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RE: Greenberg, Ellen (C16-119)

MATERIALS RECEIVED
1. **Scene Photographs**
2. **Autopsy Reports**
3. **Autopsy Photographs**
4. **Investigative Reports**
5. **Photogrammetry and videotape of Lobby**
6. **Slides Provided by Defendants**
7. **Pleadings**
8. **Depositions of Drs. Gulino, Emery, and Osbourne**
9. **Reports by Drs. Wecht and Lee and Detective Eelman**
10. **My prior reports dated October 18, 2016 and January 10, 2017**

The following outline of factual evidence provides reasons to change the manner of death from a suicide manner of death back to the original manner of death which was homicide.

1. The lock is disturbed, but not broken, from the inside.

2. The security guard is not present when the boyfriend leaves the lobby of the apartment building to purportedly break into the apartment.

3. The constellation of scene findings are inconsistent with suicide. Scene findings compatible with being staged.

4. Bloodstain patterns inconsistent with suicide. Drip patterns on front of body perfectly placed on body from high up indicative of homicide.

5. Minimal cast-off compatible with control indicative of homicide.

6. Stab wounds to front of body after head neck stab wounds inconsistent with suicide.

7. Bloodstain patterns and void patterns inconsistent with suicide.

8. No cast-off patterns, drip patterns, splash patterns from head wounds either standing or sitting inconsistent with suicide.

9. Reconstruction of head wound patterns would cause ample bloodstains, but these are not present. Void patterns instead.

10. Blood stain patterns to front of body inconsistent with self-infliction. Void patterns inconsistent with suicide and self-infliction.

11. Glasses indicates staging. Towel in hand indicates staging.

12. Towel in hand would prevent ability to stab back of head apart from general inability to stab back of head.

13. Minimal bloodstains to towel indicates staging

14. Thus, if holding towel during stabbing would mean only the right hand was used for stabbing.

15. One handed stabbing to head and neck inconsistent with self-infliction but consistent with homicide.

16. Thus, if holding towel with left hand during stabbing would mean only the right hand was used for stabbing. One handed stabbing to head and neck inconsistent with self-infliction but consistent with homicide.

17. Blood stain evidence inconsistent with ability to stab back of head and then chest due to injury to brain, cranial nerves, blood vessels in brain, csf fluid leak, spinal cord nerves and blood vessels, and horrific pain.

18. Lack of cut wound to hands inconsistent with suicide

19. Stab wounds in general inconsistent with suicide since they will cause excruciating, if not incapacitating, pain. Pills accessible on counter to overdose on.

20. No suicide note

21. Stabbing inconsistent with not causing pain

22. She has means of escape out of residence prior to incident. She is not trapped with nowhere to go. She is trapped on the day of the incident.

23. No suicidal ideation

24. No previous suicide attempts

25. No mental disorder

26. Anxiety disorder alone

27. Therapeutic treatment for anxiety disorder

28. No sex kit performed to address binding and sexual abuse.

29. No controlled substance abuse

30. No controlled substances at autopsy

31. No hesitation wounds on arms
32. Hesitation wounds on head and chest due to staging
33. Incapacitated by strangulation
34. Defensive wounds/ binding to wrists
35. Defensive wounds on legs
36. Older wounds on extremities indicative of abuse not self-infliction
37. Wounds to brain inconsistent with locomotion and motor activity
38. Wounds to chest inconsistent with locomotion and motor activity
39. Crime scene indicates control
40. Knives in sink inconsistent with suicide indicates staging
41. Lack of scene findings for suicide
42. Rigor mortis in hands possibly feet but not examined, if present in feet, then homicide
43. Wounds to head and neck not documented in investigation report.
44. Head and back of neck not examined at scene but head and neck findings found at autopsy indicates homicide
45. Scene should have been processed for subtle blood stains in sink, counter, other areas indicating clean up and staging. If performed would indicate homicide.
46. Scene not processed for homicide
47. Male actor not photographed for injuries
48. Male actor not examined for blood stains
49. Male actor clothing not examined for blood stains
50. No tumors in brain to cause suicide
51. No incapacitating diseases to cause suicide
52. Dr. Gulino's conclusion that he did not have reason to disagree with Dr. Osbourne's ultimate conclusion that this was a suicide was based on the absence of defensive knife wounds, the clustered hesitation marks and Dr. Emery's conclusion that the spinal cord was not damaged. However, this is not proof of suicide. Minimal evidence in view of overwhelming evidence of homicide. Therefore, manner of death should be based on forensic methodology which prioritizes this case as to be pursued as homicide.
53. Dr. Osborne states the body findings indicate homicide. He changed death certificate from homicide to suicide based on scene investigation evidence supplied post-autopsy by the

PPD and DA representatives which allegedly stated security guard was present when boyfriend allegedly broke into the apartment, thereby corroborating the inside security bar lock was broken from the outside. The scene investigation evidence about the security guard is in dispute because security guard was not present with boyfriend and door bar lock was disturbed from inside. Therefore, case should be pursued as homicide. Or, at minimum, I agree with Dr. Osbourne that the manner of death must be changed to "cannot be determined."

54. I also agree with the following representations by Dr. Emery:

    a. the 1.1 cm cut through the dura and spinal column was NOT caused by autopsy;
    b. Testifying about Emery 3A (1.1 cm cut), she says she is "confident [it] is a sharp force injury, a bona fide sharp force injury" and the 1.1. cm cut "is not an autopsy-related finding;"
    c. the 1.1 cm cut was "not caused at autopsy" and the absence of hemorrhage could mean Ellen was dead when administered;
    d. Analyzing Emery 3B, she reconfirms no hemorrhage at 1.1 cm cut site which means "lack of hemorrhage means no pulse;"
    e. Analyzing Emery 3E, she testifies that no hemorrhage at dura cut or spinal column injury (1.1 cm cut). She further testified, "And by the fact that now the dura is not demonstrating hemorrhage, as you found also that the spinal column didn't, would that weigh a little bit more in suggesting that Ellen was dead at the time that this wound was administered?" Answer: "Yes;"
    f. She acknowledges hemorrhage presently appears on spinal column but not where the 1.1 cm cut is located and she would not expect hemorrhage associated with a cut of spine to be washed away over time;
    g. She states that Ellen could not self-inflict if she was dead.

55. Dr. Emery and I agree that, within a reasonable degree of medical certainty, Ellen sustained the 1.1 cm cut after she was already dead; the cut was not self-inflicted.

56. Histologic review of slides supports, within a reasonable degree of medical certainty, that the manner of Ellen's death was not suicide. Slides A, B, C, D, E, F were examined with conventional stains, glycophorin stains and CD45 stains. The spinal cord showed soft tissue hemorrhage and white blood cells but no reaction to the spinal cord itself, hippocampus showed neuronal degeneration, areas of hemorrhage and white blood cells were noted to the brain and white blood cells along with spongiosis were noted to the cerebellum.

57. In determining manner of death, pathologists in Pennsylvania follow definitions ascribed to "suicide," "homicide," and "could not be determined" as stated in A Guide for Manner of Death Classification by the National Association of Medical Examiners and as adopted in the Medical Examiners' and Coroners' Handbook on Death Registration and Fetal Death Reporting by the National Center for Health Statistics.

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

59. The NAME's Guide maintains that the selection of suicide as a manner of death requires a 70% or greater degree of medical certainty.

60. The necessary degree of medical certainty to support the selection of "Suicide" as the manner of Ellen's death is patently lacking.

All my opinions in this report and my prior reports are expressed within a reasonable degree of medical certainty. Should further information become available, I reserve the right to amend this report at that time.

Wayne K. Ross, M.D.