

1 are that they are consistent with a single object
2 causing these injuries; is that correct?

3 A. Yes.

4 Q. I don't like using the term instrument, I think that
5 that -- well --

6 A. Thank you. No, in light of what -- right, I should
7 have known better. And I thank you. Object, is
8 that the word you want?

9 Q. Yes.

10 A. We ordinarily use instrumentality, but that's a bad
11 word in this case, an inappropriate word to use in
12 this case. Object is fine.

13 Q. As an object, at least you can narrow it down to
14 being something other than a human fist; is that
15 fair to say?

16 A. Absolutely. There's no way that a human fist from a
17 350 pound offensive tackle or Sumo wrestler could
18 have done this. No question. Could, you know, some
19 punches -- but this is from some object.

20 Q. Did you draw an opinion as to the type of object
21 that would have caused these injuries?

22 A. Yes.

23 Q. And what is your opinion on that?

24 A. It is my opinion that the object that would have

1 produced injuries of this nature would have been
2 what we call a blunt force object, as opposed to
3 something with a sharp cutting edge, as opposed to
4 something that would be considered to be a cutting
5 or stabbing object. Something with a flat or
6 rounded smooth surface, most likely without sharp
7 edges. But that could include, then, a large
8 variety of things.

9 Q. Can you narrow it or limit it as to the type of
10 material that this object would have been made of?

11 A. I could only say it would have been something firm.
12 Something that would not readily give off any pieces
13 of itself upon the forceful striking of something as
14 firm as the human skull, inasmuch as I am unaware of
15 any such materials ever having been seen or found
16 within the wounds. Therefore I lean toward one of
17 the heavy metals.

18 Q. By the same token, it could be a heavy or massive
19 wooden object as well; isn't that fair to say?

20 A. That would be possible, I guess, if you had
21 something like ebony or mahogany, well polished,
22 well finished. I'm not a wood expert. I've dealt
23 with a few of these things. But if you talk about
24 the more traditional wooden objects that we might be

65
(19)

Size
of
wounds

1 familiar with in our society and so on, I can't say
2 it would be impossible, but I think it would be more
3 likely that with a number of severe wounds, that had
4 this been a wooden object, at least in one or more
5 of the wounds, some tiny piece of wood would have
6 broken off from the object, and would have been seen
7 by Doctor Adelson in those wounds.

8 Q. So you would have some sort of remnant there?

9 A. Yes. Again, I'm not saying that with 100 percent
10 certainty. I know that there's some woods, I
11 mentioned two that I can think of, we have a large
12 ebony figure at home I brought back from Africa,
13 it's so hard and so smooth, I could see that being
14 used without maybe having any pieces of itself break
15 off. So I can't rule it out. But more ubiquitous
16 kinds of wooden objects, I think more likely than
17 not, considering the number and severity of the
18 wounds, some piece of wood would have been seen.

19 Q. What about the length of the particular object that
20 could have caused these particular injuries?

21 A. I cannot tell you the maximum length in light of the
22 fact that some of these lacerations were -- I see 1,
23 2, and 2 1/2 inches, in the greater measurement that
24 Doctor Adelson made. I would think that it would

1 have had to have been at least 3 inches in length.
2 Now whether it was 8 or 12 or 20, I can't tell you.
3 Let me revise that a little bit. The individual
4 wielding the object has to presumably hold it. So
5 the totality would have to be greater than 3 inches.
6 And if you, let's say, take the length required to
7 fit into the palm of the assailant's hand, and then
8 some distance of protrusion outside the hand to the
9 skull of the victim, in this case Mrs. Sheppard, so
10 that 3 inches that I've said really has to be added
11 on. So I would imagine, I have a pretty small hand,
12 3, and probably talking, I would say, 7, 8 inches as
13 a minimum, and beyond that I can't give you a
14 maximum.

15 Q. Were you able to ascertain the sequence of the
16 blows, which came first, which came last?

17 A. No.

18 Q. Were you able to quantify the number of blows?

19 A. Well, I counted 15, I think. 15 is the number that
20 comes to me. I think I used that number myself.
21 Such a number, 14, 15, 16. For me it doesn't make
22 any difference. I think I said 15, actually I am
23 counting now 16, numbers 1 through 16. But then the
24 nasal bones were fractured. That would have to be

1 considered as a separate blow. And then of course I
2 wasn't counting the ones on the arms. We have
3 several extending down from the right shoulder and
4 arms. The problem there is it is possible that some
5 of the injuries on the arms could have been a
6 concomitant of the same force that produced a blow
7 to the skull, as the arm was raised in defense. So
8 you have to be careful and not just add those on.
9 So I'm going to say somewhere perhaps around a dozen
10 and a half, to 20, something like that.

11 Q. Were you aware that Doctor Adelson testified that I
12 believe his opinion was that he could identify 27
13 particular blows?

14 A. I don't remember that number, but you tell me that.
15 And I would not disagree. If you take each and
16 every one of them, you could have 27. I will just
17 say, and I don't argue the case, just toss it out
18 there, because it's of no relevance to me that I can
19 think of at this moment, that some of the injuries
20 to the right arm could have been part of various
21 blows being inflicted to the victim's head. That's
22 why it could have been less than 27, but I won't
23 argue with 27.

24 Q. Of the particular blows, how many would you

1 categorize to be debilitating blows, meaning to
2 disable an individual?

3 A. Well, I think any of the 16 blows that are described
4 from numbers 1 through 16 could have been
5 debilitating, in the sense that concussion might
6 have occurred, with some clouding of the sensorium,
7 or even a state of unconsciousness. I don't believe
8 that all 16 would have been fatal. But I would say
9 that any of the 16 blows that inflicted the injuries
10 described in numbers 1 through 16 could have been
11 incapacitating, if I may use that word synonymously
12 with your word of debilitating. But if you mean
13 something different, please tell me.

14 Q. What I mean by will put you down, will immobilize
15 you?

16 A. Well immobilize would -- put you down, immobilize
17 are not quite the same. Could any one of these
18 blows knock you down, yes. I believe if you were
19 standing, and you sustained any one of these blows,
20 a 125 pound woman, you could be knocked down, if you
21 were standing, by such a blow. I don't think you
22 would have been immobilized by many of these blows,
23 but you could have been knocked down.

24 Q. And of those particular 16 that are detailed in

1 Doctor Adelson's, the autopsy report of Marilyn
2 Sheppard, of those 16, how many of them do you
3 estimate would be sufficient to render a person
4 unconscious?

5 A. Any of the blows that struck the top of the head or
6 the side of the head, in some instances could
7 produce a concussion, which could lead to
8 unconsciousness, albeit perhaps of short duration.
9 Therefore, I would say 1, 2, 3, 4, 5, 6, 7, 8, 9,
10 10, 11, 12, 13, 14, 15, 16, any of the enumerated
11 injuries, the numbers 1 through 16, could possibly
12 have produced unconsciousness. That's certainly
13 within the realm of possibility.

14 Q. To a reasonable degree of medical certainty, how
15 many blows, as a minimum, would have been sustained
16 by Mrs. Sheppard to render her unconscious of the 1
17 through 16?

18 A. See, I couldn't answer that, because as I already
19 said, it could be as little as one. So
20 therefore any number thereafter. But you're asking
21 me by what number would she have had to --

22 Q. Right.

23 A. Gee, I can't tell you that. I don't know that --
24 well, I won't speak for the world. At some point I

70
(11)

Time
of
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1 don't think anybody would have remained conscious
2 with all 16 blows. But, you know, was it 6 or 9 or
3 3 or 10, I can't tell you.

4 Q. Did you find, in your professional opinion, the
5 injuries to be startling as far as their severity?

6 A. I don't know what you mean by startling. Injuries
7 like this are -- they're terrible to see for any
8 human being. Obviously as a forensic pathologist
9 for 43 years -- I mean that's not correct, almost 40
10 years -- you know, I've seen cases worse than this.
11 So I'm never indifferent or insensitive. Is this,
12 you know, above some average or norm, yes. I mean I
13 don't want to equivocate on that. In cases where
14 someone has been beaten from some object or so on,
15 would 16 such injuries to the head and a couple
16 dozen or so total injuries be more than what you
17 usually encounter, yes. I've seen some with more.
18 I don't know what more to tell you.

19 Q. Do you have an opinion as to the time of death?

20 A. No, I can't, because I've commented on that. I have
21 no -- you know, the time frame we know from the
22 earliest third parties, I believe the mayor and his
23 wife, was that around 6:00 or something like that by
24 the time they got there, that she was dead. But,

1 you know, whether it was 5:00 or 4:00, I cannot tell
2 you. I may comment, I know that Doctor Gerber, when
3 he then touched the body, felt that there was rigor,
4 but that doesn't help us. In violent deaths, rigor
5 can set in, in sometimes it's been reported even in
6 less than an hour, although usually it takes a
7 couple to a few, even in violent deaths. No, I
8 can't -- as between 2:00 or 3:00 or 4:00 in the
9 morning, or 5:00, no, I can't do anything more
10 precise than that.

11 Q. The particular injuries, as far as did you find any
12 particular pattern of the injuries?

13 A. There's a suggestion of a pattern, inasmuch as
14 several of the wounds have a crescentic or
15 elliptical configuration, but not all do.

16 Q. And what does that suggest to you?

17 A. Nothing very much, really, because lacerations
18 produced by blunt force objects can take such a
19 configuration, depending upon how the object
20 strikes. Although I will say this, if it were just
21 a straight object with a flat, broad surface, that
22 had no curvature, and no appendages or prominences,
23 I would see no reason why you would have several
24 with a curvilinear or crescentic configuration. So

1 there is something suggested here by the presence of
2 some crescentic configuration. And that is that the
3 object had some curvature, some circular prominence,
4 or end point that would produce such a pattern. The
5 straighter injuries then could have come from the
6 application of that object to Mrs. Sheppard's scalp
7 and face in a more direct, shall I say parallel type
8 fashion. And the crescentic injuries would suggest,
9 then, that some rounded end or some prominence or
10 protrusion would have given you the crescentic
11 configuration. So that is a suggestion. I don't
12 see, as I say, if you take a flat piece of metal
13 that has no prominences, and you come down with it,
14 why you should get any crescentic configuration.

15 Q. When you went to the exhumation of Mrs. Sheppard,
16 and you had an opportunity to look at the remains,
17 which essentially is skeletal remains; is that
18 correct?

19 A. Yes.

20 Q. Looking at the skull itself, did you observe what
21 appeared to be fractures of the skull?

22 A. Yes, there were fractures.

23 Q. In evaluating the case, did you come to an opinion
24 as to whether or not the person or persons that

73
draw
at 10



I lean
heavily
toward
a
left handed
person.

1 caused these injuries to Mrs. Sheppard's body
2 wielded the weapon with his left hand?

3 A. In looking at her body only? I want to address your
4 question.

5 Q. Using everything you had to evaluate this case,
6 Doctor.

7 A. Yes, I have an opinion.

8 Q. What is that?

9 A. Using everything, and specifically then the totality
10 of the original autopsy most importantly, I lean
11 very heavily toward the opinion that it was a
12 left-handed person. That is related to the presence
13 of various injuries on Mrs. Sheppard's right arm.
14 It fits in with a person hovering over her, striking
15 her with his left arm, she reaching up, which would
16 be closer to his left arm, she being the mirror
17 image of him, so to speak, rather than reaching over
18 with her own left arm. That would not have been
19 impossible, but which would have been less
20 effective, and I think less likely as a dramatic
21 reflexive protective maneuver.

22 Q. So it's your belief, then, that the assailant was
23 wielding the weapon with his left hand; is that
24 correct?

74
(7)

Much
more
likely
a left-
handed
person

1 MR. GILBERT: Objection, that's not what
2 he said.

3 MR. DEVER: I'm sorry, maybe I don't
4 understand what --

5 MR. GILBERT: He said heavily leaning,
6 that's what he said.

7 BY MR. DEVER:

8 Q. You're dealing with lawyers here, Doctor.

9 A. I'm not trying to equivocate. What I mean is can --
10 am I saying with 100 percent certainty that it could
11 not have been a right-handed person, I think that
12 the object was much more likely wielded with the
13 left arm by the assailant.

14 Q. And your basis for that is due to the fact of the
15 injuries to Mrs. Sheppard's right arm and hand; is
16 that correct?

17 A. Yes, that's correct. Because the injuries on her
18 head are on both sides, so, you know, I'm not -- I
19 can't say from her injuries on the head alone. I
20 need the injuries on the right arm to enable me to
21 arrive at the conclusion I've expressed.

22 - - - -

23 (There was a brief pause in the proceedings.)

24 - - - -

1 BY MR. DEVER:

2 Q. I think we talked about the instrument itself, or
3 not the instrument, now I'm doing it, the object
4 itself, and about the left-handedness. Can you, in
5 evaluating this particular case -- you looked at the
6 work of Doctor Kirk; is that correct?

7 A. Yes.

8 Q. Now Doctor Kirk had come in with an opinion, at
9 least in the affidavit that he gave to the court
10 back in 1955, that Mrs. Sheppard's injuries to her
11 teeth were consistent with them being pulled from
12 her mouth, which I guess the inference to be drawn
13 was that she bit her assailant. And you detail, or
14 you discuss that a little bit in your report of July
15 29th; is that correct?

16 A. Yes.

17 Q. Now since that time, there was an exhumation that
18 was conducted?

19 A. Yes.

20 Q. And there was an opportunity for I believe three
21 odontologists to make some evaluations of that
22 particular claim; is that correct?

23 A. Yes.

24 Q. I'm referring to Doctor Robinson, who works for the

1 Cuyahoga County Coroner, Doctor Sobel, and Doctor
2 Levine.

3 A. Right.

4 Q. Do you still stand by with the assertions of
5 Doctor Kirk that Mrs. Sheppard bit her assailant,
6 and that's what caused her fracturing of the teeth?

7 MR. GILBERT: I object to that, because I
8 don't think that's what he says in that report.

9 BY MR. DEVER:

10 Q. Do you agree with that claim?

11 A. No, I do not agree. I cannot rule it out as a
12 possibility, and do not state that it is physically
13 or dynamically impossible. However, as I set forth
14 in my report, I believe that the damage to the two
15 teeth are more consistent with a direct blow.

16 Q. Now the injury to Mrs. Sheppard's fingers, most
17 specifically the detached fingernail, I believe it
18 was from the right hand?

19 A. I think that's the left, the left fourth finger.

20 Q. Do you have any particular type of opinion as to how
21 that injury was sustained?

22 A. Yes.

23 Q. And is that blunt force trauma as well?

24 A. I believe that the partial avulsion of that

77
708

NAIC

1 that there should be some evidence on that nail
2 itself of skin, or blood, or some remnants of her
3 assailant should remain on that particular
4 fingernail; would you agree?

5 A. Not necessarily. First of all, to be complete, I
6 can't rule out that the nail could have torn a
7 garment, in which case there would have been no
8 touching of human tissue. If it did touch human
9 tissue, then you can inflict a deep scratch on
10 somebody without necessarily having a piece of the
11 epidermis of that assailant's skin become attached
12 to the nail. Also, if you did have such an
13 epidermal avulsion of the assailant, it could then
14 well be on the portion of the nail which was
15 avulsed. That portion we do not know about, at
16 least I'm unaware of anybody having identified it.
17 Insofar as something of a microscopic nature, unless
18 one then takes the remaining portion of the nail
19 from the victim, and examines it microscopically,
20 and tested chemically for blood, you might well not
21 see such material. So a scratch might or might not
22 leave something visible on the residual portion of
23 the nail.

24 Q. Just to be clear, we're talking about the fourth

1 finger, this would be the ring finger?

2 A. No, that's the left fourth finger. Did you say
3 ring? I thought you said right. Did you say ring?

4 Q. Yes, sir.

5 A. It's called the ring finger, the left fourth finger.

6 Q. So that is the only injury that is observed as far
7 as damage to her fingernails; is that correct?

8 A. That's correct.

9 Q. Now in evaluating the case, the other things that
10 Doctor Kirk, you've talked about left-handed
11 assailant, Doctor Kirk's belief that Mrs. Sheppard
12 bit her assailant. In your report you talk about
13 the crime scene not being properly processed; is
14 that correct?

15 A. Yes.

16 Q. And specifically did you have any complaints of the
17 conduct of Doctor Lester Adelson, other than what
18 you've detailed earlier in your deposition?

19 A. Of Doctor Adelson?

20 Q. Adelson.

21 A. Well, no. You mean as it relates to the crime
22 scene?

23 Q. As it relates to the handling of the matter
24 concerning the death of Mrs. Sheppard?

1 A. No. I mentioned the things, I believe, that you
2 asked me about. Or when you asked me before, I
3 mentioned the things that I had in mind.

4 Q. Now as far as the complaints of Doctor Gerber's
5 conduct, conducting the processing of the crime
6 scene, did you have specific criticisms of the way
7 that he went about performing his duties as the
8 Cuyahoga County Coroner as it relates to the death
9 of Marilyn Sheppard?

10 A. Yes.

11 Q. And they were, sir?

12 A. Well, this was a death that literally cried out for
13 the immediate presence of criminalist, whoever they
14 would have been in Cuyahoga County at that time,
15 police crime lab, State Police crime lab, the
16 Coroner's office, whoever. But such a scene just
17 seemed to come from the pages of a textbook in a
18 classroom, blood stains here, blood spatters there,
19 and the body, and another person, and so on. So I
20 have a very strong criticism, and truly great
21 amazement that such people were not called by Doctor
22 Gerber at that time. Doctor Gerber was not a
23 criminalist. Forensic pathologists are not
24 criminalists. We come to learn some things, but we

1 are not trained criminalists. And especially since
2 Doctor Gerber had no training as a forensic
3 pathologist, that deficiency was even greater and
4 more relevant. So that was one thing. The second
5 thing is, you know, it just starts and it continues.
6 I don't want to get into this, I'm not here as a
7 sociologist or as a court observer or so on, but
8 addressing it as the Coroner, to go to the scene,
9 that's fine. I sometimes go to the scene. I have
10 no problem in his going to the scene. That was his
11 decision. Doctor Gerber then went to the scene,
12 then I don't understand, then he went to the
13 hospital with the police chief to interview Doctor
14 Sheppard, and then he went back to the scene again.
15 This is not Quincy, this is, you know, this is real
16 life. What is going on here? You're the Coroner,
17 you're also the detective, you're also the
18 criminalist, you're also the forensic pathologist at
19 the scene. This is just not the way it should be
20 done. And I want to make it very clear, when I've
21 had reason to be reasonable and equivocal, I've
22 tried to be honest in expressing them. On this I
23 have very, very strong opinions which I have
24 expressed in lectures and in articles, and in books

1 and in classrooms, this is not what should be done.
2 And then to continue on, Doctor Gerber, again
3 speaking as a Coroner, to make public pronouncements
4 and so on, and I don't want to go too far, what's
5 history is history, and not necessary for me to be
6 the historian or the commentator here, no Coroner
7 who is going to be conducting an inquest has any
8 ethical or professional right to address guilt or
9 innocence of a particular individual until such time
10 as the inquest has been conducted. After that, what
11 you say does have some ethical bounds. But that
12 becomes much more flexible, and much more
13 personalized. These are just, you know, I think
14 basics. And although this was a decade before the
15 Warren court, and Miranda and Escobedo, et cetera,
16 it still was America. And what he did here, and
17 that's been addressed, and that's a matter of
18 history, was wrong. It was worse than wrong, it --
19 well, it was wrong.

20 Q. Just to make it clear in my mind, then, that you
21 found that Doctor Gerber overstepped his bounds as
22 far as his authority to investigate the particular
23 homicide; is that correct?

24 A. No, that's different, overstepping one's bounds,

1 what one can do legally. I didn't say he did
2 anything illegal that would have subjected him to
3 criminal action, fine or imprisonment, or removal
4 from office. That's different. I have a lot of
5 authority. In Pennsylvania, nobody is supposed to
6 touch a body until the Coroner gets there. So if I
7 went to the scene, and I told the homicide
8 detectives take a walk, I'm taking his body in right
9 now, I don't care about blood and patterns and
10 clothing and everything, I'm the Coroner, that's
11 what the state law says, so I'm well within the
12 bounds of the law. But I should be chastised,
13 criticized and attacked by all quarters if I ever
14 did such a thing.

15 Q. What I'm asking you, Doctor Wecht is concerning
16 Doctor Gerber's conduct that you have particular
17 problems with concerning the investigation of
18 Mrs. Sheppard's death. You found it to be improper
19 that Doctor Gerber went and visited the last person
20 to see Mrs. Sheppard alive and ask for an accounting
21 or version of what occurred that particular night?

22 A. I find -- I have to deal with this with continuity,
23 otherwise the criticism loses its focus. Going to
24 the scene, not calling any criminalist, or one of

1 the forensic pathologists from your office, then
2 going with the police chief to the hospital to see
3 someone, then coming back to the crime scene and so
4 on, yes, in that context, and with that kind of
5 flow, I found it improper. In absolute terms, or
6 more limited fashion, I also do not believe that the
7 Coroner is the person that interrogates individuals
8 at a crime scene in a homicide. There are homicide
9 detectives, there are police officers, and Doctor
10 Gerber was not a trained police officer, not a
11 trained homicide detective. So once again, he was
12 overstepping his bounds in terms of his training and
13 experience. Had he been a homicide detective who
14 subsequently was elected Coroner of Cuyahoga County,
15 then it might have been a different story. He had
16 no such training. The police chief went there. He
17 didn't need Doctor Gerber. To talk with Doctor
18 Sheppard was well within the realm of the early
19 investigation. But Doctor Gerber, I think, started
20 a pattern that eventually characterized itself and
21 is a matter of history.

22 Q. As far as Doctor Gerber's conduct, did you find
23 anything concerning his involvement in the
24 investigation of the death of Marilyn Sheppard to

1 suggest that he withheld information or evidence, or
2 concealed information or evidence?

3 A. Withheld or concealed?

4 Q. Right.

5 A. I don't recall anything specifically. I'd have to
6 double check. I will make one comment on that, and
7 I do so with this caveat, that I recognize there's a
8 question, at least for me, as to what role he would
9 have had, although I'm already changing my thought
10 as I speak, because now I'm reminding myself that
11 criminalistics was in his jurisdiction in the person
12 of Miss Cowan and others there in the lab. When the
13 flashlight was found, I think in 1955, it was not
14 concealed. It was not withheld. I am not aware as
15 I sit here today of a detailed examination with
16 measurements, description of what it was made of, a
17 detailed physical and chemical examination of that
18 and so on. I believe that should have been done.
19 And inasmuch as it is something, I believe, if I'm
20 right, that would have been done in his office in
21 1954, so should it have been done in 1955.

22 Q. But you don't know whether it was done in 1955; is
23 that correct?

24 A. I don't have a report. You're asking me do I know

86
(14)

Sexual
Motivated
cd & m9

1 of my own personal knowledge, I do not. Maybe such
2 a report exists and it hasn't been given to me.

3 Q. Are you saying the murder weapon in this case is a
4 flashlight?

5 A. I would say that a flashlight could have been the
6 murder weapon. Am I saying it was, I'm unable to
7 say that. It would fit. It would be consistent. I
8 cannot say that it definitely was.

9 Q. You've also opinioned in your letter, or report to
10 Mr. Gilbert dated July 29th, which is our exhibit,
11 or Defendant's Exhibit 2, I believe, Doctor, your
12 last page, last paragraph, you conclude that this
13 incident began as a sexually motivated crime; is
14 that correct?

15 A. Yes.

16 Q. And that's based on the clothing of Mrs. Sheppard;
17 is that correct?

18 A. Yes, the state of undress, that's correct.

19 Q. And we've already covered the fact that at least
20 Doctor Adelson does not note any evidence of any
21 type of trauma to the vaginal or pubic area of
22 Mrs. Sheppard, we've discussed that already?

23 A. Yes.

24 Q. We've also discussed the question as far as recency

67
(2)

Attempted
Sexually
Motivated
Crime

1 of sexual activity contemporaneous with her death,
2 and of sperm evaluation, examination of the vaginal
3 smears on the slides?

4 A. Yes.

5 Q. So as far as sexually motivated crime, would you
6 then -- would it be your opinion that is just based
7 entirely on the fact that she's found on her bed
8 partially clothed?

9 A. Yes. And I must point out that attempt,
10 anticipation and commencement are to be
11 differentiated from culmination, or even partial
12 completion of an act. So if somebody comes in with
13 the intent to kill me, he may not get very far with
14 the four of you sitting here in the room, or he may
15 land a blow or two, but that's a long way from
16 killing me. So the same thing with sexual assault.
17 I just want to say, without changing anything I've
18 already said, and without meaning to argue with the
19 points that you have elicited in your questions,
20 that the fact that nothing was successfully
21 accomplished by the assailant does not mean that
22 that is not what it started out to be. And in fact,
23 I use that word, began. Began.

24 Q. So the purpose of this event that occurred on the

88
(15)

Six Cms
Winding
off

1 morning of the 4th of July of 1954, started out as a
2 sexually motivated crime; is that correct?

3 A. Yes, I think that's very likely. Can I state that
4 with absolute certainty, of course not.

5 Q. I'm asking to your standard, which is reasonable
6 degree of medical certainty?

7 A. Yes, putting it all together, that's what I would
8 lean toward, yes.

9 Q. And then to continue on in your paragraph here,
10 which evolved into a homicide that was not committed
11 by Doctor Sheppard, but by another individual, most
12 likely Mr. Eberling. How do you, first of all --
13 you've indicated sequence was purpose of entering
14 into the room was for sexual crime, that evolved
15 into a homicide; is that correct?

16 A. Yes.

17 Q. And is that because the sexual motivation, or the
18 sexual intention was rejected by the victim, or is
19 this a -- how do you get from point one to point
20 two, I guess?

21 A. Oh, yes, of course. Mrs. Sheppard was warding off
22 this assailant, fighting to do so, and then died in
23 what then became a vicious physical assault.

24 Q. And then how do you go to the next point, to exclude