

FINAL REPORT OF AUTOPSY
AME2-M3-02

DECEDENT: Chloe Britt **Authorized by:** James E. Lee, CMEI Adams County

Fax #:

Type of Death:

(X) Violent or Unnatural () Unattended by a physician
() Sudden in apparent health
() Unusual/Suspicious () Custody of law
() Possibly Drug Related () Public Health

Rigor

(X) Jaw (X) Arms
(X) Neck (X) Chest
(X) Back (X) Abdomen
(X) Legs

Livor

Color : Purple
() Ant. (X) Posterior
() Lateral
Fixed

Body Identified by: Permit for autopsy by CMEI James Lee

Persons present at autopsy: Victor Beckley, Deaner; Jimmy Roberts, CMEI Rankin County, Delrick Charleston, Morgue Attendant, Randolph Scott, CMEI Leake County, and the Prosector

AGE: 6 months **RACE:** Caucasian **SEX:** Female **LENGTH:** 66.2 cm **WEIGHT:** 9.15 killograms
EYES: Blue **PUPILS:** R 0.4 /L 0.4 **HAIR:** Brown **BODY HEAT:** Absent ; **SCARS & TATTOOS:** See
Diagrams & External Exam

CLOTHING:

White Diaper

Released to : Released with remains

PERSONAL EFFECTS:

TRANSPORT INFO: Morgue #: 31130 ; Driver - Tom Beard ; Company: Mississippi Mortuary Services
Date of transport - 21 February, 2002 ; Time: 154 PM hours

EVIDENCE TO STATE CRIME LAB:

CRIME LAB CASE #: Not assigned at time of Provisional

2 gray top tubes of blood, 1 gray top tube of vitreous, 1 red top tube of blood, 1 purple top tube of blood

TRACE EVIDENCE TO STATE CRIME LAB:

Sexual Assault Kit

CAUSE OF DEATH: Consistent with Shaken Baby Syndrome

MANNER OF DEATH: Consistent with homicide

The facts stated herein are true and correct to the
best of my knowledge and belief:

22 February, 2002; 1850 hours

DATE & TIME OF AUTOPSY

STEVEN T. HAYNE, M. D.
PATHOLOGIST



GENERAL:

The postmortem examination is requested by James Lee, Coroner Medical Examiner Investigator of Adams County. The request for the postmortem examination is made in that the decedent, Chloe Britt, died a violent death. The request for the postmortem examination is in compliance with the Coroner's Reorganization Act of 1986.

The postmortem examination is conducted at the Rankin County Morgue in Pearl, Mississippi, at 1850 hours on 22 February, 2002. The remains are identified as those of Chloe Britt by James Lee, CMEI Adams County. Individuals present and attending the postmortem examination are listed in detail on the front page of this report.

The decedent is a Caucasian female appearing to be the approximate recorded age of 6 months years. Clothing, valuables and jewelry are listed in detail on the front page of this report. The clothing is removed prior to the external and internal examinations. The clothing are released with the remains. The height, weight, and the presence or absence of rigor and livor mortis is listed in detail on the front page of this report.

TOXICOLOGY:

Two gray-topped tubes of blood and one gray topped tube of vitreous fluid are submitted to the Mississippi State Crime Laboratory under chain of custody for toxicological analysis. The final report reveals the presence of lidocaine and Trimethoprim in the blood specimen. The ethyl alcohol screen is pending at the time of the postmortem protocol. If and when received and if significant abnormalities are identified an addendum will be issued to the report.

SEROLOGY:

One red-topped tube of ventricular heart blood is submitted to the Mississippi State Crime Laboratory under chain of custody for serological analysis. The final report is pending.

DNA STUDIES:

One purple-topped tube of ventricular heart blood is co-submitted with the previously identified red-topped tube of ventricular heart blood to the Mississippi State Crime Laboratory under chain of custody for DNA analysis if and when requested by the Coroner's Office.

SPECIAL STUDIES:

A sexual assault kit is employed to collect samples in the usual and prescribed manner. The sexual assault kit is transferred to the custody of the Mississippi State Crime Laboratory under chain of custody for processing. The final report reveals the absence on serological evaluation for the presence of semen on the oral swab, vulvar swabs, vaginal swabs, and rectal swabs. Full body radiographs are performed. Upon development of the radiographs no acute fractures are identified. The radiographs are retained at the Rankin County Morgue.

PHOTOGRAPHIC DOCUMENTATION:

During the course of the post-mortem examination photographic documentation of the remains is performed. The photographs are submitted to the District Attorneys Office with a copy of the postmortem protocol.

NOTIFICATION OF THE CORONER:

Upon completion of the external and internal examinations, CMEI James Lee is faxed a Provisional Report of Autopsy appraising as to the preliminary cause and manner of death.

BODY ORGANS:

Representative sections of the major body organs are retained for microscopic analysis. The remaining and preponderance of the body tissues are returned to the body cavities

INTERNAL EXAMINATION:

The body is opened via the usual "Y" incision and subcutaneous adipose tissue over the chest wall is noted to measure to a depth of 0.4 cm and over the abdomen to a depth of 0.5 cm. The anterior right and left ribs are reflected en block with the sternum in the usual manner. A small amount of clear wetting fluid is present within the right and left pleural cavities. No visceral and parietal pleural adhesions are identified. The right lung is noted to have a mass of 193rams and the left lung is noted to have a mass of 193 grams. The lungs are serially cross sectioned and a large amount of serosanguineous fluid exudes from the cut surfaces. Examination of the cross sections of the lungs fail to reveal evidence of thromboembolic material, tumor, and/or infection.

The pericardial sac is opened, and a small amount of clear wetting fluid is present within the luminal space. The take off of the great vessels is unremarkable. The heart is noted to have a mass of 38 grams and external examination of the heart is within normal limits. The coronary arteries are serially cross sectioned and are within normal limits. The heart is serially cross sectioned and the right ventricle measures up to 0.3 cm in thickness and the left ventricle measures up to 0.8 cm in thickness. Examination of the cross sections of the heart fails to reveal evidence of acute or remote infarction. The four cardiac valves are unremarkable and no evidence of congenital heart disease is found. The aorta is examined through its entire course and reveals no significant abnormalities.

The abdominal cavity is opened and a small amount of clear wetting fluid is present within the luminal space.

The vertebral column and rib cage are palpated and visually inspected and no antemortem fractures are identified of an acute nature.

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The liver assumes its usual right upper quadrant location and is noted to have a mass of 198 grams. The capsule is intact and no subcapsular contusions are appreciated. The liver is serially cross sectioned and a large amount of serosanguineous fluid exudes from the cut surfaces. Examination of the cross sections of the liver reveals no significant abnormalities. The gallbladder is found on the inferior surface of the liver and is noted to measure 3 cm in length and contains approximately 0.5 cc of bile. No gallstones are identified. The mucosal surface of the gallbladder is unremarkable. The biliary tree is patent to the duodenum.

The spleen assumes its usual left upper quadrant abdominal location and is noted to have a mass of 19 grams. The capsule is intact and no subcapsular contusions are appreciated. The spleen is serially cross sectioned and a moderate amount of serosanguineous fluid exudes from the cut surfaces. Examination of the cross sections of the spleen reveal the Malpighian corpuscles to be of normal size and number. A section of vertebral bone marrow reveals no gross abnormalities. Mesenteric lymphadenopathy is identified.

The right and left kidneys assume their usual retroperitoneal location and each is noted to have a mass of 36 grams. The capsules strip with ease revealing changes consistent with fetal lobulation. The kidneys are serially cross sectioned and a moderate amount of serosanguineous fluid exudes from the cut surfaces. The calyces are unremarkable. The ureters are single bilaterally and patent to the urinary bladder. A catheter is present within the urinary bladder. The mucosal surface of the urinary bladder is unremarkable. Examination of the corpus uterus and cervix reveal no significant abnormalities and are normal for age.

The esophagus is unremarkable. The stomach is empty. The mucosal surface is unremarkable. The small bowel, vermiform appendix and large bowel are essentially unremarkable. Well formed stool is present within the luminal space of the large bowel. A contusion of the anus is noted and a section is taken for microscopic review. The mesentery and omentum are unremarkable. No adhesions are identified to involve the organs of the abdominal cavity.

The pancreas assumes its usual retroperitoneal location and is noted to have a mass of approximately 12 grams. The tan structure is serially cross sectioned and no abnormalities are identified. The right and left adrenal glands assume their usual suprarenal location and each is noted to have a mass of approximately 3 grams. The structures are serially cross sectioned and no abnormalities are identified. The thyroid gland assumes its usual location on the anterior surface of the trachea and is noted to have a mass of approximately 3 grams. The structure is serially cross sectioned and no abnormalities are identified.

The scalp is reflected and a diffuse subarachnoid hemorrhage is identified. The calvarium is removed and approximately 30 cc of blood is identified within the subdural space and a subdural hemorrhage is identified to involve the right and left cerebral hemispheres. A multifocal cephalohematoma is identified that measures up to 3 cm. The right and left eyes are enucleated. Upon serially cross sectioning the eyes changes consistent with retinal hemorrhage are identified. Perioptical nerve hemorrhage is noted bilaterally. The brain has a mass of 749 grams. The Circle of Willis and supportive vascular structures are

unremarkable. The ventricular system is unremarkable. The dura is stripped and no evidence of fracture to involve the calvarium or base of the skull is found.

EXTERNAL EXAMINATION:

- A. HEAD & NECK: Examination of the scalp reveals the scalp to be covered with blonde hair. The eyes are blue, the sclera clear and the pupils are fixed bilaterally at 0.4 cm. No evidence of remote injury is appreciated to involve the head or neck. No evidence of acute medical intervention is identified. A 6 cm contusion is identified over the posterior aspect of the scalp. Contusions are identified over the forehead that measure up to 2 cm. A 0.5 cm contusion on the furrow of the bridge of the nose is identified. A 1 cm contusion is identified over the upper lip. An intra-oral examination reveals a 0.5 cm tear of the frenulum. The facial bone are palpated and no fractures are identified.
- B. RIGHT UPPER EXTREMITY: Examination of the right arm, forearm, and hand reveals no evidence of remote injury. Two 0.1 cm iatrogenic puncture sites are identified over the proximal anterior surface of the forearm. The fingernails are intact and no tears to the fingernails are identified and no foreign tissue is identified underneath the fingernails. No acute contusions, abrasions, or lacerations are identified to involve the extremity. The long bones are palpated and no fractures are identified.
- C. LEFT UPPER EXTREMITY: Examination of the right am and forearm reveal no evidence of remote injury. An intravenous catheter is inserted over the dorsal surface of the hand and held in apposition with tape. The fingernails are intact and no tears to the fingernails are identified and no foreign tissue is identified underneath the fingernails. No acute contusions, abrasions, or lacerations are identified to involve the extremity. The long bones are palpated and no fractures are identified.
- D. RIGHT LOWER EXTREMITY: Examination of the right leg and foot reveals the presence of contusions identified over the anterior surface of the thigh that measure up to 2 cm. No evidence of remote injury is appreciated. Two 0.1 cm iatrogenic puncture sites are identified over the anterior surface of the thigh that measure up to 2 cm. No evidence of remote injury is appreciated. Two 0.1 cm iatrogenic puncture sites are identified over the instep of the foot and a 0.3 cm iatrogenic puncture site is identified adjacent to the heel of the foot. The long bones are palpated and no fractures are identified.
- E. LEFT LOWER EXTREMITY: Examination of the left leg and foot reveals no evidence of remote injury. No evidence of acute medical intervention is appreciated. A 4 cm contusion is identified over the anterior surface of the thigh. The long bones are palpated and no fractures are identified.
- F. CHEST & ABDOMEN: Examination of the chest and abdomen reveals no evidence of remote injury. The external genitalia is unremarkable. A urinary catheter is inserted in the usual manner. No acute contusions, abrasions, or lacerations are identified to involve the chest or abdomen.

- G. BACK: Examination of the back reveals no evidence of remote injury. No evidence of acute medical intervention is appreciated. No acute contusions, abrasions, or lacerations are identified to involve the back.

MICROSCOPIC ANALYSIS:

- A. RESPIRATORY SYSTEM: Sections of lung reveal pulmonary vascular congestion with focal atelectasis. Evidence of infection, tumor, and/or thromboembolic phenomenon is not appreciated to involve the cross sectioned segments of the lungs reviewed microscopically. A section of trachea is unremarkable.
- B. CARDIOVASCULAR SYSTEM: Sections of myocardium are unremarkable. Evidence of inflammation or fibrosis is not appreciated. A section of coronary artery is unremarkable as is a section of aorta.
- C. HEPATOBILIARY SYSTEM: A section of liver reveals acute congestion. Evidence of acute or chronic hepatitis is not seen. The limiting plate is intact. No evidence of biliary stasis is appreciated. No evidence of focal necrosis is found. A section of gallbladder reveals autolytic change.
- D. RETICULOENDOTHELIAL SYSTEM: A section of spleen reveals acute congestion and the germinal centers are unremarkable. A section of mesenteric lymph node reveals reactive lymphoid hyperplasia. A section of vertebral bone marrow reveals normal cellularity in maturation and no atypical cells are identified for age. A section of thymus is unremarkable.
- E. GENITOURINARY SYSTEM: Sections of kidney reveal acute congestion. The glomeruli, interstitium, tubules, and blood vessels are unremarkable. A section of urinary bladder is unremarkable.
- F. GASTROINTESTINAL SYSTEM: Sections of esophagus, stomach, small bowel, vermiform appendix, and large bowel are unremarkable. A section of anus reveals submucosal hemorrhage.
- G. ENDOCRINE SYSTEM: Sections of pancreas, adrenal gland and thyroid gland are essentially unremarkable.
- H. CENTRAL NERVOUS SYSTEM: Sections of cerebral cortex reveal subarachnoid hemorrhage as does sections of cerebellum and brainstem. Changes of mild cerebral edema are concurrently identified. Sections of enucleated eyes reveals bilateral retinal hemorrhage as well as perioptic nerve hemorrhage bilaterally.

CAUSES OF DEATH & PATHOLOGIC FINDINGS:

- A. IMMEDIATE CAUSE OF DEATH:
1. Changes consistent with shaken baby syndrome and closed head injuries.

B. ACUTE TRAUMATIC INJURIES:

1. Cephalohematoma.
2. Subdural hemorrhage.
3. Subarachnoid hemorrhage.
4. Retinal hemorrhage, bilateral.
5. Contusions of the forehead.
6. Contusion of the bridge of the nose.
7. Contusion of the upper lip.
8. Tear of the frenulum.
9. Contusion of the posterior aspect of the scalp.
10. Contusion of the anterior surface of the right thigh.
11. Contusion of the anterior surface of the left thigh.

C. OTHER PATHOLOGIC FINDINGS:

1. Pulmonary vascular congestion and edema.
2. Atelectasis of the lungs.
3. Acute hepatic congestion.
4. Acute splenic congestion.
5. Reactive lymphoid hyperplasia of the perihilar lymph nodes.
6. Acute renal congestion, bilateral.
7. Persistence of fetal lobulation of the kidneys.

MANNER OF DEATH: Homicide.

DISCUSSION OF THE CASE: The decedent was noted to succumb secondary to a combination of closed head injury and changes consistent with Shaken Baby Syndrome. The manner of death is ruled homicide.

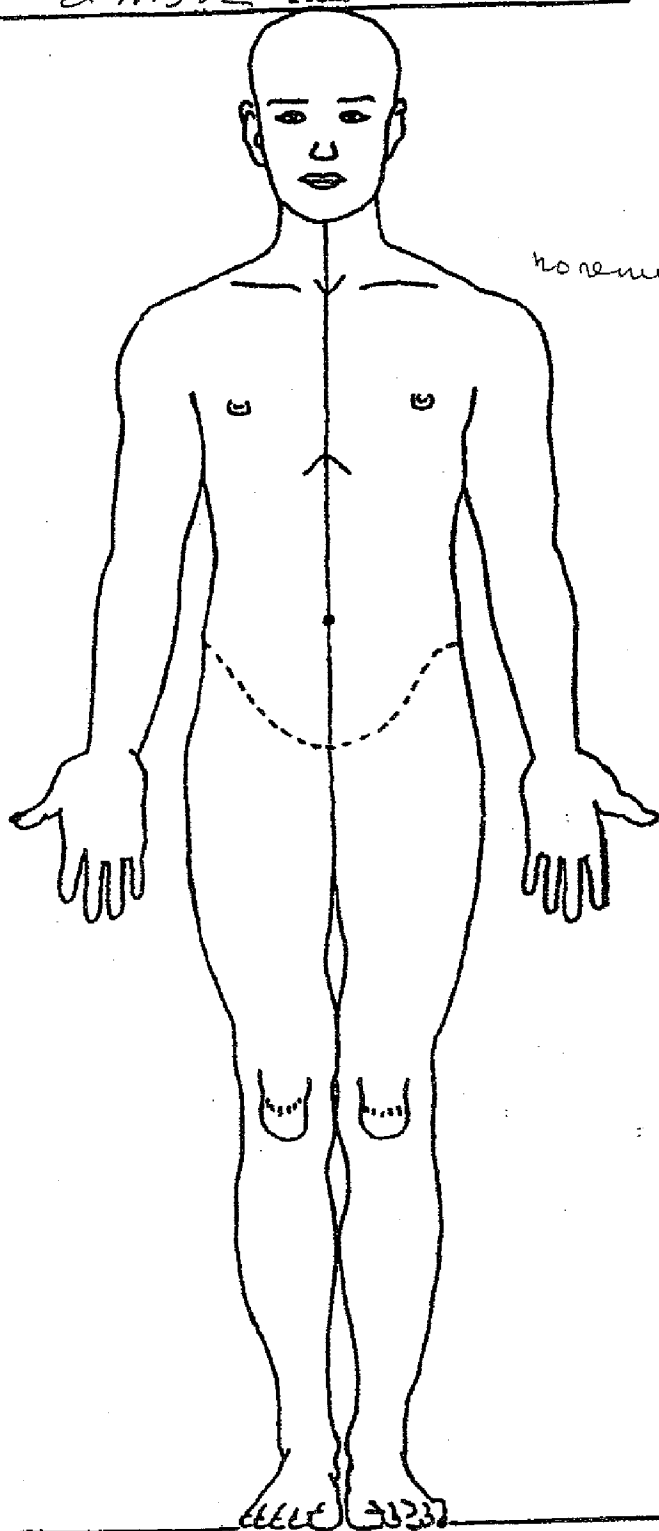
Rankin County Morgue
150 Concourse Drive
Pearl, Mississippi

BODY DIAGRAM

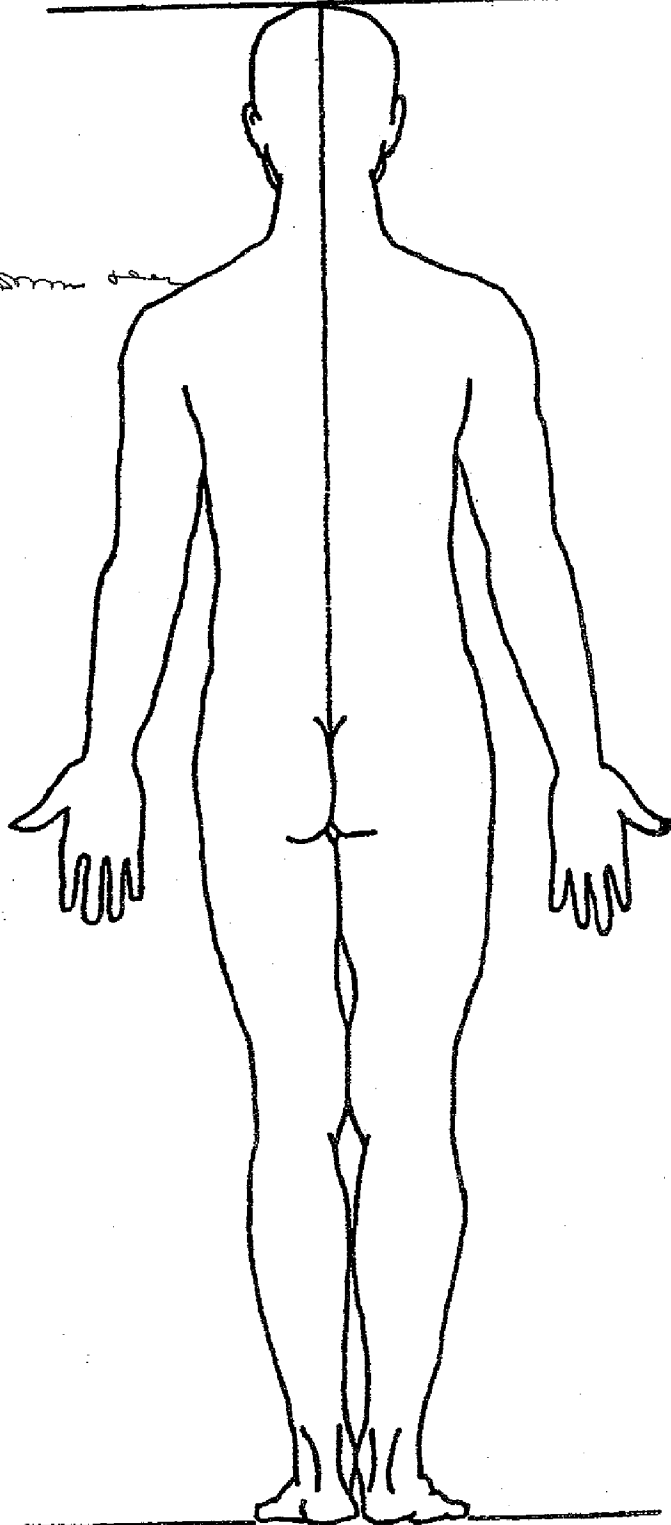
2-10312

Front

Back



no visible signs of trauma



Decedent's
Height _____ inches

Name

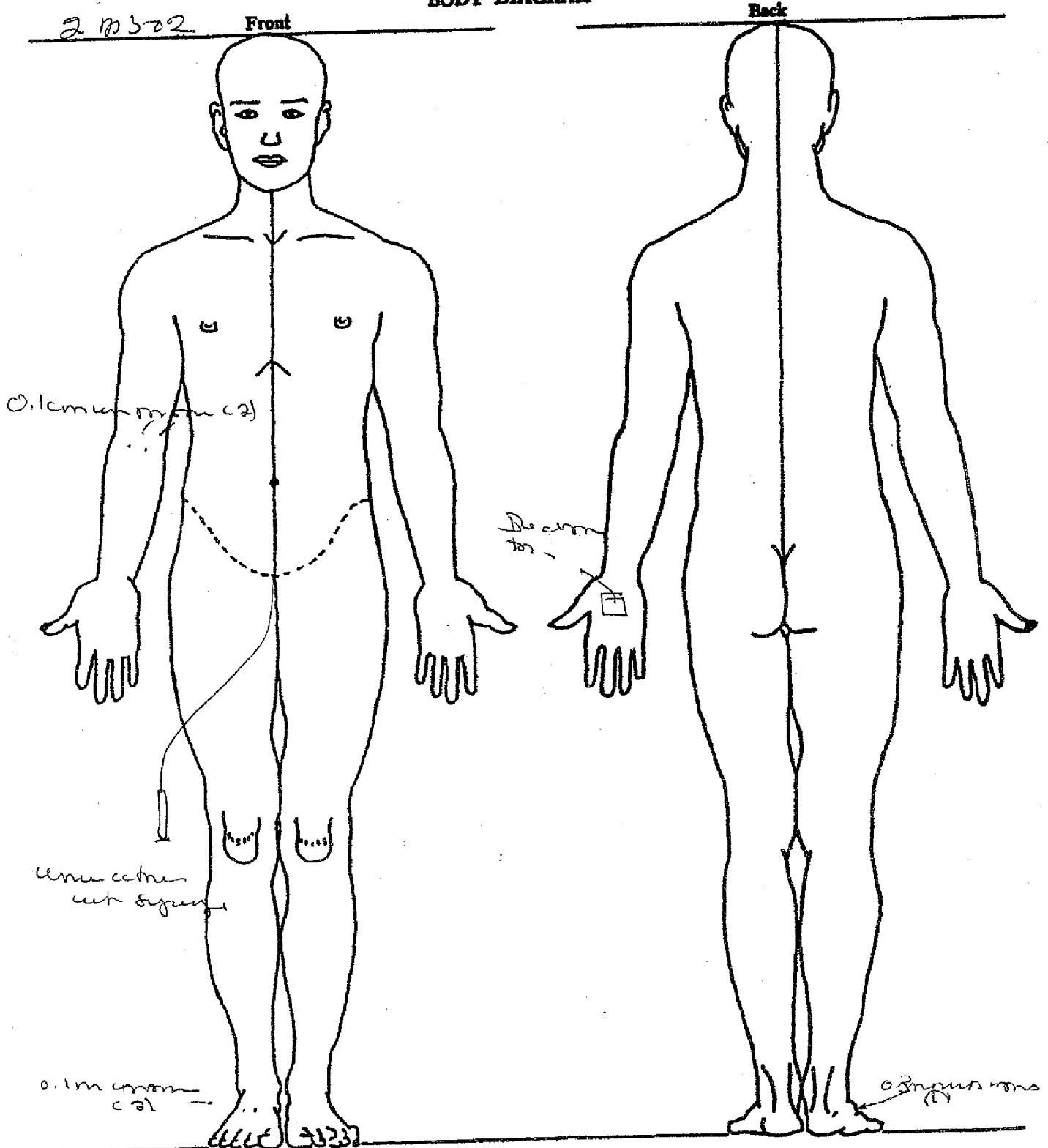
Chloe Britt

Examined

Apr 22 am

Rankin County Morgue
150 Concourse Drive
Pearl, Mississippi

BODY DIAGRAM



Decedent's
Height _____ inches

Name

Chloe Butt

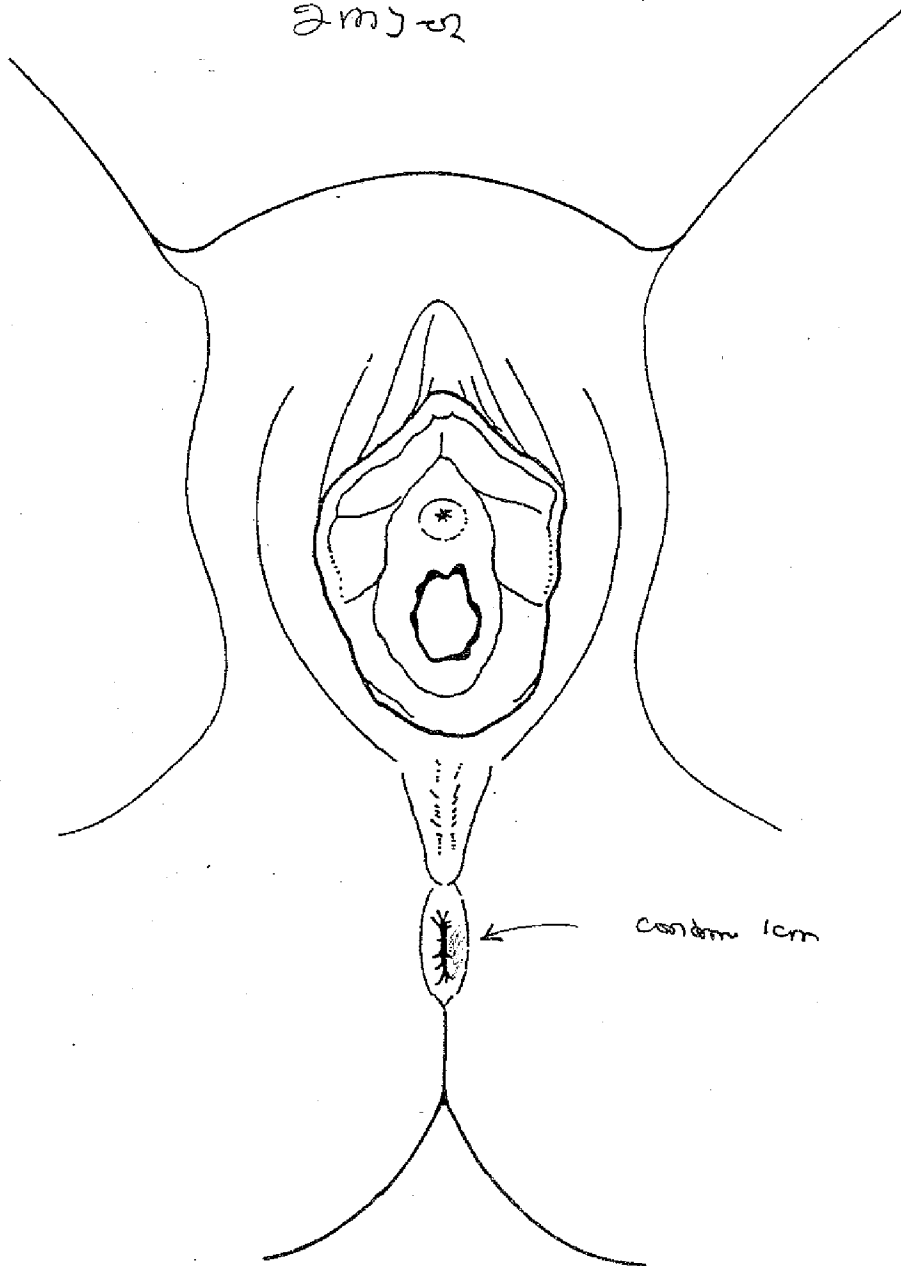
Examined

1/2 22 Feb 12

Rankin County Morgue
150 Concourse Drive
Pearl, Mississippi

PERINEUM - FEMALE

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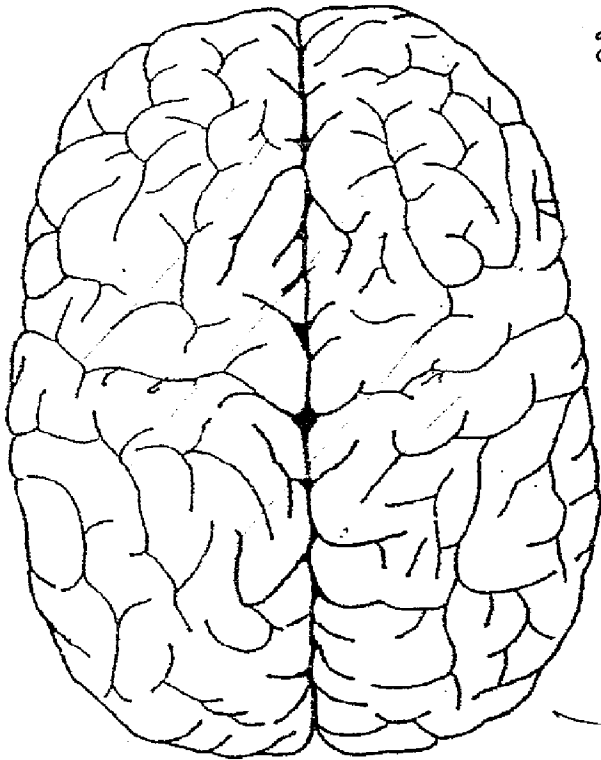


Name Chloe Rott

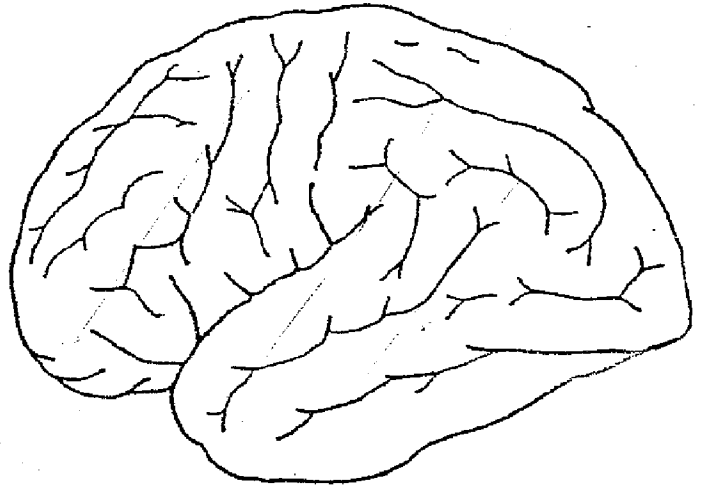
Case No. 2m3-2

Date 22 Nov

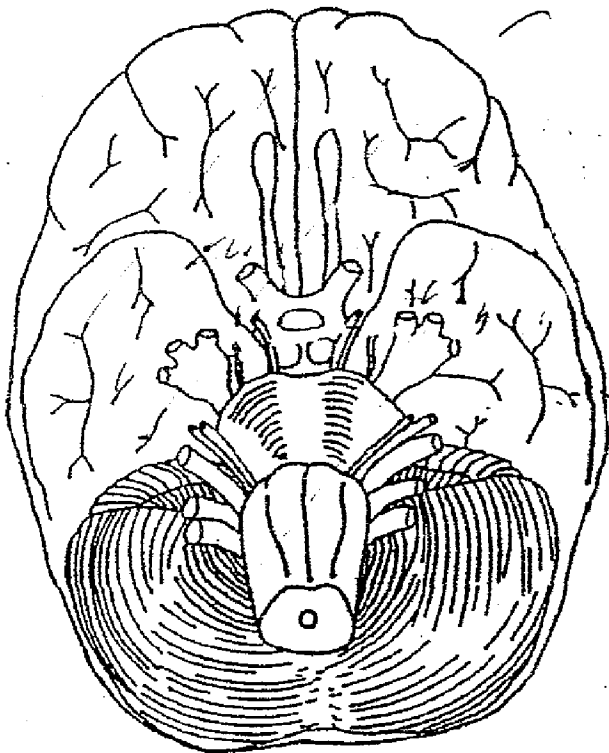
150 CONGRESS DRIVE
 Pearl, Mississippi
 BRAIN - SUPERIOR, INFERIOR, AND LATERAL VIEWS



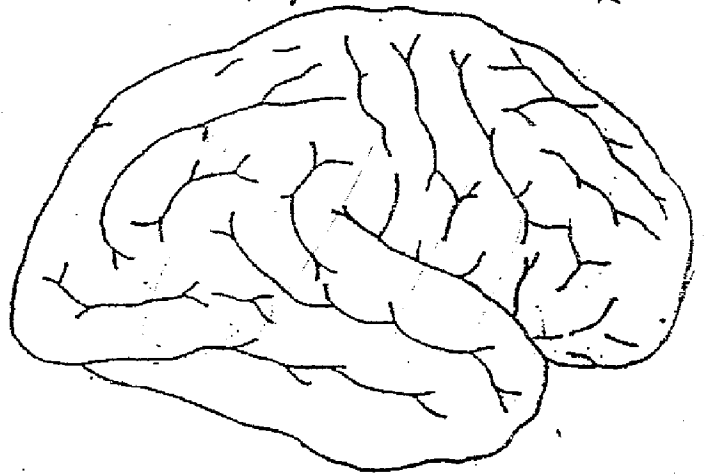
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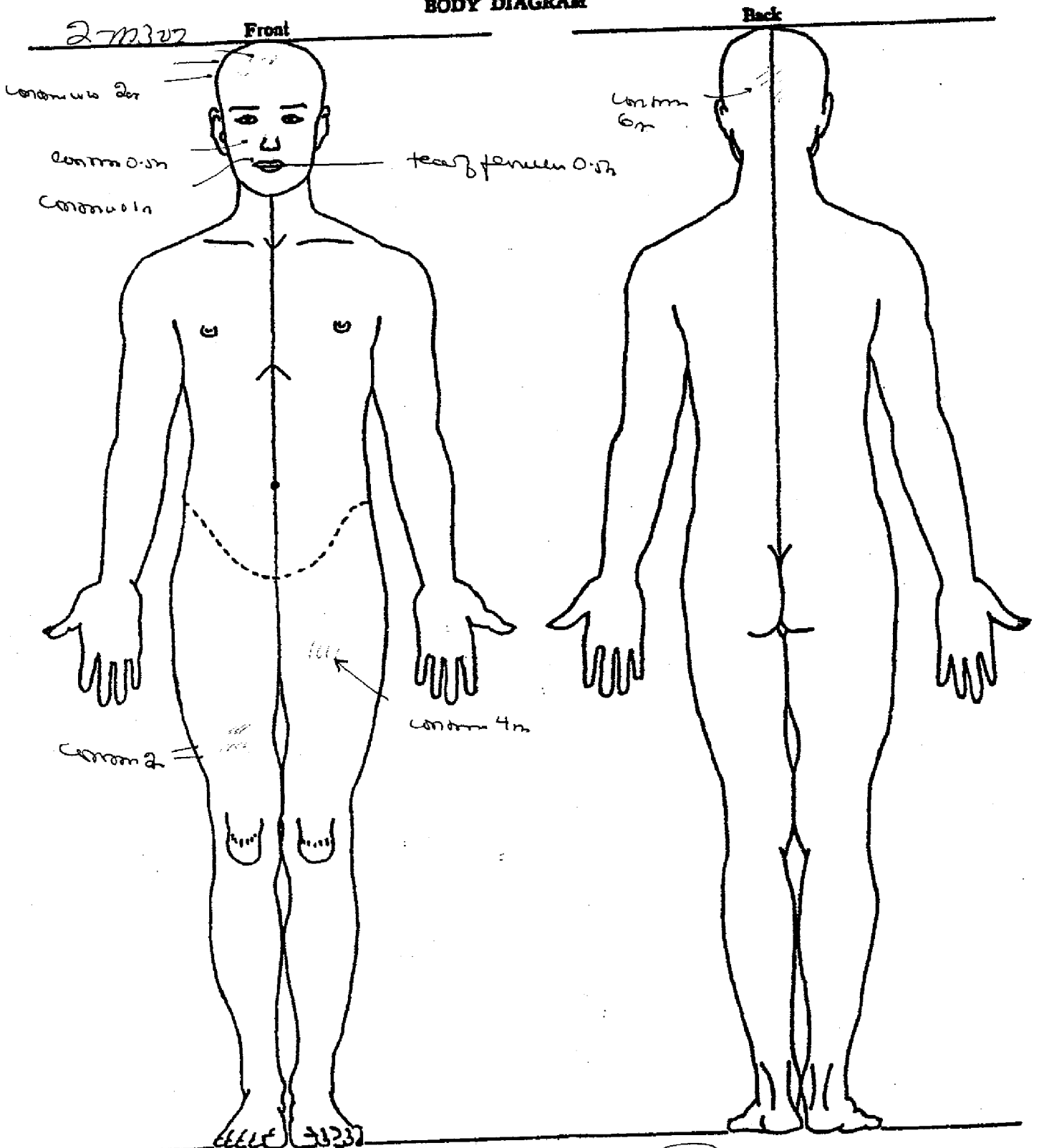
Name - Chloe Pott

Case No. - 2m3-22

2m3-22

Rankin County Morgue
150 Concourse Drive
Pearl, Mississippi

BODY DIAGRAM



CASE REPORT**DATE - FEBRUARY 24, 2002****SUBJECT:****REPORTER-SHERIFF FERRELL-ADAMS 1****Death Investigation****CHLOE MADISON BRITT, W/FM, 6Mos. Aged**

At approximately 11:30PM on Thursday night, 21 February 2002, reporting officer Sheriff Ferrell received a call at home by Major John Manley, Adams #4 requesting information. He stated he had received a call from Patrol Officers responding to the Natchez Community Hospital, Adams #13 Buddy Franks and Adams #20 Ray Brown to the affect that a couple had brought an infant child to the Emergency Room that was DOA and had apparently been sexually assaulted. He was instructed to respond to the hospital with the officers and investigate further. He was advised to contact the Coroner James Lee and have him to report to the hospital also.

Reporting officer then reported to the Emergency Room of the Community Hospital and contacted Deputy Manley and Coroner Lee. I was then directed to an examination area in the emergency room where I encountered an older couple visibly upset and viewing a small body, all covered but the head, of an infant 6 months old child. I was informed by James Lee, Coroner, that this was the body of CHLOE MADISON BRITT, W/FM, who was DOA. The people were then introduced as the child's grandparents, JOHNNIE AND LILLIAN WATSON of Ferriday (See Statements in file). Three nurses were in and out, all identified (See their statements) and two female doctors (statements in file). After the grandparents introduction and exit, I then conferred with Major Manley and Coroner Lee. I was informed that a white female identified as REBECCA J. BRITT (See statement in file) and her boyfriend JEFFERY KEITH HAVARD, 23 YOA, of 36 Montgomery Road in Cloverdale Subdivision of Adams County had appeared at the hospital with the infant and advised she had stopped breathing. Upon examination it was evident the child had been sexually assaulted, so EMR personnel called 911. The SO was eventually summoned after the NPD initially responded to the call after it was determined the incident had occurred outside the city limits.

The male HAVARD had been removed upon my arrival to the SO and the mother, BRITT, was also reported to be at the SO with deputies making statements. I the instructed Deputy Manley to contact the officers and have them hold HAVARD for further investigation until I could get more information. Deputy Manley, myself and Coroner Lee with the nurses then allowed me to inspect the body. I was shown trauma to the anal area and secretions that were still appearing from the damaged and inflamed anus. I then inspected and was shown the face and mouth area where upon examination, it was evident

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one side (left) of the mouth area was damaged and torn and looking into the mouth, it was evidently damaged and torn. A secretion was evident from the nasal passages, but it had been wiped away from the facial area and was evident in the nose. The baby was lying on her back and with arms outstretched and was unclothed except for a disposable diaper that was in place but not fastened. It was removed for examination. I observed bruises on the forehead and facial area. One doctor had tried to perform mouth to mouth on the baby.

I then ordered photos taken of the body as a matter of routine and that all items, including clothing and examination materials be bagged for potential DNA evidence (See physical evidence and lab listing in file). I ordered all personnel of the EMR that had contact with the couple and examination to provide written statements for a potential witness listing after personally talking to them. I then requested the Coroner James Lee to immediately seize the body for autopsy and requested that the autopsy be done at Jackson by the State Medical Examiner. A small and short lived problem had occurred with the family wanting to donate vital organs of the infant and it was decided that, if possible, and not interfering with a criminal investigation, this could be done at a later date. A cooler was arranged by the Coroner at the Natchez Regional Hospital for overnight, knowing the autopsy could be performed at the University Hospital in Jackson and potential organ donation could then be addressed.

At this point, I contacted the dispatch at Adams SO to immediately patch me to District Attorney Ronnie Harper by phone at home. We were connected and I informed him of the facts to date and that I would request he meet me at my office for further consultation as this had the initial facts of a CAPITAL MURDER other than murder with the infant being involved and DOA. He agreed to meet me within the hour.

The body was wrapped and secured to Coroner Lee and removed to the morgue. All evidence was secured by Manley and I then proceeded to the Adams SO.

Upon arrival there, I was soon met thereafter by DA Ronnie Harper. I reviewed the facts with him and we determined the potential charge of Capital Murder. Major Manley had arrived and deputies informed me (Deputy Franks, Ray Brown, and Coleman) that they had taken the statements of the couple, HAVARD and BRITT. The grandparents had arrived for statements also. HAVARD was ordered removed to the holding cell in the secure portion of the jail until further notice.

REBECCA BRITT, mother of the deceased was then brought to my office for questioning by this reporter. Deputy Manley was present with officer with limited facts at this point.

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MS. BRITT, visibly shaken and crying, informed reporter that the last time she saw the baby, she was in her swing at the trailer that she occupied with JEFFERY K. HAVARD, 23, OF 36 Montgomery Road. She had gone to the grocery store to shop and had returned and HAVARD then sent her to MovieWorld to secure some movies. All of this had taken a little time. When she left the baby was fine and alive. When she returned, HAVARD was in the bathroom. She knocked on the bathroom door to let him know she was back and then went into the bedroom to check on the baby. When she entered the bedroom she saw the baby in the baby bed and as she checked on her, she saw she was blue in color. She screamed for help from HAVARD and immediately carried the baby into the living room and put her on the floor and started mouth to mouth. HAVARD came out of the bathroom and had on only blue jeans and no shirt. She picked the child up and rushed outside to the car to take the child to the hospital. HAVARD was with her at the time but told her to wait while he went back inside to put on a shirt. She had to wait for his return. They then drove to the Community Hospital where her mother worked to have the baby checked. The took the baby from her and she hadn't seen her since. She was told the baby was DOA and they were trying to revive her.

MS. BRITT was questioned at length and detail about her relationship with HAVARD. She stated they had only been together for a couple of months and she was living with him to have a place to live. They were staying in his grandfather's trailer and the grandfather did not want her there. He lived immediately adjacent to them. She stated HAVARD did drugs but she had not. He mainly took speed. He had no job. He had not been violent to the baby before that she knew of. She had previously had an abortion of another child. This child was the daughter of GARY B. MCCLENEHAN of Nebraska who she has not seen and he does not take care of the baby. The baby is not connected to HAVARD. She stated no one else was present that night at the trailer but she and HAVARD. No one had visited and no one else came around. No one else could have come into the trailer without them knowing. She stated to reporter that she did not harm her child and could not understand why HAVARD would. She was willing to testify and swear to these facts for a criminal prosecution. She had taken good care of her baby, evident by examination, and she had just taken her to the doctor this past Tuesday for a sinus infection. The baby was also kept during the day at a daycare. (See later reports). She stated that the only person that could have harmed the child was HAVARD. She was questioned at length and then instructed to give a written statement of facts for the file.

HAVARD was then ordered to be held for Capital Murder Investigation. He was not to be charged at this point until autopsy confirmation. Major Manley was then instructed to attempt to get a statement of events and facts from HAVARD after all other statements had

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been obtained by grandparents, hospital staff and those mentioned. A Permission to Search was gained from BRITT for 36 Montgomery Road (a house trailer) and Manley was ordered to dispatch officers to search for physical evidence at the trailer to include clothing, bed coverings or anything that might contain DNA. It would be forwarded to lab. (See search report and evidence.)

I was informed by Coroner Lee that he had been in contact with the State Medical Examiner and as soon as body transport had been arranged, a rush autopsy would be performed to try and determine cause of death of the infant. It is unsure at this moment if the child had died from trauma (shaking baby syndrome) or by internal injuries caused by the obvious violent sexual attack by anally or by mouth.

Our meeting was concluded at approximately 2:45 AM and officers were continuing with investigation.

At approximately 8:30 AM on 2/22/2002, Coroner Lee telephoned reporting officer to inform that the State Crime Lab had picked up the body of the infant BRITT to transport to Jackson for autopsy. Results of the autopsy should be available by 9:00PM tonight.

At approximately 11:00AM, 2/22/200, reporting officer contacted Major Manley in his office and instructed all evidence packaged and labeled as SOP for file by Deputies Billy Neely and Deputy Marcus Washington. Deputy Manley was instructed to immediately notify the District Attorney Ronnie Harper for a court order to obtain DNA samples from suspect HAVARD at the local hospital to include blood, hair, semen and saliva.

At approximately 11:30AM, 2/22 reporter again met with DA Harper who was briefed with all facts. He had secured and was awaiting a signature on court order for body evidence of HAVARD. He would remain in touch with investigation.

At approximately 11:45 AM, reporter contacted Director of State Crime Lab Gary Winters to arrange for rush of lab requests in this case. It was decided to have physical evidence gained in the lab by this afternoon for safe keeping and recording. Winters advised he would be in touch with the State Medical Examiner to combine that evidence when it was secured from autopsy. He was informed of court order being produced to obtain samples from suspect HAVARD, but due to time constraints, and later hour, it might not be possible to transport them to lab until Monday, 2/25. He stated the case could not begin until all evidence was accumulated and that would not be until Monday anyway. It was agreed to have evidence logged and received and work could begin Monday.

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At approximately 9:00PM on 2/22, reporter was contacted by Coroner Lee that he had received the initial report from the Crime Lab that they were delayed and he would know by 11:00PM. He was instructed to recontact Sheriff upon final report.

At approximately 11:00PM on 2/22. Coroner Lee contacted reporter with Examiner's verbal report. He stated they had been backed up by 11 other autopsies but had finished the infant BRITT. The result was subdural hemorrhage of Shaken Baby Syndrome as the initial cause of death. The anus and mouth area had positively been invaded by some foreign object that caused trauma and damage. He was growing a sampling that would take longer and a further report would follow. His statement to the Coroner was that if someone was in custody for this death, "do not let him go", even though further testing was being completed. All forensic samples would be forwarded to the Crime Lab to match up with evidence submitted. Further medical reports to follow.

At approximately 11:30AM on 2/23 reporter contacted Major John Manley and instructed him to formerly arrest JEFFERY KEITH HAVARD for Capital Murder and book him onto the Jail Docket. He was being held in the holding cell for investigation and his own protection due to the nature of the charge and he was ordered into the main Jail but isolated in a block. The 2A block was temporarily empty for repair but Cell 2A11 was a secure cell, not in need of repair and viewable from the closed circuit TV surveillance. He was ordered held there under continued suicide watch. He was under suicide watch from the time of entry into the jail on 2/21. Formal charges and arraignments will be arranged after Sunday 2/24 on Monday.

Arrest reported in local Natchez Democrat on Sunday 2/24 and autopsy report by Coroner.

Funeral and arrangements for infant BRITT reported in Democrat on Sunday 2/24 for burial to be Monday 2/25.

Deputy Manley reported at approximately 12Noon on Saturday, 2/23, that after booking, inmate HAVARD informed jailor Mark Grey he was going to kill himself in the jail. He as again ordered for continued suicide watch.

At approximately 6:00PM Major Manley informed reporter that HAVARD had sent word through a jailor that he wanted to talk to Deputy Manley about what had happened to the infant BRITT. Deputy Manley was instructed, that because of contact FROM the inmate HAVARD to him and not by coercion, he could see what he had to say. A short period later Deputy Manley reported back to reporter that he had talked with HAVARD and he had admitted that he was bathing the baby in the trailer while her mother was gone and as

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he was removing her from the tub, he dropped her and her head had hit the side of the toilet causing her harm. He stated she was still crying and he put her in the bed to try and calm her. He said she was still crying when he left the room and went to take a bath himself.

Deputy Manley was instructed to obtain a written statement from HAVARD after continuous advice of rights if he was willing to give a written statement. He was also instructed that after receiving a written statement to put HAVARD on video either reading his voluntary statement or giving a verbal statement to show not coercion and that the inmate had requested to make his own statement.

At approximately 8:00PM on Saturday 2/23, Deputy Manley reported that the statement had been obtained from HAVARD as previously stated and the statement was placed on video. HAVARD still disallows any knowledge of sexual assault on the baby at this point. He admitted he did not state this fact before because he was afraid.

Additional reports to follow

Sunday, February 24, 2002

The Democrat

Natchez

www.natchezdemocrat.com

Arrest made in sexual assault, murder

By KEVIN COOPER
The Natchez Democrat

NATCHEZ — Less than 48 hours after a 6-month-old baby girl was pronounced dead at a local hospital, authorities believe they have her killer behind bars.

Jeffery Keith Havard, 23, 36 Montgomery Road, was booked into the Adams County Jail Saturday afternoon, charged with one count of capital murder in the death of his girlfriend's daughter, Chloe Madison Britt of Ferriday, La. Havard was being held with no bond.

Havard and the girlfriend brought the infant to Natchez Community Hospital's emergency room late Thursday. The Ferriday infant was not breathing.

Emergency room doctors, suspecting foul play, immediately called the police.

Adams County Sheriff Tommy Ferrell said the autopsy was completed late Friday night at the State Crime Lab in Jackson.

"The autopsy showed the baby died of a subdural hemorrhage which is consistent with this a homicide," Lee said. "I've ruled Adams County Sheriff Tommy Ferrell said

Friday that investigators were waiting to charge their suspect until after the results of the autopsy. He could not be reached Saturday.

"The autopsy also showed the baby's private parts were violated," Lee said, adding the injuries to the baby appeared to be recent ones.

"I've looked at the baby's medical record," Lee said. "This was a perfectly healthy child."

Havard is charged with capital murder because investigators believe the infant was killed while another crime — possibly a sexual assault — was committed.

See Arrest, 11

Arrest

Continued from 1A

In Mississippi, capital murder carries a possible death penalty sentence.

Lee said the details of the case, combined with the young age of the victim made it especially difficult. "It's just a tragic thing," he said. "It shouldn't happen to anybody, but especially a 6-month-old child."

In more than 20 years of medical experience, as an EMT and as a respiratory technician, Lee said the case was "the worst I've ever seen."

EXHIBIT

\$1.50

THE CLARION-LEDGER ■ JACKSON, MISSISSIPPI

Metro/State

SUNDAY, FEBRUARY 24, 2002

EDUCATION — 2
DEATHS — 4
B

CLARIONLEDGER.COM

Police probing death of infant

■ Boyfriend of baby's mother held for questioning

From staff and wire reports

NATCHEZ — The brutal death of a six-month-old girl has traumatized citizens in Adams County.

Adams County Coroner James E. Lee said the death of the infant from brain trauma consistent with shaken baby syndrome and accompanying sexual assault is heartbreaking.

"It is the worst I have ever seen in a baby of this age," said Lee, confirming results of an autopsy. "I have been an EMT or respiratory therapist 25 years."

The Adams County Sheriff's Department's investigation began after emergency room workers at Natchez Community Hospital called

911 late Thursday night and reported that a couple had brought in a baby that was not breathing, police reports said.

Adams County Sheriff Tommy Ferrell said the boyfriend of the baby's mother was being held for questioning, but would not release the man's name, the mother's name or the victim's name.

"We're trying to be meticulous about this one," Ferrell said. "I'll go so far as to call him a suspect."

Ferrell said his office is working with the county coroner's office and state forensics experts.

The sheriff said investigators searched a residence in Cloverdale and recovered physical evidence.

■
Clarion-Ledger Staff Writer Clay Harden contributed to this report.

Serial: 193091

IN THE SUPREME COURT OF MISSISSIPPI

No. 2014-M-00596

CHRISTOPHER A. BRANDON

v.

STATE OF MISSISSIPPI

FILED

AUG 13 2014

**OFFICE OF THE CLERK
SUPREME COURT
COURT OF APPEALS**

Petitioner

Respondent

ORDER

This matter is before the panel of Waller, C.J., Dickinson, P.J, and Kitchens, J., on the Application for Post-Conviction Relief or, in the alternative, for Leave to Proceed in the Trial Court on Motion to Vacate Judgment and Sentence filed by Christopher A. Brandon. Also before the panel is the Response filed by the State of Mississippi.

Brandon was convicted and sentenced in 2009. His conviction was affirmed by the Court of Appeals. *Brandon v. State*, 109 So. 3d 128 (Miss. Ct. App. 2013). In this petition, Brandon asserts the following issues: (1) that the trial court erroneously denied his pre-trial request for state funds to retain an expert witness; (2) that he was denied effective assistance of counsel because his trial counsel failed to prove Brandon was indigent or, in the alternative, that counsel failed to retain an expert witness in his defense; (3) that the admission of Shaken Baby Syndrome testimony violated his substantive rights as incorporated by Mississippi Rule of Evidence 702; (4) that the State of Mississippi violated his due process rights by presenting false evidence during trial; (5) that the sources relied upon by Dr. Steven Hayne in his trial testimony were either nonexistent or were contradictory to Dr. Hayne's stated expert opinion; (6) that his trial counsel was constitutionally ineffective because she failed to perform adequate investigation in preparation of his defense; (7) that the State violated Brandon's due process rights when it failed to disclose favorable evidence related to Dr. Hayne's qualifications as an expert and credibility as an expert witness; (8) that, in

EXHIBIT

12

the alternative, Brandon's trial counsel was ineffective for failing to cross-examine Dr. Hayne regarding his qualifications and credibility as an expert witness; and, (9) that the State's failure to disclose relevant information concerning Dr. Hayne's qualifications and credibility as an expert witness denied Brandon the right to confront Dr. Hayne during cross-examination.

After due consideration, we find that Brandon should be granted leave to proceed in the trial court with a motion to vacate the judgment and sentence, and that an evidentiary hearing should be conducted on all of these issues.

IT IS THEREFORE ORDERED that the Application for Post-Conviction Relief or, in the alternative, for Leave to Proceed in the Trial Court on Motion to Vacate Judgment and Sentence filed by Christopher A. Brandon is hereby granted. Counsel for Brandon shall have 30 days from the entry of this order to file the motion for post-conviction relief in the Circuit Court of Lee County.

IT IS FURTHER ORDERED that the Circuit Court of Lee County shall conduct an evidentiary hearing on all of the issues, as set forth in this Order.

SO ORDERED, this the 13th day of August, 2014.



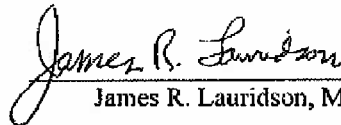
JESS H. DICKINSON, PRESIDING JUSTICE

AFFIDAVIT
OF
JAMES R. LAURIDSON, M.D.

STATE OF ALABAMA
COUNTY of MONTGOMERY

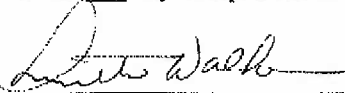
1. I, James R. Lauridson, M.D., affiant, being over the age of twenty-one (21) and an adult resident citizen of the United States, and after being duly sworn, states on oath the following:
2. I am licensed as a physician by the State of Alabama. I am board certified by the American Board of Internal Medicine (internal medicine) and the American Board of Pathology, in both Anatomic Pathology and Forensic Pathology (anatomic and forensic pathology).
3. I have been asked by attorneys for Jeffrey Keith Havard to test the evidence; slides of tissue samples taken from Chloe Madison Britt and other evidence utilized by Dr. Stephen Hayne and give an objective opinion based on solid medical evidence as to whether the autopsy shows evidence of sexual battery and to make an independent determination of the cause of death of Chloe Madison Britt.
4. The Mississippi Office of Capital Post-Conviction Counsel first contacted me and requested my assistance in the Havard case on or about the last week of December, 2006.
5. On or about January 23, 2007 I received CDs containing trial court records, autopsy photos and various reports, and I am currently waiting for tissue samples and x-rays of the victim.
6. On or about April 4, 2007, I was notified via email that the above mentioned material had been located and moved to Dr. Hayne's possession and would be transferred to my working address from the office of Dr. Hayne after he had finished inspecting the tissue samples.
7. I have not been contacted by anyone from the Attorney General's office or anyone from Dr. Hayne's office concerning the samples and as of today I have not received the samples.
8. I am also concerned about the time limitation. I cannot guarantee that the work that needs to be performed can be done within a week's time because I have not seen the samples yet to determine what type(s) of testing that needs to be conducted. It is my understanding that Post-Conviction Petition is due the on the 27th of April, 2007.

Further, affiant declares the above to be true and correct.


James R. Lauridson, M.D.

State of Alabama
Montgomery County

Subscribed to and sworn before me
on this 10 day of April 2007.


NOTARY PUBLIC

Annette Walker

my commission expires 2/28/2011



AFFIDAVIT
OF
JAMES R. LAURIDSON, M.D.

STATE OF ALABAMA
COUNTY OF MONTGOMERY

1. I, James R. Lauridson, M.D., affiant, being over the age of twenty-one (21) and an adult resident citizen of the United States, and after being duly sworn, states on oath the following:
2. I am licensed as a physician by the State of Alabama. I am board certified by the American Board of Internal Medicine (internal medicine) and the American Board of Pathology, in both Anatomic Pathology and Forensic Pathology (anatomic and forensic pathology). In that capacity, I have been hired to assist the Mississippi Office of Capital Post-Conviction Counsel in the post conviction proceedings of Jeffrey Keith Havard.
3. I received nine (9) slides of the tissue samples from Dr. Haynes Office on Wednesday April 11, 2007. Upon examining the slides, I found the majority to be technically inadequate. Specifically, the mounting media is insufficient causing the majority of the slides to be unreadable.
4. What I need to complete an accurate analysis of the tissue samples are re-cuts of samples cut in an identical manner as the originals slides, the original slides Dr. Hayne initially used and, if the situation calls for it, I may need to visit Dr. Haynes Lab to examine the origins of the tissue samples.
5. I am fully aware of the time restriction I have to complete this work I am unable to predict how long this/these process(es) will take. The amount of time needed depends heavily on the full cooperation of The State, Dr. Haynes and Dr. Hayne's staff. In my opinion I may need 20 days at the least to complete my work, if I need to utilize Dr. Hayne's facility, I may need 50 days.
6. I also performed work on Mr. Havard's direct appeal without benefit of any solid samples. This prevented me from giving an objective opinion based on solid medical evidence as to whether or not the autopsy showed evidence that Chloe Madison Britt was a victim of sexual battery or from being able to make an independent determination of the cause of her death.

7. It is my professional opinion that there is a possibility that Chloe Madison Britt may not have been sexually assaulted and I require the appropriate amount of time and materials to be able to give an accurate, objective, complete and professional opinion in this matter.

Further, affiant declares the above to be true and correct.

State of Alabama
Montgomery County

James R. Lauridson
James R. Lauridson, M.D.

Subscribed to and sworn before me
on this 13 day of April 2007.

[Signature]

NOTARY PUBLIC

my commission expires 2/28/2011

STATE OF ALABAMA

COUNTY OF Montgomery

AFFIDAVIT OF JAMES R. LAURIDSON, M.D.

PERSONALLY APPEARED BEFORE ME, the undersigned authority in and for the state and county aforesaid, James R. Lauridson, who being by me first duly sworn, states on oath as follows:

1.

My name is James R. Lauridson, and I am over the age of eighteen and the information set forth in this Affidavit is based on my personal knowledge and belief.

2.

I am a physician licensed by the State of Alabama. I am board certified by the American Board of Internal Medicine (internal medicine) and the American Board of Pathology (anatomic pathology and forensic pathology).

3.

I have been hired by the Mississippi Office of Capital Post-Conviction Counsel to assist in the Jeffrey Keith Havard case.

4.

On Friday, June 8, 2007, I received from Tom Levidiotis of the Mississippi Office of Capital Post-Conviction Counsel, a faxed copy of an Order, Serial Number 140591, In The Supreme Court

of Mississippi, file dated June 7, 2007.

5.

Tom and I subsequently spoke about the Order's requirement that Dr. Hayne and I were to confer and agree on a mutually acceptable medical facility to obtain tissue blocks and that it be done within thirty days of the date of the Order.

6.

On the same date, June 8, 2007, I called Dr. Hayne's office. I was advised that Christie Marble, his assistant would be out of the office until Monday, June 11, 2007.

7.

On Monday, June 11, 2007, I called Dr. Hayne's office and spoke with Ms. Marble. She returned my call that afternoon and stated that she had conferred with Dr. Hayne.

8.

The following process to obtain properly prepared tissue slides was agreed upon:

- a. The defective slides that I have in my possession are to be mailed/shipped to Dr. Hayne's contracted lab in Memphis, Tennessee, for correction, i.e., remounting.
- b. The lab will correct the defects by remounting and return the slides to my possession.

9.

I was also advised by Ms. Marble that Dr. Hayne had asked me not to proceed until he, Dr. Hayne, had received approval from Special Assistant Attorney Pat McNamara with the Mississippi Attorney General's Office.

10.

I am concerned that if approval has not been given at this point, we might not make the thirty day deadline given by the Mississippi Supreme Court because we are not aware of the scheduling

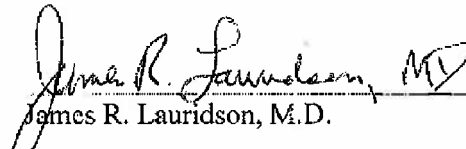
and prior commitments that the Memphis lab might have.

11.

I view the tissue blocks as being really critical to this case.

FURTHER AFFIANT SAYETH NAUGHT.

This the 14 day of June, 2007.


James R. Lauridson, M.D.

SWORN TO AND SUBSCRIBED before me this the 14 day of June, 2007.


NOTARY PUBLIC

My Commission Expires: 1.16.2011

AFFIDAVIT
OF
JAMES R. LAURIDSON, M.D.

STATE OF ALABAMA
County of Montgomery

1. I, James R. Lauridson, M.D., affiant, being over the age of twenty-one (21) and an adult resident citizen of the United States, and being duly sworn, states on oath the following:
2. I am licensed as a physician by the State of Alabama. I am board certified by the American Board of Internal Medicine (internal medicine) and the American Board of Pathology, in both Anatomic Pathology and Forensic Pathology (anatomic and forensic pathology). In that capacity, I have been hired to assist the Mississippi Office of Capital Post-Conviction Counsel in the post-conviction proceedings of Jeffrey Keith Havard.
3. I have written two reports for Mr. Havard's case, one on May 10th, 2007 (see exhibit A) and an addendum on July 19, 2007 (see exhibit B). Both of these reports are true and correct to the best of my professional knowledge, and training and to a medical certainty.

Further, affiant declares the above to be true and correct


James R. Lauridson, M.D.

Subscribed to and sworn before me
on this 23 day of July, 2007.

(SEAL)


Notary Public

**State v Havard
Report of James R. Lauridson, MD
Forensic Pathology**

Chloe Britt, a 25 week old, female infant was brought to the Naches Community Hospital emergency room on February 21, 2002 at approximately 10 p.m. in the evening. According to the mother, the infant had been staying with the mother's boyfriend when she was found to be not breathing and unresponsive.

Cardiopulmonary resuscitation was unsuccessful, and the child was declared dead. Clinical personnel noted bruising of the forehead, thighs and chest. Retinal hemorrhages were noted bilaterally. During the resuscitation, the initial incubation was felt to be improper, because breath sounds were transmitted to the abdomen and the abdomen became distended with air. An x-ray confirmed large amounts of gas in the stomach and entire small and large bowel. A second successful intubation was accomplished. The body temperature was taken rectally and found to be 93.7°F.

A physical examination commented on the fact that muscle tone was absent and the child was flaccid. During the resuscitation, the baby had a spontaneous bowel movement with continuous oozing of the liquid stools. The resuscitation was unsuccessful.

Several clinical observers commented upon the child's dilated anus and what was thought to be tearing of the perianal tissue as well as the anal sphincter muscle.

An autopsy was performed February 22, 2002 by Dr. Stephen Hayne. He found bleeding under the scalp, subdural hemorrhage, subarachnoid hemorrhage, retinal hemorrhage bilaterally, contusions of the forehead, contusions of the bridge of the nose, contusion of the upper lip, tear of the frenulum, contusion of the posterior aspect of the scalp, contusion of the anterior surface of the right side, and contusion of the anterior surface of the left thigh. He also noted a contusion of the anus, but did not note any other rectal or perianal injury. He specifically did not find any injury to the sphincter muscle.

On microscopic examination of the tissues from the anus a submucosal hemorrhage of the anus was reported by Dr. Hayne to be present. A sexual assault examination on specimens taken from the mouth, vulva, vagina and rectum were negative for semen. Toxicology examination revealed the presence of lidocaine and trimethoprim. These are both therapeutic drugs. DNA testing from a sheet taken from the scene was a mixture of Jeffrey Havard's and Rebecca Britt's blood. The same testing from a top sheet was a mixture of blood from Jeffrey Havard as well as Chloe Britt.

Neither the autopsy examination or photographs confirm a tear of the anal sphincter. The autopsy report and Dr. Hayne's testimony state that the injury to the rectum was a contusion not a tear.

Handwritten:
JRL
2/23/02

In his testimony Dr. Hayne states that rigor mortis causes contracture of muscles after death. That statement is erroneous, and is contrary to the well-known effects of rigor mortis. Rigor mortis causes rigidity of muscles, but does not cause muscles to contract. Dr. Hayne says that he believes that the anal sphincter contracted after death hiding a tear of the anus. He gives this as a reason why he did not see a tear in the anus at autopsy. Furthermore, the absence of postmortem contraction of the anus is confirmed by examining the photographs of the anus taken in the emergency room and photographs of the anus taken during autopsy. Although measuring scales are not included in either of these photographs, it is apparent that the amount of anal relaxation in the emergency room and at the time of autopsy is approximately equal. Additionally, photographs of the anus taken in the emergency room show soft stool in the perianal region. There is no blood visible in the anus or the perianal region, and there is no blood in the surrounding stool. Likewise no free blood from the anus was described in the autopsy report or in Dr. Hayne's testimony at trial.

Thus there is no objective evidence for bleeding from the anus or tear of the anal tissues in the autopsy report or in any of the photographs taken of the anus.

Experienced medical examiners commonly encounter dilated anal sphincter's during postmortem examinations. Experience as well as the medical literature recognizes that this finding does not imply anal sexual abuse. Studies of this phenomenon, in fact have shown that children who have died of brain injuries have an increased likelihood of having a dilated anus. (reference 2).

In children, the inner mucosa (lining) of the rectum is sometimes visible after death and the pink or red color of the lining of the rectum may be mistaken for trauma. Although some of the medical doctors examining the child testified that there was blood coming from the rectum this was not confirmed either photographically or at the time of autopsy. It is suggested that these physicians mistook the lining of the rectum for trauma.

The initial (improper) resuscitation efforts resulted in a large amount of gas (air) accumulating in the stomach and the large and small bowel. This was shown on x-ray studies. The pressure of this gas in the bowel is the likely explanation for the passage of stool from the rectum during the resuscitation. The distention of the colon and rectum caused by this accumulation of gas would also have promoted the dilatation of the anus observed in the emergency room. Additionally emergency room records remark on the general flaccid condition of the muscles of the body during resuscitation. This flaccid condition of the muscles is a further contributing factor to anal dilatation.

Independent examination of the tissue slides from the perianal region has not been possible because of the inavailability of adequate tissue slides.

The lining of the anus and rectum is a delicate tissue and can easily be injured, producing a contusion if a foreign object is inserted. It should be noted that a foreign object was inserted during the resuscitation when the rectal temperature

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7/23/07

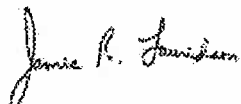
was measured in the emergency room.

Summary

The conclusions that Chloe Britt suffered sexual abuse are not supported by objective evidence and are wrong. Postmortem anal dilatation in infants is a commonly recognized artifact that does not signify sexual abuse. In this case other factors also contributed to the anal dilatation: 1).large amounts of gas introduced into the gastrointestinal tract during resuscitation; and 2). generalized muscle flaccidity. No hemorrhage from the anus was documented, and the autopsy failed to reveal tearing of the anal or rectal tissues. As of this date (May 10, 2007). Independent examination of the anal tissues has not been possible.

References

1. **Child Abuse Medical Diagnosis and Management**, Reece, R, editor, second edition, 2001, page 295, "Conditions Mistaken for Child Sexual Abuse."
2. McCann, J, et.al., "**Postmortem Peranal Findings in Children.**" America Journal of Forensic Medicine and Pathology, 17:289, 1996




James R. Lauridson, MD
May 10, 2007

9/12
7/23/07

State v Havard
Report of James R. Lauridson, M.D.
Addendum

On June 30, 2007 nine histology slides from the autopsy of Chloe Britt AME 2-M3-02, were examined. These were examined specifically to evaluate tissue from the anal, perianal and colonic regions for the presence of trauma, including contusion and a laceration of the epithelium and mucosa. There is no histologic evidence for contusion, or laceration of the surfaces of the anal perianal and colonic tissues. Additionally there is no evidence of blood in the lumen of the anus or colon. No evidence of sperm is present.

These findings further strengthen the conclusions of my report, dated May 10, 2007.



James R. Lauridson, MD
July 19, 2007

