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**INDEX OF EXHIBITS TO THE RETURN
TO PETITIOJN FOR WRIT OF HABEAS CORPUS**

Feb 27 2025

S.C. SUPREME COURT

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1. 2002 Trial Transcript pp. 1974-2022 (qualification as expert and direct examination of clinical social worker Shirley Furtick);
 2. 2002 Trial Transcript pp. 2089-2126 (qualification as expert and direct examination of psychopharmacologist Dr. Alexander Morton);
 3. 2002 Trial Transcript p. 2160 (partial direct testimony from Ronnie G. Sigmon, Defendant's father).
 4. 2002 Trial Transcript pp. 1704-1731 (direct testimony from pathologist Michael Ward).
 5. 2002 Trial Transcript pp. 1435-1439 and 1468-1472 (describing manhunt and capture).
 6. 2002 Trial Transcript pp. 1940-1941 (portion of direct testimony from Robbie Sigmon, Defendant's son).

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S.C. SUPREME COURT

EXHIBIT 1

1850

SHIRLEY FURTICK - Direct by Mr. Abdalla

1974

1 Good morning, Ms. Furtick.

2 A Good morning.

3 Q Could you please tell us your name?

4 A My name is Shirley Delores Furtick.

5 Q And Ms. Furtick, where do you live?

6 A I live at [REDACTED], South
7 Carolina.

8 Q And what is your profession?

9 A I am a clinical social worker.

10 Q And where are you employed?

11 A I'm employed with the South Carolina, Department of
12 Mental Health.

13 Q Please tell the jurors what licenses you hold?

14 A I am a licensed clinical social worker, licensed by
15 the Board of Social Work Examiners, and I'm also a
16 licensed marriage and family therapist.

17 Q What board certification do you hold?

18 A I'm board certified by the Academy of Social
19 Workers.

20 Q Ms. Furtick, could you tell us about your
21 educational background?

22 A I received my Bachelor's of Science Degree with a
23 concentration in Social Work from Benedict College,
24 Columbia, South Carolina, in 1970. In 1972, I received
25 my Master's Degree in Social Worker from the University

SHIRLEY FURTICK - Direct by Mr. Abdalla

1975

1 of South Carolina, College of Social Work.

2 Q And Ms. Furtick, could you tell -- or could you
3 define what a clinical social worker is?

4 A A clinical social worker is a mental health
5 professional who has a Master's Degree in Social Work
6 from an accredited college of Social Work, and there is
7 a field practicum intern, as well as years of
8 supervision, and the individual is licensed by a
9 licensing body. Clinical Social Workers diagnose and
10 treat mental illness as well as other disorders. They
11 are -- or can be found in various kinds of settings,
12 including mental health private practice. Our services
13 are reimbursable by insurance, and we do provide about
14 65 percent of mental health services in the United
15 States.

16 Q Okay. Thank you. And tell us, how does a clinical
17 social worker differ from a case worker in the
18 Department of Social Services?

19 A Case workers are not academically trained. Case
20 workers case manage. Their training is typically
21 acquired on the job and many times that is through
22 inservice, but they're not trained in social work.

23 Q Thank you. Please describe your work experience
24 for the Court?

25 A After completing my internship, I was employed with

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SHIRLEY FURTICK - Direct by Mr. Abdalla

1976

1 Lutheran Social Services of Iowa, as a clinical social
2 worker, where I did bio-psycho social assessments, and
3 treatment and supervised a home for juvenile girls. I
4 began employment with the Family Service Center in
5 Columbia, South Carolina. There I was a clinical social
6 worker. I treated and diagnosed emotional disorders
7 with individuals, families, and worked with groups, and
8 I was also program director for a Traveler's Aids
9 Program. I then began employment with the South
10 Carolina, Department of Mental Health, where I currently
11 work, and I've been in various positions over the 8
12 years or so I've been with department, in clinical
13 social work as well as administrative supervision and
14 program monitoring.

15 Q To what professional organizations do you belong,
16 Ms. Furtick?

17 A I am a member of the National Association of Social
18 Workers, the American Association of Marriage and Family
19 Therapists, Rotary International, and the South Carolina
20 Jail Administrators Associations.

21 Q Do you hold any appointments or elected positions
22 with those organizations?

23 A I'm the current regional representative for the
24 region 6 of the National Association of Social Workers,
25 leadership identification committee. I represent six

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SHIRLEY FURTICK - Direct by Mr. Abdalla

1977

1 states in the southeast, Georgia, South Carolina, North
2 Carolina, Mississippi, Alabama and Florida. I have held
3 past leadership as the president of the South Carolina
4 Chapter of the National Association of Social Workers,
5 secretary for the South Carolina Chapter of Marriage and
6 Family Therapists. I have for the past three years been
7 secretary of Oclaire Rotary and I have been appointed to
8 Leadership South Carolina, class of '98.

9 Q Have you held any teaching positions?

10 A Yes.

11 Q In social work?

12 A Yes. I taught one term with the University of
13 South Carolina, College of Social Work, Human Behavior
14 in Practice course.

15 Q And as a clinical social worker, are you called
16 upon to train other mental health professionals in the
17 United States?

18 A Yes.

19 Q Could you tell us a few states where you've
20 conducted training and given presentations on mental
21 health issues?

22 A I've trained of course here in South Carolina.
23 I've trained in Georgia. I've trained in Hawaii. I've
24 trained in, all these together, the state of
25 Massachusetts. I've trained in Pennsylvania, and the

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SHIRLEY FURTICK - Direct by Mr. Abdalla

1978

1 District of Columbia, as well as London, England.

2 Q Ms. Furtick, could you describe your work
3 experience in the work of forensic social work at the
4 William Hall Institute?

5 A William S. Hall Psychiatric Institute is a division
6 of -- of the Department of Mental Health. While
7 employed there, I was Chief of Social Work Services
8 where I supervised social work -- clinical social work
9 staff. I also conducted bio-psycho social assessments.
10 I supervised clinical staff in our not guilty by reason
11 of insanity, MGRI, not competent to stand trial program,
12 and I served as the designator for the Probate Court in
13 looking at folk's readiness for discharge or continued
14 stay in the hospital.

15 Q Ms. Furtick, in the course of your forensic
16 evaluation experience, did you conduct an assessment
17 that is considered standard practice for clinical social
18 workers?

19 A Yes.

20 Q And what -- what's that assessment called?

21 A That's the bio-psycho social assessment.

22 Q And what is bio -- I'm sorry, bio-psycho social
23 assessment?

24 A The bio-psycho social assessment is a method that
25 clinical social workers use to get information, explore

SHIRLEY FURTICK - Direct by Mr. Abdalla

1979

1 histories of persons that were clients in this case that
2 we're working with to help us to explain how they came
3 to be who they are. We used -- I might say, the way
4 that we do them is we do them through interviews. We
5 talk to not only the client, we talk to client family
6 members. We talk to colleagues. We get records,
7 whether those are medical railroads, school records,
8 hospital records, as many records as we can get from
9 different sources to provide consistency. We talk to
10 other professionals who may have had contact, been
11 involved with the individual, and we also develop audio
12 pictures, or diagrams that we can use to condense the
13 information, because there's just volumes and volumes of
14 information that can be just overwhelming. And so when
15 we do like Court presentations we use audiovisuals to
16 show that information.

17 Q Thanks. Ms. Furtick, why isn't this just another
18 excuse for bad behavior?

19 A The -- the bio-psycho social does not excuse
20 behavior. What we try to do is to explain the behavior.

21 Q And why ---

22 A To give some understanding and insight.

23 Q Sorry. Why is it important to interview other
24 people?

25 A It's important to interview other people because

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SHIRLEY FURTICK - Direct by Mr. Abdalla 1980

1 what we want to do is get as wide a view of the
2 individual as possible. If we just relied on the
3 information of the individual, then we don't have any
4 way of having and looking at consistencies or
5 inconsistencies in the information that we're getting.

6 Q What kind of records do you typically review, and
7 why is it important to review records?

8 A We look at any records that can be obtained and are
9 available. It's important to look at those records.
10 Well, an example might be, suppose I interviewed a
11 school teacher that said that the individual was having --
12 some problems in school, and the information that I got
13 from the individual was that they did very well in
14 school, was having no problems. There may have been
15 some psychological testing that may have supported or
16 not supported what the teacher interviewed was saying.
17 So this gives us a way of comparing and looking for the
18 consistency in what we're getting in trying to help us.
19 And once we find that inconsistency, then we have to
20 balance it and find out where the inconsistencies are
21 and why. So reviewing the records and getting records
22 are very important, very important to the assessment.
23 Q Now, Ms. Furtick, bio-psycho social assessment is a
24 pretty long word. What do clinic social workers mean
25 when they talk about the bio part of that assessment?

SHIRLEY FURTICK - Direct by Mr. Abdalla

1857
1981

1 A The bio part -- bio part of the assessment, again
2 we look at medical records. We look at bio-chemical,
3 neurological issues, genetic issues, whatever issues
4 there might be biologically to explain behavior.

5 Q So you're setting yourself up as a doctor when you
6 discuss medical findings you discover during the course
7 of your assessment?

8 A No, no, no, no. If you were to go to a doctor, a
9 doctor is going to ask you about your medical history,
10 want to know who in your family -- well, I'll use
11 myself, who in my family has heart problems, and as I
12 look at my family, there's a whole group of those in my
13 family with heart problems. So the risk of me having
14 heart problems is very high. So helping us to look at
15 that information and look at patterns is why we need to
16 look at the medical records. If an individual has had a
17 head injury and that head injury was never picked up or
18 noticed, many times head injuries that occur in
19 childhood, in later adult life can have significant
20 impact on how a person functions.

21 Q Thank you. What about the psychological part of
22 your assessment? You're not trained as a psychologist
23 either, are you?

24 A No. Psychologists do testing, that's what they do.
25 We -- clinical social workers rely on psychologists for

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SHIRLEY FURTICK - Direct by Mr. Abdalla

1982

1 the tests, and we're not trained in testing, but we can
2 review the testing information and consult with a
3 psychologists to help us again identify issues and do
4 away with any inconsistencies that we find.

5 COURT REPORTER: Hold on one second.

6 (The Court Reporter changed tapes.)

7 BY MR. ABDALLA:

8 Q And how about the social part of your assessment?

9 A Social workers are trained in systems, clinical
10 social workers. We're trained to look at the whole
11 person in their environment, every aspect of their
12 environment. We are not born or raised in a vacuum. We
13 come in contact with initially our immediate family,
14 extended family, wider communities, all of those help to
15 influence who we are. We look at institutions that the
16 person may be involved in. In looking at the
17 communities, we might do home visits, we assess
18 economic, socioeconomic of the family, what kinds of
19 impact this may have had on the individual. Religious
20 institutions, again schools. All of this makes up the
21 whole person, and the persons are influenced by those
22 institutions.

23 Q Why do you consult with other professionals?

24 A Consulting with other professionals again is to
25 help with any inconsistencies. Reviewing literature as

SHIRLEY FURTICK - Direct by Mr. Abdalla

1983

1 well as talking with or consulting with professionals in
2 their area of expertise on issues that we are
3 identifying helps to, again, explain what we're finding.

4 Q And why do you visits homes in the communities?

5 A To look at the environment of which the person is
6 living in, grew up in, involved in, and what
7 interactions they're having within that environment.

8 Q And why do review studies and research?

9 A Many times as social issues come about, there's a
10 lot of literature about those social issues, and when we
11 identify issues, it's good practice to look at what's
12 out there in the field, what's being said about those
13 issues, and what kinds of studies have been done
14 regarding those issues, and how they influence
15 individuals.

16 Q Why do you use visual aids to demonstrate your
17 findings?

18 A To help condense the information so that -- there's
19 just so much of it so that it's not so overwhelming.

20 Q What is the purpose of a bio-social -- bio-psycho
21 social assessment?

22 A The purpose of a bio-psycho social assessment is to
23 provide information about the individual and how they
24 came to be as they are and their circumstances.

25 Q Ms. Furtick, do clinical social workers diagnose

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SHIRLEY FURTICK - Direct by Mr. Abdalla

1984

1 and treat mental problems?

2 A Yes.

3 Q And did clinical social workers contribute as
4 advisors to the contents of the Diagnostic and
5 Statistical Manual for Psychiatric Disorders?

6 A Yes.

7 Q What is that manual?

8 A That's -- that's a text, a book used by persons in
9 mental health to diagnose and treat mental illness and
10 mental disorders.

11 Q And after you put this information together, what
12 do you do with it?

13 A We use the information to do a treatment plan if
14 we're in a mental health study, or a clinical setting, a
15 private setting, where we're trying to help the client
16 identify issues, needs and resources. In this setting,
17 a court setting, we use the information to put together
18 and identify how the person got to be the way they are.

19 Q What kind of training is required to gain expertise
20 in conducting these assessments?

21 A A Master's in Social Work.

22 Q And do psychiatrist -- do psychiatrists or
23 psychologists do bio-psycho social assessment?

24 A No.

25 Q And why not?

SHIRLEY FURTICK - Direct by Mr. Abdalla

1985

1 A They're not trained to do bio-psycho social
2 assessments.

3 Q Do they routinely rely on clinical social workers
4 to do these assessments?

5 A Yes. In fact, in mental health settings, the
6 treatment team is generally composed of the
7 psychiatrist, psychologist and the social worker, and in
8 some instances a nurse, and the responsibility of the
9 social worker is to obtain the bio-psycho social
10 assessment.

11 Q Ms. Furtick, how many years have you been
12 conducting bio-psycho social assessments?

13 A Approximately 30 years.

14 MR. ABDALLA: Your Honor, I'd ask that Ms. Furtick
15 be qualified as a clinical work expert in conducting
16 bio-psycho social assessments and presenting her
17 findings and opinions based on that assessment.

18 THE COURT: Any voir dire?

19 MR. ARIAIL: We have no questions.

20 THE COURT: All right. Any objection?

21 MR. ABDALLA: Thank you, Your Honor.

22 THE COURT: Any objection.

23 MR. ARIAIL: No.

24 THE COURT: All right. I so declare her to be.

25 BY MR. ABDALLA:

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SHIRLEY FURTICK - Direct by Mr. Abdalla

1986

1 Q Ms. Furtick, did you conduct interviews in
2 preparation for your assessment?

3 A Yes, I did.

4 Q Would you please list who you interviewed?

5 A I interviewed Brad Sigmon on May 24h, June 26th and
6 July 2nd. I interviewed Virginia Wooten on June 4th,
7 Virginia and daughter Kelly on June 11th, Virginia and
8 daughter Starlett on June 19th, Virginia and daughter
9 Startlett and sister -- Virginia's sister Brenda Clark
10 on June 25th. And Ronnie Sigmon on July 1. I also had
11 telephone contacts with Patrick Conyo (phonetically) and
12 Patricia Conyo on July 6th. These are step-siblings of
13 Brad Sigmon. And I spoke with Davey Sigmon on July
14 14th. This is Brad Sigmon's brother.

15 Q And did you review records for this assessment?

16 A Yes, I did.

17 Q And would please list the records you reviewed?

18 A I reviewed the records of Richland Memorial
19 Hospital, the Greenville Detention Center, the SLED,
20 State Law Enforcement Division records, South Carolina
21 Department of Correction records and all other records,
22 reports that were provided by the defense attorneys.
23 Any my purpose in reviewing these records was to look
24 for history and confirm dates.

25 Q Did you consult or review the reports of other

SHIRLEY FURTICK - Direct by Mr. Abdalla

1987

1 professionals who have assessed Mr. Sigmon?

2 A Yes.

3 Q And have you prepared visual or demonstrative --
4 visual aids to demonstrate your findings?

5 A Yes.

6 Q And are these visual aids in keeping with accepted
7 professional social work practices?

8 A Yes.

9 Q Ms. Furtick, you said that there are patterns of
10 behavior that tend to run in families. Did you prepare
11 a visual aid to demonstrate what you learned about the
12 Sigmon family?

13 A Yes.

14 Q What's this chart called?

15 A This chart is called a genogram.

16 MR. ABDALLA: One moment, Your Honor.

17 BY MR. EPPES:

18 Q Could you tell us what a genogram is?

19 A A genogram is like a family tree. It's used to map
20 relational -- in this case relational loss, separation
21 and death. And what we do with a genogram is that it
22 provides a condensed visual of the family situation and
23 environment.

24 MR. ABDALLA: May I approach, Your Honor, the
25 witness?

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SHIRLEY FURTICK -- Direct by Mr. Abdalla

1988

1 BY MR. ABDALLA:

2 Q Would you please step down, Ms. Furtick, and ---

3 THE COURT: You're going to have to keep your voice
4 elevated if you step down.

5 THE WITNESS: Okay.

6 THE COURT: I need to be able to hear you. The court
7 reporter needs to be able to hear you.

8 MR. ABDALLA: Both of us are going to have that
9 problem, so let's make sure we speak up.

10 THE COURT: Has this been marked?

11 MR. ABDALLA: No, I'm sorry. I need to have this
12 marked as defendant's exhibit -- I'm sorry, I don't know
13 what number we're on.

14 THE COURT: What ---

15 MR. ABDALLA: For identification.

16 THE COURT: Eleven. Is this without objection?

17 MR. ARIAIL: Well, he's marking -- he's not even
18 marking it, it's just a demonstrative aid.

19 THE COURT: Do you intend to offer it for the jury?

20 MR. ARIAIL: He said he did not.

21 MR. ABDALLA: No, I do ---

22 MR. ARIAIL: He says he's planning to offer it. We
23 have no objection.

24 THE COURT: All right. The only thing is if --
25 after the trial is over, I'm going to make you to reduce

SHIRLEY FURTICK - Direct by Mr. Abdalla

1989

1 it so we don't have to store it.

2 MR. ABDALLA: Yes, sir. I believe we have a
3 smaller version of this already. At this point I would
4 like this marked as Defendant's Exhibit Number 11.

5 (Defendant's Exhibit Number 11 was marked and
6 filed.)

7 BY MR. ABDALLA:

8 Q All right. You can step down. Ms. Furtick, if you
9 would, please step down.

10 MR. [REDACTED] Your Honor, could we please place it
11 up front?

12 THE COURT: All right.

13 MR. ABDALLA: Can people see this, the jury? Is
14 there anyone who cannot see this? Your Honor, would the
15 jurors be able to move if they couldn't see?

16 THE COURT: Well, I'd rather you centrally locate
17 it if they can't see.

18 MR. ABDALLA: All right. Am I blocking anybody
19 where I'm positioned? I'll step over here.

20 BY MR. ABDALLA:

21 Q Would you explain to the jury what's on the chart,
22 please?

23 A Okay. This is the family of Brad Sigmon. And this
24 is the family that he grew up in, and this is the family
25 of his parents, and this is the family of their parents.

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SHIRLEY FURTICK - Direct by Mr. Abdalla

1990

1 And this is the family of Brad Sigmon. So we're looking
2 at four generations of family in this genogram.

3 Q Ms. Furtick, what do the circles and squares
4 indicate?

5 A The circles are females in the family, and the
6 squares represent the males in the family. The triangle
7 shape represents a miscarriage, or death of a child at
8 birth.

9 Q And where is Brad on this chart?

10 A Brad is here.

11 Q And where are the parents?

12 A Virginia is here and Ron is here.

13 Q And where are his brothers and sisters and what are
14 their names?

15 A Mike is the next oldest brother and he's here.
16 Starlett is the next oldest sister here, then Davey, and
17 here is Kelly.

18 Q And how about his grandparents on his mother's side
19 of the family?

20 A Alma and Herman Burrell (phonetically).

21 Q And his grandparents on his father's side of the
22 family?

23 A Raymond Maude and Frank Sigmon are the parents of
24 Ronnie Sigmon.

25 MR. ABDALLA: Can you return to the stand, Ms.

SHIRLEY FURTICK - Direct by Mr. Abdalla

1991

1 Furtick? Is this obtrusive? Can I allow this to stay
2 here for a while?

3 THE COURT: Sure.

4 BY MR. ABDALLA:

5 Q Ms. Furtick, are the life experiences of parents
6 important in terms of how they parent their own
7 children?

8 A Yes.

9 Q What did you learn about his mother's background
10 history?

11 A Virginia Wooten was -- was -- the mother, was an
12 only child. She was married at age 16. She divorced
13 her husband when Virginia was eight. She -- after the
14 divorce, she and Virginia's two siblings moved in with
15 Virginia's grandmother, who was the caretaker for the
16 children while the mother worked. The grandmother died
17 when Virginia was about 12 or 13. At the age of 16 --
18 15, Virginia left the home and moved to Texas where she
19 was married in Mexico at the age of 16.

20 MR. ABDALLA: I realize now I have the exhibit
21 between the witnesses and myself. So can the jury at
22 least see this? I realize it may not be a perfect view,
23 but are you able to see it at all? If it's in this
24 position?

25 MR. [REDACTED]: No, we got a couple jurors that cannot

1868

SHIRLEY FURTICK - Direct by Mr. Abdalla

1992

1 see it.

2 THE COURT: Why don't you just put it right there
3 in the middle?

4 MR. [REDACTED] Put it in the middle.

5 MR. ABDALLA: Is that fine?

6 BY MR. ABDALLA:

7 Q I apologize. I've got to clarify two things. When
8 were Virginia and her mother married, did you already
9 say?

10 A When were ---

11 Q Virginia Sigmon and her mother married? What did
12 you just say a moment ago in your testimony about their
13 marriage?

14 A I said her mother was married at the age of 16.

15 Q Sixteen.

16 A And Virginia was also married at the age of 16.

17 MR. ARIAIL: Your Honor, could I just interpose at
18 this point, I think -- I would object to her just
19 reciting what is hearsay, until or unless she has set
20 forth some opinion. I think that's what the rules
21 require, is for her to set some opinion. And then she
22 can bolster, or under -- give underlying data for that
23 opinion. But just to recite all of this data without an
24 opinion, I would object to that. And I'm referring to
25 rule 705.

SHIRLEY FURTICK - Direct by Mr. Abdalla

1 THE COURT: All right. Why don't you get her to
2 say what her ultimate opinion is going to be and then
3 back up and do this, and you can go over the reasons for
4 her opinion at the end. Comply with the rule.

5 MR. ABDALLA: Well, Your Honor, I understand that,
6 and I'm not arguing with your ruling, but could she not
7 rely on her own findings based on the fact that she's an
8 expert in that field? I'll do what the Court says, but
9 I just wanted to ask ---

10 THE COURT: Do it as I say, state the opinion, what
11 she's going to testify to and then ---

12 BY MR. ABDALLA:

13 Q All right. Would you please tell the jury, tell
14 the Court what your finding is, what your assessment is?

15 A I believe there is -- is a visual on conclusions.

16 MR. ABDALLA: I'm sorry, Judge, this out of order.
17 I apologize. Your Honor, I believe we've already handed
18 a copy of this to the Court, and there was a letter --
19 it's in a letter form, a presentation of these
20 conclusions. We've presented one to the Solicitor. At
21 this time I'd like to move to have this marked for
22 identification, Defendant's Exhibit Number 12.

23 THE COURT: For ID?

24 MR. ABDALLA: For ID. I said for ID, I'm sorry, or
25 I thought I did.

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SHIRLEY FURTICK - Direct by Mr. Abdalla

1994

1 (Defendant's Exhibit Number 12 was marked for
2 identification.)

3 MR. ABDALLA: Here's another copy for the Court,
4 Your Honor, in case.

5 THE COURT: I've got one.

6 MR. ABDALLA: All right. I'll keep one for myself
7 as I can't see it as well.

8 BY MR. ABDALLA:

9 Q First, Ms. Furtick, can I ask you to identify these
10 conclusions, and I can show ---

11 A Yes.

12 Q --- the letter form. Are these your conclusions
13 and your findings?

14 A That's correct.

15 MR. ABDALLA: At this time, I'd like to move this
16 into evidence as Defendant's Exhibit Number 12 that's
17 marked for identification.

18 MR. ARIAIL: I would object to the chart going into
19 evidence.

20 THE COURT: I sustain the objection. She can
21 testify to it. You can use it as demonstrative
22 evidence, but I mean, that is ultimately her ultimate
23 report?

24 MR. ABDALLA: That's correct, Your Honor.

25 THE COURT: All right. I won't allow that in.

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SHIRLEY FURTICK - Direct by Mr. Abdalla

1995

1 MR. ABDALLA: Thank you.

2 BY MR. ABDALLA:

3 Q All right. Ms. Furtick, would you please tell the
4 Court about your assessment, your conclusions?

5 A Okay. May I come there?

6 Q Yeah.

7 A I don't have a copy of it. As a result of the
8 interviews, and talking with various family members, and
9 talking with Brad and reviewing his records, and looking
10 at the issues and the home environment and the time that
11 Brad was growing up, what I have concluded is that, one,
12 Brad was born to a mother who was a teenager. His
13 father was abusing alcohol. Both had childhood lives
14 that were characterized by significant loss of
15 relationships. His mother from the age of -- or had six
16 kids all of which were unplanned from the age of 17 to
17 22, with the oldest being five and the youngest being
18 five months. The oldest was Brad.

19 Brad's earliest childhood was one of losses and
20 neglect. His teen mother, not only was she trying to
21 cope with a newborn infant, she was coping with
22 adjusting to military life, as well as coping with the
23 loss of the relationships in her family by moving from
24 Danville, Virginia, to Texas. She did not have supports
25 of extended family as she adjusted to these moves and

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SHIRLEY FURTICK - Direct by Mr. Abdalla

1996

1 losses. She became pregnant with Brad, she had her
2 first miscarriage in the first year of the marriage, and
3 within three weeks of the pregnancy she lost the child.
4 And Brad was conceived approximately six weeks following
5 that miscarriage. So she was dealing with these
6 stressors, except in having to deal with a pregnancy.

7 At the age of five, Brad's parents moved him and
8 his siblings to the Philippines. Here we have a 22 year
9 old mother with five -- well, four toddlers, one infant,
10 age five months, and the oldest toddler, age five,
11 moving across country to the Philippines. During the
12 pregnancy with her sixth child, who is Kelly, she is not
13 with her husband. Ronnie has already been reassigned
14 and gone to the Philippines. She is with these children
15 by herself and she has someone to come in and stay with
16 the kids while she delivers the sixth child. And then
17 she packs them up and she has to move across the county
18 with them.

19 By the age of 7 and throughout his teen years there
20 was several separations by Brad's parents, and they
21 lived -- for vary periods of -- for various reasons. So
22 there was significant loss during these early years when
23 the parents were not there on a consistent basis.

24 By 16, Brad had lived in 10 states. His family
25 life became more uncertain as he was moved back and

SHIRLEY FURTICK - Direct by Mr. Abdalla

1997

1 forth between his parents and step-parents. The parents
2 had separated by them. One was contemplating marriage.
3 Ronnie was contemplating marriage. Brad was from his
4 mom's house to his dad's house, his mom's house to his
5 dad's house. Those relationships just never quite
6 resolved.

7 He was still in high school at the age of 19. Nine
8 weeks before graduation, he drops out of high school to
9 get married. He had limited skills during the early
10 years of the marriage, which resulted in numerous jobs,
11 blue collar, unskilled jobs.

12 He -- and if I just might back up here a minute.
13 At the age of 16, another significant event for Brad was
14 that he was not only what we call a surrogate parent or
15 caretaker for his younger siblings, but he was also a
16 provider for the family in helping the mother to
17 financially provide for the children. He went to work
18 at age 16 while also trying to attend school.

19 By adult age, Brad's relationships with others were
20 pretty much characterized by fears of rejection, fears
21 of abandonment. He -- for him what got replayed with
22 this was all of his earlier fears around rejections,
23 loss and his own self-esteem. When he would experience
24 these fears, what would happen for him is that he would
25 become confused. He was very much, from what I learned,

1874

SHIRLEY FORTICK - Direct by Mr. Abdalla

1998

1 a giving person, very materialistic in relationships,
2 and generally was taken advantage of. And once taken
3 advantage of, it was a situation of why me.

4 So again, rejection, again loss, becoming over
5 emoted, over aroused, impulsive and having poor judgment
6 as to how he deals with all that.

7 Q Thank you. If you would return to the stand. All
8 right. Now, back up. What did you learn about Brad's
9 father's background?

10 A Ronnie Sigmon, actually I -- if I can just step
11 down again for a minute?

12 Q Sure.

13 A Back and forth.

14 Q Sure.

15 A And one thing we want to remember in looking at
16 this is we're talking about a long ago period of time.
17 Brad is now 44.5. His parents are in their 60s. So a
18 lot of this information, they may not have remembered
19 exact dates, or exact descriptions of the events, how
20 they happened, when they happened, who did what, et
21 cetera, et cetera.

22 In talking with Ronnie about his family, what we
23 find, again, are loss. His mother is -- has three
24 marriages. And his mother is one of 11 children. She
25 is the second child of 11 children born to her parental

SHIRLEY FURTICK - Direct by Mr. Abdalla

1999

1 union. There are two other sons in her first marriage.
2 During her second marriage to Ronnie's father, Brad
3 Sigmon, Ronnie is born.

4 Ronnie is raised by his maternal grandparents,
5 because the parents are working. He's raised by the
6 maternal parents until the age of 12, when he then -- or
7 he would go home on weekends, but most of his weekends
8 were spent with his paternal grandparents, until he was
9 age 12, when he went back to the parents' home.

10 Ronnie's interaction was pretty much with the maternal
11 family. There was very little interaction with his
12 father's family to the point that maybe, okay, we could
13 not get clear from him the names of his paternal
14 grandmother and grandfather, and that's generally
15 something folks will remember.

16 Further, Ronnie, he joined the military at age 21.
17 He was in basic training and came home on leave and
18 asked Virginia to marry him. Ronnie was a twin. His
19 brother died at birth. He was still born. So basically
20 what I learned about Ronnie and Virginia is that they
21 both experienced -- experienced some significant loss
22 themselves during their childhood years.

23 Q Would you please tell the Court and jury how his
24 parents met?

25 A Ronnie and Virginia were introduced by a girlfriend

1876

SHIRLEY FURTICK - Direct by Mr. Abdalla

2000

1 of Virginia's.

2 Q And how old was his dad at that time?

3 A Ronnie was 2- -- well, at that point he would have
4 been 20. They dated about 15 months, if I recall
5 correctly, before marrying.

6 Q And his mother was how old?

7 A I don't know how old Ronnie's mother was.

8 Q No, no, I'm sorry.

9 A How old was Virginia?

10 Q Yeah.

11 A She was 15 when they met.

12 Q All right. Where did they live after they married?

13 A Once they married -- well, Ronnie was home on leave
14 and Virginia's mother gave permission for Virginia to
15 travel to Amarillo, where Ronnie was stationed, so that
16 they could be married. He needed clearance from the
17 military to take leave to marry. Virginia stayed with
18 friends of Ronnie's until he could get this clearance.
19 And they were married in New Mexico, I believe.

20 Q And did they start a family right away?

21 A Not right away. The first year of the marriage,
22 Ronnie completed his basic training. Virginia worked
23 at Woolworths, I believe. And as I said earlier, she
24 became pregnant and miscarried her first child about 13
25 months or so into the marriage.

SHIRLEY FURTICK -- Direct by Mr. Abdalla

2001

1 Q And who was her next child?

2 A Her next child was Brad.

3 Q Who was that?

4 A Brad.

5 Q Brad. And when was he born?

6 A Brad was born November 12, '57...

7 Q And how old was his mother at that time?

8 A She would have been 17.

9 Q And you said -- did you say already Brad's father
10 was in the service?

11 A Yeah.

12 Q Okay. And at that time were they still living --
13 which state were they ---

14 A At that time he had completed his basics, and they
15 had moved to Big Springs, Texas, where they remained for
16 the next five years.

17 Q Describe the early environment in the home?

18 A The early environment of that five years, is
19 that ---

20 Q Yeah.

21 A Virginia did not work. Of course she's had
22 multiple successive pregnancies. Ronnie was working
23 during the day, would come home in the evening.
24 Virginia, feeling -- even though he was preg- -- I mean
25 was present at all of the birthings of the children, he

1878

SHIRLEY FORTICK - Direct by Mr. Abdalla

2002

1. was with her in the delivery, he would frequently go out
2. in the evenings, and she would be left with the
3. children. If she were to go out, she usually had to
4. take the children with her. I did not get a sense of --
5. of again, support. She had contact with her family.
6. This contact was basically they came once a year to
7. Virginia, or to South Carolina, where they visit a month
8. or so with the family and returned to wherever they
9. were staying at the time. So the communication and the
10. contact with the family was mostly by telephone or
11. correspondence.

12. Q You also said in your conclusions that Brad --
13. Brad's mother had six unplanned pregnancies, with five
14. children born. Do you have a visual aid to
15. demonstrate ---

16. A Yes.

17. Q --- the time period of those births?

18. MR. ARIAIL: We have no objection to it being
19. marked as ID at this time for her to use as a visual aid
20. to talk about her findings of fact based on conversation
21. she had with these people.

22. THE COURT: Okay.

23. MR. ABDALLA: Thank you. Please mark this as
24. Defendant's Exhibit for ID number 13.

25. (Defendant's Exhibit Number 13 was marked for

SHIRLEY FURTICK - Direct by Mr. Abdalla

1879
2003

1 identification.)

2 BY MR. ABDALLA:

3 Q Would you please step down from the witness stand
4 and review this, Exhibit Number 13 that was marked for
5 identification. Would you please review the chart for
6 the jury?

7 A Well, what we have here is significant issues for
8 Virginia during Brad's early childhood, particularly the
9 age from birth to age five. Now, I had mentioned
10 earlier about the losses that Virginia and Ronnie
11 experienced in their life, in terms of relationships, so
12 what we have is a teen mother who is separated by choice
13 from her own mother and she's having these children and
14 there is no support.

15 And one of the things that happens with parenting
16 is that parenting, and you know this, is probably the
17 biggest career that we will ever have, and we're not
18 trained for it. And we kind of learn how to parent by
19 trial and error, or we imitate what we've seen from
20 others, basically our own parents or folks around us.
21 But if you have experienced those losses, you don't have
22 that. So you learn to parent by trial and error, if you
23 do not have a support system of friends.

24 Again, while the family lived in military housing,
25 close confinements, one way, when you got this many

1880

SHIRLEY FORTICK - Direct by Mr. Abdalla

2004

1 children, of controlling those, while controlling is not
2 a good word, managing, maintaining little ones is you
3 keep them pretty regimented, so that they understand
4 what kinds of behavior is expected of them.

5 So what we have is a teen age mother with no
6 support who miscarried at the age of 17. She's at work.
7 She miscarried. She doesn't know that she's having a
8 miscarriage. Co-workers offer support through this
9 time. She goes to a military doctor the following day
10 who says, oh, you may have miscarried. Okay. And then
11 six weeks later, she is again pregnant. Has she had
12 enough time to grieve the loss of that miscarriage? Was
13 she even ready to have that infant? We have a
14 16-year-old, married for one year, she's still in the
15 process of getting to know her husband. She is still
16 getting -- in the process of learning to be a wife. She
17 is still in the process of learning to be a military
18 wife, and again with no supports. So emotionally
19 attentiveness to the needs of her children would not
20 have been consistent.

21 And in looking at this chart, what you will also
22 see is that in between those pregnancies there was a
23 significant 6 to 10 month time that she was not
24 pregnant, but about to conceive or had the care of an
25 infant as well as a toddler, and having that many small

SHIRLEY FURTICK - Direct by Mr. Abdalla

2005

1 children around is very difficult when you're trying to
2 adjust to numerous other stressors that are going on and
3 taking care of children. And again at 21, when she
4 conceives her sixth child, she is the caretaker for the
5 four toddlers. She is alone, and she is preparing them
6 to move across country alone.

7 Q Ms. Furtick, what is -- in your opinion what is
8 the effect of this on -- the significance of this period
9 on Brad's life?

10 A One of the early issues for children is the issue
11 of trust and bonding. Infants instinctively bond to the
12 caretaker. The caretaker instinctively bond to the
13 infant. The learning to trust that that physical,
14 emotional presence is going to be there is very
15 important for children, particularly for infants in
16 their early years. If that is taken away or is not
17 consistent, children learn not to trust relationships.
18 As adults this creates significant problems in how they
19 choose relationships, how they maintain those
20 relationships, and what happens to them when they loose
21 those relationships, because what they're doing is they
22 have not resolved the initial loss relationship, so each
23 subsequent relationship is a reminder of the feelings,
24 emotions in end to that initial loss.

25 Q You spoke of neglect. What do social workers,

1882

SHIRLEY FORTICK - Direct by Mr. Abdalla

2006

1 clinical social workers mean when they speak of neglect?

2 A When we talk about neglect, we're talking about
3 basic human needs. And the basic human needs that we
4 have are for food, shelter, clothing, all of that is a
5 basic human need. Brad had that. Education, Brad has
6 that. However, the family did move a lot. The moves
7 can be very disruptive in terms of being able to settle
8 down and complete, so that was a problem area for Brad.
9 The other neglect we look at would be the emotional
10 neglect. And that's the piece that I was talking about
11 where the mother, because of her responsibilities for
12 all of these kids, could not have been consistently
13 emotionally available to all of these kids at the same
14 time.

15 Q In you opinion, did Brad suffer any developmental
16 losses?

17 A Yes.

18 Q And what were they?

19 A What happens for children when they don't complete
20 this, is that many times many will end up feeling
21 depression. They will have -- develop anxious habits.
22 They are unable to again establish and maintain healthy
23 relationships, and generally they tend to be over
24 reactive and overly involved or attached to
25 relationships, when there is some great loss to that

SHIRLEY FURTICK - Direct by Mr. Abdalla

1883
2007

1 relationship they become more clingy and have a need to
2 hold onto it.

3 Q You can return to the stand, Ms. Furtick, unless
4 you need to refer further to the chart. What is the
5 importance, Ms. Furtick, of a child learning
6 relationship skills?

7 A The importance of learning the relational skills is
8 that's how we develop our social mores. Children learn
9 and imitate how to deal with people in their wide world
10 from the relationships within their immediate family.
11 What's important for them is that they play. Play helps
12 them to develop social mores. If Johnny gets angry,
13 takes his toys and goes home, that's okay. The world is
14 not going to end. Okay. Sally don't want to date you
15 anymore, that's okay. The world is not going to end.
16 There will still be people -- still be people around to
17 protect love and care for you and the world is not going
18 to fall apart because you lose one person. Again, they
19 learn the rules about what's -- you can do, what you can
20 do in relationships and they learn boundaries about how
21 they can maintain equilibrium in those boundaries in
22 terms of give and take and sharing, reciprocity, giving
23 and sharing, taking and giving. And they develop
24 competence, self-esteem in themselves, in -- and in
25 relationships, in work, in all aspects of their adult

1884

SHIRLEY FURTICK - Direct by Mr. Abdalla

2008

1 life.

2 Q And what happens to children who miss out on those
3 skills? How did that effect their -- their -- them in
4 terms of how they handle rejection?

5 A There are numerous studies that say that children
6 who have difficult relationships with losses generally
7 have problems have early as juveniles. They generally
8 will end up in the juvenile or adult correctional
9 system.

10 Q And does neglect ever effect children in a way that
11 they would more likely end up with difficulties in
12 school and in relationships?

13 A It could hurt them in their school relationships,
14 sometimes they can be so attune to what's going on
15 that -- in the home environment, in the community
16 environment, that when in school it's very easy for them
17 to be distracted, not learning, daydreaming, sleeping,
18 can happen very easily.

19 Q You said that in the conclusions that Brad had some
20 difficulties in school, could you expand on those?

21 A Yeah. When -- when Brad was five the family moved
22 from Big Springs -- I keep wanting to say Big City --
23 Big Springs, Texas, to the Philippines, Brad was to
24 begin first grade there. In interviewing the family we
25 had difficulty trying to get dates and ages to match. I

SHIRLEY FURTICK - Direct by Mr. Abdalla

2009 **1885**

1 think it's interesting Brad's age falls on -- his
2 birthday follows on the cuff. So when it's his birthday
3 he's in between ages because it's November going into
4 December. So everything is on the cuff, of five to six,
5 six to seven, kind of stuff.

6 So he starts school at five or six in the
7 Philippines, but has difficulty adjusting to school. He
8 would go to school but then -- the mother would take him
9 to school, then he would leave and try to find his way
10 back home off military base from the school. Mother,
11 Virginia, ended up eventually have to go and spend time
12 with him in the school, inviting the teacher to the home
13 so that Brad could get to know her in his home
14 environment and feel comfortable in the school. Again,
15 a significant loss for Brad because the teacher became
16 involved with him, but once he began to adjust and feel
17 comfortable in the school, this went on for about six
18 weeks, he became just another kid in the classroom.

19 When they returned to the states, because of the
20 educational standards of the two educational systems,
21 Brad had to repeat the first grade. And had some
22 difficulties with that -- with those classes.

23 Q Ms. Furtick, you described the family relationships
24 wherein Brad's early childhood he began to separate --
25 his parents began to separate and they would frequently

1886

SHIRLEY FURTECK - Direct by Mr. Abdalla

2010

1 leave with one child or the other?

2 A Yes. There were periods in the marriage when one
3 or the other parent would leave and the children would
4 be left in the care of the other parent for extended
5 periods of time. Virginia's mother at varying periods
6 would come into the home and was one of the caretakers
7 for the children.

8 Q What was the status of the marriage at that time?

9 A During those periods of time there continued to be
10 some drinking. There were times of financial stress due
11 to the unemployment. And the military history there was
12 a lot of movement with varying lengths of stay in 10
13 different states.

14 Q What did you learn about why Brad's mother was
15 leaving his father, the frequency in which she was
16 leaving?

17 A The frequency had to do with the marital
18 relationship.

19 Q And why was that?

20 A Again, with the stress of the five children,
21 perhaps not always feeling appreciated. The father
22 would be away at work and she again was primary
23 caretaker.

24 Q All right. And how old did you say Brad was when
25 they moved to the Philippines?

SHIRLEY FURTICK - Direct by Mr. Abdalla

1 A He was age five.

2 Q And did the problems worsen when they returned to
3 the states?

4 A Yes.

5 Q And how old was Brad when they began separating on
6 a regular basis?

7 A There were several separations throughout -- before
8 the separation and divorce.

9 Q Did the family live in one place when these
10 separations were taking place?

11 A No.

12 Q And what about the drinking, was it continuing
13 during this period?

14 A Yes.

15 Q And when you said that by the age of 16 Brad had
16 lived in 10 states, what significance does that hold for
17 you in terms of his childhood development?

18 A Okay. I believe we have a visual here.

19 MR. ARIAIL: We have no objection to it being
20 marked for ID at this time.

21 THE COURT: All right. For demonstrative purposes
22 only.

23 MR. ARIAIL: To assist her testimony of the facts
24 she learned during her investigation.

25 MR. ABDALLA: I would like this marked as Defense

1888

SHIRLEY FURTICK - Direct by Mr. Abdalla

2012

1 Exhibit 14 for ID purposes only.

2 (Defendant's Exhibit Number 14 was marked for
3 identification.)

4 BY MR. ABDALLA:

5 Q Ms. Furtick, could you please step down off the
6 stand and describe what I'm about to put in front of the
7 jury?

8 A Yeah. What you have here is a map of the family's
9 moves over a -- a -- pretty much what 16 -- 10 year
10 period. Again, as we talk about losses and attachments,
11 and bonding with things and situation. What we here is
12 at age five they're moving from Big Springs and going to
13 the Philippines. They're in the Philippines almost two
14 years, not quite two years, and he starts school. So we
15 assume that he completed school here. He leaves the
16 Philippines and the family moved to Arizona, where they
17 are living for about four months. We're not sure if
18 they're summer months, winter months, in between the
19 school months, or after school months, but we know that
20 they are there for about four months. We leave Arizona,
21 and we move to Hampton. We live in Hampton for a period
22 with the -- with Ronnie's mother. We leave Hampton and
23 we go to -- I'm sorry, this is -- we're living with -- I
24 forgot I think it may have been Virginia's brother, the
25 brother is down here.

SHIRLEY FURTICK - Direct by Mr. Abdalla

1889
2013

1 Q Do you have any notes that you'd like to refer to
2 at this time?

3 A No, I don't. But this move here to Danville when
4 Brad was 9, they lived for a short of period of time
5 with in-laws. So what we see is that during critical
6 ages, of -- personality development, self-esteem
7 development, the children in this family are moved
8 before they are able to attach to relationships,
9 significant relationships. How do you form
10 relationships with peers in school? Okay. We know that
11 while Brad was very engaging and had lots of friends,
12 don't have a sense of how connected those relationships
13 was because he didn't stay there long enough to have any
14 long term meanings in those relationships.

15 Then we come to Danville. And from Danville we go
16 out to Seattle, where we stay for two years. In here
17 the family is having some financial problems. Dad has
18 been out of the army. He's resigned, so he goes to a
19 job in Seattle, where they stay for about two years.
20 When that job is up, again, we're moving and we're are
21 coming to Greenville, Taylors area and we see a lot of
22 interaction right here in the Taylors area, because
23 that's where most of the extended family had congregated
24 and was living. So there was a lot of movement in and
25 around Taylors, Sumter, Greenville area for this family.

1890

SHIRLEY FURTICK - Direct by Mr. Abdalla

2014

1 Q Thank you. When did Brad's parents divorce?

2 A I believe they divorced in 1977.

3 Q And with whom did Brad live at that time?

4 A Brad was living with his father.

5 Q Was he still in school?

6 A Yes.

7 Q And where were his brothers and sisters?

8 A The brothers and sisters were also with the father.

9 Q What did you learn about the impact of this family
10 environment on his brothers and sisters?

11 A With the brothers and sisters of Brad, I believe --
12 again, ability to sustain, maintain relationships. Both
13 of Brad's sisters have experienced separations in
14 relationships with their significant others. I did not
15 talk -- I believe Davey is married and I don't
16 believe -- I don't anything about his marital
17 relationships. I can't speak for that. Mike, I don't
18 know anything about his relationships. So the pattern
19 in the family is loss of the relationships, the
20 separations, and the inability to maintain and sustain
21 the relationships.

22 Q Ms. Furtick, are you through with the map, the map
23 that's underneath there?

24 A Yeah.

25 MR. ABDALLA: Your Honor, at this time I would like

SHIRLEY FURTICK - Direct by Mr. Abdalla

2015 **1891**

1 to move Defense Exhibit, marked for identification,
2 Number 14 into evidence.

3 THE COURT: What is it?

4 MR. ABDALLA: We do have a smaller copy obviously.

5 THE COURT: Well, what is the State's position?

6 MR. ARIAIL: These are her facts and from --
7 derived from conclusions and hearsay. I mean what that
8 is is actually just a recitation of what other people
9 have told her.

10 THE COURT: All right.

11 MR. ARIAIL: From that standpoint we would object
12 to it being a part of the record.

13 THE COURT: Anything you want to say?

14 MR. ABDALLA: Well, Your Honor, it is very
15 relevant. She's testified to all the facts here and I
16 think it would be an aide for the jury, it would help
17 them in any determination ---

18 THE COURT: I'll allow the map in.

19 MR. ABDALLA: Thank you. I'd like this marked for
20 evidence.

21 (Defendant's Exhibit Number 14 was filed.)

22 BY MR. ABDALLA:

23 Q How long did Brad stay in school?

24 A He was in school until the age 19. He dropped out
25 of school nine weeks before graduation and married.

1892

SHIRLEY FURTICK - Direct by Mr. Abdalla 2016

1 Q And why did he drop out?

2 A To get married.

3 Q Oh, to get married. Do you know anything about
4 Brad and Cheryl, how they met?

5 A Brad and Cheryl met while Brad was living in
6 Sumter, or visiting Sumter with his father.

7 Q And how old was Cheryl when she and Brad met?

8 A Cheryl was age 16 when she and Brad met. Brad was
9 19.

10 Q And were they in Sumter?

11 A They were in Sumter. Pardon me, Cheryl was turning
12 16.

13 Q Okay. Did they have any children?

14 A They have three children.

15 Q How many years were they married?

16 A Brad and Cheryl were -- I believe were married a
17 total of 13 years. Again, relationships, there were
18 numerous separations during the 13 year period.

19 Q Now, during your interviews for this period of
20 time, did you attempt to contact his wife Cheryl?

21 A No, I did not. I believe the investigator did.

22 Q All right. Were you able to speak with her?

23 A No, I was not

24 Q Thank you. Did you -- what kinds of jobs did Brad
25 hold over the next few years?

SHIRLEY FURTICK -- Direct by Mr. Abdalla

2017 **1893**

1 A Brad worked several jobs. As I said, he dropped
2 out of school, so he was not particularly skilled. He
3 had a lot of unskilled job. He worked at Barby
4 (phonetically) during the first year -- or the first
5 several months of his marriage with Cheryl. He had
6 employment at -- in construction over the years. He had
7 employment as a salesman. He did roofing and
8 contracting. His employment was usually short term
9 until he began working for Duke Power company. And that
10 was his longest period of employment, which I believe
11 was about six years until he began working,
12 self-employment, working for himself, cutting trees, and
13 then it was with the Duke Power that he gained skills in
14 tree cutting.

15 Q And how did he perform these jobs -- perform on
16 them, I should say, not perform, how did he perform on
17 his jobs?

18 A What I learned from Brad was he didn't like orders.
19 He would -- and there was marital conflict. Shortly
20 after they were married, they lived -- when they got
21 married they lived with Virginia and Donnie Wooten for a
22 time. They lived with Ronnie and Ronnie's second wife
23 Patricia for a time. So they were in and out of the two
24 families. Then they got their own home, mobile home,
25 and shortly after moving into that mobile home, they --

1894

SHIRLEY FURTICK - Direct by Mr. Abdalla

2018

1 Cheryl leaves and goes to California with her mother and
2 step-dad. Brad remains in Taylor, and later, a couple
3 months later is called by Cheryl and informed that she
4 was pregnant. And at this time he leaves. So a lot of
5 his moving with his jobs coincided with the ins and outs
6 of the marriage and the conflict there.

7 Q Okay. You said that Brad was -- had no use -- had
8 no skills to live independently or to work consistently
9 and this lead to the use of alcohol and other drugs. Do
10 you -- how did this affect Brad's behavior during
11 adulthood?

12 A Well, one thing that Brad learned was to get
13 attention you have to do things and please -- to please
14 other folks. And he saw his role as provider and
15 caretaker. He, in relationships, selected females who
16 were young, immature. He in many ways became parent,
17 took care of them, provided for them. And when they
18 would start to reject him, he couldn't understand that,
19 and he would get depressed and he would self-medicate
20 his depression with his alcohol.

21 Q Okay. How long ---

22 COURT REPORTER: Hold on one second.

23 THE COURT: Hold on just a minute.

24 MR. ABDALLA: I'm sorry.

25 THE COURT: Got to change paper.

SHIRLEY FURTICK - Direct by Mr. Abdalla

2019 **1895**

1 (Court reporter changed paper.)

2 BY MR. ABDALLA:

3 Q I kind of lost track. I know you were talking
4 about Brad's relationships, and I'm sorry for
5 summarizing, what did you say about women, something
6 about immature -- I guess let me bootstrap that. Did
7 your conclusions point to why Brad, or if Brad would be
8 attracted to women with any kind of history of violence,
9 or problems with relationships with men?

10 A The attraction would be that sometimes
11 personalities come together, we don't know why they come
12 together, but they just kind of find each other, and
13 many times unstable personalities will find unstable
14 personalities, and they will melt. Like personalities
15 will come together and attach to each other and they
16 will go along fine until they have a sense of some -- or
17 perceived unmet need, or -- and usually people have
18 immediate -- have issues of immediate gratification.
19 They want what they want and they want it right now.
20 Okay. And when that right now is not satisfied, then
21 you know, they get angry, they might have temper
22 tantrums, they might throw things, they might do
23 whatever to release, or they might use substance and
24 alcohol. And occasionally these personalities, these
25 folks will attract one another.

1896

SHIRLEY FURTICK - Direct by Mr. Abdalla

2020

1 Q You said that Brad's relationships were
2 characterized by fears of rejection, abandonment, and
3 loss. In your opinion, what impact did this have on
4 Brad's behavior in relationships?

5 A In relationships? When the -- when Brad seemed to
6 lose the relationship, he, with other relationships,
7 would become like of a lifeline. He would try to reach
8 out, whether it was to the siblings or his parents,
9 that's where he would try to reach out. One comment
10 that Brad made to me was that you could ---

11 MR. ARIAIL: Object to the comments that Brad made
12 to her as being hearsay.

13 MR. ABDALLA: Your Honor ---

14 THE COURT: Overruled. Go ahead.

15 THE WITNESS: One of the comments he made was that
16 you can only trust your family and the military. And
17 the military is a close-knit unit and they take care of
18 you. And your family takes care of you. So when you're
19 in a rut you reach to your family and you reach to the
20 military because that's all you have. And what we see
21 with Brad is what he had that was consistent in his
22 family relationship was this sibling group, his
23 relationship with his sisters and his brothers. They
24 were always there. They were together. He looked out
25 for them. They took care of each other. They shared.

SHIRLEY FURTICK - Direct by Mr. Abdalla

1897
2021

1 They served as each other's confidants. So that was the
2 most stable, ongoing, consistent relationship that he
3 had experienced.

4 BY MR. ABDALLA:

5 Q In your opinion, how did this affect his ability to
6 use good judgment and insight?

7 A Not well.

8 Q All right.

9 A Just ability to accept a relationship. He's very
10 engaging. He would engage relationships very well, very
11 easily. He has a gift to gab, was very friendly,
12 outgoing. However, it's difficult for him to sustain
13 those relationships.

14 Q What was the impact of the loss of judgment, and
15 insight, and impulse control when combined with drug
16 use?

17 A Very poor.

18 Q And in your opinion, why was Brad a high risk to
19 end up in serious trouble over a relationship?

20 A Because of his need to be attached and involved in
21 relationship for whatever giving materialistically, the
22 overall issue is to be loved, accepted unconditionally,
23 and when that does not happen, again, he becomes hyper,
24 arousal, over-emoted, over reactive, and you can combine
25 alcohol with that, then one becomes very impulsive and

1898

SHIRLEY FURTICK - Direct by Mr. Abdalla

2022

1 erratic.

2 Q Would that include alcohol or drugs?

3 A Alcohol or drugs.

4 MR. ABDALLA: One moment, please. Let me have just
5 one moment, Your Honor, to review these exhibits and
6 those marked for identification.

7 THE COURT: All right.

8 MR. ABDALLA: Your Honor, at this time as an aid
9 for the jury I'd ask that Defendant's Exhibits 13 marked
10 for identification be placed into evidence. And I would
11 have a reduced ---

12 THE COURT: Let me see it.

13 MR. ABDALLA: --- form for the jury.

14 THE COURT: All right. What's your position as to
15 13?

16 MR. ARIAIL: I'm not sure what it is.

17 MR. ABDALLA: I apologize.

18 MR. ARIAIL: That's all right. Same objection. I
19 mean, it's her information that's she's already
20 testified about, information she's gathered through
21 conversations that are hearsay.

22 THE COURT: Are you going to move all of them in?

23 MR. ABDALLA: I'd like to, Your Honor, and
24 I have two of the four so far.

25 THE COURT: I know, and I was being liberal with

EXHIBIT 2

1965

ALEX MORTON - Direct by Mr. Abdalla

2089

1 sir, and raise your right hand.

2 ALEX MORTON

3 Having been first duly sworn, testified as follows:

4 THE CLERK: State your name for the record, please.

5 THE WITNESS: William Alexander Morton, Jr.

6 THE CLERK: Thank you. Be seated.

7 DIRECT EXAMINATION

8 BY MR. ABDALLA:

9 Q Mr. Alexander (sic), would you please tell the
10 Court and jury what your name is?

11 A My name is William Alexander Morton, Jr.

12 Q And where do you live?

13 A I live in Charleston, South Carolina, actually in
14 [REDACTED].

15 Q And can you tell me a little bit about your
16 background, what your profession?

17 A Yes. I'm a teacher and a pharmacist at the Medical
18 University of South Carolina in Charleston, South
19 Carolina.

20 Q And what do you teach?

21 A I teach psychopharmacology, which is basically the
22 study of drugs that effect the brain, which includes
23 prescribed drugs as well as elicit drugs.

24 Q And what pharmacy school did you attend?

25 A I received my Bachelor's at the University of North

1966

ALEX MORTON -- Direct by Mr. Abdalla

2090

1 Carolina in 1972, and my Doctorate in Pharmacy from the
2 University of Tennessee in 1975.

3 Q Do you have internships or residencies -- where did
4 you do your internship or residency?

5 A I did my internship at Cabaras (phonetically)
6 Memorial Hospital, and did a clinical residency at UC
7 San Francisco.

8 Q And what's your area of specialty?

9 A I specialize in drugs that affect the human brain.
10 I specialize specifically in substances of abuse and any
11 psychiatric medications.

12 Q And are you Board Certified?

13 A Yes, I am Board Certified. I'm Board Certified in
14 psychiatric pharmacy practice and was Board Certified in
15 1996.

16 Q And what's your present position?

17 A Currently I'm a full professor of pharmacy at MUSC
18 and also associate professor of psychiatry and
19 behavioral sciences at MUSC.

20 Q And tell me a little bit about your duties as an
21 associate professor of psychiatry and behavioral
22 sciences?

23 A Mainly it's to teach, do research, and provide
24 service. My teaching is mainly to second and third year
25 psychiatric residents, as well as medical students. Of

ALEX MORTON - Direct by Mr. Abdalla

2091967

1 course pharmacy students fall under the College of
2 Pharmacy. I practice on the adult inpatient unit of the
3 CDAP, which is the Center for Drug and Alcohol Program,
4 where it's an adult inpatient unit, which is fairly
5 short term stay, 7 to 21 days for people with chemical
6 dependency disorders and dual diagnosis disorders.

7 Q And what are your duties?

8 A Duties are to evaluate and assess patients, and
9 make recommendations as far as drug therapy for these
10 patients, help decide if medication is indicated, often
11 because when people have been using substances, it's not
12 clear if they have a psychiatric disorder in addition to
13 that. So also help do education groups for the patient,
14 do education groups for the staff, staff attendings, but
15 provide information specifically about medicines there
16 on the -- on the floor.

17 Q And do you see patients yourself?

18 A Yes, I do.

19 Q And did you evaluate and assess patients?

20 A Yes, I do.

21 Q Tell us a little bit about that, please?

22 A Well, I've been with the University for about 26
23 years, and for about 17 years I have worked in clinical
24 research, and that's where a patient would come in with
25 a particular problem. I would assess them, evaluate

1968

ALEX MORTON --Direct by Mr. Abdalla

2092

1 them, see if they are eligible to participate in the
2 study, come into the study, I would then meet with a
3 psychiatrist and we would review diagnostic criteria. I
4 don't do any diagnosis, but the psychiatrist does that.
5 If they are eligible for the study, they would then come
6 into the study and I would see them on a weekly or
7 monthly basis, anywhere from 6 weeks up to 104 weeks.

8 And then sometimes -- often times I'll follow patients
9 after they have completed the study, if -- if they would
10 like to provide -- if they would like to get some
11 continued follow up there at the Medical University.

12 Q Do you do anything with patients with drugs?

13 A Yes. I -- both inpatient and outpatient. I'm
14 involved in two clinical studies right now, use of two
15 medicines to treat cocaine craving and cocaine
16 withdrawal. So I'm involved in those two studies right
17 this minute.

18 Q And approximately how many patients have you
19 evaluated?

20 A For?

21 Q Cocaine.

22 A Cocaine, probably over my lifetime I have to
23 estimate that, but it would be between 6 and maybe 7,000
24 patients with cocaine abuse and dependence.

25 Q For example what type of disorders or ---

ALEX MORTON - Direct by Mr. Abdalla

1969
2093

1 A Well ---

2 Q What would the treatment be?

3 A I'd be involved in treating their withdrawal. I'd
4 be involved in treating their craving, relapse
5 prevention treatment programs. I'd also be involved in
6 a number of anxiety and depression studies, different
7 types of depression, bi-polar depression, uni-polar
8 depression, recurrent major depression. There have been
9 a number of studies that I have been involved in over
10 the years.

11 Q When you talk about bi-polar and uni-polar is there
12 term that's more familiar of some of us?

13 A Well -- yes, I'm -- more often it's just referred
14 to as depression or manic depression.

15 Q Thank you. And you've been talking about
16 assessments, do you do any diagnosis?

17 A No, sir, I do not diagnose.

18 Q What do you do?

19 A I mainly provide what I would consider rational
20 drug therapy. Once the diagnosis has been made,
21 there -- if pharmacological treatment or drug treatment
22 is indicated, I would be involved in developing a plan
23 or having them come into a program, and I would either
24 be their primary practitioner or work with the treatment
25 team to provide them treatment.

1970

ALEX MORTON - Direct by Mr. Abdalla 2094

1 A And you said you'd been at the Medical University
2 of South Carolina since when?

3 A Since 1976.

4 Q Do you have -- what are your past activities while
5 you've been at the Medical University?

6 A While I've been there, I've worked on a number of
7 services. I have worked on all of the general
8 psychiatric units. Some units specialize in just
9 schizophrenia, and some would specialize in maybe mood
10 disorders, some would specialize in alcohol and drug,
11 which is what I'm currently doing. I have worked
12 some on the child and adolescent unit. I've worked on
13 the consult service, and that would be the service, for
14 instance, when someone on the burn unit developed severe
15 depression, we would go and evaluate them and see if an
16 anti-depressant was indicated. I have worked at the VA
17 Hospital, where I worked on the inpatient unit. Also at
18 the VA Hospital, there I did follow a small group of
19 patients, about 130 patients for three or four years,
20 outpatient.

21 Q Do you have any other involvement with alcohol and
22 drug programs?

23 A In the past I have. At the Charleston County
24 Hospital at one point they did have an alcohol and
25 psychiatric unit. That has since closed, but I worked

1971

ALEX MORTON - Direct by Mr. Abdalla

2095

1 there for about nine years. And also worked at the
2 Femicall (phonetically) Hospital which was an inpatient
3 unit in Charleston, South Carolina. I work there for
4 about 14 years mainly as a consultant looking at
5 patients when they came in, trying to make sense out of
6 some of the symptoms of the drugs that they were taking,
7 because a lot of times people would be taking more than
8 one drug and it's very hard to sort out what's going on.
9 So I would be involved in making recommendations as well
10 as doing education with the staff there regarding drugs.

11 Q Did you ever work at Femicall?

12 A Femicall, yes.

13 Q Oh, okay. And what were your duties there?

14 A Again patient assessment, patient education, staff
15 education, again make sure that the medications that
16 were prescribed were indicated, because all drugs have
17 some side effects, so try to make sense out of -- out of
18 what patients were taking when they first came in.

19 Q And any workshops or presentations you've
20 conducted?

21 A I have done -- over the last 26 years at the
22 Medical University, yes, I've done a number of workshops
23 both in the area of psychiatric drugs, substance abuse,
24 more specifically about -- probably about 40
25 specifically regarding substance abuse, and another 70

1972

ALEX MORTON - Direct by Mr. Abdalla

2096

1 workshops and presentations locally, nationally, on
2 drugs that are used to treat psychiatric disorders.

3 Q Anything specific you can give us examples of at
4 this time?

5 A I'm -- well, I present at the national symposium
6 for substance abuse pharmacists. I also presented in
7 1986 at the first South Carolina Cocaine Abuse
8 Conference. That's when we started recognizing it as
9 being a real problem, and I presented some data there.
10 I presented there three or four times at the South
11 Carolina School of Alcohol and Drug Dependence, which
12 moves around from city to city in South Carolina every
13 year. And just general presentations. Ask the Expert
14 at MUSC where patients come in and will have a -- or
15 patients and staff, or education for whoever wants to
16 come in that evening and ask questions specifically
17 about drugs.

18 Q And do you have any publications?

19 A Yes, sir.

20 Q And approximately how many?

21 A I think I have between 43 and 45, depending on
22 what's being published right now. About 15 or 17 of
23 them that are specifically on substance abuse. The
24 others are regarding psychiatric issues, mostly
25 psychiatric issues. There may be several other drugs --

1973

ALEX MORTON - Direct by Mr. Abdalla

2097

1 several other studies that don't have to do specifically
2 with psychiatric medicines, but around 45 I would say.

3 Q And where have you ever testified? Have you ever
4 testified in court?

5 A Yes, sir, I have.

6 Q And where have you testified?

7 A I have testified here in South Carolina. I have
8 testified in North Carolina. I have testified in
9 Virginia and Alabama.

10 Q And what type of cases?

11 A A mixture of cases. I've probably testified
12 overall about 18 times and 15 of those have been --
13 involve capital cases, 11 specifically regarding cocaine
14 use and how it might have affect someone's behavior. So
15 then there are other malpractice cases, one or two
16 malpractices, and then I have testified for the defense
17 as well as the prosecution regarding substance abuse
18 problems.

19 MR. ABDALLA: Your Honor, at this time I would like
20 to move Mr. Alexander (sic) as an expert in
21 psychopharmacology addictions and have him qualified as
22 an expert in that.

23 THE COURT: Any voir dire?

24 MR. ARIAIL: Just a couple questions.

25 VOIR DIRE BY MR. ARIAIL:

1974

ALEX MORTON - Direct by Mr. Abdalla

2098

1 Q As part of this, have you interviewed Mr. Sigmon?

2 A Yes, sir.

3 Q And have you interviewed Mr. Strube?

4 A No, sir.

5 Q Did you hear Mr. Strube testify?

6 A No, I don't think so. I don't know who Mr. Strube
7 is.

8 Q And did anybody tell you what Mr. Strube testified
9 about?

10 A I don't -- that's -- that name is new to me.

11 MR. ARIAIL: Okay. I don't have any other
12 questions on voir dire.

13 THE COURT: All right. Any objection to him being
14 considered an expert in psychopharmacology?

15 MR. ARIAIL: We don't have ---

16 MR. ABDALLA: Addictions and psychopharmacy
17 practice, Your Honor.

18 MR. ARIAIL: According to the rules we understand
19 they're -- we're not objecting.

20 THE COURT: Okay. So declared.

21 MR. ABDALLA: Thank you, Your Honor.

22 BY MR. ABDALLA:

23 Q When did you exam Mr. Sigmon?

24 A I saw Brad Sigmon on May the 10th of this year,
25 2002.

ALEX MORTON - Direct by Mr. Abdalla

1975
2099

1 Q And did you review records in conjunction with your
2 visit with Brad?

3 A I reviewed records afterwards. I reviewed records
4 that had to do with his medical and psychiatric
5 condition. I reviewed some records of his South
6 Carolina, Department of Detention records. I reviewed
7 his statement. I reviewed one statement anyway. I
8 reviewed some other things too.

9 Q Did you consult with anybody in addition to
10 reviewing records and visiting Mr. Sigmon?

11 A Yes, I consulted with two physicians, Dr. Donna
12 Schwartz Watts, and also consulted with Dr. Ernest
13 Martin. I consulted with Shirley Furtick also.

14 Q Did you consult with anyone else regarding Mr.
15 Sigmon?

16 A Ms. Paige Tarr.

17 Q Okay. What did you find? As a result of all those
18 things, what did you find?

19 A Overall I found three main things after I evaluated
20 him and consulted with other people. And the first one
21 is that he indeed does have a medical disorder of the
22 brain called recurrent major depressive disorder. That
23 second of all, he indeed does have chemical dependency
24 disorders, specifically regarding cocaine, alcohol and
25 marijuana, and some past use of other substances. And

1976

ALEX MORTON - Direct by Mr. Abdalla

2100

1 third of all; that these interacted such that he was
2 using a number of substances to treat his depression and
3 temporarily was probably helping on a very brief period
4 of time, but overall made that depression worse.

5 Q How did make you sense of Brad's drug use?

6 MR. ARIAIL: Your Honor, I'm going to -- I would
7 interpose an objection here to relevance in that there
8 is no testimony or evidence in this record that Brad
9 Sigmon has used drugs, except for the one reference by
10 Mr. Strube, and we're injecting an issue here where
11 there is no factual basis in the record. Now, if this
12 witness is going to -- the idea is that he's going to
13 bootstrap it by saying I talked to some other people, I
14 talked to Mr. Sigmon, I think he needs to detail or --
15 or delineate a basis before we go forward, otherwise I'm
16 going to object that there's nothing in the record to
17 support this testimony.

18 MR. ABDALLA: Your Honor?

19 THE COURT: Yes, sir.

20 MR. EPPES: I have a couple things to say about
21 that. First, Mr. Sigmon's statements goes to his drug
22 use on more than one occasion. Secondly, Shirley
23 Furtick has testified to drug use. And Dr. Alexander
24 (sic) has spoken to Mr. Sigmon himself. And I believe
25 he's free to make any inferences as an expert on these

ALEX MORTON - Direct by Mr. Abdalla

1977
2101

1 matters and put them before the jury.

2 THE COURT: Well, are you going to the issue of --
3 are you going to a general issue of psychological
4 problems, are you -- are you going to the issue of night
5 before leading up to eight o'clock in the morning what
6 he did?

7 MR. ABDALLA: Well, a little bit of both. Going
8 through the issue of a drug problem that -- that played
9 a major part in the events of April 27th, the night
10 before and into that morning, Your Honor.

11 THE COURT: Well, this witness said he interviewed
12 Brad Sigmon.

13 MR. ABDALLA: Yes, Your Honor.

14 THE COURT: Can you lay a foundation as to what Mr.
15 Sigmon may have told him about drug use that night?

16 MR. ABDALLA: Sure. For just that night or in
17 general?

18 THE COURT: Well, you've already -- well, the
19 objection is there is nothing in the record that shows
20 that he was on drugs that night, other than Mr. Strube
21 said they used them earlier.

22 MR. ABDALLA: Your Honor, can I question the
23 witness on these matters?

24 THE COURT: That's what I'm asking you to do.

25 MR. ABDALLA: Because there's -- all right.

1978

ALEX MORTON - Direct by Mr. Abdalla

2102

1 THE COURT: I was asking you to try to lay a
2 foundation.

3 MR. ABDALLA: You did say that. I was about to
4 respond differently, but I decided I would ask the
5 questions of the witness first.

6 BY MR. ABDALLA:

7 Q In your conversation with Mr. Sigmon, did you learn
8 anything about any drug use he may have been involved
9 in?

10 A Yes, sir, I did.

11 Q What was that?

12 A I learned about his past as well as present drug
13 use, which includes illicit substances as well as
14 prescribed substances.

15 Q And can you discuss what they involved, any of
16 them?

17 A Yes. Where would you like for me to start
18 specifically?

19 Q Well, let's start within the last 10 years.

20 A Well, in the last 10 years have involved prescribed
21 medications, Elavil, which is also know Amitriptyline.

22 Q What is that used for?

23 A That is an anti-depressant medication, usually used
24 to treat depression most often, but also can be used for
25 other disorders.

ALEX MORTON - Direct by Mr. Abdalla

2105 **1979**

1 Q All right. And did you learn anything about his --
2 anybody who's diagnosed him as being depressed? Did
3 anybody diagnose him as being depressed at the law
4 enforcement center since he's been in jail?

5 A Yes, they did. Dr. Martin diagnosed him as having
6 major depressive disorders, and I think in the notes it
7 says depression. When I consulted with him on -- he
8 said that it did meet what they call DSM4 criteria,
9 Diagnostic Statistical Manual, 4th edition of the
10 American Psychiatric Association, that it did meet
11 criteria for major depressive disorder. That's the term
12 we usually use. And it's very much recurrent in nature
13 depression.

14 Q Can you tell the jury what the DSM4 classification
15 is of major depression, without getting too technical?

16 MR. ARIAIL: Your Honor, I feel restrained to
17 object to this also. I mean, he's just testifying about
18 what somebody else said who hadn't come into this
19 courtroom and said it.

20 THE COURT: All right. I sustain the objection
21 without the proper foundation.

22 MR. ABDALLA: Your Honor, I believe under rule
23 702 -- 703, he's allowed to rely on information he
24 has ---

25 THE COURT: Under certain circumstances with a

1980

ALEX MORTON - Direct by Mr. Abdalla

2104

1 proper foundation.

2 BY MR. ABDALLA:

3 Q Who else did you speak with regarding any drug
4 abuse or depression that Brad Sigmon had?

5 A I talked with Dr. Donna Schwartz Watts. I talked
6 with Ms. Shirley Furtick.

7 Q What did Dr. Schwartz Watts tell you, if anything,
8 about depression?

9 A She also said ---

10 MR. ARIAIL: Objection. Same objection.

11 THE COURT: Sustained. With out the proper
12 foundation, he cannot testify what some other expert
13 told him. You simply need to lay the proper foundation.

14 MR. ABDALLA: I understand.

15 MR. ARIAIL: You Honor, could we have a side-bar on
16 that?

17 (A bench conference was held.)

18 BY MR. ABDALLA:

19 Q What did you base your information on? What have
20 you learned specifically about the night of the
21 incident?

22 A I based my information on my clinical interview
23 with Brad Sigmon on May the 10th.

24 Q And did you learn of any drugs that were used on
25 that night?

1981

ALEX MORTON - Direct by Mr. Abdalla

2105

1 A Yes, I did.

2 Q What did you learn was used that night?

3 A I learned that he -- the day before the incident
4 that he had used cocaine, also that he had used alcohol.
5 As how much -- as far as how much cocaine he used, it's
6 somewhere -- he estimated it about \$50 worth of the
7 crack form of cocaine. And he estimated that evening
8 before the incident somewhere between two mixed drinks
9 as well as later on half a bottle of peppermint
10 Schnaaps.

11 Q And based on that, can you make my conclusions with
12 any degree of scientific certainty?

13 A Yes.

14 Q And what would that conclusion be?

15 A Those conclusions would be, one, that it's
16 consistent with his other history that he gave me of his
17 continuing drug use, as well as its effect probably on
18 mental functioning and psychological functioning that
19 evening as well as the next 7, 14 to 28 days after --
20 after using them.

21 Q Is this information a type you would reasonably
22 rely upon in making your conclusions as an expert in
23 psychopharmacology addictions and ---

24 A Yes, sir, it is.

25 MR. ABDALLA: Okay. Your Honor, I would say that

1982

ALEX MORTON - Direct by Mr. Abdalla

2106

1 at this time he could express opinions on it.

2 THE COURT: I think the objection earlier was when
3 you were asking him about other doctors reports, Dr.
4 Schwartz Watts, people like that. If he uses such
5 reports and even opinions and other doctors reports to
6 form his own opinions, and it's usually done in his
7 practice ---

8 MR. ABDALLA: Okay.

9 THE COURT: --- then I'll allow it. So that's the
10 foundation. Do you understand the question? Do you
11 understand the question?

12 MR. ABDALLA: You're asking if he's using
13 information that is usually relied by experts in that
14 field?

15 THE COURT: I don't want to ask the question. The
16 issue is -- the objection was you were getting ready to
17 go into other doctors' reports.

18 MR. ABDALLA: Right.

19 THE COURT: And without the foundation that he used
20 those reports in forming his own opinion in this case,
21 and these types of reports are normally used in his
22 profession, then he can't use them.

23 MR. EPPES: Can we have a moment, Your Honor?

24 THE COURT: Yes, sir.

25 MR. ABDALLA: I apologize. I was totally confused.

1983

ALEX MORTON - Direct by Mr. Abdalla

2107

1 My apologies to the Court.

2 THE COURT: That's all right.

3 BY MR. ABDALLA:

4 Q All right. You talked to Dr. Schwartz Watts?

5 A I did.

6 Q And the information that you obtained from her, is
7 it the type of information that you would normally rely
8 upon to make your conclusions as an expert in
9 psychopharmacology?

10 A I would utilize that information. At the Medical
11 University of South Carolina, on the inpatient treatment
12 team that I work every day, we rely on each other, work
13 as a team. There is psychiatrist. There is me, a
14 psychopharmacologist. There's a social worker, a nurse.
15 There is a clinician. And we all get together and
16 assess what we saw, and challenge each other as far as
17 is this the right diagnosis, is this the right treatment
18 plan. We may all interview the patient independently.
19 Sometimes we'll interview them together to arrive at
20 this conclusion.

21 So I saw Mr. Sigmon, and I got my impression, and
22 what I wanted to do so was to see if the other two
23 doctors, the doctor who was actually treating him, as
24 well as a doctor who had consulted on him, was seeing
25 some of the same things. I had several questions just

1984

ALEX MORTON - Direct by Mr. Abdalla

2108

1 as I might have questions at the hospital, or some of
2 those treatment studies that I have been involved in, I
3 would say, does this man have so and so diagnosis, did
4 you find this. I specifically asked, does Brad Sigmon
5 have obsessive compulsive disorder, and I was told no,
6 he did not have obsessive compulsive disorder but he
7 certainly has quite a number of obsessions and
8 ruminations, but he doesn't have specifically the
9 disorder.

10 So I had a number of questions, and I was -- and I
11 knew what he had told me, and I had also formed my
12 opinions about why he was using certain substances based
13 on my past experience, and I was wanting to confirm that
14 with the other two doctors as well as the social worker,
15 as far as -- and get their opinions, but I had my own
16 opinion.

17 MR. ARIAIL: Your Honor, I'm going to withdraw my
18 objection and let him proceed along those lines without
19 objection.

20 THE COURT: Let me just ask this, did you rely on
21 those reports from the other doctors in assessing Mr.
22 Sigmon, and forming your opinions in this case?

23 THE WITNESS: I relied on them, yes.

24 THE COURT: Okay. There we go.

25 BY MR. ABDALLA:

1985

ALEX MORTON - Direct by Mr. Abdalla

2109

1 Q So how do you asses Brad's drug use?

2 A Well, there -- I make sense of it in that there are
3 three or four issues that are present with him. One
4 really significant issue is he has genetic
5 pre-disposition to develop a chemical dependency
6 disorder, whether it be alcohol or cocaine. He has a
7 family history -- he has the biology of addiction in him
8 that has been passed on, and he will pass it on. That's
9 one thing I noticed. I noticed that developmentally
10 there were a number of issues that I will just say that
11 there were a number of losses and it appeared to be
12 chaotic in the household at times and this was -- when I
13 looked at the chronology that Shirley Furtick provided
14 me as we discussed, there were certain losses as well as
15 there were certain things that were not present there.
16 So when people use substances, that's important to know
17 possibly what benefit they're getting out of the
18 substance, what's driving the substance dependence.
19 This is a complex illness. It is truly a complex
20 illness and no one has all the answers, but -- but we're
21 trying to look at what makes him an addict and other
22 people not an addict.

23 Q Do you have a slide program to help explain these?

24 A Yes, sir, I do.

25 MR. ABDALLA: Your Honor, at this time I would like

1986

ALEX MORTON - Direct by Mr. Abdalla . 2110

1 Dr. Alexander (sic) to present these slides, if I may?

2 THE COURT: All right. Do you want him to stay on
3 the stand and use the laser pointer?

4 MR. ABDALLA: Yeah, I would.

5 THE COURT: Do we have the laser pointer still, or
6 not?

7 MR. ABDALLA: This is something I need help
8 from ---

9 MR. EPPES: Have him come down.

10 MR. ABDALLA: Yeah, I need you to come down.

11 THE COURT: All right. You can step down. Just
12 keep your voice up, please, sir.

13 THE WITNESS: Yes, sir.

14 THE COURT: Thank you.

15 THE WITNESS: At this point the projector should
16 turn on. All right. Good.

17 (Mr. Abdalla and Dr. Morton had a discussion that
18 was inaudible)

19 THE COURT: You can't -- you can't have private
20 conversations with each other. Anything you say has to
21 be on the record.

22 MR. ABDALLA: Oh, I'm sorry. I will.

23 BY MR. ABDALLA:

24 Q What does cocaine do to the brain?

25 A Cocaine is one of the most profound drugs that we

1987

ALEX MORTON - Direct by Mr. Abdalla

2111

1 have in society today. And what it does is within --
2 depending on how you use it, you can use it by injecting
3 it, snorting, or smoking it. If you smoke it, somewhere
4 between five and eight seconds later you have an
5 instantaneous increase in the brain chemical dopamine.
6 And dopamine is the brain's money, the brain's reward
7 system, it's the chemical that teaches people to do
8 things again.

9 Q Why do people use these things, what -- drugs,
10 cocaine?

11 A Well, cocaine causes a change about as fast as any
12 drug around. Five to eight seconds is pretty profound.
13 Initially people might use drugs because it's fun, or
14 there are just a number of reasons. Seldom do I see
15 people using drugs in my practice that -- and they're
16 having fun. Typically they're using it to self-medicate
17 themselves. And the two things that they self-medicate
18 themselves for are a psychiatric disorder as well as the
19 result of withdrawal from using the drugs. So people
20 are trying to normalize themselves if they have a
21 psychiatric disorder as well as normalize themselves
22 from their use. So they use drugs to be normal. And
23 that's the same way that an alcoholic or someone with
24 significant alcohol use would drink a drink in the
25 morning, not to get drunk or get high, but to be normal

1988

ALEX MORTON - Direct by Mr. Abdalla

2112

1 so they could go about their normal daily activities.

2 Q So then go from there and talk about an addiction.

3 A Well, addiction is basically the loss of control of
4 use. Not everyone is an addict. Some people use a
5 substance, use it once have a beer, and then -- it
6 doesn't matter what time or where, but they stop. And
7 they have the biological -- what we would say the
8 biological chemistry to stop. Others go on to use as
9 much as there is, despite major consequences in their
10 life, despite the fact that their world can be basically
11 crumbling around them, they still would use a substance.

12 Q And why do some people become addicts and others
13 don't?

14 A Well, again, genetics have a lot to do with it.
15 Who your father is and what genetic properties he
16 imported. Who your grandfather is and what genetic
17 properties he imported to his father. And the same,
18 what genetic properties would you import to your
19 children. That has a lot to do with it, but it's not
20 that whole answer for sure. What good things you've
21 got, or didn't get growing up, or what losses you had,
22 or didn't have growing up is a factor. Issues in
23 adolescence are a factor. Sometimes people start use
24 and they have a -- really no real reason you would say
25 for them to become addicted and it's nothing you can

1989

ALEX MORTON - Direct by Mr. Abdalla

2113

1 find exactly, but we do know that some of those growing
2 up factors, genetic factors, pre-disposed psychiatric
3 disorders. If you're very shy or anxious, and you could
4 not talk to anyone, a drink of alcohol would relax you
5 so you could talk, or so you could dance. If you're
6 very depressed, if you had the biologic symptom of
7 depression, cocaine would relieve that like within one
8 or two minutes. Now, they may not -- the person that's
9 using it may not appreciate that they're worse the next
10 day or two days later, but momentarily those things have
11 gone away, those feelings and thoughts that they have.
12 So I think hereditary, what it was like the first 12
13 years of your life, what adolescence was like, and do
14 you have a psychiatric disorder are all the things that
15 we look at.

16 Q Do you have any slides at this point you want to go
17 through?

18 A Yes. I'd like to go through these. I started off
19 talking about the effects of the depression on the
20 brain. Depression is a medical problem. It's not just
21 feeling a little sad for a day. We're talking about
22 feeling sad every day, usually every day for at least
23 two weeks, often goes into months, unremitting
24 depression where you're sad as well as other physical
25 symptoms of depression. So it's not just being a little

1990

ALEX MORTON - Direct by Mr. Abdalla:

2114

1 blue. It's really a profound medical disorder that
2 affects about 17 percent of the population at one time
3 or another in their lifetime. The symptoms are
4 profound. I'll go over those. There is treatment
5 available. We're starting to get people to come into
6 treatment, and there a number of drug treatments as well
7 as non-drug treatments that are available. Often we use
8 the combination when available.

9 Consequences of no treatment are that people get
10 worse. They don't work. They can't parent. They can't
11 do their job correctly. They get to the point that they
12 would rather be dead than alive. And they self-medicate
13 because they're very depressed and they use and they
14 feel -- feel better. So we almost always recommend
15 pretty significant treatment.

16 And this is what I was saying earlier, some issues
17 in depression are similar to issues in addiction. There
18 is a genetic predisposition. One of the problems is
19 that not everyone comes out and says, I'm depressed or
20 goes and gets diagnosed and treated. Certain losses,
21 losing the good things, and certain stressors, getting a
22 lot of the bad things, those seem to also fit into the
23 people that get depressed. If you lose parenting from
24 your parents, either because they weren't there, they
25 died, they -- they were there but they weren't there

ALEX MORTON - Direct by Mr. Abdalla

1991
2115

1 emotionally, those would be factors. If someone was
2 abusing you, giving you the bad stuff that normally
3 people wouldn't get, that would -- that would be a
4 factor. So those are some of the issues that we look at
5 in patients that are depressed.

6 THE COURT: Let me stop you just a minute.

7 THE WITNESS: Yes, sir.

8 THE COURT: This isn't a lecture. This isn't a
9 narration. It's a question and answer process. So I'll
10 let you go on for about five minutes, but we need to
11 have some questions in here, please, sir.

12 MR. ABDALLA: Why can't -- thank you, Judge.

13 BY MR. ABDALLA:

14 Q Why can't people just stop -- why can't some people
15 just stop?

16 A Stop using drugs?

17 Q Stop using drugs, right?

18 A Some people -- well, if they have don't have the
19 biochemistry to stop, they can't stop. If genetically
20 they cannot make the chemicals that are necessary, that
21 would be one issue. The other is -- I don't know the
22 exact answer. No one knows the exact answer. But there
23 are certain factors that we look at. If you have a
24 raging depression with symptoms like these, if you have
25 all of these symptoms and they all go away when you use

1992

ALEX MORTON - Direct by Mr. Abdalla

2116

1 a substance, whether it be alcohol, marijuana, cocaine,
2 it's going to be hard to say, don't use this drug when
3 it makes you temporarily feel better.

4 Q All right. And do you -- from your studies, that
5 Brad is suffering from any those symptoms up there?

6 A Yes, he is. He's -- and I have a slide for that.

7 Q All right.

8 A In red are some of the symptoms that Brad has had
9 and currently does have when I last saw him in May. His
10 suicidal thoughts were high when he first came in. They
11 are no longer current. He still has problems with
12 maintaining sleep, sleeping straight through the night.
13 He still has ruminations. A rumination is a thought
14 that someone says, I'm going to reflect on this, and
15 they have a little control over it, and they keep coming
16 back to it, but they go over and over and over it.
17 Obsessions is where a thought comes in your mind and you
18 don't seem to have control over it. So he has that. He
19 lost some weight, he's gained it back. He has some
20 fatigue, that's less of a problem on his
21 anti-depressants. Agitation and restlessness is a
22 component of his depression. Profound sense, negative
23 sense of who he is, feeling bad about himself, or sense
24 of worthlessness, feeling guilty, as well as a depressed
25 mood, just not being able to feel good. The only thing

ALEX MORTON. - Direct by Mr. Abdalla

1993
2117

1 I didn't really see that he had dropped off was a lack
2 of interest in doing things, such as working, although I
3 would guess that most people that have some of these
4 their work is impaired to some degree.

5 Q And I don't know if you have a slide to go along
6 with this, but could you tell the jurors what withdrawal
7 means, something about withdrawal?

8 A Withdrawal is something that everyone would have,
9 whether they're alcoholic or non-alcoholic, dependant or
10 non-dependant. You use a substance that affects the
11 brain, and then you stop it, you will get the opposite
12 effect. So if someone uses alcohol and it depresses the
13 nervous system, and they relax a little bit, they have
14 one drink, stopping with their one drink, three or four
15 hours later they might be a little on edge, nothing to
16 say, gosh, I'm anxious and feel bad, but they wouldn't
17 be as relaxed as they were before their drink.

18 Depending on how much people use would depend on how
19 severe the withdrawal is. Alcohol withdrawal, and
20 alcohol withdrawal is the most severe type of withdrawal
21 that we have and we have to treat it, because if we
22 didn't treat it, one out of every 10 people would die.
23 So we take a medicine that's similar to alcohol, put it
24 in place of alcohol, and slowly stop it. That way
25 people do not go through having seizures, having

1994

ALEX MORTON - Direct by Mr. Abdalla

2118

1 hallucinations, having elevated temperature and having
2 blood pressure problems and die from those
3 complications. Cocaine is a stimulate, and it
4 stimulates just about every part of the body. And when
5 people quit using cocaine, they have a crash, and it
6 comes down. And people feel tired, they feel like they
7 have no energy, they lose appetite, they lose interest
8 in things. They might sleep a large amount, or they
9 might have broken sleep.

10 Q I would like to get specific with this case. Is
11 Brad -- there's testimony in the record that Brad and
12 another individual used \$200 worth, or whatever the
13 exact amount was, of crack cocaine the night before this
14 incident, during the early morning hours.

15 A Yes, sir.

16 Q Now, how would that effect something that took
17 place maybe five or six hours later, as far as ---

18 MR. ARIAIL: I'm going to object to the form of the
19 question. The question was -- he said that Brad told
20 him \$50 worth.

21 MR. ABDALLA: There's testimony in the record that
22 says otherwise.

23 THE COURT: Well, overruled. Go ahead.

24 THE WITNESS: Brad's use of cocaine the night
25 before, somewhere between 50 and \$100 of -- from what I

1995

ALEX MORTON - Direct by Mr. Abdalla

2119

1 read, there was \$250 present (sic). There's a tendency
2 for people that use drugs to minimize sometimes how much
3 -- how much they've used, but the effects would have
4 been that fact that he was -- that was not the only time
5 he was using cocaine, he gives me a history of using
6 about \$100 to two or three times a week over the last
7 three or four years, sporadically. He would use up to
8 about \$100 and that would be about six rocks of cocaine.

9 BY MR. ABDALLA:

10 Q All right.

11 A The effect would be pretty profound depression.
12 Now, he already has depression, so it would be a
13 worsening of depression. Typically, and I did not --
14 and he did not do this, but typically when people have
15 bad withdrawal like that they would use cocaine again
16 and normalize temporarily. After the incident which
17 he's charged and found guilty of, he gives me no history
18 that he used cocaine afterwards, but he would have still
19 be in some cocaine withdrawal and that cocaine
20 withdrawal can last up to six weeks. That's probably
21 the main cause why people relapse and go back to use,
22 and that's partly what we're studying to have -- how to
23 prevent people ---

24 THE COURT: Mr. Abdalla, you're going to have to
25 give this witness a little more guidance and ask a

1996

ALEX MORTON - Direct by Mr. Abdalla

2120

1 question, please.

2 MR. ABDALLA: I apologize, Your Honor.

3 BY MR. ABDALLA:

4 Q In more brief responses, what are the long term
5 effects of cocaine on the brain?

6 A Depression.

7 Q And can you tell us -- tell the jury about
8 kindling?

9 A Kindling is just exactly what it is. Kindling is
10 fat wood. Little fire starts bigger fires. Little
11 sparks in the brain cause bigger sparks in the brain.
12 Little symptoms lead to bigger symptoms. Little
13 suspicions leads to paranoia. Paranoia is a very common
14 symptom of cocaine use, and we talk about it kindling
15 these side effects. So there's a worsening of symptoms.

16 MR. ABDALLA: You can return to the stand because
17 we'll stop the slide show.

18 THE COURT: Do you want the lights up?

19 MR. ABDALLA: Lights up, please.

20 BY MR. ABDALLA:

21 Q All right. The night before Mr. Sigmon killed
22 these people, we've already discussed the fact -- you
23 already went into the fact that he used cocaine,
24 alcohol, whatever. I don't know how much you know about the
25 facts and evidence, but the fact that two people were

1997
2121

ALEX MORTON - Direct by Mr. Abdalla

1 beaten with a baseball bat, beaten to the death over the
2 head, is this in any way consistent with the efferent
3 behavior -- it's efferent behavior, but can you find any
4 consistency between what he did and somebody who was
5 suffering from whatever diseases it is you uncovered?

6 A Well, his -- his actions are consistent with a
7 significant number of people that have used large
8 amounts of cocaine, both during and after -- after their
9 use, and that is violent behavior. That is behavior
10 that doesn't make sense, of agitation, impulsive type
11 behavior.

12 Q So he would have been irritable is that what you're
13 saying?

14 A He would have been irritable, yes.

15 Q All right. And if you were also to compound this
16 with not sleeping that night, what would that have done?
17 I said compound, what would have happened from him not
18 sleeping that night, in addition to the use of alcohol
19 and drugs?

20 A I think that would have been a minor stressor. I
21 think the fact that he has depression would be more of a
22 major depressor. But being sleep deprived people don't
23 make very good decisions, that's for sure, but I ---

24 Q So you're saying that the sleep depravation is
25 going to go -- to affect his decision making, and what

1998

ALEX MORTON - Direct by Mr. Abdalla

2122

1 about the use of drugs and alcohol?

2 A The use of drugs and alcohol would certainly impair
3 his ability to think clearly, whether he's using at the
4 time or going through some of the withdrawal, so it
5 would effect his ability to -- to make good decisions,
6 problem solve, make sense out of his world.

7 Q All right. One more -- a couple more things I want
8 to talk about. What is dopamine?

9 A Dopamine is the brain chemical that we all have,
10 that is used in our reward system. We have a reward
11 system to do four things. We have a reward system to
12 drink fluids, so we don't starve. And when we drink we
13 get rewarded. We have a reward system to eat food.
14 When we eat, we get rewarded so we don't starve. We
15 have a reward system to have sexual reproduction. If we
16 didn't, if sex was not exciting or feeling good, people
17 would not do it, and we would not have any more babies,
18 so the population continues. And fourth of all, we
19 have -- we have dopamine released every time we do that.
20 Fourth of all, when we take care of our kids, and hold
21 them and love them, we have dopamine released. Therefore
22 it's a pleasurable experience, there's a more likelihood
23 that we would do that. So we are dopamine based driven
24 animals.

25 Q Do drugs effect that at all, cocaine specifically?

1999

ALEX MORTON - Direct by Mr. Abdalla

2123

1 A Cocaine specifically, yes. But I would also add
2 that every drug of abuse directly or indirectly comes
3 down to affect dopamine, and it seems to be how fast
4 dopamine is released.

5 Q And what about adrenalin? Does the use of cocaine
6 have any affect on adrenalin?

7 A Yeah, cocaine is not selective for the brain
8 chemicals that it releases. It releases and causes an
9 increase in three other chemicals, one of which is
10 adrenalin. At some point people will run out of
11 these -- these brain drugs, norepinephrine,
12 noradrenalin, epinephrine or adrenalin, and serotonin.

13 Q So, Dr. Martin, however many hours later, if he
14 were to go into a house with a baseball bat, what would
15 his adrenalin -- what would his energy level likely to
16 be?

17 A It would ---

18 Q Based on what, your -- your understanding?

19 A It would likely be elevated. He would more than
20 likely have elevations in adrenalin, noradrenalin.
21 These are not pleasant effects. It's not something that
22 people like to feel. Often people will self-medicate
23 with other drugs, either alcohol or -- or valium, or
24 sometimes people will use opiates, so they won't have
25 this agitated feel about them secondary to them using

2000

ALEX MORTON, Direct by Mr. Abdalla

2124

1 cocaine. It's not a pleasant sensation.

2 Q All right. A person depressed, for the sake of
3 assumption, is about to undertake this master scheme of
4 going in and tying somebody up. He's armed with some
5 cords, and a baseball bat. He and another fellow, Brad
6 Sigmon of course, go to the Larke's door, but at the
7 last minute, as we understand, his cohort leaves. The
8 plan was to tie them up. What about -- well, what you
9 know Brad Sigmon, about his abuse of alcohol and drugs,
10 about his depression, what would cause him to then go
11 into the house and kill these people without ---

12 MR. ARIAIL: Your Honor, I think -- I object to
13 that being outside the scope of this individual's
14 expertise.

15 BY MR. ABDALLA:

16 Q Well, let me ask it this way. He has -- do you
17 know the facts of the case?

18 A Yes, I do.

19 Q All right. When Brad went in there and was hitting
20 the Larkes with the baseball bat, you know about that?

21 A Yes, I saw -- I saw the crime photos of that.

22 Q Eight to nine times in the head. Is there anything
23 that is consistent there with your theories of
24 depression or any other theories you have?

25 A It's more consistent with a symptom we see with

ALEX MORTON - Direct by Mr. Abdalla

2001
2125

1 cocaine use, in that people do repetitive behaviors.

2 From my understanding, he hit both of those people
3 number -- a number of times, more than he needed to.

4 Q Right.

5 A And so it's almost like once he started, he did not
6 stop, and that is something you see with animals that
7 are being studied with cocaine. You see it with
8 patients that have taken too much cocaine, not violence,
9 but I have also seen it in three patients that I've
10 worked with that have stabbed people. They didn't stab
11 them once or twice, but they stabbed them over 100
12 times. So they -- once they started they did not stop.

13 MR. ABDALLA: Thank you. One moment, please.

14 BY MR. ABDALLA:

15 Q Is that phenomenon called overkill?

16 MR. ARIAIL: I would object to him -- unless he's
17 qualified in the area of overkill, the pathological
18 area.

19 THE COURT: Do you want to try to lay a foundation?

20 BY MR. ABDALLA:

21 Q Did you do any -- Dr. Martin, did you do any --
22 talk to anybody in the field of psychiatry that have any
23 expert knowledge the theory -- in overkill, or do you
24 have any personal knowledge of overkill?

25 A I have some knowledge of overkill, where ---

2002

ALEX MORTON - Cross by Mr. Ariail

2126

1 Q What would that be?

2 A Yes.

3 Q What would your knowledge be, personal knowledge?

4 A I have knowledge that in certain crimes, the people
5 that commit the crimes go beyond the behavior that it
6 would take to immobilize someone, or stop someone, and
7 once they start, they continue to the point that it
8 would be way over done.

9 MR. ABDALLA: I have no further questions.

10 THE COURT: Cross-examination?

11 MR. ARIAIL: Just a couple.

12 CROSS-EXAMINATION

13 BY MR. ARIAIL:

14 Q Dr. Martin, how long did you visit with Brad Sigmon
15 on May the 10th of 2002?

16 A It was about an hour and 30 minutes.

17 Q So everything you ever testified about that you
18 learned from talking to Mr. Sigmon occurred on May the
19 10th, during that one hour and 30 minutes?

20 A What I learned from him I spent an hour and 30
21 minutes with him, but I also learned a great deal ---

22 Q I understand.

23 A --- from other records.

24 Q Just from him an hour and 30 minutes?

25 A Yes, sir, an hour and 30 minutes.

EXHIBIT 3

1 A Until ---

2 Q Oh, I'm sorry.

3 A Until I sold that business. Then I went into the
4 Department of Corrections for five years. I retired a
5 year ago this August 15th.

6 Q South Carolina, Department of Corrections?

7 A Yes, sir.

8 Q I'd like you to tell me about Brad, just describe
9 him, what kind of person he was?

10 A He was my first son, of course, and he always went
11 out of his way to please me. I was very proud of him,
12 still am. Well, he's made a mistake of course. He was
13 always the peace maker. That's what's so shocking about
14 all this. He's the one that stopped the fights. He's
15 the one that would run from a fight. I used to think he
16 might be a coward, but he just didn't want the trouble.
17 Had many good characters. Became an excellent hunter,
18 fisherman, in all sports, tremendously good in soccer.
19 Even after I left the military I went -- we traveled all
20 the way to Seattle. He's even spent weekends with
21 Canadian families in soccer clubs and stuff. If he were
22 to stay with sports, he would probably have been famous,
23 I feel, but things change in life. We just moved too
24 much.

25 Q How did you feel about your son, Mr. Sigmon?

EXHIBIT 4

1 process affect man.

2 Q And what is forensic pathology?

3 A Forensic pathology takes that one step further in
4 investigation or determining how disease process, and in
5 this -- in some cases including trauma or injuries, how
6 they result in death, the interpretation of those
7 injuries, and the presentation of those results in the
8 courtroom.

9 Q And is a part of forensic pathology actual crime
10 scene visitation or crime scene examination?

11 A Yes, it is.

12 Q And did you on -- have occasion on April the 27th,
13 2001, to visit the scene of the death of Gladys and
14 David Larke at 948 East Darby Road?

15 A Yes, I did.

16 Q And on April the 27th, did you perform an autopsy
17 on both Gladys and David Larke?

18 A Yes, I did.

19 Q And as a result of visiting the scene and
20 conducting the autopsy on these individuals, were you
21 able to determine the cause of death for each victim?

22 A Yes, I was.

23 Q What was the cause of death for Gladys Larke?

24 A She died as a result of blunt force trauma of the
25 head.

1 Q And also David Larke?

2 A He also died as a result of blunt force trauma of
3 the head.

4 Q When you talk about blunt force, what's the
5 difference between blunt force and some other type of
6 trauma to the head?

7 A There are three very general types of trauma that
8 we describe, especially to the head. You can have a
9 penetrating trauma, which would be a gun shot wound,
10 where the bullet actually penetrates through the bone
11 into the brain. There is sharp force entries, which
12 would be a knife, so you would have stabs or cuts. And
13 then there is blunt trauma, which is an object that
14 impacts the head or impacts the body. It's not sharp.
15 It does not penetrate into the body, but it causes
16 injuries on the outside of the body that are transmitted
17 to the inside of the body.

18 Q And based on the type of trauma then you're able to
19 focus on what type of instrument may have been used to
20 create the trauma?

21 A That's correct.

22 Q Okay. When you went to the scene on April the
23 27th, did you observe evidence of injuries to the bodies
24 of Gladys and David Larke?

25 A Yes, I did.

1 Q Did you record those findings and also the findings
2 on your autopsy examination in a report?

3 A Yes, I did.

4 Q And as a part of that report, do you also prepare
5 drawings?

6 A I do.

7 Q And did you bring those drawings to court?

8 A Yes, I did.

9 Q Let me ask if you have the drawings, specifically
10 first, drawings from the autopsy of David Larke? I'm
11 going to hand you -- these have been marked 22A, B, C,
12 D, E, and F, correct?

13 A Yes.

14 Q And are these modifications at my request of your
15 actual drawings made during the course of the autopsy?

16 A Yes, they are.

17 Q All right. But they contain the same information
18 as on the autopsy drawings?

19 A Same information as the originals, yes.

20 MR. ARIAIL: All right. Thank you. You Honor, we
21 would offer these.

22 MR. ABDALLA: Your Honor, I wouldn't object to the
23 drawing but for the fact that there are red numbers
24 added to which I would object to.

25 THE COURT: Red numbers?

1 MR. ABDALLA: Yes, sir.

2 THE COURT: All right. What are the significance
3 of the numbers?

4 MR. ARIAIL: The number denote the various injuries
5 that we're going to talk about, one, two, three, four.

6 THE COURT: Is the objection to the color or ---

7 MR. ABDALLA: Color, and they're not on the
8 original drawing, Your Honor.

9 THE COURT: Okay. Overruled.

10 (State's Exhibit Numbers 22A through 22E were
11 marked and filed.)

12 BY MR. ARIAIL:

13 Q All right. Dr. Ward, in regard to both the
14 drawings and your report, I want to walk through with
15 you your various findings that you made during the
16 course of the examination and to record -- or report to
17 this jury what you found. First, give me -- what's the
18 general information you had regarding David Larke, such
19 as height, weight, that sort of thing?

20 A At the time of autopsy, Mr. Larke weighed
21 approximately 60 pounds, and was 70 inches in height, or
22 5 feet 10 inches.

23 Q Five, ten, and weighed 160?

24 A Yes, sir.

25 Q He was a male and stated age was what?

1 A Sixty-two years.

2 Q Sixty-two years of age. And at the time that you
3 observed him was he fully dressed?

4 A Fully clothed, was wearing tennis shoes with socks.
5 He had on blue work style pants with underwear, a white
6 long sleeved shirt, which was buttoned, and a T-shirt
7 beneath that.

8 Q And did you approximate a time of death?

9 A At the time of the scene investigation, Mr. Larke
10 had minimal cooling of his body. He had very little
11 stiffening or rigomortis. My impression was he had not
12 been long -- had not been dead for a very long period of
13 time.

14 Q And what time approximately do you remember that
15 you arrived on the scene?

16 A I examined Mr. Larke at approximately 10:30 a.m.

17 Q All right. Let me show you what's been marked as
18 State's Exhibit Number 22A. You know how to operate
19 that, I assume. Now, looking at State's Exhibit 22A,
20 first, for the jury's information, the head drawing, is
21 that a standard drawing that you have, that you record
22 on for all of your autopsies?

23 A Yes, it is.

24 Q Okay. If you would, let's talk about -- starting
25 with those that are numbered, and before we go to each

1 one, how many total number of injuries did you find on
2 the head and neck of David Larke?

3 A The numbered injuries include the lacerations or
4 tears of the skin to Mr. Larke. And there were nine of
5 those injuries?

6 Q All right. What is a laceration?

7 A A laceration is a tear in the skin caused by a
8 blunt object, and we define -- we distinguish
9 lacerations from other injuries to the skin, such as
10 cuts or stab wounds. Lacerations will have scratches,
11 or abrasions on their wound margins, and they will have
12 tissue bridging, or pieces of tissue that are still
13 trying to hold the skin together. If they had been cut
14 with a knife, then the wound margins would be sharp and
15 the tissue underneath it would have been cut as well,
16 but when caused by a blunt objection striking and
17 stretching and tearing the skin then we get these
18 resulting abrasions or scratches of the wound margins,
19 and the tissue underneath that still tries to stay
20 connected.

21 Q All right. And there were nine separate
22 lacerations?

23 A There were.

24 Q All right. And based on your examination, could
25 you determine whether or not those were individually or

1 separately inflected?

2 A They were individually inflected.

3 Q All right. Now, let's look at the item number one,
4 and tell us what that is?

5 A Item number one is here to the left forehead.

6 That's a laceration. The tear in the skin is this
7 inverted y-shaped tear, and the area of darkening around
8 it is the abrasion of the skin, or the scratching of the
9 skin caused by the striking object. This is a
10 laceration that's approximately one inch in length. And
11 it extends through the full thickness of the skin of the
12 scalp here and extends down to underlying bone.

13 Q And was there any fracture underlying that?

14 A No, sir, there was not.

15 Q All right. And then number two is -- well, let me
16 go back just a second. Did you -- well, go ahead.

17 Number two, talk about number two, the fracture there.

18 A Laceration number two is right here at the outer --
19 called the lateral canthus (phonetically), or the outside
20 of the left eye here. It's a non-full thickness, or it
21 doesn't go all the way through the skin, but it's a
22 partial tear in the skin, and extends down into the soft
23 tissues here. It was approximately three quarters of an
24 inch in length. There was no palpable fracture, or I
25 could not feel any break in the bones beneath that

1 laceration.

2 Q Now, the shaded areas over the eyes, what does that
3 indicate?

4 A The shaded areas of the eyes are -- are
5 peri-orbital, or around the eye contusions. They're
6 bruises. And they're the result of blood seeping into
7 the soft tissues around the eyes as a result of basilar
8 skull fractures, and these are skull fractures that --
9 of -- of the bones of the face behind the eyes and
10 behind the nose.

11 Q And when you say the bones behind the face
12 fractured, what does fractured mean?

13 A The bones are broken, and so the bones -- the bones
14 behind these structures here, behind the eyes and behind
15 the nose, penetrated to the cranial vault where the
16 brain is. And when these are fractured, then blood is
17 allowed to seep into the soft tissues of the front part
18 of the face, so you get these -- these peri-orbital
19 contusions here.

20 Q It looks like bruising?

21 A Yes, it does. It looks like a black eye.

22 Q And what was, based on your examination, the cause
23 of the fracture of the bones behind the eyes and the
24 face?

25 A The blunt force trauma of the head, the multiple

1 blows to the head resulting in multiple skull fractures
2 of the calvarium, or the top of the head as well as the
3 bones behind the face.

4 Q All right. Let's go to number ---

5 A There's one other injury on this page if you want
6 to do it.

7 Q Oh, I'm sorry. Right.

8 A There is an area in the left forehead extending
9 down into the left side of the face, of a little bit
10 more faint bruising, or an -- it's a bruise of the skin.
11 More than likely this did not result as a direct blow to
12 the skin. At the time of the scene investigation, Mr.
13 Larke's head was laying on the left, so that this part
14 of his face would be in contact with the floor... He has
15 other lacerations and blunt injury to this right side of
16 his face and right side of his head, and very likely
17 that when this side of his head was being impacted, this
18 side of his head was against the floor causing this
19 bruising to happen.

20 Q Okay. Thank you. Looking at what's been marked as
21 State's Exhibit 22B, and that -- orient us, if you
22 would, what we're looking at there?

23 A This is the top of the head. It's a diagram of the
24 top of the head of Mr. Larke. It shows what's called
25 the right parietal region of the skull -- or of the

1 scalp, three separate lacerations. Number five, six and
2 seven. Number five is -- two of them are obliquely
3 oriented lacerations. Number five is 1.7 inches in
4 length. Number six is 1.2 inches in length. And 1.7 is
5 about three-quarters of an inch in length. All of them
6 are full thickness in that they penetrate all the way
7 through the skin down to the underlying bone. And at
8 the time of autopsy, I was able to feel boney fractures,
9 or fractures of the skull, breaks of the bone beneath
10 these lacerations. And each is surrounded by an area of
11 contusion here, or bruising.

12 Q All right. When you say you were able to
13 determine -- feel bone fractures, what does that mean,
14 when you feel the bone fractures?

15 A During the autopsy we go through layers. We look
16 at the outer portion of the body, and then we start to
17 look at the inside of the body. As we're doing the
18 outer portion of the autopsy we try to anticipate what
19 we may find. So as I'm feeling with my fingers the
20 depths of these wounds to see if they go all the way
21 through, to see if there is any underlying injury, I'm
22 able to feel the bone. And as I move my finger across
23 that bone I can feel that there has been a break, or a
24 disruption of that bone, and I can tell that it's --
25 there's going to be a skull fracture. That certainly

1 indicates a greater amount of force required to break
2 the bone than it would be just to tear the skin.

3 Q This one had torn skin, fractured bone underneath
4 and the skull, and then the shaded area is bruising or
5 blood collecting?

6 A That's correct.

7 Q Let me show you State's Exhibit Number 22D.

8 A State's Exhibit D is a diagram of the right side of
9 the head of Mr. Larke showing -- starting on the right
10 side of the forehead and extending back into the
11 temporal region, a large laceration of skin which is
12 three inches in length with its surrounding abrasion.
13 There was a palpable -- there was -- I was able to feel
14 beneath this laceration a skull fracture as well.

15 Q So the skull underneath that wound was also broken?

16 A That's correct.

17 Q State's Exhibit Number 22E?

18 A 22E is a diagram of the left side of the head of
19 Mr. Larke, showing a laceration in what would be called
20 the left parietal region, which is one and a half inches
21 in length. I was not able to feel a fracture associated
22 with this one, excuse me, however, it did extend all the
23 way through the skull down to the underlying bone, but
24 there was no palpable fracture that I could feel.

25 Q State's Exhibit 22C?

1 A State's Exhibit 22C is a diagram of the back
2 portion of the head of Mr. Larke, showing two separate
3 lacerations. One that's been numbered as number eight,
4 which is about one and three-quarter inches in length,
5 and number nine which is two inches in length. Both of
6 these are again full thickness. They go all the way
7 through the skin to the underlying bone, and each of
8 them is associated with a skull fracture that I could
9 feel.

10 Q A skull fracture related to these also?

11 A That's correct.

12 Q Okay. Now, so in summary as to these, Mr. Larke
13 had wounds to the top of his head, the left side of his
14 head, the right side of his head, the back of his head,
15 and front of his head?

16 A That's correct.

17 Q Nine total?

18 A Nine total.

19 Q In addition to those nine lacerations and related
20 skull fractures, did you find any other evidence of
21 injury to his head and neck?

22 A Besides the lacerations that we described, there
23 were bruises to the tip of each ear, there were -- there
24 was a large bruise involving the left -- yes, there is a
25 large bruise involving the musculature beneath the left

1 shoulder in this area here. And then there was a
2 bruise on the back of the right hand. As we took the
3 injuries -- as we continued the autopsy, went from the
4 outside inward, we saw lacerations to the head. We saw
5 the skull fractures that we've described, and these were
6 primarily centered here on the right side, the back.
7 And these from the right side extended towards the front
8 to involve the bones of the base of the skull, basilar
9 skull fractures. They went all the way across so at the
10 time of autopsy you were able to move the head in such a
11 way that these created a hinge-type fracture, in that
12 the skull was basically almost broken in two. There
13 were hemorrhage around the brain called subarachnoid
14 hemorrhage, which is blood that has collected on the
15 outer surface of the brain, and there were also bruises
16 of the brain itself beneath these areas of impact, as
17 well associated with the skull fractures to the base of
18 the brain -- base of the skull.

19 Q Did I ask you also as part of this to prepare what
20 is now marked as State's 22F, a drawing showing a
21 sideview, or cross-section of the skull?

22 A Yes, you did.

23 Q Did you review this? Is this accurate as far as
24 relates to this case?

25 A It is.

1 MR. ARIAIL: All right. Your Honor, we'd like to
2 offer this as far as an illustration.

3 MR. ABDALLA: No objection. Without objection,
4 Your Honor.

5 THE COURT: What number is that, please, sir?

6 MR. ARIAIL: That is 22F.

7 (State's Exhibit Number 22F was marked and filed.)

8 BY MR. ARIAIL:

9 Q Okay. Dr. Ward, going back to what you're talking
10 about, looking at a cross-section, explain to us, if you
11 would, when you're talking about the subdural space, the
12 arachnoid, the brain, the dura, the bone and the scalp
13 as to how those are all constructed, and then in this
14 case what specifically happened to Mr. Larke?

15 A From the outside in, there's initially the skin
16 covered with hair, which is in contact with the
17 underlying bone. This is the bones of the skull here,
18 and they move around, or they follow around to the front
19 side of head, and these are the bones of the base of the
20 skull. Beneath the bone, however, attached to it is
21 this thick fibrous tissue layer called the dura, it runs
22 along the inner-surface of the bone. Then there is an
23 actual space where spinal fluid resides normally, called
24 the subdural space, and that -- that's cerebral spinal
25 fluid just bathes the brain and helps protects it and

1 gives it lubrication. So it occupies here this subdural
2 space. Then beneath that is the brain. On the outer
3 surface of the brain is a thin layer of tissue called
4 the arachnoid and it envelopes the brain -- excuse me,
5 the entire brain as it moves around. Then beneath the
6 arachnoid is the substance of the brain itself.

7 Mr. Larke had nine separate tears in the skin,
8 these lacerations. He had boney fractures of this
9 portion here. And he had blood that had collected
10 beneath this arachnoid layer, and it -- so beneath the
11 arachnoid but on top of the brain, called subarachnoid
12 hemorrhage, and he also had bruising, or bleeding into
13 the substance of the brain, not only beneath the impact
14 sights, but also along the front -- the anterior
15 surface, or the front portion in association with the
16 basilar skull fractures.

17 Q And what caused that bleed to -- the collection of
18 the bleeding in the brain and the other injuries,
19 actually injuries to the brain.

20 A The blunt trauma to the head is -- is transmitted
21 as force to the head causing skull fractures. These --
22 these fractures are then pressed downward such that they
23 impact the brain causing the bruising to the brain. The
24 bruises to the front surface of the brain are the result
25 of the brain itself actually coming in contact with

1 those roughened portions of the basilar skull fractures.
2 So it's -- it's bruising at the impact site and also at
3 the fracture site as a result of the blunt trauma to the
4 head.

5 Q All right. Let me hand you what is marked as
6 State's Exhibit Number 7, and if you'll examine that and
7 then I would like to ask you, from your examination
8 would the injuries be -- that you have described, be
9 consistent with being inflicted by State's Exhibit
10 Number 7?

11 A Yes, they would.

12 Q Assuming that this bat, State's Exhibit Number 7,
13 was used, how much force would you have to have to
14 accompany each blow, or the different blows that you
15 have described?

16 A To achieve a laceration and associated skull
17 fracture, it would take a great deal of force. With
18 each -- with this bat, it would take a great deal of
19 force to create those types of injuries.

20 Q So if -- in baseball terms, if you -- how would you
21 describe, if you were swinging that bat, that that bat
22 would have been swung in terms of just something we can
23 relate it to in terms of baseball?

24 A This would be -- this would be a full swing. This
25 would be trying to hit, you know, the ball out of the

1 park, or trying to hit, you know, the ball hard. This
2 was not a bunt. This was not a check swing. This was a
3 full swing with the baseball bat.

4 Q And are you familiar with the term defense wound?

5 A Yes, I am.

6 Q Did you observe any defense wounds in regard to Mr.
7 Larke?

8 A Yes, I did.

9 Q And explain to the jury what a defense wound is?

10 A Defensive injuries are injuries that are associated
11 with certain types of -- of other types of injuries. We
12 often see them with stab wounds. We often see them with
13 sharp force injuries, and we very often see them with
14 blunt trauma. Defensive injuries are injuries that are
15 to parts of the body that are generally considered to be
16 non-lethal, but are what you would expect to see if
17 someone were trying to put their hands up, or their arms
18 up to try to ward off a blow. So they're very often on
19 the back of the hands, on the wrists, sometimes the
20 upper part of the arms, as we get our hands up to
21 protect our more vital spaces, our head, our chest, and
22 to ward off a blow.

23 Q Did you observe any such wounds on Mr. Larke?

24 A I did.

25 Q And where were they located?

1 A He had a large bruise to the back of his right
2 hand.

3 Q All right. Now, specifically as to Gladys Larke,
4 did I also request that you prepare some drawings for
5 demonstrative purposes in court?

6 A Yes, you did.

7 Q Did you do that?

8 A I did.

9 MR. ARIAIL: State's Exhibit 22G, H and I, Your
10 Honor.

11 MR. ABDALLA: Without objection, Your Honor, except
12 as previously noted.

13 (State's Exhibit Numbers 22G through 22I were
14 marked and filed.)

15 BY MR. ARIAIL:

16 Q Now, you also have a report concerning the autopsy
17 of Mrs. Larke?

18 A Yes, I do.

19 Q You also observed her condition at the scene of the
20 crime?

21 A That's correct.

22 Q All right. What -- give me general information,
23 height, weight, age, that sort of thing?

24 A Mrs. Larke weighed approximately 130 pounds, was
25 five -- 63 and a half inches, or five feet, three and a

1 half inches in length, and appeared compatible with her
2 reported age of 59 years. --

3 Q All right. And her stated age was what?

4 A Fifty-nine years.

5 Q Let me show you what's been marked as State's
6 Exhibit anybody 22G -- well, let's do this, 22H. Are
7 familiar with that?

8 A Yes, I am.

9 Q All right. Explain to us -- we're looking down at
10 the top of her head?

11 A That's correct.

12 Q And how many total lacerations or blunt force
13 injuries did Mrs. Larke have to her head and neck?

14 A She had nine lacerations to the top of her head and
15 to the back of her head.

16 Q And were, based on your examination, each of these
17 separately inflicted?

18 A Yes, they were.

19 Q Now, starting with number one, just go through and
20 relate to us what each one of those represents?

21 A Number one is the one closest to the front. Here's
22 the nose, and the ears for orientation. Number one is
23 this slightly curved shaped laceration with its
24 associated abrasion. It's approximately two inches in
25 length, and each one of these lacerations to the head I

1 was able to feel fractures beneath it. So there was
2 fracture beneath number one. And number two is this
3 large laceration here to the midportion of the top of
4 the head. It was a little more than two and a half
5 inches in length. It blends, or merges with a separate
6 laceration of the head that we numbered number three,
7 which was three inches in length, and at the time of the
8 autopsy we were able to tell that this is a separate and
9 distinct wound. It's -- sometimes you get tears
10 associated -- separate tears associated with a
11 laceration that you can -- there is the impact site and
12 there may be a separate tear, but on looking at this
13 one, this one is -- was felt to be a distinct and
14 separate wound tear, and it was just close enough to
15 number three that there wound margins merged together.
16 Number four is this large somewhat irregular looking
17 laceration which was, again, about two and a half inches
18 in length. Number five was two and a half inches in
19 length. And number six was a little more than two
20 inches in length. Again, each one of these was full
21 thickness. It went all the way through the skin down to
22 the underlying bone, and with each one of these
23 lacerations I was able to feel an associated skull
24 fracture.

25 Q Okay. State's Exhibit 22G?

1 A 22G is a diagrammatical representation of the back
2 side of the head of Mrs. Larke, showing three separate
3 lacerations, seven, eight, and nine. Seven was 2.4
4 inches, or two and a half inches in length. Eight was
5 one inch in length. And nine was almost two inches in
6 length. Again, each one of these lacerations was all
7 the way through the skin to the underlying bone, and
8 with these lacerations I was also able to feel
9 underlying skull fractures.

10 Q So each of the nine wounds inflicted to the head of
11 Gladys Larke resulted in skull fractures?

12 A That's correct.

13 Q Now, based on your examination, having gone to the
14 scene, conducted an autopsy, seen the position of Mrs.
15 Larke, were you able to formulate an opinion as to the
16 most probable means of how those wounds were inflicted
17 to her head?

18 A You mean, the position of her head or --

19 Q Yes, position of her head.

20 A When looking at the wounds together, that six of
21 these wound are essentially on the same part of the
22 head, they're all on the very top of the head, and it --
23 it's most likely that the head remained in that
24 position, and that all of these wounds were -- were
25 rendered at or about the same time. They're all in the

1 same general direction. They're all in the same portion
2 of the head. They are -- these three separate wounds
3 are on a separate portion of the head, the back part of
4 the head. From the scene investigation, Mrs. Larke was
5 sitting in a chair, and the back of that chair was up
6 against a wall. And it would have been very
7 difficult -- it would have been impossible to -- to
8 inflict this type of wound with her head upright. You
9 just wouldn't have been able to swing an instrument hard
10 enough and impact her head with her sitting up right,
11 because there would have been a wall right here. So
12 it's most likely that at the time that these wounds --
13 three wounds to the back of the head were inflicted,
14 Mrs. Larke's head was forward, flexed forward with her
15 chin down towards her chest, exposing the back part of
16 her head.

17 Q Did you further examine these lacerations and
18 fractures to determine the extent of the underlying
19 damage?

20 A Yes, I did.

21 Q And if you would, we'll go back to State's Exhibit
22 22F, and explain to us what happened?

23 A Excuse me. On Mrs. Larke, within the region of the
24 top of the head, and especially on the right side, but
25 also in the back there were extensive skull fractures.

1. So the lacerations again are in the skin. There's
2. extensive fracture of the bones of the calvarium and a
3. portion of these fractures had occurred -- there was
4. obvious -- there was evidence that a portion of the bone
5. had been broken with another impact following that, with
6. a piece of the bone being driven downward such that this
7. thick fibrous tissue layer was also torn. So she had a
8. dural laceration, or tearing of the thick fibrous
9. tissue, and a portion of the bone driven down such that
10. it impacted the brain causing, again, this subarachnoid
11. hemorrhage.

12. Q Let me go back to that in just a second and
13. clarify. You said the first -- one blow would hit the
14. head and break the bone and then there was a second
15. blow?

16. A That's correct.

17. Q And that second blow would do what with the bone?

18. A The bone -- the bone of the skull is already
19. broken, and so another impact close to that would take
20. that broken piece and more easily move it around, moving
21. it downward, causing it to -- the sharp edges of this
22. bone to actually tear the dura overlying the brain -- or
23. beneath the bone and overlying the brain.

24. Q All right. Any brain impact?

25. A Yes. She also had a subarachnoid hemorrhage as did

1 Mr. Larke. And she -- the fractures of this portion of
2 her skull extend towards the front again, giving her
3 basilar skull fractures, and she also had some
4 contusions, or bruising of the brain, the front part of
5 her brain as well here. This is a good diagram to
6 demonstrate that as these basilar skull fractures, as
7 they come around here in this portion of the skull
8 directly communicate with the sinuses. When we breathe
9 our air goes up through these spaces in the bone called
10 your sinuses. With the fracture of this bone here,
11 blood is allowed to get into these sinus cavities, -and
12 so that when we breathe, instead of having your air go
13 up through these what should be just spaces, they are
14 now blood filled spaces, and Mrs. Larke had evidence of
15 this by not only having this fracture but she also had
16 within her lungs blood, within the airways and out into
17 the -- or out into the substance of the lung, indicating
18 that she was alive following the injuries that caused
19 her basilar skull fractures, and was breathing through
20 these fractured sinuses and inhaling that blood down
21 into her lungs.

22 Q So as the blows were being inflicted, she was still
23 alive, breathing, drawing this blood in?

24 A That's correct.

25 Q All right. Now, did she have contusions -- you

1 said contusions to the brain, she had hemorrhages
2 overlying the brain?

3 A That's correct.

4 Q I have asked you to look at what's been marked as
5 State's Exhibit Number 7, the bat. And I will ask you
6 in regard to Mrs. Larke, if the bat, the wounds are
7 consistent with the ones that you found on her body?

8 A Yes, they are. Yes, they are.

9 Q Consistent in that they could have been inflicted
10 by that object?

11 A Correct.

12 Q I will ask you once again, also in regard to the
13 degree of force that would have been necessary to
14 inflict these wounds on Mrs. Larke's head?

15 A Much as to Mr. Larke's head, these are not trivial
16 swings with this bat. These are full force, great deal
17 of energy transmitted, homerun type swings.

18 Q All right. In your exam of -- autopsy, or on the
19 scene, did you also note any other blunt force injuries
20 to Mrs. Larke's body? I'm going to show you what's been
21 marked as State's Exhibit Number 21I. This likewise is
22 a standard form drawing that you use?

23 A That's correct. This is a diagram they shows both
24 the front and back portion of the body of -- in this
25 case representing Mrs. Larke. The shaded areas are

1 bruises of the skin. There is one to the back of the
2 left elbow. There are two to the back and inner aspect
3 of the left wrist, a bruise to the inner aspect -- the
4 back and inner aspect of the right forearm, and within
5 the right wrist there is a grouping of bruises and
6 superficial abrasions, or scratches of the skin.

7 Q Are those consistent with being called defensive
8 wounds?

9 A Yes, they would be.

10 Q And if you would, based on your examination,
11 training, and experience, demonstrate to the jury how
12 you believe these most likely occurred in Ms. Larke's
13 case?

14 A The most consistent way to get these type of
15 injuries, given the trauma or the injuries to
16 Mrs. Larke's head, would be if she put her arms up
17 across her head like this, so as she's getting blows to
18 the top of her head, they're also impacting the elbow
19 and the inner aspects of the forearms and wrists.

20 Q And could these blows indicated by the marks on her
21 arms, could they have also been separate blows from
22 those shown on the head?

23 A I believe them to be, yes.

24 Q All separate? So that the bruising indicates
25 additional blows, in addition to the ones you found on

1 the head, or have you formed an opinion on that?

2 A I think that each of the bruises to the forearms --
3 let's see if I can explain this. I think each one of
4 these is a separate impact to the forearm. I don't
5 believe I can say whether each one of these would be
6 blows 10, 11, 12, 13 and 14, or if they make have
7 occurred at the same time as some of the blows to the
8 top of the head.

9 Q All right. And based on the information that you
10 have obtained, and your examination, you say you did
11 determine that Mrs. Larke was alive for some period of
12 time. Do you have an estimate of how long she may have
13 been -- survived?

14 A My estimate would be a few minutes, and when
15 pressed that would be in the range of three to five
16 minutes.

17 Q How about Mr. Larke?

18 A Mr. Larke was face down when he was discovered at
19 the time of the scene investigation, and the blood
20 present from his basilar skull fractures is going to
21 probably gravity, and so it's leaking out over his nose
22 as opposed to staying in his sinuses. He did not have
23 blood present within his airways. Although there was a
24 fair amount of blood present at the scene, similar
25 injuries to Mr. Larke as to Mrs. Larke, somewhat similar

1 circumstances, my estimate would be about the same time,
2 a few minutes, three to five.

3 Q Okay. Now, Dr. Ward, when you visited the
4 residence of Mr. and Mrs. Larke, it was located in
5 Greenville County, correct?

6 A That's correct.

7 MR. ARIAIL: Thank you. Answer any questions that
8 either defense counsel may have.

9 THE COURT: Mr. Abdalla.

10 MR. ABDALLA: May I have one, moment, Your Honor,
11 please?

12 CROSS-EXAMINATION

13 BY MR. ABDALLA:

14 Q Good morning, Dr. Ward, it's still morning. As a
15 matter of fact, we've met previously?

16 A That's correct.

17 Q I'm intimated, you have too much education. Now,
18 you testified about the blunt force trauma. You say
19 there were approximately nine strikes to each of the
20 victims in this case, isn't that true?

21 A That's correct.

22 Q And with regard to Mr. Larke, there was some
23 bruising, let me see if I can find the correct exhibit,
24 I apologize, State's Exhibit Number 22A, if I could show
25 this to the witness, for instance near the eye?

EXHIBIT 5

1 inside the house.

2 Q And did he so come?

3 A Yes, sir, he did come.

4 Q Now, after you collected and processed the scene,
5 did you begin to focus on a suspect?

6 A We did, sir.

7 Q All right. And what was that based on?

8 A We had an officer meet with Rebecca Barbare in the
9 hospital where she was receiving medical treatment for
10 her gunshot wound and some other injuries sustained on
11 Locust Hill Road, and in speaking with her we learned
12 that the gentleman that she claimed was responsible for
13 this was Mr. Brad Sigmon, and that was how we identified
14 him as a suspect at that point.

15 Q Now, in identifying the suspect, in order to locate
16 the suspect, what did you do?

17 A There was an extensive manhunt, if you will, from
18 that point forward. We knew who we were looking for.
19 We had descriptions of him. We used dozens and dozens
20 of deputies constantly from the Sheriff's Office. We
21 used bloodhound tracking teams, man tracking teams, the
22 helicopter was up constantly. It was an all effort to
23 locate Mr. Sigmon in that area because the last instance
24 that we had heard was that he had left from that Honda
25 Passport and was on foot somewhere in the vicinity, so

1 we were hopeful at that point that we could locate him
2 shortly thereafter in that general area and it was an
3 all effort then to that somewhat small area at that
4 time, since it was shortly after the crime had occurred,
5 to try to find him.

6 Q All right. And what area were you focusing the
7 manhunt in?

8 A Basically that area there, if you will, sir.

9 Q That's on State's Exhibit Number 1?

10 A Correct, sir. From the area between where the
11 Larke residence and Becky's trailer is located all the
12 way to and including the area that indicates the
13 Passport was located. We thought it likely that he
14 would be somewhere within that area still at the point
15 we started to investigate this.

16 Q And that manhunt included -- you described a number
17 of things. Did it also include a door to door officer
18 contact with the residents?

19 A Yes, sir, that morning it did. As given the time
20 frame that we were there, where it had occurred shortly
21 before that, we had officers go to houses specifically
22 in that Oakland subdivision as well as surrounding areas
23 in an attempt to see if he was possibly there and maybe
24 gotten into another home, or maybe some of the other
25 residents had seen him or somebody matching that

1 description walking to or from that area to give us a
2 better idea where he might be?

3 Q And did you location Mr. Sigmon on April the 27th?

4 A No, sir, we did not.

5 Q After April the 27th, did you take other efforts --
6 when you did not locate him, did you begin to take other
7 efforts to determine his whereabouts?

8 A We did, sir.

9 Q What were those?

10 A One of the first things we did was try to meet with
11 family members of Mr. Sigmon in an effort to first
12 secure their help in finding Mr. Sigmon, and asking them
13 to be cooperative with us in the event that they heard
14 from Mr. Sigmon, as well as determine -- or be sure for
15 ourselves that he was not with them, that they had not
16 harbored him in the short time that he was gone. His
17 parents in fact live very close to where it's labeled,
18 Styles, on that diagram. So we knew we had family
19 members right there in that general vicinity and we
20 wanted to make sure that he had not gone back there.

21 Q And did you go meet with the family members?

22 A I did, yes, sir.

23 Q And did you seek their cooperation?

24 A Yes, sir.

25 Q And did you receive their cooperation?

1 A Yes, sir, we did.

2 Q All right. And you met with his mother and his
3 step-father?

4 A That's correct, sir.

5 Q His sister?

6 A Yes, sir.

7 Q Anyone else?

8 A Not immediately, no, sir.

9 Q Were you able to -- go ahead from there, after
10 securing their cooperation, what was the cooperation
11 that you received? What were you trying to do?

12 A We felt fairly certain that at some point Mr.
13 Sigmon would at least try to make contact with family
14 members and in -- in that way of thinking we wanted to
15 make sure they would call us, and we had spoken to Mrs.
16 Wooten, which is Brad Sigmon's mother, and Mr. Wooten,
17 which is Brad Sigmon's father-in-law, at their home and
18 asked for their cooperation. We assured them that we
19 would do the best we could to bring Mr. Sigmon in
20 without anybody else being hurt, anything else happening
21 to anyone else, and that the quicker we got him in
22 custody the better off everybody would be. We just
23 simply asked them, please, call us if you hear from him
24 in any way, shape or form, if you're contacted or see
25 him, please, call us immediately and let us know.

1 Q And after you made that contact, did the manhunt
2 continue on a daily basis?

3 A On a daily basis, virtually 24 hours a day, yes,
4 sir.

5 Q And did you have reported sightings of Mr. Sigmon
6 in the area to which deputies responded or you followed
7 up on?

8 A We did. We actually had numerous reported
9 sightings of Mr. Sigmon over the course of the next five
10 to seven, nine days.

11 Q Okay. And over the course of the next five, seven,
12 nine days that you referred to, was Mr. Sigmon located?

13 A No, sir, not over the course of those days.

14 Q Did you at any point in the -- that period receive
15 contact from the defendant's mother regarding contact
16 that she had had?

17 A Yes, sir, I did.

18 Q And when was that?

19 A Actually the day after the incident occurred, I
20 received a phone call from Mrs. Wooten, and she told me
21 that she had heard from Brad. Brad had called her and
22 that they had had a brief conversation over the phone.

23 THE COURT: Solicitor, are you getting into a new
24 area where it would be a good break or ---

25 MR. ARIAIL: No, but ---

1 MR. ARIAIL: Call Gary McCarter.

2 THE CLERK: Put your left hand on the Bible,
3 please, sir, and raise your right hand.

4 GARY McCARTER

5 Having been first duly sworn, testified as follows:

6 THE CLERK: State your name for the record, please.

7 THE WITNESS: Gary McCarter.

8 THE CLERK: Thank you. Be seated.

9 DIRECT EXAMINATION

10 BY MR. ARIAIL:

11 Q State your name for the record, please.

12 A Gary McCarter.

13 Q Mr. McCarter, by whom are you employed?

14 A The Gatlinburg Police Department.

15 Q And that's in Gatlinburg, Tennessee?

16 A Yes, sir.

17 Q How long have you been employed with the Gatlinburg
18 Police Department?

19 A Approximately 15 years.

20 Q And were you so employed on May the 7th of 2001?

21 A Yes.

22 Q And on that date did you have occasion to become
23 involved in the arrest of Brad Sigmon?

24 A Yes, sir, I did.

25 Q Tell the jury exactly what transpired that led up

1 to you being involved in the arrest of Mr. Sigmon?

2 A We had received a call from the authorities in
3 South Carolina about a double homicide,
4 kidnapping suspect that was in our area, and he had
5 placed a phone call from the Twin Creeks Campground that
6 was located right next to the police department, and
7 they explained to me the circumstances behind the case
8 and approximately how long ago the call had been made.

9 Q All right. And this was a conversation you had
10 with somebody from the Greenville County Sheriff's
11 Office?

12 A Yes, the gentleman was an investigator there and he
13 knew me from some previous situation that we had worked
14 on together.

15 Q All right. And as a result of that conversation,
16 what action did you or members of the Gatlinburg Police
17 Department take?

18 A Detective Williams and I were both standing there
19 together and so we knew that we needed to to gather some
20 information about Mr. Sigmon, some picture of him would
21 be in order, so we received a picture of him and we then
22 decided to take that to the Twin Creeks Campground,
23 which Detective Williams, he did that.

24 Q All right. And you didn't go with him?

25 A No, I did not.

1 Q And when he returned -- did he return and have a
2 conversation with you, or did he call you over the
3 telephone?

4 A He returned to the police station and -- and told
5 me what he had found out at the campground.

6 Q And as a result of that, did you leave the police
7 department?

8 A Yes, we did.

9 Q All right. Where did you go?

10 A We travelled 321 East to a campground that used to
11 be used called Trout Creek. It's now Camping in the
12 Smokies, and it was there where we spotted the vehicle
13 that the lady at Twin Creeks said this person was
14 driving.

15 Q All right. So when you went to -- Mr. Williams
16 went to the first campground there was information
17 regarding a vehicle that the suspect was driving?

18 A Yes, business was kind of slow at this time so we
19 didn't have a lot of customers in Gatlinburg, and the
20 lady, said, yeah, he was just here, he was on the phone.
21 That's what Detective Williams told me that she had
22 said, and said he's in like a cream and blue camper and
23 -- with some damage to the right side of it, and said he
24 just left here.

25 Q Okay. And as a result of that information y'all

1 went then to the one that you know is now under the name
2 Camping in the Smokies?

3 A That's correct.

4 Q Were you in a -- either one of y'all in a uniform
5 or plain clothes?

6 A We were dressed like we are now, basically.

7 Q And what kind of car were you driving, a marked
8 car, or unmarked?

9 A Oh, it was a Ford Focus, unmarked.

10 Q Unmarked. And did you go to the Camping in the
11 Smokies Campground?

12 A Yes, we did.

13 Q And what did you observe when you went there?

14 A When we pulled in the campground, you can see it
15 from the roadway, but we went ahead and pulled in and we
16 could see the camper that they had described in the far
17 right corner of the campground, and then we just backed
18 across the street and sat up on top of the hill and
19 shortly thereafter we saw a gentleman walking towards
20 the bathhouse from the camper.

21 Q Okay. And as -- at that time what did you and
22 Detective Williams do?

23 A Mr. Sigmon, he's -- was pretty well built and so
24 his T-shirt and his jeans were fitting snugly enough to
25 where we could see him and that we felt that this was

1 the time we should move in and try to apprehend him, so
2 that's what we did.

3 Q All right. So you moved in how? Did you walk over
4 there or did you drive?

5 A The place where we were parked was just across the
6 street from there, so we had to drive across the street.

7 Q And when you drove across the street, relate to us
8 what you said to Mr. Sigmon and what occurred?

9 A He was approaching the bathhouse and he was just --
10 not inside it, but almost inside it as we pulled in in
11 our car and we both just got out of the car, and
12 Detective Williams and I both were telling him to put
13 his hands up and we had our guns drew on him, told him
14 to -- who we were and what was going on.

15 Q All right. And at the time that you did that, did
16 he comply with your request to put his hands up?

17 A Yes, he did.

18 Q And then did you direct him to do anything else?

19 A Yeah, he was asked to get on the ground and he did
20 do that too.

21 Q Did he make any statements to you at that time --
22 or not to you, or did he make any statements period?

23 A Yeah, he was asking how he got caught, and he said
24 it was the phone call and he was like, oh, my God, what
25 have I done, and he was like, sad, weeping type.

EXHIBIT 6

1 Q Okay. And the only other question I want to ask
2 you, is this occurred in late 1990, November of 1990,
3 how old would have you been at that time, 12? Would
4 that be about 12?

5 A Yes, sir, somewhere in there.

6 Q Tell me a little bit about your father, how he was,
7 how he treated you? Did he ever abuse you?

8 A No, sir. My father never abused me. He was good
9 to me. He was a loving father. I remember one year for
10 my birthday he bought me a dirt bike. It was the
11 happiest birthday I ever had in my life. He got me a
12 bike instead of getting insurance, because I had always
13 wanted one. We used to play all the time. He'd come
14 home from work and he'd play outside with us. And me
15 and my daddy had a good relationship. I used to help
16 him work all the time. You know, he's -- he was there
17 for me.

18 Q And I'm not trying to pit you against your parents,
19 but I think it's safe to say though that the marriage
20 wasn't a good marriage?

21 A No, sir, it wasn't a good marriage.

22 Q Did you observe your parents hitting each other?

23 A No, sir, I never seen my mother or my father hit
24 each other.

25 Q Okay. Now, tell me about the relationship with

1 Becky? Were you aware of anything with the relationship
2 with Becky?

3 A Yes, sir. They didn't have a real good
4 relationship. Every time there was a problem, Becky
5 would call me up. She was real controlling over my
6 daddy. She wanted to know where he was at all the time.
7 She didn't -- she didn't really like daddy spending time
8 with me. She ---

9 Q Did she ever call you?

10 A Yeah, she would call me any time her and daddy
11 would get into it about anything. If daddy would come
12 home and had a beer or two, she'd call me up, your daddy
13 has been drinking, and she would be ranting and raving,
14 you know, talk to your daddy, you know. So I'd talk to
15 daddy, and he'd say, son, I'm all right, everything is
16 okay, Becky's just mad because I had a beer before I
17 came home, you know. And I'd talk to him, and you know,
18 and it would calm her down because I had talked to him,
19 you know, so ---

20 Q As you saw -- as you saw it how did he treat Becky?

21 A He treated her good as gold. I mean, she got her
22 hair done once a month. She got her nails done once a
23 week. She went to the tanning bed. He kept her up.
24 She didn't work. He took care of both her kids. He
25 gave her everything. What more could you ask for? He