CANADA

PROVINCE OF NOVA SCOTIA

IN THE MATTER OF THE

FATALITY INVESTIGATIONS ACT

S.N.S. 2001, c. 31

THE DESMOND FATALITY INQUIRY

TRANSCRIPT

HEARD BEFORE: The Honourable Judge Warren K. Zimmer

PLACE HEARD: Guysborough, Nova Scotia

DATE HEARD: January 30, 2020

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1 **January 30, 2020**
2 **COURT OPENED** **(10:07 HRS.)**
3
4 **THE COURT:** Good morning.
5 **COUNSEL:** Good morning, Your Honour.
6 **THE COURT:** Mr. Murray?
7 **MR. MURRAY:** Yes, Your Honour. Mr. Russell will be
8 conducting the examination.
9 **THE COURT:** Mr. Russell?
10 **MR. RUSSELL:** Yes, Your Honour. Counsel will be calling
11 Dr. Erik Mont this morning.
12 **THE COURT:** Thank you. Good morning, Dr. Mont.
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1 **DR. ERIK MONT, affirmed, testified:**

2

3 **DIRECT EXAMINATION**

4

5 **MR. RUSSELL:** Good morning, Dr. Mont.

6 **A.** Good morning.

7 **Q.** Could you state your full name for the court record,

8 please?

9 **A.** My name is Erik Mont. That's M-O-N-T.

10 **Q.** And, Doctor, what is your occupation and official

11 title?

12 **A.** I am a Forensic Pathologist. My title is Deputy-Chief

13 Medical Examiner for the Nova Scotia Medical Examiner Service.

14 **Q.** And where is the Nova Scotia Medical Examiner's Office

15 located in Nova Scotia?

16 **A.** It's in Dartmouth, Nova Scotia.

17 **Q.** And how many medical examiners are there in Nova

18 Scotia?

19 **A.** Right now there are four.

20 **EXHIBIT P-000044 - *CURRICULUM VITAE* - DR. ERIK K. MONT, M.D.**

21 **Q.** And, Doctor, I'm wondering if we could take a look at

22 exhibit number 44. This will come up to you in front of you on

1 the screen, and is in the binder as well if you prefer to look
2 at a paper copy.
3 **Q.** So Doctor, I'm just wondering if you could tell us a
4 little bit about your education.
5 **A.** I have an undergraduate degree from Johns Hopkins
6 University, where I graduated in 1991. I have a medical degree
7 from the Robert Wood Johnson Medical School, where I graduated
8 in 1997. I went on to do a residency in anatomic pathology at
9 the National Institutes of Health. Completed that in 2000. I
10 did a fellowship in forensic pathology with Miami Dade County
11 Medical Examiner Department from 2000 to 2001 and then I did
12 some additional sub-specialty training of fellowship in
13 cardiovascular pathology at the Armed Forces Institute of
14 Pathology.
15 **Q.** And, Doctor, I'm wondering if you could briefly
16 describe your professional experience and, in particular, I
17 guess starting in 2003.
18 **A.** So after my fellowship in Cardiovascular Pathology I
19 returned as a staff member to the Miami Dade County Medical
20 Examiner Department, where I was an associate medical examiner
21 and worked there as a forensic pathologist and medical examiner
22 until 2009, when I moved here and took on my current position.

DR. ERIK MONT, Direct Examination

1 **Q.** And you've been in that current position steady since
2 2009 in Nova Scotia?
3 **A.** That's correct.
4 **Q.** Doctor, I just want to ask briefly - more curiosity, I
5 guess than anything - your experience for those years in Miami
6 Dade County, I'm assuming that was a fairly busy place to work?
7 **A.** Yes, as far as case numbers, the overall case numbers
8 of the office are significantly higher than Nova Scotia. The
9 office serves a larger population. In that office there were a
10 larger number of medical examiners. So each pathologist didn't
11 carry a significantly higher caseload. The mix of cases was
12 somewhat different there, as you might imagine, for a different
13 population in a large urban centre.
14 **Q.** So it's a pretty, I guess, vast experience of a
15 variety of cases?
16 **A.** Yes. I did encounter a fairly wide variety of cases,
17 I would say.
18 **Q.** And I'm just going to ask you a few questions in terms
19 of the role of a medical examiner. So how would you sort of
20 generally describe your role and sort of your responsibilities
21 as a medical examiner in Nova Scotia?
22 **A.** The responsibilities of our office are outlined in our

1 **Act**, the **Fatality Investigations Act**. In general, though, we
2 are responsible for determining and certifying the cause and
3 manner of death in a certain subset of deaths that occur in Nova
4 Scotia. Those particular types of deaths are outlined in that
5 **Act**. In very general terms, though, they encompass all deaths
6 that are not natural deaths, and many deaths that can't be
7 certified as natural deaths at the time the person dies.
8 An example would be a person who dies unexpectedly without
9 a history that would suggest the cause of death, and so the
10 cause could be a number of things, including either natural or
11 external causes. So we do investigate a number of deaths that,
12 after our investigations, do turn out to be natural deaths as
13 well.
14 **Q.** And I'm wondering if you could explain. You are now
15 in the role of Deputy-Chief Medical Examiner, and I'm assuming
16 with that it carries further responsibilities above and beyond
17 your previous role as a medical examiner. What are some of the
18 other obligations you have as Deputy-Chief Medical Examiner for
19 Nova Scotia?
20 **A.** My general duties day to day are typical of one of the
21 medical examiners in our office. The additional duties
22 encompass, really, covering for Dr. Bowes, the Chief Medical

1 Examiner when he is unavailable. So occasionally, if he's
2 traveling for meetings or things like that I will undertake his
3 responsibilities.
4 **Q.** Okay. How would a particular case get assigned in
5 general terms? If there are four medical examiners in the
6 office how does one go about sort of assigning a particular
7 medical examiner maybe to a particular case?
8 **A.** In our office that is strictly based on our schedule.
9 We have a rotating call schedule and when a case occurs when we
10 are on call that will become our case. Dr. Bowes obviously has
11 the authority to assign cases outside of that but he has not
12 done that, to my knowledge, ever. When the case comes in on our
13 call we have handle of the case.
14 **Q.** Okay, and I understand that as a medical examiner on a
15 particular case you don't work alone and that there's a support
16 team that's in place that work with the medical examiner, and
17 these are pretty qualified individuals. I wonder if you could
18 tell the Court a little bit about what comprises that team or
19 what sort of backgrounds these people might have.
20 **A.** Our team is comprised of a number of different
21 professionals that fulfill different roles, though. Some of
22 them fulfill investigative roles. That might include liaising

1 with police, liaising with other medical professionals, speaking
2 with families, a number of other avenues of investigation.
3 Often scene attendants as well.
4 We have full-time staff in our office. Those people hold
5 the title of coordinators of investigation, and we have another
6 group that covers nights and weekends. Those are our
7 medical/legal death investigators. And depending on what time a
8 death occurs, either might field that initial call. The actual
9 responsibility for the file will ultimately be taken on by one
10 of full-time people.
11 **Q.** Okay.
12 **A.** These people have, as you said, a high degree of
13 education and experience. They're all nurses or paramedics with
14 critical care experience.
15 **Q.** And I'm going to move into a series of questions and
16 the category is probably wrong. And obviously correct me. But
17 in terms of the science or the test and the ultimate sort of
18 goal of the medical examiner, I understand that one of the
19 primary responsibilities is for a medical examiner to determine
20 a cause and manner of death. Is that the case?
21 **A.** That's correct.
22 **Q.** I'm wondering if you could define for the Court what

1 "cause" is and what "manner of death" is.

2 **A.** The cause of death is defined as the disease or injury
3 that, in an unbroken chain of events, ultimately leads to a
4 person's death. There may be a number of mechanisms in that
5 chain that follow from that underlying cause, but the cause is
6 that basic injury or disease that initiates that chain.

7 The manner of death is a classification that is a
8 statistical classification, really, in which cases are
9 classified into one of five categories, and those are homicide,
10 suicide, accident, natural, undetermined.

11 **Q.** And, Doctor, in sort of working towards a conclusion
12 in terms of cause and manner of death, obviously you take sort
13 of a scientific approach to it and a detailed analysis. What
14 are the sort of categories of evidence, I guess, does a medical
15 examiner consider when trying to determine cause and manner of
16 death?

17 **A.** Can I clarify the question? Are you asking categories
18 with regard to what types of information or our degree of
19 certainty in the ...

20 **Q.** What types of information or categories of evidence
21 would you consider?

22 **A.** I mean the short answer is we consider all information

1 that is available to us. In a particular case, it may be one
2 source or a number of sources. That can be scene information.
3 That can be witness accounts. That can be medical records.
4 That can be accounts of associates of the person. Police
5 investigative information is included in that. We often review
6 medical records.
7 So at the outset and throughout the case we obtain as much
8 information as we can from that. We also, in cases in which we
9 have done an autopsy, have the benefit of that information as
10 well. And that includes both the gross autopsy findings that we
11 see at the time an autopsy is conducted and a number of tests
12 that may be done afterwards, which might include microscopic
13 examination of tissues and organs. In a particular case, it
14 might include toxicology testing. Sometimes microbiology
15 testing. Sometimes genetic testing.
16 There are a number of other categories that, in some cases,
17 become pertinent, and oftentimes we rely on other professionals.
18 Forensic entomologists sometimes. Forensic anthropologists
19 sometimes.
20 **Q.** So entering into sort of an investigation, is it fair
21 to say one category of evidence is not deemed more essential
22 than others?

1 **A.** I think that it's very case dependent. There are
2 cases in which the cause and manner of death are clearly evident
3 from the autopsy findings and the autopsy findings alone. More
4 often, the autopsy findings are interpreted in the context of
5 everything else we know about the case, about the history and
6 the individual and the scene and any other information that we
7 can have.
8 **Q.** Okay. And moving, I guess, to questions sort of about
9 scene evidence. Is there a particular reason why it may be
10 important for a medical examiner to attend the scene?
11 **A.** There are a number of reasons why attendance at a
12 scene may be beneficial. It's not necessarily beneficial in
13 every case but we don't know which cases that may be affected by
14 our attendance. We see things looking from a different
15 perspective than police investigators sometimes and so we may
16 pick up different things at the scene. Again, it's very case
17 dependent on which things that might be.
18 **Q.** Would you say it's unusual or would you say it's
19 common for a medical examiner to attend a scene in Nova Scotia?
20 **A.** It's common for one of our personnel to attend a
21 scene. Usually that would be one of our investigators, either
22 the coordinators or the medical/legal investigators that cover

1 nights and weekends. As medical examiners, we try to attend all
2 scenes that are clearly homicide scenes where a body is still at
3 the scene, hasn't been transported to the hospital. Or where
4 there is a legitimate suspicion that it might represent a
5 homicide.
6 And we attend any scenes in which the police are
7 uncomfortable, and our investigators if they're there already,
8 that there are questions at the scene that might need to be
9 addressed.
10 **Q.** And I'll move back to this particular case. But in
11 general terms, is it sometimes important ... time, I guess, is
12 of the essence, that the sooner a medical examiner gets to the
13 scene, the more beneficial it is in coming to a conclusion of
14 cause and manner of death?
15 **A.** Typically the earliest information that we are able to
16 obtain at a scene from the scene is the best. For instance, the
17 means by which we can estimate the time of death are related to
18 postmortem changes of the body. That's cooling of the body.
19 That's something called livor mortis, where the blood settles to
20 the dependent portions of the body and is visible as pink
21 discolouration called livor mortis, or lividity, and rigor
22 mortis, the stiffening of muscles after death.

1 These things occur with relatively predictable time ranges.
2 So the earlier we're able to establish those things, the better
3 the information we can provide is. Still, those allow us only
4 to determine the time of death in relatively broad ranges but,
5 again, the earlier, the better. The longer the range, the
6 longer the time since death, the larger that range is.
7 **Q.** Okay.
8 **A.** So that's one factor. The processes of decomposition
9 of a body essentially begin the moment a person dies. So from
10 our perspective, from our examination, the earlier we're able to
11 do an example, the better.
12 **Q.** Okay. Moving, I guess, to this particular case or
13 matter before the Court. You're obviously familiar with the
14 tragic deaths of members of the Desmond/Borden families, leading
15 to this inquiry. I'm just wondering when you first might have
16 became alerted or involved, I guess, in your office.
17 **A.** I believe the initial call came on ... I believe it
18 was January 3rd, 2017. Time was around 8:20 or 8:30 p.m. That
19 information is captured in our database. So the call would have
20 initially gone to one of our investigators, one of our nighttime
21 investigators, who obtained some initial information and then
22 called me to notify me that this had happened.

1 **Q.** So obviously this call, was it in the evening?
2 **A.** Yes, it was.
3 **Q.** So it's sort of after sort of what we'd call standard
4 banking or business hours. So were you on call?
5 **A.** Yes.
6 **Q.** Okay. Do you recall sort of generally what sort of
7 information is conveyed to you about this at the time?
8 **A.** The initial call typically could include fairly
9 general information. The number of victims, perhaps the type of
10 injuries, where the scene is, what time it was called in, and
11 who was reporting it. The level of detail and accuracy of that
12 information evolves over time. So that initial call is
13 typically somewhat more general.
14 **Q.** And I understand that you ultimately made a
15 determination that you would, in fact, attend the scene in
16 Guysborough?
17 **A.** Yes.
18 **Q.** And, Doctor, do you recall when you might have
19 actually arrived, I guess, on scene, or when that was?
20 **A.** During the initial few telephone calls on the 3rd and
21 the early morning of the 4th we made a plan with the police
22 investigators that we would try to arrive sometime after noon to

1 give them some time to process the scene before we are able to
2 do anything at the scene.
3 **Q.** So do you recall approximately when on the 4th of
4 January 2017 you might have arrived?
5 **A.** It was around 1:15 p.m.
6 **Q.** And I understand that you didn't enter the residence
7 right away.
8 **A.** The Ident officers who had been processing the scene
9 asked us if it was okay to take a break at that point as we had
10 a preliminary discussion of the case. So we entered the scene
11 at around 2:30, I believe.
12 **Q.** Okay, and when you say "we entered the scene", do you
13 recall if you were traveling with a team, a support team as
14 well?
15 **A.** There were two investigators from our office ...
16 **Q.** Okay.
17 **A.** ... that were with me that day.
18 **Q.** Do you recall who they were or what their positions
19 were?
20 **A.** They were both medical/legal investigators. They're
21 not coordinators of investigation. And one was coming from Cape
22 Breton and one was coming from our office, which is why we met

1 at the scene.

2 **Q.** Okay. And they entered the scene with you.

3 **A.** With me, along with the police Ident officers.

4 **Q.** I understand there's a certain sort of dynamic between
5 the RCMP or a police detachment and the Medical Examiner's
6 Office. I'm wondering if you could just, in general terms,
7 explain the sort of ... I don't know if it's jurisdictional
8 authorities.

9 **A.** With reference specifically to a scene?

10 **Q.** Yes, yeah.

11 **A.** Well, as I mentioned, they had processed the scene
12 overnight before we got there. The police are responsible for
13 the scene and for the processing of the scene. They have
14 jurisdiction over all that. We have jurisdiction over the
15 bodies themselves. So we work with the police on this. We're
16 partners on this. We certainly try not to go through or into a
17 scene that hasn't been properly processed yet to get to a body
18 to move a body. As I said, we'd like to begin our examination
19 as early as possible but it's a partnership.

20 So the police oftentimes need to do a great deal of
21 processing before we can get to a body without contaminating
22 evidence that's at the scene.

DR. ERIK MONT, Direct Examination

1 **Q.** Okay, and do you recall meeting with a Sergeant Jen
2 Olfert?
3 **A.** Yes.
4 **Q.** And my understanding is she had been one of the
5 forensic officers with the RCMP that you were referring to?
6 **A.** Yes.
7 **Q.** And do you recall when you might have entered? So if
8 you said you arrived at around 1:15, around when is the time you
9 entered?
10 **A.** It was around 2:30 p.m.
11 **Q.** And are you with her when you enter the scene?
12 **A.** Yes.
13 **Q.** And I guess I'll get to this point. So there was a
14 slight, I guess ... I don't even want to call it a delay. But
15 there was a time period between events occurring and you
16 ultimately entering the scene at 2:30, and ultimately you
17 reached conclusions about cause and manner of death, which we'll
18 get into.
19 Did time cause any problem or impact in you reaching your
20 final conclusions as it relates to the deaths of the four
21 individuals?
22 **A.** No.

DR. ERIK MONT, Direct Examination

1 **Q.** Okay. And so you enter the scene. I'm wondering if
2 there were any sort of particular observations that you made
3 while in the scene that were of importance to you in your
4 ultimate considerations.
5 I appreciate that's a broad question and we could narrow
6 it.
7 **A.** Yeah. I mean general things in this case were that
8 there were four individuals, each of whom appeared to have
9 sustained gunshot wounds. At this point I had received some
10 information from the police regarding the events leading to
11 this. So the elements that I talked about with regard to the
12 time of death were consistent with that timeframe. So that's
13 the temperature of the body, the rigor mortis, the livor mortis.
14 I observed the bodies as they were. They did not appear to
15 have been moved yet. So that included the bodies as well as
16 some of the blood around the bodies and beneath the bodies.
17 There was a firearm that had been moved. I saw that. But not
18 where it had been found. And I saw where some of the casings
19 had been found as well.
20 **Q.** And so to your knowledge, outside of the firearm that
21 had been moved, to your knowledge, had the scene been disturbed
22 in any manner when you were eventually given the initial walk-

1 through and evaluation?

2 **A.** Not with respect to the bodies or the immediate areas

3 of the bodies.

4 **Q.** Okay. And in this arrival on scene and assessment of

5 the scene, did your office take photos or was that the RCMP?

6 **A.** That was the RCMP.

7 **Q.** And is that typical?

8 **A.** At the scene, yes.

9 **Q.** And at the scene did you examine ... or at any point

10 did you examine the firearm?

11 **A.** I saw the firearm. I didn't examine the firearm. In

12 the course of my training and experience, I have some knowledge

13 of firearms and their injuries, but I am not a firearms

14 examiner. I'm not an expert in firearms *per se*.

15 **Q.** So do you recall how long you might have been present

16 and examined the scene? You entered at, say, approximately 2:30

17 in the afternoon.

18 **A.** Having reviewed the notes, I believe I left, along

19 with our investigators, a little over two hours later.

20 **Q.** And I understand that the bodies of the four deceased

21 were eventually removed from the residence and taken to your

22 office for a postmortem exam?

1 **A.** That's correct.
2 **Q.** And I wonder if you could just, in general terms,
3 describe what's a postmortem exam?
4 **A.** A postmortem examination is an examination of a
5 deceased person that includes an external examination and an
6 internal examination. In the course of our examination we have
7 a number of objectives. One is to establish the identity of the
8 person. One is to document and collect any evidence that may be
9 pertinent in that case and then, of course, determination of the
10 cause and manner of death.
11 So in these type of cases, typically many photographs are
12 taken at different stages of this process. Photographs are
13 taken. Well, bodies are transported in a body bag that is
14 sealed with a specific security tag with a specific number to
15 ensure that chain of custody and that nothing has been altered.
16 So upon breaking that security tag, photographs are taken
17 as-is. Occasionally things may change from the scene to the
18 examination at our office. The appearance of wounds sometimes
19 changes just over time and with refrigeration. The bodies are
20 stored in refrigeration. And these postmortem changes that we
21 use for determining the cause and manner of death obviously have
22 progressed for however many hours have elapsed in the interim.

DR. ERIK MONT, Direct Examination

1 **Q.** And so just a general question. It's obviously
2 leading. So there were no issues, in your opinion, surrounding
3 any sort of continuity and that the postmortems were of Lionel
4 Desmond, Shanna Desmond, Aaliyah Desmond, and Brenda Desmond?
5 **A.** That's correct, yeah. So in this case, the hands had
6 been covered with (inaudible - audio skips). There was trace
7 evidence that was collected there that included some swabs,
8 different types of swabs. Some for DNA, some for gunshot
9 residue. And the clothing was collected. And the external
10 examination includes an examination of the body from head to
11 toe.
12 And that includes a visual examination, oftentimes an
13 examination by feel. Sometimes things are palpable that are not
14 visible. So we examine with those same objectives in mind
15 determining who this person is, how they died, when they died,
16 and collecting any evidence.
17 That's followed by an internal examination in which
18 incisions are made in the body and the organs of the body are
19 examined as they are in the body, noting injuries, natural
20 disease processes, any abnormalities that might be there.
21 Collecting evidence sometimes. The organs are then removed from
22 the body, weighed and examined in greater detail and then in the

1 course of this a number of specimens are obtained.
2 In addition to the trace evidence specimens, there are
3 toxicology specimens, specimens for pieces of tissue for
4 microscopy, and as I mentioned before, specimens that in a
5 particular case might be collected for a specific test later on.
6 **Q.** And before we get into the particular details of the
7 postmortem exams of the four deceased are you able to say
8 whether or not you were, at the end of the day, able to
9 confidently determine the cause and manner of death of Lionel
10 Desmond, Shanna Desmond, Aaliyah Desmond, and Brenda Desmond?
11 **A.** Yes.
12 **Q.** So, Doctor, I guess we'll logically ... I think it
13 flows maybe a little easier. If we could start with the
14 conclusions and maybe work our way back through the details.
15 And I guess if we could look at Exhibit 62.
16 **EXHIBIT P-000062 - MEDICAL CERTIFICATE OF DEATH - SHANNA DESMOND**
17 **Q.** So, Doctor, you recognize this document?
18 **A.** Yes.
19 **Q.** And it's titled Medical Certificate of Death?
20 **A.** Yes.
21 **Q.** What is a Medical Certificate of Death, I guess?
22 **A.** It's a document that is filed with Vital Statistics

1 that contains a number of pieces of demographic information and
2 also the cause and manner of death.
3 **Q.** And in particular with this document, Exhibit 62, at
4 the top it appears as though it has a series of information,
5 Shanna Desmond, date of birth, occupation. Place of birth is
6 checked off as "home" and there's an address listed?
7 **A.** Yes.
8 **Q.** So that is sort of standard information, I take it,
9 that you fill out with each ... at the conclusion of each
10 investigation?
11 **A.** Yes.
12 **Q.** And this is the document as it relates to Shanna
13 Desmond.
14 **A.** That's correct.
15 **Q.** So, Doctor, I'm wondering if you look down at the
16 page, it says sort of ... you know, there's a signature there.
17 Is that your signature?
18 **A.** Yes, it is.
19 **Q.** And it's dated January 6th, 2017?
20 **A.** That's correct.
21 **Q.** And, Doctor, throughout the Certificate of Death
22 there's a number of things and, in particular, I guess a

1 quarter-way down of the page, number 12, it says, "Date of
2 death"?
3 **A.** Yes.
4 **Q.** And when was that?
5 **A.** That was January 3rd, 2017.
6 **Q.** And that's a conclusion that you ultimately reached?
7 **A.** Yes.
8 **Q.** And number 13 it says, "Immediate cause of death" and
9 what was the immediate cause of death for Shanna Desmond?
10 **A.** She had gunshot wounds of the neck, chest, and
11 abdomen.
12 **Q.** And next to that, over to the right, it says,
13 "Approximate interval between onset and death" and what does it
14 say?
15 **A.** "Seconds".
16 **Q.** So I'm wondering if you could explain what the
17 approximate interval between onset and death is.
18 **A.** This is something that we try to estimate, again,
19 based on a number of factors. Sometimes that can be history.
20 In other words, if a person has died of a natural disease that
21 they were known to have for years that would be years. So it's
22 not necessarily based on the anatomic findings at the time of

1 autopsy.
2 However, in a case such as this, the interval is
3 approximated really, based, essentially, on the autopsy
4 findings. We don't try to narrow that down typically in terms
5 other than seconds, minutes, hours, days. It's very difficult
6 to pinpoint the amount of time it takes for someone to die of an
7 acute injury.
8 **Q.** And so in this case you were able to say seconds, you
9 believe?
10 **A.** Yes.
11 **Q.** And it was due to the nature of the wounds that were
12 inflicted?
13 **A.** That's correct.
14 **Q.** And we'll get into the details. It says, "State of
15 death was". Number 16. And what did you note as the state of
16 death?
17 **A.** Number 16. You mean does it take into account the
18 autopsy finding?
19 **Q.** Yes. Or below that. It says, "State of death was",
20 and it has natural, accident, homicide, suicide ...
21 **A.** Oh, that refers to the manner of death.
22 **Q.** Yeah, the manner.

DR. ERIK MONT, Direct Examination

1 **A.** So in this case, based on the findings and the
2 investigative information that I had received, I classified this
3 as a homicide.
4 **Q.** So when we referred earlier as manner of death, on
5 this form it's worded as "state of death".
6 **A.** Yes.
7 **Q.** Homicide. And then finally, how the injury did occur.
8 It's noted as ...
9 **A.** Decedent was shot by other person.
10 **Q.** I wonder if we could turn to Exhibit 46.
11 **EXHIBIT P-000046 - MEDICAL CERTIFICATE OF DEATH - AALIYAH**
12 **DESMOND**
13 **Q.** And, Doctor, you recognize that document?
14 **A.** Yes.
15 **Q.** And what is it?
16 **A.** That is a Medical Certificate of Death for Aaliyah
17 Desmond.
18 **Q.** And that was also, I guess, signed by you and dated?
19 **A.** Yes.
20 **Q.** And when was it dated?
21 **A.** It was dated January 6th, 2017.
22 **Q.** And again, number 12, I guess, the date of death was

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1 determined to be when?

2 **A.** January 3rd, 2017.

3 **Q.** And immediate cause of death was listed as what?

4 **A.** "Gunshot wound of face, neck, and chest."

5 **Q.** And it says, "Approximate interval between onset and

6 death".

7 **A.** Yes.

8 **Q.** And what does it say?

9 **A.** "Minutes".

10 **Q.** And so that is slightly different than what was listed

11 for Shanna Desmond?

12 **A.** Yeah.

13 **Q.** And was it due to the nature of the injuries that were

14 discovered through your postmortem exam?

15 **A.** Yes. Just as a note of clarification.

16 **Q.** Yes.

17 **A.** The terminology I use, gunshot wound of face, this

18 refers to a single gunshot wound that injures those areas of the

19 body. This is not three separate gunshot wounds.

20 **Q.** And I would clarify that once we get into the

21 postmortem but since we're on that topic or area. If we could

22 turn back to Exhibit 62. This is the Medical Certificate of

1 Death as it relates to Shanna Desmond and it says, "Gunshot
2 wounds", plural, and it lists, "Neck, chest, and abdomen"?
3 **A.** Yes. This refers to multiple gunshot wounds, more
4 than one.
5 **Q.** And in particular, three?
6 **A.** Yes.
7 **Q.** If we could turn back to Exhibit 46 and I guess, as
8 well, on Aaliyah Desmond's certificate of death, you've noted
9 state of death which you referred to as cause, you indicated
10 what?
11 **A.** Manner of death.
12 **Q.** Manner, sorry.
13 **A.** Yes. Homicide as well.
14 **Q.** And how did the injury occur and you noted?
15 **A.** The decedent was shot by other person.
16 **Q.** Moving to Exhibit 51.
17 **EXHIBIT P-000051 - MEDICAL CERTIFICATE OF DEATH - BRENDA DESMOND**
18 **Q.** And, Doctor, do you recognize this document?
19 **A.** Yes, I do.
20 **Q.** What is it?
21 **A.** This is the medical certificate of death for Brenda
22 Desmond.

1 **Q.** And I see a signature on this page, as well, dated
2 January 6th, is that your signature?
3 **A.** Yes, it is.
4 **Q.** That's 2017?
5 **A.** Yes.
6 **Q.** And, Doctor, I guess you noted that the date of death
7 was when?
8 **A.** January 3rd, 2017.
9 **Q.** And you listed immediate cause of death as what?
10 **A.** Gunshot wound to the chest.
11 **Q.** And is that a single gunshot wound?
12 **A.** Yes, it is.
13 **Q.** And you said approximate interval between onset and
14 death was?
15 **A.** Minutes.
16 **Q.** And, again, that's as a result of the analysis after
17 your postmortem examination?
18 **A.** Yes.
19 **Q.** And the state of death was listed as what?
20 **A.** Homicide.
21 **Q.** And how did the injury occur, you noted?
22 **A.** Decedent was shot by another person.

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1 **Q.** Moving to Exhibit 56.

2 **EXHIBIT P-000056 - MEDICAL CERTIFICATE OF DEATH - LIONEL DESMOND**

3 **Q.** Do you recognize that document?

4 **A.** I do.

5 **Q.** What is it?

6 **A.** That is the medical certificate of death for Lionel

7 Desmond.

8 **Q.** And, Doctor, again I see a signature, is that your

9 signature?

10 **A.** Yes, it is.

11 **Q.** And it's dated January 6th, 2017?

12 **A.** Yes.

13 **Q.** And, Doctor, I noted that date of death was noted or

14 determined to you to be when?

15 **A.** January 3rd, 2017.

16 **Q.** And it states immediate cause of death and you found

17 it was?

18 **A.** Gunshot wound to the head.

19 **Q.** And a single?

20 **A.** Yes.

21 **Q.** And you said approximate interval was when?

22 **A.** Seconds.

1 **Q.** And, as well, you indicated state of death was and in
2 this case you indicated what?
3 **A.** Suicide.
4 **Q.** And that was after a conclusion of all the evidence
5 you collected and examined?
6 **A.** Yes.
7 **Q.** And how did the injury occur, you determined?
8 **A.** Decedent shot himself.
9 **Q.** So, Doctor, so to just clarify, you indicated that
10 three of the four parties, Shanna, Aaliyah, and Brenda Desmond,
11 you ultimately ruled that their deaths were a homicide, is that
12 correct?
13 **A.** That's correct.
14 **Q.** And Lionel Desmond's death you ruled as a suicide?
15 **A.** That's correct.
16 **Q.** And that was after considering all of the evidence,
17 scene, RCMP investigation, postmortem exam, toxicology, et
18 cetera?
19 **A.** That was before the toxicology results were available.
20 So the postmortem examination as well as information from the
21 scene and information from the police up to that point.
22 **Q.** And did the toxicology sway your opinion at all or

1 change your ...

2 **A.** It did not.

3 **Q.** I'm wondering, Doctor, we'll have to turn to the

4 details of your postmortem examinations. If we could look at

5 Exhibit 61.

6 **EXHIBIT P-000061 - REPORT OF POSTMORTEM EXAMINATION - SHANNA**

7 **DESMOND**

8 **Q.** What is this report, Doctor?

9 **A.** This is the report of the postmortem examination of

10 Shanna Desmond.

11 **Q.** And who prepared this report?

12 **A.** I did.

13 **Q.** And is this something that's standard after you do a

14 postmortem examination?

15 **A.** Yes, it is.

16 **Q.** And, Doctor, there's a few things I would like to sort

17 of draw your attention to. In the report, so this report would

18 document all of your evidentiary findings as a result of the

19 postmortem exam?

20 **A.** Yes, this encompasses the findings of the postmortem

21 examination done on the day of the autopsy. This also includes

22 the toxicology results and the results of microscopic

1 examination.
2 **Q.** Okay. And it also reports, I believe, a summary and
3 an opinion as well?
4 **A.** Yes.
5 **Q.** So, Doctor, I'm wondering if we could go one-by-one
6 and in this particular case, Shanna Desmond. You have noted as
7 the cause of death on this report as what?
8 **A.** Gunshot wounds of neck, chest and abdomen.
9 **Q.** And that's consistent with ultimately your conclusions
10 on the certificate of death?
11 **A.** Yes.
12 **Q.** And so, Doctor, you made a number of autopsy findings
13 that, one through four, that you made note of. What were those
14 and in what way were they significant, I guess?
15 **A.** Well, in this case with regard to the cause and manner
16 of death, only the number one is pertinent. The injuries in
17 this case are responsible for causing the death and relate to
18 the manner of death.
19 **Q.** Okay.
20 **A.** The other are observations but they did not play a
21 role in the death.
22 **Q.** And in terms of number one, what did you note?

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1 **A.** I noted a perforating gunshot wound of the neck and
2 penetrating gunshot wounds of the chest and abdomen. So just to
3 clarify, in the terminology that we typically use, perforating
4 means a through-and-through wound, a wound in which a projectile
5 enters the body and exits the body. A penetrating wound is one
6 in which the projectile does not exit the body. So in this case
7 there was on perforating wound, or one through-and-through
8 wound, two gunshot wounds that penetrated the body and did not
9 exit.
10 **Q.** And the perforating wound was to the neck and the
11 penetrating to the chest and abdomen?
12 **A.** That's correct.
13 **Q.** So, Doctor, on page three of the report, I'm going to
14 go through each sort of evidence of injury. So, in particular,
15 you indicated earlier that there were three, you were able to
16 determine there were three separate gunshots wounds to Shanna
17 Desmond, is that correct?
18 **A.** That's correct.
19 **Q.** And I guess the, I'll call it the first, is there any
20 way you could determine which of those gunshot wounds occurred
21 before the other or in what order?
22 **A.** Not in this case, no.

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1 **Q.** And so what I'll call, say, the first and I know it's
2 not a set order as you concluded, but the gunshot wound to the
3 neck, I'm wondering if you could describe sort of its point of
4 entry and exit and what sort of impact that may have had?
5 **A.** This wound was associated with an entrance in the
6 right side of the neck. We look for a number of characteristics
7 with regard to gunshot wounds that assist us in determining, in
8 some cases, the range of fire. We look for a number of factors
9 that are mentioned here as negative findings - stippling, soot,
10 muzzle imprint. So in a contact range gunshot wound in which
11 the muzzle of a firearm is in contact with the skin, sometimes
12 there's an imprint from that on the skin itself. When a
13 projectile exits the muzzle of the gun, it is accompanied by a
14 number of other things including burning and unburnt fragments
15 of gunpowder, smoke, and these things, at different ranges, may
16 either hit the skin and cause injuries or deposit on the skin as
17 soot and that gives us an idea, in some cases, of a range of
18 fire. If these things are not found on the skin it means that
19 the muzzle of the gun was either far enough away from the
20 entrance point so that none of those things either hit or
21 deposited on the skin, or there was an intermediary object that
22 blocked those things and we can't always tell. So in cases in

1 which there are none of these things, we refer to those as
2 indeterminate range. In this case, it's likely that this was
3 not a contact or close range wound but it would be referred to
4 as indeterminate range.
5 **Q.** So you're able to, I guess, confidently offer the
6 opinion that this particular gunshot wound wasn't of close range
7 but can you say an approximate distance away that the shooter
8 might have been from Shanna Desmond?
9 **A.** Different firearms with different ammunitions may
10 cause different patterns of that deposition so in order to have
11 a specific number, that weapon would need to be test fired with
12 that specific ammunition from a number of different distances.
13 In general terms, we can say that this is probably over three
14 feet or so away from the victim ...
15 **Q.** Okay.
16 **A.** ... but I can't be more specific than that in a case
17 like this.
18 **Q.** And this particular trajectory, if you could describe
19 what sort of internal arteries or things it might have
20 intersected and how that impacted death?
21 **A.** So the path of the gunshot wound was from right to
22 left, slightly downward and slightly back to front. So in the

1 course of that track, a number of internal structures were
2 injured, probably most importantly the cervical spine and the
3 spinal cord were transected in this case. There were a number
4 of other injuries as well but that is pertinent because that
5 would sever any connection between the brain and the body, both
6 motor and sensory.
7 **Q.** And that would factor into your determination in terms
8 of the time between impact and death, you indicated minutes, I
9 believe?
10 **A.** In this case I think I said seconds.
11 **Q.** Oh, I apologize.
12 **A.** Again, these are estimates and they're ranges. So
13 that was the main basis for that estimation though, yes.
14 **Q.** And I'm going to sort of circle back to you described
15 sort of an overall path of the gunshot wound. You described it
16 as right to left, slightly downward, and slightly back to front?
17 **A.** Yes.
18 **Q.** Now, I understand that there are any sort of number of
19 variables in terms of the shooter and the victim could be in
20 motion?
21 **A.** Yes.
22 **Q.** Are you able to, in this particular wound when you say

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1 back to front, are you able to say whether or not, is it
2 suggestive of, I guess, the shooter being behind the victim or
3 the victim with the back turned or either/or rather than face-
4 to-face I guess?
5 **A.** A couple of points of clarification on that.
6 **Q.** Yes.
7 **A.** When we refer to the directionality in the body, we
8 refer to it with the body in what's called the standard
9 anatomical position.
10 **Q.** Okay.
11 **A.** And if I may stand up just to demonstrate?
12 **Q.** Absolutely, absolutely.
13 **A.** So that is with an individual facing forward, arms
14 down like this, so this is all relative to the body in this
15 position. It doesn't necessarily mean that the body was in this
16 position when that wound was sustained.
17 **Q.** Yes.
18 **A.** That being said, another point of clarification. This
19 was slightly back to front and the main direction was from right
20 to left in this case. I can't say what position the head or
21 neck was in at the time that happened so that could affect that
22 front- to-back trajectory as well. What we can tell from the

1 direction of the wound in the body is the relative position of
2 the muzzle of the firearm to the body at the time it was
3 discharged. So the position of the body can alter that quite a
4 bit and what I mean by that is is a wound in the body in the
5 anatomic position is essentially horizontal, might not actually
6 have been sustained from a bullet that was traveling in a
7 horizontal direction. You can imagine someone who is leaned
8 over almost 90 degrees, a horizontal wound in the body would be
9 almost vertical.
10 **Q.** So in this particular case, could that particular
11 wound, even though it says slightly back to front, could it be
12 consistent with Lionel Desmond firing a shot facing the
13 direction of Shanna Desmond with her head turned or is that ...
14 **A.** Given the rest of the wound I would say no.
15 **Q.** Okay.
16 **A.** This is essentially from right to left given the
17 direction through the spine. The other consideration in this
18 case is that there was an associated wound on the left shoulder
19 with the exit wound so it appears that the projectile exited the
20 left side of the neck and grazed the top of the left shoulder.
21 So that suggests to me that this more or less was a right to
22 left gunshot wound.

1 **Q.** A shooter from the right side to the victim?
2 **A.** Yes.
3 **Q.** Next in terms of (inaudible - audio blip) of injury,
4 the gunshot wound to chest. I'm wondering, Doctor, if you
5 could, it's again page three, I wonder if you could take us
6 through that a little bit about your findings, one of I believe
7 you said that this penetrated?
8 **A.** Yes.
9 **Q.** And if you could explain where it penetrated and what
10 sort of internal organs it might have impacted.
11 **A.** So the general summary is that this entered the right
12 side of the chest and the bullet lodged in the left side of the
13 chest. It hit a number of structures in between there including
14 ribs and lung. It went through the heart and the diaphragm and
15 the liver and caused damage to all of those organs and
16 structures.
17 **Q.** And you noted in this one at page four, this
18 particular injury, you also noticed, if I can have one moment.
19 Sorry, back at page three, you said the entrance has no
20 associated stippling, soot or muzzle imprint?
21 **A.** Yes.
22 **Q.** And again are you able to sort of ... you explained

1 that that's suggestive of it's not immediate close range.
2 Again, are you able to sort of estimate how far away this shot
3 would have been fired from?
4 **A.** The estimate is about the same with the caveat in this
5 case that there was a shirt in between, there was some fabric
6 ...
7 **Q.** Okay.
8 **A.** ... between the entrance and the muzzle of the gun.
9 **Q.** And what was the distance you gave earlier?
10 **A.** In the range of three feet or so.
11 **Q.** And you described the overall path on page four. The
12 overall path of the gunshot wound is right to left, slightly
13 back to front, and that is consistent language with the injury
14 you described to the neck?
15 **A.** Yes.
16 **Q.** And so from that can we sort of see a similar
17 conclusion in that the shooter might have been to the right side
18 of the victim?
19 **A.** Yes, at the least the muzzle of the gun was, yeah.
20 **Q.** Yeah, the muzzle of the gun was aimed to the right of
21 the victim?
22 **A.** From the right side to the left.

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1 **Q.** To the left. And you indicate here that the overall
2 path of the gunshot wound is front to back and downward so what
3 do you mean perhaps by downward and path?
4 **A.** That's the next one.
5 **Q.** Oh sorry, I apologize.
6 **A.** So for the wound in the chest, it was right to left
7 and slightly back to front.
8 **Q.** Okay, sorry, I apologize. So if we could go to the
9 third distinct gunshot wound which was a gunshot wound to the
10 abdomen, I'm wondering if you could take us through your
11 observations and conclusions there.
12 **A.** Yes. The entrance wound was in the left side of the
13 abdomen. Anatomically we usually break up the abdomen into
14 quadrants: upper, lower, right and left, so this was left lower
15 quadrant meaning it was on the left side, inferior to the level
16 of the umbilicus or the belly button. The entrance had similar
17 characteristics to the other two, in other words there was no
18 evidence that this was contact or close range wound. This wound
19 was angled downward and from front to back. So the wound track
20 went through the abdominal wall into the pelvis and then through
21 the pelvis. The projectile actually lodged in the left buttock.
22 **Q.** So when we have this wound described as front to back,

1 which differs from the previous two that said back or slightly
2 back to front, could this be suggestive of movement of either
3 party, movement of maybe Lionel Desmond facing more directly
4 towards Shanna Desmond or Shanna Desmond moving and facing more
5 directly towards Lionel Desmond?
6 **A.** That's possible. As you mentioned earlier, we don't
7 know the order in which these wounds were sustained and other
8 than they were all sustained in relatively close proximity, we
9 don't know that they were sustained within a few seconds or it's
10 possible it could even be a few minutes in between. So the
11 change in position could be related to rapid movement as someone
12 falls or twists as they fall or alternatively, it could be a
13 shot fired earlier or later in the course of this event.
14 **Q.** So I guess clearly compared to, and I realize you
15 can't put the sequence of the three separate distinct shots in
16 order of which happened first, but given that we have two that
17 are slightly back to front and one that is front to back, is
18 that suggestive of one of the two parties or both, at some
19 point, moved during one of the three shots?
20 **A.** It would necessitate that, yes.
21 **Q.** And at some point during this third injury, and I
22 understand you can't put them in order, would have had the

1 victim facing towards the firearm?
2 **A.** Yes.
3 **Q.** And, Doctor, I won't get you to elaborate on the
4 details but you did a separate sort of internal and external
5 examination and you describe in your report that that was sort
6 of an assessment of the heart, liver, lungs, those internal
7 organs. Is that something that is sort of standard in a
8 postmortem examination?
9 **A.** Yes.
10 **Q.** And in this particular case, sparing the details if
11 you can, in terms of the conclusions reached with Shanna Desmond
12 and the cause and manner of death, did those examinations have
13 anything of any ... were they remarkable in any way?
14 **A.** There were no findings that were contributory to the
15 cause of death.
16 **Q.** If we could move to Exhibit 65.
17 **EXHIBIT P-000065 - TOXICOLOGY REPORT - SHANNA DESMOND**
18 **Q.** And, Doctor, this particular document, what is it?
19 **A.** This is a toxicology report.
20 **Q.** And it doesn't specify a name, however, it has a date
21 of birth of July 2nd of 1985 and age 31 and there's a patient
22 I.D. number. Can we conclude, I guess, and this is obviously

1 leading but I'll bend the rules in the circumstances, that that
2 is the toxicology report of Shanna Desmond?
3 **A.** It is.
4 **Q.** And you had, I believe, requested perhaps this
5 toxicology report be completed?
6 **A.** Yes.
7 **Q.** And this report is three pages and what sort of things
8 are being tested for in a toxicology report such as this and
9 why?
10 **A.** We have a contract with NMS Labs who does a lot of
11 forensic work, a lot of postmortem toxicology work, who conducts
12 our toxicology and through them we are able to order a number of
13 different tests. In most cases we order panels of tests. We
14 have, in most cases, that encompasses either a basic panel or an
15 expanded panel. A basic panel captures a wide array of drugs,
16 captures most common drugs of abuse as well as alcohol as well
17 as some therapeutic drugs including opiates, it doesn't
18 encompass or capture every drug. The expanded panel captures
19 more drugs, it captures all of those drugs that the basic panel
20 captures. In addition, it captures a number of therapeutic
21 drugs. There is no panel that can possibly capture everything
22 possible. We can sometimes order specific tests if that's

1 warranted in a case but these panels are quite comprehensive.
2 So in this case, the blood that was sent there underwent testing
3 for that basic panel.
4 **Q.** And on the report, the report back to you, it says on
5 the first page Causative Findings?
6 **A.** Yes.
7 **Q.** And it sort of lists two things, I guess, I'm not sure
8 if they're the same one. I wonder if you could explain what the
9 positive findings were. So a result did come back and what was
10 it?
11 **A.** Ethanol was found in the blood. Ethanol is alcohol
12 typically that people drink. This is a relatively low
13 concentration so as a point of reference, the blood alcohol
14 concentration in this case was .02 grams per 100 milliliters.
15 The legal limit for driving in this province is .08 so well
16 below that.
17 **Q.** Okay. And just another question about the particular
18 toxicology screens that are requested. If we look to the third
19 page of that Exhibit 65 and I guess we'll look at the third page
20 first. It says amphetamines, barbituates, benzodiazepines,
21 cannabinoids, cocaine, fentanyl, methadone, it lists a fairly
22 comprehensive number of drugs and if we look at page two, it

1 lists a number of things as well, a number of compounds?

2 **A.** Yes.

3 **Q.** MDA? MDMA?

4 **A.** Mm-hmm.

5 **Q.** What is the purpose of these being listed on this

6 report?

7 **A.** This indicates the threshold level for detection and

8 reporting for this particular test. So just as an example, the

9 threshold level for amphetamine is five nanograms per

10 milliliter. If there were four nanograms per milliliter in the

11 sample, it would not be detected and reported.

12 **Q.** Okay.

13 **A.** These are very low concentrations, though, so a

14 negative results means that nothing was found above these levels

15 of detection.

16 **Q.** Okay. And the list of all of these different drugs,

17 is that a comprehensive list of the drugs that were tested for

18 during the basic toxicology request?

19 **A.** Yes. This is the drugs that are tested and reported

20 under that basic test. Occasionally, in the course of that

21 test, the results will be such that the toxicologist will be

22 able to see an unidentified peak or an unidentified abnormality

1 and they may, if they do see that, they'll typically call us and
2 say, Do you want to pursue this? This looks like it might be
3 ... based on the characteristics of that, they may have an idea
4 of what it is and then specific testing can be done for that.
5 **Q.** And when you say these sort of thresholds, I guess,
6 are low, is it fair to say that they're deliberately low because
7 you want to be as comprehensive as you can to see if they're
8 actually detected?
9 **A.** That's right.
10 **Q.** And, I guess, scientifically, they are extremely low?
11 **A.** That's right.
12 **Q.** And is there a basis for the cutoff? Is it sort of
13 questionable whether you can even detect it any level below
14 that?
15 **A.** Based on their methods of detection, that is the
16 lowest level that they can reliably detect.
17 **Q.** Okay, thank you.
18 **EXHIBIT P-000045 - REPORT OF POSTMORTEM EXAMINATION - AALIYAH**
19 **DESMOND**
20 If we move to Exhibit 45. Doctor, you recognize this
21 document.
22 **A.** Yes, I do.

1 **Q.** And this is the postmortem exam of Aaliyah Desmond?
2 **A.** Yes, it is.
3 **Q.** And in terms of cause of death, you noted it as what?
4 **A.** Gunshot wound of face, neck and chest.
5 **Q.** And, earlier, you clarified that this was a single
6 gunshot wound?
7 **A.** That's correct.
8 **Q.** And, Doctor, if you could describe, you have on the
9 first page "Autopsy Findings".
10 **A.** Yes.
11 **Q.** What were there?
12 **A.** The findings were all related to that single gunshot
13 wound. So there was a single entrance wound and injuries within
14 the pathway of that wound. So injuries of the face including
15 fractures of the mandible and teeth, soft tissue injuries as
16 well. Injuries in the neck, including the bony and
17 cartilaginous structures in the neck were fractured. The wound
18 track continued into the chest where the right lung was injured
19 and there was hemorrhage in the right thoracic cavity associated
20 with those injuries.
21 The projectile and this is, again, a penetrating injury, it
22 has no exit wound, so the projectile was recovered in this case

1 from the right side of the chest.

2 **Q.** So would it be fair to say that this single gunshot

3 wound was such that it penetrated a number of sort of internal

4 structures that would've certainly been fatal?

5 **A.** Injured a number of structures that certainly were

6 fatal in this case.

7 **Q.** And in Aaliyah's case you, I believe, indicated death

8 would've been seconds or ...

9 **A.** I think minutes in this case.

10 **Q.** Minutes? And you indicated that the, again, entrance

11 had no associated stippling or discernable soot.

12 **A.** That's right.

13 **Q.** And, again, that suggested to you of not very close

14 range?

15 **A.** Correct.

16 **Q.** Based on your observations of the wound, again, are

17 you able to sort of, as best you can, put an estimate on range

18 of a distance between the gun and the ultimate injuries

19 sustained to Aaliyah Desmond?

20 **A.** Again, very generally, somewhere on the order of three

21 feet or so.

22 **Q.** And you described, on page three of the report, the

1 overall path of the gunshot wound is what?

2 **A.** Front to back, downward, and left to right.

3 **Q.** So I wonder if you could describe that for the Court a

4 little bit?

5 **A.** Yes. The entrance wound was in the lower lip,

6 slightly left of the midline, and the projectile was recovered

7 in the right side of the chest.

8 So that pathway was ... entered from the front side of the

9 body and travelled downward and left to right within the body

10 and somewhat front to back, going through the structures of the

11 face, the neck, and the right side of the chest.

12 **THE COURT:** I was going to ask you, Dr. Mont, when you

13 have an injury like that, you know, when it enters the lip, it's

14 going to hit bone, and then the path of the projectile can

15 change. It's no longer being driven by the force that delivered

16 it, but it changes at that point in time so it then depends on

17 what ...

18 **A.** It's possible.

19 **THE COURT:** ... it encounters ... changes the path?

20 **A.** It's possible. So, yes, that's possible. A couple of

21 things can happen there. The projectile can change path or

22 ricochet or slightly alter its angle. These type of projectiles

1 often also break up, so different fragments of that can travel
2 off at slightly different angles.
3 So when I'm referring to that overall path of the wound,
4 essentially what I'm talking about is from the entrance to the
5 location in which the projectile was recovered. That general
6 direction is front to back, downward, and right to left.
7 **THE COURT:** That's the way it travelled, whether it
8 travelled as a result of ricochet or deflection.
9 **A.** Whether that was a perfectly straight line or not is
10 not clear.
11 **THE COURT:** That's the path. Thank you.
12 **MR. RUSSELL:** So, Doctor, are you able to sort of comment
13 on, I guess, is it safe to say we know that Aaliyah Desmond was
14 shot in the face? Are you able to comment on where the firearm
15 would've been in proximity to her? Would it be facing her? Or
16 sort of in a frontward direction, a shooter were perhaps looking
17 at her?
18 **A.** Again, relative position of the firearm to her would
19 have been in front of her, above her and slightly to the left of
20 her, and that is with the body in the anatomic position.
21 So if I may stand up.
22 **Q.** Yes, yes.

DR. ERIK MONT, **Direct Examination**

1 **A.** What we're talking about, directionality, is from here
2 to here. So the firearm would be angled this way relative to
3 her.
4 Now, again, the position of her body may alter that. If
5 she were bent forward, that may not be truly as much of a
6 downward angle as it appears with the body in the anatomic
7 position.
8 Same may be true of her twisting. I mean there are a lot
9 of variables that just can't account for in looking just at the
10 injuries.
11 **Q.** In this report on page three, you also noted a heading
12 "Additional Injuries". What was the additional injury you
13 noted?
14 **A.** She had two additional injuries that were abrasions on
15 the face. Abrasions are scrapes. Relatively superficial wounds
16 of the skin on the face. One was on the bridge of the nose and
17 that was quite superficial and the other one was just outside of
18 the orbit, or just below and outside the eye, and that was on
19 the left side.
20 **Q.** Could you tell if these abrasions were sort of an
21 extension of the gunshot wound or are you able to say that
22 perhaps they were separate and distinct?

1 **A.** They appeared to be separate and distinct. It should
2 be noted that they looked fresh. They didn't appear to be
3 healing wounds, but that doesn't necessarily mean that they
4 occurred at precisely the same time the gunshot wound injuries
5 occurred.
6 So, theoretically, it's possible she had these already when
7 the gunshot wounds occurred. Alternatively, it's possible that
8 she sustained them when she fell from the gunshot wound, if she
9 fell from the gunshot wound.
10 **Q.** And there's no way you could tell?
11 **A.** Not with any degree of certainty. Had they been
12 healing, microscopic examinations sometimes can be helpful.
13 In the course of an autopsy, we try very hard not to
14 disfigure bodies more than necessary, so we very rarely take
15 microscopic sections from the face.
16 **Q.** But you could say that they were fresh or recent.
17 **A.** Yes.
18 **Q.** I apologize for jumping around, but I'd like to go
19 back to Exhibit 61 which was the postmortem exam of Shanna
20 Desmond that we had reviewed earlier and, in particular, page
21 four.
22 There, as well, you noted an additional injury as it

1 related to Shanna Desmond. I'm wondering if you could say what
2 that was?
3 **A.** That was also an abrasion or a scrape on the side of
4 the back, the left side of the back. It did not appear to be
5 directly associated with any of the gunshot wounds.
6 **Q.** Okay. And you described Aaliyah Desmond's facial
7 injury, the additional injuries, as fresh or more recent. Would
8 the same have appeared in terms of this injury?
9 **A.** Yes.
10 **Q.** Yes?
11 **A.** Yes.
12 **Q.** And not associated to a gunshot wound.
13 **A.** Not directly associated. So, for instance, these
14 could've occurred when one of them collapsed after being shot,
15 but not directly attributable to the gunshot wound itself.
16 **Q.** Okay. Is there any way for you to determine, and I
17 know this a very sort of broad question and maybe it's too far
18 extending. The additional injury to Aaliyah Desmond and the
19 additional injury to Shanna Desmond, could it have been
20 consistent in any way with a struggle between two parties?
21 **A.** It's possible. That is certainly a possibility. I'll
22 say that neither of these had any pattern that was recognizable

1 to me. In other words, they didn't ... there are occasions in
2 which injuries like this have a pattern that suggests, or can be
3 matched with, the object that caused them. Neither of these
4 cases had any specific pattern that I could see that suggested
5 what caused them or exactly how they were caused.
6 **Q.** Okay. And, finally, with Aaliyah Desmond's postmortem
7 exam, similarly, the question to the postmortem exam of Shanna
8 Desmond, you did an external examination and an external (sic)
9 examination and, in particular, again, you went through various
10 organs. Was there anything of any real relevance to the cause
11 and manner of death in those areas of your report?
12 **A.** No. Other than the injuries, she appeared to be
13 anatomically normal.
14 **Q.** If we could move to Exhibit P-000019 and, Doctor, this
15 ...
16 **THE CLERK:** I'm sorry, did you mean 000049?
17 **EXHIBIT P-000049 - TOXICOLOGY REPORT - AALIYAH DESMOND**
18 **MR. RUSSELL:** P-000049. I apologize. And, Doctor, this
19 appears again with the toxicology report?
20 **A.** Yes.
21 **Q.** And is this toxicology report in relation to Aaliyah
22 Desmond?

1 **A.** Yes, it is.

2 **Q.** It indicates a patient ID number and age ten years?

3 **A.** Yes.

4 **Q.** And, Doctor, had there been anything that came back

5 after the toxicology was conducted?

6 **A.** They didn't detect any substances.

7 **EXHIBIT P-00050 - AMENDED REPORT OF POSTMORTEM EXAMINATION -**

8 **BRENDA DESMOND**

9 **Q.** Okay. If we could look at Exhibit 000050.

10 Doctor, I should ask before we're moving on to our next

11 postmortem report, just if you needed a drink of water or any

12 sort of break?

13 **THE COURT:** I was going to ask the same question. I

14 note that we started at 10. It's 11:30 so this may be a good

15 opportunity to take a short break All right?

16 Thank you, Doctor.

17 **COURT RECESSED (11:36 HRS.)**

18 **COURT RESUMED (11:52 HRS.)**

19 **THE COURT:** Mr. Russell, I think you were just turning

20 to Exhibit 50.

21 **MR. RUSSELL:** Yes, Your Honour.

22 So, Doctor, Exhibit 50, which is in front of you, where we

1 left off, this Amended Report of Postmortem Examination, Brenda
2 Desmond ...
3 **A.** Yes.
4 **Q.** It's the first, I guess, and only report or first
5 report we see that says amended. What's behind that? Why does
6 it say amended?
7 **A.** In the initial report that I had issued I made some
8 typographical errors, some copy and paste errors with regard to,
9 in the Summary and Opinion section with regard to family
10 relations, so this was issued to correct that.
11 **Q.** So there was nothing of significance in terms of
12 ultimately determining cause and manner of death?
13 **A.** Nothing of significance with regard to the cause and
14 manner of death, no.
15 **Q.** Okay. And as it relates to Brenda Desmond, you
16 indicated that the cause of death on the first page was what?
17 **A.** Gunshot wound to the chest.
18 **Q.** And you made a number of autopsy findings but, in
19 particular, I guess, if we could start with Evidence of Injury,
20 page 2.
21 **A.** Yes.
22 **Q.** And I'm wondering if you could describe that

1 particular wound.

2 **A.** This is, again, a single gunshot wound. The entrance
3 wound had similar characteristics to the other wounds we've
4 discussed, specifically, no evidence of contact or close range
5 gunfire. The entrance wound was in the posterior or back of the
6 right shoulder and the wound tracked across the body to the left
7 side of the chest, where the projectile was recovered. This
8 again was a penetrating injury that was not associated with an
9 exit wound, so the projectile was recovered in the body.

10 **Q.** And are there any particular sort of arteries or
11 organs that might have been penetrated as a result of this
12 wound? I might have missed that in your description but ...

13 **A.** Yes. So this, this wound went through a number of
14 structures in the neck before it went into the left side of the
15 chest, as well as the right side of the chest but, in
16 particular, some of the very large arteries that branch off the
17 aorta that supply blood to the head and neck were injured, as
18 well as injury to the lungs and some other structures.

19 **Q.** Earlier you mentioned, you just mentioned neck ...

20 **A.** Yes.

21 **Q.** And in the report it says right upper back.

22 **A.** Yes.

DR. ERIK MONT, **Direct Examination**

1 **Q.** I just want to reconcile the two, I guess.
2 **A.** So this has an interesting pathway and, as we
3 discussed earlier, the path sometimes between the entrance wound
4 and the recovery site or the exit wound is not a perfectly
5 straight line, either because the pathway is deviated by hitting
6 a solid structure or because of the position of the body at the
7 time the wound was sustained. So just as an example, this is a
8 hypothetical example that does not apply in this case, but you
9 might imagine a scenario in which somebody's shoulders are
10 pushed together in the front, where you might have an entrance
11 wound here and an exit wound here, so both in the back. It's
12 hard to make that a straight line with the body in the anatomic
13 position. The same is true of this particular wound. So the
14 entrance wound was in the upper back or in the back of the right
15 shoulder. Some of the structures in the neck were injured, the
16 lower part of the neck, and the projectile was recovered in the
17 left side of the chest.
18 **Q.** And you describe the gunshot wound path as ... I
19 wonder if you could indicate again what that was.
20 **A.** Back to front, right to left, and upward.
21 **Q.** So I guess I'm just trying to, as much as possible,
22 sort of orient where the gun that fires the shot ultimately

1 comes from, the bullet. Would that have been facing in front of
2 Brenda Desmond, directed towards her, or behind her?
3 **A.** Somewhat behind her and to the right side would be
4 where the gun was situated and aimed from her right to her left
5 side.
6 **Q.** So am I able to say that if the shooter is stationary
7 and holding the gun stationary, given this particular path, I
8 guess, could you suggest perhaps that Brenda Desmond had been
9 turned?
10 **A.** Yes.
11 **Q.** And with her back facing towards the gun and shooter?
12 **A.** Yes, not directly back-facing but somewhat turned to
13 the side, but the entrance wound is, in fact, in the back of her
14 shoulder.
15 **Q.** Into the back. And are you able to sort of estimate,
16 again, I know, as much as possible, because this didn't have any
17 sort of evidence of stippling, muzzle imprint, et cetera, the
18 distance between firearm and wound entry?
19 **A.** Yes. Again with the caveat that this is what we
20 would refer to as an indeterminate range, because she did have
21 clothing on, as well, this did go through clothing, but there
22 was no evidence to suggest that this was within, on the order of

1 three feet or so.

2 **Q.** I note in this report at page 3 it has a title that

3 says Evidence, right at the very bottom of the screen there,

4 Evidence of Medical Intervention.

5 **A.** Yes.

6 **Q.** What was that?

7 **A.** These were adhesive electrocardiogram pads.

8 Responding medical personnel, EHS personnel, often come, when

9 they're called to a scene will put EKG pads on and establish

10 that there is no cardiac activity, there is cardiac electrical

11 activity or that there is. But oftentimes there are these

12 adhesive pads that remain on the body after they leave.

13 **Q.** And, Doctor, I guess, in comparison to your findings

14 as it relates to Shanna Desmond and Aaliyah Desmond, is the

15 nature of the injury to Brenda Desmond that was ultimately fatal

16 such that had there been early intervention, sort of medical

17 intervention, that there was a possibility that she might have

18 survived? Is that a fair question or ...

19 **A.** It's a difficult question to answer. You know, these

20 ... it's somewhat speculative. In a hypothetical scenario where

21 someone sustains these kind of injuries just outside an

22 operating room, with a trauma surgeon poised to intervene, some

1 things might be possible. This kind of ties in with the time
2 listed on the medical certificate of death from the onset of
3 injury.
4 In this case, there were some significant injuries that may
5 not have been survivable even under the best scenario. I can't
6 say that with a hundred percent certainty though. That had this
7 happened and had there been intervention immediately, it's
8 possible. That is a distinction from a case like Shanna Desmond
9 where the spinal chord in the neck is transected or, in Lionel's
10 case, where the wound itself is just not a survivable injury.
11 **Q.** Okay. So would it be fair to say it was ... the type
12 of injury was less immediately fatal, would that be a fair
13 comment?
14 **A.** Yes.
15 **Q.** And, again, you conducted an internal and external
16 examination of various sorts of organs, heart, kidneys, et
17 cetera. Was there anything remarkable that impacted your
18 finding on the cause or manner death for Brenda Desmond?
19 **A.** Nothing that played a role in the cause or manner of
20 death.
21 **Q.** If we could turn to Exhibit 54.
22 **EXHIBIT P-000054 - TOXICOLOGY REPORT - BRENDA DESMOND**

DR. ERIK MONT, Direct Examination

1 So, Doctor, this appears to be a toxicology report as it
2 relates to, again, a patient ID, age 52. Is this the toxicology
3 report of Brenda Desmond?
4 **A.** Yes.
5 **Q.** And was this panel, you described a number of
6 possibilities of requests, the basic, the extended, I believe,
7 it was or ...
8 **A.** This was a, this was a basic panel.
9 **Q.** And did anything come back as detected?
10 **A.** No.
11 **EXHIBIT P-000055 - AMENDED REPORT OF POSTMORTEM EXAMINATION -**
12 **LIONEL DESMOND**
13 **Q.** I wonder if we could turn to Exhibit 55. You
14 recognize this report?
15 **A.** I do.
16 **Q.** And again, Doctor, it's Amended Postmortem
17 Examination and it appears to be of Lionel Desmond, is that
18 correct?
19 **A.** Yes.
20 **Q.** And again it says "amended", just like Brenda
21 Desmond's said "amended". I wonder if there was any particular
22 reasoning for that?

1 **A.** It was the same reasons as the other report.
2 **Q.** And the amendments, were they substantial to an
3 extent that they impacted your final conclusions?
4 **A.** Not that they impacted the final conclusions.
5 **Q.** So, Doctor, here you indicate cause of death to
6 Lionel Desmond as what?
7 **A.** Gunshot wound to the head.
8 **Q.** And you indicated in Summary and Opinion ... three
9 lines down under Summary and Opinion, you say: "The history,
10 scene findings, and autopsy findings were consistent with a
11 self-inflicted wound."
12 **A.** Yes.
13 **Q.** And what led you to that conclusion?
14 **A.** A number of factors related to the history as it was
15 known to me at the time, the course of events. And the scene
16 supported that, as well, where the bodies were found, where this
17 decedent was found, where the firearm was found initially, and
18 the nature of the wound are all consistent with a self-inflicted
19 wound.
20 **Q.** And if we could turn to page 2, you have Evidence of
21 Injury, and I believe it was one single gunshot wound in this
22 case, and I wonder if you could describe that single wound.

1 **A.** This appeared to be a contact range gunshot, in which
2 the muzzle was applied directly to the skin, essentially,
3 between the eyebrows in the, in the front of the face, slightly
4 left of the midline but close to the midline. There was a
5 discrete exit wound in the back or posterior aspect of the left
6 side of the head, and the wound itself was associated with
7 devastating injuries.
8 As I had talked about briefly earlier, when a firearm is
9 discharged not only is the projectile expelled from the muzzle
10 of the gun but burning and unburnt powder, smoke, and a lot of
11 expanding gas is expelled. And that in a contact range gunshot
12 wound is expelled into the wound itself, so that causes a great
13 deal of devastation to the tissue, which was the case here,
14 extensive disruption of the scalp and the brain.
15 **Q.** And, Doctor, you indicated, I believe it was
16 stippling in this particular case ...
17 **A.** There was no ...
18 **Q.** There was no stippling.
19 **A.** Stippling would suggest that the muzzle of the weapon
20 was at a distance sufficient to allow the spread of those
21 particles to hit the skin outside of the entrance wound. So
22 outside of that circular entrance wound we would see a pattern

1 of abrasions that's known as stippling. In this case there was
2 soot around the wound, suggesting that the smoke, which does not
3 travel as far as those solid particles, was deposited on and in
4 the wound suggesting a contact wound rather than a close-range
5 wound.
6 **Q.** So when you say suggestive of a contact wound is that
7 a contact between, I guess, the muzzle of the gun and Lionel
8 Desmond's skin?
9 **A.** Skin. Yes.
10 **Q.** So is it fair to say it was your opinion that Lionel
11 Desmond had turned the gun on himself, made contact with his
12 skin and face and fired the shot?
13 **A.** Yes.
14 **Q.** And what part of his head was the point of contact?
15 Are you able to ...
16 **A.** The entrance was in the front of his face, the lower
17 forehead, between his eyebrows.
18 **Q.** And, Doctor, you described a very - I don't want to
19 get into too many details but it was a very sort of lethal shot.
20 **A.** Yes. So going back to the estimates of time from
21 onset to death this was, essentially, instantaneous. I think on
22 the medical certificate of death I may have said seconds but

1 that really referred to probably seconds before all physiologic
2 activity ceased. As far as any cognition or voluntary
3 movements, this was, essentially, instantaneous.
4 **Q.** And, Doctor, a sort of side question. Are you
5 familiar with something referred to as post-concussion syndrome,
6 or I believe it may have another name, where injuries to the
7 brain are sort of suggestive of causing or impacting certain
8 psychological disorders or mood changes?
9 **A.** Yeah, you're referring to CT or chronic traumatic
10 encephalopathy.
11 **Q.** Yes.
12 **A.** Yes.
13 **Q.** And I just wanted to cover off, without getting into
14 the details, obviously, but in this particular case would a
15 postmortem examination of that have been possible due to the
16 nature of the injury Lionel Desmond had inflicted upon himself?
17 **A.** Unfortunately, no.
18 **Q.** And, Doctor, you conducted, again, sort of an
19 internal examination and an external examination which involved
20 various organs, such as the heart, liver, lungs. Again, was
21 there anything remarkable that would have impacted your
22 conclusions on the cause and manner of death of Lionel Desmond?

1 **A.** No.

2 **EXHIBIT 000059 - POSTMORTEM TOXICOLOGY REQUISITION - LIONEL**
3 **DESMOND**

4 **Q.** If we could turn to Exhibit 60, or, I guess, 59, if I
5 might. Doctor, what is this particular Exhibit 59?

6 **A.** This is the requisition that is completed in order to
7 submit toxicology specimens to NMS Lab.

8 **Q.** And I notice sort of midway through the page, and
9 this is as it relates to Lionel Desmond ...

10 **A.** Yes.

11 **Q.** A Postmortem Toxicology of Lionel Desmond. So here
12 there's, again you referred to this earlier, there's basic,
13 expanded, and expert?

14 **A.** Yes.

15 **Q.** And in this case you requested that the postmortem
16 toxicology of Lionel Desmond, I guess, be different than Shanna,
17 Aaliyah, and Brenda, and you selected which option?

18 **A.** The expanded panel.

19 **Q.** And what was your reasoning behind requesting the
20 expanded panel?

21 **A.** At the time it appeared that the decedent had
22 committed the homicides of the other three victims and taken his

1 own life, so his state of mind and state of intoxication, as
2 well as his therapeutic drug intake, appeared to be pertinent.
3 So I thought it was prudent to order the expanded panel to
4 capture some of those therapeutic drugs. Some of the drugs
5 included in the expanded panel do include antidepressant
6 medications, anxiolytic medications, as well as a number of
7 other therapeutic drugs.

8 **Q.** So it's more comprehensive?

9 **A.** Yes.

10 **EXHIBIT P000060 - TOXICOLOGY REPORT - LIONEL DESMOND**

11 **Q.** Doctor, if you could look at Exhibit 60.

12 I'm again mindful that I'm leading a little bit, but this
13 appears to be the toxicology exam results of that expanded panel
14 as it related to Lionel Desmond?

15 **A.** Yes.

16 **Q.** And, Doctor, were there any positive findings found
17 in that toxicology examination?

18 **A.** Yes.

19 **Q.** And what were they?

20 **A.** Caffeine was detected and mCPP was detected.

21 **Q.** I guess if we could just scroll the screen down a
22 little bit. And I think we all sort of understand what caffeine

1 is but there's a description as to, on page 2, what caffeine is.
2 I wonder, I guess, the scientific physiological. I wonder if
3 you could explain that.
4 **A.** Caffeine?
5 **Q.** Yes, and the effects on someone.
6 **A.** It's a central nervous system stimulant. You know,
7 as it probably says here, it can change or it can alter people's
8 level of alertness, as well as some of their physiologic
9 characteristics. So it can increase heart rate, blood pressure,
10 things like that.
11 **Q.** What's more interesting is the mCPP.
12 **A.** Yes.
13 **Q.** And what is mCPP?
14 **A.** Meta-chlorophenylpiperazine.
15 **Q.** Okay.
16 **A.** It is, in the context of this case, I think it's a
17 metabolite of an antidepressant drug. Piperazines are a class
18 of drugs that are sometimes used as antidepressants. In other
19 contexts, sometimes this substance is detected in illicit
20 preparations of Ecstacy. There's nothing to suggest that
21 that's the case here.
22 **Q.** Okay. And in terms of it's a metabolite of those

1 antidepressants, and then there's a description about those
2 antidepressants, about sort of adverse effects of that
3 medication. What can be those adverse effects?
4 **A.** Well, adverse effects are when a drug is tested,
5 every adverse effect that a person experiences is recorded. And
6 in this case those have included nausea, vomiting, dizziness,
7 sweating, induction of migraine-like headache, anxiety,
8 depressive symptoms and paranoia. This is a list of all of
9 those and it doesn't capture whether this is dose-related or
10 duration-related or any of those factors.
11 **Q.** And just for the sake of clarification, could you
12 detect sort of a level of dosage of a particular drug, and in
13 this case you know that there's a metabolite there, and I guess
14 metabolite is very different than saying a particular dosage of
15 a drug is in his system at the time something is happening. I
16 just wonder if you could explain that a little bit.
17 **A.** Well, in general or with specific reference?
18 **Q.** With specific reference to this case.
19 **A.** In this case, this is probably a metabolite of
20 trazodone. The concentration is ... in postmortem specimens is
21 not well-established. Typically, when drugs are consumed they
22 are metabolized in any one of several different ways, either in

1 the liver or excreted in the kidneys through the urine. They're
2 broken down in different ways. And this is the substance that
3 we can detect with people who have consumed Trazodone as an
4 antidepressant. Postmortem concentrations of drugs are subject
5 to some alteration based on postmortem changes in the body. So
6 they can't be interpreted in, in the same range as therapeutic
7 concentrations are published in living people. So this level
8 doesn't appear to be particularly high. It's somewhat
9 speculative exactly how to interpret that though.
10 **Q.** Okay. And so, Doctor, you had testified that you had
11 requested and got the results back of the expanded panel.
12 **A.** Yes.
13 **Q.** Which were tested for a very comprehensive number of
14 drugs in Mr. Desmond's system at the time of his death. Was
15 there any suggestion to you that there were any other drugs in
16 his system other than caffeine and the metabolite mCPP, which
17 you believe was linked to the antidepressant trazodone?
18 **A.** Those were the only substances that were detected in
19 this panel.
20 **Q.** And, Doctor, when you reached your conclusion in
21 terms of cause and manner of death, had there been evidence or
22 indications that a particular drug, whether it was caffeine,

1 which we'll admit is fairly doubtful, or trazodone playing an
2 integral role into what occurred and why this occurred, would
3 you have noted that? I know that was a bit of a long question.
4 **A.** I think I understand the question though. When we
5 certify the cause and manner of death we consider usually the
6 physiologic disease or injury that leads to someone's death and,
7 as far as the manner goes, whether it was an intentional and
8 volitional act of the individual either to cause harm to someone
9 else or cause harm to themselves. Beyond that, the reasons
10 don't play into our certification. People may be suicidal or
11 homicidal for any number of reasons, whether that's drug
12 induced, whether that's related to some other trauma. There are
13 any number of reasons. Doesn't change the fact that this is the
14 cause and the manner of death.
15 **Q.** Okay.
16 **A.** So I did order the expanded panel to have that
17 additional bit of information anticipating that that would be
18 important in the course of this investigation but not in the
19 context of changing the cause and manner of death, more in the
20 context that we're in right now.
21 **Q.** If I might have just one moment, Your Honour.
22 So, Doctor, I just want to sort of conclude with a

1 question. I mean I anticipate the answer; however, I certainly
2 should ask it: You did the postmortem examinations and cause
3 and manner of death for Lionel Desmond, Shanna Desmond, Aaliyah
4 Desmond, Brenda Desmond. Based on the totality of the evidence,
5 including postmortem examinations, medical evidence, scene
6 evidence, toxicology evidence, all the factors that you
7 considered, are you able to put sort of an order or sequence in
8 terms of who might have been shot first and who was shot last?
9 **A.** Well, yes, who was shot last. As I mentioned, there
10 would have been no volitional acts performed by Lionel Desmond
11 after he sustained his injury. With regard to the order of the
12 other three, I can't tell which was first, second, or third.
13 **MR. RUSSELL**: No further questions for the Deputy Medical
14 Examiner, Your Honour.
15 **THE COURT**: Thank you. Ms. Ward?
16
17 **CROSS-EXAMINATION BY MS. WARD**
18
19 **MS. WARD:** Just one question, Dr. Mont. Are you able to
20 say, and this calls for speculation and opinion, but would the
21 injuries that Brenda Desmond sustained, would she have been able
22 to make a phone call after she sustained the injuries or would

1 that have been impossible?
2 **A.** It is a difficult question. I can say that she
3 didn't sustain injuries that would have prevented her from any
4 volitional act either through cognition or through ... She
5 didn't sustain injuries to the central nervous system, she
6 didn't sustain injuries to the extremities that would prevent
7 her from that. Whether she would be able to and what the
8 duration of her consciousness was after the injury I can't say
9 with a great deal of certainty. There are a number of reports
10 in the literature that address post-injury survival and activity
11 and they vary widely. There are well-documented reports of
12 people who have injuries similar to this who are immediately
13 incapacitated and, on the other hand, there are well-documented
14 cases of people who have sustained quite a bit of activity,
15 quite a bit of physical and mental activity afterwards, so I
16 wouldn't say it's impossible. It would be speculative.
17 **Q.** Thank you, Doctor.
18 **THE COURT**: Mr. Anderson?
19 **MR. ANDERSON**: No questions, Your Honour.
20 **MR. MACDONALD**: No questions, Your Honour.
21 **THE COURT**: Mr. Macdonald. Ms. Whitehead?
22 **MS. WHITEHEAD**: No questions, Your Honour.

1 **MS. MILLER**: I have no questions, Your Honour.
2 **THE COURT**: Ms. Whitehead, no questions. Mr.
3 Rodgers?
4 **MR. RODGERS**: Thank you, Your Honour.
5
6 **CROSS-EXAMINATION BY MR. RODGERS**
7
8 **MR. RODGERS:** Dr. Mont, I'm Adam Rodgers and I'm
9 representing the personal representative of Corporal Desmond, so
10 I do have a few questions for you. In reviewing your, I guess,
11 Amended Report of Postmortem Examination, and forgive me, I
12 can't remember the exhibit number ...
13 **THE COURT**: Which Amended Report?
14 **A.** 55, I believe.
15 **MR. RODGERS**: 55, yes, thank you. In there, Doctor, on
16 the third page of that report, you indicate you made some
17 measurements of Corporal Desmond's internal organs, his liver,
18 heart, spleen, and kidneys.
19 **A.** Yes.
20 **Q.** Now the little bit of research that I was able to do
21 to try to figure out what might be a normal or expected size of
22 those might not be correct, so I want to ask you a few questions

1 just to see if there's any relevance to those weights that might
2 apply here. So the size of his liver, I think, you have at
3 1110 grams. Is that roughly normal? I saw some reports that
4 said a normal liver might be a little larger than that.
5 **A.** Well, as in most things related to the human body,
6 there's a spectrum of what is normal. This would be smaller
7 than the median weight for someone his size and gender and age
8 but, beyond that, I don't think this was ... would fall outside
9 of what is considered a range of normal.
10 **Q.** Okay. So ...
11 **A.** So I would say smaller than average but not
12 abnormally small.
13 **Q.** Okay. So it didn't raise any issues with you that
14 there might be some condition that caused that?
15 **A.** No.
16 **Q.** Okay.
17 **A.** Nor did I see anything microscopically that suggested
18 significant pathology.
19 **Q.** Okay. And I saw you have his spleen at 120 grams. I
20 see some reports that that might be at the lower end of a range
21 and that if you have, at the lower end of a range that might be
22 indicative of a sickle cell disease. Is there any ... was that

1 something that you considered or is that accurate in any way?
2 **A.** Sickle cell disease and sickle cell trait are
3 slightly different in their degree of severity. So in somebody
4 with sickle cell anemia or sickle cell disease usually by this
5 age their spleen would be much, much smaller, almost
6 unidentifiable. In someone with sickle cell trait, they might
7 have a smaller spleen. There was nothing else in his history or
8 in his autopsy findings to suggest, though, that he had sickle
9 cell.
10 **Q.** And there was nothing ... And I'll tell you, from my
11 review, there was nothing in his other medical records that
12 suggested that, either, but would there be any other ... There
13 was nothing else relevant about that measurement that raised any
14 issues with you, was there?
15 **A.** I didn't attribute any significance to it, no.
16 **Q.** Okay. In your notes ... Now where did you ... I'm
17 not sure where you said this in your report, but I think in your
18 lung you noted that there autolysis, not sure I'm pronouncing
19 that correctly.
20 **A.** Autolysis, yeah.
21 **Q.** Thank you. And edema and congestion. Is that ...
22 are those things that might have been caused by his death?

1 **A.** Yes, yeah.
2 **Q.** Okay.
3 **A.** Autolysis is a postmortem change. As I said,
4 essentially the moment someone dies those processes of
5 decomposition begin, and that's an early part of the process of
6 what goes on after death. The congestion and edema are very
7 non-specific findings that occur with a number of types of
8 death. The sudden neurological collapse in this case is what I
9 would attribute that to.
10 **Q.** And in your report you noted with his liver that
11 there was focal minimal steatosis.
12 **A.** Steatosis.
13 **Q.** Steatosis.
14 **A.** So that there were some very small and minor areas of
15 fat accumulation in the cells of the liver. That is a non-
16 specific finding that can be associated with a number of things.
17 Some of them are disease-related and some of those are related
18 to exposures, including even relatively low concentrations of
19 alcohol.
20 **Q.** Okay. I want to move to the toxicology report, Dr.
21 Mont, and this is Exhibit 60, and you've answered much of this
22 already in your responses to my friend, Mr. Russell, but I want

1 to ask a little bit more about this mCPP. And in the report
2 it's noted that there's 20 milligrams, is that, am I reading
3 that correctly?
4 **A.** That was detected or ... In his blood ...
5 **Q.** Yes.
6 **A.** 34 nanograms per milliliter was the concentration.
7 **Q.** Of the mCPP?
8 **A.** Yes.
9 **Q.** Okay. And that'd be considered a fairly low dose. I
10 guess ... I want to get your thoughts, and you started to talk
11 about how it's difficult to compare a dose or a finding from a
12 deceased individual to somebody that's alive and whether ... I
13 guess, can you dig a little deeper into that in this case? Is
14 the amount of mCPP you discovered, would you consider that a low
15 or mid or high dose or is that something you can conclude?
16 **A.** I would conclude that this is not a concentration
17 that would be associated with significant acute toxicity.
18 Beyond that, I wouldn't opine. You know, some of these other
19 chronic findings or adverse events that have been associated
20 with it, I'm not sure what dose dependency that is.
21 **Q.** Yeah.
22 **A.** So things that might be pertinent in this case, I

1 really wouldn't ... you know, things that they list, like
2 migraine-like headaches, anxiety, depressive symptoms, and
3 paranoia, it's kind of outside of the scope of what I can
4 comment on based on my experience and training.
5 **Q.** Okay, that's fine. I see some of the effects you
6 noted. Some of the other research that I did, and I'll ... if
7 you can comment on this, whether ... It suggested that it would
8 induce anxiety, as you mentioned, severe headaches, potentially
9 cognitive effects, depression and feelings of, you know, severe
10 depression or impending doom, those kinds of effects, and even
11 could worsen obsessive-compulsive disorder symptoms. Is that
12 something that you had an opportunity to review in the course of
13 preparing this report?
14 **A.** Preparing ...
15 **Q.** Or reviewing in the course of preparing this report
16 or if it's something that you're just familiar with in the
17 course of your work?
18 **A.** I'm familiar with those potential side effects but,
19 again, whether or not those played a role in his experience and
20 behaviour, it would be completely speculative and, you know,
21 furthermore, I don't know what his particular history was with
22 regard to the duration he was on this and his compliance,

1 whether he was taking it all the time or at episodically. I
2 just don't know.
3 **Q.** Sure. And I think we'll find and there'll be
4 evidence presented about prescription of trazodone that he was
5 in receipt of. Whether he was taking that or overdosing on it
6 or anything else would be ... you wouldn't be able to comment on
7 that, based on the toxicology report?
8 **A.** Well, I wouldn't consider this an acute overdose, an
9 acute toxicity related to that, and by toxicity I mean a
10 physiologic toxicity that would be significant in independently
11 causing complications leading to death. Whether it affected his
12 mental state or not, you have better experts coming on that can
13 answer that.
14 **Q.** Sure. No, I just wanted to ask you and see where, if
15 that was something that was in your realm.
16 Okay, Doctor, I want to move to a different topic, which -
17 and you've already touched on this, as well, and that is the
18 issue of a CTE, and I'm not going to try to pronounce that
19 again, but you discussed with my friend how it would not be
20 possible with Corporal Desmond, due to the nature of his
21 injuries, to test for that in his case or not possible, not
22 possible at all or not easily done?

1 **A.** Without getting too graphic, it may have been
2 possible to look at some parts of this but not to do a good and
3 comprehensive analysis.
4 **Q.** I guess while we have you here, Dr. Mont, and part of
5 what we're ... I think our goal here is to think of
6 recommendations and ideas for how other treatments might take
7 place. In your role in the Medical Examiner's Office, you must
8 see every homicide or suicide of, particularly, young men, I'm
9 thinking of and, you know, we see reports from the United
10 States, from football and other sports leagues, and how head
11 injuries are becoming a much bigger issue that people are
12 confronting. And I guess I just want to ask you about that and
13 what is ... what can you tell us about the level of analysis
14 that's possible or that is done, either here in Nova Scotia or,
15 if you want to expand, within Canada, what is being done?
16 **A.** What is being done with regard to pursuing CTE and
17 the diagnosis in Nova Scotia is very little, for a number of
18 reasons, and there are a number of factors that play into that,
19 you know, starting with the basic premise that that would not
20 play directly into our determination and opinions regarding
21 cause and manner of death. So, in other words, if someone were
22 to have taken their life, again the reasons that may have led to

1 that don't play into the cause and manner of death
2 certification.
3 Now we don't consider that our only mandate though. We do
4 try to make a contribution where we can. The examination for
5 CTE is time-consuming and difficult and somewhat expensive and
6 it's not something that I personally would undertake. I would
7 refer that to a neuropathologist.
8 **Q.** Okay.
9 **A.** And there's a cost associated with that as well. At
10 this point we don't have an institute in Nova Scotia that has
11 that research interest and we don't have funding for that. It
12 certainly would be feasible, I think, for us to direct some
13 cases towards that. It's not something ... That would need to
14 be undertaken with the consent of the individual's families
15 though.
16 **Q.** Sure, yeah.
17 **A.** So I know that doesn't directly answer your question.
18 The answer is that right now I have not had a case that has been
19 worked up for CTE in my career.
20 **Q.** Yes.
21 **A.** It could be done.
22 **Q.** And the things you hear out of the United States and

1 it's, you know, the NFL and other sports leagues are looking at
2 these and, you know, people retire and then a few years later,
3 you know, they kill themselves, and they complain about
4 headaches and the concussions that they've suffered and it seems
5 to be something that's being studied more and more. Do you see
6 any trend along those lines in Canada at all, you know, in
7 sports or, you know, in the military context we're thinking
8 here?

9 **A.** I see the discussions.

10 **Q.** Yeah.

11 **A.** And certainly we've had the discussions among
12 ourselves within our office about how to address this, how to
13 explore this, in our cases, what is the most effective way to
14 systematically ask these questions in these cases so that we can
15 get at real answers.

16 **Q.** I mean perhaps, particularly in suicides, if we're
17 looking at trying to prevent suicides, knowing whether 90
18 percent or 50 percent or 10 percent of those who've committed
19 suicide also had CTE would seem like something worth studying at
20 least. What do you think of that?

21 **A.** I agree. It's not something that we have adopted, at
22 least yet, but it's certainly something that we have discussed

1 and have not yet come to a conclusion and changed our protocols
2 yet.
3 **Q.** Yeah. Do you have occasions to connect formally or
4 informally with other medical examiner offices throughout the
5 country?
6 **A.** Yes.
7 **Q.** Conferences or other means?
8 **A.** Yeah.
9 **Q.** Do you know whether this is something others are
10 looking at doing?
11 **A.** I don't think anyone in Canada, to my knowledge, is
12 doing it systematically. They may have had a case here or there
13 that they have investigated but I don't know of anyone in the
14 country who is doing it systematically, nor ... Much of my
15 experience and my colleagues' are in the U.S., as well, and I
16 don't know of any jurisdictions that are doing this
17 systematically. The centers of research have referrals from
18 many different places. I don't know of any one particular place
19 that is, for instance, looking at all suicides systematically
20 and either has a specific protocol for questioning or
21 investigating these cases or for doing neuropathology on these
22 cases.

DR. ERIK MONT, Cross-Examination by Mr. Rodgers

1 **Q.** It would seem where the Medical Examiner's Office is
2 notified and needs to be notified of all such deaths that it
3 would be ... perhaps make some sense that you would have some
4 role in this, perhaps, I don't know if gatekeeper is the right
5 way but, you know, you could, the Medical Examiner's Office
6 could perhaps triage those instances that are identified and at
7 least suggest it to somebody for further study.
8 Would you ... do you see benefits in this and, again, it's
9 just a broad discussion on the topic in a way, but would you see
10 the benefits to being able to study those as maybe not causes
11 but at least features of individuals in these circumstances?
12 **A.** I do think it's something ... it's a contribution
13 that can come out of cases sometimes that might be of some help
14 to the living. There are a lot of aspects of this that are far
15 outside of my area of expertise.
16 **Q.** Sure.
17 **A.** You know, a lot of these have to do with policy
18 decisions that are, you know, far reaching that I am not
19 involved with. You know, and again within the very narrow
20 mandate of determining manner and cause of death, it's not
21 something that we need to do, but all of us are committed to
22 doing more than just determining the cause and manner of death.

1 So I would welcome us playing a role in that.

2 **Q.** Thank you, Dr. Mont. I appreciate your ... I

3 recognize that that's not exactly what you're here to talk about

4 but I appreciate, you know, your views coming from your

5 perspective in your role, so I thank you. Those are the

6 questions I have.

7 **THE COURT:** Mr. Russell, anything further?

8 **MR. RUSSELL:** Nothing further, Your Honour.

9 **THE COURT:** Oh, sorry ...

10 **MR. HAYNE:** If I may?

11 **THE COURT:** Mr. Hayne, yes, go ahead.

12

13 **CROSS-EXAMINATION BY MR. HAYNE**

14

15 **MR. HAYNE:** Good afternoon, Dr. Mont. My name is

16 Stewart Hayne and I am counsel for certain physicians who are

17 participating in the Inquiry.

18 I just have some questions for you, just a few more

19 questions to help understand the toxicology report at Exhibit

20 P60. And as I understand it, this toxicology report results from

21 a requisition that you made for an expanded panel and you

22 discussed what that meant earlier.

1 **A.** Yes.
2 **Q.** And this is the report that you received back from
3 that expanded panel requisition. And is it fair to say that, in
4 general, this report shows the substances that were detected, if
5 they could be detected, for example, if they were at detectable
6 levels in either Mr. Desmond's blood or urine that were sent for
7 analysis?
8 **A.** Yes, that's fair.
9 **Q.** Okay.
10 **A.** So it's possible that there are other drugs or toxins
11 there at a lower concentration than the ability of the
12 instruments to detect or it's possible, as well, that there are
13 other substances that are not encompassed in this panel.
14 **Q.** Right. Thank you. But on that, on the first page,
15 sorry, at page 3 of Exhibit 60, at the bottom of the page it does
16 give information as to the ability of this test to detect certain
17 substances.
18 **A.** Yes.
19 **Q.** And on that page is referenced cannabinoids.
20 **A.** Yes.
21 **Q.** And is it your understanding that cannabinoids is
22 either synonymous with marijuana or cannabis or are the

1 metabolites of marijuana or cannabis?
2 **A.** Yes.
3 **Q.** All right. So if someone ... for example, if there
4 was evidence of marijuana or cannabis or cannabinoids in Mr.
5 Desmond's blood or urine at levels exceeding the threshold level,
6 the minimal threshold level, then those would be reported on this
7 test, is that right?
8 **A.** That's correct.
9 **Q.** Okay. And the same goes for and then continues and
10 doesn't list necessarily specific substances but classes of
11 substances, for example, it lists antidepressants, antipsychotic
12 agents, and other things.
13 So do you understand, Doctor, whether, and I'm going to ask
14 you and this, you may not know the answer to this, but do you
15 know whether the, the drug quetiapine is something that would be
16 returned on this report if it were in detectable levels?
17 **A.** Yes, it would.
18 **Q.** Okay.
19 **A.** Yeah, I see that not infrequently in other toxicology
20 reports.
21 **Q.** And do you know, same question, whether the drug
22 prazosin would be returned on this report if it was in the system

1 within detectable levels?

2 **A.** I don't know offhand.

3 **Q.** Okay.

4 **A.** Typically, when I'm not sure if a drug is captured in

5 this panel, I will call NMS Labs and they can answer that.

6 **Q.** Okay. And the same question, do you know whether, if

7 the drug zolpidem was present at the detectable levels, it would

8 be returned on this report?

9 **A.** I don't know that specific drug, whether it would be

10 captured in this panel.

11 **Q.** Okay. So just to summarize then, cannabinoids and

12 quetiapine are, at least, are two drug substances that if present

13 in detectable levels in Mr. Desmond's system in, I believe, blood

14 or urine that was sent for analysis, they would have been

15 returned on this report?

16 **A.** Yes.

17 **Q.** Okay. And the fact that they're not returned on this

18 report, we can conclude that either they weren't present at all

19 or they were present at levels below the threshold for detection?

20 **A.** Yes.

21 **Q.** Okay. And just in general, in terms of when someone

22 ingests drugs or alcohol, whatever they may be, the body, as I

1 understand it, will metabolize, ingest that substance and will
2 break it down into its metabolites, other substances, as a result
3 of the metabolism process, is that right?
4 **A.** Different drugs are broken down or excreted in
5 different ways.
6 **Q.** Right.
7 **A.** So some of it may be excreted whole, some of it may be
8 broken down into metabolic products.
9 **Q.** I understand. But, ultimately, the drug is either
10 ingested and then excreted whole or ingested, metabolized into
11 other substances and those are excreted, as well?
12 **A.** Yeah. And when you say ingested, I mean, consumed in
13 one way or the other.
14 **Q.** Consumed, yeah. And the rate of that, once a certain
15 drug or substance is consumed, the rate at which it is dissipated
16 from the body may depend on any number of factors, including the
17 nature of that particular drug itself?
18 **A.** Yes.
19 **Q.** We have discussed earlier how the substance mCPP was
20 detected and that's, and I'm characterizing your evidence,
21 forgive me and correct me if I get it incorrect, but mCPP and, in
22 your view, that was likely the result of metabolized trazodone?

1 **A.** I can't say that with any certainty based on empiric
2 evidence, but just based on his history and the fact that he was
3 treated with antidepressants, I think that's probably most likely
4 that ... I don't know of any other source that is more likely or
5 as likely as that.
6 **Q.** Thank you. And the quantity of mCPP that was detected
7 could have been there at that time, and I'm asking this in a
8 convoluted way but, essentially, the quantity that's detected is
9 a function of how much was consumed and when it was consumed. Do
10 you agree with that?
11 **A.** In general terms, yes.
12 **Q.** Right. So you could have the same quantity detected
13 from a small amount recently consumed or a larger amount consumed
14 earlier in time?
15 **A.** In general, with most drugs. I mean, different drugs
16 have different characteristic behaviours, sometimes even in
17 postmortem specimens but, yes, in general, that's true.
18 **Q.** Okay. So we're not able to necessarily work backwards
19 from the fact that mCPP was present at the quantity detected as
20 to what amount of trazodone, if it was trazodone, what amount of
21 trazodone was consumed and at what time it was consumed?
22 **A.** That's exactly right.

1 **Q.** Okay. The lack of detection of cannabinoids, and I
2 understand that maybe cannabis is one that does ... may behave
3 differently but, again, from the research that I've done,
4 cannabinoids may be present in detectable levels is certainly
5 dependent on, again, similar factors, the amount of cannabis
6 consumed and when it was consumed, but also may detectable for,
7 depending on the nature of the consumption, possibly up to 20 or
8 30 days, is that ... Do you have awareness of that?
9 **A.** You're referring to this specific test or possibly
10 detected?
11 **Q.** In general, possible?
12 **A.** Well, I mean, it's possible to detect it. Different
13 specimens can be analyzed and there are different compounds that
14 are broken down from cannabis. There are different cannabinoids
15 that we see, and they're ones that we don't typically, that
16 aren't active, as well, and some of those may be detectable later
17 on. It also depends on the method of detection. You know,
18 there are many drugs, many, many drugs, that can be detected long
19 after the fact. If we, for instance, were to test hair ...
20 **Q.** Um-hmm.
21 **A.** Now that doesn't mean that it played any role in the
22 recent past at all. I mean, it depends on the hair growth and,

1 you know ...
2 **Q.** Right.
3 **A.** So, in general, yes, it, the cannabinoids have a long
4 half-life, though, and they can be detected longer than many
5 other substances. Does that answer your question?
6 **Q.** It does. And I'll just jump to the punchline. From
7 this test is it fair to conclude that Mr. Desmond was not under
8 the influence of cannabis or cannabinoids at the time of his
9 death?
10 **A.** Yes.
11 **Q.** And from this test, is it fair to conclude that it's
12 more likely than not that he hadn't ingested cannabis in the
13 previous seven days, to pick a number? Or can you conclude
14 that?
15 **A.** I'd need to look at these particular substances that
16 they test and the half-lifes of those. I don't know if seven
17 days would be the ... Days, yes; I'm not sure that seven is the
18 number off the top of my head.
19 **Q.** Three days?
20 **A.** Probably.
21 **Q.** And I may have asked this already but it's my last
22 question. With respect to quetiapine, given this test, it's

1 reasonable to conclude that Mr. Desmond was not under the
2 influence of quetiapine at the time of his death, is that a fair
3 conclusion?
4 **A.** It's reasonable to conclude that there was no
5 circulating quetiapine, yes. I mean whether any exposure had
6 long-term effects on physiology, that can't be accounted for.
7 This is a snapshot though. So at the time of his death there was
8 no detectable 1uetiapine in his system.
9 **Q.** And from that, can we conclude, though, that there was
10 no, like you say, no, no physiological impact from circulating
11 quetiapine at the time of death?
12 **A.** Yes.
13 **Q.** Thank you, those are my questions.
14 **THE COURT:** Any questions? No?
15
16 **EXAMINATION BY THE COURT**
17
18 **THE COURT:** I just want to clarify something, Dr. Mont,
19 if I could.
20 When Mr. Rodgers was asking about testing for CTE and he had
21 a discussion with you about it and in the particular
22 circumstances of Corporal Desmond and the manner of his death,

1 appreciating that CTE is examined by looking at the structure of
2 the brain. Again, not to be graphic but just to make the point
3 in this particular case there was not sufficient brain matter or
4 in a way that would present itself that would be suitable for
5 that kind of testing, is that correct?
6 **A.** That's correct.
7 **Q.** Yeah. Okay. I just wanted to be clear that that
8 would be the reason why in this particular set of circumstances.
9 A question, see if you can help me with this one: There
10 was talk about trazodone and about the level of the by-product,
11 if you will, the mCPP that was in his system. If you were a
12 doctor and you were prescribing somebody that particular
13 medication for a particular purpose would you, in the normal
14 course of events, get blood tests, for instance, to see
15 whatever, if you had a therapeutic level of that particular
16 substance in a person's system? So this is when you're ...
17 **A.** That falls outside of my expertise.
18 **Q.** Right.
19 **A.** So a prescribing physician would know ...
20 **Q.** I'm just curious as to what a therapeutic level of
21 somebody that comes into the doctor's office might be as opposed
22 to what's reflected in a postmortem blood sample.

DR. ERIK MONT, Examination by the Court

1 **A.** I don't know what the treatment standards are with
2 regard to follow-up and whether ... Some drugs are routinely
3 tested for peak and trough levels and some are not, and I just
4 ... I don't know for trazodone.
5 **Q.** All right. We may have somebody else that can help
6 us with that later on.
7 **THE COURT:** All right. Thank you, Dr. Mont, appreciate
8 your time. You're free to go.
9 Counsel, I think Dr. Mont was the last witness that we had
10 ... Thank you, Doctor, you can step out, if you'd like.
11 **WITNESS WITHDREW (13:01 HRS.)**
12 **THE COURT:** He was the last witness we have for today.
13 So we are going to adjourn for a moment, then we're going to have
14 a discussion but we'll have that as a Chambers discussion, if you
15 will. Thank you.
16 We'll stand adjourned for a few minutes. Thank you.
17 **COURT RECESSED (13:02 HRS.)**
18 **COURT RESUMED (13:19 HRS.)**
19 **THE COURT:** So we'll just go back on the record, if we
20 can. We'll re-open just for a minute then, thank you.
21
22 **COURT ADJOURNED (13:19 HRS.)**

CERTIFICATE OF COURT TRANSCRIBER

I, Margaret Livingstone, Court Transcriber, hereby certify that I have transcribed the foregoing and that it is a true and accurate transcript of the evidence given in this matter, **re Desmond Fatality Inquiry**, taken by way of electronic digital recording.

Margaret Livingstone
(Registration No. 2006-16)

DARTMOUTH, NOVA SCOTIA
January 31, 2020