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Re: Review of Philadelphia MEO case 11-0420 (Ellen Greenberg)

The Medical Examiner's Office was asked to conduct an independent and unbiased review of all available materials relating to the death of Ellen Greenberg be conducted by the undersigned. The ultimate question to be answered by this review was whether the manner of death should be changed from the current ruling of "Suicide" to "Could Not Be Determined" or "Homicide." This review was conducted independently by the undersigned, with all opinions being those of the undersigned without influence by any of the involved parties.

Materials Reviewed:

- Electronic and paper records retained in the Medical Examiner's case file
- Photographs retained in the Medical Examiner's case file
- Electronic and paper records generated by the Philadelphia Police Department
- Transcripts for the depositions of Drs. Lyndsey Emery, Sam Gulino, and Marlon Osbourne
- Consultative reports from:
 - o Dr. Wayne Ross
 - o Dr. Jonathan Arden
 - o Dr. Cyril Wecht
 - o Det. Scott Eelman
 - o Henry Lee, Ph.D.
 - o Thomas Brennan
 - o Michael Woodhouse, Ph.D.
- Investigative materials provided by Dr. Wayne Ross
- "Death in Apartment 603: What Happened to Ellen Greenberg?" documentary mini-series on Hulu streaming service

Initial Report of Death

On Wednesday, 1/26/11, at approximately 7:30pm, the death of Ellen Greenberg was reported to the Philadelphia Medical Examiner's Office (subsequently referred to as "MEO"). The initially reported circumstances were that the decedent's fiancé forced entry into their shared apartment to find Ellen with a knife in her chest. She was pronounced dead at the scene by medics at 6:40pm on 1/26/11.

Initial Investigation of the Death

MEO Scene Investigation:

An Investigator from the MEO responded to the scene at 8:27 pm on 1/26/11. At the scene, the Investigator spoke to the decedent's fiancé and police. At this time, the fiancé reported that he had left the apartment around 4:45pm to use the apartment building's gym. When he returned to the apartment at approximately 5:15-5:30 p.m., the fiancé found the apartment door secured from the inside. He attempted to reach Ellen via texts, phone calls, and knocking on the door for approximately one hour before he forced entry into the apartment.

There is conflicting information in the MEO records as to whether the fiancé was accompanied by staff from the apartment complex when he forced entry into the apartment. In the "Report of Death Investigation" written by the responding MEO Investigator, under the section labeled "Circumstances", the following description was provided:

He [the fiancé] proceeded to contact the decedent via text message, telephone calls and emails for approximately an hour before he forced entry into the apartment.

There is no indication in the "Circumstances" report who provided this information about entry to the apartment.

In a separate report written by the same MEO Investigator titled "Investigation Report" under the section labeled "Background", the following description was provided:

He [Goldberg] proceeded to try and contact the decedent via text messages, telephone calls and emails for approximately an hour before he forced entry into the apartment. An apartment security man was reportedly present during the entry.

The MEO Investigator noted that all information contained within the "Background" section of this report was provided by the police at the scene and the fiancé. It is not documented in the case file who specifically reported that the entry to the apartment was witnessed by apartment staff. While there are no date/time stamps to verify which report was entered first, the "Investigation Report" containing the second excerpt includes details of interviews conducted after the autopsy was underway.

The fiancé reported to the MEO investigator that he found Ellen unresponsive on the kitchen floor. He called 911 and was instructed to give CPR. When he began to render aid, the fiancé noticed the knife in Ellen's chest. At this point, he stopped rendering aid and awaited first responders.

The scene of the death was a sixth-floor apartment. The apartment building was described as a gated community with 24-hour concierge service. A severe snowstorm had impacted the region near the time of the death, which resulted in several inches of snow accumulation.

The MEO Investigator documented the scene photographically and with a narrative report, the findings of which appear consistent with one another upon review by the undersigned. Ellen was found supine on the kitchen floor with her head and shoulders resting against the lower kitchen cabinets. At the scene, multiple stab wounds were visible on Ellen's chest and upper torso. A knife was lodged in her left chest. The knife lodged in the body appeared consistent with an overturned knife set found on the kitchen counter. Blood evidence appeared to be confined to the immediate vicinity of Ellen's body. Photographs of the scene show a patterned imprint in the blood on the

floor near Ellen's right hand. The MEO investigator noted blood staining on the sole of Ellen's boot. It is the opinion of the undersigned that the patterned imprint in the blood appears consistent with the tread of Ellen's boot.

There were no signs of a struggle in the apartment. No valuables were noted to be missing from the apartment. No suicide note was found at the scene. No defensive injuries were noted. The sink in the kitchen was dry and had no visible blood or tissue. Two knives in the kitchen sink were similarly free of blood or tissue. The only sign of forced entry was at the apartment door, where a door latch was incompletely detached from the door. Undisturbed snow was present on the apartment's patio. No alternative means of entering the apartment were identified.

Bottles for alprazolam, clonazepam, and zolpidem prescribed for the decedent were recovered from a bedside table. The decedent's cell phone was found in the apartment bathroom. The last outgoing call was made at 2:33 pm on 1/26/11 and lasted approximately 30 seconds. The last outgoing text message was sent at 3:47 pm on 1/26/11. There were multiple missed calls and incoming texts from Mr. Goldberg between 5:30 and 5:54pm on 1/26/11. There were also missed calls from the apartment building's front desk between 6:07 and 6:10pm.

First Police Interview of Ellen's Fiancé, 1/26/11:

Police transported the fiancé to the Northwest Detectives' Division for an interview on 1/26/11 at 11:25pm. During this interview, the fiancé said that Ellen was already home when he arrived home around 1:30pm that day. While at home, Ellen was upset about her job and indicated that she wanted to quit. The fiancé noted that Ellen had been stressed over work for a couple of weeks leading up to that day. After offering some encouragement to his fiancé, he said he left the apartment around 4:45pm to use the apartment building's gym. When he left, Ellen was reportedly in the apartment, grading papers. The fiancé then stated he returned to the apartment around 5:20pm and found that the latch for their apartment door was engaged. He reported calling and texting Ellen without a response. The fiancé said he then went back down to the apartment building lobby to talk to the building's concierge and see if a maintenance worker was available to help with the door. He said he then proceeded back to his apartment and tried calling Ellen again, and again with no response.

The fiancé stated he forced entry to the apartment at 6:29pm. Of note, during this police interview, he did not claim to be accompanied by apartment building staff when he forced entry, nor was he specifically asked by police if his entry into the apartment was witnessed or not. When he saw Ellen on the kitchen floor, the fiancé said he called 911. The 911 operator reportedly asked the fiancé if he would be willing to provide CPR to Ellen if the operator guided him through it. The fiancé said he agreed, but when he got close to Ellen to start rendering aid, he saw a knife in her body. The fiancé reportedly informed the 911 operator of the knife, and the 911 operator advised the fiancé to wait for emergency responders to render aid.

Timeline of Pertinent Events on 1/26/11

The following timeline of events was compiled by the undersigned, based on the Philadelphia Police Department's documented review of call logs, response reports,

keycard swipe logs from Ellen's apartment building, and surveillance video from the same location. It should be noted that there is an approximate 4-minute variation between the cited sources.

- 1:32 pm: Ellen enters the parking garage of the apartment complex, per keycard swipe
- 1:53 pm: Fiancé enters the parking garage of the apartment complex, per keycard swipe
- 4:51 pm: Fiancé enters the gym of the apartment building, per keycard swipe
 - o Corroborated by surveillance video in the lobby
- 5:30 pm: Fiancé on surveillance video leaving the gym and walking toward the concierge desk in the lobby of the apartment building
- 5:31 pm: Fiancé on surveillance video getting on a lobby elevator while reading mail
- 6:10 pm: Fiancé on surveillance video leaving a lobby elevator and walking toward the concierge desk
- 6:13 pm: Fiancé on surveillance video getting on a lobby elevator
- 6:25 pm: Fiancé on surveillance video leaving a lobby elevator
- 6:31 pm: Fiancé on surveillance video walking through the apartment building lobby while talking on a cell phone
- 6:33 pm: Fiancé on surveillance video getting on an elevator
- 6:33 pm: 911 called by the fiancé
- 6:35 pm: Medics responded
- 6:37 pm: Officers from the Philadelphia Police Department responded
- 6:40 pm: Ellen pronounced dead at the scene
- 6:42 pm: Firemen on surveillance video getting on a lobby elevator
- 6:45 pm: Police officer on surveillance video getting on a lobby elevator
- 6:47 pm: Medics on surveillance video getting on a lobby elevator
- 8:15 pm: Detectives from the Philadelphia Police Department responded
- 8:27 pm: MEO investigator arrived at the scene
- 9:20 pm: Homicide Detective from the Philadelphia Police Department responded
- 9:55 pm: Final documented assessment of the body at the scene made by MEO investigator
- 11:25pm: Fiancé arrived by police transport to the Northwest Detectives Division of the Philadelphia Police Department for questioning

MEO Interviews

The assigned MEO investigator interviewed Ellen's parents on 1/27/11 at 7:41am. One parent reported last speaking to Ellen on 1/26/11 around 7am. During that conversation, Ellen gave no indication that something was wrong. The parents went on to tell the Investigator that Ellen had been dealing with anxiety issues for several weeks leading up to her death. The parents explained that Ellen seemed anxious, insecure, not sure of herself, and not liking how she felt. She was reportedly under the care of a psychiatrist for this. Ellen's parents stated that she was stressed by her work as a schoolteacher. They noted that the day of Ellen's death was the due date for submitting

her grades. The parents denied having any concerns about Ellen's fiancé, indicating that they were happy to have him as an in-law, describing him as a "fine young man". They denied knowledge of any prior verbal or physical abuse in the relationship. They similarly denied any history of prior suicide attempts or ideation.

On 1/27/11 at 11:30am, Ellen's psychiatrist, was interviewed by the assigned MEO Investigator. The doctor stated Ellen only recently started care and had only been seen three times before her death. They indicated Ellen was being seen for severe anxiety that had persisted for approximately two months. Ellen indicated stress related to work, feeling overwhelmed, and pressured. Ellen mentioned during a session with her psychiatrist that recent changes in school regulations and issues with difficult students were at issue. Ellen indicated she was contemplating leaving her job. The psychiatrist reported that one of Ellen's parents contacted the psychiatrist's office to convey their concern for their daughter. During psychiatric sessions, Ellen had nothing but good things to say about her fiancé, noting that Ellen smiled when speaking about him and their upcoming marriage. Ellen denied any verbal or physical abuse in the relationship when asked during her appointments. Ellen had originally been prescribed sertraline (known by the brand name Zoloft) for her anxiety, but eventually switched to alprazolam (known by the brand name Xanax), and then zolpidem (known by the brand name Ambien) with clonazepam (known by the brand name Klonopin) to help her sleep.

A Summary of the Autopsy Report

The remains of Ellen Greenberg were examined at the MEO on 1/27/11 by Dr. Marlon Osbourne, with the examination starting at approximately 9 am. Ellen weighed 136 lbs and measured 5'7" at the time of the autopsy. The final autopsy report was printed on 4/4/11 and signed by Dr. Osbourne. The signature on the final autopsy report, appears to the undersigned to match the signatures on both the original death certificate issued by Dr. Osbourne on 1/27/11 and the amended death certificate issued by Dr. Osbourne on 4/4/11.

Dr. Osbourne's autopsy report was notable for twenty (20) stab- and incised wounds of Ellen's chest, abdomen, posterior scalp, and neck, which were arbitrarily designated wounds "A" through "T". All the wounds were described as having associated soft tissue hemorrhage. Eight of these stab wounds were on the chest and posterior neck, penetrating only 0.2 or 0.3 cm (less than 1/8" deep) with only superficial soft tissue injured. Five of these stab wounds were on the chest and posterior neck, penetrating 1.4 to 2.1 cm (between 1/2 and 7/8" deep) with no vital structures injured. One stab wound on the posterior neck penetrated 3.0 cm (approximately 1 3/16" deep) with no vital structures injured. The depth of penetration was not documented for the incised wound of the posterior/right scalp.

The five remaining stab wounds documented in the autopsy report are summarized by the undersigned as follows:

- Stab wound 'E': perforations of the aortic arch and the left lung
 - o Depth of penetration – 10.0 cm
 - o Associated hemopericardium (120 mL), left hemothorax (600 mL), and right hemothorax (500 mL)
 - o Serrated knife recovered from the wound
- Stab wound 'H': perforation of the chest wall, penetration of the liver

- Depth of penetration – 4.0 cm
 - Unspecified volume of associated intra-abdominal hemorrhage
- Stab wound 'I': perforation of the abdominal wall, penetration of the mesentery
 - Depth of penetration – 6.0 cm
 - Associated intra-mesenteric hemorrhage
 - Unspecified volume of associated intra-abdominal hemorrhage
- Stab wound 'N': perforations of dura at skull base and intracranial blood vessels overlying the cerebellum
 - Depth of penetration – 8.0 cm
 - Associated subarachnoid hemorrhage of the cerebellum
- Stab wound 'T': perforations of the posterior neck muscles and dura of the spine between the second and third cervical vertebrae
 - Depth of penetration – 7.0 cm
 - Associated focal epidural hemorrhage of the spinal canal

In the autopsy report, the cervical spinal cord was described as “bulging” near the defect of the cervical spine dura. Per the report, this segment of spinal cord was submitted to Dr. Lucy Rorke, a neuropathologist practicing at the Children’s Hospital of Philadelphia, for examination. Seemingly contradictory statements about the outcome of that examination were included in the autopsy report. On the “Findings and Opinions” page of the report, Dr. Osbourne wrote:

The spinal cord injury was evaluated grossly by neuropathology. It was concluded that the injury to the spinal cord would not have incapacitated the decedent [sic]. Therefore the decedent [sic] would be able to inflict the subsequent stab wounds to her body.

However, on page six of the “Report of Examination,” in the description of “Stab Wound ‘T’ of Neck,” Dr. Osbourne wrote: “Note: Neuropathologist Dr. Lucy Rourke [sic] examined the spinal cord and concluded there is no defect of the spinal cord.”

Other pertinent findings in the autopsy report were multiple contusions on Ellen’s right upper arm, right forearm, abdominal wall, right thigh, and near her right knee. Dr. Osbourne summarized these contusions as being in “various stages of resolution” (“Findings and Opinions” page, second major bullet point). Dr. Osbourne affirmatively stated there were no petechiae in the conjunctivae, nor were there injuries to the lips, oral cavity, external genitalia, perineum, anus, or vaginal canal. He also affirmatively reported that there were no injuries of Ellen’s anterior neck muscles, hyoid bone, or thyroid cartilage of the larynx.

Details from the Review of the Autopsy Report and Photographs

In general, the undersigned agrees with the findings documented in the autopsy report when compared to the photographs taken at autopsy. However, there are omissions and errors regarding the documented injuries in the autopsy report that require attention.

Stab and Incised Wounds – External Findings:

Dr. Osbourne documented and described a total of twenty stab and incised wounds in his final autopsy report, which appears to correspond with notes taken by Dr. Osbourne during the autopsy. Autopsy photographs demonstrate three additional

perforations in the skin, which were unaccounted for in Dr. Osbourne's report and notes. Specifically, there is one small vertically oriented perforation in the skin of the posterior/right neck (approximately 0.5 cm in length compared to the photograph's scale), one small obliquely oriented perforation in the skin on the right side of the neck (approximately 0.3 cm in length compared to the photograph's scale), and one small horizontally oriented perforation in the skin of the upper chest (approximately 0.3 cm in length compared to the photograph's scale). All these perforations have photographically documented soft tissue hemorrhage and are less than 3/16" in length when compared with scales in the photographs. It is the opinion of the undersigned that these omitted injuries did not result in significant internal injury.

Stab and Incised Wounds – Internal Findings:

The described internal injuries associated with stab wound "E" do not completely correspond with the photographic documentation. There were no reported perforations of the pericardium or its contents, yet there was 120 mL of blood in it. Based on review of the photographs, it is the opinion of the undersigned that stab wound "E" in fact extended through the pericardium and into the ascending aorta. Whether there was also a perforation of the aortic arch, as stated in the report, cannot be adequately assessed by the autopsy photographs. It also appears, based on photographs, that this stab wound resulted in penetration of the right lung. Whether there was also an injury to the left lung, as stated in the report, cannot be adequately assessed by the autopsy photographs.

There are small but significant omissions in the description of the internal injuries associated with stab wound "N". On the surface of the anterior/right side of the pons, at the right middle cerebellar peduncle, is a superficial incised wound with hemorrhage. This incision is best seen on photos of the brain taken after formalin fixation. The hemorrhage visible in the incision indicates it was an antemortem injury and not an artifact from the autopsy process. Dr. Osbourne's report also described subarachnoid hemorrhage on the cerebellar vermis and right cerebellar hemisphere, which corresponds with autopsy photographs. However, these photographs also show subarachnoid hemorrhage on the left cerebellar hemisphere near the vermis, on the inferior aspect of the right temporal lobe of the brain near the foramen magnum, and on the anterior/right sides of the pons and medulla. These areas of subarachnoid hemorrhage were visible in photographs of the brain both at the time of the autopsy and after formalin fixation.

Blunt Impact Injuries – External Findings:

Dr. Osbourne's autopsy report described a total of eleven contusions on the right upper arm (one), right forearm (three), right lower abdomen (one), and right thigh (six). There is no description in the autopsy report to indicate which of these contusions Dr. Osbourne believed to be resolving. It is the opinion of the undersigned that the described contusion of the right upper arm and some of the contusions of the right forearm and thigh were resolving. The remaining documented contusions of the right forearm, abdomen, and thigh appear to be more recent.

After review of the photographs, the undersigned identified the following contusions, which were all omitted from the autopsy report. These injuries have been

subdivided into those documented in Dr. Osbourne's autopsy notes and those that were completely undocumented. The commentary on the color and shape of the contusions is that of the undersigned.

Contusions documented in the autopsy notes but omitted from the final report

- Two round faint brown contusions, right mid buttock
- One round faint red contusion, right lower buttock
- One round faint brown contusion – right upper shin
- Two round faint blue contusions – anterior mid left forearm
- One round red/purple contusion – anterior/medial, mid/distal left forearm
- One round faint red/brown contusion – anterior left thigh
- Three round faint red/brown contusions – left upper shin

Contusions omitted from both the autopsy notes and the final report

- One irregularly shaped, faint red contusion - superior/left forehead near the hairline
- One very small, round, faint blue/purple contusion - right side of the neck, below the level of the previously described stab wounds on the right neck
- One very small, round, faint blue/purple contusion – anterior neck, near the medial edge of the left sternocleidomastoid muscle
- One faint brown contusion, central/right lower chest near the edge of the ribcage
- Two irregularly shaped, faint green/yellow contusions – anterior/medial distal right thigh
- One round faint green/yellow contusion – lateral right hip, slightly below and posterior to the contusion of the abdominal wall described in the autopsy report
- One round faint red/brown contusion – medial right thigh near knee
- One round faint red/brown contusion – medial left thigh near the knee

Blunt Impact Injuries – Internal Findings:

There are also internal findings of blunt impact, which were not described in Dr. Osbourne's report. Autopsy photographs of the anterior neck dissection show two discrete areas of hemorrhage in the right sternothyroid muscle at the level of the thyroid gland. It should be noted that, depending on the orientation of the body when these injuries occurred, they may correspond to the surface contusion on the anterior neck described above.

A Summary of Events from 1/27/11 to 2/25/11

Following Ellen's autopsy, Dr. Osbourne certified the cause of death as "Multiple Stab Wounds" and the manner of death as "Homicide." A detective from the Homicide Unit of the Philadelphia Police Department was assigned to investigate. The knife recovered from the body, clippings of Ellen's fingernails, the clothing worn by Ellen at the time of the incident, and a sample of Ellen's blood were released from the MEO to the police for testing. Police returned to Ellen's apartment on 1/28/11 and collected from there her engagement ring, several grade books, teacher resource books, and money in an envelope labeled "Trip Money". These items were submitted into evidence per copies of property receipts.

On 1/29/11, police collected three laptop computers and one iPhone from a male relative of Ellen's fiancé. These items were submitted for forensic analysis.

On 2/1/11, police submitted swabs of brown stains on the apartment's kitchen cabinet, freezer door handle, and countertop for serology testing.

On 2/25/11, police were contacted by the apartment building's property manager. The property manager reported that Ellen's parents were at the building to collect some of Ellen's belongings. At some point that day, one of the parents used the lobby restroom near the building's gym and discovered "a small amount of blood." This parent proceeded to station themselves at the door to the bathroom and requested that police come and test the blood for DNA. The property manager reassured them that the bathroom was used regularly by both residents and guests. They also informed them that the bathroom was cleaned twice daily and pointed to a "Wet Floor" sign, indicating the bathroom had recently been cleaned. Officers from the police crime scene unit responded, photographed the area, and sampled the blood for testing.

A Summary of Police Interviews

Police Interviews of the Apartment Building Concierge, 1/28/11:

The concierge reported to police that Ellen's fiancé came to the front desk sometime between 6 and 7:00pm on 1/26/11. At that time, the fiancé reportedly indicated that he was locked out of his apartment. The concierge described the fiancé as appearing agitated and sweaty during this trip to the front desk. Due to their position at the desk, the concierge reported they could only see the fiancé's blue T-shirt and short pants. Although the concierge offered a master key to unlock the apartment door, the fiancé reportedly declined the offer, saying the door was locked from the inside. The concierge reportedly instructed the fiancé to return to the sixth floor and call out to Ellen while the concierge attempted to call her from the front desk. The fiancé reportedly left the lobby and went toward the elevators.

During one of the concierge's multiple attempts to call Ellen, her fiancé reportedly returned to the front desk. According to the concierge, the fiancé appeared "a little more agitated" than he had at his first visit to the front desk. When the fiancé was informed that there was no tool to open the door latch from the outside, he reportedly requested to speak to the building's maintenance supervisor. The concierge reportedly dialed the maintenance supervisor and gave the phone to Ellen's fiancé. After that phone call, the fiancé reportedly left the front desk again. Shortly after the fiancé left the front desk the second time, firefighters reportedly arrived at the building. The concierge reportedly escorted the firefighters to the elevator and then returned to the front desk until summoned to the sixth floor to speak to the police. When they went to speak with the police on the sixth floor, the concierge described Ellen's fiancé as sitting in the hallway and that he was "clearly upset".

When asked by police about Ellen's relationship with her fiancé, the concierge described Ellen as being very excited about a package that was arriving (reportedly the wedding invitations).

Police Interview of the Apartment Building Maintenance Supervisor, 1/28/11:

The maintenance supervisor was reportedly called by the building concierge around 6:30pm regarding a "lock-out in 603." The maintenance supervisor reportedly

offered the master key to unlock the apartment, to which the concierge replied that they were asking for a tool to unhook the inside door latch to the apartment. The concierge reportedly handed the phone to Ellen's fiancé, who proceeded to explain that the inside door latch was engaged. He reportedly went on to say that he had tried calling Ellen's name and pounding on the door without getting a response. The maintenance supervisor reported that the fiancé indicated he was getting worried about Ellen and asked permission to kick the door down. The maintenance supervisor reportedly replied that kicking wasn't necessary, and that the fiancé could shoulder the door open. The maintenance supervisor reportedly told Ellen's fiancé not to worry about the latch, implying consent to shoulder the door open. The maintenance supervisor described Ellen's fiancé as sounding concerned about his fiancé during their discussion.

When asked about Ellen's relationship with her fiancé, the maintenance supervisor said, "They lived like a very happy couple."

Police Interview of the Apartment Building Property Manager, 1/28/11:

The property manager was reportedly notified by the building concierge of an emergency in unit 603. They reported the notification happening sometime between 6:30 and 6:45pm on 1/26/11. At this point, the concierge reportedly returned to the front desk and the property manager went to the elevators. At the elevators, the property manager reportedly encountered two police officers, whom they escorted to the sixth floor.

On the sixth floor, the property manager reportedly saw Ellen's fiancé sitting in the hallway with other emergency personnel. When a medic exited unit 603, they reportedly informed the fiancé of Ellen's death. After this notification, the property manager reportedly helped Ellen's fiancé call his family while staying in the hallway with him and police officers. The property manager reportedly noted that Ellen's fiancé was wearing sneakers while sitting in the hallway. The property manager reportedly overheard Ellen's fiancé tell police that Ellen was stressed about work. When police asked him why Ellen would latch the door when he went to use the gym, Ellen's fiancé reportedly responded, "I don't know."

Eventually, several members of the fiancé's family reportedly arrived at the apartment building. At this point, the property manager reportedly left the sixth floor and met the family members downstairs, keeping them downstairs while awaiting word from the police. When the property manager asked police if the fiancé's family was allowed to go upstairs to see him, police reportedly responded that no family was permitted upstairs. The property manager then reportedly requested that an officer come downstairs to answer the family's questions. The property manager then reportedly escorted police to several apartments on the sixth floor so that police could interview the neighbors.

At approximately 10:30 pm, everyone (including Ellen's fiancé) reportedly left the sixth floor, except for one police officer who guarded the door to unit 603. The fiancé was reportedly witnessed getting into a police vehicle and leaving the premises, with his family following. More police officers reportedly arrived at the apartment building sometime between 2:00 and 2:30 am to remove Ellen's body and locked the apartment door behind them. On the morning of 1/27/11, the property manager reportedly asked police if they could enter the apartment, which police advised against due to the nature

of the scene. The property manager then reportedly requested permission from the police to hire professionals to clean the apartment, which was granted.

Police Interview of a Sixth-Floor Neighbor (Referred to as "Neighbor A"), 1/28/11:

One neighbor (subsequently referred to as "Neighbor A" by the undersigned) reportedly exited the elevator onto the sixth floor sometime between 5:30 and 5:45pm on 1/26/11. At this point, "Neighbor A" reportedly saw Ellen's fiancé in the hallway, knocking on the apartment door and asking to be let inside. .

After this initial encounter, this neighbor went into their apartment and overheard Ellen's fiancé continuing to knock on his apartment door. After approximately fifteen minutes in their apartment, "Neighbor A" walked back into the hallway and reportedly told the fiancé that the front desk had a master key to unlock the apartment doors. At this point, the fiancé reportedly told "Neighbor A" that he was locked out because the door was latched from the inside. Ellen's fiancé reportedly forcibly pushed open the door to show "Neighbor A" the problem. While this neighbor couldn't see the latch engaged at this point, they reportedly noted the latch "reverberating and making noise" when the fiancé pushed the door. According to "Neighbor A", "It was clear it [the door] was latched."

After that encounter, "Neighbor A" reportedly returned to their apartment. This neighbor estimated that the fiancé had intermittently knocked and asked to be let into the apartment for approximately one hour following the neighbor's first sighting of him in the hall. Then, at approximately 6:40 pm, "Neighbor A" overheard multiple people talking in the hallway. This neighbor looked out his apartment window and reportedly saw a firetruck in the parking lot. When asked, "Neighbor A" did not recall hearing unexplained commotions or arguments coming from unit 603.

Police Interview of a Sixth-Floor Neighbor (referred to as "Neighbor B"), 1/28/11:

Another neighbor (subsequently referred to as "Neighbor B" by the undersigned) reportedly exited the elevator onto the sixth floor sometime after 6:00 pm. At that time, "Neighbor B" reportedly saw Ellen's fiancé in the hallway, pounding on the door and yelling, "Ellen, Ellen, open the door." This neighbor reportedly saw the fiancé wearing a blue T-shirt, Nike shorts, and Nike "FRE" shoes, which "Neighbor B" described as "really really light shoes". Approximately thirty minutes later, while in their apartment, this neighbor reportedly overheard Ellen's fiancé in the hallway, saying that she was bleeding from the head, that there was a lot of blood, and that there was a knife. "Neighbor B" then reportedly overheard the fiancé answering questions in the hallway while intermittently sobbing. This neighbor reportedly overheard the fiancé tell police that Ellen was depressed about something at school and that she went on medication for this. Ellen's fiancé was also reportedly overheard telling police that he should have gone in sooner. When asked by police, "Neighbor B" denied ever hearing arguing from apartment 603.

Police Interview of Ellen's Psychiatrist, 1/28/11:

Ellen's psychiatrist reported that she only had three sessions with Ellen prior to her death. The psychiatrist indicated that Ellen talked about issues related to her being

a teacher. According to the psychiatrist, when Ellen spoke of her fiancé during their sessions, that was when she appeared to be happiest.

Police Interviews of Ellen's Friends, 1/29/11:

Police interviewed three of Ellen's friends during their investigation. All three friends described Ellen as being stressed, anxious, and/or depressed about her work as a school teacher. The three friends offered different time intervals for when Ellen developed this anxiety/stress, varying from "the whole year," to "three to four months" before the incident, to "December of 2010." Two of these friends mentioned Ellen was specifically worried about her students' grades, with the third friend only mentioning Ellen's displeasure over recent unspecified rule changes at Ellen's school. One friend indicated that Ellen's grades were due the week of the incident. The only stressor identified by these interviewed friends was Ellen's work.

All three friends reported Ellen as being deeply unhappy with her job, saying things like "she didn't know if she could do this anymore," she wanted to quit her job, she hated her job, and allegedly telling a friend, "Maybe I should just get pregnant and I can take off work and not go back." Two of the interviewed friends described Ellen as being more isolated, disinterested in past hobbies/pastimes, and subdued in the weeks leading up to the fatal incident. One friend noted that during this time frame, Ellen seemed like she couldn't get herself to go to family functions. Another friend asked Ellen what the cause of her personality change was, to which Ellen reportedly responded that she was overwhelmed by work and the school's grading system. Ellen also allegedly reported that a medication she was taking may have also played a part in her mood change. One friend reported that Ellen's mom had come to stay with her over some weekends since the onset of Ellen's mood changes.

Two of the interviewed friends reported that Ellen had started seeing a psychiatrist in January of 2011. According to one of these friends, it was Ellen's mother who convinced her to seek treatment. All three friends mentioned Ellen being on medication(s) for her mood changes and that at some point, the medication(s) changed due to unspecified side effect(s).

None of the three interviewed friends expressed concerns about Ellen's fiancé. One friend described the couple as having a "wonderful relationship." Another friend said Ellen "loved her fiancé to pieces." The third friend described Ellen's fiancé as "a great guy."

Police Interview of Medic, 2/5/11

A medic who responded to the 911 call regarding unit 603 reportedly saw Ellen's fiancé seated in the sixth-floor hallway. The medic described the fiancé as wearing a blue T-shirt and gray sweatpants. While heading to the apartment, the medic reportedly overheard Ellen's fiancé asking the property manager if Ellen was breathing and if she was ok. After assessing Ellen in the apartment, the medic pronounced her dead at the scene. When the medic informed the fiancé that Ellen was dead, he reportedly slid down the hallway wall into a seated position and rolled onto the floor, saying, "I can't believe it!" and "We just sent out the save the date cards!"

Second Police Interview of Ellen's Fiancé, 2/6/11

Ellen's fiancé elaborated on his prior statement to police given on the night of the incident. He described Ellen as being "very stressed out about school" the day of her death. Specifically, Ellen worked as a first grade teacher and her grades were due. He stated Ellen was trying to work on the day of the incident, but seemed unable to concentrate. He described Ellen as seeming to have lost confidence in her teaching abilities at the beginning of the 2010 school year, and that this caused her work to "take over her life". Ellen reportedly avoided social events with more frequency near the time of the incident, citing work-related excuses. In January when Ellen "started getting depressed," she reportedly asked her fiancé if he "would still love her if she was crazy." He reportedly assured Ellen that his love was "unconditional". At some point Ellen also reportedly told her fiancé that "she just wanted to feel like her old self again."

Ellen was reportedly under the care of a psychiatrist for this work-related stress. Ellen was initially prescribed Zoloft (sertraline) and Ambien (zolpidem) at first, but reportedly stopped taking the Zoloft (sertraline) at some point because she said, "it made her feel larksidassical [sic] and zombie like." Ellen was then reportedly switched to Xanax (alprazolam). Ellen's fiancé denied knowledge of any prior self-harm or having serious concerns about Ellen's mental state prior to the incident. The only health concerns Ellen had that the fiancé was reportedly aware of were night sweats and episodes of an elevated heart rate.

Ellen's fiancé explained that he didn't force entry into the apartment sooner on the day of the incident because he thought perhaps Ellen was in the shower, working with headphones on, or napping. Ellen would reportedly only latch the apartment door shut when she went to sleep or when the fiancé traveled. Reportedly, Ellen did not normally latch the door shut when her fiancé went to the gym. The fiancé reported speaking to a neighbor in the hallway while he was trying to enter the apartment on the night of the incident. This neighbor reportedly suggested that the fiancé go to the front desk to get a spare key. The fiancé reportedly responded that he had his keys but that the door was latched from the inside.

When Ellen's fiancé forced entry into the apartment and called 911, he reportedly agreed to provide CPR with the 911 operator's assistance. When the fiancé prepared to get Ellen lying flat on the floor, he reportedly saw the knife in her chest and informed the 911 operator of the same. The 911 operator reportedly advised him to stop attempting to render aid at that point.

The couple reportedly got engaged on June 20, 2010 and their wedding was planned to take place on August 23, 2011. Ellen's fiancé denied any prior domestic issue with Ellen requiring police or parental involvement. While at the police department on this date, Ellen's fiancé volunteered a DNA sample for police to use as a comparison to DNA on evidence from the incident.

Police Interviews of Ellen's Co-Workers, 2/9/11:

Police interviewed four of Ellen's co-workers during their investigation. All four of these co-workers independently commented on Ellen's stress in the lead-up to the fatal incident. They each indicated that Ellen was specifically worried about the grades she was giving her students.

Two of these co-workers explained that Ellen's school had changed its grading system and this made Ellen worry about giving students correct grades. One co-worker

further explained that Ellen said she had given some students inflated grades in the hopes of motivating them during the first marking period of the school year. With the new guidelines on grades, she reportedly worried that she would have to give these students lower grades in the second marking period. Ellen reportedly told one co-worker at some point that she had told her fiancé that she wanted to quit her job and that the fiancé reportedly responded that she shouldn't quit but rather work through her issues. One co-worker reported seeing Ellen in the school parking lot on the day of the incident, after the school had been dismissed early for a snowstorm. At this time, this co-worker reported that Ellen was again stressed about grades.

According to two of these co-workers, at least two different teachers at the school had advised her to seek help for her stress. Ellen reportedly told one co-worker that Ellen's own parents had also advised her to see someone for her stress. Three of the interviewed co-workers reported that Ellen was being treated or about to be treated for her work-related stress. Ellen reportedly told one co-worker that she wasn't sleeping and that the medications she was originally prescribed weren't helping. She reportedly went on to say that changes to her medications were helping. One of the co-workers reported it was hard to console Ellen when she was stressed and that she seemed very guarded when the topics of counseling and medications were broached.

Three of the interviewed co-workers commented on Ellen's relationship with her fiancé. They described Ellen as being excited about their engagement and upcoming marriage. One co-worker said that Ellen always spoke highly of her fiancé. Another co-worker reported that Ellen had allegedly told another co-worker (not interviewed) that her fiancé "was her knight in shining armor."

A Summary of Reviewed Texts and Phone Calls

Call logs for Ellen's cell phone from 1/26/11 and all text messages between 8/25/10 and 1/26/11 were reviewed by the undersigned. Numbers are either identified as being saved in the phone's contact list or not saved. Numbers saved in the phone by people's names have been de-identified in this report. Numbers saved in the phone by non-specific labels are listed by the saved label.

The call log from 1/26/11 is summarized as follows:

- Outgoing calls
 - o 1:09 pm - Call made to co-worker, per 'Contacts' info
 - Call lasted 14:49
 - o 2:33 pm - Call made to number not saved in 'Contacts'
 - Call lasted 00:30
 - Internet search links the number to an area restaurant
 - Upcoming reservation at the same restaurant mentioned in a text exchange between Ellen and a friend on 1/25/11
- Incoming calls
 - o None listed for 1/26/11
- Missed calls
 - o 5:24 pm - Call from family friend, per 'Contacts' info
 - o 5:24 to 5:42 pm - Six calls from fiancé, per 'Contacts' info
 - o 5:42 pm - Call from individual saved in contacts, per 'Contacts' info

- 5:47 to 6:03 pm – Seven calls from fiancé, per 'Contacts' info
- 6:07 to 6:10 pm – Four calls from front desk, per 'Contacts' info
- 6:11 to 6:13 pm – Two calls from fiancé, per 'Contacts' info
- 6:21 pm – Call from front desk, per 'Contacts' info
- 6:25 pm – Call from fiancé, per 'Contacts' info

All text messages from Ellen's cell phone from 8/25/10 to 1/26/11 were reviewed by the undersigned and are summarized by topic in this section of the report.

Relationship with Her Fiancé:

Ellen appeared to be in a loving relationship with her fiancé based on the text messages from her phone. A recurring theme from the text messages was that Ellen was often separated from her fiancé due to the nature of his work. There were no messages in which Ellen mentioned hostility or mistreatment by her fiancé. Ellen never expressed fear of her fiancé, nor did any of her contacts.

Mental State and Health:

There were references in the text message history dating back to 9/23/10 of Ellen being anxious or stressed for unspecified reasons. Related to this anxiety was insomnia, which was severe enough to become a topic of conversation with several of Ellen's family members and friends in her text messages. No mentions of injuries, physical handicaps, or medical conditions aside from psychiatric issues were identified in Ellen's text messages.

Work:

Based on the text message history, Ellen appeared to be stressed by her work as a teacher, with mentions of this as early as 10/7/10. Multiple times in the messages, Ellen indicated a desire to quit her job. There were multiple references in the text messages regarding her anxiety about grades that were due to be submitted to school administrators on the night of her death.

Other Potential Stressors:

Based on the text history, Ellen was planning her upcoming wedding. In addition to her regular work at school, she had been attending a class or continuing education course in the evenings. The start and end dates for this course could not be identified in the text messages.

Messages on 1/26/11

The following is the last exchange of messages from Ellen's phone:

- 1/26/11, text exchange with named person, per 'Contacts' in phone
 - 1:51 pm, Person: So sick : (its been miserable
 - 2:16 pm, Ellen: Oh noooooooooo
 - 2:17 pm, Person: Yeah... feel like I've tried everything but nothing is working : (
 - 2:18 pm, Ellen: Well that's the ting-it feels that way for a reason :)

- 2:19 pm, Person: I guess... its not fun though...hopefully it goes away by 12 weeks
- 2:19 pm, Ellen: How many now?
- 2:20 pm, Person: 7
- 2:20 pm, Ellen: Omg :)
- 2:25 pm, Person: I know crazy right?
- 2:26 pm, Person: If I wasn't so sick I wouldn't believe it
- 2:27 pm, Ellen: Bahahha I love it! Whendo u go to the dr??
- 3:39 pm, Person: Tuesday am...maybe then it will seem real...
- 3:40 pm, Ellen: Yaaaay
- 3:41 pm, Person: How have you been this week?
- 3:41 pm, Ellen: My great I wanna scream
- 3:41 pm, Ellen: N grades r due
- 3:41 pm, Ellen: Tonight n I can't seem to get them done
- 3:47 pm, Person: Uggg
- 3:47 pm, Person: Scan some to me ill do after work tonight

After the above exchange, there were nine separate unanswered texts from Ellen's fiancé, between 5:32 and 6:11 pm.

Review of Psychiatric Records

Records from three psychiatric sessions on January 12, 17, and 19, 2011, were reviewed.

Records from First Appointment, 1/12/11:

In these records, Ellen described feeling anxious for "a couple of months" before her first session. She denied ever previously feeling as anxious as she was at the time of the sessions. Ellen also described difficulty sleeping, a lack of appetite, decreased concentration, and unintentional weight loss of five to ten pounds. Additionally, there were mentions in the records of possibly compulsive cleaning. These records indicated that Ellen was taking Zoloft (sertraline) and that her dosage was increased at her first appointment.

There were references in the records to Ellen feeling overwhelmed by work. Ellen described herself as a hard worker and a perfectionist who felt she was in an impossible situation, with constant work and persistent feelings of criticism. Ellen indicated to her psychiatrist that she wanted to quit her job. Ellen indicated she was frustrated because she thought she should be happy with her life, but wasn't.

The records referenced Ellen's parents as being "pretty close" and "perfectionist(s)" who "want things in control". The records also suggested that her parents may not have approved of psychiatric medications, something that appears to be corroborated in Ellen's text messages.

Records from Second Appointment, 1/17/11:

At her second appointment, Ellen reported not taking her prescribed medications for sleep because she wanted to keep working instead. The records again referenced Ellen's desire to quit her job as a schoolteacher, going so far as to outline her

contractual obligations if she were to resign. Based on the records, Ellen had even looked for a job in her hometown but reportedly found none. The records described a previous experience involving work-related stress in which she changed her college degree because she felt unable to do the work required in her original degree. Ellen appeared to attribute her difficulty with work to an inability to maintain focus on her current task.

At this second appointment, there was a suggestion to work with her parents, but Ellen reportedly felt like she couldn't do this. Ellen denied feeling suicidal during this session. The records indicated that Ellen switched from Zoloft (sertraline) to Klonopin (clonazepam) at this visit.

Records from Third Appointment, 1/19/11:

At her third and final appointment, Ellen reported improvement in her symptoms after switching Zoloft (sertraline) to Klonopin (clonazepam). There were more references to possibly compulsive cleaning habits. At this visit, Ellen allegedly said she was "not worrying about parents". It is unclear from the records if this was in reference to her parents or the parents of her students. The records listed a diagnosis code for adjustment disorder with anxiety.

Postmortem Testing and Results

Serology Testing:

The following items were tested to assess for the presence of human blood:

- One swab of a stain on an upper kitchen cabinet near the microwave oven
- One swab of a stain from the upper handle of the freezer
- One swab of a stain from the kitchen countertop near the stove

All tested swabs confirmed the presence of human blood.

Fingerprint Testing:

The knife recovered from Ellen's chest during the autopsy was assessed for latent prints. Two non-usable prints were found.

Postmortem Toxicology Testing:

Forensic toxicology test results revealed sub-therapeutic levels of zolpidem and clonazepam in Ellen's blood collected during the autopsy.

DNA Testing of Evidence from the Apartment:

The following items were tested for DNA:

- The underpants on Ellen collected during the autopsy
- A swab of the handle of the knife recovered from Ellen's chest at autopsy
- A swab of blood stains from the handle of the knife recovered from Ellen's chest at autopsy
- A swab of brown stains from the handle of the knife recovered from Ellen's chest at autopsy
- A swab of fingernail clippings from Ellen's right hand collected at autopsy
- A swab of fingernail clippings from Ellen's left hand collected at autopsy

- Blood stains from the posterior left sleeve of Ellen's sweatshirt collected at autopsy
- Blood stains from the anterior right sleeve of Ellen's sweatshirt collected at autopsy

A mixture of at least two DNA profiles was recovered from the underpants. The DNA mixture is consistent with having originated from Ellen and her fiancé. The odds of selecting someone at random with a similar DNA profile range from 1 in 145.7 million to 1 in 10.92 billion, depending on race/ethnicity.

A single DNA profile was detected on the other listed items. The DNA profile is consistent with Ellen's. The odds of selecting someone at random with a similar DNA profile range from 1 in 3.367 quintillion to 1 in 453.3 quintillion, depending on race/ethnicity (1 quintillion equals 1×10^{18} , or 1,000,000,000 billions).

Forensic Analysis of Computers from the Apartment:

A report was issued by the Philadelphia Regional Computer Forensics Laboratory on 3/22/11. The results are as follows:

- Laptop labeled "QPH1" (identified by serial number as belonging to Ellen's fiancé)
 - o Six files found by keyword search "suicide"
 - One HTML file related to a Chess application
 - One HTML file from "boingboing.html", no title or access date listed
 - Four documents saved as last names in folders labeled "pga" and "lpga"
- Laptop labeled "QPH2" (identified by serial number as belonging to Ellen)
 - o Seven files found by keyword search "depressed"
 - Seven HTML files without discernible identifiers listed
 - o Six files found by keyword search "suicide"
 - Six HTML files without discernible identifiers listed
 - o One file found by keyword search "suicide methods"
 - One HTML file without discernible identifiers listed
- Laptop labeled "QPH3" (identified by serial number as belonging to Ellen)
 - o Zero files found by keyword searches for "suicide," "depressed", or "suicide methods"

Due to the highly technical and specialized terminology used in this report, the undersigned is unable to comment further on the findings in this report.

DNA Testing of Blood Stains in Lobby Bathroom of the Apartment Building:

A report was issued by the Forensic Science Division of the police department on 8/11/11. The following items were tested for DNA:

- A swab of a blood stain from the bathroom floor

- A swab of a blood stain from the bottom of the bathroom door
- A swab of a blood stain from a toilet paper holder in the bathroom

DNA profiles from these samples were reported as originating from one unidentified male. Both Ellen and her fiancé were excluded as possible sources for the DNA.

Consultant Reports

Below is a summary of each consultative report reviewed by the undersigned.

Consultative Report by Dr. Cyril Wecht, 1/11/12:

- Materials reportedly reviewed: autopsy report with photographs, MEO investigative report and interviews, and psychiatric records for Ellen Greenberg
- Findings/Opinions from the report:
 - o Suicides by stabbing rarely have multiple stab wounds
 - o Stab wounds to the posterior neck and head are unlikely to be from suicide
 - o Suicides may have cuts or tentative stabbings to see if it hurts or to work up courage
 - o Suicides usually only have one significant wound, most likely to the chest
 - o "A suicide victim will frequently leave a note. There was none."
 - o No prior indication of suicidal ideation to family, friends, co-workers, and psychiatrist
 - o Suicide victims rarely stab themselves through their clothing
- Final conclusion from the report: "... based upon [a] reasonable degree of medical certainty... the manner of the death of Ellen Greenberg is strongly suspicious of homicide."

Letter from Dr. Wayne Ross to Thomas P. Brennan, 10/18/16:

- Materials reportedly reviewed: not specified
- Support for final conclusion: none offered
- Final conclusion from the letter: "It is my ... opinion to a reasonable degree of medical certainty that the manner of death is a homicide."

Consultative Report by Dr. Wayne Ross, 1/10/17:

- Materials reportedly reviewed: retained tissue from the autopsy, scene photographs, autopsy report, and autopsy photographs
- Findings/Opinions from the letter:
 - o A stab wound penetrated the skull cavity, cranial nerves, and brain. This injury would have caused severe pain, cranial nerve dysfunction, and any of a number of findings of brain injury.
 - o There are fingernail marks on the front of the neck
 - o There are multiple bruises under the neck and in the strap muscles over the right side of the neck
 - o The findings of the neck are evidence of strangulation and are compatible with manual strangulation

- Bruises on the body in varying stages of healing are consistent with a repeated beating
- Final conclusion from the report: "The scene findings were indicative of a homicide".

Consultative Report by Detective Scott Eelman, 4/14/17:

- Materials reportedly reviewed: autopsy photographs, scene photographs, autopsy report, MEO's investigative report, and the consultative report by Dr. Cyril Wecht
- Findings/Opinions from the report:
 - The bloodstains on Ellen's face are inconsistent with the position her body was in when she was found
 - The bloodstains on the front of Ellen's clothes are consistent with Ellen being seated with her head tipped forward when the stains were made
 - The bloodstaining on the floor at the scene was minimal compared to the bloodstaining on Ellen's clothes
 - There is a patterned blood stain near Ellen's right hand which may be consistent with a shoe print or something else
 - If Ellen's boot had made a print in the blood, there would be other similar patterned prints on the floor corresponding to her footsteps
- Final conclusion from the report: Ellen was not in the position in which she was found when the injuries occurred

Consultative Report by Ms. Elaine Pagliaro and Henry Lee, Ph.D., of The Henry C. Lee Institute of Forensic Science, 1/29/18:

- Materials reportedly reviewed: "case reports" not otherwise specified and photographs
- Findings/Opinions from the report:
 - The kitchen of the apartment is consistent with the primary scene of the incident
 - The swipe patterns in the blood on the lower kitchen cabinets are consistent with having been formed when Ellen fell to the floor
 - "No defensive-type wounds can be seen."
 - Blood stains on Ellen and in the kitchen are consistent with her having been upright and in the kitchen when she received some of her injuries
 - There is no indication of cleaning in the area of Ellen's right hand
 - Blood flowing in different directions on Ellen's face could mean that she moved after receiving the bleeding injuries
 - "...the blood stain patterns indicate that she [Ellen] was in a standing position when she received her initial injuries... Subsequently, she was on the floor with her head leaning forward..."
- Final conclusion from the report: "The number and type of wounds and bloodstain patterns observed are consistent with a homicide scene."

Biomechanical Analysis by Michael Woodhouse, Ph.D., of BIOMX Consulting, 5/12/21:

- Materials reportedly reviewed: autopsy report with photographs, scene photographs, scene investigative reports, reconstructed 3-D computer modeling results, photogrammetric and mathematical dynamic modeling (MADYMO) results, and medical reports provided by Dr. Wayne Ross
- Findings/Opinions from the report:
 - o Stab wounds of the posterior head and neck are not consistent with self-infliction
 - o Self-infliction of multiple posterior head and neck wounds would require multiple dynamic movements of the wrist and elbow which is not biomechanically probable
 - o Injuries to the posterior head and neck would have disrupted the body's proprioceptors such that Ellen would have impaired coordinated motor activity
 - o Injuries to the chest and abdomen would result in impaired motor function and are therefore not consistent with self-infliction
 - o Contusions of the extremities in various stages of healing are consistent with assailant-oriented trauma, not self-infliction
- Final conclusion from the report: "Ms. Greenberg's manner of death is not biomechanically consistent with suicide."

Consultative Report by Dr. Wayne Ross, 6/1/21:

- Materials reportedly reviewed: scene photographs, autopsy report, autopsy photographs, investigative reports, photogrammetry and videotape of lobby, histology slides prepared of the spinal cord, pleadings, depositions by Drs. Osbourne, Gulino, and Emery, and reports by Det. Eelman and Drs. Wecht and Lee
- Findings and opinions from the report:
 - o The apartment door's lock is disturbed from the inside.
 - o Scene findings are not consistent with a true suicide but are consistent with a staged suicide
 - o The blood evidence at the scene is inconsistent with suicide
 - o Absence of cast-off blood spatter consistent with control
 - o Injuries of the brain, cranial nerves, intracranial blood vessels, and spinal cord will cause extreme pain which is inconsistent with suicide
 - o No prior suicidal ideation or attempts
 - o No incised wounds on arms or hands is inconsistent with suicide
 - o The hesitation wounds on the head and chest are due to staging the scene
 - o Ellen was incapacitated by strangulation
 - o Contusions on wrists consistent with "defensive wounds/binding to wrists"
 - o Contusions of the legs consistent with defensive wounds
 - o Older contusions on the extremities indicative of abuse
 - o Ellen was not under the influence of drugs or had any disease to result in suicide
 - o A perforation of the cervical spinal dura did not have hemorrhage identified postmortem and therefore the injuries were inflicted after Ellen was dead

- Histology of the spinal cord defect showed soft tissue hemorrhage but no cellular reaction in the spinal cord itself
- Histology of the brain showed hemorrhage
- Histology of the cerebellum showed spongiosis
- Final conclusion from the report: "The necessary degree of medical certainty to support the selection of "Suicide" as the manner of Ellen's death is patently lacking."

Consultative Report by Dr. Jonathan Arden, 7/1/24:

- Materials reportedly reviewed: Findings and opinions, report of examination, toxicology report, report of death investigation, autopsy photographs, scene photographs, death certificate, amended death certificate, consultative reports from Drs. Ross, Wecht, Lee, and Woodhouse, depositions of Drs. Osbourne, Gulino, and Emery, and a declaration from the Pennsylvania Office of the Attorney General (OAG)
- Findings and opinions from the report:
 - The OAG reportedly analyzed Ellen's laptop and found evidence that she had searched the internet for topics relating to suicide
 - Autopsy findings must be interpreted in the context of the investigation and circumstances of death to reach accurate conclusions
 - There was no injury to the spinal cord that would have prevented Ellen from inflicting injuries herself
 - Since all injuries had associated soft tissue hemorrhage, they were inflicted while Ellen was alive
 - Ellen had no defensive wounds on her body
 - Ellen could have reached all the areas on her body that were injured
 - While stab wounds to the posterior head and neck are atypical of suicides, they are not physically inconsistent with being self-inflicted
- Final conclusion from the report: the manner of death is "Suicide"

Consultative Report by Dr. Wayne Ross, 7/22/24:

- Materials reportedly reviewed: as in previous consult with additional depositions
- Findings and opinions from the report:
 - It would be biomechanically impossible for Ellen to inflict all her injuries
 - The pain caused by the injuries would have functionally incapacitated Ellen
 - Reportedly, the FBI analyzed Ellen's laptops and found no material relating to suicide
 - A key element of the situation is whether or not the fiancé was witnessed to force entry into the apartment
 - The lack of hemorrhage in the cervical spinal dura indicates the injury was inflicted postmortem
 - Leaving the manner of death as "Suicide" prevents any official investigation into the death
 - There was originally swelling in the cervical spinal cord but the swelling dissipated after the autopsy

- Final conclusion from the report: "Ellen did not commit suicide"

Consultative Report by Dr. Jonathan Arden, 10/10/24:

- Material reportedly reviewed: as above and consultative report by Dr. Ross from 7/22/24
- Findings and opinions in the report:
 - o Wounds to the posterior head and neck could be self-inflicted
 - o People are known to self-inflict painful injuries without the pain incapacitating them from further action
 - o It is well-known that people who die by suicide may not leave notes or outwardly manifest signs concerning for suicidal ideation
 - o Analysis of Ellen's computer reportedly found internet searches for "methods of committing suicide," "quick death," and "depression"
 - o Autopsy photographs show hemorrhage in the soft tissue and epidural space of the cervical spine
 - o Injuries of the spinal cord occurring shortly before death may have little to almost no hemorrhage
- Final conclusion from the report: "The manner of death of Ms. Greenberg is suicide."

It should be noted that none of the consultants indicated having reviewed the police records and only one of the consultants reviewed Ellen's psychiatric records.

Synthesis of the Reviewed Materials

Circumstances Leading up to Ellen's Death:

Ellen was last seen by someone other than her fiancé at her work parking lot, by a co-worker, in the afternoon on January 26. At that time, Ellen expressed concern to this co-worker about submitting her students' grades, which were due at the end of the day. The last text messages sent from Ellen's phone at 3:41 pm expressed frustration about not being able to finish the necessary paperwork for grade submission. In the fiancé's statement to police, he noted that when he left their apartment at approximately 4:45pm that day, Ellen was working on preparing these grades. While the time of Ellen's last activity on her work computer was not independently verified by the undersigned, the time of 4:46pm reported by a recent documentary would seem to corroborate the fiancé's statement to police.

Ellen's anxiety related to work was a recurring theme throughout all the reviewed interviews of family, friends, and co-workers. This anxiety was also documented throughout her text messages and by her psychiatrist in the days leading to her death. Her anxiety was severe enough to cause unintentional weight loss and insomnia, as documented in her psychiatric records. The insomnia was particularly troubling to Ellen based on her text messages. On 1/8/11, Ellen texted someone, indicating that she was going to start taking medicine for the anxiety. Based on other text messages and the psychiatric records, this would correspond with Ellen starting to use the antidepressant Zoloft (sertraline). By psychiatric records, text messages, and interviews of family and friends, Ellen did not feel that the Zoloft (sertraline) was helping. On 1/17/11, Ellen stopped taking Zoloft (sertraline) and started taking Klonopin (clonazepam). While the

Klonopin did appear to help with the insomnia based on her text messages, there is no evidence in the records that Ellen was receiving any additional medication or therapy to address her underlying anxiety at that point.

No concerns regarding the fiancé's treatment of Ellen were reported in MEO interviews, police interviews, or in Ellen's psychiatric records. No text messages were sent by Ellen that indicated an unhappy, unsafe, or abusive relationship. None of the interviewed family, friends, or co-workers mentioned Ellen having suspicious and/or unexplained injuries. On the contrary, multiple people described Ellen and her fiancé as being in a loving relationship. To date, no motive for the fiancé to harm Ellen has been provided to the undersigned for consideration.

The Scene of the Incident:

Ellen was found lying supine in the corner on the kitchen floor with her head and shoulders resting against the lower kitchen cabinets. A knife was lodged in her upper left chest. Blood evidence experts who consulted on the case opined that the kitchen in the apartment was consistent with the primary scene of the incident. These same consultants also opined that, based on the blood evidence, Ellen was likely in a standing position when she received the initial injuries to her body and that she was subsequently on the floor with her head leaning forward. These experts also opined that the blood patterns on Ellen's face could be consistent with her moving after the injuries to her head were received. The undersigned agrees with these three opinions. Since Ellen was likely moving her body during the fatal incident, it is reasonable to conclude that the blood patterns on Ellen's face happened while she was alive and moving her body. The only footprint visible in the blood in the kitchen was consistent with Ellen's own boot.

The blood evidence at the scene is not consistent with that of a frenzied attack with rapidly repeated stabs. This is because there was minimal blood found above the level of the kitchen countertop by the MEO Investigator and by police who responded the evening of the incident. This opinion is supported by the injuries noted at autopsy (see "Findings from the Autopsy" below). Dr. Wayne Ross who consulted on the case similarly found no evidence of a frenzied or rapidly occurring attack.

The only bloodied sharp implement found at the scene of the incident was the knife lodged in Ellen's chest. The MEO Investigator at the scene documented that both the kitchen sink and the knives in that sink were without visible blood or tissue. This Investigator also documented that the same sink was dry at the time of their investigation, indicating that it had not been recently used. No blood was found on the floors of the apartment outside of the kitchen. No bloodied clothing or evidence to suggest a cleaned and staged scene was found in the apartment by the MEO Investigator or police who responded to the apartment on the night of Ellen's death. None of the reviewed consultative reports documented evidence of a second weapon being used to cause the injuries on Ellen's body. It is the opinion of the undersigned that there was insufficient time to both inflict all the injuries on Ellen's body *and* clean up any evidence from their commission, such that the evidence was undetectable by the time emergency personnel arrived at the apartment (see "Updated Timeline of Events on 1/26/11" below). No consultative reports reviewed by the undersigned document evidence of a second weapon being used in the incident. Based on this collective

information, it is most reasonable to conclude that the knife lodged in Ellen's chest was the only weapon used to inflict her fatal injuries.

There was no evidence of an unknown individual gaining access to Ellen's apartment on the date of her death. Multiple valuables were present in the apartment when Ellen's body was discovered, and no valuables were subsequently reported as being missing. The only finding at the apartment consistent with "a struggle" was the overturned knife block on the kitchen counter. The only evidence of forced entry was the partially detached door latch. Based on the police interview of "Neighbor A", the door was latched as of approximately 5:45 or 6:00 pm.

Only one resource reviewed by the undersigned mentioned the fiancé reportedly being witnessed to force entry into the apartment on the night of Ellen's death. That resource, the MEO Investigator's report, conflicted with itself as to whether the fiancé's entry into the apartment was in fact witnessed. It also provided no specific name or title for the individual who may have witnessed the entry, nor did it specify whether this information was provided by the fiancé or by police at the scene. None of the other resources reviewed, including two separate interviews of the fiancé by police, stated or claimed that entry into the apartment was witnessed. This information, combined with surveillance video and key card swipes, indicates the fiancé was indeed alone when he forced entry into the apartment.

Updated Timeline of Events on 1/26/11:

The previously reported timeline of events on January 26 is restated here, with pertinent additions from the available interviews and investigative results. It should be noted that there is an approximate 4-minute variation between the cited sources. Any time that is estimated during an interview will be labeled as "approx."

- 1:32 pm: Ellen enters the parking garage of the apartment complex, per keycard swipe
- 1:51 pm: Final text message exchange between Ellen and a friend begins with a message from the friend
- 1:53 pm: Fiancé enters the parking garage of the apartment complex, per keycard swipe
- 2:16 pm: Text message sent by Ellen in final text message exchange
- 2:17 pm: Text message sent by friend in final text message exchange
- 2:18 pm: Text message sent by Ellen in final text message exchange
- 2:19 pm: Text message sent by friend in final text message exchange
- 2:19 pm: Text message sent by Ellen in final text message exchange
- 2:20 pm: Text message sent by friend in final text message exchange
- 2:20 pm: Text message sent by Ellen in final text message exchange
- 2:25 pm: Text message sent by friend in final text message exchange
- 2:26 pm: Text message sent by friend in final text message exchange
- 2:27 pm: Text message sent by Ellen in final text message exchange
- 2:33 pm - Call made from Ellen's cellphone to a number not saved in 'Contacts'
 - o Internet search links the number to an area restaurant
 - o Upcoming reservation at the same restaurant mentioned in a text exchange between Ellen and a friend on 1/25/11

- 3:39 pm: Text message sent by friend in final text message exchange
- 3:40 pm - Text message sent by Ellen in final text message exchange
- 3:41 pm: Text message sent by friend in final text message exchange
- 3:41 pm – Last three text messages sent by Ellen in final text message exchange
- 4:45 pm (approx.) – Fiancé reported to police leaving the apartment at this time to go to the gym, per his police interview
 - o Ellen was reportedly working on grades for work when he left
- 4:46 pm (approx.) – Last activity on Ellen’s work laptop, per recent documentary
 - o Information not verified by the undersigned
- 4:51 pm: Fiancé enters the gym of the apartment building, per keycard swipe
 - o Corroborated by surveillance video in the lobby
- 5:30 pm: Fiancé on surveillance video leaving the gym and walking toward the concierge desk in the lobby of the apartment building
- 5:31 pm: Fiancé on surveillance video getting on a lobby elevator while reading mail
- 5:30 – 5:45 pm (approx.): “Neighbor A” from the sixth floor reported seeing Ellen’s fiancé trying to enter his apartment, per their police interview
 - o “Neighbor A” reportedly overheard the fiancé continue attempting to gain access intermittently for approximately one hour after this first encounter, per police interview
- 5:45 – 6:00 pm (approx.): “Neighbor A” reported going back into sixth-floor hallway and seeing Ellen’s fiancé continue to try to enter the apartment, per their police interview
 - o “Neighbor A” reported that the fiancé demonstrated to them that the internal door latch was engaged, per their police interview
 - o Quote from “Neighbor A” police statement regarding the apartment door: “It was clear it [the door] was latched.”
- 6:00 pm (approx.): “Neighbor B” from the sixth floor reported seeing Ellen’s fiancé trying to enter his apartment, per their police interview
 - o “Neighbor B” reported seeing the fiancé wearing a blue T-shirt, black shorts, and athletic shoes
- 6:10 pm: Fiancé on surveillance video leaving a lobby elevator and walking toward the concierge desk
 - o Concierge offers to call Ellen on the phone while the fiancé continues to try to gain entry, per the concierge’s police interview
 - Corroborated by phone logs
 - o Fiancé described as sweaty and wearing a blue T-shirt and shorts, per the concierge’s police interview
- 6:13 pm: Fiancé on surveillance video getting on a lobby elevator
- 6:25 pm: Fiancé on surveillance video leaving a lobby elevator
 - o Fiancé reported speaking to the concierge and maintenance supervisor, per his police interview
 - Corroborated by police interviews of the concierge and maintenance supervisor
 - o Fiancé advised by the maintenance supervisor to shoulder-in the apartment door, per his police interview

- Corroborated by police interview with the maintenance supervisor
- 6:31 pm: Fiancé on surveillance video walking through the apartment building lobby while talking on a cell phone
- 6:33 pm: Fiancé on surveillance video getting on an elevator
- 6:33 pm: 911 called by the fiancé
- 6:35 pm: Medics responded
 - Fiancé described as wearing a blue T-shirt and sweatpants, per medic's police interview
- 6:37 pm: Officers from the Philadelphia Police Department responded
- 6:40 pm: Ellen pronounced dead at the scene
 - Property manager noted the fiancé was wearing sneakers, per their police interview
- 6:42 pm: Firemen on surveillance video getting on a lobby elevator
- 6:45 pm: Police officer on surveillance video getting on a lobby elevator
- 6:47 pm: Medics on surveillance video getting on a lobby elevator

Findings from the Autopsy:

Due to the large volume of material to be reviewed and discussed, components of the autopsy findings are discussed in separate sections.

Locations of the Stab and Incised Wounds: General

Dr. Osbourne documented twenty separate stab and incised wounds on Ellen's central chest, upper abdomen, posterior scalp, and neck. The undersigned found three additional superficial stab wounds on Ellen's chest, right neck, and posterior neck, which were omitted from Dr. Osbourne's report. The wounds were in clusters on the posterior scalp/neck, right neck, and central chest/upper abdomen. Other than mental health issues, Ellen was a healthy 27-year-old woman with no physical handicaps at the time of her death. There was no mention in the materials provided of Ellen having a physical disability or limited range of motion in her neck, shoulders, or upper extremities. Based on this collective information, it is the opinion of the undersigned that the locations of the injuries could be self-inflicted or could be inflicted by others. The locations of the injuries themselves do not rule out "Suicide" or "Homicide" as the manner of death.

Stab Wound of the Left Chest

The stab wound of the left chest resulted in perforations of Ellen's aorta and lung, which is documented in the autopsy photographs. There was a total of 1220 mL of blood in her chest cavities associated with this wound. This indicates Ellen was alive when this stab wound was inflicted. The hemorrhage adjacent to the perforations of the aorta and lung seen in the autopsy photographs confirms this.

A knife was recovered from this same wound. The copious amount of internal bleeding associated with this stab wound indicates Ellen was alive when the knife was lodged in Ellen's chest. Since the knife in Ellen's chest was the only weapon used to inflict her injuries (see "The Scene of the Incident" section), this indicates that the stab wound with the lodged knife was the last stab or incised wound inflicted. Based on all these findings, it is most reasonable to conclude that Ellen was alive when all the stab

and incised wounds on her body were inflicted. This is corroborated by the fact that autopsy photographs show hemorrhage in each stab and incised wound, either at the skin surface or in the underlying soft tissues.

Stab Wound of the Posterior/Right Neck

A stab wound on the back/right side of Ellen's neck was documented at autopsy. Per the autopsy report, this wound was associated with perforations of the muscles and dura of the cervical spinal cord. After the removal of Ellen's cervical spinal cord, a defect in the cord was found and documented photographically. Forensic pathologists, Drs. Wayne Ross and Lyndsey Emery, examined histologic slides of the spinal cord defect at different points of the investigation in this case. After reviewing the spinal cord tissue histology, they both concluded that the spinal cord showed no signs of a reaction to the defect. Their opinions explaining this finding are different. Dr. Ross' most recent consultative report suggested that the histologic findings support a conclusion that Ellen was dead when this defect was created and that it was created during the course of an attack, making her manner of death "Homicide." During her deposition, Dr. Emery offered three possible explanations for the spinal cord defect:

- There was a short time between when this injury occurred and when death occurred, such that the body did not have enough time to react to the injury
- The spinal cord defect was an injury inflicted by another after Ellen was dead
- The spinal cord defect was an artifact created during the autopsy

A table from Dettmeyer's textbook on forensic histopathology, provided to the undersigned by Dr. Wayne Ross, describes wounds incurred shortly before or after death as having the same histological appearance (page 245, table 10.3). Based on this information, it is the opinion of the undersigned that histology of the spinal cord by itself cannot reasonably explain when or how the spinal cord defect was created.

The photographs of the spinal cord after formalin fixation show the defect, which appears to involve the posterior/left side of the spinal cord and appears to be superficial. It is the opinion of the undersigned that Ellen was alive when all the stab and incised wounds were inflicted (see "Stab Wound of the Left Chest" section). Therefore, it is most reasonable to reach one of two conclusions about this spinal cord defect: either the spinal cord defect was actually an artifact from the original autopsy, or that Ellen was alive when this spinal cord defect was caused. While the undersigned cannot say with absolute certainty which of these two conclusions for the spinal cord defect is the correct one, the preponderance of the evidence suggests the defect was an artifact from the autopsy. Both possibilities will be discussed.

There are findings to suggest the defect in the spinal cord was an artifact created during the autopsy. The defect of the spinal cord as seen in the postmortem photographs can best be described as cylindrical in shape and having irregular edges. This description does not correspond to an incised injury, nor does the defect resemble the incisions made in the spinal cord during the examination. The description of the spinal cord defect better corresponds to a defect caused by a blunt instrument. Given the dimensions of the defect, a probe could reasonably have created the defect. A postmortem photograph showing a probe next to the spinal cord defect corroborates this opinion. As there are multiple autopsy photographs showing probes inserted into

different injured organs and structures, it would be reasonable to conclude that a probe used during the autopsy inadvertently created the spinal cord defect.

The area of the spinal cord defect normally carries sensory information from the body to the brain. If this defect were a true antemortem injury, it would not have incapacitated Ellen, nor would it have prevented her from continuing to move after it was inflicted. Combining all the information on this stab wound, it is the opinion of the undersigned that this wound in isolation cannot exclude "Suicide" or "Homicide" as the manner of Ellen's death.

Locations of the Stab and Incised Wounds: Defensive Injuries

Were the stab and incised wounds on Ellen's body inflicted by another, one would expect to see additional stab or incised wounds on Ellen's arms and/or hands due to Ellen trying to fend off her attacker (so-called "defensive injuries"). However, stab and incised wounds were only found in clusters on Ellen's head, neck, and central chest/upper abdomen. No stab or incised wounds were found anywhere else on Ellen's body. While the absence of "defensive injuries" does not eliminate the possibility of homicide, the lack of defensive injuries must be explained. The four most common explanations for a lack of "defensive injuries" are:

- The attack happened so quickly that the victim did not have time to defend themselves
- The victim was intoxicated, such that the intoxication impaired their ability to defend themselves
- The victim was physically restrained
- The victim sustained an injury early in the lethal sequence of events that was severe enough to prevent them from moving during the rest of the attack

Each of the above explanations will be discussed.

As previously discussed in the context of the scene (see "The Scene of the Incident" section), the blood evidence at the scene was not consistent with that of a rapidly inflicted attack. It is the opinion of the undersigned that there was insufficient time between when Ellen was last alive and when emergency personnel responded to thoroughly clean the blood evidence following such a rapid attack that it was undetectable to trained death investigators, first responders, and police. The injuries on Ellen's body are also inconsistent with that of a rapidly inflicted attack. In a frenzied or rapidly occurring attack, the knife is often incompletely retracted from the victim's skin. This results in stab wounds with adjacent incised wounds as the knife scrapes across the skin. No such injuries were found on Ellen's body. It is the opinion of the undersigned that a rapid or frenzied attack is not a reasonable explanation for the lack of defensive injuries on Ellen's body. This opinion is shared by Dr. Wayne Ross, who consulted on the case.

Postmortem toxicology testing of Ellen's blood only detected subtherapeutic levels of zolpidem (Ambien) and clonazepam (Klonopin). Ellen's internal organs did not show signs typical of sedative intoxication, such as pulmonary edema or cerebral vascular congestion. Dr. Wayne Ross, who consulted on the case, similarly noted that Ellen had no history of controlled substance abuse, nor were there controlled substances detected by toxicology. It is the opinion of the undersigned that intoxication is not a reasonable explanation for the lack of defensive injuries on Ellen's body.

Dr. Wayne Ross opined that Ellen was physically incapacitated by the binding of her wrists. It is the opinion of the undersigned that the round contusions on Ellen's forearms are not consistent with binding by a ligature. While the shape of the contusions on Ellen's forearms could hypothetically be caused by fingers, the undersigned only identified three contusions on Ellen's right forearm and three contusions on Ellen's left forearm. This would indicate an incomplete grip on the forearms if the contusions were indeed caused by fingers. Also, the contusions on the right forearm appeared to the undersigned to be of different ages. Based on this collective information, it is the opinion of the undersigned that Ellen was not restrained by her arms at the time of the fatal incident.

Dr. Wayne Ross also opined that Ellen was incapacitated by strangulation. The two extremely small contusions on the anterior and right side of Ellen's neck could hypothetically be caused by fingers. However, they are not in anatomic locations that would compress the blood vessels of the neck. There were also no petechiae on Ellen's face or conjunctivae, nor were there fractures of Ellen's hyoid and larynx. Based on this information, it is the opinion of the undersigned that the findings at autopsy were not consistent with strangulation. Combining the provided information, it is the opinion of the undersigned that physical restraint is not a reasonable explanation for the lack of defensive injuries on Ellen's body.

The last explanation to discuss is the possibility of an incapacitating injury occurring early enough in the lethal sequence of events to prevent Ellen from defending herself from an attacker. The only stab or incised wounds causing significant internal injuries were those of the left chest, posterior/right neck, central lower chest, upper abdomen, and posterior neck/head. It is the opinion of the undersigned that the stab wound of the left chest was the last sustained injury and therefore could not explain the lack of defensive injuries (see "Stab Wound of the Left Chest" section). As previously discussed, it is the opinion of the undersigned that the stab wound of the posterior/right neck would not have incapacitated Ellen (see "Stab Wound of the Right/Posterior Neck" section).

The stab wounds of the central chest and upper abdomen resulted in injuries to Ellen's liver and mesentery, respectively. As there were hemorrhages documented in both wound tracks, Ellen was clearly alive when they occurred. However, the bleeding caused by these injuries would take time to render Ellen unconscious. Injuries of the liver or mesentery would not incapacitate Ellen such that she could not defend herself for at least a short period of time.

The remaining stab wound with notable internal injury was that of the posterior head/neck. The knife that created this wound entered Ellen's skull cavity and perforated superficial blood vessels overlying the basal surfaces of her brain. As previously noted, the undersigned also identified a superficial incision in the right middle cerebellar peduncle that was omitted from the autopsy report. The perforation of these structures resulted in focal subarachnoid hemorrhage on the basal surfaces of the brain, which indicates she was alive when this injury occurred. Since it is the opinion of the undersigned that the last stab wound sustained was that of the left chest and that Ellen was alive during all the stab and incised wounds (see previous discussions), it is most reasonable to conclude that Ellen survived this stab wound. Dr. Wayne Ross, who consulted on the case, noted that the weapon causing this injury "severed the cranial

nerves and brain” which would be “inconsistent with locomotion and motor activity”. However, he offered no details about what specific structures of the brain or cranial nerves he found to be damaged, nor how he reached the conclusion that Ellen would have been rendered motionless by them. While the injury to the right middle cerebellar peduncle may have decreased Ellen’s coordination in the right side of her body, it is the opinion of the undersigned that it would not have incapacitated her to the point that she was defenseless.

After reviewing the likely causes for a lack of defensive wounds, it is the opinion of the undersigned that there is no reasonable explanation for the lack of defensive wounds on Ellen’s body.

Superficial Stab Wounds of the Body

A total of eleven of these wounds (eight documented by Dr. Osbourne, three described by the undersigned) were extremely small and shallow. A consultant on the case, Dr. Wayne Ross, opined that these injuries were inflicted after Ellen was dead as a way to cover up her murder. However, there is hemorrhage visible in the photographs for all these superficial wounds, whether on the skin surface or in the underlying soft tissues. Therefore, it is the opinion of the undersigned that Ellen was alive when these shallow wounds were inflicted.

In the context of a stabbing death, multiple superficial stab wounds are most commonly inflicted in a controlled setting. These superficial wounds could be caused by the victim stabbing themselves to test how painful the injuries might be (so-called “hesitation wounds”) or could be inflicted by someone else while the victim was somehow incapacitated or restrained. As discussed in the previous section, the undersigned did not find evidence that Ellen was in any way incapacitated or restrained at the time of the fatal incident (see “Locations of the Stab and Incised Wounds: Defensive Injuries” section). Based on this, it is most reasonable to conclude that the shallow stab wounds on Ellen’s body are most consistent with “hesitation wounds” from self-infliction.

Blunt Impact Injuries

Dr. Osbourne described eleven contusions on Ellen’s lower abdomen, right upper arm, right forearm, and right thigh and indicated they were in different stages of healing. By review of the autopsy photographs, the undersigned identified twenty additional contusions on Ellen’s forehead, neck, torso, and extremities, which were omitted from the autopsy report. Of the thirty-one total contusions on Ellen’s body, the contusions of Ellen’s forearms and neck were previously discussed (see “Locations of the Stab and Incised Wounds: Defensive Injuries” section). The contusions of Ellen’s forehead, lower chest, and right upper arm appeared in the autopsy photographs to be healing.

The remaining twenty-one contusions on Ellen’s body were at hip level or lower, and most of these contusions appeared to be healing. It is the opinion of the undersigned that the contusions on Ellen’s body are not consistent with those sustained from intentional infliction by another. The distribution is, however, consistent with incidental contact sustained during activities of daily living, including her work as a first-grade teacher.

Final Analysis of Ellen's Death

To summarize the entirety of this report, Ellen Greenberg was a young woman suffering from anxiety at the time of her death. The anxiety appeared mostly to be due to her work as a teacher. She was specifically worried that the grades she needed to submit on the day of her death would indicate that she had previously given inflated grades to her students. She expressed this anxiety about her grades to friends, co-workers, and her fiancé in the hours leading up to her death. She was under the care of a psychiatrist for this anxiety. While her recent change in medications had helped with the insomnia associated with her anxiety, she did not survive long enough to address the anxiety itself. Thus, she had an increase in energy to act on her anxious thoughts.

Ellen was found dead in her apartment with twenty-three stab and incised wounds. These wounds were limited to her posterior head/neck, right neck, and central front torso. While the distribution of injuries is admittedly unusual, the fact remains that Ellen would be capable of inflicting these injuries herself. Many of these stab and incised wounds would best be categorized as hesitation wounds. No defensive injuries were identified on her body. There was no evidence to indicate Ellen was incapacitated or incapable of defending herself.

The fiancé's DNA was not detected on the knife used to inflict the injuries. His self-reported timeline of events is corroborated by phone logs, text messages, surveillance footage, keycard swipes, and police interviews. No evidence was provided to indicate Ellen was in an abusive relationship with her fiancé. There was no evidence of a third party being in the apartment on the day of Ellen's death, nor was anyone else's DNA detected on the knife used to inflict the injuries on Ellen's body. No findings of a struggle were found at the scene, and no valuables were reported missing from the apartment.

With all of this information considered, it is the opinion of the undersigned that the manner of Ellen Greenberg's death is best classified as "Suicide." All opinions stated in this report are expressed with a reasonable degree of medical certainty. The undersigned reserves the right to amend any statements or opinions if presented with additional significant information.



10/10/25

Dr. Lindsay Simon
Chief Medical Examiner of Philadelphia