

DIGITALLY RECORDED  
SWORN STATEMENT  
OF



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 31<sup>st</sup>, 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 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]. 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]. SAC [REDACTED]? You're on mute. Sorry.

2 MR. [REDACTED]: My name is [REDACTED]. [REDACTED]-

3 [REDACTED]. I'm 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]. R-O-M-A-N.

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. I then went back to  
15 school for pre-medical studies only, to  
16 Columbia University School of Graduate Studies,  
17 and completed the requisites, the pre-requisite  
18 courses for applying to medical school.

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

25 I did three years of training in

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

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

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

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

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

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

22 MS. [REDACTED]: We do, to maintain our  
23 licenses, we do training on a weekly basis.  
24 And in order to be board certified, you have to  
25 recertify every ten years, and every year, show

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

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

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

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

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

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

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

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

25 MS. [REDACTED]: 2013 to 2014.

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

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

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

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

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

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

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

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

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

19 MS. [REDACTED]: I did.

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

24 MS. [REDACTED]: Oh. I don't know exactly. It  
25 was a couple thousand.

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

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

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

14 MS. [REDACTED]: Oh, yes.

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

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

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

23 MR. [REDACTED]: No. And now, doctor, these  
24 were deaths at the MDC, Metropolitan Detention  
25 Center, or was this the MCC, or what facility

1 were these autopsies conducted in reference to  
2 their deaths?

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

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

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

9 MR. [REDACTED]: Okay.

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

12 MR. [REDACTED]: Thanks.

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

16 MR. [REDACTED]: Okay.

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

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

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

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

24 MS. [REDACTED]: I did the autopsy on the 11<sup>th</sup>  
25 of August, 2019, and I actually have my notes

1 in front of me, so I will check the --

2 MR. [REDACTED]: Okay.

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

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

11 MS. [REDACTED]: Yes.

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

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

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

21 MS. [REDACTED]: It was assigned to me by  
22 somebody. We had initially thought he would  
23 come in on the 10<sup>th</sup>, and I wasn't the person  
24 assigned, but that person wasn't working on the  
25 11<sup>th</sup>, and I was chosen to do the autopsy on the

1 11<sup>th</sup>.

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

4 MS. [REDACTED]: Yes.

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

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

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

9 MS. [REDACTED]: Yup.

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

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

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

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

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

25 MS. [REDACTED]: Yeah.

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

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

6 MR. [REDACTED]: Okay.

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

9 MR. [REDACTED]: No problem.

10 MS. [REDACTED]: [REDACTED]. That's her last name.  
11 [REDACTED]. I know a couple of [REDACTED]', and she  
12 [REDACTED]. Mm-hmm.

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

17 MS. [REDACTED]: Yeah. Definitely.

18 MR. [REDACTED]: Do -?

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

20 MR. [REDACTED]: Yes.

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

22 MR. [REDACTED]: Yes, please.

23 MS. [REDACTED]: So, he had a really marked and  
24 obvious ligature furrow, very consistent with  
25 what I typically see in a hanging. And he,

1 above the furrow, had fluride (Phonetic Sp.  
2 \*00:10:16) petechial hemorrhages of his facial  
3 skin, his conjunctiva, and in his mouth, all  
4 things that I see very frequently in hangings.

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

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

12 MR. [REDACTED]: Yes.

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

15 MR. [REDACTED]: Yes.

16 MS. [REDACTED]: -- means.

17 MR. [REDACTED]: I do.

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

19 MR. [REDACTED]: Yes.

20 MS. [REDACTED]: -- abraded sort of abrasion of  
21 the skin. The petechiae that I'm referring to,  
22 and the plethora. So, plethora is purple  
23 discoloration of the skin from back up of  
24 circulation. Petechiae are pinpoint  
25 hemorrhages that occur with a similar

1 mechanism. If the blood is cut off, and the  
2 small capillaries burst, you get petechial  
3 hemorrhages, which, they're just like pinpoint  
4 bleeds in the skin. So, he had them in his  
5 skin, in his eyes, and in his mouth.

6 MR. [REDACTED]: Okay.

7 MS. [REDACTED]: Yeah.

8 MR. [REDACTED]: And is that consistent with  
9 suicides?

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

12 MR. [REDACTED]: Right. Hanging. Can that  
13 also be associated with anything else, like  
14 strangulation, anything like that?

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

17 MR. [REDACTED]: Okay. And why not the  
18 plethora?

19 MS. [REDACTED]: Because the plethora really  
20 involves having a sustained steady pressure,  
21 and you usually don't get that in a  
22 strangulation because very rarely is a person  
23 going to be still for that, or submit to it,  
24 without struggling. So, with a struggle, the  
25 pressure is not even, and you really don't get

1 the plethora, and the petechiae aren't quite  
2 distributed like his were. His were, like,  
3 just all the way from the neck up, he had  
4 petechiae. In strangulations, it's usually  
5 just the eyes and mouth, not all of the skin.  
6 So, even though they can be seen in homicidal  
7 strangulations, they usually have a different  
8 pattern than I saw in Mr. Epstein.

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

16 MS. [REDACTED]: So, the autopsy didn't show  
17 really any signs of a struggle. And every  
18 single strangulation case I've had, even people  
19 who were really impaired by intoxicants, they  
20 struggled. So, he didn't have any marks on his  
21 hands. He had one abrasion on his arm, which  
22 probably was from convulsing when being  
23 hanging. But nothing that suggested a  
24 struggle. No broken fingernails. No other  
25 bruising anywhere.

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

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

22           So, even without an investigation, and  
23 although I wanted one, just because of the  
24 nature of the case, even without an  
25 investigation, this case, autopsy wise, looked

1 like a very clear-cut hanging.

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

4 MS. [REDACTED]: Sure.

5 MR. [REDACTED]: -- the hyoid bone. What is  
6 that?

7 MS. [REDACTED]: So - It's a little warm in my  
8 office, sorry - it's a U-shaped bone that sits  
9 between your tongue and your larynx. Sort of  
10 horseshoed like this, shaped like this, right  
11 here. And its function is to aid in swallowing  
12 and phonation, speaking.

13 Because it's almost like a little  
14 wishbone, when somebody squeezes your neck, it  
15 snaps. And if somebody squeezes your neck in a  
16 homicidal fashion with un-sustained pressure,  
17 it'll snap near the joints where it was  
18 centrally. If your hyoid bone is pressed  
19 against your spine by hanging, it fractures at  
20 the tips. Maybe one. Maybe both. His is  
21 fractured on the tip, on the left. So, that's  
22 why I think his hyoid bone is fractured from  
23 hanging and not manual strangulation.

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

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

3 MR. [REDACTED]: Yes.

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

11 MR. [REDACTED]: Okay.

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

17 MR. [REDACTED]: Okay.

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

23 MR. [REDACTED]: And because there was  
24 consistent - you're saying - because there was  
25 consistent pressure --

1 MS. [REDACTED]: Yes.

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

7 MS. [REDACTED]: Yes.

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

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

21 MR. [REDACTED]: When you say peak, you mean  
22 the back of the actual ligature itself, on the  
23 back of the neck, going up?

24 MS. [REDACTED]: Yeah. I can -. Let me see.  
25 I'm going to use my phone cord to show you.

1 When you hang yourself, it hangs, and it  
2 actually will sometimes make like a peak at the  
3 back, right? And sometimes it isn't fully  
4 circumferential. That's really classic for  
5 hanging. So, Mr. Epstein had a peak, it was  
6 sort of to the right and behind the ear, and it  
7 was not fully circumferential. Totally  
8 consistent with a hanging.

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

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

25 MR. [REDACTED]: So, what type of knot did you

1 see on the noose?

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

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

20 MS. [REDACTED]: So, what I tend to see in  
21 victims of strangulation is they have lots of  
22 debris under their fingernails from fighting,  
23 and from trying to pull the strangling person  
24 off their own neck. So, you'll see a bunch of  
25 linear abrasions usually on the neck itself,

1 and chin, and you'll see a lot of debris under  
2 the nails. He didn't have either of those  
3 things. Those are usually women.

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

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

20       MS. [REDACTED]: Well, that really rarely  
21 happens. I've yet to see that happen. I've  
22 seen hangings where people simply tie a  
23 ligature and slump forward in a chair. It  
24 happens pretty quickly. You lose consciousness  
25 in, like, less than a minute. And then, at

1 that point, there's really no intentional  
2 activity, and you start to seize pretty  
3 quickly.

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

10 MR. [REDACTED]: No problem. SAC [REDACTED], any  
11 questions on that?

12 MR. [REDACTED]: Yes, doctor. So, the broken  
13 hyoid bone and the fractured thyroid. Was  
14 there any indication that these bones were  
15 damaged --

16 MS. [REDACTED]: Mm-hmm.

17 MR. [REDACTED]: -- before the possible - well,  
18 I guess the break, right? - but could you be  
19 able to tell if there was some kind of damage  
20 to those bones before you actually conducted  
21 your autopsy?

22 MS. [REDACTED]: So, I had an anthropologist  
23 look at those to determine exactly that, if  
24 they were fractured superimposed on old trauma,  
25 or if they were just recent fractures. And

1 their opinion was that they were recent  
2 fractures. It was no superimposed trauma.

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

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

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

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

24 Also, if he had sustained that kind of  
25 trauma the first time, he would have had

1 symptoms. He would have, you know, had  
2 difficulty talking and swallowing, and they  
3 probably would have noted that clinically. So,  
4 that might be a question you direct the people  
5 who took care of him after the first attempt.

6 MR. [REDACTED]: Okay.

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

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

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

22 And on those films, there is a really  
23 consistent pattern of they hang, in about a  
24 minute or less, they become limp, and then they  
25 start to seize violently. And it's almost a

1 hundred percent reproducible. So, it's based  
2 on sort of evidence that other people have  
3 gathered as opposed to anything I've done or  
4 researched on my own.

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

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

10 MS. [REDACTED]: Nothing at all.

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

15 MS. [REDACTED]: Yes.

16 MR. [REDACTED]: Do you see the cut above the  
17 lip?

18 MS. [REDACTED]: Yeah.

19 MR. [REDACTED]: On him.

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

21 MR. [REDACTED]: Do you know where -? Do you  
22 know what the cause of that? Is that something  
23 from the resuscitation, or was that -?

24 MS. [REDACTED]: So, there were other photos  
25 that will also show cuts on the other side of

1 the lip, inside, and I think that these are  
2 from resuscitative efforts. They're pretty  
3 commonly seen when there is a mixture of  
4 different types of resuscitation, particularly  
5 if they've used a mask, or if it's somebody who  
6 is - if there was any bystander resuscitation,  
7 as well. So, these, to me, appeared  
8 resuscitative.

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

19       MR. ██████: Okay. And this is, this  
20 picture is labeled, "Photos, I.D., Visual 001".  
21 This is the picture that was taken by your  
22 office. Right?

23       MS. ██████: Yes. It's taken by the  
24 mortuary technicians for the purpose of showing  
25 it to a family so they can identify the

1 deceased formally for us.

2 MR. [REDACTED]: Okay. (Indiscernible  
3 \*00:25:21).

4 MS. [REDACTED]: In the next picture, you can  
5 see the petechiae really well on his face,  
6 actually.

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

13 MS. [REDACTED]: Yeah.

14 MR. [REDACTED]: Okay.

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

19 MR. [REDACTED]: Okay.

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

22 MS. [REDACTED]: Yes.

23 MR. [REDACTED]: All right. I'm going to show  
24 you a couple other pictures from the same -.  
25 Tell me if you recognize this picture. It was

1 also labeled, "INV scene 004." It was provided  
2 by your office. Do you recognize this?

3 MS. [REDACTED]: I do.

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

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

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

23 MS. [REDACTED]: Yes.

24 MR. [REDACTED]: Mr. Epstein's legs were  
25 sticking out. So, he was actually - and not,

1 like, to (Indiscernible \*00:26:53) - I mean,  
2 the mattress sticking out. Mr. Epstein was to  
3 the right itself. So, he couldn't see anything  
4 to the right. He called out to Mr. Epstein.  
5 He didn't answer. So, he walked in.

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

13 MS. [REDACTED]: Yup.

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

20 MS. [REDACTED]: Okay.

21 MR. [REDACTED]: -- that's how he found him.  
22 So, basically, he didn't use a cutter. He  
23 actually pulled. So, I think he used all his  
24 might, he panicked, so the C.O. kind of pulled  
25 the noose, and the noose broke, and Mr. Epstein

1 fell to the ground, and then he wrapped his  
2 arms around Mr. Epstein and dragged him out to  
3 the outer area. I don't know if I have a  
4 picture. Let me go back. He dragged him out  
5 here. Can you see where my mouse is?

6 MS. [REDACTED]: Yup.

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

9 MS. [REDACTED]: Can I ask you a question  
10 quickly?

11 MR. [REDACTED]: Yeah.

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

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

20 MS. [REDACTED]: Ah.

21 MR. [REDACTED]: -- took it off. He was not a  
22 hundred percent sure. Everything happened in  
23 the moment in time. One of the questions we  
24 were going to ask you is, who provided you with  
25 that noose?

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

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

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

21 MR. [REDACTED]: Okay.

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

23 MR. [REDACTED]: That's the same question we  
24 had.

25 MS. [REDACTED]: It's making me wonder if this

1 is even the ligature that they gave me.

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

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

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

13 MS. [REDACTED]: Yes.

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

19 MS. [REDACTED]: Yes.

20 MR. [REDACTED]: You see that little noose  
21 laying there?

22 MS. [REDACTED]: Yeah.

23 MR. [REDACTED]: Now I'm going to give you a  
24 close up over here. This is INV scene 015.  
25 This seems like there was another noose that

1 was laying at the scene. I don't know if you  
2 can see that a little bit better.

3 MS. [REDACTED]: Yeah.

4 MR. [REDACTED]: And this seems to have a  
5 tear.

6 MS. [REDACTED]: It does.

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

18 MS. [REDACTED]: Well, what it looks like to me  
19 is that it's too tidy. And if you tell me that  
20 somebody tore him off of the corner -. Like,  
21 when you look at that thing that they showed  
22 me, it was never clear to me how that suspended  
23 him from anything. All right? I could see him  
24 putting the looped part around his neck, but I  
25 can't see how this suspended him from anything.

1 There is no knot hanging anywhere or anything  
2 like this.

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

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

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

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

22 MS. [REDACTED]: It means that I bag it up  
23 again, and submit it as evidence, and then  
24 whoever is investigating, the cops, you guys,  
25 whoever it is, they decide whether or not to do

1 DNA testing. I don't actually order that.

2 MR. [REDACTED]: Okay.

3 MS. [REDACTED]: Because it's irrelevant to me,  
4 really.

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

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

15 MS. [REDACTED]: Correct.

16 MR. [REDACTED]: Okay.

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

19 MS. [REDACTED]: I don't think I ever received  
20 this piece of stuff that you're showing me.  
21 No.

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

25 MS. [REDACTED]: Mm-hmm.

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

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

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

14 MS. [REDACTED]: Yes.

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

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

23 MR. [REDACTED]: So, this is in reference to  
24 packed evidence, picture 006, and the other one  
25 was the initial reference about the knot was

1 for INV scene 015. Okay. Anything else, SAC  
2 [REDACTED]?

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

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

15 MS. [REDACTED]: Nope.

16 MR. [REDACTED]: Okay.

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

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

24 MS. [REDACTED]: There might not have been  
25 bruising, but what I might have seen might have

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

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

12 MS. [REDACTED]: Mm-hmm.

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

19 MS. [REDACTED]: He certainly could have  
20 augmented it. I see it in hangings without  
21 that, but if he was pulling Epstein against the  
22 ligature, and it snapped, that could have  
23 augmented any damage that was already there, or  
24 even created some of it. Particularly, if he  
25 did a short, sharp pull. It could have.

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

6 MS. [REDACTED]: Not at all.

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

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

13 MR. [REDACTED]: Yes.

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

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

23 MR. [REDACTED]: And that's, and obviously,  
24 contraband substances, but also anything  
25 prescribed to him. Any medications that he

1 would have been on? But there was nothing in  
2 his system at all?

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

6 MR. [REDACTED]: All right.

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

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

18 MS. [REDACTED]: Correct.

19 MR. [REDACTED]: Yeah.

20 MR. [REDACTED]: I just have a few more  
21 questions. And before I go. All right. Do  
22 you recall that Mark Epstein -? Did you ever  
23 deal with a Mark Epstein? Jeffrey Epstein's  
24 brother.

25 MS. [REDACTED]: I did.

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

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

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

7 MS. [REDACTED]: Yeah. So, that was Dr.  
8 Michael Baden.

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

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

23 So, there were a couple of different  
24 things I wanted to do before I could ascertain  
25 whether or not -. You know, and mostly, in

1 this case, it was being thorough. If he had  
2 been a less high-profile person who there  
3 weren't people wanting to kill, I would have  
4 probably called it a hanging on the day of  
5 autopsy. But this was thoroughness that made  
6 me look for these things before I called it a  
7 suicide.

8 MR. [REDACTED]: Understood.

9 MS. [REDACTED]: Yeah. It was pretty clear  
10 cut.

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

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

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

24 MS. [REDACTED]: Oh, good.

25 MR. [REDACTED]: This is INV scene 007. If

1 you notice, that's a CPAP machine that was  
2 assigned to - that was given to Mr. Epstein.

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

5 MR. [REDACTED]: Yeah.

6 MR. [REDACTED]: Oh, sorry.

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

8 MR. [REDACTED]: I apologize.

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

10 Yeah.

11 MR. [REDACTED]: How about now?

12 MS. [REDACTED]: Yes.

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

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

24 MR. [REDACTED]: Okay.

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

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

2 MS. [REDACTED]: Excuse me.

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

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

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

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

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

19 MR. [REDACTED]: -- sorry. Just to follow up o  
20 that. So, in the instance, you know,  
21 hypothetical, that there was another inmate in  
22 that cell, is what you saw possibly consistent,  
23 or would be consistent with, like, this other  
24 inmate helping or assisting this person hanging  
25 themselves? Would that be a possibility?

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

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

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

14 MR. [REDACTED]: Okay. Makes sense. Okay.  
15 Thank you.

16 MS. [REDACTED]: Yeah.

17 MR. [REDACTED]: I'm sorry, [REDACTED]. I cut you  
18 off.

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

23 MS. [REDACTED]: That's his manner of death.  
24 His cause of death is hanging, and his manner  
25 of death is suicide.

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

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

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

8 MS. [REDACTED]: Yeah.

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

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

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

16 MR. [REDACTED]: Okay.

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

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

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

13 MR. [REDACTED]: Sure. That's all I had,  
14 [REDACTED].

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

21 MS. [REDACTED]: No. I think I put everything  
22 relevant in the report, to make it as clear as  
23 possible.

24 MR. [REDACTED]: Is there any questions that  
25 you think I should have asked that I didn't ask

1 or address?

2 MS. [REDACTED]: No. I think you were very  
3 thorough.

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

5 MR. [REDACTED]: And [REDACTED], a quick question  
6 for you. We have the whole report with the  
7 exhibits and everything?

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

13 MS. [REDACTED]: Yes.

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

17 MS. [REDACTED]: Yeah.

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

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

23 MR. [REDACTED]: Let me zoom. Is it any  
24 better?

25 MS. [REDACTED]: Yup.

1 MR. [REDACTED]: I think this is a cover  
2 letter. This is the letter that we sent to  
3 you. And --

4 MS. [REDACTED]: Right.

5 MR. [REDACTED]: -- where you sent us the  
6 report.

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

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

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

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

4 MS. [REDACTED]: It certainly --

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

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

21 MR. [REDACTED]: Understood. That's all.  
22 That's all. As long as you can say that this  
23 is the record. SAC [REDACTED], do you have anything  
24 else on that?

25 MR. [REDACTED]: No. I appreciate that. I

1 just want to (Indiscernible \*00:47:31) and say  
2 that we have the whole report (Indiscernible  
3 \*00:47:37). So, it sounds like we do. So,  
4 thank you.

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

10 MR. [REDACTED]: Perfect. Anything else, SAC  
11 [REDACTED]?

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

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

21 MS. [REDACTED]: Sure.

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

1 MS. [REDACTED]: Sure.

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

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

4 MR. [REDACTED]: Yes.

5 MS. [REDACTED]: Absolutely. You're quite  
6 welcome. Yup.

7 MR. [REDACTED]: And -.

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

9 MR. [REDACTED]: Thank you. And this is  
10 Special Agent [REDACTED]. The time is 4:21  
11 p.m. on May 31<sup>st</sup>, 2022. I am ending the  
12 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]

*Brianna Rose Burton*

Brianna Rose Burton, Transcriber

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