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DIGITALLY RECORDED  
SWORN STATEMENT  
OF

[REDACTED]

OIG CASE #:  
2019-010614

DEPARTMENT OF JUSTICE  
OFFICE OF THE INSPECTOR GENERAL  
MAY 31, 2022

**RESOLUTE DOCUMENTATION SERVICES**  
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APPEARANCES:

OFFICE OF THE INSPECTOR GENERAL

BY: [REDACTED]

BY: [REDACTED]

WITNESS:

[REDACTED]

OTHER APPEARANCES:

[REDACTED]

1 MR. [REDACTED]: This is Special Agent [REDACTED]  
2 [REDACTED]. Today is May 31<sup>st</sup>, 2022. The time is  
3 3:33 p.m., and the recording is now on.

4 My name is [REDACTED] [REDACTED]. I am a Special  
5 Agent with the U.S. Department of Justice,  
6 Office of the Inspector General, New York Field  
7 Office, and these are my credentials. You  
8 should be able to see. This interview with New  
9 York City Medical Examiner Dr. [REDACTED].  
10 Did I say that right?

11 MS. [REDACTED]: Yes.

12 MR. [REDACTED]: Is being conducted as part of  
13 an official U.S. Department of Justice, Office  
14 of the Inspector General investigation.  
15 Today's date is May 31<sup>st</sup>, 2022. The time is  
16 3:34 p.m. This interview is being conducted  
17 via Microsoft Teams Video Conferencing. Also  
18 present is DOJ/OIG Special Agent-in-Charge [REDACTED]  
19 [REDACTED], and Office of Chief Medical Examiner  
20 General Counsel, [REDACTED]. For this  
21 interview be recorded by me, Special Agent  
22 [REDACTED] [REDACTED]. Could everyone please identify  
23 themselves for the record and spell your last  
24 name? To start, again, I am DOJ/OIG Special  
25 Agent [REDACTED] [REDACTED], and that's spelled [REDACTED]-

1 [REDACTED]? You're on mute. Sorry.

2 MR. [REDACTED]: My name is [REDACTED] [REDACTED]. [REDACTED]-  
3 [REDACTED]. I'm ~~a~~-the Special Agent-in-Charge for the  
4 New York Field Office.

5 MR. [REDACTED]: Ms. [REDACTED].

6 MS. [REDACTED]: Oh, [REDACTED]. [REDACTED]-  
7 [REDACTED]. General Counsel from the New York City  
8 Office of Chief Medical Examiner.

9 MR. [REDACTED]: Dr. [REDACTED].

10 MS. [REDACTED]: I'm [REDACTED].  
11 And I'm a city medical examiner at Office of  
12 the Chief Medical Examiner in New York.

13 MR. [REDACTED]: Thank you, everyone. This is  
14 an official DOJ/OIG investigation into the  
15 events surrounding the death of inmate Jeffrey  
16 Epstein. And you are being asked to  
17 voluntarily provide answers to our questions.  
18 Will you agree to a voluntary interview with  
19 the DOJ/OIG?

20 MS. [REDACTED]: Yes.

21 MR. [REDACTED]: Before starting the  
22 interview, I would like to place you under  
23 oath. Dr. [REDACTED], can you please raise your  
24 right hand? Do you swear to tell the truth and  
25 nothing but the truth during this interview?

1 MS. [REDACTED]: I swear.

2 MR. [REDACTED]: Thank you. Please let me  
3 know if you don't understand any questions that  
4 I ask. I'll try to repeat it or try to  
5 rephrase it for you.

6 MS. [REDACTED]: Okay.

7 MR. [REDACTED]: We're going to start with  
8 your background, and then get into the details  
9 of the autopsy itself. Can you provide us with  
10 a summary of your college level education,  
11 starting with your bachelor's degree?

12 MS. [REDACTED]: Sure. My bachelor's degree is  
13 in Fine Art, and I completed that at Cooper  
14 Union School of Art ~~(Phonetic Sp. \*00:02:45)~~.  
15 I then went back to school for pre-medical  
16 studies only, to Columbia University School of  
17 Graduate Studies, and completed the requisites,  
18 the pre-requisite courses for applying to  
19 medical school.

20 I then went to medical school at SUNY  
21 Downstate in Brooklyn, completed that, and I  
22 earned an MD. I did a year of residency  
23 training in obstetrics and gynecology. Found  
24 that that wasn't the right field for me, so I  
25 switched.

1 I did three years of training in  
2 pathology. And then, I did a final year of  
3 fellowship training in forensic pathology. All  
4 of my residency training was done at King's  
5 County Hospital in Brooklyn, and the fellowship  
6 training was done here at the Office of the  
7 Chief Medical Examiner.

8 MR. [REDACTED]: Okay. And the three years in  
9 pathology, that was done at the Office of Chief  
10 Medical Examiner?

11 MS. [REDACTED]: No. That was also done at  
12 King's County, and not Brooklyn.

13 MR. [REDACTED]: Okay. Now, once you do the  
14 three years in pathology, and you come over.  
15 Did you start with the Office of Chief Medical  
16 Examiner right after that?

17 MS. [REDACTED]: After completing the  
18 fellowship year, yes.

19 MR. [REDACTED]: Okay. And then, once you  
20 started at the Office of Chief Medical  
21 Examiner, is there specialized training that  
22 they sent you in for also, or -?

23 MS. [REDACTED]: We do, to maintain our  
24 licenses, we do training on a weekly basis.  
25 And in order to be board certified, you have to

1 recertify every ten years, and every year, show  
2 that you've done a certain amount of credits of  
3 training. So, I've been undergoing  
4 supplementary training my entire life since  
5 coming to the Office of the Chief Medical  
6 Examiner.

7 MR. [REDACTED]: Okay. And what year did you  
8 earn your doctor? Did you become a doctor?

9 MS. [REDACTED]: It was 1999 when I graduated  
10 from medical school.

11 MR. [REDACTED]: Okay. And your three years  
12 in pathology? When did you complete that?

13 MS. [REDACTED]: So, I did, from '99 to 2001  
14 was OB. And then, from 2001 to 2003 was the  
15 pathology training. And then, '03 to '04 was  
16 the fellowship training.

17 MR. [REDACTED]: '03 to '04. So, you've been  
18 with the Medical Examiner's Officer for almost  
19 20 years now?

20 MS. [REDACTED]: Yes. I did leave for one year  
21 briefly. I took a job elsewhere to be second  
22 in command. Didn't like it. Came back. So,  
23 there has been a year break in service.

24 MR. [REDACTED]: Was that recently, or going  
25 back a while?

1 MS. [REDACTED]: 2013 to 2014.

2 MR. [REDACTED]: Okay. Where did you go?

3 MS. [REDACTED]: I went to Madison, Wisconsin  
4 to work at the Dane County Medical Examiner's  
5 Officer.

6 MR. [REDACTED]: That's a big jump from New  
7 York City to Madison.

8 MS. [REDACTED]: Oh, you aren't kidding. It's  
9 very different.

10 MR. [REDACTED]: SAC [REDACTED], do you have any  
11 questions about background?

12 MR. [REDACTED]: Nothing from me. Thanks.

13 MR. [REDACTED]: No problem. Prior to  
14 conducting -. So, are you familiar with MCC  
15 inmate - the Metropolitan Correctional Center  
16 in New York - inmate Jeffrey Epstein?

17 MS. [REDACTED]: After his death, yes.

18 MR. [REDACTED]: So, prior to conducting -.  
19 Did you conduct his autopsy?

20 MS. [REDACTED]: I did.

21 MR. [REDACTED]: Okay. Prior to conducting  
22 Jeffrey Epstein's autopsy, how many autopsies  
23 had you conducted? If you can give me a rough  
24 estimate.

25 MS. [REDACTED]: Oh. I don't know exactly. It

1 was a couple thousand.

2 MR. [REDACTED]: Oh, okay. And do you know  
3 how many -? An estimate of how many of those  
4 autopsies resulted in the conclusion of  
5 suicide?

6 MS. [REDACTED]: Again, I don't have an exact  
7 number, but I will say that there were an awful  
8 lot of suicides in Staten Island where I  
9 worked, and in Dane County. So, I've done  
10 plenty. Certainly more than a hundred,  
11 probably several hundred.

12 MR. [REDACTED]: Wow. Okay. And did you ever  
13 deal with any prisoner deaths that you  
14 conducted autopsies for, prior to Mr. Epstein?

15 MS. [REDACTED]: Oh, yes.

16 MR. [REDACTED]: Okay. And how many of those  
17 autopsies, if you can give an estimate,  
18 resulted in the determination of cause of death  
19 by suicide?

20 MS. [REDACTED]: So, I can remember a couple  
21 actually. Maybe two or three.

22 MR. [REDACTED]: Okay. I'll come back to  
23 that. Anything else, SAC [REDACTED], on that?

24 MR. [REDACTED]: No. And now, doctor, these  
25 were deaths at the MDC, Metropolitan Detention

1 Center, or was this the MCC, or what facility  
2 were these autopsies conducted in reference to  
3 their deaths?

4 MS. [REDACTED]: I honestly don't remember.  
5 I'd have to look that up.

6 MR. [REDACTED]: But they were local here in  
7 New York?

8 MS. [REDACTED]: They were New York cases.  
9 Yes.

10 MR. [REDACTED]: Okay.

11 MS. [REDACTED]: I didn't do any custody cases  
12 at all when I was in Dane County.

13 MR. [REDACTED]: Thanks.

14 MS. [REDACTED]: Just to clarify, it is  
15 (Indiscernible \*00:07:30) City Department of  
16 Correction --

17 MR. [REDACTED]: Okay.

18 MS. [REDACTED]: -- you're asking about  
19 federal deaths.

20 MR. [REDACTED]: Yes, we are.

21 MR. [REDACTED]: Okay. So, yeah.

22 MR. [REDACTED]: Thank you for that. Dr.  
23 [REDACTED], do you recall when and where you  
24 conducted the autopsy of Jeffrey Epstein?

25 MS. [REDACTED]: I did the autopsy on the 11<sup>th</sup>

1 of August, 2019, and I actually have my notes  
2 in front of me, so I will check the --

3 MR. [REDACTED]: Okay.

4 MS. [REDACTED]: -- time, if you'd bear with  
5 me. Oh, let's see. I mean, actually, maybe I  
6 don't have that particular note. I don't  
7 remember exactly, but I know he was my only  
8 case that day. So, I started in the morning,  
9 and worked steadily through the day on him.

10 MR. [REDACTED]: Okay. So, that was the only  
11 case for the day.

12 MS. [REDACTED]: Yes.

13 MR. [REDACTED]: And when did you become aware  
14 of his death?

15 MS. [REDACTED]: We were made aware of the  
16 death the day prior, and we were expecting him  
17 to arrive the day prior, actually, on the 10<sup>th</sup>.

18 MR. [REDACTED]: Okay. How do you get  
19 assigned to do Mr. Epstein's autopsy? Is that  
20 like a rotation? Or was it assigned to you by  
21 somebody?

22 MS. [REDACTED]: It was assigned to me by  
23 somebody. We had initially thought he would  
24 come in on the 10<sup>th</sup>, and I wasn't the person  
25 assigned, but that person wasn't working on the

1 11<sup>th</sup>, and I was chosen to do the autopsy on the  
2 11<sup>th</sup>.

3 MR. [REDACTED]: Okay. Do you know who it was  
4 that was chosen initially?

5 MS. [REDACTED]: Yes.

6 MR. [REDACTED]: Do you know the name?

7 MS. [REDACTED]: Sure. It was Dr. [REDACTED]  
8 [REDACTED] (Phonetic Sp. \*00:09:00).

9 MR. [REDACTED]: [REDACTED]. Okay. No problem.

10 MS. [REDACTED]: Yup.

11 MR. [REDACTED]: Did anyone else assist you  
12 with the autopsy?

13 MS. [REDACTED]: Yes. I had morgue technicians  
14 and photographers assisting me with the  
15 autopsy.

16 MR. [REDACTED]: Do you know the names off  
17 hand?

18 MS. [REDACTED]: I remember the photographer is  
19 [REDACTED] (Phonetic Sp. \*00:09:17). And there  
20 were a couple of morgue techs, but the one that  
21 I recall is [REDACTED] -. Gosh, what's her last  
22 name? It's blanking. I'm blanking on [REDACTED]  
23 last name. But [REDACTED].

24 MR. [REDACTED]: Okay. No problem. And you  
25 said --

1 MS. [REDACTED]: Yeah.

2 MR. [REDACTED]: -- there's [REDACTED], and there's  
3 one other person. Right?

4 MS. [REDACTED]: Yeah. And there was another  
5 morgue tech who sort of rotated in and out, and  
6 I don't remember which one that was.

7 MR. [REDACTED]: Okay.

8 MS. [REDACTED]: We usually don't keep track of  
9 that.

10 MR. [REDACTED]: No problem.

11 MS. [REDACTED]: [REDACTED]. That's her last name.

12 [REDACTED]. I know a couple of [REDACTED]  
13 ~~(Indiscernible \*00:09:49)~~, and she [REDACTED]. Mm-  
14 hmm.

15 MR. [REDACTED]: Thank you. Based on your  
16 recollection of the autopsy, is there anything  
17 that stood out in your mind, based on your  
18 examination?

19 MS. [REDACTED]: Yeah. Definitely.

20 MR. [REDACTED]: Do -?

21 MS. [REDACTED]: Do you want me to --

22 MR. [REDACTED]: Yes.

23 MS. [REDACTED]: -- recount it for you?

24 MR. [REDACTED]: Yes, please.

25 MS. [REDACTED]: So, he had a really marked

1 ~~(Phonetic Sp. \*00:10:07)~~ and obvious ligature  
2 furrow ~~(Phonetic Sp. \*00:10:10)~~, very  
3 consistent with what I typically see in a  
4 hanging. And he, above the furrow, had fluride  
5 (Phonetic Sp. \*00:10:16) petechial hemorrhages  
6 of his facial skin, his conjunctiva, and in his  
7 mouth, all things that I see very frequently in  
8 hangings.

9 MR. [REDACTED]: I'm going to ask you a favor.  
10 So, some of the terminology is going to go  
11 right over my head. So, and especially for  
12 reporting everything. Is it possible -? I  
13 don't know if you can, how do I say? To dumb it  
14 down.

15 MS. [REDACTED]: Say it in English?

16 MR. [REDACTED]: Yes.

17 MS. [REDACTED]: I could do that. I'm pretty  
18 sure you know what ligature furrow --

19 MR. [REDACTED]: Yes.

20 MS. [REDACTED]: -- means.

21 MR. [REDACTED]: I do.

22 MS. [REDACTED]: It's just a deep --

23 MR. [REDACTED]: Yes.

24 MS. [REDACTED]: -- abraded sort of abrasion of  
25 the skin. The petechiae that I'm referring to,

1 and the plethora. So, plethora is purple  
2 discoloration of the skin from back up of  
3 circulation. Petechiae are pinpoint  
4 hemorrhages that occur with a similar  
5 mechanism. If the blood is cut off, and the  
6 small capillaries burst, you get petechial  
7 hemorrhages, which, they're just like pinpoint  
8 bleeds in the skin. So, he had them in his  
9 skin, in his eyes, and in his mouth.

10 MR. [REDACTED]: Okay.

11 MS. [REDACTED]: Yeah.

12 MR. [REDACTED]: And is that consistent with  
13 suicides?

14 MS. [REDACTED]: It's consistent with a suicide  
15 by hanging. Yes.

16 MR. [REDACTED]: Right. Hanging. Can that  
17 also be associated with anything else, like  
18 strangulation, anything like that?

19 MS. [REDACTED]: So, the petechiae can be. The  
20 plethora, usually not.

21 MR. [REDACTED]: Okay. And why not the  
22 plethora?

23 MS. [REDACTED]: Because the plethora really  
24 involves having a sustained steady pressure,  
25 and you usually don't get that in a

1 strangulation because very rarely is a person  
2 going to be still for that, or submit to it,  
3 without struggling. So, with a struggle, the  
4 pressure is not even, and you really don't get  
5 the plethora, and the petechiae aren't quite  
6 distributed like his were. His were, like,  
7 just all the way from the neck up, he had  
8 petechiae. In strangulations, it's usually  
9 just the eyes and mouth, not all of the skin.  
10 So, even though they can be seen in homicidal  
11 strangulations, they usually have a different  
12 pattern than I saw in Mr. Epstein.

13 MR. [REDACTED]: Got it. Thank you. So, what  
14 made you come to the conclusion that Jeffrey  
15 Epstein's death was a suicide? Can you walk us  
16 through that? I know you mentioned the  
17 plethora, the petechiae, and also the ligature  
18 itself. What ~~all-else~~ did you see that made  
19 you come to the conclusion as suicide? Sorry.

20 MS. [REDACTED]: So, the autopsy didn't show  
21 really any signs of a struggle. And every  
22 single strangulation case I've had, even people  
23 who were really impaired by intoxicants, they  
24 struggled. So, he didn't have any marks on his  
25 hands. He had one abrasion on his arm, which

1 probably was from convulsing when being  
2 hanging. But nothing that suggested a  
3 struggle. No broken fingernails. No other  
4 bruising anywhere.

5 He was pretty much pristine, other than  
6 the neck and face findings. He also internally  
7 didn't have strap muscle hemorrhages of the  
8 neck. That's bleeding in the lung muscles, in  
9 the front of your neck. Nor did he have  
10 hemorrhaging in the muscles of the back of his  
11 neck. That you see when it's been an  
12 incomplete compression, not a sustained  
13 compression like a hanging. So, when I don't  
14 see those, I'm more likely to think hanging  
15 than manual strangulation, or even ligature  
16 strangulation.

17 And then, lastly, he did have fractures of  
18 his thyroid cartilage and one side of his hyoid  
19 bone. These are structures inside your neck.  
20 Then the pattern of these fractures was  
21 consistent with a hanging. You see a very  
22 different pattern of fracturing if there has  
23 been a manual compression of the neck versus a  
24 sustained pressure of a hanging. And the  
25 pattern of his fractures was that of a hanging.

1           So, even without an investigation, and  
2           although I wanted one, just because of the  
3           nature of the case, even without an  
4           investigation, this case, autopsy wise, looked  
5           like a very clear-cut hanging.

6           MR. [REDACTED]: Okay. I'm going to break  
7           that down just a little bit. The hyoid --

8           MS. [REDACTED]: Sure.

9           MR. [REDACTED]: -- the hyoid bone. What is  
10          that?

11          MS. [REDACTED]: So - ~~there's~~It's a little  
12          waerm in my office, sorry - it's a U-shaped  
13          bone that sits between your tongue and your  
14          larynx. Sort of horseshoed like this, shaped  
15          like this, right here. And its function is to  
16          aid in swallowing and phonation, speaking.

17          Because it's almost like a little  
18          wishbone, when somebody squeezes your neck, it  
19          snaps. And if somebody squeezes your neck in a  
20          homicidal fashion with un-sustained pressure,  
21          it'll snap near the joints where it was  
22          centrally. If your hyoid bone is pressed  
23          against your spine by hanging, it fractures at  
24          the tips. Maybe one. Maybe both. His is  
25          fractured on the tip, on the left. So, that's

1 why I think his hyoid bone is fractured from  
2 hanging and not manual strangulation.

3 MR. [REDACTED]: Okay. And what about the  
4 thyroid -? What is the thyroid?

5 MS. [REDACTED]: So, the thyroid cartilage, I  
6 think that's what you mean --

7 MR. [REDACTED]: Yes.

8 MS. [REDACTED]: -- is what we refer to as,  
9 like, the larynx, or the voice box. And it's  
10 sort of a -. It's almost shaped like a  
11 butterfly inside of your throat. And it has  
12 two horns at the top, which be almost like the  
13 tops of butterfly wings. And those sit next to  
14 the end points of the hyoid bone.

15 MR. [REDACTED]: Okay.

16 MS. [REDACTED]: So, that structure also gets  
17 pressed against the spine when you hang, and  
18 the tips break, and that's exactly where his  
19 thyroid cartilage is fractured, on both of the  
20 tips.

21 MR. [REDACTED]: Okay.

22 MS. [REDACTED]: And if it's fractured during a  
23 manual strangulation, whether it's a bar type  
24 or a pincher type, it usually fractures, again,  
25 centrally or unevenly, not in this even

1 fashion.

2 MR. [REDACTED]: And because there was  
3 consistent - you're saying - because there was  
4 consistent pressure --

5 MS. [REDACTED]: Yes.

6 MR. [REDACTED]: -- pressure on the neck, it's  
7 a different type of damage that happens to the  
8 hyoid bone, and also the thyroid cartilage  
9 itself, and that's what you saw in Epstein -  
10 Jeffrey Epstein --

11 MS. [REDACTED]: Yes.

12 MR. [REDACTED]: -- and that's why you came to  
13 the determination of suicide?

14 MS. [REDACTED]: Yes. All of these things  
15 combined, lack of other trauma, beautiful  
16 ligature furrow that actually peaked. You  
17 know, if it's a ligature strangulation, they  
18 usually don't peak upward. They're either  
19 straight across, or they peak downward. His  
20 peak is upward slightly. He's got the  
21 plethora, the petechiae, the patterns of  
22 fracturing, and no other trauma. So, all of  
23 that together made this autopsy very, very  
24 consistent with a suicidal hanging.

25 MR. [REDACTED]: When you say peak, you mean

1 the back of the actual ligature itself, on the  
2 back of the neck, going up?

3 MS. [REDACTED]: Yeah. I can -. Let me see.  
4 I'm going to use my phone cord to show you.  
5 When you hang yourself, it hangs, and it  
6 actually will sometimes make like a peak at the  
7 back, right? And sometimes it isn't fully  
8 circumferential. That's really classic for  
9 hanging. So, Mr. Epstein had a peak, it was  
10 sort of to the right and behind the ear, and it  
11 was not fully circumferential. Totally  
12 consistent with a hanging.

13 MR. [REDACTED]: And if it was circumstantial,  
14 that means someone strangled him?

15 MS. [REDACTED]: It can, or it can mean that if  
16 he has - if you are really good, if what they  
17 showed me was his ligature, he didn't tie a  
18 good slip knot, i.e., he didn't tie a good  
19 hangman's knot. If you tie a good hangman's  
20 knot, it will sometimes be circumferential just  
21 because it tightens with your weight. If you  
22 don't, if you have a fixed knot, you slump into  
23 the ligature, and it doesn't -. It isn't  
24 circumferential. So, it depends on the  
25 ligature. I have a feeling he wasn't well

1           versed in the tying of hangman's knots or good  
2           slip knots, and that's why his isn't  
3           circumferential.

4           MR. [REDACTED]: So, what type of knot did you  
5           see on the noose?

6           MS. [REDACTED]: So, they showed me a noose  
7           with what looked like a fixed sort of granny  
8           knot. And I'm not convinced that's even a  
9           noose because they told me they thought this  
10          was the ligature, but there was a lot of  
11          confusion about what the ligature - which thing  
12          was actually the ligature. And there was a lot  
13          of stuff in that room. But the thing that they  
14          said, this is the ligature, it had a fixed  
15          knot. Not a slip knot.

16          MR. [REDACTED]: Okay. I kind of jumped, but  
17          I'll come back to the noose part. That's later  
18          on in the interview. You said there was no  
19          defensive wounds. So, if someone was to - if  
20          there was possibly an attack - me just putting  
21          it out there - if it was an attack, there would  
22          have been defensive wounds. Where else? Where  
23          would you have seen the defensive wounds?

24          MS. [REDACTED]: So, what I tend to see in  
25          victims of strangulation is they have lots of

1 debris under their fingernails from fighting,  
2 and from trying to pull the strangling person  
3 off their own neck. So, you'll see a bunch of  
4 linear abrasions usually on the neck itself,  
5 and chin, and you'll see a lot of debris under  
6 the nails. He didn't have either of those  
7 things. Those are usually women.

8 Being that he's a man, I would have also  
9 expected more of sort of the pugilistic type of  
10 injuries, because I can't imagine somebody  
11 strangling a man easily without him trying to  
12 punch them out. So, I would think there would  
13 be some, you know, punch-type things, too, or  
14 sort of contusions on the knuckles and stuff.  
15 But he didn't have any of that. None of that  
16 stuff.

17 MR. [REDACTED]: Is it possible, I mean, in  
18 cases of suicide, like, once someone tries to  
19 hang themselves, do they just sit there? I  
20 mean, is it possible that they -? Normally  
21 with a person trying, you know, last second,  
22 change their mind, and try to dig in, and try  
23 to stop themselves from dying?

24 MS. [REDACTED]: Well, that really rarely  
25 happens. I've yet to see that happen. I've

1 seen hangings where people simply tie a  
2 ligature and slump forward in a chair. It  
3 happens pretty quickly. You lose consciousness  
4 in, like, less than a minute. And then, at  
5 that point, there's really no intentional  
6 activity, and you start to seize pretty  
7 quickly.

8 So, there is a very small sort of envelope  
9 of time, and most people are able to not fight  
10 that. I mean, I rarely -. I actually can't  
11 think of any case where I've seen the clawing  
12 things in a hanging, even a non-complete  
13 suspension hanging, which I suspect this is.

14 MR. [REDACTED]: No problem. SAC [REDACTED], any  
15 questions on that?

16 MR. [REDACTED]: Yes, doctor. So, the broken  
17 hyoid bone and the fractured thyroid. Was  
18 there any indication that these bones were  
19 damaged --

20 MS. [REDACTED]: Mm-hmm.

21 MR. [REDACTED]: -- before the possible - well,  
22 I guess the break, right? - but could you be  
23 able to tell if there was some kind of damage  
24 to those bones before you actually conducted  
25 your ~~atop~~ autopsy?

1 MS. [REDACTED]: So, I had an anthropologist  
2 look at those to determine exactly that, if  
3 they were fractured superimposed on old trauma,  
4 or if they were just recent fractures. And  
5 their opinion was that they were recent  
6 fractures. It was no superimposed trauma.

7 MR. [REDACTED]: So, I'm guessing you were  
8 familiar with the July 23<sup>rd</sup> incident where Mr.  
9 Epstein tried to take his life initially?

10 MS. [REDACTED]: Yes. I was.

11 MR. [REDACTED]: And there was a noose found  
12 around his neck. We were just trying to get an  
13 idea if it's possible that he sustained  
14 injuries during that attempt, that could have  
15 also assisted, or made things, you know, the  
16 broken hyoid and the thyroid cartilage could  
17 have also been because of the fact of the  
18 initial attempt? Could it have been broken  
19 because of the damage already caused by the  
20 July 23<sup>rd</sup> incident?

21 MS. [REDACTED]: I think probably not, just  
22 based on how they appeared. They don't  
23 describe any - the anthropologist - doesn't  
24 describe any healing. So, there would have  
25 been, if ~~three~~there is a refracture from a

1 prior fracture, there probably would have been  
2 some healing visible, and they didn't see that.

3 Also, if he had sustained that kind of  
4 trauma the first time, he would have had  
5 symptoms. He would have, you know, had  
6 difficulty talking and swallowing, and they  
7 probably would have noted that clinically. So,  
8 that might be a question you direct the people  
9 who took care of him after the first attempt.

10 MR. [REDACTED]: Okay.

11 MR. [REDACTED]: And just a follow up, doctor.  
12 You said that people lose consciousness within  
13 a minute. Is that pretty standard, you know,  
14 when they attempt to hang themselves? Is that,  
15 in your practice, a pretty standard time frame?

16 MS. [REDACTED]: So, where I'm getting that  
17 information from isn't so much my practice as  
18 there is a woman in Canada who researched this  
19 extensively, and actually had a collection of  
20 films of people hanging themselves.

21 They were judicial hangings. They were  
22 in-custody hangings where there were actual  
23 cameras on prisoners who had managed to hang  
24 themselves. And there were people who actually  
25 filmed their own hangings.

1           And on those films, there is a really  
2 consistent pattern of they hang, in about a  
3 minute or less, they become limp, and then they  
4 start to seize violently. And it's almost a  
5 hundred percent reproducible. So, it's based  
6 on sort of evidence that other people have  
7 gathered as opposed to anything I've done or  
8 researched on my own.

9           MR. [REDACTED]: Sure. Okay. No. Thank you.

10          MR. [REDACTED]: Is there anything else you  
11 observed during the autopsy examination that  
12 you thought might seem suspicious or out of  
13 place? Like bruising, cuts, things like that?

14          MS. [REDACTED]: Nothing at all.

15          MR. [REDACTED]: I'm going to show you -. I'm  
16 going to share a picture with you. This is  
17 part of your -. Bear with me. Can you see  
18 this?

19          MS. [REDACTED]: Yes.

20          MR. [REDACTED]: Do you see the cut above the  
21 lip?

22          MS. [REDACTED]: Yeah.

23          MR. [REDACTED]: On him.

24          MS. [REDACTED]: Yeah. I do.

25          MR. [REDACTED]: Do you know where -? Do you

1 know what the cause of that? Is that something  
2 from the resuscitation, or was that -?

3 MS. [REDACTED]: So, there were other photos  
4 that will also show cuts on the other side of  
5 the lip, inside, and I think that these are  
6 from resuscitative efforts. They're pretty  
7 commonly seen when there is a mixture of  
8 different types of resuscitation, particularly  
9 if they've used a mask, or if it's somebody who  
10 is - if there was any bystander resuscitation,  
11 as well. So, these, to me, appeared  
12 resuscitative.

13 Also, there is no, like, real bruising  
14 under these. If I had thought these were from  
15 some kind of impact to his face, there would be  
16 bruising, and if you look at the rest of the  
17 autopsy, I have the inside of his mouth  
18 photographed really well, and all you see are  
19 the petechiae. There is no big bruising. So,  
20 these aren't impacts. These are consistent  
21 with him probably being already dead when they  
22 were trying to resuscitate him.

23 MR. [REDACTED]: Okay. And this is, this  
24 picture is labeled, "Photos, I.D., Visual 001".  
25 This is the picture that was taken by your

1 office. Right?

2 MS. [REDACTED]: Yes. It's taken by the  
3 mortuary technicians for the purpose of showing  
4 it to a family so they can identify the  
5 deceased formally for us.

6 MR. [REDACTED]: Okay. (Indiscernible  
7 \*00:25:21).

8 MS. [REDACTED]: In the next picture, you can  
9 see the petechiae really well on his face,  
10 actually.

11 MR. [REDACTED]: Yeah. Doctor, that was going  
12 to be my question. Is this a good depiction of  
13 the petechiae, was you described earlier to us?  
14 The blonchyness (Phonetic Sp. \*00:25:29) red in  
15 his face. Is that what you typically see? The  
16 petechiae.

17 MS. [REDACTED]: Yeah.

18 MR. [REDACTED]: Okay.

19 MS. [REDACTED]: Yeah. You can see it's  
20 blotchy, and almost sort of -. It looks almost  
21 like a measles rash, but it's small pinpoint  
22 hemorrhages. Yeah.

23 MR. [REDACTED]: Okay.

24 MR. [REDACTED]: And you mentioned that's from  
25 sustained pressure on the neck.

1 MS. [REDACTED]: Yes.

2 MR. [REDACTED]: All right. I'm going to show  
3 you a couple other pictures from the same -.  
4 Tell me if you recognize this picture. It was  
5 also labeled, "INV scene 004." It was provided  
6 by your office. Do you recognize this?

7 MS. [REDACTED]: I do.

8 MR. [REDACTED]: Okay. So, just to give an  
9 explanation. Did you have a chance to go by  
10 the cell, see the cell itself?

11 MS. [REDACTED]: No. They wouldn't let me go  
12 in and see the cell itself. I had to rely on  
13 photographs.

14 MR. [REDACTED]: Yeah. So, it's a little  
15 tough. So, just to give an explanation. Where  
16 the picture, the person's point of view,  
17 whoever is standing there, that's where the  
18 door is, the cell door is. Now, if you look  
19 in, there is a little window on the door. So,  
20 when we got a chance to interview the  
21 correctional officer who found Mr. Epstein, he  
22 was basically doing feeding, just to give you  
23 an understanding, he was coming there early  
24 morning, he was doing the feeding time, and he  
25 knocked on the cell, and you see the mattress

1 on the floor?

2 MS. [REDACTED]: Yes.

3 MR. [REDACTED]: Mr. Epstein's legs were  
4 sticking out. So, he was actually - and not,  
5 like, to (Indiscernible \*00:26:53) - I mean,  
6 the mattress sticking out. Mr. Epstein was to  
7 the right itself. So, he couldn't see anything  
8 to the right. He called out to Mr. Epstein.  
9 He didn't answer. So, he walked in.

10 And when he walked in, he couldn't explain  
11 it for us, a mess like this, he explained there  
12 was a lot of linens, a lot of different stuff,  
13 but the mattress was there. And when he found  
14 Mr. Epstein - and I'm going to show you another  
15 picture - Mr. Epstein was to the right, the  
16 part that we can't see in the initial picture.

17 MS. [REDACTED]: Yup.

18 MR. [REDACTED]: And he was hanging from the  
19 corner over here. So, you see then, he  
20 mentioned that's part of the noose. And he was  
21 hanging low with his bottom, with his buttocks  
22 off the ground. So, his feet was out, and his  
23 buttocks was off the ground. So --

24 MS. [REDACTED]: Okay.

25 MR. [REDACTED]: -- that's how he found him.

1 So, basically, he didn't use a cutter. He  
2 actually pulled. So, I think he used all his  
3 might, he panicked, so the C.O. kind of pulled  
4 the noose, and the noose broke, and Mr. Epstein  
5 fell to the ground, and then he wrapped his  
6 arms around Mr. Epstein and dragged him out to  
7 the outer area. I don't know if I have a  
8 picture. Let me go back. He dragged him out  
9 here. Can you see where my mouse is?

10 MS. [REDACTED]: Yup.

11 MR. [REDACTED]: He dragged him out here so he  
12 could perform CPR on it, or on Mr. Epstein.

13 MS. [REDACTED]: Can I ask you a question  
14 quickly?

15 MR. [REDACTED]: Yeah.

16 MS. [REDACTED]: So, I see that piece of stuff  
17 hanging in the corner there. That is not what  
18 they brought to me and called the ligature.  
19 When this correction officer pulled Jeffrey  
20 Epstein out to start CPR, did something remain  
21 around his neck?

22 MR. [REDACTED]: So, he doesn't recall. He  
23 thinks he took it --

24 MS. [REDACTED]: Ah.

25 MR. [REDACTED]: -- took it off. He was not a

1 hundred percent sure. Everything happened in  
2 the moment in time. One of the questions we  
3 were going to ask you is, who provided you with  
4 that noose?

5 MS. [REDACTED]: I believe -. So, I think that  
6 it was given to the investigators by the EMS  
7 crew who took over the -. Yeah, that's the  
8 picture of how it came to us. It was in the  
9 bag. And this is what they brought me.

10 MR. [REDACTED]: So, this is labeled, "Path  
11 evidence 006." And the picture prior to this  
12 was, "INV scene 009." So, this is what they  
13 provided to you. And you said this didn't seem  
14 -. This was like a -. You didn't think this  
15 was the piece that cost - that was the noose  
16 around his neck?

17 MS. [REDACTED]: Well, I'm asking because in  
18 the photo you showed me a piece of stuff  
19 hanging, and you tell me that the correction  
20 officer pulled and ripped. This thing that  
21 they gave me isn't ripped at all like it would  
22 be ripped off of something. It's ripped to  
23 create the strip, but it's not ripped off. So  
24 --

25 MR. [REDACTED]: Okay.

1 MS. [REDACTED]: -- I'm -.

2 MR. [REDACTED]: That's the same question we  
3 had.

4 MS. [REDACTED]: It's making me wonder if this  
5 is even the ligature that they gave me.

6 MR. [REDACTED]: All right. So, I'm going to  
7 show you another picture. This is in the same  
8 set of pictures that you had to -. Sorry.  
9 (Indiscernible \*00:29:50).

10 MS. [REDACTED]: Oh, no, don't do that.

11 MR. [REDACTED]: This is labeled "INV scene  
12 055." Right? And this is when you -. Let me  
13 show you the initial picture again. You  
14 notice, there's the entrance when we walk in.  
15 This is the little table, stool area right  
16 there.

17 MS. [REDACTED]: Yes.

18 MR. [REDACTED]: This is INV picture 005.  
19 There is a toilet here. There is a stool  
20 there. Now, we're going to go back to the  
21 other picture. You'll notice this to the left  
22 of the stool. You see that?

23 MS. [REDACTED]: Yes.

24 MR. [REDACTED]: You see that little noose  
25 laying there?

1 MS. [REDACTED]: Yeah.

2 MR. [REDACTED]: Now I'm going to give you a  
3 close up over here. This is INV scene 015.  
4 This seems like there was another noose that  
5 was laying at the scene. I don't know if you  
6 can see that a little bit better.

7 MS. [REDACTED]: Yeah.

8 MR. [REDACTED]: And this seems to have a  
9 tear.

10 MS. [REDACTED]: It does.

11 MR. [REDACTED]: And if you compare it to the  
12 other picture that we saw, if he pulled, if  
13 this was around Mr. Epstein's neck, to me, it  
14 seems like there should have been more -.  
15 Like, it should have been tight, tightened up a  
16 lot more. Like, he should have been more  
17 wrinkled up because it was wrapped around his  
18 neck. Right? As a noose. But it doesn't seem  
19 like there was much. It looks like -. Can you  
20 explain the difference? By looking at it, what  
21 do you think?

22 MS. [REDACTED]: Well, what it looks like to me  
23 is that it's too tidy. And if you tell me that  
24 somebody tore him off of the corner -. Like,  
25 when you look at that thing that they showed

1 me, it was never clear to me how that suspended  
2 him from anything. All right? I could see him  
3 putting the looped part around his neck, but I  
4 can't see how this suspended him from anything.  
5 There is no knot hanging anywhere or anything  
6 like this.

7 And then, that other thing you showed me  
8 that's by the desk apparatus, that is torn, it  
9 makes more sense to me because that's got the  
10 tearing that the correction officer remembers.  
11 Either one of these, in terms of its shape,  
12 could have caused the markings on Mr. Epstein,  
13 but this one, this second one that you're  
14 showing me that was never brought to me, looks  
15 like a more likely candidate.

16 MR. [REDACTED]: Okay. Do you recall -? Do  
17 you know if the initial noose that was brought  
18 to you, was there any DNA testing, or any kind  
19 of testing done on that noose?

20 MS. [REDACTED]: I didn't swab it or anything.  
21 We're instructed not to do that just to submit  
22 it. So, I am not sure what happened to it  
23 after I bagged it up and gave it to evidence.

24 MR. [REDACTED]: When you say submit it, what  
25 does that mean?

1 MS. [REDACTED]: It means that I bag it up  
2 again, and submit it as evidence, and then  
3 whoever is investigating, the cops, you guys,  
4 whoever it is, they decide whether or not to do  
5 DNA testing. I don't actually order that.

6 MR. [REDACTED]: Okay.

7 MS. [REDACTED]: Because it's irrelevant to me,  
8 really.

9 MR. [REDACTED]: SAC [REDACTED], do you have any  
10 questions on the pictures before -?

11 MR. [REDACTED]: Yes. I do. Just a follow up.  
12 And I think you said this earlier. You said  
13 this cloth material could have caused those  
14 marks. So, regardless of what noose was used  
15 here, we have several in the pictures, but what  
16 you're saying is that, this type of material  
17 could have caused the marks consistent of what  
18 you noticed in your autopsy?

19 MS. [REDACTED]: Correct.

20 MR. [REDACTED]: Okay.

21 MR. [REDACTED]: And your office doesn't have  
22 the second noose, you said. Right?

23 MS. [REDACTED]: I don't think I ever received  
24 this piece of stuff that you're showing me.  
25 No.

1 MR. [REDACTED]: Okay. And this knot. I  
2 know, since you mentioned hangman's noose, and  
3 different nooses, do you --

4 MS. [REDACTED]: Mm-hmm.

5 MR. [REDACTED]: -- can you tell what kind of  
6 knot this is?

7 MS. [REDACTED]: Those look like fixed knots,  
8 as well. They actually look like granny knots  
9 to me. They don't look like knots that will  
10 slide and tighten, which is one of the reasons  
11 why I said that this could have just as easily  
12 caused the markings.

13 MR. [REDACTED]: Okay. And based on the knot,  
14 this was - as SAC [REDACTED] asked - this could have  
15 been the one that - this or the other one -  
16 could be the one that caused Mr. Epstein's  
17 death/

18 MS. [REDACTED]: Yes.

19 MR. [REDACTED]: Okay. And this is, what kind  
20 of knot is this one?

21 MS. [REDACTED]: That looks like another kind  
22 of -. It's either a granny knot, or it's an  
23 overhand knot, but it's a fixed knot. It's not  
24 a sliding knot, like a slip knot or a hangman's  
25 knot, which is really just a series of slip

1 knots.

2 MR. [REDACTED]: So, this is in reference to  
3 packed evidence, picture 006, and the other one  
4 was the initial reference about the knot was  
5 for INV scene 015. Okay. Anything else, SAC  
6 [REDACTED]?

7 MR. [REDACTED]: Nothing further. Thank you.

8 MR. [REDACTED]: All right. So, a witness,  
9 basically an inmate, told the guard man that he  
10 saw the C.O. who entered Epstein's cell fall to  
11 the ground with Epstein when he attempted to  
12 move him, or when he pulled him, whatever, he  
13 couldn't describe -. He didn't give us an  
14 exact explanation. But he said that he  
15 actually saw the C.O. and Epstein fall to the  
16 ground. In your examination, did you see any  
17 bruising or anything consistent with any falls  
18 that Mr. Epstein might have taken?

19 MS. [REDACTED]: Nope.

20 MR. [REDACTED]: Okay.

21 MS. [REDACTED]: But if he landed on top of the  
22 guy, I wouldn't have seen much.

23 MR. [REDACTED]: Okay. And if he didn't, if  
24 he landed on the floor, would there have been  
25 bruising being the fact that he was already -

1 if he was already dead at this point. Would  
2 there have been bruising on his body?

3 MS. [REDACTED]: There might not have been  
4 bruising, but what I might have seen might have  
5 been sort of dried, not hemorrhagic abrasions.  
6 Particularly if the guy pulling him was a big  
7 guy and landed on top of him. That could -.  
8 Even a dead body, if you scrape it across a  
9 concrete floor like that, you're going to get  
10 some scraping on the skin. I wouldn't see  
11 bruising, but I would see scraping most likely.

12 MR. [REDACTED]: And he mentioned that he  
13 didn't use a cutter. Normal practices, if you  
14 see somebody hanging, they use a cutter to cut  
15 the rope.

16 MS. [REDACTED]: Mm-hmm.

17 MR. [REDACTED]: He didn't use a cutter. He  
18 just yanked on it. Is it possible why him  
19 yanking on the rope, trying to yank the rope  
20 off, he could have caused - the C.O. - could  
21 have caused any of the damage on Mr. Epstein's  
22 neck?

23 MS. [REDACTED]: He certainly could have  
24 augmented it. I see it in hangings without  
25 that, but if he was pulling Epstein against the

1           ligature, and it snapped, that could have  
2           augmented any damage that was already there, or  
3           even created some of it. Particularly, if he  
4           did a short, sharp pull. It could have.

5           MR. ██████: Okay. And as far as you  
6           recall, there was no bruising, cuts, or  
7           anything else that stood out on his body, that  
8           could have possibly been, like, defensive or  
9           suspicious to you?

10          MS. ██████: Not at all.

11          MR. ██████: Okay. Sorry. I asked a lot  
12          of questions, and I'm just making sure I'm not  
13          (Indiscernible \*00:36:30). SAC ██████, you can  
14          ask anything else.

15          MR. ██████: Yeah. ██████, I don't know if  
16          you want to move on to toxicology.

17          MR. ██████: Yes.

18          MR. ██████: I know there was a toxicology  
19          test done, and, you know, you know, I guess the  
20          question is, was there anything found in his  
21          system?

22          MS. ██████: Let me double check that.  
23          Hang on. I have the case in front of me. As I  
24          recall, absolutely nothing, but let me be sure,  
25          sure, sure. Since I'm under oath and all.

1 Here we go. Yup. Nothing detected.

2 MR. [REDACTED]: And that's, and obviously,  
3 contraband substances, but also anything  
4 prescribed to him. Any medications that he  
5 would have been on? But there was nothing in  
6 his system at all?

7 MS. [REDACTED]: Nothing in his system at all.  
8 Now, our testing doesn't cover every single  
9 prescription medication --

10 MR. [REDACTED]: All right.

11 MS. [REDACTED]: -- out there. Those are often  
12 targeted testing that I need to request. I saw  
13 what was in the cell. There were vitamins.  
14 There was Tylenol that was not opened. Those  
15 things, the Tylenol will show up on our regular  
16 testing. As well as, like, the other stuff he  
17 was taking. I think he was taking, like, a  
18 steroid, as well. None of that showed up.

19 MR. [REDACTED]: And in those substances, is it  
20 safe to say that it would not have contributed  
21 to his death?

22 MS. [REDACTED]: Correct.

23 MR. [REDACTED]: Yeah.

24 MR. [REDACTED]: I just have a few more  
25 questions. And before I go. All right. Do

1 you recall that Mark Epstein -? Did you ever  
2 deal with a Mark Epstein? Jeffrey Epstein's  
3 brother.

4 MS. [REDACTED]: I did.

5 MR. [REDACTED]: Okay. Do you recall that he  
6 hired his own medical examiner to be also  
7 present for the autopsy?

8 MS. [REDACTED]: Oh, yeah. Yup.

9 MR. [REDACTED]: Do you remember the name of  
10 that medical examiner?

11 MS. [REDACTED]: Yeah. So, that was Dr.  
12 Michael ~~Bodin~~-Baden (Phonetic Sp. \*00:38:39).

13 MR. [REDACTED]: Okay. And they mentioned,  
14 they told the OIG that, when they spoke with  
15 you, that you needed information from the  
16 correctional officer who found Jeffrey Epstein,  
17 before you could make the determination on  
18 cause of death, and instead of waiting on that  
19 information, you actually moved forward and  
20 made a determination anyway as suicide.

21 MS. [REDACTED]: So, what I did was, we  
22 attempted to get the information from the  
23 correctional officer, and I also, I wanted to  
24 go and see the cell. They wouldn't allow that.  
25 I wanted to see some film footage. I was

1 allowed to do that.

2 So, there were a couple of different  
3 things I wanted to do before I could ascertain  
4 whether or not -. You know, and mostly, in  
5 this case, it was being thorough. If he had  
6 been a less high-profile person who there  
7 weren't people wanting to kill, I would have  
8 probably called it a hanging on the day of  
9 autopsy. But this was thoroughness that made  
10 me look for these things before I called it a  
11 suicide.

12 MR. [REDACTED]: Understood.

13 MS. [REDACTED]: Yeah. It was pretty clear  
14 cut.

15 MR. [REDACTED]: What information did you need  
16 from the C.O.s? Like, if you ended up getting  
17 to talk to them.

18 MS. [REDACTED]: So, what I ideally would have  
19 liked to know was, how was he hanging? And was  
20 this thing that they gave me the actual  
21 ligature? So, I still don't think we really  
22 know that, or at least I'm not as convinced as  
23 I would like to be. But that was what I sort  
24 of -. Was he fully hanging? Where was he  
25 hanging? That kind of stuff.

1 MR. [REDACTED]: Okay. I just realized that  
2 there's one other picture I wanted to show you.

3 MS. [REDACTED]: Oh, good.

4 MR. [REDACTED]: This is INV scene 007. If  
5 you notice, that's a CPAP machine that was  
6 assigned to - that was given to Mr. Epstein.

7 MS. [REDACTED]: can you show -? I'm not  
8 seeing. You need to be --

9 MR. [REDACTED]: Yeah.

10 MR. [REDACTED]: Oh, sorry.

11 MS. [REDACTED]: -- more width.

12 MR. [REDACTED]: I apologize.

13 MR. [REDACTED]: We can't see it, [REDACTED].

14 Yeah.

15 MR. [REDACTED]: How about now?

16 MS. [REDACTED]: Yes.

17 MR. [REDACTED]: Now, this, it looks like it  
18 was, this is the CPAP machine that was given to  
19 - assigned to Jeffrey Epstein. And this looks  
20 like the cord was inside his room. Is it  
21 possible that this cord could have done it  
22 also? Been used as a noose.

23 MS. [REDACTED]: No. No. The furrow is too  
24 broad for a cord. I've seen plenty of cord  
25 furrows, and this is nothing like this. This

1 is definitely a furrow from some type of  
2 fabric.

3 MR. [REDACTED]: Okay.

4 MS. [REDACTED]: And not a rope.

5 MR. [REDACTED]: Perfect. Okay. Okay.

6 MS. [REDACTED]: Excuse me.

7 MR. [REDACTED]: Is there anything -? Is it  
8 something that C.O.s could have said to you, if  
9 you ever got a chance to interview them, that  
10 could possibly affect your conclusion on cause  
11 of death?

12 MS. [REDACTED]: I would have been a little bit  
13 more circumspect if there had been another  
14 inmate in there with him who had made threats.  
15 But even knowing that, that would have been  
16 more thoroughness, because this doesn't look  
17 anything like a strangulation. So, it would  
18 have been more for completeness rather than a  
19 big factor in making the determination.

20 MR. [REDACTED]: Okay. Based on all the --

21 MR. [REDACTED]: So, the --

22 MR. [REDACTED]: -- go ahead. Sorry.

23 MR. [REDACTED]: -- sorry. Just to follow up o  
24 that. So, in the instance, you know,  
25 hypothetical, that there was another inmate in

1 that cell, is what you saw possibly consistent,  
2 or would be consistent with, like, this other  
3 inmate helping or assisting this person hanging  
4 themselves? Would that be a possibility?

5 MS. [REDACTED]: No. What it would be more  
6 consistent with is if the other inmate benignly  
7 neglecting, maybe at the request of Mr.  
8 Epstein, the fact that he was hanging. You  
9 know, don't call them until I'm stuck shaking  
10 or whatever. You know? Yeah.

11 MR. [REDACTED]: Versus naturally assisting  
12 (Indiscernible \*00:42:31) -.

13 MS. [REDACTED]: It doesn't look anything like  
14 a strangulation, or an -. You can't really  
15 assist someone to hang unless they don't have  
16 the use of their arms and legs. Otherwise, you  
17 really can't do that.

18 MR. [REDACTED]: Okay. Makes sense. Okay.  
19 Thank you.

20 MS. [REDACTED]: Yeah.

21 MR. [REDACTED]: I'm sorry, [REDACTED]. I cut you  
22 off.

23 MR. [REDACTED]: No, no. That explains it.  
24 Based on all the information you have now, is  
25 it your professional opinion that Jeffrey

1 Epstein's cause of death was suicide?

2 MS. [REDACTED]: That's his manner of death.  
3 His cause of death is hanging, and his manner  
4 of death is suicide.

5 MR. [REDACTED]: Okay. Now, I have to ask the  
6 last question. Did anyone attempt to coerce or  
7 bribe you into ruling Jeffrey Epstein's death  
8 as a suicide?

9 MS. [REDACTED]: No. No. There were a lot of  
10 rumors, but no.

11 MR. [REDACTED]: Okay. SAC [REDACTED] --

12 MS. [REDACTED]: Yeah.

13 MR. [REDACTED]: -- anything else?

14 MR. [REDACTED]: Yeah. So, just to follow up  
15 on that. Any calls, media, family members,  
16 that type of thing, that were unwanted, that  
17 you received after his death?

18 MS. [REDACTED]: I actually did a lot of  
19 ducking of the media --

20 MR. [REDACTED]: Okay.

21 MS. [REDACTED]: -- and refusing to speak to  
22 people. I did have some very unpleasant calls  
23 with his family, because they weren't happy  
24 with the determination of suicide. But it is  
25 what it is.

1 MR. [REDACTED]: Now, if it was not Jeffrey  
2 Epstein, would you, in the normal course of  
3 business, speak to the family members as often  
4 as you did in this case?

5 MS. [REDACTED]: Absolutely. That's one thing  
6 that we definitely do as medical examiners.  
7 It's a very important part of my job, is  
8 conveying the findings to families. The only  
9 times that I do not do that is when it's a  
10 homicide, for sure, and there is an ongoing  
11 investigation, or a case that's suspicious for  
12 homicide, then I don't talk to family members  
13 because sometimes they're the perpetrators.  
14 But when it's as clear cut as this, I always  
15 talk to the families. As much as they need to  
16 talk to me.

17 MR. [REDACTED]: Sure. That's all I had,  
18 [REDACTED].

19 MR. [REDACTED]: That's all that I have, too.  
20 Is there anything else? Any information you  
21 think that might help us in our investigation,  
22 or you think wasn't shared in the report, that  
23 might be useful to us? You want to share with  
24 us?

25 MS. [REDACTED]: No. I think I put everything

1 relevant in the report, to make it as clear as  
2 possible.

3 MR. [REDACTED]: Is there any questions that  
4 you think I should have asked that I didn't ask  
5 or address?

6 MS. [REDACTED]: No. I think you were very  
7 thorough.

8 MR. [REDACTED]: SAC [REDACTED], anything?

9 MR. [REDACTED]: And [REDACTED], a quick question  
10 for you. We have the whole report with the  
11 exhibits and everything?

12 MR. [REDACTED]: Yes. You know what? Let me  
13 show it. Let me show it to you just to  
14 confirm. Let me present this. Bear with me.  
15 I just want to make sure. Okay. Can you guys  
16 see this?

17 MS. [REDACTED]: Yes.

18 MR. [REDACTED]: I think Attorney [REDACTED] can  
19 speak more about it because it looks like she's  
20 the one that signed off on it.

21 MS. [REDACTED]: Yeah.

22 MR. [REDACTED]: (Indiscernible \*00:45:29).

23 MS. [REDACTED]: Unfortunately - yeah - I'm a  
24 little bit of a disadvantage because I am doing  
25 this call from my phone, so the images are

1 tiny.

2 MR. [REDACTED]: Let me zoom. Is it any  
3 better?

4 MS. [REDACTED]: Yup.

5 MR. [REDACTED]: I think this is a cover  
6 letter. This is the letter that we sent to  
7 you. And --

8 MS. [REDACTED]: Right.

9 MR. [REDACTED]: -- where you sent us the  
10 report.

11 MS. [REDACTED]: And that was approved. That  
12 green stamp is an approval from my office.

13 MR. [REDACTED]: Okay. And I'm just going to  
14 scroll down slowly, for both of you guys, just  
15 to make sure, and especially Dr. [REDACTED]. Let me  
16 know if you see that there is any records or  
17 documents missing, that stands out, that you  
18 can only see.

19 MS. [REDACTED]: Let me just say, it's going  
20 to be very hard to determine that. I mean, all  
21 I can tell you, I mean, it's sort of more a  
22 presumption of regularity. If we issued a  
23 certified copy of the medical examiner case  
24 file, that means it's been really carefully  
25 vetted and that it has been certified to be a

1 true and exact copy of that file. I am not  
2 going to be able to give you any information,  
3 on this call, that would be any different from  
4 that.

5 MR. [REDACTED]: No problem. As long as this  
6 is the document you sent me, and you say this  
7 has everything in it.

8 MS. [REDACTED]: It certainly --

9 MR. [REDACTED]: That's fine.

10 MS. [REDACTED]: -- it certainly looks like  
11 it. It came to you from our Records  
12 Department, but I specifically remember  
13 approving the release by the Records  
14 Department, and it is clear that, you know,  
15 that we okayed it, and that it came from the  
16 Office of Chief Medical Examiner. And as you  
17 know, there is that little red sort of self-  
18 protective note that I okayed the release by  
19 whoever put the note there. So, it seems to me  
20 that this looks exactly like what we would have  
21 issued to you. There is no way for me to  
22 verify that, looking at it, and I couldn't even  
23 do that on, you know, a giant plasma screen,  
24 either.

25 MR. [REDACTED]: Understood. That's all.

1 That's all. As long as you can say that this  
2 is the record. SAC [REDACTED], do you have anything  
3 else on that?

4 MR. [REDACTED]: No. I appreciate that. I  
5 just want to (Indiscernible \*00:47:31) and say  
6 that we have the whole report (Indiscernible  
7 \*00:47:37). So, it sounds like we do. So,  
8 thank you.

9 MS. [REDACTED]: Yeah. I mean, if there seems  
10 to be some gap to you, or there is a reference  
11 to something that you don't have, certainly  
12 come back to us, but I assume that, by now, you  
13 would have noticed anything that clear.

14 MR. [REDACTED]: Perfect. Anything else, SAC  
15 [REDACTED]?

16 MR. [REDACTED]: Nothing further. Thank you.

17 MR. [REDACTED]: Dr. [REDACTED], again, thank you  
18 so much for taking the time, and we appreciate  
19 you talking to us. If there is anything else  
20 you think that, hey, you wanted, you think that  
21 we didn't ask, or you think you want to share  
22 with us, feel free, through Attorney [REDACTED], to  
23 reach back out to us, and we'll do another  
24 quick interview to catch up on it.

25 MS. [REDACTED]: Sure.

1 MR. [REDACTED]: And we might have follow up  
2 questions. If we do, be patient with us. We  
3 might come back to you and say, hey, we just  
4 need another quick interview.

5 MS. [REDACTED]: Sure.

6 MR. [REDACTED]: If that's fine.

7 MS. [REDACTED]: You know where to find us.

8 MR. [REDACTED]: Yes.

9 MS. [REDACTED]: Absolutely. You're quite  
10 welcome. Yup.

11 MR. [REDACTED]: And -.

12 MS. [REDACTED]: Good luck with everything.

13 MR. [REDACTED]: Thank you. And this is  
14 Special Agent [REDACTED] [REDACTED]. The time is 4:21  
15 p.m. on May 31<sup>st</sup>, 2022. I am ending the  
16 recording.

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CERTIFICATE

I hereby certify that the foregoing pages represent an accurate transcript of the electronic sound recording of the proceedings before the Department of Justice, Office of the Inspector General in the matter of:

Interview of [REDACTED]

[REDACTED]