

ORIGINAL

Q. YEAH, TODAY'S FRIDAY.

A. THURS..YEAH, THURSDAY MORNING, SO WE GOT THERE, WE LOADED UP THE VAN, UH, IT, I HAD, HAD ANOTHER EMPLOYEE DOWN THERE WITH US AT THAT TIME AS WELL.

Q. UH HUM.

A. AND WE HAD TWO VEHICLES, AND WE..WE LEFT THERE AND WE DROVE STRAIGHT THROUGH AND WE GOT BACK. I GOT..I PULLED INTO MY DRIVEWAY AROUND 5:00, UH, YESTERDAY.

Q. OK.

A. AND AS SOON AS I GOT, AS SOON AS I GOT HERE, UH, SOME REAL CLOSE FAMILY FRIENDS HAD WENT AND PICKED, WELL PICKED MY SON UP, WHO IT'S ACTUALLY HIS GRANDPARENTS BECAUSE MY OTHER SON, (b)(6), DID NOT KNOW YET. AND WE WANTED TO TELL HIM IN PERSON. AND SO THEY CAME OVER, UH AS WELL AS HIS (b)(6) S MOM, UH AND THEN (b)(6) S SISTER, BROTHER, YOU KNOW STARTED COMIN OVER AND YOU KNOW, BROTHER IN LAW AND STUFF LIKE THAT AND FROM THAT WE NEVER REALLY HAD THE CHANCE TO SEARCH FOR HER PURSE.

Q. RIGHT.

A. UH, AND THEN TODAY, I ACTUALLY WENT IN, I WENT INTO OUR BEDROOM, UH, TO LOOK FOR PICTURES TO GO, WE WERE GONNA GO MAKE FUNERAL ARRANGEMENTS, AND I WAS LOOKING, GETTING SOME PICTURES SO WE COULD PICK ONE OUT FOR THE OBITUARY AND IT WAS YOU KNOW, UNDERNEATH THE..THE CORNER OF THE BED ON HER SIDE OF THE BED.

Q. OK EVERYTHING WAS IN IT?

A. IT..IT SEEMS TO BE, I DIDN'T GO THROUGH THE WHOLE THING, IT'S JUST BEEN TOO DIFFICULT..

Q. HER I.D.?

A. YEAH HER WALLET IS, IS IN THERE WITH HER DRIVER'S LICENSE.

Q. OK.

A. YEAH IT, IT IS IN THERE.

Q. OK.

A. DID YOU WANT TO SEE THE PURSE OR ANYTHING, I JUST..

Q. NO, NO.

A. OK.

Q. I WAS TRYIN TO COVER THAT BASE.

A. YEAH.

Q. SINCE HE HAD BROUGHT THAT TO MY ATTENTION THAT IT HADN'T BEEN LOCATED AND UH, I JUST WANTED TO COVER THAT BASE WITH YOU.

A. YEAH, SO WE DID LOCATE THAT AND THAT WAS PROBABLY THE, LET'S SEE MY APPOINTMENT WITH THE UH, FUNERAL HOME WAS AT 2:30, SO I PROBABLY FOUND THE PURSE AT ABOUT 1:30 OR SO.

Q. OK, IS THERE ANYTHING (b)(6) THAT YOU CAN THINK OF THAT WE HAVEN'T GONE OVER, OR WE HAVEN'T TALKED ABOUT?

A. UH, NOTHING THAT I CAN THINK OF.

Q. OK, WE'LL END THIS STATEMENT AT 006 HOURS.

JN/blm

11/27/11 TYPED

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VOLUNTARY STATEMENT

GENERAL OFFENSE # 11-5060 VICTIM (b)(6)

I, (b)(6)

(b)(6) DO HEREBY MAKE THE FOLLOWING VOLUNTARY STATEMENT OF MY OWN FREE WILL TO AND IN THE PRESENCE OF SERGEANT JOHN NICHOLSON OF THE RICHLAND COUNTY SHERIFF'S OFFICE, MANSFIELD, OHIO AT APPROXIMATELY 2315 HOURS ON 11/27/11 THIS STATEMENT IS BEING TAKEN BY SERGEANT JOHN NICHOLSON AND TYPED BY BONNIE L. MILLER OF THE RICHLAND COUNTY SHERIFF'S OFFICE. NO THREATS, FORCE OR PROMISES HAVE BEEN MADE TO ME TO MAKE THIS STATEMENT. TELEPHONE; _____ DATE OF BIRTH; (b)(6), 68 YEARS OF AGE. SOCIAL SECURITY NUMBER _____

Q. MR. (b)(6), ON NOVEMBER 16TH, 2011 DID YOU GET A PHONE CALL FROM SOMEONE IN REGARDS TO YOUR DAUGHTER, (b)(6)?

A. YES, UH, I RECEIVED THE CALL APPROXIMATELY 10:30, SOMEWHERE THEREABOUTS. IT WAS MY SON IN LAW (b)(6). AT THE TIME HE CALLED HE WAS WORKING IN VIRGINIA. HE WAS DOING SOME TELECOMMUNICATIONS JOB. AND UH, HE ASKED ME, HE SAID HE TRIED TO GET A HOLD OF HIS WIFE MOST, MOST OF THE DAY AND HE WAS UNABLE TO, UNABLE TO GET A HOLD OF HER AND CONTACT HER. HE SAID HE, ONE OF HIS EMPLOYEES STOPPED BY THE HOUSE AND TRIED TO KNOCK ON THE DOOR, RING HER, OR CALL HER PHONE AND UH, BEAT ON THE WINDOW AND NO ANSWER, SO HE ASKED ME TO PLEASE GO OVER TO THE HOUSE, AND CHECK THE HOUSE, AND FIND OUT WHAT WAS GOIN ON AND HAVE HER, HAVE ME GIVE HIM A CALL BACK OR HAVE HER CALL BACK SO HE KNEW WHAT WAS GOIN ON, CAUSE HE FELT SO, YOU KNOW SOMETHING WAS WRONG. SO THAT'S BASICALLY WHAT I DID.

Q. OK, SO ON THE 16TH, DID YOU GO OVER THEN TO THE HOUSE ON (b)(6)?

A. YES I WENT OVER THERE, LIKE I SAID IT WAS PROBABLY SHORTLY AFTER 10:30, MAYBE 10:35, I WENT THROUGH THERE, UH, I TOOK THE DOG OUT, THE DOG WAS BARKING, THE TV WAS GOING SO I FIGURED THE DOG NEEDED TO GO OUT BAD, TOOK THE DOG OUT, RETURNED THE DOG TO THE HOUSE AND THEN I STARTED SEARCHING THE HOUSE. I CHECKED ALL THE ROOMS, UNDER THE BEDS, IN THE CLOSETS, DOWNSTAIRS IN THEIR, IN THEIR FAMILY ROOM, THEIR LAUNDRY ROOM. I LOOKED THROUGH THE WHOLE ENTIRE HOUSE AND I COULD FIND NO MENTION OF HER, I, YOU KNOW SHE WASN'T THERE. I CALLED HER NAME AND NOTHING.

Q. EVERYTHING LOOKED LIKE IT WAS IN PLACE THAT..

A. YEAH, EVERYTHING WAS NORMAL. I THOUGHT SHE, SHE COULDN'T HAVE BEEN TOO

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FAR BECAUSE SHE SMOKES A LOT. HER CIGARETTES WERE STILL SITTING ON THE TABLE NEXT TO THE CHAIR. SO IF SHE WAS GONNA GO SOMEWHERE SHE WOULD TAKE HER CIGARETTES. WELL THEY WERE STILL SITTING THERE, SO I THOUGHT WELL SHE COULDN'T BE TOO FAR AWAY. SO THEN MY NEXT THOUGHT WAS MAYBE SHE WENT OUTSIDE AND FELL OR GOT HURT SO I WOULD TAKE THE DOG AND GO OUTSIDE AND LIKE WALK AROUND THE YARD WITH THE DOG AND SEE IF I COULD FIND HER. WELL AS I STARTED WALKIN AROUND THE YARD, I WENT BETWEEN THE HOUSE AND HIS TRAILER THAT HE HAS.

Q. ALRIGHT, CAN YOU EXPLAIN THE TRAILER TO ME, WHAT KIND OF TRAILER IS IT?

A. THE TRAILER IS CALLED A TOY HAULER, IN OTHER WORDS THE WHOLE BACKEND OF THE TRAILER DROPS DOWN TO MAKE A RAMP AND YOU DRIVE YOUR FOUR WHEELERS OR THREE WHEELERS OR MOTORCYCLES UP AND THEY'VE GOT A STORAGE AREA IN THERE, BUT IT'S ALSO USED FOR CAMPING.

Q. OK.

A. IT'S GOT A KITCHENETTE, IT'S GOT A BATHROOM AND UH, BEDS SO IT..IT SERVES A DUAL PURPOSE. SO I WENT PAST THE TRAILER AND I NOTICED THAT THE UH, CANVAS COVER THAT WAS COVERING THE TRAILER WAS CAUGHT IN THE DOOR, AND I KNOW (b) VERY WELL, HE'S PRETTY NEAT WITH HIS STUFF, SO SOMETHING JUST LOOKED WRONG, IT DIDN'T FEEL RIGHT, SO I OPENED THE DOOR AS FAR AS I COULD, WHICH WAS MAYBE SIX, EIGHT INCHES, BUT IT WAS STILL COVERED AND I COULDN'T PULL THE DOOR OPEN ALL THE WAY, BUT WHEN I DID THAT I COULD SEE INSIDE THE TRAILER BECAUSE I HAD A FLASHLIGHT, I FLASHED IT IN THERE AND I, ALL I COULD SEE WAS MY DAUGHTER'S LEGS ON THE FLOOR. SO TO GET INTO THE TRAILER I HAD TO CRAWL UNDERNEATH THE TRAILER. ~~UNFASTEN ALL THE STRAPS, SO I COULD REMOVE THE CANVAS~~ COVER BACK FAR ENOUGH TO WHERE I COULD GET THE DOOR OPEN, DROP THE STEPS DOWN, OPEN..I GOT THE DOOR OPEN AND THEN I WENT INSIDE.

Q. ALRIGHT, WHEN YOU WENT INSIDE, WHAT, WHAT DID YOU NOTICE WHEN YOU WENT IN?

A. FIRST I NOTICED WAS MY, HER LEGS AND I COULDN'T SEE THE REST OF HER BECAUSE THEY WERE FORWARD, AND I NOTICED THE LEGS RIGHT AWAY, AND AS I WALKED IN, I GOT A, A DISTINCTIVE ODOR OF GASOLINE, RAW GAS. IT WASN'T EXHAUST OR ANY..OR PROPANE, IT WAS JUST RAW GASOLINE. SO I LOOKED, I STOOD UP AND I WALKED IN CLOSER, I PUT MY HAND ON HER LEG AND IT WAS HARD, IT WAS COLD AND HARD AND I KNEW IT WAS RIGOR MORTIS.

Q. UH HUM.

A. SO WHEN I LOOKED DOWN, SHE WAS LAYING FLAT ON THE GROUND AND HER FACE, HER BODY WAS DOWN ON THE GROUND BUT HER FACE WAS JAMMED UP AGAINST THE DOOR AND THAT'S THE POSITION I FOUND HER IN.

Q. OK.

A. AND AFTER THAT I, I GOT A LITTLE NERVOUS. IT'S MY DAUGHTER AND I WAS A LITTLE APPREHENSIVE ABOUT WHAT HAPPENED, HOW'D IT HAPPEN AND I HAD NO IDEA. SO I HOLLERED OUT THE TRAILER CAUSE ONE, HIS EMPLOYEES STOPPED BY THE HOUSE TO SEE IF EVERYTHING WAS OK. AND I JUST TOLD HIM CALL 911. HE ASKED ME, UH, IS SHE OK? I SAID JUST CALL 911. SO AFTER THAT, I LOOKED AROUND, I SAW HER, IT WAS AN ASHTRAY WITH ONE CIGARETTE IN IT, HER PURPLE FUZZY BLANKET WAS NEXT TO HER ON THE FLOOR ALONG WITH HER CELL PHONE, AND THERE WAS NOTHING RUNNING AT THE TIME, BUT HE STILL HAD IT HOOKED UP TO THE POWER, CAUSE I TURNED THE LIGHT ON. NOW I DIDN'T

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REALLY CHECK, BUT IT MIGHT HAVE BEEN OFF THE BATTERY, BUT I JUST FLIPPED IT UP TO SEE IF IT WOULD COME ON, CAUSE I HAD A FLASHLIGHT AND THE LIGHT DID COME ON, SO IT MIGHT'VE..

Q. NOW YOU'RE TALKING ABOUT THE LIGHTS INSIDE THE TRAILER?

A. YEAH.

Q. OK.

A. YEAH IT WAS PROB..HE STILL HAS A BATTERY ON THE FRONT OF IT AND YOU COULD USE IT FOR AWHILE UNTIL IT WOULD DIE OUT, SO IT WOULD LIGHT UP THE LIGHTS INSIDE. SO AFTER THAT, LIKE I SAID, I JUST WENT BACK OUTSIDE AND HAD TO GET SOME FRESH AIR AND WAITED UNTIL THE OFFICERS ARRIVED AND TOLD THEM, I SAID I DID NOT MOVE THE BODY, I DID NOT TOUCH ANYTHING OTHER THAN HER LEG, TO, TO SEE WHETHER SHE WAS ALIVE OR NOT, AND I REALIZED IT WAS TOO LATE SO LIKE I SAID I JUST WAITED UNTIL THEY CAME IN. THEY COULD LOOK AROUND AND INVESTIGATE IT. WHEN ONE OF THE OFFICERS WENT IN, HE SAID, HE, I SMELL GAS. SO THEY WENT OVER AND THEY CHECKED THE, IT'S CALLED A RAZOR, THE UH, THE FOUR WHEELER AND THEY CHECKED IT. HE SAID IT WAS NOT TURNED ON AND THE OTHER OFFICER WAS ON THE OTHER SIDE, HE OPENED THE GAS TANK AND HE SAID WELL THERE'S GAS IN THERE. I SAID THAT'S WHAT I SMELLED, I SMELL THE GAS. SO THEY SAID OK, WE APPRECIATE AND HE SAID GO AHEAD AND WAIT OUTSIDE AND WE'LL, WE HAVE TO DO A FEW THINGS AND THEN THE CORONER'S GONNA BE RIGHT HERE SO. AND IT WASN'T A FEW MINUTES LATER THE CORONER SHOWED UP AND THEY TOLD US TO REMAIN OUTSIDE. I WENT INSIDE, I WAS INSIDE WITH THE OFFICER ORIGINALLY, ANSWERING A FEW QUESTIONS FOR THEM.

Q. OK.

A. AND THEN THEY TOLD US TO GO IN THE HOUSE AND WAIT THAT THEY WOULD BRING THE BODY OUT. THEY WOULD PUT IN ON A GURNEY, AND THEY WOULD LET US LOOK AT HER BEFORE THEY TOOK IT, BEFORE THEY TOOK HER AWAY. SO THAT'S BASICALLY THE WHOLE THING IN A NUTSHELL.

Q. YEAH, HAD UH, HAD (b)(6) COMPLAINED OF ANYTHING LATELY?

A. HEADACHES, SHE SAID SHE HAD SEVERE HEADACHES, AND SHE, SHE'S ALWAYS HAD SOME SORT OF HEADACHES IN THE PAST BUT NOW SHE SAID THESE, THESE WERE GETTING REALLY BAD. AND FROM WHAT I UNDERSTAND, YOU'D HAVE TO CHECK WITH HER HUSBAND, (b)(6) BUT HE WAS SAYIN, MENTIONING THE FACT THAT SHE HAD TEXTED HIM EARLIER AND SAID HER VISION WAS GETTING IMPAIRED. SHE WAS GETTING REAL BLURRY. SO WITH, I, I'M ASSUMING WITH HEADACHES AND WITH THE BLURRY VISION, IT COULD HAVE BEEN AN ANEURISM. MY FATHER DIED OF AN ANEURISM, HER MOTHER DIED OF AN ANEURISM, WITH OTHER COMPLICATIONS, BUT BASICALLY THEY ALL HAD ANEURISMS, AND I THOUGHT WELL MAYBE, SHE IS FAT, COULD'VE BEEN A BLOOD CLOT, A HEART ATTACK, I DON'T KNOW. BUT MY FIRST GUESS IS AN ANEURISM, BECAUSE WE HAD SEVERAL IN THE FAMILY ALREADY, SO I'M HOPING THAT WHEN IT COMES BACK, WE'LL FIND OUT IT WAS SOMETHING NATURAL AS OPPOSED TO ANYTHING UNNATURAL.

Q. RIGHT, HAD SHE HAD, HAD ANY BOUTS WITH DEPRESSION THAT YOU KNOW OF, ANY THOUGHTS OF SUICIDE, ANYTHING LIKE THAT?

A. FROM MY SON IN LAW, HE SAID THAT SHE DID TRY TO COMMIT SUICIDE ONCE BEFORE, SO I BELIEVE THAT'S THE REASON SHE WAS GOIN TO A PSYCHOLOGIST TRYIN TO GET HER HEAD BACK ON STRAIGHT. AND I THINK HER SISTER, (b)(6), HAD TAKEN HER TO THE HOSPITAL ONE TIME, UH I THINK, I THINK

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IT WAS PROBABLY ABOUT THE SUICIDE AND UH, BUT THAT'S AS FAR AS I KNOW. CERTAIN THINGS THE KIDS DIDN'T WANT TO TELL ME.

Q. OK.

A. AND I, I CAN UNDERSTAND YOU KNOW THEM NOT WANTIN TO TELL ME, BUT UH, STILL I SAID, THEY..I'M HERE TO HELP AND IF I CAN'T..IF THEY DON'T WANT TO LET ME KNOW WHAT'S GOING ON, THERE'S NO WAY I CAN HELP.

Q. NOW CAN YOU THINK OF ANY REASON WHY SHE MIGHT HAVE BEEN OUT IN THAT TRAILER?

A. YES, FROM WHAT I UNDERSTAND, NOW THIS IS FROM HEARSAY ON MY PART, THAT, I BELIEVE IT WAS ONE OF (b)(6) SISTERS IS A NURSE AND SHE CLAIMS THAT SHE HAS UH BAD BOUTS OF MIGRAINE HEADACHES, AND THAT SHE HAD TOLD (b)(6) THAT WHEN SHE GOT THEM, SHE WOULD WRAP HERSELF IN A BLANKET AND GO OUTSIDE WHERE IT'S COLD. SO THERE WAS (b)(6) WITH A BLANKET INSIDE THE TRAILER, CAUSE IT WAS COLD IN THE TRAILER, BUT IT BLOCKS THE WIND OFF.

Q. UH HUM.

A. SO I..SHE WAS COLD, SHE WRAPPED, YOU KNOW SHE HAD THE BLANKET OUT THERE, AND SHE WAS IN THE TRAILER. MAYBE SHE WENT IN THERE, TRY TO GET IN THERE TO JUST SEE IF SHE COULD TRY TO ALLEVIATE THE HEADACHE. BUT THAT'S, LIKE I SAID THAT'S WHAT I HAD HEARD. (b) WOULD PROBABLY KNOW MORE ABOUT THAT.

Q. OK MR. (b)(6), IS THERE ANYTHING THAT YOU CAN THINK OF TO ADD TO THIS OR ANYTHING WE HAVEN'T TALKED ABOUT?

A. UH, NOW I DON'T KNOW HOW MUCH SHE WAS TIED UP WITH, THERE WAS ONE WOMAN WHO USED TO WORK, GOSH SHE USED TO WORK ACROSS FROM THE FAIRGROUNDS AT ~~ONE OF THOSE FACTORIES, LIKE RIGHT ACROSS THE STREET FROM THE~~ FAIRGROUND. AND HER AND MY, MY OLDEST SISTER (b), THEY BOTH WORKED THERE. NOW THERE WAS ONE WOMAN, A BLACK WOMAN THERE, HER NAME WAS (b)(6), THAT'S ALL I KNOW AND IT SOUNDS LIKE SHE WAS THEIR DRUG DEALER. OR SHE WOULD GET IT FOR THEM, OR WHATEVER. AND WHETHER THIS PLAYED ANY PART OF IT, I DON'T KNOW. BUT FROM WHAT I UNDERSTAND, SHE, SHE HAD GOTTEN IN TROUBLE RECENTLY. NOW THEY DON'T WANT TO TELL ME ALL THE DETAILS, BUT SHE'D GOTTEN IN TROUBLE AND SHE HAD TO GO TO COURT AND SHE WAS ORDERED DRUG TESTING.

Q. UH HUM.

A. SO FROM WHAT I HEARD, NOW WHAT (b)(6) TOLD ME WAS THAT HER LAST DRUG TEST WAS CLEAN. CAUSE HE SAID SHE WAS REALLY TRYIN, TRYIN TO GET HER ACT BACK TOGETHER AGAIN. SO HE SAID, YEAH, HER LAST DRUG TEST WAS CLEAN. I SAID WELL, THAT'S A GOOD SIGN. SO THAT'S BASICALLY ALL I KNOW, NOW WHETHER THIS OTHER WOMAN, I HEARD SHE WAS PESTERING THEM ALL THE TIME.

Q. THIS (b)(6) WAS?

A. (b)(6), YEAH, ALWAYS CALLIN, TRYIN TO GET A HOLD OF (b)(6) OR GET A HOLD OF (b)(6) SO I THINK THERE WAS SOMETHING NOT NATURAL GOIN ON WITH THAT.

Q. YOU THINK MAYBE, UH, (b)(6) WAS BUYING DRUGS FROM HER AGAIN?

A. EITHER, EITHER BUYIN THEM, OR SELLIN THEM, CAUSE WHAT SHE HAD STOLEN FROM ME WAS UH, VICODIN AND PERCOCET.

Q. OK.

A. AND, TRYIN TO REMEMBER, SHE HAD..I HAD OH PROBABLY HALF A DOZEN PERCOCET, AND PROBABLY AROUND 40 VICODIN IN THE BOTTLE. SO THAT'S A LOT

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OF PILLS, SO I DON'T THINK SHE WOULD USE THEM JUST FOR HERSELF, SO SHE WAS PROBABLY SELLIN THEM FOR MONEY TOO.

Q. ABOUT HOW LONG AGO WAS THAT?

A. OH BOY, THAT WAS PROBABLY SIX MONTHS OR MORE.

Q. ALRIGHT, SO THERE'S, THERE'S BEEN SOME TIME BETWEEN NOW AND THEN?

A. OH, YEAH, YEAH, THERE'S BEEN QUITE A BIT OF TIME, CAUSE SINCE THEN, SHE DID CALL ME UP AND SAID DAD, I'M AN ADDICT, UH, YOU KNOW, I'M TRYIN TO CLEAN MYSELF UP, GOIN TO REHAB AND SO SHE WAS TRYIN TO STRAIGHTEN HER LIFE OUT AND I TOLD HER FINE, I SAID YOU ADMIT YOU HAVE A PROBLEM, I'LL WORK WITH YOU. SO, I'M GONNA, I WAS WILLING TO DO ANYTHING TO HELP AND, BECAUSE WHEN I TALKED TO HER MONDAY ON HER WAY TO WORK, SHE WAS ALL, ALL SMILES AND HAPPY AND WELL I CAN'T TALK TOO LONG, I, I'M PULLING INTO WORK NOW, BUT SHE WAS LOOKIN FORWARD TO THANKSGIVING. SAID YEAH, SAID I'D LIKE TO HAVE THE WHOLE FAMILY GET TOGETHER AGAIN ON THANKSGIVING, AND SHE JUST WAS BUBBLY AND FULL OF LIFE AND THAT WAS THE LAST TIME THAT I DID MANAGE TO TELL HER I LOVE HER AND SHE SAID I LOVE YOU TOO DAD, AND THAT WAS THE LAST, UH, CONVERSATION WE HAD.

Q. ABOUT HOW LONG AGO WAS THAT?

A. I FOUND HER ON WEDNESDAY, AND THAT WAS ON MONDAY.

Q. OK, IS THERE ANYTHING ELSE THAT YOU CAN THINK OF?

A. BOY, UH TRYIN TO THINK, NOT REALLY BECAUSE USUALLY THE, THE GIRLS, UH, THEY LIKE TO KEEP THINGS AWAY FROM DAD. ONE TIME THEY GOT IN TROUBLE WITH THE, UH, CAUGHT SMOKING OR SOMETHING, SO THEY GAVE FALSE NAMES. SEE WE HAD MOVED FROM MENTOR, SO THEY GAVE THE NAMES OF PEOPLE IN MENTOR, THE PHONE NUMBERS, THE ADDRESSES, AND FOUR, ABOUT FOUR WEEKS LATER, HERE COME SIX SQUAD CARS DOWN HERE, YOU KNOW, AND I, I LOOKED AT THE OFFICER, I WINKED, I SAID HOW LONG YOU THINK, HOW LONG BEFORE I CAN GET THEM OUT OF JAIL. (LAUGHS) AND WE TRIED TO PUT THE FEAR OF GOD IN THEM. AND IT WORKED.

Q. GOOD.

A. BUT, YEAH, THEY'RE, POTENTIALLY THEY'RE GOOD KIDS, THEY, THEY JUST GOT LED ASTRAY WITH, WITH TOO MANY DRUGS AND, AND STUFF LIKE THAT AROUND NOWADAYS, AND KIDS, (b)(6) MORE INTROVERTED SO IT'S, EAS, MORE EASILY UH, TALKED INTO DOING THINGS THAT SHE WOULDN'T PROBABLY NORMALLY DO.

Q. YEAH, OK,

A. BUT OTHER THAN THAT LIKE I SAID I REALLY CAN'T THINK OF ANYTHING ELSE, AND LIKE I SAID, PART OF THAT WAS HEARSAY OF YOU KNOW, WAS THAT, (b)(6) SISTER THAT REALLY TOLD YOU KNOW ABOUT THE BLANKET AND GOIN OUT IN THE COLD? SO I ASSUME THAT IT WAS, BUT.

Q. OK.

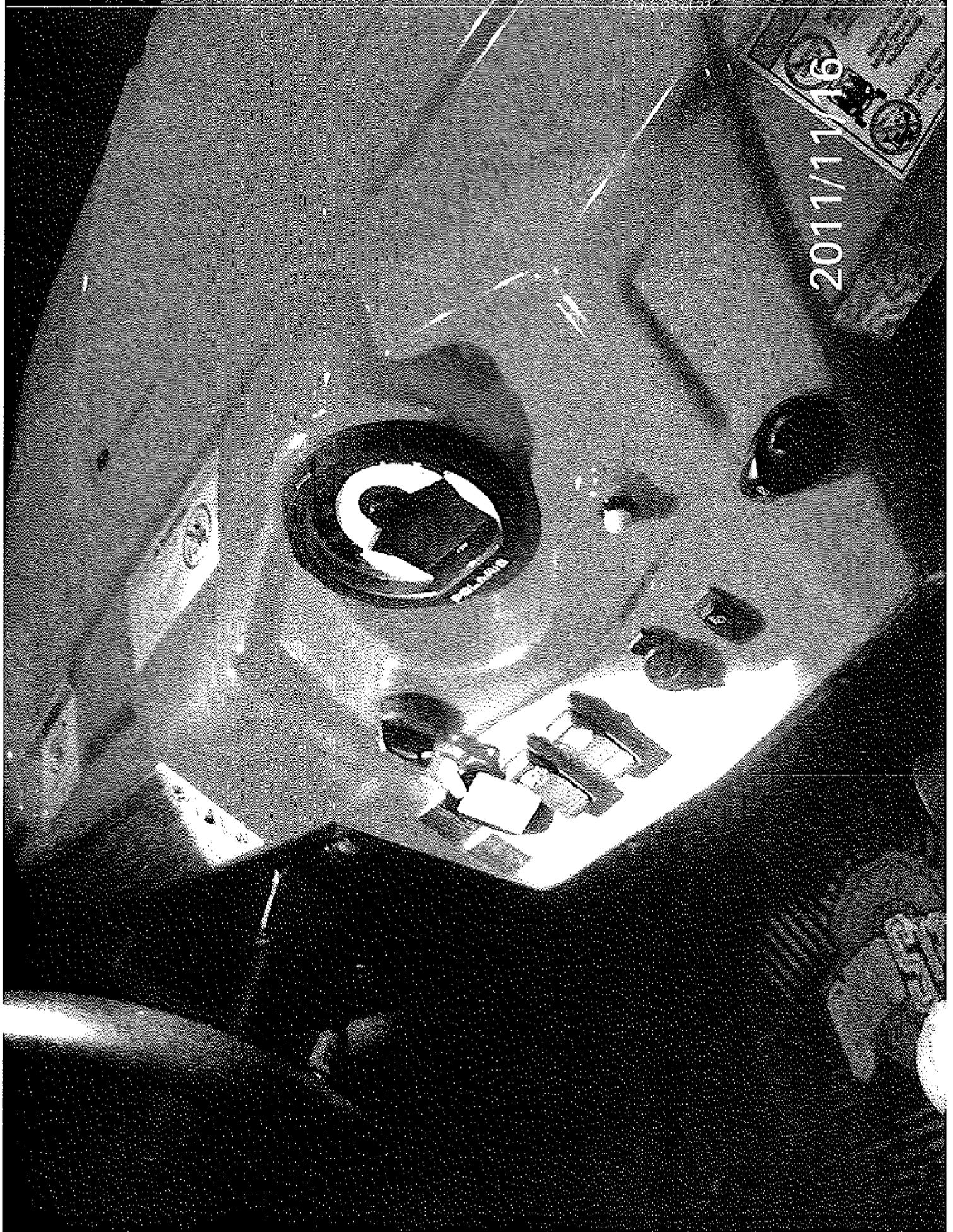
A. NOW I'M JUST GOIN BY WHAT I'VE HEARD.

Q. OK, WE'LL END THIS STATEMENT AT 2333 HOURS.

JN/blm

11/29/11 TYPED

2011/11/16



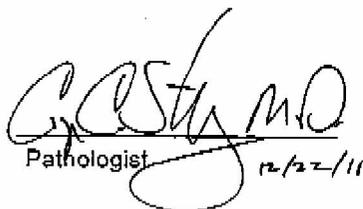
Office of the Medical Examiner, Summit County
85 North Summit Street
Akron, Ohio 44308-1948
330.643.2101

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Report of Autopsy

I, Lisa J. Kohler M.D., Chief Medical Examiner of Summit County, Ohio,
certify that on the Nineteenth day of November 2011 in
accordance with 313.13 of the Ohio Revised Code, a post-mortem examination was
performed on the body of (b)(6) and that the following is a true
and correct report of said examination to the best of my knowledge and belief.

Name: (b)(6) 36 year old female
Autopsy Number: 1114470
Date/Time of Death: pronounced November 15, 2011, hours
Date/Time of Autopsy: November 19, 2011, commenced at 09:30 hours
Identification Method: Provided By Richland County
Performed by: George C. Sterbenz, M.D., Chief Deputy Medical Examiner
Performed for: Stewart D. Ryckman, M.D., Richland County Coroner
Present at autopsy:
Jason Grom, Investigator, Summit County Medical Examiner's Office


Pathologist 12/22/11


Chief Medical Examiner 12/22/11

(b)(6)

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Final Diagnoses:

- I. Evidence of asphyxia by carbon monoxide poisoning:
 - A. "Cherry pink" lividity.
 - B. Carboxyhemoglobin saturation 81.7%.

Opinion:

(b)(6) was a 36 year old woman, with a reported history of opiate abuse, depression and prior suicide attempts, who was found dead in a camper parked next to her father's residence. The autopsy examination demonstrated no evidence of recent injury or acute drug toxicity; however, she did demonstrate apparent asphyxia by carbon monoxide poisoning as evidenced by her notable "cherry pink" lividity and strikingly high carboxyhemoglobin saturation of greater than 80%. Reportedly, the decedent had been experiencing severe headaches prior to her fatal carbon monoxide exposure, presenting the possibility of a prodrome of clinically significant chronic carbon monoxide exposure prior to her fatal event. Correlation of autopsy and investigative findings is recommended.

Additional Studies Performed:

Identification:

The decedent's Identity is provided by the Richland County Coroner's Office; body received with ID band.

Photography:

Autopsy photographs performed; 30 digital file images retained by the Summit County Medical Examiner's Office.

Histology:

7 tissue blocks (A-G) submitted; see microscopic examination.

Toxicology:

Blood (femoral and central), vitreous, urine, bile, liver and gastric specimens retained; Summit County Medical Examiner's Office toxicology report (enclosed).

Carboxyhemoglobin Quantification:

Postmortem blood is submitted for carboxyhemoglobin quantification; Akron General Medical Center blood gas report (enclosed).

Evidence Collected:

Serology blood reference card retained by the Summit County Medical Examiner's Office.

◆ End of Section ◆

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EXTERNAL EXAMINATION:

The body is that of a normally developed but notably thin (BMI 16.1 kg/m²), fair skinned, Caucasian female, whose appearance is consistent with the given age of 36 years. The body length is 65 inches (165 cm.), and the body weight is 96-1/2 pounds (44 kilograms). The decedent's body is received for examination within a body bag, supine, clad, and without resuscitative or therapeutic instrumentation. The body is clean and appears well groomed. The skin shows good turgor and has no jaundice or rashes. Rigor mortis is strong and symmetric. Livor mortis is anteriorly dependent and has a "cherry pink" appearance. The lividity is fixed. The body is cold due to refrigeration. Focal putrefactive abdominal green discoloration (green belly) is present, although there is no other putrefactive discoloration or bloating.

The slightly wavy brown scalp hair measures up to 13 inches and has no alopecia. The scalp has no abrasion or laceration. The head and neck have moderately severe anteriorly dependent congestion without petechiae. The nasal bridge and facial bones are palpably intact. Facial hair is absent. A superficial dermal erosion is present on the right buccal surface measuring 0.5 cm. in greatest dimension. Otherwise, the face shows no evidence of dermal abrasion, contusion, or laceration. The eyes have brown irides with cloudy cornea. The conjunctivae and sclerae have severely anteriorly dependent congestion without petechiae or icterus. The nares have no discharge. The ear auricula are normally developed and atraumatic. The external auditory canals have no discharge. The lips and oral mucosa are atraumatic. The oral cavity is edentulous. A full upper denture is present within the oral cavity. The frenula are intact. The neck has no dermal abrasion, contusion, laceration, or ligature furrow. The tracheal and laryngeal structures are midline, and there are no palpable cervical masses.

The thorax is symmetric with a normal anterior-posterior diameter. The pectoral musculature is normally developed. The breasts are of normal configuration, and have no palpable masses. The abdomen is soft and non-distended. The back has a normal curvature. The external genitalia are those of a normal adult female. The escutcheon is previously shaved, but has a normal distribution. The genitalia, perineum, and anus are atraumatic and unremarkable. The upper and lower extremities are symmetric and normally developed. No linear or stellate scars suggestive of intravenous needle tracks or subcutaneous skin popping scars are identified. The fingernails vary from 1/8 inch to 1/4 inch in length and are intact. The joints have no deformity. The lower extremities have no dependent edema.

DISTINGUISHING MARKS:

The body has no tattoos or notable scars.

CLOTHING AND PERSONAL EFFECTS:

- Sweater jacket, black.
- Blouse, purple.
- Camisole, black.
- Bra, white.
- Pants, black.
- Socks, white.
- Boots, black.

The clothing articles are worn normally. The decedent has no underpants or shoes.

EVIDENCE OF RECENT THERAPY:

The decedent's body is received without resuscitative or therapeutic instrumentation.

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EVIDENCE OF RECENT INJURIES:

A focal dermal erosion is present on the left buccal surface on the face as described above. No other recent injuries are identified by the external or internal examinations.

INTERNAL EXAMINATION:

Head:

The reflected calvarial scalp has moderate congestion with no contusion or subgaleal hemorrhage. The calvarial and basal skull is intact, and there are no epidural or subdural hemorrhages. The dural sinuses are patent, and there are no dural-based tumors or membranes. The craniocervical ligaments and odontoid process of C2 are intact.

The brain weighs 1,320 grams and has a normal gyral pattern. The brain has mild edema characterized by slight flattening of the cerebral gyri. The cingulate gyri, temporal lobe unci, and cerebellar tonsils are not herniated. The leptomeninges are delicate and have moderate congestion with no subarachnoid hemorrhage, fibrosis, or opacification. The cranial nerves and cerebral vessels have a normal distribution and are intact. The cerebral arteries contain free of atherosclerosis and aneurysms. Coronal sections of the cerebral hemispheres show normal distributions of the cortical gray matter ribbon, deep cortical white matter, basal ganglia, and diencephalon. Sagittal sections of the brain stem and cerebellar hemispheres demonstrate a normal distribution of the cerebellar folia and deep gray/white matter structures. The sections have no contusion, infarct, intraparenchymal hemorrhage, or palpable malacia. The ventricular system has a normal morphology and is free of hemorrhage. Serial cross sections of the spinal cord and cauda equina show no gross abnormalities.

Neck:

The reflected anterolateral dermal flap has no subcutaneous contusion. The cervical musculature has moderate congestion with no hemorrhage. The cervical vertebrae, hyoid bone, tracheal and laryngeal cartilages have a normal morphology and are intact. The upper airways contain a small amount of thin serous secretions with no aspirated vomitus or obstructive particulate matter. The mucosal surfaces of the pharynx and larynx are moderately congested, without petechiae, ulcers, or erosions. The tongue is atraumatic.

Body Cavities:

The pleural cavities have no abnormal fluid accumulation. The pleura is smooth and glistening, with no adhesions, plaque, or exudate. The lungs are well expanded.

The mediastinum is normally positioned and its contents have a normal situs. The anterior, superior, and posterior mediastinum are unremarkable, containing no abnormal masses or lymph nodes. The pericardium is intact, and the pericardial cavity contains no abnormal fluid accumulation.

The abdominal panniculus is 0.5 cm. at the infraumbilical midline. The peritoneal cavity contains no abnormal fluid accumulation. The peritoneum is smooth and glistening, with no adhesions or exudate. The abdominal viscera have normal situs. The diaphragmatic leaflets are normally positioned. The anterior liver edge is at the right costal margin, and the spleen is positioned above the left costal margin.

Cardiovascular System:

The heart weighs 290 grams and has normal anatomic relationships. There is no ventricular dilatation or blunting of the cardiac apex. The epicardial surface is smooth, without fibrous plaque or fibrinous exudate. The coronary arteries have a right dominant epicardial distribution. The coronary arteries are free of atherosclerosis. No acute or organizing thrombi are present within the coronary arteries. The myocardium is uniformly firm and beefy-red, with no regional scar, focal pallor, or palpable softening. The cardiac chambers and septae have a normal

morphology. The ventricular free wall and muscular interventricular septal thicknesses are the following: left ventricle 1.0 cm., interventricular septum 0.8 cm., right ventricle 0.2 cm. The endocardium is smooth and has no fibrosis. The four cardiac valves have a normal morphology, without myxoid degeneration, fibrosis, calcification, or vegetations. The annular circumferences of the cardiac valves are the following: tricuspid valve 10.4 cm., pulmonic valve 6.5 cm., mitral valve 9.4 cm., aortic valve 5.5 cm. The coronary artery ostia arise normally and are patent. The foramen ovale is closed.

The aorta is intact, free of atherosclerosis, and has a normal distribution of primary branches with widely patent ostia. The superior and inferior vena cava and their major tributaries have a normal morphology and are patent throughout. The right and left main pulmonary arteries and pulmonary trunk contain no thromboemboli.

Blood is collected from peripheral (femoral) and central (aorta) sites under the direction of George C. Sterbenz, M.D.

Respiratory System:

The right and left lungs weigh 610 grams and 510 grams, respectively. The visceral pleura is smooth, and the lungs have normal lobar configurations. There are no subpleural emphysematous bullae. The major bronchi have a normal distribution and contain a small amount of thin serous secretions, without aspirated vomitus or obstructive foreign matter.

The lung parenchyma is soft with mild to moderate dependent congestion. Sections are pink to red and have no palpable consolidation or infarct. Anthracosis is mild, and the parenchyma has no gross emphysemic alteration.

Gastrointestinal Tract:

The esophagus has a smooth mucosal surface and unremarkable gastroesophageal junction. The stomach has a normal configuration. The gastric serosa is smooth, and the gastric wall is uniform and of normal thickness. The stomach has approximately 250 cc. of thin brown fluid containing well macerated food matter. No medication is identified by gross examination. The gastric mucosa has normal rugae without ulcer or erosion. The duodenum has no mucosal ulcer or submucosal masses.

The jejunum, ileum, and colon have a normal morphology and are patent throughout. The serosal surfaces are smooth. The bowel wall is uniform and of normal thickness. The mucosa is tan-pink and has no polyps or ulcers. The colon has no diverticula. The small intestinal contents are thin and tan. The colon and rectum contain soft brown fecal material with no foreign objects. The appendix is intact and unremarkable.

The liver weighs 1,320 grams and has a normal configuration. The capsule is smooth, glistening, and intact. The parenchyma is moderately firm and brown with no distortion of the normal lobular architecture or greasy texture. The intrahepatic bile ducts and blood vessels at the porta hepatis are unremarkable.

The gallbladder is intact and has normal size and configuration. The wall is uniformly thin, and the mucosa is velvety and bile stained. The viscus contains mucoid bile. No stones are present within the gallbladder or extrahepatic bile ducts.

The pancreas has a normal lobulated architecture. The parenchyma is moderately soft and tan with no calcification, saponification, or intraparenchymal hemorrhage. No calculi are present within the pancreatic ducts.

Lymphoreticular System:

The spleen weighs 90 grams and has a normal configuration. The capsule is slightly wrinkled, red-purple, and intact. The parenchyma is moderately congested with normal distribution of red and white pulp.

The lymph nodes are not enlarged. The thymus gland has fibro-fatty replacement. The vertebral bone marrow is grossly unremarkable.

Genitourinary System:

The right and left kidneys each weigh 125 grams. Each kidney has a normal configuration. The renal vessels have normal a distribution. The renal arteries are free of stenosis. The renal capsules strip with ease to reveal smooth cortical surfaces. Sections demonstrate normal distributions of cortical and medullary structures. The corticomedullary junctions are distinct. The renal papillae are not blunted. The pelvocalyceal systems and ureters are not dilated and contain no calculi.

The ureters maintain a uniform caliber into the urinary bladder, which contains approximately 150 cc. of pale yellow urine. The bladder has a normal configuration, and the mucosal surface is smooth and non-erythematous.

The ovaries are normally positioned and have usual size and configuration. Sections demonstrate small corpus lutea with no solid or cystic lesions. The fallopian tubes appear complete, thin walled, and pliable. The fimbria are lush. The uterine corpus has usual non-gravid size and configuration. The uterus with attached cervix has a total length of 8 cm. The serosal surface is smooth. The myometrium contains no leiomyomata and measures up to 0.8 cm. The endometrium is thin and tan. The cervical os is slightly ovoid. The vagina has a usual corrugated mucosal surface without abrasion, contusion, or laceration. The vagina contains thin opaque secretions with no foreign objects.

Breasts:

Sections demonstrate soft fibro-fatty parenchyma with no gross abnormalities.

Endocrine System:

The adrenal glands have usual size and configuration. On section, the cortices are golden yellow and of normal thickness. The medullae are unremarkable.

The thyroid gland has usual size, color, and configuration. Sections of the lateral lobes and isthmus demonstrate no nodular or cystic lesions.

The pituitary gland has usual size, color, and consistency with no nodular or cystic lesions.

Musculoskeletal System:

The skeletal musculature has normal development and distribution. The axial and appendicular skeleton is symmetric and normally developed. The vertebral column has a normal curvature. The sternum, clavicles, ribs, vertebrae, and pelvis are intact. The extremities have no compound, comminuted, or dislocated fractures.

MICROSCOPIC EXAMINATION:

Brain (Block A):

Representative sections of cerebral cortex, basal ganglia and hippocampus are sampled. The sections show normal laminar and columnar architecture. The sections generally show normal neuronal density, although there is hypoxic-ischemic neuronal change most marked within the hippocampus. There is no evidence of meningitis or encephalitis.

Heart (Blocks B-E):

Representative sections of the right ventricular free wall, left ventricular free wall, right atrium and interventricular septum (membranous and muscular portions) are sampled; no pathologic change.

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OF THE ORIGINAL.

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Lungs (Block F):

Representative sections of the right and left lungs are sampled. The sections show normal alveolar architecture with acute congestion. There is no acute or organizing pneumonia.

Liver (Block G):

A representative section shows normal portal and lobular architecture. Steatosis is mild. No inflammatory infiltrates are present.

Kidneys (Block G):

A representative section shows normal glomerular and tubular architecture with no interstitial inflammation.

◆◆◆

End of Report

◆◆◆

GCS/LJK/vk/vk/vk
12/21/11

**COUNTY OF SUMMIT
FORENSIC TOXICOLOGY LABORATORY
85 NORTH SUMMIT STREET
AKRON, OHIO 44308-1948
330-643-2101**

Lisa J. Kohler, M.D.
Chief Medical Examiner

Steve Perch, NRCC-Tox
Laboratory Director

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Name (b)(6) Case # (b)(6)

Date Rcvd. 11/19/2011 Date Rptd. 11/23/2011

Submitted By: Justin Benner

Specimen Type: X Blood (Gray) Blood (Red) Blood (Other)
 X Urine Vitreous Gastric
 Other(Specify)

Testing requested: X Ethanol (Volatile panel)
 X Drug Screen
 Other (Specify)

Comment:

RESULTS

Ethanol : None Detected % (Wt/Vol) Specimen Type : Blood Serum

Drug Screen (Serum / Blood):

Drug Screen (Urine) Screened negative for drugs by immunoassay

Comment:

Tested For: Volatiles: Ethanol, Acetone, Methanol, Isopropanol Urine: Cocaine and metabolite, Propoxyphene and metabolite, PCP, Methadone, Barbiturates, Opiates, Amphetamines, Benzodiazepines, Tricyclic antidepressants, Cannabinoids, Salicylates. Blood: Urine positives confirmed, identified and quantitated.

Performed/Reviewed By: Steve Perch
Steve Perch - Chemist