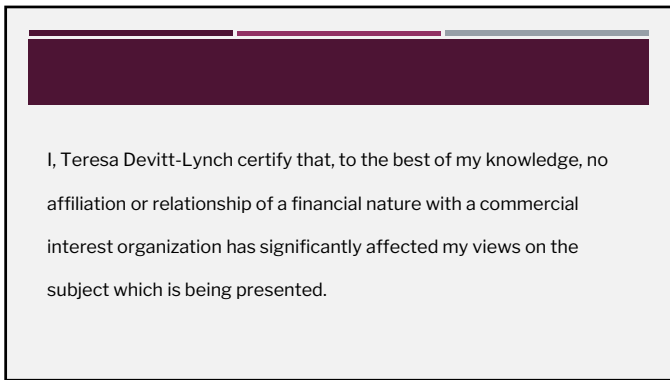
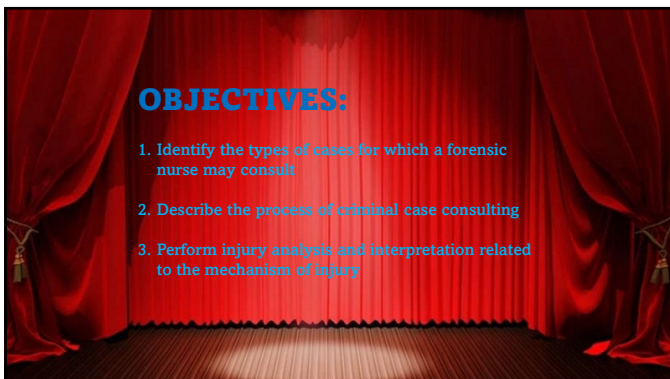




1



2



3



4



5



6



10



11



12

[]


Evidence Review

- What are the charges
- Preview photos

- What evidence is available
- Missing evidence
- Identify Key elements:
 - ✓ Who
 - ✓ What
 - ✓ When
 - ✓ Where
 - ✓ How

16

WE, THE JURY, FIND THE DEFENDANT GUILTY, BUT HE WOULD'VE GOTTEN AWAY WITH IT IF IT HADN'T BEEN FOR THOSE PESKY KIDS AND THEIR DOG!



Indictment & Criminal Charges

17

INDICTED OFFENSES

Count 1: ASSAULT IN THE SECOND DEGREE
 The defendant, on or about December 25, 2018, in Sully County, Oregon, did unlawfully and knowingly cause serious physical injury to Reba McCann by means of a dangerous weapon, to wit: the floor.

Count 2: ASSAULT IN THE FOURTH DEGREE CONSTITUTING DOMESTIC VIOLENCE
 The defendant, on or about December 28, 2018, in Sully County, Oregon, did unlawfully and recklessly cause physical injury to Reba McCann.

18

SERIOUS BODILY INJURY

18 U.S. Code § 1365(h)(3)
*Bodily injury which involves a substantial risk of death; extreme physical pain; protracted and obvious disfigurement; or protracted loss or impairment of the function of a bodily member, organ, or mental faculty.**

18 U.S. Code § 1515(a)(5)
*A cut, abrasion, bruise, burn, or disfigurement; physical pain; illness; impairment of the function of a bodily member, organ, or mental faculty; or any other injury to the body, no matter how temporary.***

BODILY INJURY

*Coronal Law School (N.J.), Legal Information Institute
 **Coronal Law School (N.J.), Legal Information Institute

19

What Evidence Should be analyzed?

20

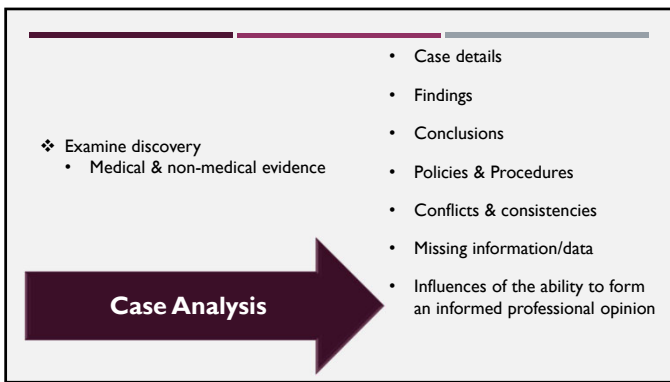
What evidence would you expect?

- Sexual assault
- Domestic violence
- Gunshot wound
- Physical assault
- DUI/DWI
- Elder abuse
- Child abuse
- Strangulation

21



22



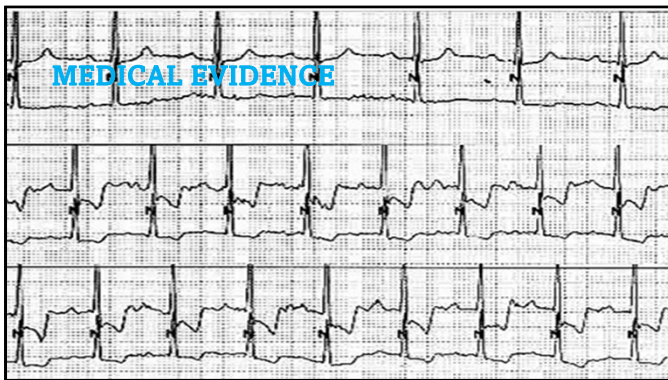
23



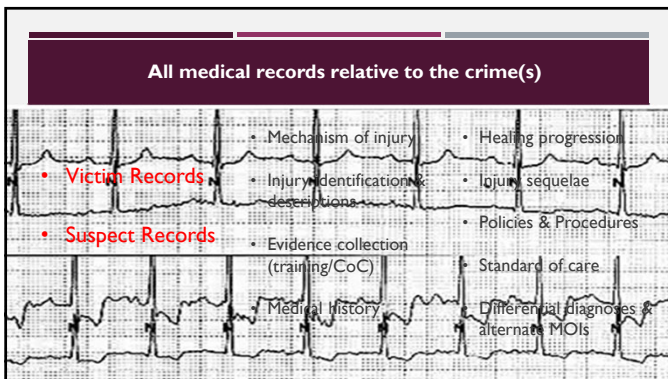
24



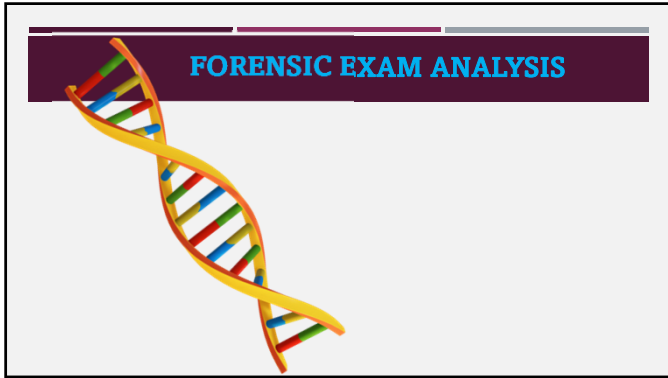
25



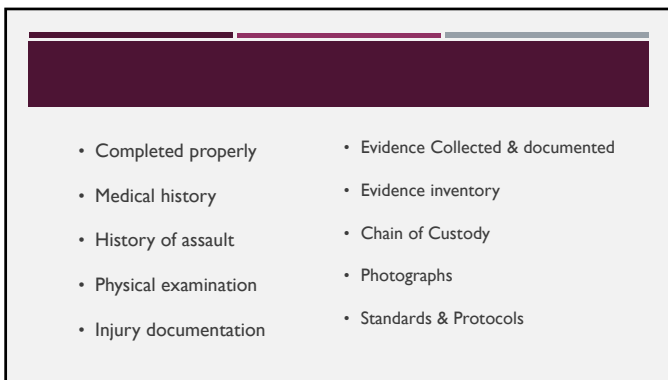
26



27



28



29



30

- Date of assault/injury
- Date of assessment/treatment
- History of abuse/injury
- Diagnostic/laboratory studies
- Treatments rendered
- Injury documentation
- Medical/social history
- Degree/severity of injury
- Disposition
- Follow-up – healing progress
- Complications, disabilities
- Evidence collected

31

- Expected findings based on the history of assault/witness statements
 - What MOIs are alleged
- Are the findings consistent with victim or suspect accounts
- Other potential explanations for the findings – **YES, BUT...**
- Medical conditions, treatments, medications that may impact findings
- Are injuries/findings accurately identified
- Photos present or absent - are they accurate representations
- Information lacking that impedes full analysis and interpretation
- Injuries do not identify **WHO* inflicted them

32



- **Photograph Analysis**
 - General photo quality
 - Clarity of object of interest
 - Identification photo
 - Date/time/sequence
 - Objectivity


PHOTOGRAPHY

33

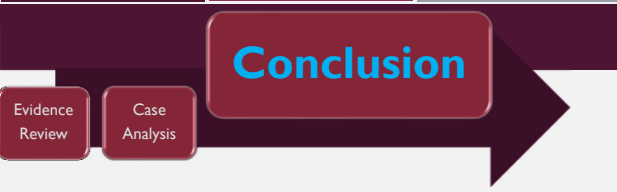
- Focused/centered
- Appropriate lighting
- Forensic photo series
- Neutral – non inflammatory
- Measurement device
- Congruent with written documentation
- Pre-post cleansing & treatment

34

PHOTO ANALYSIS ACTIVITY

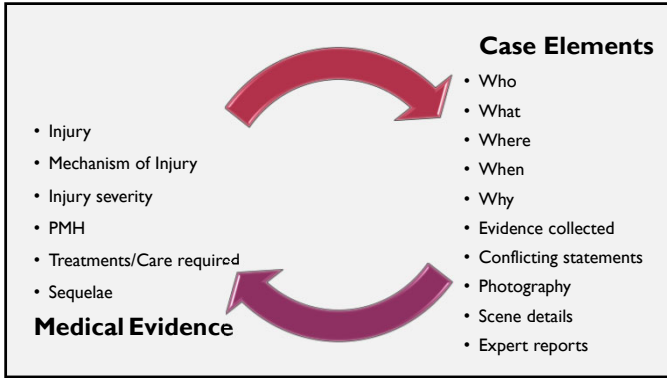


35



- Synthesize evidence
- Discuss strengths & weaknesses
- Recommend other experts
- Identify oppositional strategy
- Expert opinion

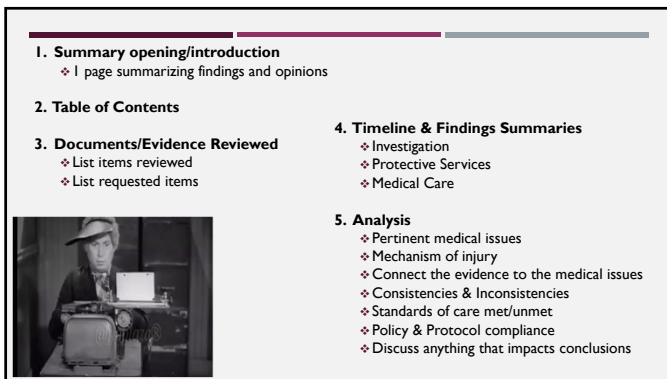
36




37



38



39



6. Conclusion & Recommendations

- ❖ Based on analysis of evidence
- ❖ Do the injuries meet the level of the charges
- ❖ Opinions
 - ❖ Rationales
 - ❖ Reasons opinions *cannot* be made
- ❖ Agree or Disagree with other experts
 - ❖ Why or why not
- ❖ Address the original requests
- ❖ Strengths & Weaknesses
- ❖ Potential Oppositional Tactics

7. Expert Recommendations

- ❖ Case consultation
- ❖ Testimony

8. Education

40

- Voir Dire
 - Jurors
 - Expert Witnesses
- Cross/Direct questions
- Case Strategy
 - Identify/locate experts
 - Demonstrative aids

Ongoing Case Strategy

Evidence Review

Case Analysis

Conclusion

41



Case Study

42



43

YOU'VE BEEN CONTACTED BY A DEFENSE ATTORNEY

- His client has been charged of abandonment with the intent to return due to intoxication.
- Though the police allege he abandoned his children while under the influence of an intoxicant, the defendant claims he blacked out because of medications.
- You have been asked to review the police reports and the defendant's medical reports and provide a professional opinion on the nature of his blackout.


44

Evidence Review →

- Indictment:
 - 1 count endangering a child**
 - 2 counts abandoning a child**
- Available records:
 - Police incident reports
 - Court documents with charges
 - PCM appointment record 7Feb20
 - Post-incident urgent care records for testicular pain, sty, COVID testing

45

Anything missing?



- At first glance:
 - Are there records you may have expected that are not included?
 - Are there any other records that would aid in your analysis of the case?

*This may change as you evaluate further.

46



47

POLICE REPORT SYNOPSIS

- On 2Feb20 at approximately 1818 Officers E. Henry and J. Greene responded to Mr. and Mrs. Morgan's home after a neighbor found their children outside unattended and was unable to locate either parent. The officers attempted to contact or locate Mr. Morgan via telephone and by knocking on the front and garage doors, both of which were locked.
- At approximately 1935 Mrs. Morgan arrived at the home via taxi while Mr. Morgan simultaneously emerged from around their house toward the driveway.
- According to Officer Henry's report, Mr. Morgan had a "strong odor of intoxicants on his breath" and relayed to the responding officers he returned home he realized the doors were locked, so he "decided to sleep in the backyard."

48

[REDACTED]

- According to Officer Henry’s report, Mr. Morgan also informed the responding officers “sometimes he has episodes where he ‘blacks out’ and cannot remember things.”
- Prior to transporting Mr. Morgan to the police facility, the responding officers contacted emergency medical services (EMS) to evaluate Mr. Morgan.
- According to Officer Henry’s record, EMS medically cleared Mr. Morgan at the scene and he was transferred directly to the jail by law enforcement.

49

MEDICAL RECORD REVIEW

7Feb20, approximately five (5) days post-arrest, PCM visit

- He relayed he ceased the once daily hypertension medication Bystolic (also a beta blocker) and resumed the twice daily administration of the bisoprolol fumarate in the evening of 1Feb20
- The next dose of bisoprolol fumarate was taken in the morning of 2Feb20 as prescribed
- 2Feb20, had taken a dose of propranolol hydro chlorate to minimize the anticipated symptoms of anxiety while flying
- He also reported he had historically taken propranolol hydro chlorate for situational anxiety in conjunction with the evening only dose of Bystolic without incident.
- In this case, however, after taking the propranolol hydro chlorate and bisoprolol fumarate within a relatively short amount of each other, Mr. Morgan experienced acute memory loss and delirium by Saturday afternoon, then confusion upon arousing from the fainting/passing out episode in his backyard approximately four (4) hours later. Suspect sympathetic collapse from excessive beta blocker with rebound hypertension upon arousal.

50

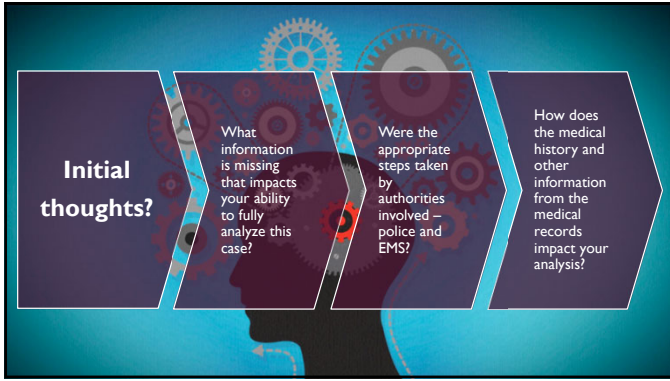
Medical History

- Frequent falls in childhood/adulthood with head trauma
- Anxiety
- Hypertension

Assessment & Treatment

- Syncope & collapse: Suspect sympathetic collapse from excessive beta blocker with rebound hypertension
 - Refer for brain CT, consider MRI
 - Refer for cardiac evaluation for possible dysrhythmia
- **Transient memory loss:** Refer to neurological evaluation
- **Essential hypertension:**
 - Restart Bystolic, Bisoprolol contraindicated
 - Cardiac workup for possible cardiac dysrhythmia
- **Situational anxiety:** D/C propranolol trial of trazadone

51



52



53

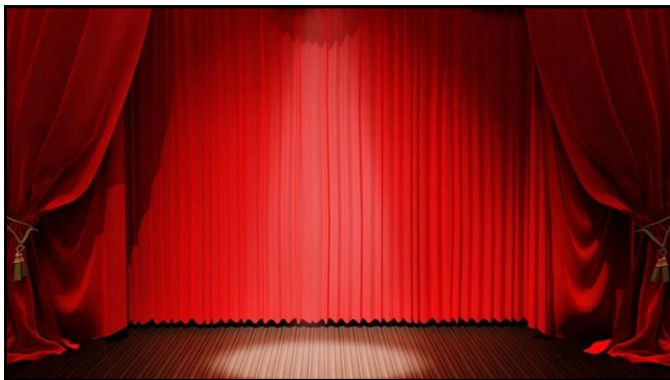
- What is your overall conclusion?
- What are the strengths and weaknesses of this case for the defense? For the prosecution?
- What recommendations would you make to the defense attorney? To the prosecutor?
- What additional consultants would you recommend?
- What expert witnesses would you recommend?

54

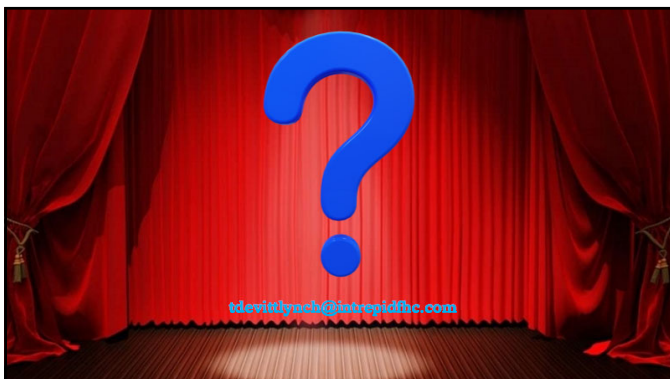
Education

- What education would you provide in the consultant report, if any?

55



56



57

References

Adams, J. A. (2015). Updated Guidelines for the Medical Assessment and Care of Children Who May Have Been Sexually Abused. *Journal of Pediatric & Adolescent Gynecology*, 1-7

Arztebl Int., 109(39), 638-42. doi: 10.3238/arztebl.2012.0638. Epub 2012 Sep 28. PMID: 23093996; PMCID: PMC3475293

Caruso, C. (2016). Working for the defense. *Journal of Legal Nurse Consulting*, 4, 21-24

Christian, C. W. & States, L. J. (2017). Medical mimics of child abuse. *American Journal of Roentgenology*, 208(5), 982-990

Graney, J. (2014). Criminal Legal Nurse Work: Uncovering What Lies Beneath. *Journal of Legal Nurse Consulting*, 25, 15-19

National Institute of Justice, "Forensic Evidence and Criminal Justice Outcomes in Sexual Assault Cases," April 17, 2018, [nij.ojp.gov: https://nij.ojp.gov/topics/articles/forensic-evidence-and-criminal-justice-outcomes-sexual-assault-cases](https://nij.ojp.gov/topics/articles/forensic-evidence-and-criminal-justice-outcomes-sexual-assault-cases)

Prahlow, J. A. (2016, October 18). Forensic autopsy of sharp force injuries. Medscape. Retrieved from: <https://emedicine.medscape.com/article/1680082-overview>

Simon L. V., Lopez R. A., King KC. Blunt Force Trauma. [Updated 2021 Aug 11]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2021 Jan-. Retrieved from: <https://www.ncbi.nlm.nih.gov/books/NBK470338/>

Verhoff, M. A., Kettner, M., Lászik, A., & Ramsthaler, F. (2012). Digital photo documentation of forensically relevant injuries as part of the clinical first response protocol. *Dtsch*
