

COPY

IN THE SUPREME COURT OF THE STATE OF CALIFORNIA

PEOPLE OF THE STATE OF
CALIFORNIA,

Plaintiff-Respondent,

v.

ROBERT MARK EDWARDS,

Defendant-Appellant.

Supreme Court No. S073316

Orange County Superior Court
No. 93WF1180

SUPREME COURT
FILED

JAN 07 2013

Frank A. McGuire Clerk

Deputy

APPELLANT'S REQUEST FOR JUDICIAL NOTICE
(Evid.C. § 459)

QUIN DENVIR
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Attorney at Law
1614 Orange Lane
Davis, CA 95616
Telephone: (916) 307-9108

Attorney for Appellant
Robert M. Edwards

DEATH PENALTY

Appellant requests that, pursuant to Evidence Code section 459, the Court take judicial notice of the autopsy report in this case, a true and correct copy of which is attached hereto as Exhibit A. In *People v. Dungo* (2012) 55 Cal.4th 608, a Confrontation Clause challenge like this one, the Court took judicial notice of the autopsy report. See *Dungo*, 55 Cal.4th at 615, Fn. 3. Appellant requests that the Court take judicial notice here also in order to ensure a complete record for the Court's review. The autopsy report is relevant to the appeal; it was not presented to the trial court, and the Court did not take judicial notice of it; and it does not relate to proceedings occurring after the judgment that is the subject of the appeal. Cal. Rule of Court 8.252(a).

Dated: January 4, 2013

Respectfully submitted



Quin Denvir
Attorney for Appellant

SHERIFF'S DEPARTMENT
ORANGE COUNTY
SANTA ANA, CALIFORNIA

BRAD GATES, SHERIFF-CORONER

AUTOPSY RECORD

Name of Deceased	DEEBLE, Marjorie Elaine	Case No.	86-2406-HA
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RESIDENCE: 3882 Green Avenue
CITY: Los Alamitos STATE: CA -
AGE: 55 SEX: Female RACE: Caucasian

PLACE OF DEATH: Decedent's residence
3882 Green Ave.
Los Alamitos

DATE OF DEATH: Found: 05-15-86 Fnd: 1550 hrs.
TIME OF DEATH: 1550 hrs.

CAUSE OF DEATH: Asphyxiation
Due to: Ligature strangulation

OTHER CONDITIONS:


ADMITTING DX:

AUTOPSY DATE: 05-16-86 AUTOPSY TIME: 1030 hrs.

AUTOPSY WITNESS: A. Leckie, OCCO; D. Reed, OCSD; O. Lewis, LAPD;
V. Cantu, LAPD; G. Gonzales, OCSD; J. Hanson, OCCO;
T. Lohrey, OCSD

PLACE OF AUTOPSY: Forensic Science Facility
1071 W. Santa Ana Blvd.
Santa Ana, CA 92703

_____ M.D.


Robert G. Richards, M.D. AUTOPSY SURGEON M.D.

LA 0601

SHERIFF'S DEPARTMENT
ORANGE COUNTY
SANTA ANA, CALIFORNIA

BRAD GATES, SHERIFF-CORONER

AUTOPSY RECORD

Name of Deceased DEEBLE, Marjorie Elaine

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IDENTIFICATION: Height, 62 inches; weight, 125 lb.; hair, short, blonde; eyes, blue; the teeth show extensive dental work

X-RAYS: The x-rays show nothing of pertinence save for the extensive dental work. There is a buckle associated with the neck region. There is a horse-shoe-shaped object. There is the handle from the dresser attached to the ligature on the neck. X-rays also show the configuration of the electric cord tying the hands behind the body.

EXTERNAL EXAMINATION: There is a blue bathrobe. The face appears swollen and bloody. There is a linear abrasion-bruise over the lateral left chin and another one just below the margin of the chin. There is a deep dried appearance to the skin beneath the neck ligature. The skin above appears diffusely engorged. All of the face appears engorged, with mottled skin of the neck below the ligature mark. Rather a sharp line of demarcation is represented. Conjunctival hemorrhages are present. Blood comes from the left ear. After the ligatures are removed from the wrists, there are nothing more than impressions, indentations to the skin. Lividity is present, more on the right side than on the left, both arm and leg. There is a series of aging bruises over the right thigh and shin. The toenails are kind of a silver color. The abdomen is flat. Striae are present. There is some dessication to the fingertips. Rigor is absent. There is a small 2 mm. cut in the base of the left thumb. There are some ligature marks about the ankles. On the back of the neck there are irregular abrasions that would correspond with the overlying belt buckle that is present on the back of the neck. Associated with the ligatures about the ankle, there is a scratch on the lateral right ankle that appears to extend from two separate scratches. It goes from below upward. It doesn't go down; it goes upward. It probably represents the end of two wires that coalesced to scratch upward.

There are two bruises over the anterior aspect of the right arm that appear as fingertip-type of bruises. Those over the lower leg on the right side appear to be aging. Examination of the mouth shows no bruising to the lips, though the face in general shows a diffuse discoloration and appears swollen, particularly about the eyes. There is marked swelling and conjunctival hemorrhage, bilateral. There is a bruise over the bridge of the nose and the tip of the nose and the nose to palpation is fractured. There is a linear zone extending from the mouth over the left lower cheek that appears as the residual of adhesive tape.

CENTRAL NERVOUS SYSTEM: The scalp is reflected in the usual fashion to show diffuse galeal petechial hemorrhages that are present over the galea on the

_____ M.D.


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AUTOPSY SURGEON

LA 0602

SHERIFF'S DEPARTMENT
ORANGE COUNTY
SANTA ANA, CALIFORNIA

BRAD GATES, SHERIFF-CORONER

AUTOPSY RECORD

Name of Deceased DEEBLE, Marjorie Elaine

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frontal flap and very prominent over the fascial attachment of the temporal muscles on both sides. The calvarium is removed to show a small amount of subdural hemorrhage on the right side. There is also subarachnoid hemorrhage on the right side. The brain weighs 1380 gm. The basilar vessels and circle of Willis show moderate atheromatous changes. There are no thrombi, emboli or aneurysms. The dura and leptomeninges are thin and delicate. The dura is stripped. There are no skull fractures. The pituitary shows no abnormalities. Sections of pons show a uniform pontine substance and aqueduct of Sylvius. The cerebellum shows a uniform folia, 4th ventricle, dentate nucleus. The medulla and cord are not remarkable. The cerebral hemispheres are equal and on section show a uniform gray and white matter. Petechial hemorrhages are present in the underlying white matter. The most salient hemorrhage appears to be subarachnoid hemorrhage in the isle of Reil and around the uncinate on the right side. Where the subarachnoid hemorrhage no longer follows just the vessels with intervening zones of clearing, it would appear more as a diffuse subarachnoid hemorrhage. The midbrain shows no old or recent lytic alterations. The ventricles are uniform. The lining is smooth and glistening. The pineal and choroid plexus show no abnormalities.

MIDDLE EARS: The middle ears are removed. Both appear mildly engorged and on section there appears to be hemorrhage extending from the middle ear into the bony recesses of the petrous ridge. Examination of the ear drums, both left and right, show a tearing of the ear drums. On the left side the tearing is sharp; that is, incisional in its aspect. On the right side no such sharp demarcation is seen; it would appear more as tears.

PRIMARY INCISION: The Y incision shows a well developed panniculus and musculature. The thoracic and abdominal organs are in their usual anatomic positions. They are examined one at a time.

ORGAN DESCRIPTION

HEART: The pericardial sac is smooth and glistening. Blood is taken, representing all chambers. The heart weighs 280 gm. The coronaries are clear. The superior and inferior venae cavae, portal and hepatic veins are patent, as is the right auricle, right ventricle, pulmonary conus and arteries. No emboli are present. The left auricle, left ventricle and aorta are patent throughout. The valvular measurements and great vessels are within normal limits. The myocardium is a homogeneous red-brown. All the organs throughout the body show an early autolytic alteration. There is no evidence of anoxic hemorrhages in the heart or lung. There is no periadrenal hemorrhage. There is no thymic hemorrhage.

_____ M.D.

 M.D.
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LA 0603

SHERIFF'S DEPARTMENT
ORANGE COUNTY
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AUTOPSY RECORD

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LUNGS: The tracheobronchial tree is clear. The right-lung weighs 460 gm. The left lung weighs 320 gm. There are no pleural adhesions or effusion. The cut surface shows a uniform pulmonary parenchyma. There is no evidence of pulmonary edema. There is no aspiration. There are no emboli. There is no pneumonia.

LIVER: The liver weighs 1200 gm. Its capsule is smooth. The cut surface shows a uniform hepatic architecture. The gallbladder and biliary tree are patent. No stones are present.

PANCREAS: The usual pale tan lobular architecture is present throughout and the pancreatic duct is patent. In removing the bowel, there is a zone of hemorrhage and actually a slight tear to the peritoneum covering the retro-peritoneal area around the tail of the pancreas. There is possibly 5 to 10 cc. of hemorrhage surrounding the pancreas. It would appear as a bruise or a blow to that area.

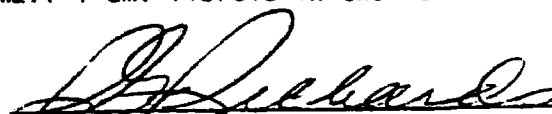
SPLEEN AND HEMATOPOIETIC SYSTEM: The spleen weighs 100 gm. Its capsule is wrinkled, red-purple. The cut surface shows a uniform parenchyma. The lymph nodes and bone marrow are not remarkable.

GASTROINTESTINAL SYSTEM: The esophageal and gastric mucosae are uniform. Food is present in the esophagus. The stomach shows a moderately hemorrhagic recently ingested food that presents as a reddish vegetable-type, green-pepper-type, rice-type of food that appears virtually untouched by digestion. There are no old or recent ulcerations. The small and large bowel are opened along the greatest dimension to show a uniform mucosa and serosa. The appendix is present. The mesentery is not remarkable save for that previously described. The aorta shows moderate atheromatous changes. There are no retro-peritoneal masses.

ENDOCRINE GLANDS: The adrenals show a 2 mm. bright yellow cortex. The thyroid shows a uniform red-brown acinar architecture. The pituitary shows no alteration.

GENITOURINARY SYSTEM: The kidneys are equal in size and shape. The capsules strip with ease. The right kidney weighs 120 gm. The left weighs 110 gm. The cut surface shows a good corticomedullary demarcation. There is no inflammation, dilatation or anomalous condition present within the pelves, ureters, urinary bladder. The urinary bladder is gray-white. No urine is present. The uterus weighs 40 gm. and shows a uniform 1 mm. endometrium and a uniform 1.5 cm. myometrium. There is a small 1 cm. fibroid in the fundus.

_____ M.D.

 M.D.
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LA 0604

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There is an eversion, erosive-appearance to the squamocolumnar juncture of the cervix and erosive cervicitis. The vault of the vaginal mucosa appears uniform, gray-white. The vaginal area about the labia is bruised and torn at the juncture of the vaginal mucosa and the labia minora and the posterior fourchette is lacerated. The lateral margins are more bruised with no break in the overlying mucosa. The rectal area appears dilated and the posterior rectal area shows bruises and small mucosal lacerations. Both vaginal and rectal areas are preserved.

BONES: No old or recent bone pathology is noted.

NECK ORGANS: The neck organs are examined to the level of the tongue, to show a uniform mucosa and musculature to the tongue. The esophagus contains fluid. The mucosa is gray-white. The thyroid shows a uniform red-brown acinar architecture. The trachea is clear. There is no evidence of injury to the midline structures, strap muscles or lateral soft tissue of the neck. The x-rays show no evidence of injury to any thyroid, hyoid, arytenoid. X-rays of the entire body show no alteration. Actually, even the fracture of the nose is not apparent radiologically. Nevertheless, the ligature mark about the neck shows distinct demarcation with lividity above and blanching below. There are even bruises to the skin on the superior surface above the ligature mark that would suggest circulation at the time that this transpired. Certainly the conjunctival hemorrhages and scattered hemorrhages in the skin would suggest circulation at the time the ligature was applied.

SUMMARY: In summary, then, there is a fractured nose, periorbital hemorrhage that would be a blow to that area. There is injury to the tympanic membrane, bilateral. There is rectal and vaginal bruising. There is a blow to the splanchnic area of the abdomen. And the ligature marks on the neck.

Certified to be a true copy of the report
on file in Orange County Coroner's Office
By _____
Deputy

M.D.

5-17-86/1409A/po

Robert G. Richards, M.D. AUTOPSY SURGEON

LA 0605

PROOF OF SERVICE

I am a citizen of the United States and a resident of Sacramento County. I am over the age of eighteen years and not a party to the within above-entitled action; my business address is Rothschild Wishek & Sands LLP, 901 F Street, Sacramento, California 95814. On the below named date, I served the within

Appellant's Request for Judicial Notice

People v. Edwards
Case No. S073316

on the parties in said action as follows:

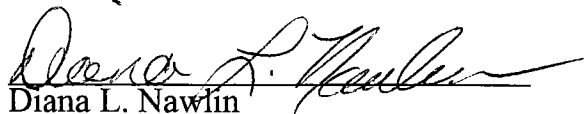
XXX (By REGULAR MAIL) by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid, in the United States post office mail box at Sacramento, California, addressed as follows:

Arlene A. Servidal
Deputy Attorney General
Box 85266
San Diego, CA 92186-5266

Edward Roberts
CDC No. P-11700
San Quentin State Prison
San Quentin, CA 94974

I, Diana L. Nawlin, declare under penalty of perjury that the foregoing is true and correct.

Executed this 4th day of January, 2013 at Sacramento, California.


Diana L. Nawlin