

AFFIDAVIT
DEFENSE WITNESS: TAYLOR SHEA, MD, PhD, BA, BS

1 I attended New York University, Brooklyn, as an undergraduate from 1979 until 1983. I graduated
2 with honors with a Bachelor of Science degree in chemistry and a Bachelor of Arts degree in
3 physical education. I ranked third out of 452 students in my class. I also attended New York
4 University for my graduate studies in chemistry. In 1985, I received my PhD degree in biochemistry.
5 I attended medical school at the Johns Hopkins University and received my M.D. degree in 1990. I
6 completed my residency in anatomic pathology at Bethesda Naval Hospital.

7 I am currently the chairperson of the Forensic Pathology Department at the University of New
8 Hampshire, Portsmouth. We employ a state-of-the-art laboratory and an internationally renowned
9 staff to establish the cause and manner of death of humans and other animals.

10 Although it is always preferable to examine the actual cadaver as close as possible to the time of
11 death, we can reliably determine the cause of death years or even decades after death using
12 secondary sources (such as reports, photographs and tissue samples).

13 I have testified twice for the State and several dozen times for the defense in homicide trials. I have
14 also testified a dozen times for plaintiffs in tobacco cases and have written several articles on the
15 effects of tobacco and marijuana on the lungs.

16 The New Hampshire State Prosecutors Association has filed a complaint against me with the New
17 Hampshire Medical Examiner's Office alleging that my testimony was false and biased in favor of the
18 defense in three separate cases. They have previously tried to indict me for perjury, but the grand jury
19 refused to issue charges. I categorically deny the allegations that I provided false testimony.
20 Furthermore, none of these allegations has been proven.

21 The legal defense team for Pat Smith contacted me in December 2008. They requested that I review
22 for accuracy the autopsy report of Frank Howe (the deceased) prepared by Dr. Willie Williams.
23 Specifically, the defense counsel was convinced, and wanted me to confirm, that the deceased's
24 heart attack was not caused by a blow to the chest.

25 In order to make my findings I received 2 vials of blood intact and sealed with the initials of Dr.
26 Williams. I also received the preserved heart in a sealed container with Dr. Williams' initials on the
27 seal.

28 I prepared a brief report summarizing my review of Dr. Williams' autopsy and my conclusions. Based
29 on my review of the materials in this case, I believe that Dr. Williams' autopsy fell below the standard
30 of care, and as a result Dr. Williams' conclusions are in error.

31 The good doctor failed to test for and find barbiturates. Habitual use of such drugs can lead to
32 congestive heart failure. People with high blood pressure or heart disease face increased risks from
33 the use of barbiturates and marijuana, because the use of such drugs elevates the heart rate and
34 increases the strain on the heart.

35 Dr. Williams obliterated any evidence as to whether Mr. Howe's ribs had been cracked by a blow to
36 the chest when he/she cracked open the cadaver's sternum without thoroughly photographing

37 everything first. As a result, Dr. Williams' conclusion that a blow to the deceased's chest cracked the
38 5th and 6th ribs can neither be confirmed nor refuted. Most disturbingly, Dr. Williams failed to notice
39 that the deceased's coronary vessels were between 95-100% blocked.

40 This level of blockage is severe and should be noticed by a 1st year resident. It is a clear sign of a
41 heart attack waiting to happen. The technical term for the blockage is atherosclerosis, which is a form
42 of arteriosclerosis and is a coronary artery disease. Section 16 of the Merck Manual contains a
43 general discussion of these conditions at Chapter 201 (Arteriosclerosis) under the Topics of General
44 and Atherosclerosis, and at Chapter 202 (Coronary Artery Disease) under the Topic of General. I
45 regularly rely on the Merck Manual as an authoritative treatise, as do most of the doctors that I know
46 in my field, and can testify regarding the cited sections if asked.

47 As part of my review of Dr. Williams' conclusions, I examined the deceased's heart that was removed
48 and preserved by Dr. Williams. I obtained the heart directly from Dr. Williams. Examination of the
49 heart itself is the only way to determine whether a subject suffered a cardiac contusion. Cardiac
50 contusion is an infrequent, but potentially serious, result of a deceleration injury. The exact incidence
51 of cardiac contusion cannot be determined, as the diagnostic criteria vary. Postmortem evidence
52 suggests, however, that myocardial contusion is present in only 14% of immediate fatalities from
53 blunt trauma. Based on my review of the heart, I believe that the injury to the heart was moderate and
54 was not an incidence of cardiac contusion.

55 It is my opinion that Mr. Howe died of congestive heart failure that would have occurred whether or
56 not Pat Smith struck him. In fact, it is entirely possible that running out of the store would have been
57 enough by itself to put that heart over the edge. Accordingly, I do not believe that Pat Smith can be
58 held responsible for Mr. Howe's death.

59 My fees are \$275 per hour for out-of-court work and \$350 per hour for in-court testimony, plus any
60 necessary travel expenses. To date I have been paid \$5,500 for my work in this case. This of course
61 does not include my in court time.

SIGNED

Taylor Shea, MD, PhD, BA, BS