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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

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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 31st, 2022. The time is
3 3:33 p.m., and the recording is now on.

4 My name is [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 31st, 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]. 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], and that's spelled [REDACTED]-

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

2 MR. [REDACTED]: My name is [REDACTED]. [REDACTED]
3 [REDACTED]. I'm a Special Agent-in-Charge for the New
4 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]. [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 worked
9 in Dane County. So, I've done plenty.
10 Certainly more than a hundred, probably several
11 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 11th

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 10th.

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 10th, and I wasn't the person
25 assigned, but that person wasn't working on the

1 11th, and I was chosen to do the autopsy on the
2 11th.

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 (Indiscernible
13 *00:09:49), and she [REDACTED]. Mm-hmm.

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

18 MS. [REDACTED]: Yeah. Definitely.

19 MR. [REDACTED]: Do -?

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

21 MR. [REDACTED]: Yes.

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

23 MR. [REDACTED]: Yes, please.

24 MS. [REDACTED]: So, he had a really marked
25 (Phonetic Sp. *00:10:07) and obvious ligature

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

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

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

15 MR. [REDACTED]: Yes.

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

18 MR. [REDACTED]: Yes.

19 MS. [REDACTED]: -- means.

20 MR. [REDACTED]: I do.

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

22 MR. [REDACTED]: Yes.

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

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

9 MR. ██████: Okay.

10 MS. ██████: Yeah.

11 MR. ██████: And is that consistent with
12 suicides?

13 MS. ██████: It's consistent with a suicide
14 by hanging. Yes.

15 MR. ██████: Right. Hanging. Can that
16 also be associated with anything else, like
17 strangulation, anything like that?

18 MS. ██████: So, the petechiae can be. The
19 plethora, usually not.

20 MR. ██████: Okay. And why not the
21 plethora?

22 MS. ██████: Because the plethora really
23 involves having a sustained steady pressure,
24 and you usually don't get that in a
25 strangulation because very rarely is a person

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

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

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

1 hanging. But nothing that suggested a
2 struggle. No broken fingernails. No other
3 bruising anywhere.

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

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

25 So, even without an investigation, and

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

5 MR. ██████: Okay. I'm going to break
6 that down just a little bit. The hyoid --

7 MS. ██████: Sure.

8 MR. ██████: -- the hyoid bone. What is
9 that?

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

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

1 hanging and not manual strangulation.

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

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

6 MR. [REDACTED]: Yes.

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

14 MR. [REDACTED]: Okay.

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

20 MR. [REDACTED]: Okay.

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

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

4 MS. [REDACTED]: Yes.

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

10 MS. [REDACTED]: Yes.

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

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

24 MR. [REDACTED]: When you say peak, you mean
25 the back of the actual ligature itself, on the

1 back of the neck, going up?

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

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

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

1 slip knots, and that's why his isn't
2 circumferential.

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

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

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

23 MS. [REDACTED]: So, what I tend to see in
24 victims of strangulation is they have lots of
25 debris under their fingernails from fighting,

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

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

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

23 MS. [REDACTED]: Well, that really rarely
24 happens. I've yet to see that happen. I've
25 seen hangings where people simply tie a

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

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

13 MR. ██████: No problem. SAC ██████, any
14 questions on that?

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

19 MS. ██████: Mm-hmm.

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

25 MS. ██████: So, I had an anthropologist

1 look at those to determine exactly that, if
2 they were fractured superimposed on old trauma,
3 or if they were just recent fractures. And
4 their opinion was that they were recent
5 fractures. It was no superimposed trauma.

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

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

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

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

1 healing visible, and they didn't see that.

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

9 MR. [REDACTED]: Okay.

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

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

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

25 And on those films, there is a really

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

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

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

13 MS. [REDACTED]: Nothing at all.

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

18 MS. [REDACTED]: Yes.

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

21 MS. [REDACTED]: Yeah.

22 MR. [REDACTED]: On him.

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

24 MR. [REDACTED]: Do you know where -? Do you
25 know what the cause of that? Is that something

1 from the resuscitation, or was that -?

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

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

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

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

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

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

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

16 MS. [REDACTED]: Yeah.

17 MR. [REDACTED]: Okay.

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

22 MR. [REDACTED]: Okay.

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

25 MS. [REDACTED]: Yes.

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

6 MS. [REDACTED]: I do.

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

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

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

1 MS. [REDACTED]: Yes.

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

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

16 MS. [REDACTED]: Yup.

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

23 MS. [REDACTED]: Okay.

24 MR. [REDACTED]: -- that's how he found him.
25 So, basically, he didn't use a cutter. He

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

9 MS. [REDACTED]: Yup.

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

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

14 MR. [REDACTED]: Yeah.

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

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

23 MS. [REDACTED]: Ah.

24 MR. [REDACTED]: -- took it off. He was not a
25 hundred percent sure. Everything happened in

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

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

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

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

24 MR. [REDACTED]: Okay.

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

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

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

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

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

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

16 MS. [REDACTED]: Yes.

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

22 MS. [REDACTED]: Yes.

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

25 MS. [REDACTED]: Yeah.

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

6 MS. [REDACTED]: Yeah.

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

9 MS. [REDACTED]: It does.

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

21 MS. [REDACTED]: Well, what it looks like to me
22 is that it's too tidy. And if you tell me that
23 somebody tore him off of the corner -. Like,
24 when you look at that thing that they showed
25 me, it was never clear to me how that suspended

1 him from anything. All right? I could see him
2 putting the looped part around his neck, but I
3 can't see how this suspended him from anything.
4 There is no knot hanging anywhere or anything
5 like this.

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

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

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

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

25 MS. [REDACTED]: It means that I bag it up

1 again, and submit it as evidence, and then
2 whoever is investigating, the cops, you guys,
3 whoever it is, they decide whether or not to do
4 DNA testing. I don't actually order that.

5 MR. [REDACTED]: Okay.

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

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

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

18 MS. [REDACTED]: Correct.

19 MR. [REDACTED]: Okay.

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

22 MS. [REDACTED]: I don't think I ever received
23 this piece of stuff that you're showing me.

24 No.

25 MR. [REDACTED]: Okay. And this knot. I

1 know, since you mentioned hangman's noose, and
2 different nooses, do you --

3 MS. [REDACTED]: Mm-hmm.

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

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

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

17 MS. [REDACTED]: Yes.

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

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

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

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

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

18 MS. [REDACTED]: Nope.

19 MR. [REDACTED]: Okay.

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

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

1 there have been bruising on his body?

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

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

15 MS. [REDACTED]: Mm-hmm.

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

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

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

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

9 MS. [REDACTED]: Not at all.

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

14 MR. [REDACTED]: Yeah. [REDACTED], I don't know if
15 you want to move on to toxicology.

16 MR. [REDACTED]: Yes.

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

21 MS. [REDACTED]: Let me double check that.
22 Hang on. I have the case in front of me. As I
23 recall, absolutely nothing, but let me be sure,
24 sure, sure. Since I'm under oath and all.
25 Here we go. Yup. Nothing detected.

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

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

9 MR. [REDACTED]: All right.

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

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

21 MS. [REDACTED]: Correct.

22 MR. [REDACTED]: Yeah.

23 MR. [REDACTED]: I just have a few more
24 questions. And before I go. All right. Do
25 you recall that Mark Epstein -? Did you ever

1 deal with a Mark Epstein? Jeffrey Epstein's
2 brother.

3 MS. [REDACTED]: I did.

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

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

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

10 MS. [REDACTED]: Yeah. So, that was Dr.
11 [REDACTED] (Phonetic Sp. *00:38:39).

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

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

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

11 MR. [REDACTED]: Understood.

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

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

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

25 MR. [REDACTED]: Okay. I just realized that

1 there's one other picture I wanted to show you.

2 MS. [REDACTED]: Oh, good.

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

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

8 MR. [REDACTED]: Yeah.

9 MR. [REDACTED]: Oh, sorry.

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

11 MR. [REDACTED]: I apologize.

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

13 Yeah.

14 MR. [REDACTED]: How about now?

15 MS. [REDACTED]: Yes.

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

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

1 fabric.

2 MR. [REDACTED]: Okay.

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

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

5 MS. [REDACTED]: Excuse me.

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

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

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

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

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

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

1 or would be consistent with, like, this other
2 inmate helping or assisting this person hanging
3 themselves? Would that be a possibility?

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

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

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

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

19 MS. [REDACTED]: Yeah.

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

22 MR. [REDACTED]: No, no. That explains it.
23 Based on all the information you have now, is
24 it your professional opinion that Jeffrey
25 Epstein's cause of death was suicide?

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

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

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

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

11 MS. [REDACTED]: Yeah.

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

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

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

19 MR. [REDACTED]: Okay.

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

25 MR. [REDACTED]: Now, if it was not Jeffrey

1 Epstein, would you, in the normal course of
2 business, speak to the family members as often
3 as you did in this case?

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

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

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

24 MS. [REDACTED]: No. I think I put everything
25 relevant in the report, to make it as clear as

1 possible.

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

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

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

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

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

16 MS. [REDACTED]: Yes.

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

20 MS. [REDACTED]: Yeah.

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

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

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

3 MS. [REDACTED]: Yup.

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

7 MS. [REDACTED]: Right.

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

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

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

18 MS. [REDACTED]: Let me just say, it's going
19 to be very hard to determine that. I mean, all
20 I can tell you, I mean, it's sort of more a
21 presumption of regularity. If we issued a
22 certified copy of the medical examiner case
23 file, that means it's been really carefully
24 vetted and that it has been certified to be a
25 true and exact copy of that file. I am not

1 going to be able to give you any information,
2 on this call, that would be any different from
3 that.

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

7 MS. [REDACTED]: It certainly --

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

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

24 MR. [REDACTED]: Understood. That's all.
25 That's all. As long as you can say that this

1 is the record. SAC [REDACTED], do you have anything
2 else on that?

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

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

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

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

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

24 MS. [REDACTED]: Sure.

25 MR. [REDACTED]: And we might have follow up

1 questions. If we do, be patient with us. We
2 might come back to you and say, hey, we just
3 need another quick interview.

4 MS. [REDACTED]: Sure.

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

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

7 MR. [REDACTED]: Yes.

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

10 MR. [REDACTED]: And -.

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

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

[REDACTED], Transcriber