

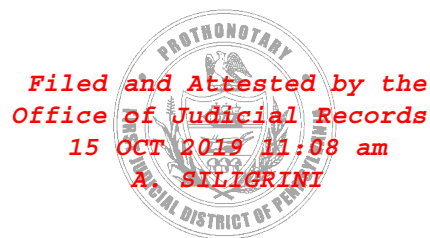
DEFENDANTS' MOTION FOR SUMMARY JUDGMENT

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LAMB McERLANE PC

Joseph R. Podraza, Jr., Esquire (ID No. 53612)
William H. Trask, Esquire (ID No. 318229)
One South Broad Street – Suite 1500
Philadelphia, PA 19107
(215) 609-3170
(610) 430-8000



Attorneys for Plaintiffs

JOSHUA M. GREENBERG, DMD, and	:	IN THE COURT OF COMMON PLEAS
SANDRA GREENBERG, as the	:	PHILADELPHIA COUNTY
Administrators of the Estate of ELLEN	:	
R. GREENBERG, DECEASED,	:	
4408 Saybrook Lane	:	
Harrisburg, PA 17110,	:	CIVIL ACTION
	:	
<i>Plaintiffs,</i>	:	Term:
	:	
v.	:	No.
	:	
MARLON OSBOURNE, M.D.,	:	
5301 SW 31 st Avenue	:	
Fort Lauderdale, FLA 33312,	:	
	:	
-and-	:	
	:	
PHILADELPHIA COUNTY MEDICAL	:	
EXAMINER'S OFFICE,	:	
321 University Avenue	:	
Philadelphia, PA 19104,	:	
	:	
<i>Defendants.</i>	:	

NOTICE TO DEFEND

NOTICE

You have been sued in court. If you wish to defend against the claims set forth in the following pages, you must take action within twenty (20) days after this complaint and notice are served, by entering a written appearance personally or by attorney and filing in writing with the court your defenses or objections to the claims set forth against you. You are warned that if you fail to do so the case may proceed without you and a judgment may be

AVISO

Le han demandado a usted en la corte. Si usted quiere defenderse de estas demandas expuestas en las paginas siguientes, usted tiene veinte (20) dias de plazo al partir de la fecha de la demanda y la notificacion. Hace falta ascantar una comparencia escrita o en persona o con un abogado y entregar a la corte en forma escrita sus defensas o sus objeciones a las demandas en contra de su persona. Sea avisado que si usted no se defiende, la corte

Case ID: 191001241
Control No.: 21063511

entered against you by the court without further notice for any money claimed in the complaint of for any other claim or relief requested by the plaintiff. You may lose money or property or other rights important to you.

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Lawyer Referral
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One Reading Center
Philadelphia, Pennsylvania 19107
(215) 238-6333
TTY (215) 451-6197**

tomara medidas y puede continuar la demanda en contra suya sin previo aviso o notificación. Además, la corte puede decidir a favor del demandante y requiere que usted cumpla con todas las provisiones de esta demanda. Usted puede perder dinero o sus propiedades u otros derechos importantes para usted.

Lleve esta demanda a un abogado inmediatamente. Si no tiene abogado o si no tiene el dinero suficiente de pagar tal servicio. Vaya en persona o llame por teléfono a la oficina cuya dirección se encuentra escrita abajo para averiguar donde se puede conseguir asistencia legal.

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De Filadelfia
Servicio De Referencia E
Informacion Legal
One Reading Center
Filadelfia, Pennsylvania 19107
(215) 238-6333
TTY (215) 451-6197**

LAMB McERLANE PC

Joseph R. Podraza, Jr., Esquire (ID No. 53612)
William H. Trask, Esquire (ID No. 318229)
One South Broad Street – Suite 1500
Philadelphia, PA 19107
(215) 609-3170
(610) 430-8000

Attorneys for Plaintiffs

JOSHUA M. GREENBERG, DMD, and	:	IN THE COURT OF COMMON PLEAS
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Philadelphia, PA 19104,	:	
	:	
<i>Defendants.</i>	:	

COMPLAINT – IN EQUITY
Mandamus and Declaratory Relief Requested

Plaintiffs, Joshua M. Greenberg, DMD, and Sandra Greenberg, as the Administrators of the Estate of Ellen R. Greenberg, deceased, by and through undersigned counsel, file this Complaint in equity, in the Court of Common Pleas of Philadelphia County, and, in support thereof, aver as follows:

I. Introduction

1. This action seeks mandamus or, alternatively, declaratory relief to change the manner of death on the Certificate of Death of Ellen R. Greenberg, deceased, from suicide to “Could not be determined,” the category for manner of death Defendants were at a minimum required to check under the circumstances. This action is compelled because the Defendants have declined to voluntarily perform this nondiscretionary act.

2. Ellen R. Greenberg died on January 26, 2011, from multiple stab wounds varying in depth to the back of her head and neck, as well as to her chest and abdomen. The medical evidence indicates that not all of these wounds could have possibly been self-inflicted. Moreover, this evidence strongly establishes a knife other than the one recovered at the scene was used to inflict many of Ellen’s twenty (20) separate stab wounds. Other information, some just recently obtained, firmly draws into doubt – if not forcefully rebuts – a finding of suicide.

3. Unsurprisingly, after thorough autopsy and toxicology examinations, Defendants initially ruled Ellen Greenberg’s death was a homicide. Later, and only after the Philadelphia Police Department had begun to publicly contradict the Defendants’ medical findings, the Defendants inexplicably changed the manner of her death from homicide to suicide without explanation, and without any compelling reasons or sufficient medical support for this reversal.

4. However, as a matter of law, the Defendants had no discretion to change the manner of Ellen’s death from homicide to suicide. Instead, under the circumstances here, they were at a minimum required to conclude and record the manner of Ellen’s death “Could not be determined.” Their selection of suicide further represents an arbitrary and capricious act.

5. The negative consequences of the Defendants’ misconduct is far reaching, not only impacting Ellen’s Estate, but her family members, the vital statistics registration system in

the Commonwealth and United States, and the basic goals of our system of criminal justice and accountability.

II. The Parties

6. Plaintiffs Joshua M. Greenberg, DMD, and Sandra Greenberg, husband and wife, are adult individuals and citizens of Pennsylvania, residing at 4408 Saybrook Lane, Harrisburg, PA 17110, and are the parents of Ellen R. Greenberg, deceased. Letters Testamentary have been issued to Joshua M. Greenberg, DMD, and Sandra Greenberg by the Philadelphia County Court of Common Pleas, Orphans Court Division, for the administration of the Estate of Ellen R. Greenberg.

7. Defendant Marlon Osbourne, M.D. (“Dr. Osbourne”) is, at all times relevant hereto, a physician specializing in the field of pathology, and, in 2011, was duly licensed to practice medicine in Pennsylvania and was employed as a pathologist at the Philadelphia County Medical Examiner’s Office. Dr. Osbourne presently maintains a business address at 5301 SW 31st Avenue, Fort Lauderdale, FL 33312.

8. Defendant Philadelphia County Medical Examiner’s Office (“MEO”), through its affiliated pathologists, has responsibility for issuing death certificates after determining the cause and manner of death, to the extent either or both can be compellingly ascertained, for sudden, unexpected, and unnatural deaths occurring within the boundaries of Philadelphia County. The MEO, through its affiliated pathologists, is charged with conducting an investigation into the cause and manner of death in such circumstances, including, if necessary, performing an autopsy. Ultimately, the MEO pathologist is solely responsible for determining both the cause and manner of death on the Commonwealth’s Certification of Death in every case that the MEO

handles. At all times relevant here, the MEO maintained a business address at 321 University Avenue, Philadelphia, PA 19104.

III. Jurisdiction

9. Jurisdiction over the parties in the Courts of the Commonwealth of Pennsylvania is proper pursuant to 42 Pa.C.S. Sec. 5301, *et seq.* Specifically, with respect to Dr. Osbourne, it is averred that jurisdiction is proper pursuant to 42 Pa.C.S. Sec. 5322(a)(1)(i), (ii), and (iv) by reason of his transacting business in this Commonwealth and 42 Pa.C.S. Sec. 5322(a)(3) by reason of his having caused the harm at issue by an act or omission in this Commonwealth.

10. Venue is proper in the Court of Common Pleas of Philadelphia County under Pa.R.C.P. 1006 and 2103 inasmuch as the MEO regularly conducts business in the County of Philadelphia at 321 University Avenue, Philadelphia PA 19104 and some of the acts and omissions by Dr. Osbourne that form the bases for this lawsuit in equity occurred when he was employed by the MEO at its business address and continued to occur once his employment ended because he alone may be compelled to amend the manner of death stated in Ellen Greenberg's Certification of Death under 28 Pa.Code Sec. 1.37.

IV. Facts

11. In January 2011, Ellen Greenberg was 27 years old living in Philadelphia, Pennsylvania, a popular elementary school teacher employed at the Juniata Park Academy located in Philadelphia, PA, and engaged to be married that upcoming August 2011.

12. On January 26, 2011, a Wednesday, the Juniata Park Academy closed early due to the heavy snow falling throughout the Philadelphia region. Ellen Greenberg headed home from work, making sure to top off her gas tank on the way to her nearby apartment in the Manayunk neighborhood of Philadelphia.

13. Once home, as the blizzard outside continued throughout the afternoon and into the evening, Ellen Greenberg relaxed and began cutting fruit for a salad she would never get the chance to eat.

14. Around dinnertime on January 26, 2011, Ellen Greenberg was found dead on her kitchen floor, propped with her head slumped against a cabinet. There was a ten-inch-long, serrated knife imbedded deep in her chest, the last of her twenty (20) stab wounds. Ten (10) of these had been inflicted to the back of her neck and head, including two (2) penetrating deep into her brain.

15. At the scene on January 26, 2011, investigators found, along with the half-made fruit salad, blood covering Ellen Greenberg's body, pooled on the floor and present on the surrounding cabinets. The knife block where the knife in Ellen Greenberg's chest was normally kept was upended, its contents having skittered with some force across the counter and into the sink.

16. Although most of the police officers who arrived on the scene that night believed immediately that Ellen Greenberg had been murdered, the lead, on-scene Homicide Detective inexplicably ruled the manner of death a suicide. As a result, crime scene protocols and other precautions typically implemented by the police in cases where homicide is suspected were not observed at the apartment.

17. Ellen Greenberg's body eventually was transported from her apartment to the MEO's offices in order to conduct an autopsy to ascertain the medical cause and manner of her death.

A. *January 27, 2011 Autopsy*

18. The next day, January 27, 2011, at the MEO facility in West Philadelphia, Dr. Osbourne performed the requisite autopsy on Ellen Greenberg's body.

19. The medical autopsy revealed that Ellen Greenberg had been stabbed eight (8) separate times in her chest, with the depth of each slash varying from .2 cm to 10 cm. The autopsy further revealed (a) a 6 cm deep puncture in Ellen's abdomen; (b) a 6.5 cm long gash across her scalp; and (c) ten (10) individual stab wounds to her neck ranging in depths from .2 cm to 7 cm. Her cranial cavity had been penetrated by one of her neck wounds, severing the cranial nerves and brain. Medically, this deep laceration alone would have led Ellen to experience severe pain, cranial nerve dysfunction and traumatic brain signs and symptoms, including numbness, tingling, and impaired or loss of consciousness. A true and correct copy of the report and findings by the Office of Medical Examiner is attached hereto and incorporated herein as Exhibit "A."

20. In addition to the fatal injuries Ellen endured from repeated stabbings, the autopsy by Dr. Osbourne alarmingly revealed numerous, unexplained bruises covering Ellen's body "in various stages of resolution." Noticeable bruises were found at her upper and lower extremities, and similar bruises were observed on her right upper arm, right forearm, right lower abdomen, right thigh, and above her right knee. Medically, the pattern, severity and number of these bruises suggested repeated physical altercations.

21. Confronted with these potent and horrific medical findings, Dr. Osbourne concluded after completing the autopsy on January 27, 2011, that the manner and cause of Ellen Greenberg's death was "homicide" due to "multiple stab wounds," repudiating the prior, non-medical conclusion that her death was a suicide. Dr. Osborne formally memorialized his medical

opinion regarding Ellen Greenberg's death in a Certification of Death which Dr. Osborne signed on January 27, 2011. A true and correct copy of the Certification of Death (dated January 27, 2011) is attached hereto and incorporated herein as Exhibit "B."

B. *External Non-Medical Pressure to Change the Manner of Death*

22. Dr. Osbourne's medical decisions on the cause and manner of Ellen Greenberg's death on January 27, 2011 were final, binding, and not subject to amendment unless additional medical information or autopsy findings became available which compelled a change to either or both decisions.

23. On or about February 1, 2011, the public, through a press release by the Philadelphia Police Department, was told of Dr. Osbourne's and the MEO's medical findings as to the cause and manner of Ellen Greenberg's death.

24. Inexplicably, however, days later, the Philadelphia Police Department – and not Dr. Osbourne or the MEO – reversed course, insisting incorrectly that Ellen's case had not been ruled a homicide, but was instead being investigated as suspicious.

25. Then, by February 18, 2011, the Philadelphia Police Department – without the concurrence of Dr. Osbourne or the MEO – officially declared without explanation that the death of Ellen Greenberg had been ruled a suicide.

26. Ostensibly bowing to the improper public pressure by the Philadelphia Police Department, the MEO and Dr. Osbourne on March 3, 2011, "officially updated" without explanation Ellen Greenberg's Death Certificate from homicide to suicide.

27. On April 4, 2011, Dr. Osbourne, again without explanation, formally changed the manner of Ellen Greenberg's death on her Certificate of Death from homicide to suicide. A true

and correct copy of the Certificate of Death (dated April 4, 2011) is attached hereto and incorporated herein as Exhibit “C.”

28. Only years later in mid-October 2018, did Dr. Osbourne honestly admit that, in complete dereliction of his legal duty never to delegate to non-medical parties (like the police) decisions pertaining to the determination of the manner of death in MEO cases -- he had changed the manner of Ellen Greenberg’s death in April 2011 solely “at the insistence of the police because they said there was a lack of defense wounds.”

**C. Recently Provided Additional Medical Information Mandates
Amendment to Ellen Greenberg’s April 4, 2011 Certificate of
Death**

29. In September 2019, Plaintiffs formally requested Dr. Osbourne voluntarily amend Ellen Greenberg’s Certification of Death to reflect a manner of death other than suicide based on additional medical and other information of which Dr. Osbourne was not familiar in early 2011, a substantial portion of which only became recently available to the Plaintiffs. A true and correct copy of the letter dated September 3, 2019 (without enclosures) is attached hereto and incorporated herein as Exhibit “D.”

30. The information in the package sent to Dr. Osbourne included reports by several eminently qualified experts in the fields of medical forensics and neuropathology who have unanimously concluded that Ellen’s death could not have been the result of a suicide.

31. Wayne K. Ross, M.D., a well-credentialed, board-certified pathologist who specializes in forensic pathology and neuropathology, conducted his own independent investigation, including a reexamination of Ellen’s spinal cord specimen retained by the MEO, and concluded beyond a doubt, among other things, that it simply is not possible that all of the

wounds suffered by Ellen were self-inflicted. True and correct copies of the reports by Dr. Ross are attached hereto and incorporated herein as Exhibit “E.”

32. Similarly, Cyril M. Wecht, M.D., also a preeminent forensic pathologist, after conducting his own examination of the complete reports, concluded consistently with Dr. Ross that, not only could this have not been a suicide, but that all pathological indications pointed toward homicide. A true and correct copy of Dr. Wecht’s report is attached hereto and incorporated herein as Exhibit “F.”

33. Henry C. Lee, Ph.D., of the Institute of Forensic Science at the University of New Haven, concluded after reviewing the entire case file that the number and type of wounds inflicted on Ellen Greenberg as well as the bloodstain patterns observed, were consistent with the scene of a homicide, not a suicide. A true and correct copy of Dr. Lee’s report is attached hereto and incorporated herein as Exhibit “G.”

34. Consistent with these findings, as set forth in a March 15, 2019 article published in the *Philadelphia Inquirer*, Guy D’Andrea, a former Philadelphia homicide prosecutor who reviewed the entire case file before leaving the District Attorney’s Office, Gregory McDonald, chief deputy coroner for Montgomery County, and Robert D. Keppel, retired chief criminal investigator for the Washington State Attorney General’s Office, all determined the physical evidence raised serious questions that not only undermined a finding of suicide in Ellen’s case but, in some cases, warranted a determination of homicide.

35. The letter accompanying the package also referenced other considerations, which warranted the change of the manner of Ellen’s death from suicide.

36. For instance, the letter discusses the substantial forensic evidence suggesting more than one weapon was used in Ellen’s death, although only one was recovered at the scene.

According to Dr. Ross, powerful evidence exists which establishes that two knives – one serrated, one smooth-bladed – were used in Ellen’s death, although the only knife recovered at the scene was of the serrated variety and found imbedded deep in Ellen’s chest. The import of Dr. Ross’ conclusion cannot be overstated. If a second knife was used in Ellen’s death but not recovered at the scene, someone other than Ellen necessarily disposed of it, which alone rules out suicide as a cause of death.

37. In addition, expert analysis and a crime scene recreation recently completed persuasively establish that not all of Ellen’s wounds could have possibly been self-inflicted. According to Dr. Ross, she would have been rendered physically incapable of inflicting more wounds before the final stab was administered to Ellen’s chest. Ellen suffered a significant wound at the base of her skull that penetrated her brain by several centimeters. This particular wound resulted from an upward strike to the base of the skull that would have been difficult, if not impossible, for her to inflict on herself. Moreover, Dr. Ross conducted a forensic examination of a preserved sample of spinal tissue and concluded that the injury inflicted on the nervous system by this blow would have rendered Ellen incapacitated and incapable of performing further harm, up to and including the final stab-wound to the chest. A recreation report included in the package sent to Dr. Osbourne adds further credibility to Dr. Ross’ conclusion that the position, angle, force and number of Ellen’s wounds suggest Ellen could not have inflicted all the wounds she sustained on herself.

38. The recent submission to Dr. Osbourne similarly raises serious questions about the nature and extent of another medical professional’s involvement – Dr. Lucy Rorke-Adams – in Ellen’s case in 2011 on which the police purportedly relied in contending Ellen’s death was due to suicide. According to the police investigators, when confronted with questions arising

from the irregular wound pattern on Ellen's body, particularly the frequency and severity of certain injuries preceding the final chest wound as noted above, the investigators reached out to Dr. Rorke-Adams, a neuropathologist with whom the Philadelphia Police and MEO consulted from time to time. The police investigators represent in a passing reference that Dr. Rorke-Adams concluded after conducting an examination of the spinal tissue that the damage inflicted at the base of the skull to the brain and spine could have resulted in Ellen merely becoming numb to the pain of the subsequent stab wounds while leaving her still sufficiently ambulatory to inflict further wounds.

39. But there is no evidence that Dr. Rorke-Adams ever conducted any examination of Ellen's spinal tissue in 2011. She never issued a report, was never paid for her services, and although there are records of Dr. Rorke-Adams performing examinations on the days preceding and following the date of her alleged examination of Ellen's spinal tissue, there are no records that she performed any work for the City of Philadelphia on the date noted in the report. Furthermore, Dr. Rorke-Adams has no recollection of consulting with the Police Department or MEO on that date, and there is no corroborating record of her being picked up and brought to the MEO as the reports suggest. In fact, in interviews with the *Philadelphia Inquirer*, Dr. Rorke-Adams claimed to have no recollection of the case at all and further stated the lack of any invoice or report of her findings confirms that she had no involvement in the case.

40. Dr. Rorke-Adams' purported involvement is crucial, as her medical conclusion is a necessary element in the ultimate suicide finding, for without any explanation as to how it was physiologically possible for Ellen to inflict further wounds to her own person after suffering a blow that substantially severed her spinal cord, the ultimate finding of suicide would have been impossible.

41. The letter accompanying the package sent to Dr. Osbourne also drew his attention to blood-pattern evidence which suggests Ellen's body was moved or repositioned postmortem. Upon review of the crime scene photographs and other evidence, the independent experts have concluded that Ellen was lying down and later moved into the sitting position in which she was discovered by investigators. For example, clear from the photographs of the scene is a trail of blood running horizontally, parallel to the floor, along the side of Ellen's face, which Detective Scott Eelman confirmed defies the laws of gravity and means Ellen's body was moved after the blood had already dried.

42. Detective Eelman, a specialist in crime scene reconstruction who regularly pairs with Dr. Ross, also analyzed the bloodstains on Ellen's sweatpants, sweatshirt and shoes and found other evidence consistent with her being moved or repositioned postmortem, concluding that she had been in a position different from that in which she was found at the time the blood was deposited on her sweatpants, sweatshirt and shoes. A true and correct copy of Detective Eelman's report is attached hereto and incorporated herein as Exhibit "H." He further concluded that Ellen's head had been in several positions during the time of blood flow and for long enough as to have the blood flow across her face and back toward her ear, upward toward her eyes and also downward toward her chin in a manner that is inconsistent with the position in which Ellen was found by investigators.

43. Reference is made in the letter to Dr. Osbourne to the absence of any evidence (explicit or implicit) that, on January 26, 2011, Ellen intended to kill herself or wished to die and that she understood the probable consequences of her actions. Instead, the events leading up to Ellen's death are inconsistent with suicide. After leaving work early that day due to the snowstorm, Ellen filled her car's empty gas tank. Also, Ellen was halfway through preparing a

fruit salad when the stabbings began, which salad was left unfinished on the counter as seen in the photographs of the scene. In addition, Ellen's treating psychiatrist, Ellen Berman, M.D., is adamant Ellen was not suicidal. All the wounds to Ellen's chest and abdomen were inflicted through her clothing, which, as the investigators concluded, is highly unusual in cases of suicide. In nearly all documented cases, an individual will lift his or her clothing and stab directly into bare skin. As the independent experts have indicated, Ellen's behavior is not consistent with someone preparing to commit suicide and, when considered in light of the other serious questions surrounding her death, suggests another explanation.

44. In the same vein, Ellen's history and behavior are not consistent with those associated with someone intending to commit suicide. Ellen made no verbal or nonverbal expressions of intent to kill herself. No implicit or indirect evidence of intent to die exists. She did not express feelings of hopelessness. She did not rehearse fatal behavior. She made no preparations for death, inappropriate to or unexpected in the context of her life. She made no expressions of farewell or desire to die, or acknowledgement of impending death. She had made no previous suicide attempt, or even previously threatened suicide. She did not have serious depression or mental disorder as confirmed by Dr. Berman. She left no suicide note.

45. Moreover, as further pointed out in the letter to Dr. Osbourne, the arguments raised to support a finding of suicide by Ellen are at best inconclusive and plainly require further investigation.

46. The principal factor in concluding Ellen's death was suicide was the claim that the front door to her apartment was locked from the inside with the safety bar engaged just prior to and at the time of her death.

47. But, as noted in the letter accompanying the package to Dr. Osbourne, that the door was locked from the inside just prior to and at the time of Ellen's death was merely accepted and was never itself properly tested. As noted in the expert reports and visible in the photographs of the apartment, the safety bar remained intact and undamaged, and, although disengaged, was still attached, albeit loosely, to the door and doorframe, respectively. Had the door been forced open from the outside without first disengaging the safety bar as the investigators concluded, at least one of its ends necessarily would have been ripped from its screws in either the door or the doorframe. Tests performed by one investigator using an identical mechanism repeatedly confirmed this. Contrariwise, the damaged but functional safety bar depicted in the photograph was consistent with the application of force to the door, but not entry, as if the door had been pulled from the inside causing the damage seen in the photographs and then manually disengaged.

48. The letter to Dr. Osbourne also points out that although a forced entry was reported by Ellen's fiancé, who told the police investigators that, upon finding the safety bar engaged and Ellen not responding to his text messages, he kicked the door open in the presence of a member of the building's security, the member of the security staff allegedly present when Ellen's fiancé allegedly kicked in the door is firm that he was not present as claimed.

49. Another of the factors cited by the Philadelphia Police in support of the finding of suicide was the lack of defensive wounds on Ellen's hands and arms, which wounds the police contend would be expected on the victim of a knife attack of this nature. However, as Dr. Ross explained in his report, the stab wound inflicted upward at the base of Ellen's skull to her spine and brain would have been incapacitating and made further resistance impossible. Moreover, Dr. Ross did find evidence of fresh bruises and a fingernail imprint on Ellen's neck, suggesting she

may have been physically overwhelmed and rendered defenseless by her attacker at the outset of the altercation, further explaining the lack of defensive wounds customary in knife attacks. Moreover, a lack of defensive wounds is not unheard of in these instances, particularly when the victim is attacked quickly so as not to be able to defend herself, what one investigator described as the proverbial "blitz attack."

50. A suggestion likewise has been made that Ellen's mental state supports a finding of suicide. As discussed in the letter to Dr. Osbourne, Ellen had obtained treatment for her anxiety in the weeks preceding her death, and there is no indication from her therapist or elsewhere that Ellen had exhibited a predisposition toward self-harm or that she entertained any suicidal ideations at any time. In fact, Dr. Berman maintains Ellen did not exhibit any indications of suicidal ideation while under her professional care. Prescribed Klonopin for her anxiety, the toxicology screens showed levels in her system that were consistent with the prescribed dosage and that Ellen was using the medication as directed.

51. Similarly, the claim that websites accessed and Internet searches conducted from Ellen's laptop demonstrate a predisposition to suicide is not founded. Ellen's web browser history has not been fully analyzed, and issues involving access to the Internet from her laptop have never been fully investigated. The question whether Ellen or someone else was in possession of the laptop when the Internet was accessed remains unanswered. The reason(s) why certain websites were accessed from her laptop have not been explored. For instance, it remains unknown whether the links were accessed because they involved current event stories or for some other purpose. These and other relevant inquiries may only be answered through investigation that has not to date been started, let alone completed.

52. The abundance of evidence gathered and analyzed to date raises serious questions regarding Ellen Greenberg's manner of death, and Dr. Osborne, having prepared the two prior Certificates of Death—ruling the manner of Ellen's death as both a homicide and suicide, respectively—is charged under the law with the responsibility of revising his previous conclusions if necessary based on newly discovered evidence and analyses.

53. Despite receipt of the package, and ample time to review and consider the information contained within it, Dr. Osbourne has not indicated a willingness to voluntarily change the manner of death on Ellen Greenberg's Certificate of Death dated April 4, 2011, nor has he made any attempt to contact representatives of the Plaintiffs to discuss any aspect of the contents of the letter and/or the materials enclosed with the letter.

D. Impact of Dr. Osbourne's and MEO's Acts/Omissions

54. The April 4, 2011 changing of the manner of death on Ellen's Certificate of Death from homicide to suicide has harmed and continues to harm the Estate of Ellen Greenberg, deceased, and has other far reaching negative consequences.

55. The information in the Certificate of Death is considered *prima facie* evidence of the fact of death that can be introduced in court as evidence, and would have evidentiary value in a claim or dispute involving Ellen's Estate.

56. Also, like it or not, our society stigmatizes suicide, disparaging the person who ended her life as selfish, crazy, and looking for an easy way out. Further, this stigma deprives surviving family members of the closure and peace of mind to which they are otherwise entitled.

57. Furthermore, the contents of the Death Certificate, particularly the sections on cause and manner of death, are the source for State and national mortality statistics and are relied upon to determine which medical conditions receive research and development funding, to set

public health goals, and to measure health status at local, State, national and international levels. Said another way, the important statistical data derived from death certificates can be no more accurate or reliable than the information provided on the certificate.

58. Similarly, the mortality data collected from the information in death certificates, like the one at issue, are valuable to physicians indirectly, as these data influence funding for medical and health research (which may alter clinical practice), and directly, as a research tool. Research topics include examining medical or mental health problems that may be found among specific groups of people and indicating areas in which medical research can have the greatest impact on reducing mortality.

59. In addition, the goals of securing justice and promoting criminal accountability are impeded by death certificates containing inaccurate causes or manners of death.

COUNT I
Mandamus

Joshua M. Greenberg, DMD, and Sandra Greenberg, as the Administrators of the Estate of Ellen R. Greenberg, deceased v. Marlon Osbourne, M.D., and Philadelphia County Medical Examiner's Office

60. The representations in the forgoing paragraphs of this Complaint are incorporated herein as though fully set forth at length.

61. Defendants' primary responsibility in death registration is to complete the medical part of the death certificate, including the portions of the certificate pertaining to the cause and manner of death.

62. The proper completion of the medical sections of the death certificate is of utmost importance to the efficient working of a medical-legal investigative system.

63. Once additional medical information becomes available that would change the cause or manner of death originally reported, the original death certificate must be amended by the Defendants by immediately reporting the revised cause or manner of death to the Commonwealth's vital records office or local registrar.

64. The National Association of Medical Examiners ("NAME") and Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics ("CDC") distinguish the pertinent manners of death as follows:

Suicide—"results from an injury or poisoning as a result of an intentional, self-inflicted act committed to do self-harm or cause the death of one's self."

Homicide—"occurs when death results from ..." an injury or poisoning or from "... a volitional act committed by another person to cause fear, harm, or death. Intent to cause death is a common element but is not required for classification as homicide."

Could not be determined—"used when the information pointing to one manner of death is no more compelling than one or more other competing manners of death when all available information is considered."

See A Guide for Manner of Death Classification ("NAME's Guide"), pertinent portions of which are attached hereto and incorporated herein as Exhibit "I," and Medical Examiners' and Coroners' Handbook on Death Registration and Fetal Death Reporting ("CDC's Handbook"), pertinent portions of which are attached hereto and incorporated herein as Exhibit "J."

65. The distinctions the NAME's Guide and the CDC's Handbook make between "Suicide," "Homicide," and "Could not be determined" as manners of death are followed and adopted in this Commonwealth, as are the other contents of the NAME's Guide and CDC's Handbook.

66. In addition, both the NAME's Guide and CDC's Handbook maintain that "suicide" or "homicide" may only be selected as a manner of death if the selection is based on reasonable medical certainty after thorough investigation. Absent such certainty, the manner of death of "Could not be determined" must be checked on the Certificate of Death.

67. According to the NAME's Guide, "to classify a death as Suicide, the burden of proof need not be 'beyond any reasonable doubt,' but it should exceed 'more likely than not' (that is, the burden of proof should be more compelling than 51% which barely exceeds chance)."

68. As a result, the NAME's Guide maintains that the selection of suicide as a manner of death requires a 70% or greater degree of medical certainty.

69. As noted above, upon completion of the autopsy on January 27, 2011, the Defendants obtained overwhelming medical evidence that the manner of Ellen Greenberg's death was a "homicide."

70. The Defendants later changed the manner of Ellen Greenberg's death from "homicide" to "suicide" based, not on any additional probative medical evidence obtained in the investigation of this case, but instead on the Philadelphia Police Department's non-medical and explainable argument that Ellen lacked defensive wounds on her hands.

71. The necessary degree of medical certainty to support the selection of "Suicide" as the manner of Ellen's death under the NAME's Guide's standards is patently lacking.

72. Concomitantly, the information recently supplied to the Defendants in the package provided to Dr. Osbourne, in addition to that information already known to the Defendants in 2011, establish as a matter of law that the selection of "Suicide" as Ellen

Greenberg's manner of death is no more compelling than one or more other competing manners of death when all the available information is considered.

73. Indeed, the fact that the Defendants have flip-flopped on the selection of the manner of Ellen Greenberg's death without any medical justification is itself enough to prove, as a matter of law, that the selection of "Suicide" as the manner of death is no more compelling than one or more of the other competing manners of death when all the available information is considered.

74. Given the circumstances here, Ellen Greenberg's Certificate of Death dated April 4, 2011 must be changed to indicate that the manner of her death "Could not be determined."

WHEREFORE, the plaintiffs, Joshua M. Greenberg, DMD, and Sandra Greenberg, as the Administrators of the Estate of Ellen R. Greenberg, deceased, respectfully request that this Honorable Court grant their mandamus relief request and order that the Certification of Death for Ellen R. Greenberg dated April 4, 2011, record a manner of death as "Could not be determined," and such other relief as this Court deems warranted.

COUNT II
Declaratory Relief

Joshua M. Greenberg, DMD, and Sandra Greenberg, as the Administrators of the Estate of Ellen R. Greenberg, deceased v. Marlon Osbourne, M.D., and Philadelphia County Medical Examiner's Office

75. The representations in the forgoing paragraphs of this Complaint are incorporated herein as though fully set forth at length.

76. In performing their responsibilities and duties as described above, Defendants cannot act capriciously or arbitrarily, and their discretion is always subject to review.

77. The Defendants' change of the manner of death for Ellen R. Greenberg in the Certificate of Death dated April 4, 2011 was arbitrary and/or capricious because the selection of "Suicide" (a) is no more compelling than one or more of the other competing manners of death when all the available information is considered under the NAME's Guide and the CDC's Handbook; (b) does not meet the minimum degree of medical certainty necessary to meet the NAME's Guide's standards; and (c) was based on an unlawful delegation by the Defendants of their duties to investigate and determine the manner of Ellen Greenberg's death for purposes of the Certificate of Death.

WHEREFORE, the plaintiffs, Joshua M. Greenberg, DMD, and Sandra Greenberg, as the Administrators of the Estate of Ellen R. Greenberg, deceased, respectfully request that this Honorable Court grant their request for declaratory relief and enter an order declaring the manner of Ellen Greenberg's death to be classified as "Could not be determined," and such other relief as this Court deems warranted.

Respectfully submitted,

LAMB McERLANE PC

BY: /s/ Joseph R. Podraza, Jr.
Joseph R. Podraza, Jr., Esquire
jpodraza@lambmcerlane.com
William H. Trask, Esquire
wtrask@lambmcerlane.com
One South Broad Street – Suite 1500
Philadelphia, PA 19107
(215) 609-3170
(610) 430-8000

Date: October 15, 2019

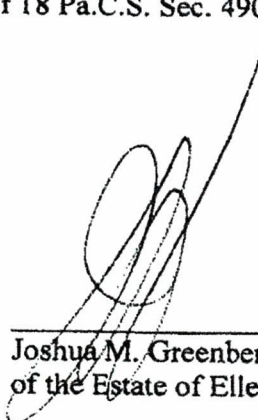
Attorneys for the Plaintiffs

VERIFICATION

I, Joshua M. Greenberg, DMD, am an Administrator of the Estate of Ellen R. Greenberg, a plaintiff in the subject action, and verify that the statements in the foregoing document are true and correct to the best of my knowledge, information, and belief. I do further understand that these statements are made subject to the penalties of 18 Pa.C.S. Sec. 4904, relating to unsworn falsification to authorities.

Date

10/10/10

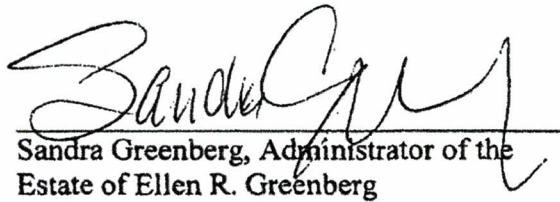

Joshua M. Greenberg, DMD, Administrator
of the Estate of Ellen R. Greenberg

VERIFICATION

I, Sandra Greenberg, am an Administrator of the Estate of Ellen R. Greenberg, a plaintiff in the subject action, and verify that the statements in the foregoing document are true and correct to the best of my knowledge, information, and belief. I do further understand that these statements are made subject to the penalties of 18 Pa.C.S. Sec. 4904, relating to unsworn falsification to authorities.

Date

10/10/19


Sandra Greenberg, Administrator of the
Estate of Ellen R. Greenberg

LAMB McERLANE PC

Joseph R. Podraza, Jr., Esquire (ID No. 53612)
William H. Trask, Esquire (ID No. 318229)
One South Broad Street – Suite 1500
Philadelphia, PA 19107
(215) 609-3170
(610) 430-8000

Attorneys for Plaintiffs

JOSHUA M. GREENBERG, DMD, and	:	IN THE COURT OF COMMON PLEAS
SANDRA GREENBERG, as the	:	PHILADELPHIA COUNTY
Administrators of the Estate of ELLEN	:	
R. GREENBERG, DECEASED,	:	
4408 Saybrook Lane	:	
Harrisburg, PA 17110,	:	CIVIL ACTION
	:	
<i>Plaintiffs,</i>	:	Term:
	:	
v.	:	No.
	:	
MARLON OSBOURNE, M.D.,	:	
5301 SW 31 st Avenue	:	
Fort Lauderdale, FLA 33312,	:	
	:	
-and-	:	
	:	
PHILADELPHIA COUNTY MEDICAL	:	
EXAMINER'S OFFICE,	:	
321 University Avenue	:	
Philadelphia, PA 19104,	:	
	:	
<i>Defendants.</i>	:	

PUBLIC ACCESS POLICY CERTIFICATE OF COMPLIANCE

I hereby certify that this filing complies with the provisions of the *Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of the Appellate and Trial Courts* that require filing confidential information and documents differently than non-confidential information and documents.

LAMB McERLANE PC

By: /s/ Joseph R. Podraza, Jr.
Joseph R. Podraza, Jr., Esquire
jpodraza@lambmcerlane.com

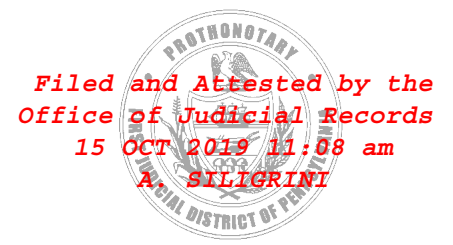


EXHIBIT "A"



City of Philadelphia
Office of the Medical Examiner
321 University Avenue
Philadelphia, PA 19104

Case Number : 11-00420
Date of Death : Jan 26 2011

FINDINGS AND OPINIONS

DECEDENT'S NAME ELLEN R. GREENBERG	AGE 27 Years	RACE White	SEX Female	HEIGHT 5 ft 7 in	WEIGHT 136 lb
PRONOUNCED DEAD BY Medic-5	AT 4601 Flat Rock Rd. Unit 603 Philadelphia PA	DATE & TIME Jan 26 2011 6:40PM			
ID WITNESS NAME Joshua Greenberg	ADDRESS 4408 Saybrook Lane Harrisburg PA	RELATION Father			

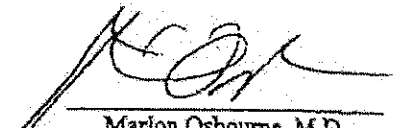
Findings:

- Multiple stab wounds to the chest, abdomen, and back of neck. There is an incised wound to right occipital scalp
 - The wounds are associated injuries to the aortic arch, the upper lobe of the left lung, liver, and the cervical spinal cord at C2-C3 level dorsally
 - There are bilateral hemothoraces, a hemopericardium, a small collection of subarachnoid blood over the vermis and the base of the right cerebellar hemisphere
- The knife (12.5 centimeter blade) is present in one of the chest wound (at a depth of 10 centimeter)
- Multiple contusions on upper and lower extremities in various stages of resolution

Cause of Death: Multiple Stab Wounds

Other Significant Conditions:

Manner of Death: Homicide


Marlon Osbourne, M.D.
Assistant Medical Examiner



City of Philadelphia
Office of the Medical Examiner
321 University Avenue
Philadelphia, PA 19104

Case Number : 11-00420
Date of Death : Jan 26 2011

REPORT OF EXAMINATION

DECEDENT'S NAME

ELLEN R. GREENBERG

An autopsy was performed on the body of the decedent at the Philadelphia Medical Examiner's Office on January 27, 2011. The external examination was started at approximately 9AM. The internal examination was started at approximately 11AM.

Clothing: The clothing that accompanies the decedent consists of grey/purple hooded sweatshirt, grey sweat pants, and brown boots.

EXTERNAL EXAMINATION:

The body is that of a 5 foot 7 inch, 136 pound, white female who appears compatible with reported age of 27 years. The atraumatic scalp is covered by brown hair. The facial bones have no palpable fractures. The irides are brown. The sclerae are white. The conjunctivae have no petechiae. The external auditory meatuses have no discharge. The nares are patent. The nasal bones and nasal septum are intact. The lips are atraumatic. The oral cavity has no injuries. The tongue has no injuries. The teeth are natural and in good repair. The neck is symmetric. The chest is symmetric. The abdomen is flat. The body habitus is mesomorphic. The back is symmetric. The upper and lower extremities have no deformities or fractures. The external genitalia are those of an adult female. The anus and perineum have no trauma or abnormalities.

STAB WOUND "A" OF CHEST:

An elliptical, horizontally oriented 0.4 x 0.2 centimeter stab wound is centered 30 centimeters below the top of the head in the midline of the chest. The medial end of the wound is sharp. The lateral end is blunt. The edges of the wound are smooth. The wound is approximately 0.4 centimeters when reapproximated. The wound extends through the skin of the chest for a depth of 0.2 centimeters.

Associated with the wound track are hemorrhages in the adjacent soft tissues of the chest

The pathway of the wound with the body in the normal anatomic position is front to back.

STAB WOUND "B" OF CHEST:

An elliptical, horizontally oriented 0.3 x 0.1 centimeter stab wound is centered 31 centimeters below the top of the head in the midline of the chest. The ends of the wound are sharp. The edges of the wound are smooth. The wound is approximately 0.3 centimeters when reapproximated. The wound extends through the skin of the chest for a depth of 0.2 centimeters.

Associated with the wound track are hemorrhages in the adjacent soft tissues of the chest

The pathway of the wound with the body in the normal anatomic position is front to back.

STAB WOUND "C" OF CHEST:

An elliptical, obliquely oriented 2 x 0.6 centimeter stab wound is centered 29 centimeters below the top of the head, and 4.5 centimeters to the right of midline. The sharp end is in the 5 o'clock position. The blunt end is in the 10 o'clock position. The edges of the wound are smooth. The wound is approximately 1.7 centimeters when reapproximated. The wound extends through the skin and muscles of the right side of the chest and the right clavicle for a depth of 1.4 centimeters.

Associated with the wound track are hemorrhages in the adjacent soft tissues and muscles of the right side of the chest and beneath the right clavicle.

Case ID: 192001241
Control No.: 21063511

The pathway of the wound with the body in the normal anatomic position is slightly right to left, front to back and slightly upward.

STAB WOUND "D" OF CHEST:

An elliptical, horizontally oriented 0.3 x 0.1 centimeter stab wound is centered 33 centimeters below the top of the head and 2.7 to the right of midline. The ends of the wound are sharp. The edges of the wound are smooth. The wound is approximately 0.3 centimeters when reapproximated. The wound extends through the skin of the chest for a depth of 0.2 centimeters.

Associated with the wound track are hemorrhages in the adjacent soft tissues of the chest

The pathway of the wound with the body in the normal anatomic position is front to back.

STAB WOUND "E" OF CHEST:

An elliptical, horizontally oriented 1.7 x 0.5 centimeter stab wound is centered 33 centimeters below the top of the head, and 2.5 centimeters to the left of midline. The sharp end is in the 3 o'clock position. The blunt end is in the 9 o'clock position. The edges of the wound are smooth. The wound is approximately 1.6 centimeters when reapproximated. The wound extends for a depth of 10 centimeters through the skin and muscles of the left side of the chest, the left second intercostal space, into the superior mediastinum.

Associated with the wound track are hemorrhages in the adjacent soft tissues and muscles of the left side of the chest, creates a 2.4 centimeter incised defect to the aortic arch, and a incises the upper lobe of the left lung. The pericardial sac contains 120 milliliters of liquid and clotted blood. The left pleural cavity contains 600 milliliters of liquid blood. The right pleural cavity contains 500 milliliters of liquid blood.

The pathway of the wound with the body in the normal anatomic position is left to right, front to back and slightly downward.

STAB WOUND "F" OF CHEST:

An elliptical, vertically oriented 0.6 x 0.2 centimeter stab wound is centered 34.5 centimeters below the top of the head and 0.8 to the left of midline. The ends of the wound are sharp. The edges of the wound are smooth. The wound is approximately 0.5 centimeters when reapproximated. The wound extends through the skin of the chest for a depth of 0.2 centimeters.

Associated with the wound track are hemorrhages in the adjacent soft tissues of the chest

The pathway of the wound with the body in the normal anatomic position is front to back.

STAB WOUND "G" OF CHEST:

An elliptical, vertically oriented 0.6 x 0.2 centimeter stab wound is centered 34.5 centimeters below the top of the head in the midline. The ends of the wound are sharp. The edges of the wound are smooth. The wound is approximately 0.5 centimeters when reapproximated. The wound extends through the skin of the chest for a depth of 0.2 centimeters.

Associated with the wound track are hemorrhages in the adjacent soft tissues of the chest

The pathway of the wound with the body in the normal anatomic position is front to back.

STAB WOUND "H" OF CHEST:

An elliptical, vertically oriented 1.5 x 0.5 centimeter stab wound is centered 42 centimeters below the top of the head in the midline. The sharp end is in the 6 o'clock position. The blunt end is in the 12 o'clock position. The edges of the wound are smooth. The wound is approximately 1.5 centimeters when reapproximated. The wound extends for a depth of 4 centimeters through the skin and muscles chest, through the right sixth intercostal space, and 2.3 centimeter into the liver.

Associated with the wound track are hemorrhages in the adjacent soft tissues and muscles of the right side of the chest a 2.3

centimeter deep liver defect, and intraabdominal blood.

The pathway of the wound with the body in the normal anatomic position is slightly left to right, front to back.

STAB WOUND "I" OF ABDOMEN:

An elliptical, vertically oriented 2 x 0.8 centimeter stab wound is centered 46 centimeters below the top of the head in the midline. The sharp end is in the 6 o'clock position. The blunt end is in the 12 o'clock position. The edges of the wound are smooth. The wound is approximately 1.9 centimeters when reapproximated. The wound extends for a depth of 6 centimeters through the skin and muscles of the abdominal wall.

Associated with the wound track are hemorrhages in the adjacent soft tissues and muscles of the abdominal, intramesenteric hemorrhage and intraabdominal blood.

The pathway of the wound with the body in the normal anatomic position is slightly left to right, front to back.

INCISED WOUND "J" OF SCALP:

An obliquely oriented 6.5 x 1.1 centimeter wound is centered 8 centimeters above the right external auditory meatus, and 6 centimeters to the right of midline. The ends of the wound are sharp. The edges of the wound are smooth. The wound is approximately 6.5 centimeters when reapproximated. The wound extends through the skin and the scalp.

STAB WOUND "K" OF NECK:

An elliptical, vertically oriented 2 x 0.2 centimeter stab wound is centered 9 centimeters below the top of the head, and 2 centimeters to the left of midline. A 1 x 0.2 centimeter serrated abrasion is associated with the wound. The ends of the wound are sharp. The edges of the wound are smooth. The wound is approximately 1 centimeter when reapproximated. The 0.3 centimeter deep wound extends through the skin of the posterior neck.

Associated with the wound track are hemorrhages in the adjacent soft tissues of the posterior neck.

The pathway of the wound with the body in the normal anatomic position is slightly left to right, back to front.

STAB WOUND "L" OF NECK:

An elliptical, vertically oriented 1.1 x 0.6 centimeter stab wound is centered 14 centimeters below the top of the head, and 4 centimeters to the left of midline. The ends of the wound are sharp. The edges of the wound are smooth. The wound is approximately 1.1 centimeter when reapproximated. The 0.2 centimeter deep wound extends through the skin of the posterior neck.

Associated with the wound track are hemorrhages in the adjacent soft tissues of the posterior neck.

The pathway of the wound with the body in the normal anatomic position is slightly left to right back to front.

STAB WOUND "M" OF NECK:

An elliptical, vertically oriented 0.2 x 0.1 centimeter stab wound is centered 11 centimeters below the top of the head in the midline. The ends of the wound are sharp. The edges of the wound are smooth. The wound is approximately 0.2 centimeter when reapproximated. The 0.3 centimeter deep wound extends through the skin of the posterior neck.

Associated with the wound track are hemorrhages in the adjacent soft tissues of the posterior neck.

The pathway of the wound with the body in the normal anatomic position is back to front.

STAB WOUND "N" OF NECK:

An elliptical, vertically oriented 1.1 x 0.4 centimeter stab wound is centered 13 centimeters below the top of the head, and 0.5 centimeters to the left of midline. The ends of the wound are sharp. The edges of the wound are smooth. The wound is approximately 1.2 centimeter when reapproximated. The 3 centimeter deep wound extends through the skin and muscles of the posterior neck through the occipital triangle and into the ligamentum nuchae.

Associated with the wound track are hemorrhages in the adjacent soft tissues and muscles of the posterior neck, a defect in the ligamentum nuchae, incises small vessels overlying the cerebellum, creating a subarachnoid hemorrhage over the vermis, the caudal aspect of the right cerebellar hemisphere.

The pathway of the wound with the body in the normal anatomic position is left to right, back to front and upward.

STAB WOUND "O" OF NECK:

An elliptical, horizontally oriented 1.2 x 0.6 centimeter stab wound is centered 14 centimeters below the top of the head, and 6.8 centimeters below the right external auditory meatus. The ends of the wound are sharp. The edges of the wound are smooth. The wound is approximately 1.4 centimeter when reapproximated. The 3 centimeter deep wound extends through the skin and muscles of the posterior neck.

Associated with the wound track are hemorrhages in the adjacent soft tissues and muscles of the posterior neck.

The pathway of the wound with the body in the normal anatomic position is right to left, back to front.

STAB WOUND "P" OF NECK:

An elliptical, vertically oriented 1 x 0.5 centimeter stab wound is centered 13.5 centimeters below the top of the head, and 2 centimeters to the right of midline. The ends of the wound are sharp. The edges of the wound are smooth. The wound is approximately 1 centimeter when reapproximated. The 2.1 centimeter deep wound extends through the skin and muscles of the posterior neck.

Associated with the wound track are hemorrhages in the adjacent soft tissues and muscles of the posterior neck.

The pathway of the wound with the body in the normal anatomic position is right to left, back to front.

STAB WOUND "Q" OF NECK:

An elliptical, vertically oriented 0.6 x 0.3 centimeter stab wound is centered 15 centimeters below the top of the head, and 3 centimeters to the left of midline. The ends of the wound are sharp. The edges of the wound are smooth. The wound is approximately 0.6 centimeters when reapproximated. The 2 centimeter deep wound extends through the skin and muscles of the posterior neck.

Associated with the wound track are hemorrhages in the adjacent soft tissues and muscles of the posterior neck.

The pathway of the wound with the body in the normal anatomic position is slightly left to right, back to front.

STAB WOUND "R" OF NECK:

An elliptical, vertically oriented 0.9 x 0.6 centimeter stab wound is centered 16 centimeters below the top of the head, and 3 centimeters to the left of midline. The ends of the wound are sharp. The edges of the wound are smooth. The wound is approximately 0.9 centimeters when reapproximated. The 1.9 centimeter deep wound extends through the skin and muscles of the posterior neck.

Associated with the wound track are hemorrhages in the adjacent soft tissues and muscles of the posterior neck.

The pathway of the wound with the body in the normal anatomic position is slightly left to right, back to front.

STAB WOUND "S" OF NECK:

An elliptical, vertically oriented 0.5 x 0.1 centimeter stab wound is centered 16.5 centimeters below the top of the head, and 1.1 centimeters to the left of midline. The ends of the wound are sharp. The edges of the wound are smooth. The wound is approximately 0.5 centimeters when reapproximated. The 2.1 centimeter deep wound extends through the skin and muscles of the posterior neck.

Associated with the wound track are hemorrhages in the adjacent soft tissues and muscles of the posterior neck.

The pathway of the wound with the body in the normal anatomic position is slightly left to right, back to front.

STAB WOUND "T" OF NECK:

An elliptical, horizontally oriented 1.5 x 0.3 centimeter stab wound is centered 16.5 centimeters below the top of the head, and 4.5 centimeters to the right of midline. The medial end of the wound is sharp. The lateral end is blunt. The edges of the wound are smooth. The wound is approximately 1.5 centimeters when reapproximated. The 7 centimeter deep wound extends through the skin, and muscles of the back, between the second and third cervical vertebra laterally, and incises the dura covering the subjacent spinal cord.

Associated with the wound track are hemorrhages in the adjacent soft tissues and muscles of the left side of the back, a defect of the dura and focal epidural hemorrhage. Grossly there is bulging of the cervical cord subjacent to the dural defect.

Note: Neuropathologist Dr. Lucy Rouke examined the spinal cord and concluded that there is no defect of the spinal cord.

The pathway of the wound with the body in the normal anatomic position is right to left, back to front.

OTHER INJURIES:

The right upper arm has a round 3 x 4 centimeter contusion. The right forearm has a 3 x 1.5 centimeter area of three round contusions. The right lower quadrant of the abdomen has a 3 x 3.5 centimeter contusion. The right thigh has vertical row of round contusions that are a 2.5 x 3 centimeter, 4.5 x 3 centimeter, and 5 x 6 centimeters. Above the right knee is a 4.5 x 3 centimeter area of three round contusions.

INTERNAL EXAMINATION:

The firm, brown, muscles of the anterior neck, have no hemorrhage or injuries. The adjacent connective tissue and vessels of the anterior aspect of the cervical spine are unremarkable. The clavicles, sternum, and pelvic bones have no fractures. The hyoid bone and thyroid cartilage are intact. The peritoneal cavity has no adhesions. The intrathoracic and intraabdominal organs are in their normal positions.

The smooth epicardium has a normal amount of subepicardial adipose tissue in a normal distribution. The heart is 230 grams. The right coronary artery supplies the posterior interventricular septum. The coronary arteries have no atherosclerosis. The chambers of the heart contain no mural thrombi. The atrioventricular and semilunar valves are normally formed and have no calcifications, nodularity, or vegetations. The coronary arteries arise normally from the sinuses of Valsalva. The firm, red-brown, homogenous myocardium has no areas of fibrosis or necrosis. Injuries to the aorta are as previously described. The aorta arises from its usual position, has a normal branching pattern and no atherosclerosis. The pulmonary arteries have no thromboemboli.

The larynx and trachea have no foreign objects or mucous plugs. The right and left lungs are 220 grams and 200 grams, respectively. Injuries to the right lung are as previously described. The smooth pink-tan to purple visceral pleural surfaces have mild anthracosis. The red-maroon and congested lung parenchyma has no areas of consolidation, granulomata or masses. The tracheobronchial tree has no mucous plugs or foreign objects.

The esophagus has a white-tan, longitudinally folded mucosa and no varices. The empty stomach has a pink smooth serosa. The tan gastric mucosa has rugal folds and no erosions or ulcers. The small and large intestines have tan, smooth serosa and no perforation, obstruction, masses or ischemic injuries. The appendix is normal. The rectum is filled with green stool.

The 1160 gram liver has an intact capsule, red-brown congested parenchyma and no masses or cysts. The gallbladder is empty. The tan, lobulated pancreas has no masses or cysts.

The 100 gram spleen has a lavender intact capsule, red-maroon parenchyma and inconspicuous Malpighian corpuscles. The paraaortic, paratracheal, and mediastinal lymph nodes are inconspicuous.

The right and left kidneys are 110 grams and 140 grams, respectively. The cortical surfaces are smooth. The renal parenchyma has pale cortices and distinct and prominent medullary pyramids. The calyces and pelves are not dilated and have no masses or calculi. The ureters are unobstructed and normal in course and caliber to the urinary bladder. The urinary bladder contains 100 milliliters of yellow urine.

The vagina has a smooth mucosa and no lesions. The cervix is normal. The uterus has a normal shape and normal myometrial thickness. The endometrium is smooth and has no lesions. The ovaries are normal. The fallopian tubes have normal caliber.

The brown, bilobed thyroid gland has no masses or cysts. The parathyroid glands are inconspicuous. The adrenal glands have thin yellow cortices and brown medullae.

The reflected scalp has no subgaleal hemorrhages. The calvarium and skull base are intact. The epidural and subdural spaces have no liquid accumulations. A small amount of subarachnoid blood covers the rostral surface of the vermis, right cerebellar hemisphere, and the basal cisterns. No gross parenchymal defects are identified in these areas. The leptomeninges are thin and translucent. The brain is 1440 grams. The cerebral hemispheres are symmetric. The corpus callosum is intact. The basilar artery, its tributaries and branches have no atherosclerosis or aneurysms. The cingulate gyri, unci and cerebellar tonsils are not herniated.

Marlon Osbourne, M.D.
Assistant Medical Examiner

(End of Report)

Filed and Attested by the
Office of Judicial Records
15 OCT 2019 11:08 am
A. SILIGRINI

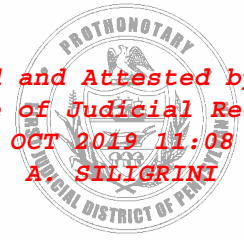


EXHIBIT "B"

WARNING: It is illegal to duplicate this copy by photocopy or printing, etc.



Ann H. Leoney

Certification Number

Date Received

CORONER'S CERTIFICATE OF DEATH

(See instructions and examples on reverse)

Keywords: child abuse; child sexual abuse; child sexual exploitation; child sexual abuse material

[illegible]

0605298

Case ID: 191601241
Control No.: 21063511

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Office of Judicial Records
15 OCT 2019 11:08 am
A. SILIGRINI

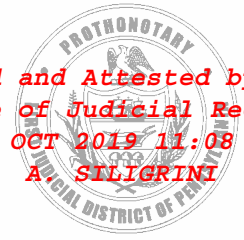


EXHIBIT "C"

This is to certify that this is a true copy of the record which is on file in the Pennsylvania Department of Health, in accordance with the Vital Statistics Law of 1953, as amended.

WARNING: It is illegal to duplicate this copy by photostat or photograph.



Marina O'Reilly Matthew

Marina O'Reilly Matthew
Acting State Registrar

6024329

JUL 21 2011

Date

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS

CORONER'S CERTIFICATE OF DEATH
(See instructions and examples on reverse)

009470

STATE FILE NUMBER

4105.148 REV 11/2006
TYPE: PRINT IN
PERMANENT
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11-00420

Free

1. Name of Decedent (First, middle, last, suffix) ELLEN R. GREENBERG		2. Sex Female	3. Social Security Number	4. Date of Death (Month, day, year) January 26, 2011
5. Age (Last Birthday) 27 yrs	6. Date of Birth (Month, day, year)	7. Birthplace (City and state or foreign country) New York, NY	8a. Place of Death (Check only one) ☐ Inpatient ☐ ER / Outpatient ☐ DCA ☐ Nursing Home ☒ Residence ☐ Other - Specify	
8b. County of Death Philadelphia	8c. City, Boro, Town of Death Philadelphia	8d. Facility Name (If not institution, give street and number) 4601 Flat Rock Rd. Unit 603	9. Was Decedent of Hispanic Origin? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes	10. Race: American Indian, Black, White, etc. (Specify) White
11. Decedent's Usual Occupation (Kind of work done during most of working life. Do not state retired.) Kind of Work: Teacher Kind of Business / Industry: Juniata Academy	12. Was Decedent ever in the U.S. Armed Forces? ☐ Yes ☒ No	13. Decedent's Education (Specify only highest grade completed) Elementary / Secondary (1-12): 12 College (1-4 or 5+): 5+	14. Marital Status: Married, Never Married, Widowed, Divorced (Specify) Never Married	15. Surviving Spouse (If wife, give maiden name)
16. Decedent's Mailing Address (Street, city / town, state, zip code) 4601 Flat Rock Rd. Apt. 603 Philadelphia, PA 19127		17a. Decedent's Actual Residence: 1/a. State: Pennsylvania 1/b. County: Philadelphia		17b. Did Decedent Live in a Township? ☐ Yes ☒ No 17c. Decedent Lived in: Philadelphia City / Boro
18. Father's Name (First, middle, last, suffix) Joshua Martin Greenberg		19. Mother's Name (First, middle, maiden surname) Sandra Rubin		
20a. Informant's Name (Type / Print) Sandra Greenberg		20b. Informant's Mailing Address (Street, city / town, state, zip code) 4408 Saybrook Lane, Harrisburg, PA 17110		
21a. Method of Disposition ☒ Burial ☐ Removal from State ☐ Other - Specify Was Cremation or Donation Authorized by Medical Examiner / Coroner? ☐ Yes ☒ No		21b. Date of Disposition (Month, day, year) 1/28/2011	21c. Place of Disposition (Name of cemetery, crematory or other place) Chisuk Emuna Cemetery	21d. Location (City / town, state, zip code) Harrisburg, PA
22a. Signature of Funeral Service Licensee for person acting as such: <i>[Signature]</i>		22b. License Number FD-013592-L	22c. Name and Address of Facility Hetrick-Bitner Funeral Home 3125 Walnut St. Harrisburg, PA 17109	
23a. To the best of my knowledge, death occurred at the time, date and place stated. (Signature and title) <i>[Signature]</i>		23b. License Number	23c. Date Signed (Month, day, year)	
24. Time of Death 6:40 PM M		25. Date Pronounced Dead (Month, day, year) January 26, 2011		26. Was Case Referred to Medical Examiner / Coroner for a Reason Other than Cremation or Donation? ☒ Yes ☐ No
CAUSE OF DEATH (See instructions and examples) Item 27. Part I: Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Multiple Stab Wounds Due to (or as a consequence of): b. Due to (or as a consequence of): c. Due to (or as a consequence of): d. Part II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I: 28. Did Toxicosis Also Contribute to Death? ☐ Yes ☒ No ☐ Unknown 29. If Female: ☒ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year 30a. Was an Autopsy Performed? ☒ Yes ☐ No 30b. Were Autopsy Findings Available Prior to Completion of Cause of Death? ☒ Yes ☐ No 31. Manner of Death ☐ Natural ☐ Homicide ☐ Accident ☐ Pending investigation ☒ Suicide ☐ Could Not be Determined 32a. Date of Injury (Month, day, year) 1-26-11 32b. Time of Injury Approx. 1650h 32c. Injury at Work? ☐ Yes ☒ No 32d. If Transportation Injury, Specify: ☐ Driver / Operator ☐ Passenger ☐ Pedestrian ☐ Other - Specify 32e. Location of Injury (Street, city / town, state) 4601 Flat Rock Rd., Apt. 603 Philadelphia PA 32f. Kitchen of residence 33a. Certifier (check only one) • Certifying physician (Physician certifying cause of death when another physician has pronounced death and completed item 23) • To the best of my knowledge, death occurred due to the cause(s) and manner as stated. • Pronouncing and certifying physician (Physician both pronouncing death and certifying to cause of death) • To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. • Medical Examiner / Coroner On the basis of examination and / or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 33b. Signature and Title of Certifier <i>[Signature]</i> 33c. License Number 33d. Date Signed (Month, day, year) Apr 04, 2011 34. Name and Address of Person Who Completed Cause of Death (Item 27). Type / Print Marlon Osbourne, M.D. Assistant Medical Examiner 321 University Avenue				
35. Registrar's Signature and District <i>[Signature]</i>		36. Date Filed (Month, day, year) 4-28-2011		

Disposition Permit No. **0605298**

Case ID: 191001241
Control No.: 21063511

Filed and Attested by the
Office of Judicial Records
15 OCT 2019 11:08 am
A. SILIGRINI

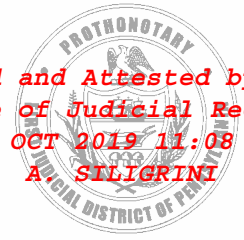


EXHIBIT "D"

LAMB | McERLANE ^{PC}
ATTORNEYS AT LAW

September 3, 2019

Via OVERNIGHT MAIL

Marlon Osbourne, M.D.
Broward County Office of Medical Examiner
5301 SW 31st Avenue
Fort Lauderdale, FLA 33312

Re: Death Investigation of Ellen Greenberg

Dear Dr. Osbourne:

I write in regards to the 2011 death of Ellen Greenberg and your ultimate findings to alert you to a number of questions that cast serious doubt in the minds of various medical and neuropathological experts as to your conclusion that Ellen's cause of death was suicide. In our view, these questions warrant a closer examination of the case, further investigation of the circumstances surrounding her untimely death, and ultimately your voluntary amendment of Ellen's Death Certificate to include a cause of death other than suicide as permitted under Pennsylvania law.

The telling bases for the requested amendment by you of the cause of death listed on Ellen's Death Certificate are discussed below. But before you consider them, please allow me to address a preliminary matter that you are probably thinking: Do I have the authority to amend Ellen's Death Certificate despite my no longer being associated with the Philadelphia Medical Examiner's Office? The answer is, "Yes." Pennsylvania law specifically empowers only you with the continuing authority to amend Ellen's Death Certificate to change the cause of death from suicide to something else despite your no longer acting as a pathologist in Pennsylvania. Moreover, I would be happy to prepare and send to you the documents needed to effectuate the requested amendment. After reviewing the remainder of this letter, I would appreciate if you would notify me of your willingness or unwillingness to amend Ellen's Death Certificate within fourteen (14) days of the date of this letter. I will presume your unwillingness should I receive no response from you within the specified time.

As you read the remainder of this letter, please keep in mind that the Estate of Ellen Greenberg and her family only want to learn the truth surrounding Ellen's death. They believe

the truth cannot be determined absent a more comprehensive investigation into the circumstances surrounding Ellen's death. As a human being, don't you believe that they are entitled to some closure and hopefully peace of mind from Ellen's untimely and unnatural passing?

Experts Unanimously Conclude Ellen's Death Was Not A Suicide

Enclosed are copies of reports by several eminently qualified experts in the fields of medical forensics and neuropathology who have unanimously concluded that Ellen's death could not have been the result of a suicide. Wayne K. Ross, M.D., a well-credentialed, board-certified pathologist who specializes in forensic pathology and neuropathology, conducted his own independent investigation, including a reexamination of Ellen's spinal cord specimen retained by the Medical Examiner's office and concluded beyond a doubt, among other things, that it simply is not possible that all of the wounds suffered by Ellen were self-inflicted. Similarly, Cyril M. Wecht, M.D., also a preeminent forensic pathologist, after conducting his own examination of the complete reports, concluded consistently with Dr. Ross, that not only could this have not been a suicide, but that all pathological indications pointed toward homicide. Henry C. Lee, Ph.D., of the Institute of Forensic Science at the University of New Haven, concluded after reviewing the entire case file that the number and type of wounds inflicted as well as the bloodstain patterns observed, were consistent with the scene of a homicide, not a suicide. Consistent with these findings, as set forth in a March 15, 2019 article published in the *Philadelphia Inquirer*, Guy D'Andrea, a former Philadelphia homicide prosecutor who reviewed the entire case file before leaving the District Attorney's Office, Gregory McDonald, chief deputy coroner for Montgomery County, and Robert D. Keppel, retired chief criminal investigator for the Washington State Attorney General's Office, all determined the physical evidence raised serious questions that undermined a finding of suicide in Ellen's case and, in some cases, warranted a determination of homicide.

As briefly summarized below, the unanimous conclusions of these experts coupled with other serious concerns militating against a finding of suicide, warrant your reconsideration of Ellen's cause of death and ultimately your amendment of her death certificate to reflect a cause of death other than suicide.

Other Material Considerations Warranting the Reconsideration of Ellen's Cause of Death

1. Evidence that two knives were used in Ellen's death

According to Wayne K. Ross, M.D., there is substantial forensic evidence suggesting more than one weapon was used in Ellen's death, although only one was recovered at the scene. Dr. Ross concluded a strong likelihood that two knives -- one serrated, one smooth-bladed -- were used in Ellen's death, although the only knife recovered at the scene was of the serrated variety and found imbedded four inches in Ellen's chest. The import of Dr. Ross' conclusion cannot be overstated. If a second knife was used in Ellen's death but not recovered at the scene,

someone other than Ellen necessarily disposed of it, which alone rules out suicide as a cause of death

2. Studies of the wound pattern suggest not all could have been self-inflicted

According to Dr. Ross, it is very unlikely that several of the wounds suffered by Ellen could have been administered by Ellen herself, and categorically impossible for all of the wounds to have been self-inflicted. The cumulative effect of the wounds suggest that before the final stab was administered to Ellen's chest, she would have been rendered physically incapable of inflicting more wounds. Ellen suffered a significant wound at the base of her skull that penetrated her brain by several centimeters. This particular wound resulted from an upward strike to the base of the skull that would have been difficult, if not impossible, for an individual to inflict on herself. Moreover, Dr. Ross conducted a forensic examination of a preserved sample of spinal tissue and concluded that the injury inflicted on the nervous system by this blow would have rendered Ellen incapacitated and incapable of performing further harm, including the final stab-wound to the chest. Finally, Dr. Ross' position is credibly supported by the recreation report of this matter also included with the enclosed materials.

3. Questions concerning the involvement of Dr. Lucy Rorke-Adams

Although the police investigators relied heavily on the conclusions of Lucy Rorke-Adams, M.D., in justifying their findings of suicide, serious questions have arisen regarding Dr. Rorke-Adams' involvement. According to the police investigators, when confronted with questions arising from the irregular wound pattern, particularly the above frequency and severity of certain injuries preceding the final chest wound, but determined to find a medical explanation consistent with a finding of suicide, investigators reached out to Dr. Rorke-Adams, a neuropathologist with whom the Philadelphia Police and Medical Examiner's Office consulted from time to time. According to the report, Dr. Rorke-Adams concluded after conducting an examination of the spinal tissue that the damage inflicted at the base of the skull to the brain and spine could have resulted in Ellen becoming numb to the pain of the subsequent stab wounds while leaving her still sufficiently ambulatory to inflict those further wounds. But there is no evidence that Dr. Rorke-Adams ever conducted any examination of Ellen's spinal tissue. She never issued a report, was never paid for her services, and although there are records of Dr. Rorke-Adams performing examinations on the days preceding and following the date of her alleged examination of Ellen's spinal tissue, there are no records that she performed any work for the City of Philadelphia on the date noted in the report. Furthermore, Dr. Rorke-Adams has no recollection of consulting with the Police Department or ME's office on that date, and there is no corroborating record of her being picked up and brought to the ME's office as the reports suggest. In fact, in interviews with the *Philadelphia Inquirer*, Dr. Rorke-Adams claimed to have no recollection of the case at all and further stated the lack of any invoice or report of her findings confirms that she had no involvement in the case.

Dr. Rorke-Adams' involvement is crucial as her medical conclusion is a necessary element in the ultimate suicide finding, for without any explanation as to how it was physiologically possible for Ellen to inflict further wounds to her own person after suffering a blow that substantially severed her spinal cord, the ultimate finding of suicide would have been impossible.

4. Blood pattern evidence suggests Ellen's body was moved or repositioned

Upon review of the crime scene photographs and other evidence, the independent experts have concluded that Ellen was lying down and later moved into the sitting position in which she was discovered by investigators. For example, clear from the photographs of the scene is a trail of blood running horizontally, parallel to the floor, along the side of Ellen's face, which Detective Scott Felman concluded defies the laws of gravity and suggests Ellen was moved from the original position she had been in when the blood dried. Detective Felman, a specialist in crime scene reconstruction who regularly pairs with Dr. Ross, also analyzed the bloodstains on Ellen's sweatpants, sweatshirt and shoes and found other evidence consistent with her being moved or repositioned postmortem, concluding that she had been in a position different from that in which she was found at the time the blood was deposited on her sweatpants, sweatshirt and shoes. He further concluded that Ellen's head had been in several positions during the time of blood flow and for long enough as to have the blood flow across her face and back toward her ear, upward toward her eyes and also downward toward her chin in a manner that is inconsistent with the position in which Ellen was found by investigators.

5. Knife block suggests altercation

The condition of the crime scene raised serious questions for the independent experts that, for these experts, support a finding of homicide rather than suicide. Among these questionable conditions, the heavy knife block from which at least one weapon was retrieved was found laying on its side, pulled over with sufficient force to have knocked two of the knives stored therein across the counter and into the sink. The condition of the knife block and knives is consistent with someone grabbing a knife quickly and forcefully as if in the midst of an altercation with another individual rather than that of a person who, alone in the kitchen, pulled a knife out for use, at least initially, for the preparation of a fruit salad.

6. Ellen's behavior that day is not consistent with suicide

Events leading up to Ellen's death are also inconsistent with suicide. After leaving work early that day due to the snow storm, Ellen filled her car's empty gas tank. Also, Ellen was halfway through preparing a fruit salad, which was left unfinished on the counter as seen in the photographs of the scene. In addition, Ellen's treating psychiatrist, Ellen Berman, M.D., is firm Ellen was not suicidal. Finally, all the wounds to Ellen's chest and abdomen were inflicted through her clothing, which as the investigators concluded, is highly unusual in cases of suicide.

In nearly all documented cases, an individual will lift his or her clothing and stab directly into the skin. As the independent experts have indicated, Ellen's behavior is not consistent with someone preparing to commit suicide and when considered in light of the other serious questions surrounding her death, suggest another explanation.

Facts Suggested to Support a Finding of Suicide Are Inconclusive/Require Further Investigation

1. Door locked from the inside

That the door was locked from the inside with the safety bar engaged was the principal factor in concluding that Ellen's death was a suicide. Indeed, this factor was so critical in the minds of the original investigators, the remainder of the investigation seemed an exercise in uncovering explanations, no matter how unlikely, to justify that initial prejudgment. But that the door was locked from the inside at the time of Ellen's death was merely accepted and was never itself properly tested. As noted in the expert reports and visible in the photographs of the apartment, the safety bar remained intact and undamaged, and, although disengaged, was still attached, albeit loosely, to the door and doorframe, respectively. Had the door been forced open from the outside without first disengaging the safety bar as the investigators concluded, at least one of its ends would necessarily have been ripped from its screws in either the door or the doorframe. Tests performed by one investigator using an identical mechanism repeatedly confirmed this. Contrarywise, the damaged but functional safety bar depicted in the photograph was consistent with the application of force to the door, but not entry, as if the door had been pulled from the inside causing the damage seen in the photographs and then manually disengaged.

Although a forced entry was reported by Ellen's fiancé, who told the police investigators that, upon finding the safety bar engaged and Ellen not responding to his text messages, he kicked the door open in the presence of a member of the building's security, the member of the security staff allegedly present when Ellen's fiancé kicked the door is firm that he was not present as alleged.

2. Lack of defensive wounds

Another of the factors cited in support of the finding of suicide was the lack of defensive wounds on Ellen's hands and arms, which would be expected on the victim of a knife attack of this nature. However, as Dr. Ross explained in his report, the stab wound inflicted upward at the base of Ellen's skull to her spine and brain would have been incapacitating and made further resistance impossible. Moreover, Dr. Ross did find evidence of fresh bruises and a fingernail imprint on Ellen's neck, suggesting she may have been physically overwhelmed and rendered defenseless by her attacker at the outset of the altercation, further explaining the lack of defensive wounds customary in knife attacks. Moreover, a lack of defensive wounds is not

Dr. Osbourne
September 3, 2019
Page 6 of 6

unheard of in these instances, particularly when the victim is attacked quickly so as not to be able to defend herself, the proverbial "blitz attack."

3. Mental state

Ellen had obtained treatment for her anxiety in the weeks preceding her death, and there is no indication from her therapist or elsewhere that Ellen had exhibited a predisposition toward self-harm or that she entertained any suicidal ideations at any time. In fact, Dr. Berman maintains Ellen did not exhibit any indications of suicidal ideation while under her professional care. Prescribed Klonopin for her anxiety, the toxicology screens showed levels in her system that were consistent with the prescribed dosage and that Ellen was using the medication as directed.

Conclusion

This is a case that requires a closer examination and more thorough investigation, which can only be accomplished by your amending Ellen's Death Certificate to reflect a cause of death other than suicide. A conclusion of suicide is simply not supported by the evidence and, in light of the facts and circumstances raised by independent experts, constitutes a capricious exercise of discretion.

Thank you for your prompt attention to this matter. Ellen's Estate, her family, and I strongly urge you to agree to amend her Death Certificate to enable her to receive justice. I look forward to hearing from you.

Respectfully yours,


JOSEPH R. PODRAZA, JR.

JRP/psk
Encls.

cc: Dr. Joshua Greenberg

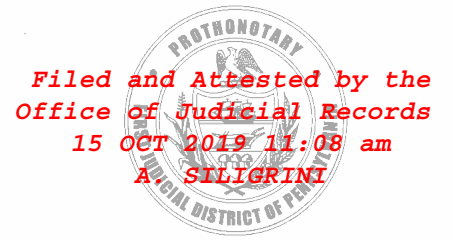


EXHIBIT "E"

WAYNE K. ROSS, M.D., P.C.
Specializing in Forensic and Neuropathology

David Skinner, *Office Manager*
P.O. BOX 774
Uwchland PA 19480
(717) 481-8510 (P)

October 18, 2016

Thomas P. Brennan Jr., Consultant
Criminal Investigative Analysis
1409 Regency Circle
Harrisburg, Pennsylvania 17110

Re: C16-119 Greenberg, Ellen

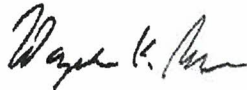
Dear Mr. Brennan,

At your request, I reviewed materials pertaining to the death of Ellen Greenberg who was found dead in her apartment in Philadelphia after sustaining multiple stab wounds. The knife was still in her chest. In addition, blood stain evidence was observed around the body in the kitchen. The door entrance locking mechanism/door was damaged.

The autopsy was performed by the Philadelphia Medical Examiner. The cause of death was multiple stab wounds and the original manner of death was a homicide. Later, the medical examiner changed the manner of death to suicide.

It is my opinion that the investigating authorities should pursue this case as a homicide. It is further my opinion to a reasonable degree of medical certainty that the manner of death is a homicide.

Sincerely,



Dr Wayne Ross

Wayne K. Ross MD, PC
101 Fellowship Rd. #774
Uwchland, PA 19480
PH: 717-481-8510
waynekross12@gmail.com

WAYNE K. ROSS, M.D., P.C.
Specializing in Forensic and Neuropathology
101 Fellowship Rd #774 | Uwchland, PA 19480 | (717) 481-8510

David Skinner, *Office Manager*

January 10, 2017

Thomas P. Brennan Jr., Consultant
Criminal Investigative Analysis
1409 Regency Circle
Harrisburg, Pennsylvania 17110

RE: Greenberg, Ellen (C16- 119)

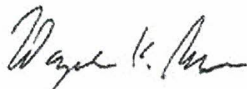
MATERIALS RECEIVED:

- Inspection Date of Organ Tissue- August 3rd 2016
- Scene Photographs
- Autopsy Report
- Autopsy Photographs

After review of the above information, I can offer the following opinions to a reasonable degree of medical certainty:

1. There was evidence of a stab wound which penetrated the cranial cavity and severed the cranial nerves and brain. As a result she would experience severe pain, cranial nerve dysfunction and traumatic brain signs and symptoms including numbness, tingling, irregular heartbeat and bradycardia, respiratory depression, neurogenic shock and impaired/loss of consciousness.
2. There was evidence of strangulation. There was a mark over the front of the neck which was consistent with a fingernail mark. There were multiple bruises under the neck and in the strap muscles over the right side of the neck. The patterns were compatible with a manual strangulation.
3. There were multiple bruises over the body some of which were fresh, many of which were older. The patterns were consistent with a repeated beating.
4. The scene findings were indicative of a homicide.

Should further information become available, we reserve the right to amend this report at that time.



Wayne K. Ross, M.D.

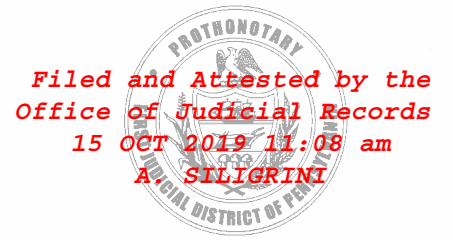


EXHIBIT "F"

CYRIL H. WECHT, M.D., J.D.
1119 PENN AVENUE
SUITE 404
PITTSBURGH, PENNSYLVANIA 15222
(412) 281-9090
FAX (412) 281-3850
EMAIL chwechtefyi.net

FORENSIC PATHOLOGY
LEGAL MEDICINE

January 11, 2012

Dr. Joshua Greenberg
4408 Saybrook Lane
Harrisburg, PA 17110

Re: Ellen Greenberg, Deceased

Dear Dr. Greenberg:

Pursuant to your request, I have reviewed all the records and materials pertaining to the death of your daughter.

CLINICAL SUMMARY

Ms. Ellen Greenberg, 27 years old, was found dead by her fiancé, Mr. Samuel Goldberg, in their locked apartment on January 26, 2011. Mr. Goldberg reported that he had left their apartment for the gym in their apartment building at 16:45 that afternoon and returned between 17:15 to 17:30. He stated that he tried to contact the decedent via text message, telephone and email for approximately one hour in attempting to get back in, but he got no response (confirmed by incoming texts and email in decedent's cell phone between 1732 and 1754).

The 911 call was made at 1833. The solid bar door guard was broken (consistent with Mr. Goldberg's report of forcing in the door). An apartment security man was reportedly present during Mr. Goldberg's entry. He was briefly instructed to start CPR until he noticed a knife in her chest and was instructed to stop. Medics pronounced death at 1840.

There was no evidence of a struggle. Valuables were present and nothing was missing in the apartment. The decedent was found supine in the kitchen, her head and upper body resting against the lower half of the kitchen cabinets. Blood was present on the head, in the hair and on the neck. Multiple chest wounds were observed. A knife was embedded in her left chest. It was a

Dr. Joshua Greenberg
January 11, 2012
Page 2

single edged serrated blade approximately 12.5 cm in length and 1.5 cm wide with a handle approximately 12.5 cm in length. The right hand with blood in it was closed in a loose fist. There was no note or anything to indicate suicide on the computers or in the rest of the well kept apartment. The last outgoing call in the decedent's cell phone was for 30 seconds on 1/26/11 at 1433. The recipient of the telephone call was not identified.

The decedent was clothed in a T-shirt, sweat pants, underwear, a zippered shirt and UGG boots. Blood was present on the head, in the hair, on the front side of the shirts, on the front of her pants and on the top of both boots. A pair of eyeglasses was on the floor to her right. A white towel was grasped in her left hand. It is not known if there was blood on the towel. A hair tie "scrunchie" was on her right wrist.

The decedent was in a committed relationship with Sam Goldberg. They had been together for 3 years, and were recently engaged. Her parents had no reservations about their relationship. There is no knowledge of any verbal or physical abuse. No report of a detailed interrogation of the fiancé is available. (How did the decedent behave before Mr. Goldberg went to the gym only 30 minutes earlier? Her mother stated that when she spoke with the decedent that morning, they "had a pleasant conversation. She gave no indication that something was imminently wrong.")

Her mother knew that her daughter was "struggling with something". Ms. Greenberg was seeing a psychiatrist, Dr. Ellen Berman. Ms. Greenberg visited the psychiatrist on January 12, 17 and 19. She was upset and stressed about her job as a school teacher for the District of Philadelphia, where she had been employed for three years. She had expressed that she was overwhelmed with her classroom work. She had been prescribed Zoloft first, then switched to a low dose of Xanax. After no success, the doctor prescribed Ambien and Klonopin. On January 17, it was specifically noted by the psychiatrist: "she starts thinking about everything else - not suicidal." On January 19, Dr. Berman noted: "way better". Ms. Greenberg denied any verbal or physical confrontations with her fiancé.

Also reviewed is diary-like emailed account (imgperio@gmail.com). Ms. Ellen Greenberg reportedly responded to this close friend's text on January 26 about 12 pm saying "yah, you are getting out early" (Philadelphia schools were getting out early on account of the snow storm). Ms. Greenberg's response was "Thank Goodness".

This same friend went to Ms. Greenberg's apartment with Mr. and Mrs. Greenberg about a month after her death. She narrates that Mrs. Greenberg found blood on the bathroom floor near the gym, recalling that her daughter's fiancé was in the gym on the day of her friend's death. They notified the police, who came to take samples on the floor at the apartment where they "smelled marijuana". Dr. Greenberg, the decedent's father, apparently told the police that Mr. Sam Goldberg "smoked a lot and that police had found marijuana and paraphernalia in the

apartment" the night of Ms. Greenberg's death. (Ms. Ellen Greenberg was suggested to have known her fiancé engaged in this drug usage, but she did not participate in such activity.)

As published in newspapers on February 1, 2011, "the Medical Examiner's Office ruled the death as a homicide", based on the Philadelphia Police Department's announcement on January 28. A few days later, the Police Department backed away, making a statement that the case had not been ruled a homicide and was being investigated as "suspicious". However, on February 18, 2011, the police retracted their original ruling, and officially declared that the death of Ellen Greenberg had been ruled a suicide.

Philadelphia City Assistant Medical Examiner Marlon Osbourne, M.D., listed "multiple stab wounds" as the cause of death. The manner was ruled to be suicide.

There were multiple stab wounds to the chest (8), abdomen (1), back of neck (10) and scalp (1). A knife with a 12.5 cm blade was present in the 10 cm. deep chest wound. There were injuries to the aortic arch, the left upper lung lobe, liver and dorsal cervical spinal cord at C2-C3. There were associated bilateral hemothorax and hemopericardium. The wounds were listed as follows:

Chest: (8 wounds)

- A. Front to back (0.2 cm deep) midline
- B. Front to back (0.2 cm deep) midline
- C. Right to left (1.4 cm deep) right chest, front to back, slightly upward
- D. Front to back (2.7 cm right of midline, 0.2 cm deep) front to back
- E. Left to right, front to back and slightly downward, (horizontal, 10 cm deep left 2nd ICS, sharp end @ 3:00, blunt end @ 9:00 superior mediastinum, aortic arch, left upper lung lobe, 600 cc left pleural hemothorax, 500 cc right pleural hemothorax, 120 cc hemopericardium
- F. Front to back (0.2 cm deep)
- G. Front to back (0.2 cm)
- H. Front to back, slightly left to right (4 cm deep, vertical blunt end @ 12:00, sharp end @ 6:00 through right 6th ICS

Abdomen (1)

- I. Front to back, slightly left to right (6 cm deep)

Head (1)

J. Right occipital scalp (8 cm above right external auditory meatus

Neck (10 wounds)

- K. Back to front, slightly left to right (0.3 cm deep) vertical**
- L. Back to front, slightly left to right (0.2 cm deep) vertical**
- M. Back to front (0.3 cm deep) vertical**
- N. Back to front (8 cm deep) through occipital triangle into ligamentum nuchae, small vessels overlying cerebellum, subarachnoid over vermis, caudal right cerebellar hemisphere**
- O. Back to front (3 cm deep), horizontal right to left**
- P. Back to front, (2.1 cm deep), vertical right to left**
- Q. Back to front (2 cm deep) vertical, slightly left to right**
- R. Back to front (1.9 cm deep), vertical slightly left to right**
- S. Back to front (2.1 cm deep) vertical left of midline slightly left to right**
- T. Back to front (7 cm deep) horizontal between 2nd and 3rd cervical vertebrae, incising dura over spinal cord right to left – 4.5 cm right of midline : no defect in spinal cord**

Multiple contusions "in various stages of resolution" were present on the upper and lower extremities: right upper arm, right forearm (3), right lower abdomen, right thigh (round contusions in a vertical row) and above the right knee (3).

223 color photographs at the scene and at autopsy have been submitted. No toxicology reports are found in the materials submitted. (Reportedly, the tests were negative.) Ms. Greenberg had seen psychiatrist Dr. Ellen Berman. Her handwritten notes from three patient visits have been reviewed. There had not been any summary of a detailed interrogation of the fiancé.

MEDICOLEGAL QUESTION

What was the most likely manner of death?

Suicidal stab wounds can rarely be multiple. Suicides by stabbing are becoming less frequent, with simpler choices being drugs, hanging, or gunshot. Cutting of the wrist and throat is often associated with suicide, whereas stab wounds to the back are unlikely to be suicide.

A murder usually involves multiple stab wounds to the side, back or stomach. In a suicide, there may be additional cuts across the wrist, or tentative stabbings to see if it will hurt, or to work up courage. Then there will usually only be one wound and most likely in the chest.

Dr. Joshua Greenberg
January 11, 2012
Page 5

The multiple stab wounds to the back of the upper neck and lower head found at autopsy were unlikely suicidal stab wounds especially the different directions that K, L, Q, R and S with vertical direction left to right, straight vertical of M, N and T, and, right to left horizontal, O and vertical P.

The locations of the stab wounds high up the back of neck and lower back of head are also unlikely for self-inflicted wounds.

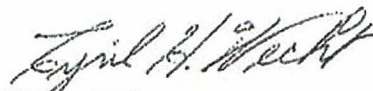
A suicide victim will frequently leave a note. There was none. There was also no indication that the decedent was suicidal from the standpoint of her own family, friends, professional associates and the psychiatrist who had evaluated her. There had not been any indication that she had the intention to commit suicide, or was depressed during the day she was found dead. She seemed her usual self in the morning when she had a telephone conversation with her mother, and later at mid-day during her texting with a friend at approximately noon. It would be important to find out from the fiancé how she behaved barely half an hour before, when he left their apartment as he claimed.

A suicide victim will rarely stab herself through her clothing. Instead, she will open her shirt to expose the skin. Stabbing through clothing may indicate homicide. It is not known if fingerprints on the knife were taken and examined.

OPINION

Following the review of all submitted documents, the results of the autopsy and the accounts from the investigation, based upon reasonable degree of medical certainty, it is my professional opinion that the manner of the death of Ellen Greenberg is strongly suspicious of homicide.

Very truly yours,



Cyril H. Wecht, M.D., J.D.

CHW/srw

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15 OCT 2019 11:08 am
A. SILIGRINI

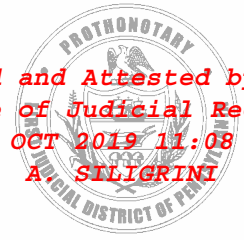


EXHIBIT "G"



January 29, 2018

Mr. Thomas P. Brennan, Jr.
Criminal Investigative Analysis



Re: Decedent- Ellen R. Greenberg

Items reviewed:

1. Case reports
2. Photographs

Submitted by: Thomas P. Brennan Jr.
Harrisburg, Pennsylvania

After review of the photographs and reports sent to the Henry Lee Institute of Forensic Science, the following were observed.

1. Photo #1 shows a view of the door leading into the residence with security lock visible. Some damage appears to be in the area of this lock in the close-up photograph. There does not appear to be damage to the doorjamb or evidence of break-in at the dead bolt lock from the other side of the door.

A person can be seen on the floor, in the corner of the kitchen cabinets.
2. The view of the decedent in Photo #2 shows a female on the kitchen floor with her head and shoulders against the corner cabinets near the stove and sink. A pair of glasses are on the floor to the decedent's right hand. Blood-like stains are seen on the floor and on the woman's clothing. A white towel is in her left hand. Several blood-like stains appear to be on the kitchen counter near the sink.

3. A close-up view of the decedent's head and shoulders is seen in photo #3 shows a knife in her left upper chest. There are blood-like stains on the knife, her face and her clothes. There appear to be several cuts on her head. The blood is flowing in different directions on her face. This could mean that she moved after receiving the initial bleeding injuries to her head. The location of several of the wounds would be a difficult position for her to cause these wounds.
4. The decedent's upper body and the cabinets behind her are shown in Photograph #4. Swipe-type patterns can be seen on the cabinet corner area. There are also some blood spatter patterns and a blood dripping in a downward direction on the cabinet to her right. These stains indicate that the decedent received some of her wounds while she was above the level of the stains. The swipe patterns are consistent with having been formed when she fell to the floor.
5. Photograph #5 shows her middle torso and lower arms. There are at least 300 400 blood drops on her upper thighs and waist area. These stains are consistent with vertical blood drops, formed when blood fell from her wounds onto this area while she was in a sitting position. There is also blood on the floor between her legs. Based on the appearance of the bloodstains and their locations, these are consistent with the knife being inserted at the area where she was found. She later fell onto the floor with the dripping wounds over her legs.

Some blood-like stains are seen on her right hand. No defensive-type wounds can be seen.

6. The decedent's lower extremities are shown in photograph #6. Multiple blood drops are seen on the upper legs, with additional drops noted on the lower legs and on the boot tops. A closer view of the left boot (photograph #7) shows several vertical blood drops on the boot top and the sides of the boot sole. Some of these stains appear to be the result of vertical blood drops. Based on the number and distribution of the drops, these stains are consistent with having been from her initial injuries. If the decedent had received a massive injury while upright, the number of stains should have been greater.
7. The decedent's right hand and the area around her right hand is shown in photograph #8. There is a blood smear on her right hand. A few blood drops can be seen on the floor, which may indicate that she was upright for some of her injuries. There is no indication of cleaning in this area.
8. Photograph #9 is a closer view of the bloodstains on the cabinet doors near the decedent's head. Several bloodstains can be seen that are dripping downward, further indicating that she was upright when she received some of her wounds. A small amount of cast-off type bloodstains are also seen in this area of the cabinets, indicating a downward direction.
9. Photograph #10 is a close-up picture of reddish-colored stains on the counter. It is unknown if this stain is in fact blood; if, however, it is blood, it is consistent with a blood drop with some spatter. This would be further indication that the decedent was upright when she received some of her injuries, and then subsequently fell to the floor, leaning back against the cabinet.

10. Photograph #11 shows the inside of the sink in the kitchen. Two knives and a wash brush are in the sink. Other photographs (See photograph #12) show cut fruit and other knives on the kitchen counter.

11. Review of the medical examiner findings showed that the decedent received multiple stab wounds to the chest, abdomen, neck and scalp. Multiple contusions / bruising were noted at various locations on her upper and lower extremities. These bruises were apparently in various stages of healing.

Summary of findings:

After review of the reports and the photographs, the kitchen area where the decedent was found is consistent with the primary, indoor scene. Assuming that all of the blood noted was the decedent's blood, the bloodstain patterns indicate that she was in a standing position when she received her initial injuries, which caused the blood dripping on the kitchen sink, counter, cabinet and drops on the floor. Subsequently, she was on the floor with her head leaning forward, producing all of the blood drops that fell onto her pants and between her legs.

Two separate contact stains were found on the cabinet near her: one stain was consistent with a wipe from right to left; the second was consistent with a hair swipe, indicating her hair with blood from her head injury, came in contact with the cabinet in a downward direction.

The stab wounds noted in the photographs are consistent with being caused by a knife, but there is no indication of the length or width of the knife, except for the wound in which the knife was embedded to the handle. The decedent received additional wounds to her neck and head that were not clear in the scene photographs. Therefore, it is not possible to make additional observations on those patterns at this time.

The number and type of wounds and bloodstain patterns observed are consistent with a homicide scene.



Elaine M. Pagliaro, MS, JD



Henry C. Lee, PhD

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15 OCT 2019 11:08 am
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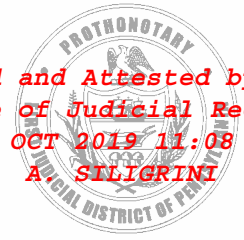


EXHIBIT "H"

Detective Scott Eelman
*Specializing in Crime Scene Reconstruction,
Evidence Processing and Management*

101 Ironstone Drive
Lititz, PA 17543
(717) 278-3263

**ATTORNEY WORK PRODUCT
PERSONAL AND CONFIDENTIAL**

April 14, 2017

RE: Ellen R. Greenberg (Case #17-001)

INFORMATION:

I was contacted by Dr. Wayne K. Ross who asked that I review a case for him to perform a crime scene reconstruction. Dr. Ross provided the below listed items for my review.

MATERIALS RECEIVED:

1. Autopsy photos
2. Crime scene photos taken by the Philadelphia Medical Examiner's Office
3. Philadelphia Medical Examiner's report
4. Philadelphia Medical Examiner's Office Investigator report
5. Expert report of Dr. Cyril Wecht, M.D.

ANALYSIS OF INFORMATION:

Ellen R. Greenberg was a 27-year-old female found deceased in an apartment she shared with her fiancé, Samuel Goldberg. According to the Medical Examiner's Investigator's report, Mr. Goldberg reported that he left Ms. Greenberg in the apartment by herself when he went to the gym at approximately 1645 hours. He indicated that he returned approximately 30 - 45 minutes later and found the apartment door locked. Mr. Goldberg stated he used his key to attempt entry but found that the security latch had been engaged and he was unable to enter. He waited approximately 1 hour prior to forcing entry to the apartment. Mr. Goldberg indicated an apartment building security person was present at the time he forced entry.

The photographs of the crime scene depict Ms. Greenberg seated on the kitchen floor against the corner cabinet. She is found slumped downward resting on her buttocks and lower back. Her arms are extended parallel to her upper body with both hands rotated slightly inward from the anatomical position. A white in color towel is noted clenched in her left hand which is also extended toward her feet. Her legs are extended with her feet rotated outward. She is wearing a pair of light brown/tan in color Ugg boots, a pair of gray in color sweatpants tucked into the boots, a dark gray in color zip-up sweatshirt and a dark gray in color T-shirt underneath of the sweatshirt. Her head is noted to be turned to the right and tilted slightly forward with her chin resting on her right shoulder and the right side of her head resting against the cabinet face.

The handle of a knife is present protruding from the upper left chest of Ms. Greenberg. Bloodstains are noted on the sweatshirt, sweatpants, boots, hands and face of Ms. Greenberg. Bloodstains are also noted on the floor immediately adjacent to her body and the cabinet faces adjacent to her body. Two large knives are noted in the right side of the double sink. A kitchen knife block is noted on the counter in the corner. The knife block is overturned and two empty spaces are observed. A pair of eyeglasses is noted on the floor near her right hand. A "scrunchy" type elastic hair tie is noted around the right wrist.

The boots show small circular and elliptical bloodstains to the top portion of the foot of the boots; with the left boot displaying a greater number of stains than the right. The left shows circular bloodstains on the upward facing aspects of the boots with the elliptical shaped stains following the contour of the boot along the toe and insole areas and associated satellite stains. The left boot shows only five or six circular and elliptical bloodstains. The circular bloodstains are along the upward facing aspect of the boot with the elliptical shaped stains following the contour of the boot along the insole area. No overt bloodstains are noted to the upper portions of either of the boots or the back of the boots. The sole of the right boot does show some evidence of bloodstains but none of the photographs depict enough of the sole of the boot for thorough evaluation. The sole of the left boot cannot be thoroughly evaluated in these photographs.

The bloodstains on the sweatpants show primarily circular and elliptical shaped bloodstains to the front portions of the upper pant legs. There are no obvious bloodstains noted to the lower pant legs below the knees. The left pant leg shows a larger number of circular bloodstains with associated wicking due to the nature of the cloth material of the sweatpants. The circular bloodstains are larger than those visible on the boots. The right pant leg shows a lesser number of circular bloodstains with associated wicking. Some transfer stains are noted to the anterior portion of the upper pant leg. A void area is noted to the upper leg/lower pelvis area of the sweatpants into the crotch portion of the sweatpants. Circular and elliptical bloodstains are noted covering the outer portions of the anterior hip region of the sweatpants. The lower portion of the gray T-shirt is observed covering the upper portion of the sweatpants. Circular/elliptical shaped bloodstains are noted to the lower margin of the T-shirt in this region. A void area is observed from the upper portion of these bloodstains along the lower margin up to the lower margin of the sweatshirt where it covers the T-shirt. Multiple circular and elliptical bloodstains are noted on the anterior portion of the sweatshirt covering the front pocket area with associated wicking more so in the area of the zipper. Some circular and elliptical bloodstains are noted alongside the zipper above this area in the area of the lower rib margin and epigastric region. Void patterns are noted to the front of the sweatshirt beneath the area of both breasts. Elongated elliptical and flow pattern bloodstains are noted to the upper portion of the sweatshirt overlying both breasts; more so on the right than the left. A void pattern is noted overlying the left upper breast region of the sweatshirt. The cloth along the zipper shows clear wicking of blood from the lower rib margin area continuously to its termination at the top of the sweatshirt. No obvious bloodstains are observed to the left upper shoulder, left arm or the left side of the attached hood of the sweatshirt. Multiple circular and elliptical shaped bloodstains and flow pattern bloodstains are noted to the right upper arm region of the sweatshirt. A few circular and elliptical bloodstains are noted to the right lower sleeve of the sweatshirt.

The floor area to the right of Ms. Greenberg shows a few small circular bloodstains. The towel in her left hand shows only a singular bloodstain to the lower portion and a reddish/pink colored area near her left hand. No obvious bloodstains are noted to her left hand. A singular elliptical shaped bloodstain is noted on a cabinet face to the right of the stove.

The floor surface between the legs of Ms. Greenberg showed numerous circular and elliptical bloodstains between her upper legs. There is also evidence of diluted pooled blood between her upper thighs in the crotch area. Dark staining, presumed to be urine, is noted from the crotch area of the sweatpants and upper thighs. No overt bloodstains are noted between the lower legs. There is a collection of dark colored longer hairs noted on the floor between the lower legs of Ms. Greenberg.

The floor area to the left of Ms. Greenberg's right leg and arm shows several bloodstain patterns. Several small circular bloodstains are noted on the floor in the area of the eyeglasses. The arms of the eyeglasses are extended. The frames are dark in color thus making any determination of bloodstains on the frames

more difficult. There is a reddish/pink colored discoloration noted to the right lens of the eyeglasses which may represent blood. A larger patterned bloodstain is noted between the eyeglasses and Ms. Greenberg right hand. There is also a defined edge noted to the bloodstain. The lower edge of the bloodstained towards Ms. Greenberg's feet shows a defined edge and some diluted/alterd bloodstain.

The cabinet door face beneath the right side of the double sink shows two distinct bloodstain patterns. There are series of five bloodstains in a linear pattern from lower left upper right. Three of these bloodstains are larger in volume than the subsequent two. The angle of these bloodstains is primarily downward at a relatively low angle. The second set of bloodstains is noted in the upper right corner of the cabinet face. These bloodstains have a slight left to right directionality are primarily downward.

The corner cabinet has two faces to the cabinet door. The face beneath the sink side of the counter shows three sets of distinct swipe patterns. The first set is toward the top left corner of the cabinet under the handle and has a horizontal motion toward the corner of the cabinet. The second set appears below into the right of the first and has a more downward motion with slight motion toward the corner the cabinet. The third set is below the first along the leading edge of the cabinet face. It is a lighter swipe pattern and has a horizontal motion. A small transfer pattern is noted between the first and third swipe patterns. The adjacent face of the corner cabinet on the stove side of the counter shows several smaller transfer type bloodstains. The available set of photographs is not sufficient for a determination on whether these are swipe patterns or simply transfer.

The bloodstains to her face show primarily flow patterns and transfer patterns. A significant flow pattern stain is noted emanating from her upper right forehead, diagonally across her forehead to the left eyebrow region. A second set of flow patterns appears to originate from the corner of her left eye. The first branch of this flow pattern flows downward alongside of the left side of her nose and terminates under her left nares. The second branch of this flow pattern moves across the lower aspect of her left cheekbone where it appears to pool or at least spread out and moves downward. It diverges into two branches; the first of which terminates at the left corner of the mouth and the second appears to terminate just lateral to this. The third branch flows from the left cheekbone lateral to the first two, flows downward just lateral to the left corner of her mouth and down to the left side of her chin. Another branch from the wider area along her left cheekbone moves rearward toward her ear and slightly upward. Yet another branch moves rearward toward her ear, slightly further than the previous branch, and then moves slightly upward. Another branch moves from her left cheekbone laterally and slightly downward toward the corner of her jaw and into her hairline below and behind her left ear. A large area of bloodstain is noted on the upper portion of the bridge of her nose between her eyes. Bloodstains are observed to the right side of the face as well but these photographs fail to clearly depict this area enough for a thorough analysis.

The photographs from the front door are reviewed. There is damage noted to the door side of the security latch which is still attached to the door. The screws are still present in the screw hole. The doorjamb side of the security latch does not appear to show any damage. The floor underneath the door area, while it is difficult to see with the photographs given, does not show any evidence of debris from the damaged security latch.

No photographs were received of the refrigerator, kitchen pantry/closet or any portion of that wall between the kitchen and the front door. No photographs are received of the ceiling of the kitchen area. No photographs are received of Mr. Goldberg, his footwear or his clothing.

The autopsy report from the Philadelphia Medical Examiner's Office concludes that Ms. Greenberg suffered eight stab wounds to her chest, one stab wound to her abdomen, and incised wound to her scalp and 10 stab wounds to her posterior neck.

FINDINGS AND OPINIONS:

1. Ms. Greenberg died as a result of stab wounds to the back of her neck, abdomen and chest. A significant incised wound was also noted to the back of the right side of her scalp.

2. Is Greenberg was found in the corner of the kitchen area of the apartment between the sink and the stove. Her back was leaning against the corner cabinet, she was slumped downward with her feet and arms extended. A white and colored towel was located in her left hand and was also extended downward toward her feet. Her head was found **to be tilted slightly forward and to the right with her chin resting against her right shoulder and the right lateral portion of her head resting against the face of the corner cabinet.**
3. The bloodstains on her face are inconsistent with the position in which she was found. Specifically the bloodstain flow pattern diagonally across her forehead from the right to the left and terminating in the left eyebrow would move against the law of gravity. This particular flow pattern indicates that her head was tilted slightly backwards and to the left as the origination of that blood occurred in the hairline somewhere above and to the right of the anterior forehead. The blood flow from the medial corner of the left eye has several branches. The branch closest to the nose would be consistent with the position in which she was found. It flows along the left side of the nose and terminates underneath the left nares. The remaining branches of this complex bloodstain do not comport with the position in which she was found. A significant amount of blood flowed from the medial corner of her left eye, moved **across her left cheek and across the surface of a raised cheekbone.** From there, this complex bloodstain has several branches which indicate her head was in different positions as this blood flowed. The first branch, moving medially to laterally, moves down the front of the face just lateral to the left side of the nose and splits into two branches; one of which terminates in the left corner of the mouth and the other terminates just lateral to the left corner of the mouth. The next branch, moving laterally, continues laterally across her cheekbone and then proceeds downward lateral to the second branch, lateral to the left corner of her mouth and proceeds down to the left side of her jawbone between the chin and the corner of the jaw. The next branch, moving laterally, continues from the cheekbone and moves slightly upward toward the eye before terminating. This would indicate that the head was lying back either in a flat or lowered position. The next branch follows the larger stain pattern across the cheekbone and then also moves upward toward the ear before terminating. In a larger, seemingly more significant, flow pattern **bloodstain** moves laterally **across the cheek** to the corner of the jaw proceeding rearward into the hairline **below** and behind the left ear. This would again move against the flow of gravity given the **position in which the body was found. This bloodstain indicates that her head was intact tilted back or completely flat at the time of this blood flow.**
4. The circular and elliptical bloodstains noted to the sweatshirt indicate the source of the blood is from above this level, most likely the head or neck. These bloodstains are consistent with dropped blood and would indicate that the head of the victim was tilted forward at the time of their deposition. The void patterns in the sweatshirt **comport with this theory** and can be accounted for by folds in the sweatshirt if the **entire body was leaning forward with the head/neck complex leaning forward.** This would also account for the **circular appearing bloodstains** noted to the lower portion of the T-shirt sticking out from under the sweatshirt and the circular bloodstains noted to the upper legs of the sweatpants. The **stains are all consistent with dropped blood. The circular appearing bloodstains on the shirt and the upper pants indicate that the source of the blood** was directly over or nearly directly over the pants and shirt where the bloodstains were deposited. The greater number of circular bloodstains noted to the left upper leg as compared to the right upper leg of the **sweatpants would indicate that the source of the blood** would have been concentrated for a longer period of time over the left upper leg. The lack of bloodstains to the lower legs of the pants coupled with the small circular bloodstains to the tops of the boots would indicate that the lower legs were obstructed from the dropped blood. This would be consistent with Ms. Greenberg being in a seated position, her head leaning forward with her feet flat on the floor. The void patterns to the upper portion of the sweatpants between the waist and the upper legs are also consistent with this theory.
5. **Should Ms. Greenberg have been standing at the time of the blood being dropped onto her upper pants, these bloodstains would be elliptical in nature with some evidence of directionality. One would also expect to find bloodstains on the lower pant legs as well.**

6. While no photographs were provided of the back of Ms. Greenberg's clothing, the blood flow patterns and injuries to the neck would indicate that bloodstains were present to the back of her clothing. While some transfer patterns were observed to the stove side cabinet face of the corner cabinet, there were no significant transfer patterns noted to this area.
7. Swipe patterns noted on the sink side cabinet face of the corner cabinet indicate Ms. Greenberg's bloody hair came in contact with this cabinet face. The first contact was near the opening side of the cabinet face and moved rearward. Her head was then separated from the cabinet face and later recontacted the cabinet face in a lower position than the original contact where it moved backward and slightly downward. No other obvious swipe patterns were noted to the cabinet face. None of these bloodstains accounts for the flow patterns noted to the front of Ms. Greenberg's face.
8. The number and volume of drops noted to her sweatshirt, her sweatpants and her boots is significant. The number of bloodstains on the floor, however, is minimal in comparison to those found on her clothing.
9. The bloodstain noted to the floor between her right hand and the eyeglasses is of particular interest. This bloodstain has a hard edge indicating that there was either an intervening object preventing the flow of blood any further or that the bloodstain was somehow altered. Although it is difficult to discern given the photographs presented, there is an area of pinkish discoloration noted to the lower edge of the bloodstain which may indicate some form of attempt to clean up or other alteration of the bloodstain. There is also a significant pattern noted within the bloodstain itself which may be consistent with the footwear pattern or something else.
10. Though the photographs do not clearly depict the bottoms of Ms. Greenberg's boots, there are some bloodstains evident to the bottom of the right boot. Were the pattern bloodstain to have been made by Ms. Greenberg's boot, one would expect to see other pattern transfer stains on the floor in other locations where she stepped. One would also expect to see a larger bloodstain pattern covering the surface of the sole of her right boot.
11. It is my opinion, that Ms. Greenberg was not in the position in which she was found at the time that the blood was deposited on her sweatpants, sweatshirt and shoes. It is also my opinion that Ms. Greenberg's head had been in several positions during the time of blood flow and it remained so for enough time as to have the blood flow across her face and back toward her ear, upward toward her eyes and also downward toward her chin.
12. It is my opinion that the bloodstain evidence in this case is inconsistent with position in which Ms. Greenberg was found. Furthermore, I have serious concerns regarding the patterned bloodstain to the left of Ms. Greenberg's right leg, the minimal amount of bloodstains on the floor in comparison with those found on the clothing of Ms. Greenberg and the flow patterns of the bloodstains on Ms. Greenberg's face relative to the position in which she was found.

These opinions were formed using the information available at the time of the evaluation and examination. I reserve the right to amend these opinions should further information become available.

Respectfully,

Detective Scott Belman

Filed and Attested by the
Office of Judicial Records
15 OCT 2019 11:08 am
A. SILIGRINI



EXHIBIT "I"

A Guide For Manner of Death Classification

First Edition



National Association of Medical Examiners ®

**Prepared by
Randy Hanzlick, MD
John C. Hunsaker III, MD, JD
Gregory J. Davis, MD**

**Approved by the NAME Board of Directors
February 2002**

recognize the recurrent debates about manner-of-death classification and arrive at a consensus approach for the commonly encountered manner of death dilemmas. We can “agree to disagree-- but to not be disagreeable,” to quote New York City Medical Examiner Charles Hirsch. All agree, however, on the fundamental premise that manner of death is circumstance-dependent, not autopsy-dependent. To that end, the suggestions in this Guide are made based on experience, the literature, and a goal for greater consistency.

Other Background Information:

The death certificate is used for several major purposes. One purpose is to serve as legal documentation that a specific individual has died. In general, the death certificate serves as legal proof that death has occurred, but not as legal proof of the cause of death. Other major purposes of the death certificate are to: (a) provide information for mortality statistics that may be used to assess the Nation’s health; (b) systematically catalogue causes of morbidity and mortality; and (c) develop priorities for funding and programs that involve public health and safety issues.

In general, the *certifier of death* completes the cause-of-death section and attests that, to the best of the certifier’s knowledge, the person stated died of the cause(s) and circumstances reported on the death certificate. It is important to remember that these “facts” only represent the certifier’s opinion and are not written in stone or legally binding. Information on the death certificate may be changed, if needed. In general, states require that the certifier of death be a licensed physician, a medical examiner, or a coroner. In some states, lay coroners may serve as certifier, but such certifiers can and should rely upon physician input and guidance when completing the death certificate.

Because the cause and manner of death are opinions, judgment is required to formulate both for reporting on the death certificate. The degree of certainty required to classify the manner of death depends sometimes on the circumstances of the death. Although such issues will be discussed in further detail below, a general scheme of incremental “degrees of certainty” is as follows:

- Undetermined (less than 50% certainty)
- Reasonable medical or investigative probability (Greater than a 50:50 chance; more likely than not)
- Preponderance of medical/investigative evidence (For practical purposes, let’s say about 70% or greater certainty)
- Clear and convincing medical/investigative evidence (For practical purposes, let’s say 90% or greater certainty)
- Beyond any reasonable doubt (essentially 100% certainty)
- Beyond any doubt (100% certainty)

Seldom, for the purpose of manner-of-death classification, is “beyond a reasonable doubt” required as the burden of proof. In many cases, “reasonable probability” will suffice, but in other instances such as suicide, case law or prudence may require a

“preponderance” of evidence—or in homicide—“clear and convincing evidence” may be required or recommended. Further references to these principles will follow on the discussion of specific scenarios, as appropriate, below.

The certifier’s responsibilities include professional, administrative, and quasi-judicial elements. The conclusions that lead to manner-of-death classification are drawn at some point during an ongoing investigation. Cases are seldom, if ever, truly “closed” because the conclusions regarding manner of death may be changed (amended) anytime based on new relevant and material information. It is also important to remember that the conclusions reached for the purpose of manner-of-death classification may not be the same as those of other entities and officials. Such differences are expected because of the different roles and viewpoints of those entities and officials. In virtually all instances, explanations for such differences are usually apparent and readily offered. It is also important to remember that new developments in medicine and forensic science may provide the relevant and/or material information that leads to a need for reclassification of manner of death.

Manner-of-death classification has, to a significant degree, an element of history and tradition. When asked why manner of death is classified in a specific way, a not-uncommon response is “that’s the way I was trained” or “that’s the way its always been done where I have worked.” Tradition, history, training, and local idiosyncrasies in the criminal justice and law enforcement communities can have impact upon manner-of-death classification strategy. This phenomenon is recognized and is taken into account during the development of principles in this Guide.

Finally, one cannot escape the need to consider **intent** when classifying manner of death. However, the definition of, or need to consider “intent” may vary depending on the case. One basic consideration is beyond dispute: the concept of intent differs when manner-of-death classification issues are compared with other paradigms such as legal code and public health strategies. These issues will be addressed in various scenarios below. The take-home point devolving from contemporary practice is that a singular definition and application of “intent” does not work in the context of manner-of-death classification.

General Principles:

There are several General Principles that may guide manner-of-death classification for the purposes of the death certificate. It is important to recognize that the death certificate has unique uses which dictate a special set of guidelines for manner-of-death classification.

A. There are exceptions to every “rule,” but every rule holds true most of the time. Therefore, rules can be modified or broken in exceptional circumstances but can, and should be followed most of the time.

B. There are basic, general “rules” for classifying manner of death.

- Natural deaths are due solely or nearly totally to disease and/or the aging process

“intentional” (such as inflicted injury in child abuse or shooting a person during a robbery) or “unintentional” (such as falling from a building). Thus, assessment of “intent” does relate to manner-of-death classification: it necessarily underlies the quasi-judicial responsibility derived from the enabling law in the relevant jurisdiction of the death certifier. However, the legal view of intent may differ from the death investigator’s viewpoint. It is sometimes agonizingly difficult, and occasionally impossible, for the unbiased investigator to infer a victim’s or “perpetrator’s” intent. Intent is also much more apparent in some cases than others. For this reason, the concept of “voluntary acts” or “volition” may be useful. In general, if a person’s death results at the “hands of another” who committed a harmful volitional act directed at the victim, the death may be considered a homicide from the death investigation standpoint. For example, consider the case of a variation of firearms “roulette” in which the game is played as usual (one bullet in the revolver’s cylinder) except that another person holds the gun to the “player’s” head, spins the cylinder, pulls the trigger, and the gun discharges and kills the “player.” All acts (loading the gun, spinning the cylinder, placing the gun to the head, and pulling the trigger) were both volitional and intentional. Although there may not have been intent to kill the victim, the victim died because of the harmful, intentional, volitional act committed by another person. Thus, the manner of death may be classified as homicide because of the intentional or volitional act—not because there was intent to kill.

Principles and recommendations for specific types of cases.

1. To classify a death as Suicide, the burden of proof need not be “beyond any reasonable doubt,” but it should exceed “more likely than not” (that is, the burden of proof should be more compelling than 51%, which barely exceeds chance). In general, requiring a “preponderance of evidence” is a reasonable practice when deciding whether to classify a death as suicide. In some states, case or other law requires that a preponderance of evidence exist to classify death as suicide. In short, if classification as suicide is little more than an informed guess or mere speculation, accident or undetermined are deemed to be better options.

2. When a natural event occurs in a hostile environment, as when someone has a myocardial infarct while swimming, and there is a likelihood that the person was alive when the face became immersed (i.e., the person was still alive while in the hostile environment), preference is usually given to the non-natural manner unless it is clear that death occurred before entry into the hostile environment. In the example cited (drowning because of a myocardial infarct while swimming), the manner of death would be appropriately classified as **Accident**. In this instance, a modified “but-for” test can be applied. “But-for” the hostile environment, death would have been considerably less likely to occur when it did and may not have occurred at all.

3. Consequences of chronic substance abuse, such as alcoholic cirrhosis, alcohol withdrawal seizures, endocarditis secondary to chronic IV drug abuse, and emphysema associated with smoking, have been traditionally designated as **Natural** manner. The

Filed and Attested by the
Office of Judicial Records
15 OCT 2019 11:08 am
A. SILIGRINI



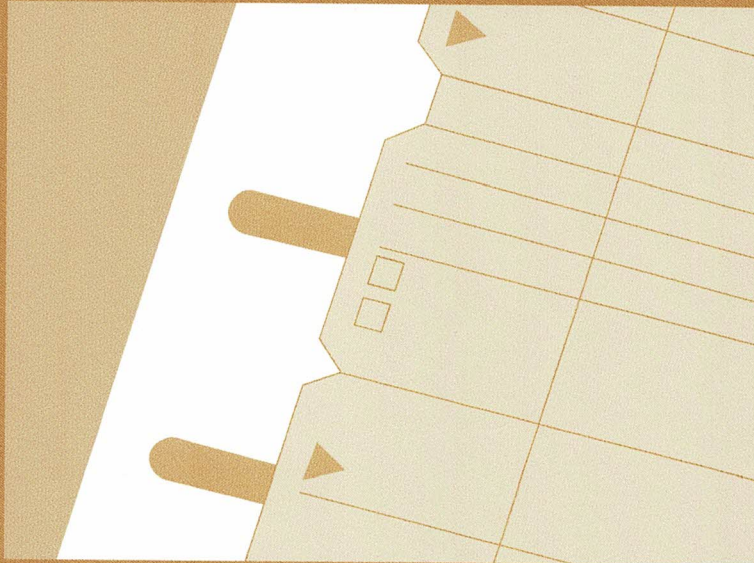
EXHIBIT "J"



SAFER • HEALTHIER • PEOPLE™

Medical Examiners' and Coroners' Handbook on Death Registration and Fetal Death Reporting

2003 Revision



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Health Statistics

related medical conditions as early as possible. However, all cause information reported on death certificates is important and is analyzed.

In the sections that follow, detailed instructions are given on how to complete Parts I and II. A number of examples of properly completed certificates with case histories are provided in this section to illustrate how the cause of death should be reported. Some common problems are also discussed later in this section.

Changes to cause of death

Should additional medical information or autopsy findings become available that would change the cause or causes of death originally reported, the original death certificate should be amended by the medical-legal officer by **immediately** reporting the revised cause of death to the State vital records office or local registrar.

Instructions

The cause-of-death section consists of two parts. **Part I** is for reporting a chain of events leading directly to death, with the **immediate cause** of death (the final disease, injury, or complication directly causing death) on line (a) and the **underlying cause** of death (the disease or injury that initiated the chain of events that led directly and inevitably to death) on the lowest used line. **Part II** is for reporting all other significant diseases, conditions, or injuries that contributed to death but which did not result in the underlying cause of death given in **Part I**.

The cause-of-death information should be the medical examiner's or coroner's best medical OPINION. Report each disease, abnormality, injury, or poisoning that the medical examiner or coroner believe adversely affected the decedent. A condition can be listed as "probable" even if it has not been definitively diagnosed.

If an organ system failure (such as congestive heart failure, hepatic failure, renal failure, or respiratory failure) is listed as a cause of death, always report its etiology on the line(s) beneath it (for example, renal failure **due to** Type I diabetes mellitus or renal failure **due to** ethylene glycol poisoning).

When indicating neoplasms as a cause of death, include the following: a) primary site or that the primary site is unknown, b) benign or malignant, c) cell type or that the cell type is unknown, d) grade of neoplasm, and e) part or lobe of organ affected (for example, a primary well-differentiated squamous cell carcinoma, lung, left upper lobe).

supplemental report of cause of death with the State registrar. Information on the proper form to use and procedure to follow can be obtained from his or her State registrar.

Circumstances of injury or violence—Space is provided on the death certificate for reporting the manner of death; check one of the following boxes: Natural, Accident, Suicide, Homicide, Pending Investigation, or Could not be determined. If “Pending Investigation” is checked, it should be changed after the investigation is completed. The appropriate State amendment procedures should be used to modify this item.

When the death was the result of an external cause, the medical examiner or coroner should specify whether it was an accident, suicide, or homicide and describe the circumstances in items 38–44. In item 43 a clear, brief statement as to how the injury occurred should be made, indicating the circumstances or cause, such as “Burned using gasoline to light stove,” “Slipped and fell while shoveling snow,” “Self-inflicted handgun wound,” or “Stabbed by sharp instrument.”

Bearing in mind that accident prevention programs, assessment of motor vehicle fatalities, and so forth, depend upon the proper wording of this item, the medical examiner or coroner should, in as few words as possible, describe the injury-producing situation. If the death was due to a vehicular accident, be sure to indicate whether the decedent was a driver, passenger, or pedestrian, and the type of vehicle(s) involved.

The medical examiner or coroner should state whether the injury occurred while the deceased was at work at his or her usual occupation and give the specific location where the accident took place.

The National Association of Medical Examiners has put together a guide on how **manner** of death may be determined (9). In certain cases, the manner of death preferred by the medical examiner community and the disease classification differ. As a result, it is important to specify the circumstances (e.g., item 43) involved so that both communities are able to make appropriate use of the information.

In the cases of violent death where the medical examiner or coroner cannot decide which of the terms—accident, suicide, or homicide—best describes the manner of death, “Could not be determined” should be checked. The medical examiner or coroner should bear in mind that “Could not be determined” is intended solely for cases in which it is impossible to establish with reasonable medical certainty the circumstances of death after thorough investigation. This category should not be used for cases “Pending Investigation.”

The National Association of Medical Examiners makes the following distinctions between manners of death (9):

Natural—"due solely or nearly totally to disease and/or the aging process."

Accident—"there is little or no evidence that the injury or poisoning occurred with intent to harm or cause death. In essence, the fatal outcome was unintentional."

Suicide—"results from an injury or poisoning as a result of an intentional, self-inflicted act committed to do self-harm or cause the death of one's self."

Homicide—"occurs when death results from..." an injury or poisoning or from "...a volitional act committed by another person to cause fear, harm, or death. Intent to cause death is a common element but is not required for classification as homicide."

Could not be determined—"used when the information pointing to one manner of death is no more compelling than one or more other competing manners of death when all available information is considered."

Pending investigation—"used when determination of manner depends on further information."

One of the more difficult tasks of the medical examiner or coroner is to determine whether a death is an accident or the result of an intent to end life. The medical examiner or coroner must use all information available to make a determination about the death. This may include information from his or her own investigation, police reports, staff investigations, and discussions with the family and friends of the decedent.

Determining a suicide

- There is evidence that death was self-inflicted. Pathological (autopsy), toxicological, investigatory, and psychological evidence, and statements of the decedent or witnesses, may be used for this determination.
- There is evidence (explicit and/or implicit) that at the time of injury the decedent intended to kill self or wished to die and that the decedent understood the probable consequences of his or her actions.
 - Explicit verbal or nonverbal expression of intent to kill self
 - Implicit or indirect evidence of intent to die, such as the following:

- Expression of hopelessness
- Effort to procure or learn about means of death or rehearse fatal behavior
- Preparations for death, inappropriate to or unexpected in the context of the decedent's life
- Expression of farewell or desire to die, or acknowledgment of impending death
- Precautions to avoid rescue
- Evidence that decedent recognized high potential lethality of means of death
- Previous suicide attempt
- Previous suicide threat
- Stressful events or significant losses (actual or threatened)
- Serious depression or mental disorder (10,11)

When cause cannot be determined

It is well known that a professionally competent, searching autopsy and toxicological examination of the body fluids and organs, coupled with the best available bacteriologic, virologic, and immunologic studies, may fail to reveal the cause of death.

If this is the case and if the investigation has been pursued as far as possible, then the medical examiner or coroner will have no recourse but to indicate in one form or another that the cause of death "Could not be determined." One possible phrase is "Cause of death not determined at autopsy and toxicological examination." This is better than the term "Unknown" as it at least indicates the extent of the investigation undertaken.

Deferred "pending investigation"

Most, if not all, medical-legal investigative systems make provisions for cases in which the cause or manner of death cannot be immediately determined. Local laws vary somewhat as to how to handle such cases.

The procedure followed most frequently is to require that the death certificate be completed insofar as possible and filed within the time limits specified by law. Once the cause and/or manner of death are determined, a supplemental report must be prepared and filed by the medical-legal officer. This supplemental report becomes a part of the death certificate that is on file for the decedent.

EXHIBIT "B"

DEATH CERTIFICATE

JANUARY 27, 2011

LOCAL REGISTRAR'S CERTIFICATION OF DEATH

WARNING: It is illegal to duplicate this copy by photocopy or photography.

Fee for this certificate, \$6.00



This is to certify that the information here given correctly copied from an original Certificate of Death duly filed with me as Local Registrar. The original certificate will be forwarded to the State Vital Records Office for permanent filing.

P 1742619

Certification Number

Local Registrar

Date Issued

COMMONWEALTH OF PENNSYLVANIA - DEPARTMENT OF HEALTH - VITAL RECORDS

CORONER'S CERTIFICATE OF DEATH

(See instructions and examples on reverse)

2000S FILE NUMBER

1. Name of Deceased (Print name last, first, middle initial) ELLEN R. GREENBERG		2. Sex Female	3. Date of Death (Month, day, year) January 26, 2011
4. Age (Month, day, year) 27	5. Place of Birth (City, State, Country) New York, NY	6. Race (Print race) Caucasian	
7. Date of Death (Month, day, year) January 26, 2011	8. Time of Death (Hour, minute) 6:40 PM	9. Place of Death (City, State, Country) Philadelphia	
10. Cause of Death (Print cause of death) Multiple stab wounds	11. Manner of Death (Print manner of death) Homicide	12. Place of Death (City, State, Country) Philadelphia	
13. Date of Death (Month, day, year) January 26, 2011	14. Time of Death (Hour, minute) 6:40 PM	15. Place of Death (City, State, Country) Philadelphia	
16. Name of Deceased (Print name last, first, middle initial) Joseph Martin Greenberg	17. Sex Male	18. Date of Birth (Month, day, year) 1/26/2011	19. Place of Birth (City, State, Country) Philadelphia
20. Name of Deceased (Print name last, first, middle initial) Joseph Martin Greenberg	21. Sex Male	22. Date of Birth (Month, day, year) 1/26/2011	23. Place of Birth (City, State, Country) Philadelphia
24. Name of Deceased (Print name last, first, middle initial) Joseph Martin Greenberg	25. Sex Male	26. Date of Birth (Month, day, year) 1/26/2011	27. Place of Birth (City, State, Country) Philadelphia
28. Name of Deceased (Print name last, first, middle initial) Joseph Martin Greenberg	29. Sex Male	30. Date of Birth (Month, day, year) 1/26/2011	31. Place of Birth (City, State, Country) Philadelphia
32. Name of Deceased (Print name last, first, middle initial) Joseph Martin Greenberg	33. Sex Male	34. Date of Birth (Month, day, year) 1/26/2011	35. Place of Birth (City, State, Country) Philadelphia
36. Name of Deceased (Print name last, first, middle initial) Joseph Martin Greenberg	37. Sex Male	38. Date of Birth (Month, day, year) 1/26/2011	39. Place of Birth (City, State, Country) Philadelphia
40. Name of Deceased (Print name last, first, middle initial) Joseph Martin Greenberg	41. Sex Male	42. Date of Birth (Month, day, year) 1/26/2011	43. Place of Birth (City, State, Country) Philadelphia
44. Name of Deceased (Print name last, first, middle initial) Joseph Martin Greenberg	45. Sex Male	46. Date of Birth (Month, day, year) 1/26/2011	47. Place of Birth (City, State, Country) Philadelphia
48. Name of Deceased (Print name last, first, middle initial) Joseph Martin Greenberg	49. Sex Male	50. Date of Birth (Month, day, year) 1/26/2011	51. Place of Birth (City, State, Country) Philadelphia
52. Name of Deceased (Print name last, first, middle initial) Joseph Martin Greenberg	53. Sex Male	54. Date of Birth (Month, day, year) 1/26/2011	55. Place of Birth (City, State, Country) Philadelphia
56. Name of Deceased (Print name last, first, middle initial) Joseph Martin Greenberg	57. Sex Male	58. Date of Birth (Month, day, year) 1/26/2011	59. Place of Birth (City, State, Country) Philadelphia
60. Name of Deceased (Print name last, first, middle initial) Joseph Martin Greenberg	61. Sex Male	62. Date of Birth (Month, day, year) 1/26/2011	63. Place of Birth (City, State, Country) Philadelphia
64. Name of Deceased (Print name last, first, middle initial) Joseph Martin Greenberg	65. Sex Male	66. Date of Birth (Month, day, year) 1/26/2011	67. Place of Birth (City, State, Country) Philadelphia
68. Name of Deceased (Print name last, first, middle initial) Joseph Martin Greenberg	69. Sex Male	70. Date of Birth (Month, day, year) 1/26/2011	71. Place of Birth (City, State, Country) Philadelphia
72. Name of Deceased (Print name last, first, middle initial) Joseph Martin Greenberg	73. Sex Male	74. Date of Birth (Month, day, year) 1/26/2011	75. Place of Birth (City, State, Country) Philadelphia
76. Name of Deceased (Print name last, first, middle initial) Joseph Martin Greenberg	77. Sex Male	78. Date of Birth (Month, day, year) 1/26/2011	79. Place of Birth (City, State, Country) Philadelphia
80. Name of Deceased (Print name last, first, middle initial) Joseph Martin Greenberg	81. Sex Male	82. Date of Birth (Month, day, year) 1/26/2011	83. Place of Birth (City, State, Country) Philadelphia
84. Name of Deceased (Print name last, first, middle initial) Joseph Martin Greenberg	85. Sex Male	86. Date of Birth (Month, day, year) 1/26/2011	87. Place of Birth (City, State, Country) Philadelphia
88. Name of Deceased (Print name last, first, middle initial) Joseph Martin Greenberg	89. Sex Male	90. Date of Birth (Month, day, year) 1/26/2011	91. Place of Birth (City, State, Country) Philadelphia
92. Name of Deceased (Print name last, first, middle initial) Joseph Martin Greenberg	93. Sex Male	94. Date of Birth (Month, day, year) 1/26/2011	95. Place of Birth (City, State, Country) Philadelphia
96. Name of Deceased (Print name last, first, middle initial) Joseph Martin Greenberg	97. Sex Male	98. Date of Birth (Month, day, year) 1/26/2011	99. Place of Birth (City, State, Country) Philadelphia
100. Name of Deceased (Print name last, first, middle initial) Joseph Martin Greenberg	101. Sex Male	102. Date of Birth (Month, day, year) 1/26/2011	103. Place of Birth (City, State, Country) Philadelphia

EXHIBIT "C"

MEO REPORT FIN



City of Philadelphia
Office of the Medical Examiner

321 University Avenue
Philadelphia, PA 19104

Case Number : **11-00420**
Date of Death : **Jan 26 2011**

FINDINGS AND OPINIONS

DECEDENT'S NAME ELLEN R. GREENBERG	AGE 27 Years	RACE White	SEX Female	HEIGHT 5 ft 7 in	WEIGHT 136 lb
PRONOUNCED DEAD BY Medic-5	AT 4601 Flat Rock Rd. Unit 603 Philadelphia PA			DATE & TIME Jan 26 2011 6:40PM	
ID WITNESS NAME Joshua Greenberg	ADDRESS 4408 Saybrook Lane Harrisburg PA			RELATION Father	

Findings:

The decedent is a 27-year-old female with a history of anxiety. Per the police investigation the decedents' live in fiancé returned home from the gym to find door locked and the security latch on the door. He made several attempts to contact the decedent by yelling into the apartment, sending her a series of text messages, sending her an E-mail, and calling her phone. The fiancé ultimately broke into the apartment and found her dead in the kitchen.

- Multiple stab wounds to the chest, abdomen, and back of neck. A knife (12.5 centimeter blade) is present in one of the chest wound (at a depth of 10 centimeter). There is an incised wound to right occipital scalp
 - The wounds are associated injuries to the aortic arch, the upper lobe of the left lung, liver, and the cervical spinal cord at C2-C3 level dorsally.
 - The spinal cord injury was evaluated grossly by neuropathology. It was concluded that the injury to the spinal cord would not have incapacitated the decedent. Therefore the decedent would be able to inflict the subsequent stab wounds to her body.
 - There are bilateral hemothoraces, a hemopericardium, a small collection of subarachnoid blood over the vermis and the base of the right cerebellar hemisphere. There are no gross defects to the parenchyma of the cerebellum or brainstem.
- Multiple contusions are on upper and lower extremities in various stages of resolution
- DNA analysis of blood stains on the knife and the decedent clothing only match her DNA
- Analysis of the decedent's laptop provided no additional information

Cause of Death:

Multiple Stab Wounds

Other Significant Conditions:

Manner of Death:

Suicide


Marlon Osbourne, M.D.
Assistant Medical Examiner

Case ID: 191001241
Control No.: 21063511



City of Philadelphia
Office of the Medical Examiner

321 University Avenue
Philadelphia, PA 19104

Case Number : 11-00420
Date of Death : Jan 26 2011

REPORT OF EXAMINATION

DECEDENT'S NAME

ELLEN R. GREENBERG

An autopsy was performed on the body of the decedent at the Philadelphia Medical Examiner's Office on January 27, 2011. The external examination was started at approximately 9AM. The internal examination was started at approximately 11AM.

Clothing: The clothing that accompanies the decedent consists of grey/purple hooded sweatshirt, grey sweat pants, and brown boots.

EXTERNAL EXAMINATION:

The body is that of a 5 foot 7 inch, 136 pound, white female who appears compatible with reported age of 27 years. The atraumatic scalp is covered by brown hair. The facial bones have no palpable fractures. The irides are brown. The sclerae are white. The conjunctivae have no petechiae. The external auditory meatuses have no discharge. The nares are patent. The nasal bones and nasal septum are intact. The lips are atraumatic. The oral cavity has no injuries. The tongue has no injuries. The teeth are natural and in good repair. The neck is symmetric. The chest is symmetric. The abdomen is flat. The body habitus is mesomorphic. The back is symmetric. The upper and lower extremities have no deformities or fractures. The external genitalia are those of an adult female. The anus and perineum have no trauma or abnormalities.

STAB WOUND "A" OF CHEST:

An elliptical, horizontally oriented 0.4 x 0.2 centimeter stab wound is centered 30 centimeters below the top of the head in the midline of the chest. The medial end of the wound is sharp. The lateral end is blunt. The edges of the wound are smooth. The wound is approximately 0.4 centimeters when reapproximated. The wound extends through the skin of the chest for a depth of 0.2 centimeters.

Associated with the wound track are hemorrhages in the adjacent soft tissues of the chest

The pathway of the wound with the body in the normal anatomic position is front to back.

STAB WOUND "B" OF CHEST:

An elliptical, horizontally oriented 0.3 x 0.1 centimeter stab wound is centered 31 centimeters below the top of the head in the midline of the chest. The ends of the wound are sharp. The edges of the wound are smooth. The wound is approximately 0.3 centimeters when reapproximated. The wound extends through the skin of the chest for a depth of 0.2 centimeters.

Associated with the wound track are hemorrhages in the adjacent soft tissues of the chest

The pathway of the wound with the body in the normal anatomic position is front to back.

STAB WOUND "C" OF CHEST:

An elliptical, obliquely oriented 2 x 0.6 centimeter stab wound is centered 29 centimeters below the top of the head, and 4.5 centimeters to the right of midline. The sharp end is in the 5 o'clock position. The blunt end is in the 10 o'clock position. The edges of the wound are smooth. The wound is approximately 1.7 centimeters when reapproximated. The wound extends through the skin and muscles of the right side of the chest and the right clavicle for a depth of 1.4 centimeters.

Associated with the wound track are hemorrhages in the adjacent soft tissues and muscles of the right side of the chest and beneath the right clavicle.

Case ID: 191001241
Printed on: 4/4/2011
Control No.: 21063511

The pathway of the wound with the body in the normal anatomic position is slightly right to left, front to back and slightly upward.

STAB WOUND "D" OF CHEST:

An elliptical, horizontally oriented 0.3 x 0.1 centimeter stab wound is centered 33 centimeters below the top of the head and 2.7 to the right of midline. The ends of the wound are sharp. The edges of the wound are smooth. The wound is approximately 0.3 centimeters when reapproximated. The wound extends through the skin of the chest for a depth of 0.2 centimeters.

Associated with the wound track are hemorrhages in the adjacent soft tissues of the chest

The pathway of the wound with the body in the normal anatomic position is front to back.

STAB WOUND "E" OF CHEST:

An elliptical, horizontally oriented 1.7 x 0.5 centimeter stab wound is centered 33 centimeters below the top of the head, and 2.5 centimeters to the left of midline. The sharp end is in the 3 o'clock position. The blunt end is in the 9 o'clock position. The edges of the wound are smooth. The wound is approximately 1.6 centimeters when reapproximated. The wound extends for a depth of 10 centimeters through the skin and muscles of the left side of the chest, the left second intercostal space, into the superior mediastinum.

Associated with the wound track are hemorrhages in the adjacent soft tissues and muscles of the left side of the chest, creates a 2.4 centimeter incised defect to the aortic arch, and a incises the upper lobe of the left lung. The pericardial sac contains 120 milliliters of liquid and clotted blood. The left pleural cavity contains 600 milliliters of liquid blood. The right pleural cavity contains 500 milliliters of liquid blood.

The pathway of the wound with the body in the normal anatomic position is left to right, front to back and slightly downward.

STAB WOUND "F" OF CHEST:

An elliptical, vertically oriented 0.6 x 0.2 centimeter stab wound is centered 34.5 centimeters below the top of the head and 0.8 to the left of midline. The ends of the wound are sharp. The edges of the wound are smooth. The wound is approximately 0.5 centimeters when reapproximated. The wound extends through the skin of the chest for a depth of 0.2 centimeters.

Associated with the wound track are hemorrhages in the adjacent soft tissues of the chest

The pathway of the wound with the body in the normal anatomic position is front to back.

STAB WOUND "G" OF CHEST:

An elliptical, vertically oriented 0.6 x 0.2 centimeter stab wound is centered 34.5 centimeters below the top of the head in the midline. The ends of the wound are sharp. The edges of the wound are smooth. The wound is approximately 0.5 centimeters when reapproximated. The wound extends through the skin of the chest for a depth of 0.2 centimeters.

Associated with the wound track are hemorrhages in the adjacent soft tissues of the chest

The pathway of the wound with the body in the normal anatomic position is front to back.

STAB WOUND "H" OF CHEST:

An elliptical, vertically oriented 1.5 x 0.5 centimeter stab wound is centered 42 centimeters below the top of the head in the midline. The sharp end is in the 6 o'clock position. The blunt end is in the 12 o'clock position. The edges of the wound are smooth. The wound is approximately 1.5 centimeters when reapproximated. The wound extends for a depth of 4 centimeters through the skin and muscles chest, through the right sixth intercostal space, and 2.3 centimeter into the liver.

Associated with the wound track are hemorrhages in the adjacent soft tissues and muscles of the right side of the chest a 2.3

centimeter deep liver defect, and intraabdominal blood.

The pathway of the wound with the body in the normal anatomic position is slightly left to right, front to back.

STAB WOUND "I" OF ABDOMEN:

An elliptical, vertically oriented 2 x 0.8 centimeter stab wound is centered 46 centimeters below the top of the head in the midline. The sharp end is in the 6 o'clock position. The blunt end is in the 12 o'clock position. The edges of the wound are smooth. The wound is approximately 1.9 centimeters when reapproximated. The wound extends for a depth of 6 centimeters through the skin and muscles of the abdominal wall.

Associated with the wound track are hemorrhages in the adjacent soft tissues and muscles of the abdominal, intramesentric hemorrhage and intraabdominal blood.

The pathway of the wound with the body in the normal anatomic position is slightly left to right, front to back.

INCISED WOUND "J" OF SCALP:

An obliquely oriented 6.5 x 1.1 centimeter wound is centered 8 centimeters above the right external auditory meatus, and 6 centimeters to the right of midline. The ends of the wound are sharp. The edges of the wound are smooth. The wound is approximately 6.5 centimeters when reapproximated. The wound extends through the skin and the scalp.

STAB WOUND "K" OF NECK:

An elliptical, vertically oriented 2 x 0.2 centimeter stab wound is centered 9 centimeters below the top of the head, and 2 centimeters to the left of midline. A 1 x 0.2 centimeter serrated abrasion is associated with the wound. The ends of the wound are sharp. The edges of the wound are smooth. The wound is approximately 1 centimeter when reapproximated. The 0.3 centimeter deep wound extends through the skin of the posterior neck.

Associated with the wound track are hemorrhages in the adjacent soft tissues of the posterior neck.

The pathway of the wound with the body in the normal anatomic position is slightly left to right, back to front.

STAB WOUND "L" OF NECK:

An elliptical, vertically oriented 1.1 x 0.6 centimeter stab wound is centered 14 centimeters below the top of the head, and 4 centimeters to the left of midline. The ends of the wound are sharp. The edges of the wound are smooth. The wound is approximately 1.1 centimeter when reapproximated. The 0.2 centimeter deep wound extends through the skin of the posterior neck.

Associated with the wound track are hemorrhages in the adjacent soft tissues of the posterior neck.

The pathway of the wound with the body in the normal anatomic position is slightly left to right back to front.

STAB WOUND "M" OF NECK:

An elliptical, vertically oriented 0.2 x 0.1 centimeter stab wound is centered 11 centimeters below the top of the head in the midline. The ends of the wound are sharp. The edges of the wound are smooth. The wound is approximately 0.2 centimeter when reapproximated. The 0.3 centimeter deep wound extends through the skin of the posterior neck.

Associated with the wound track are hemorrhages in the adjacent soft tissues of the posterior neck.

The pathway of the wound with the body in the normal anatomic position is back to front.

STAB WOUND "N" OF NECK:

An elliptical, vertically oriented 1.1 x 0.4 centimeter stab wound is centered 13 centimeters below the top of the head, and 0.5 centimeters to the left of midline. The ends of the wound are sharp. The edges of the wound are smooth. The wound is approximately 1.2 centimeter when reapproximated. The 8 centimeter deep wound extends through the skin and muscles of the posterior neck through the occipital triangle and into the ligamentum nuchae.

Associated with the wound track are hemorrhages in the adjacent soft tissues and muscles of the posterior neck, a defect in the ligamentum nuchae, incises small vessels overlying the cerebellum, creating a subarachnoid hemorrhage over the vermis, the caudal aspect of the right cerebellar hemisphere.

The pathway of the wound with the body in the normal anatomic position is left to right, back to front and upward.

STAB WOUND "O" OF NECK:

An elliptical, horizontally oriented 1.2 x 0.6 centimeter stab wound is centered 14 centimeters below the top of the head, and 6.8 centimeters below the right external auditory meatus. The ends of the wound are sharp. The edges of the wound are smooth. The wound is approximately 1.4 centimeter when reapproximated. The 3 centimeter deep wound extends through the skin and muscles of the posterior neck.

Associated with the wound track are hemorrhages in the adjacent soft tissues and muscles of the posterior neck.

The pathway of the wound with the body in the normal anatomic position is right to left, back to front.

STAB WOUND "P" OF NECK:

An elliptical, vertically oriented 1 x 0.3 centimeter stab wound is centered 13.5 centimeters below the top of the head, and 2 centimeters to the right of midline. The ends of the wound are sharp. The edges of the wound are smooth. The wound is approximately 1 centimeter when reapproximated. The 2.1 centimeter deep wound extends through the skin and muscles of the posterior neck.

Associated with the wound track are hemorrhages in the adjacent soft tissues and muscles of the posterior neck.

The pathway of the wound with the body in the normal anatomic position is right to left, back to front.

STAB WOUND "Q" OF NECK:

An elliptical, vertically oriented 0.6 x 0.3 centimeter stab wound is centered 15 centimeters below the top of the head, and 3 centimeters to the left of midline. The ends of the wound are sharp. The edges of the wound are smooth. The wound is approximately 0.6 centimeters when reapproximated. The 2 centimeter deep wound extends through the skin and muscles of the posterior neck.

Associated with the wound track are hemorrhages in the adjacent soft tissues and muscles of the posterior neck.

The pathway of the wound with the body in the normal anatomic position is slightly left to right, back to front.

STAB WOUND "R" OF NECK:

An elliptical, vertically oriented 0.9 x 0.6 centimeter stab wound is centered 16 centimeters below the top of the head, and 3 centimeters to the left of midline. The ends of the wound are sharp. The edges of the wound are smooth. The wound is approximately 0.9 centimeters when reapproximated. The 1.9 centimeter deep wound extends through the skin and muscles of the posterior neck.

Associated with the wound track are hemorrhages in the adjacent soft tissues and muscles of the posterior neck.

The pathway of the wound with the body in the normal anatomic position is slightly left to right, back to front.

STAB WOUND "S" OF NECK:

An elliptical, vertically oriented 0.5 x 0.1 centimeter stab wound is centered 16.5 centimeters below the top of the head, and 1.1 centimeters to the left of midline. The ends of the wound are sharp. The edges of the wound are smooth. The wound is approximately 0.5 centimeters when reapproximated. The 2.1 centimeter deep wound extends through the skin and muscles of the posterior neck.

Associated with the wound track are hemorrhages in the adjacent soft tissues and muscles of the posterior neck.

The pathway of the wound with the body in the normal anatomic position is slightly left to right, back to front.

STAB WOUND "T" OF NECK:

An elliptical, horizontally oriented 1.5 x 0.3 centimeter stab wound is centered 16.5 centimeters below the top of the head, and 4.5 centimeters to the right of midline. The medial end of the wound is sharp. The lateral end is blunt. The edges of the wound are smooth. The wound is approximately 1.5 centimeters when reapproximated. The 7 centimeter deep wound extends through the skin, and muscles of the back, between the second and third cervical vertebra laterally, and incises the dura covering the subjacent spinal cord.

Associated with the wound track are hemorrhages in the adjacent soft tissues and muscles of the left side of the back, a defect of the dura and focal epidural hemorrhage. Grossly there is bulging of the cervical cord subjacent to the dural defect.

Note: Neuropathologist Dr. Lucy Rouke examined the spinal cord and concluded that there is no defect of the spinal cord.

The pathway of the wound with the body in the normal anatomic position is right to left, back to front.

OTHER INJURIES:

The right upper arm has a round 3 x 4 centimeter contusion. The right forearm has a 3 x 1.5 centimeter area of three round contusions. The right lower quadrant of the abdomen has a 3 x 3.5 centimeter contusion. The right thigh has vertical row of round contusions that are a 2.5 x 3 centimeter, 4.5 x 3 centimeter, and 5 x 6 centimeters. Above the right knee is a 4.5 x 3 centimeter area of three round contusions.

INTERNAL EXAMINATION:

The firm, brown, muscles of the anterior neck, have no hemorrhage or injuries. The adjacent connective tissue and vessels of the anterior aspect of the cervical spine are unremarkable. The clavicles, sternum, and pelvic bones have no fractures. The hyoid bone and thyroid cartilage are intact. The peritoneal cavity has no adhesions. The intrathoracic and intraabdominal organs are in their normal positions.

The smooth epicardium has a normal amount of subepicardial adipose tissue in a normal distribution. The heart is 230 grams. The right coronary artery supplies the posterior interventricular septum. The coronary arteries have no atherosclerosis. The chambers of the heart contain no mural thrombi. The atrioventricular and semilunar valves are normally formed and have no calcifications, nodularity, or vegetations. The coronary arteries arise normally from the sinuses of Valsalva. The firm, red-brown, homogenous myocardium has no areas of fibrosis or necrosis. Injuries to the aorta are as previously described. The aorta arises from its usual position, has a normal branching pattern and no atherosclerosis. The pulmonary arteries have no thromboemboli.

The larynx and trachea have no foreign objects or mucous plugs. The right and left lungs are 220 grams and 200 grams, respectively. Injuries to the right lung are as previously described. The smooth pink-tan to purple visceral pleural surfaces have mild anthracosis. The red-maroon and congested lung parenchyma has no areas of consolidation, granulomata or masses. The tracheobronchial tree has no mucous plugs or foreign objects.

The esophagus has a white-tan, longitudinally folded mucosa and no varices. The empty stomach has a pink smooth serosa. The tan gastric mucosa has rugal folds and no erosions or ulcers. The small and large intestines have tan, smooth serosa and no perforation, obstruction, masses or ischemic injuries. The appendix is normal. The rectum is filled with green stool.

The 1160 gram liver has an intact capsule, red-brown congested parenchyma and no masses or cysts. The gallbladder is empty. The tan, lobulated pancreas has no masses or cysts.

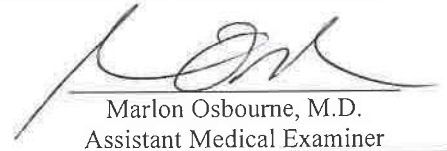
The 100 gram spleen has a lavender intact capsule, red-maroon parenchyma and inconspicuous Malpighian corpuscles. The paraaortic, paratracheal, and mediastinal lymph nodes are inconspicuous.

The right and left kidneys are 110 grams and 140 grams, respectively. The cortical surfaces are smooth. The renal parenchyma has pale cortices and distinct and prominent medullary pyramids. The calyces and pelves are not dilated and have no masses or calculi. The ureters are unobstructed and normal in course and caliber to the urinary bladder. The urinary bladder contains 100 milliliters of yellow urine.

The vagina has a smooth mucosa and no lesions. The cervix is normal. The uterus has a normal shape and normal myometrial thickness. The endometrium is smooth and has no lesions. The ovaries are normal. The fallopian tubes have normal caliber.

The brown, bilobed thyroid gland has no masses or cysts. The parathyroid glands are inconspicuous. The adrenal glands have thin yellow cortices and brown medullae.

The reflected scalp has no subgaleal hemorrhages. The calvarium and skull base are intact. The epidural and subdural spaces have no liquid accumulations. A small amount of subarachnoid blood covers the rostral surface of the vermis, right cerebellar hemisphere, and the basal cisterns. No gross parenchymal defects are identified in these areas. The leptomeninges are thin and translucent. The brain is 1440 grams. The cerebral hemispheres are symmetric. The corpus callosum is intact. The basilar artery, its tributaries and branches have no atherosclerosis or aneurysms. The cingulate gyri, unci and cerebellar tonsils are not herniated.



Marlon Osbourne, M.D.
Assistant Medical Examiner

(End of Report)



Toxicology Report

City of Philadelphia
Office of the Medical Examiner

CASE NO. 11-00420

Name: ELLEN R. GREENBERG

Age: 27 Years Sex: Female Race: White

Pathologist: Marlon Osbourne

ELISA - Enzyme Immunoassay

BENZODIAZEPINES	Blood, Cardiac (F)	Negative
FENTANYL	Blood, Cardiac (F)	Negative
OPIATES	Blood, Cardiac (F)	Negative
OPIATES	Urine	Negative

Wet Chemical Tests - Colorimetry

VOLATILES	Blood, Cardiac (F)	Negative
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Drug Screen - SPE, GC/MSD

ZOLPIDEM	Urine	Trace
ZOLPIDEM	Blood, Cardiac (F)	Trace

Benzodiazepine Confirmation/Quantitation - SPE, GC/MSD

CLONAZEPAM	Blood, Cardiac (F)	Present	<7.5 µg/L
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Analysis Notes

Volatiles analysis is a colorimetric method that screens for low molecular weight organic volatile reducing agents such as ethanol, methanol, isopropanol, acetaldehyde, and formaldehyde.

Drug Screen by GC/MSD includes screening for the following drug(s) and class of drugs: anticonvulsants, antidepressants, antihistamines, anticholinergics, barbiturates, muscle relaxants and non-steroidal anti-inflammatory agents (excluding salicylates), non-benzodiazepine sedative-hypnotics. Detection of specific compounds of each class is concentration dependent and not all drugs of each class are detected. Certain compounds outside of these classes are also detected. Common incidental findings such as caffeine and metabolites or nicotine and metabolites are not reported.

Benzodiazepine Confirmation/Quantitation is a GC/MSD screen/quantitation for: diazepam, nordiazepam, oxazepam, temazepam, alprazolam, triazolam, estazolam, midazolam, lorazepam, clonazepam, 7-aminoclonazepam.

Enzyme immunoassay testing results are preliminary. Any positive results must be confirmed by another technique.

Toxicologist: Lisa A. Mundy

Date: 2/8/2011

EXHIBIT "D"

OLSZEWSKI REPORT

JANUARY 26, 2011



Report of Death Investigation
City of Philadelphia
Office of the Medical Examiner
Department of Public Health

Case Number: **11-00420**

1/26/2011 7:31:00 PM

ELLEN R. GREENBERG

4601 Flat Rock Rd. Unit 603

Philadelphia PA 19127 (717) 579-9258

27 Years White Female

Jun 23, 1983 136-76-9691 Marlon Osbourne

Investigator: Jaime Budd

Reported By: Det. Sierra #9103, Homicide

Place of Pronouncement: Residence

Brought to hospital by: Date:

Place of Death: 4601 Flat Rock Rd. Unit 603

Death Date: 1/26/2011 6:40:00 PM

Pronounced By: Medic-5

Address:

Employer: School Dist Philadelphia

Occupation: Teacher

Non-Jurisdictional Status

By

Date:

Reviewed By:

Date

Approved By:

Date:

**Body Ordered
to OME**

By: Jaime Budd

Via Police

Date: 1/26/2011 7:34:00 PM

Sign Out by Inquiry? No

SignOut by Hospital Autopsy? No

Notifications

By

Date

Relatives

Med.Agencies

Official Agencies

Hospital Requests

Autopsy?

No

Legal Consent By:

Pending No

Refused: No

Alias: Ellen Greenburg

Circumstances:

The dec'd fiancé, Samuel Goldberg, reportedly came home from the gym, kicked in the door and found the dec'd with a knife in her chest. NWDD on location. No further info at this time.
Inv. Olszewski to the scene.

Scene Investigation: Fiancé, Samuel Goldberg DOB: 1/28/1982 s/a, reportedly left the decedent around 1645 went to the gym. He returned around 1715-1730 and was unable to get into the apartment. The door was secure from the inside. He proceeded to contact the decedent via text message, telephone calls and emails for approximately an hour before he forced entry into the apartment. He immediately discovered her and called 911, he was briefly instructed to start CPR until he noticed a knife in her chest, then he stopped.

The decedent is found supine in the kitchen with her head and some of her upper body/shoulders resting against the lower half of the kitchen cabinets. There is a knife embedded in her left chest, through her clothing. The decedent has multiple stab wounds: at the chest where the knife is located, a few superficial grouped nearby, one to the left upper chest near the clavicle, 2 more at the mid chest between and just below the breasts.

She is clad in a zipper up shirt overtop a t-shirt, sweatpants, underwear, and UGG boots. There are defects to the shirts consistent with the underlying wounds. Blood is present on the head, in the hair, on the front side of shirts, along her pants on the front side and on the top of both of her boots. The right boot has blood on the sole. The blood around her is generally confined to the area of the body, on the floor underneath, on the cabinets behind her, two separate drops on the granite counter top above.

Printed on:

April 14, 2011 9:38 am

Case ID: 191001241
Control No.: 21063511



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City of Philadelphia
Office of the Medical Examiner
Department of Public Health**

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A few kitchen knives are in the sink adjacent to the body. There is no evident blood. A knife block is on the counter turned over to the side. Also no evident blood. The knife in her body is consistent with the knife set found in the sink and in the block.

The lock, a common solid bar door guard, is broken, obviously forced in, consistent with the fiancés report. There is no evidence of a struggle in the kitchen area or anywhere else in the apartment. There are numerous valuables present, including 3 laptop computers. Nothing is missing. There is no note found. A paper booklet is in the decedents pocketbook, resembles a journal of medications and her state of mind, last dated 1/16. The only way to exit the apartment with the front doorway locked is through a rear slider leading to a patio. The patio is 6 stories high. There is snow present with no tracks or footprints, completely undisturbed.

Psychiatrist: Dr Ellen Berman (610) 667-4617.

Rx: alprazolam, clonazepam, zolpidem. Rx meds are recovered from the bedroom drawer.

See scene report, photos, interviews and identification for further information...SO

1/27/11 HOMICIDE, Det Sierra and Peters notified of the death. 1/27/11 Knife recovered during examination, signed over to homicide Detective Sierra, Reciept in case file...SO

1/28/11 Psychiatrist Ellen Berman records subpoenaed, placed in case file...SO

Informant Statement:

Date: 1/27/2011

Relation: Father

Name: Joshua Greenberg

Phone: (717) 233-0754

Address: 4408 Saybrook Lane Harrisburg PA

The identification was completed via telephone by the decedents parents, Joshua and Sandra Greenberg. They were notified of the death by the parents of the decedents fiancée.

Mom states she last talked to the decedent the same day at 0700 when they were both on their way to work. They had a pleasant conversation. She gave no indication that something was imminently wrong. The decedent has been battling issues with anxiety since the end of last year. Mom states she was "struggling with something", for which she urged her to seek help. She was seeing a psychiatrist, Ellen Berman, in Merion Station. The decedent as described as anxious, insecure, not sure of herself and not liking how she felt, characteristics that were not the norm her entire life. The decedent expressed to family that she was a bit overwhelmed with her classroom work. The decedents occupation is a teacher for the School District of Philadelphia, currently teaching at Juniata Academy Elementary School, employed for 3 years. She is described as a bright woman, who was very successful and recently received her master's degree in Education and certified in Reading specialty. The day the incident occurred is the same day that school grades were to be handed in. She may have been stressed about the schoolwork, as she is described as very caring for her students.

The decedent was in a committed relationship with Sam Goldberg. They have been together for 3 years, recently engaged over the summer. The parents have no reservations about their relationship. They described the fiancé Sam as a "fine young man." They were happy to have him as an in-law. They have no knowledge of any verbal or physical abuse.

The parents deny any previous suicide attempts or ideations. The incident is a surprise to them despite her



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