Proof: A True Crime Podcast Season 1: Russian Roulette Episode 7: Mortician's Powder Monday, April 18, 2022

Joshua Cain Storey:

When he told her, "Hold on a minute baby," he sat down and put the phone in his lap.

He slid the cylinder and popped it back in and pulled the hammer back. And said "This is how it's done." [unintelligible]

Susan Simpson: Do you think the gun was like directly in contact with his skin?

Cain:

Well, I know, yeah. Yeah, it had to be. There's no doubt, it had to be. I mean it was right there. He had it turned sideways like, you know, like you see a lot of gangsters- they shoot sideways- he had it turned sideways up to his head.

[00:47] Susan Simpson: If Cain Storey is telling the truth about what happened to Brian Bowling, then the forensic evidence should show that the shot that killed Brian was fired from a gun in contact with his head.

Conversely, if investigators are right about what happened – and if their favored theory about Lee Clark shooting Brian through a bedroom window is correct – then the forensic evidence should show that the shot had been fired from at least a couple of feet away.

And this question of whether Cain is right, or investigators are right – whether this was a contact shot or a distance shot – should have been trivial to answer. As ballistics expert Ronald Scott told us, this is something that we could have and should've known for certain.

[01:26] Ronald Scott:

You know, everything that they did wrong, Burns, everything, the powder in the, the lack of the autopsy. There's a lot wrong with this case, yeah.

Susan:

It just seems like there's so many points where if we had just this one piece, we could've had an answer. And yet because we don't have those pieces...

Scott: Right.

Susan: ...we're now left with an ambiguous record.

Scott:

I think the autopsy would've been it. That would've answered the question.

[01:50] Susan Simpson: There was no autopsy in this case, but if there had been one it would have been able to tell us whether Brian Bowling had been killed by a contact shot.

If he was then it's possible that Brian Bowling pulled the trigger himself that night. And it would also mean, beyond any doubt, that it's impossible for Lee Clark to have been the one to shoot him.

[02:07] Ronald Scott:

The more I hear, the more I'm saying this, this is really just real-, it's, it's, it's a kangaroo trial, it is. At least for a person outside of the window. Seems to me like he got drawn into this, ended up with a life sentence, but the evidence doesn't support it.

[02:33] Susan Simpson: Hi, my name is Susan Simpson. I'm an attorney and a podcaster and previously I hosted the *Undisclosed* podcast.

Jacinda Davis: Hi, I'm Jacinda Davis, and I'm a true crime TV producer.

Last year Susan and I decided to team up and re-investigate the murder of Brian Bowling. Along with Kevin Fitzpatrick, president of Red Marble Media, we decided to launch – *Proof.*

You can listen to *Proof l*ike you would any podcast.

And you can Follow us everywhere with the handle @proofcrimepod, and on our website, proofcrimepod.com

Thanks for listening and welcome to PROOF.

[03:30] Jacinda Davis: A note to our listeners: in this episode, we discuss the forensic evidence related to the shooting of Brian Bowling. This is an issue critical to the case, but it may not be suitable for all listeners, as we discuss images of the gunshot wound that killed Brian, as well as the evidence the prosecution used to prove their theory that Brian could not have shot himself.

And that evidence came from Floyd County Coroner Craig Burnes.

[03:48] Officer Mark Corbin:

He was a funeral director. He worked at funeral homes in Floyd County before he'd become a coroner.

Former Floyd County Police Officer Mark Corbin told us about his experiences working with coroner Craig Burnes. He was elected in 1996, just a couple weeks after Brian died, but he'd been deputy coroner for many years before that.

Jacinda Davis: It should be noted that the coroners are not medical professionals. They're not forensic experts. Under Georgia law, the requirements to hold the office of coroner are minimal: you must be over 25 years old, not be convicted of any felonies, and have a high school diploma. Technically, what that means is even I could be a coroner in Georgia.

Susan Simpson:

Is it usual to have the coroner give like, the medical assessment?

Officer Mark Corbin:

He just determines the cause of death through the crime lab. And he takes control of the body and sets it up for an autopsy. I would think it would have been Dallas's job to at least, correspond with them, whether they needed one or not. I don't know, it surprises me that there wasn't an autopsy.

[05:00] Jacinda Davis: It is the county coroner's job to decide whether or not to request an autopsy, but in criminal cases, the decision is made with the input of local law enforcement.

A day or two after Brian's death, the exact date is unclear, but Sgt. Dallas Battle and Craig Burnes went to the funeral home to inspect Brian's body. According to Sgt. Battle, he wanted to determine whether or not Brian had been killed by a contact shot.

While there, Burnes snapped a few photographs. In the first photos he took, there's still medical equipment attached to Brian's body, and blood covering his face. The bullet wound is not even visible. It's only after Burnes cleaned the body that the gunshot wound to Brian's right temple can be seen.

Then, Craig Burnes took a metal rod, stuck it through the hole in Brian's head, and snapped a few more blurry photographs.

And it is these photos that Brian's family remembers as autopsy photos.

[05:58] Jacinda:

The family, I mean, they all, even the aunt and uncle really believed there was an autopsy. It makes me wonder if we're just missing more paperwork.

Susan: There was no autopsy. I think there's no autopsy.

Jacinda:

Why did they all think there was? Maybe, you know what it is? I bet those pictures... It could be a semantics thing. Like what, when you see the body with the rods that looks like an autopsy.

Susan: You assume it's an autopsy.

Dan Whitrock: Yeah.

Jacinda: The photos are terrible quality. But otherwise, they do kind of look like autopsy pictures. When I first saw them, I thought that's what they were. So, if you didn't know where the photos had been taken, you might assume they were taken at a morgue.

And these photos made a big impact on the jury.

Jacinda Davis:

Between the pillow and he distinctly remembered the photograph of, there's a photograph of Brian, who's already dead, laying on the table, and there's a rod going through the skull to show how the bullet passed through his brain, and that picture, he remembers.

Jacinda Davis: Some of the jurors we spoke to thought these photos proved Lee's and Cain's guilt.

Though... the jurors seem to also remember the person who took these photos as being more than just a coroner.

[07:10] Susan Simpson:

He, he seemed to have no doubts. It was not a case that he, like, walked away and was, like, man, did I get it right? So, why was he so confident?

Jacinda: He really stuck with the medical examiner, with the...

Susan: No, no. No medical examiner.

Jacinda: Right, the coroner.

Susan:

The coroner, the elected coroner, who eyeballed the body in the funeral home, and said things that he was not qualified to say because he doesn't have any medical training.

Jacinda Davis: We showed the photos taken by Craig Burnes to Officer Corbin, who has spent decades as a police investigator.

Jacinda: So, you've seen a lot of gunshot wounds to the head?

Officer Mark Corbin: Yes.

Jacinda: Can I show you Brian's picture?

Corbin: Yeah, I mean, I remember Brian.

Jacinda: Yeah. How can you tell, like, the distance a gun is fired?

Corbin:

By the wound. I mean, forensically, it's going to be a pathologist that's going to tell you that. That's the entry wound.

Jacinda: That's the entrance.

Corbin:

Yeah, see, all your, all your black is right there in one area, so you got the fire and all come out there, done a little burning around here, but it was all contained to here. If it would have been further back, it'd been more burns around.

Susan: So, that's close.

Officer Mark Corbin: The fires coming, that's a close gunshot wound.

Jacinda Davis: That's like right here.

Corbin: Yeah.

Jacinda: Like touching his head.

Corbin: Yeah.

Jacinda Davis: Officer Corbin knew nothing about the State's theory in this case, concerning how Brian Bowling had been shot. But from the coroner's photos, he thought it was obvious that Brian had been killed by a shot fired from a close distance.

And he's not the only one who felt that way.

[08:50] Kevin Fitzpatrick:

But once that other police officer you spoke to, I mean once he says there was stippling there, doesn't that end the debate as to whether or not the gun was pressed up against his head?

Susan Simpson:

There, there shouldn't have been debate here in the first place. The defense did have an expert come in. Um, he's dead now, he's just an older medical examiner. And he said like, based on the photos, it's not a close call. This is a contact wound, but because he could never examine the body, they were able to undermine that. The state's able undermine that and say, well, he doesn't really know. He never examined the body like our coroner did.

Dan Whitrock:

But even just from looking at the pictures, that's just not enough.

Susan:

And he was saying like I'm a medical examiner, I testify for the state almost always. I don't do defense stuff, but I looked at these photos and like, like it's a no brainer here. It's obviously ash, charry. It's obviously what you expect from a contact wound.

[09:36] Susan Simpson: The defense expert was Dr. Harvey Howell, he had been the medical examiner in neighboring Bartow County for 44 years. He testified that he was very certain that Brian had been killed by a contact gunshot. And he said the shot had almost certainly been self-inflicted.

But the prosecution was able to undermine Dr. Howell's testimony by pointing out that he never got to see Brian's body himself. Prosecutor Steve Cox told the jury that they should dismiss Dr. Howell's testimony, because he was basing his opinion off of just a few blurry photographs.

Instead, Steve Cox told them they should listen to licensed funeral director Craig Burnes. And Craig Burnes had reached a very different conclusion.

Jacinda Davis: On Brian's death certificate, Coroner Burnes listed the cause of death as homicide. But, as he explained in his testimony at the trial, he nevertheless declined to request an autopsy.

[10:35] Kevin Fitzpatrick:

If we had autopsied Mr. Bowling, then I could not have honored the request for Life-Link for the organ and tissue donation, and the results of the autopsy--we had all of the information that we needed documented in the medical records. The autopsy wouldn't have told us anything.

Susan Simpson:

But it was said at trial that no autopsy could be done because the victim had been an organ donor prior to his death. Is that something that prevents an autopsy from being done?

Dr. Eric Peters: No.

Dr. Eric Peters is a forensic pathologist, and the Deputy Chief Medical Examiner for Pima County, Arizona. He has performed thousands of autopsies. And he told us that organ donation in no way prevents an autopsy from being performed. And, in this case, it would not have even impacted the forensically relevant part of the examination.

[11:28] Peters:

When someone is a donor, what it usually means is, of course, that it's for organs or tissues that are essentially from the neck down. So, like, maybe valves of the heart,

maybe tendons and ligaments and bone for potential future use in orthopedic procedures.

But no. An autopsy is something you still can do when someone has been harvested.

Susan Simpson: Dr. Peters said that Craig Burnes was also wrong about an autopsy not being able to tell us anything. And ballistics expert Ronald Scott agreed: in this case, he said, an autopsy would have told us everything.

Susan: Would an autopsy have been able to better document?

Ronald Scott:

Oh, absolutely, absolutely. You look and by the way the bone, the skull would have had soot burned into the bone.

Susan: So, there would have... this is...

Scott:

It would have answered the question. it would have either been a contact gunshot or a distant gunshot. But because they failed to do that and Burns did make the decision not to, its left just this hodgepodge of questions that can't be answered.

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Jacinda Davis:

Kind of makes me feel sick to my stomach. It just seems so clear that something is wrong with the autopsy. There was no autopsy. Like...

Susan Simpson:

They even exhumed the body. Like that's the time to do the autopsy. Like what, if you, like let's say there's a big snafu and people like drop the ball and Dallas Battle made an oopsie, forgot to get an autopsy.

Well, you're digging the body up, you can fix that oopsie. And they make no effort to do so. Because even Battle you think would have thought to do an autopsy right?

Jacinda:

Well, even Tommy who was in charge of Battle said I would have ordered an autopsy.

[13:18] Susan Simpson: Captain Tommy Shiflett was the head of the department's investigative division. He was Dallas Battle's boss. When we told him there was no autopsy, he was surprised. As was Dr. Peters, when we explained to him what had happened in this case.

Dr. Eric Peters:

In a case that would be considered a possible homicide, we would do an autopsy

100% of the time. If, if that was an inkling from investigators or from witnesses, we would invariably do a full autopsy examination with toxicology studies, you know, the whole works.

Susan Simpson: Without an autopsy, all we have to go on are the snapshots that Craig Burnes took of Brian in the funeral home.

Peters:

Well, I wish the photos were of higher quality, the- particularly the photos of Mr. Bowling lying in the funeral home. They are, as are the scene photos, a tad blurry. And, you know, it's almost imperative in these types of cases, particularly on, upon first, second, or third or 10th review, to have really good pictures of the entrance wound, in particular.

And in this case, you know, this really, if not literally only one picture of the entrance room after it's been cleaned up. So, I'm kind of left to make an interpretation of the findings based upon that one photo.

[14:50] Susan Simpson: There is one blurry photo of the entrance wound to Brian's right temple. And a second, even blurrier photo of the exit wound, which is in the area of Brian's left ear.

The photo of the entrance wound is at least clear enough that you can tell you're looking at a gunshot wound. But the photo of the exit wound is out of focus, and so badly cropped that it's not immediately recognizable for what it is.

But these photos, along with the photos of the rod through Brian's head, are all we have to go on to show the trajectory of the bullet that killed him.

[15:22] Jacinda Davis: What the photos do conclusively show is that the shot that killed Brian was angled backwards – it entered closer to the front of his head and exited further back. And the prosecution argued that this was proof that Brian hadn't shot himself.

The State's evidence for this came from Dr. Carl Herring, the neurosurgeon who treated Brian at the ICU, and who testified for the State. He testified that most of the self-inflicted gunshot wounds he had treated in his career had been fired straight across the head, which he thought was the natural way that people tended to shoot themselves.

But Dr. Howell, the medical examiner called by the defense, testified that, in his experience, Brian's injury was "very characteristic of a self-inflicted wound." In fact, the majority of self-inflicted wounds, he said, were angled backwards.

Susan Simpson:

So there was a neurosurgeon who testified in his experience it was very unusual to have a backwards facing shot, the vast majority were straight across.

Dr. Eric Peters:

No, absolutely not. Definitely not. The vast majority are front to back and upward. It'sput it this way- it's notable when it's not front to back. What might be interesting in that

regard is I see cases of fatality. A neurosurgeon may be seeing cases where a person has an integral of survival.

Jacinda Davis: Dr. Peters noted that, as a neurosurgeon, Dr. Herring only saw patients who had survived their injuries for at least some period of time. Although it's much less common for self-inflicted gunshots to go straight across the head, that kind of wound also tends to be more survivable – which could explain why Dr. Herring thought that straight across was the normal direction for a self-inflicted injury, when in reality most such cases are angled from front to back.

Now, a shot angled downwards would be more unusual. At trial, Dr. Herring testified that the shot had been angled slightly downwards, while Dr. Howell testified that the shot had been angled slightly upwards. So which is it?

Susan Simpson: Unfortunately, the photos taken by Craig Burnes make it impossible for there to be any kind of consensus here.

Susan: Now, I'm looking at these photos, and it is an optical illusion.

Peters:

Well, yeah, the one from afar with the probe, it looks like it's going upward.

Susan: Yeah.

Peters:

But you're also, it's, what the other part of the illusion is the fact that there's a shadow from the flash of the camera. And then on the next photo, number 6, it clearly looks a little bit downward. Whereas, in the previous photo with the, with the shadow, it looks like it's upward.

But that's the other part of what we do during an examination, we measure exactly where each wound is from the top of the head.

[18:26] Jacinda Davis: We don't have those measurements. Instead we're left squinting at some photos like they're a Magic Eye puzzle.

Which is likely why experts who have reviewed the available records have come to different conclusions about whether it's more likely the shot angled upward, or angled downwards.

But here's the thing. Although there was a lot of debate over this issue at trial, this whole question doesn't even matter.

Dr. Eric Peters:

But regardless of that path Downward does not denote the discharge being impossible to be suicidal and, and make it be homicidal. It, it can still be suicidal.

Susan Simpson: So, it's not conclusive either way.

Peters:

That's correct. The, the path of the bullet doesn't indicate if it's suicide or if it's homicide.

[19:20] Jacinda Davis: Even more critical than the question of the bullet's trajectory is whether this had been a contact shot or a distant shot. And that's something that investigators should've been able to determine.

When someone is shot from a distance of several feet or more, they are only injured by the bullet itself. But when someone is shot from a closer distance, they are injured in other ways as well – they will have injuries from the expulsion of gunpowder, and from the heat and gas of the shot itself. The skin in and around the wound will be literally burned.

As Dr. Peters explained, this tells us how far away the gun had been when it was fired.

Peters:

You have to, of course, determine range of fire anything from contact to distant, and distant means essentially with a handgun beyond three or so feet away or further.

So, let's, let's take this from contact outward. On a contact wound, you will typically see a muzzle imprint. You'll see a pattern of bruising that surrounds the entrance wound that often is the exact shape of the end of the weapon because it's pressed up against the skin.

Also, and kind of germane to this case, is that you, a contact wound, you will not see stippling. And stippling is the deposition on the skin, rather, under the skin, around the entrance of unburned gunpowder.

And it's like little, tiny cuts and abrasions that surround the entrance wound. And that is characteristic of what we would call an intermediate gunshot wound, not contact.

[21:03] Jacinda Davis: If the gun is close, but not touching, when it is fired, then you'll typically see stippling around the gunshot wound. And the farther back the gun is when it is fired, the more room that soot has to expand before it hits the person, and so the wider the area of stippling becomes. Until finally the gun is far enough back that there's no stippling at all.

Dr. Eric Peters:

Because once you're past three or so feet away, nothing that exits the end of the barrel of a weapon, except the bullet will deposit on the skin. So, no soot and no unburned gunpowder particles will make their way to the individual's skin beyond roughly three feet.

Jacinda Davis: So, if there is no soot, no stippling, no burning – then a gunshot wound was fired from three or more feet away.

Lee Clark remembers this came up a lot at his and Cain's trial. Craig Burnes, Dallas Battle, and the prosecutor had all been adamant – there was no evidence of any soot or burning whatsoever on Brian's injury.

Darrell Lee Clark:

They tried to make it seem like it wasn't no contact wound, to rule out killing himself. Throwing everything in there including the kitchen sink to try to prove that there's no way he could've killed himself because there's no contact wound.

They're playing that little card so much right there it's like they don't want it to come out that there actually is powder burns. You know what I'm saying?

[22:28] Craig Burnes testified otherwise, though. He had examined Brian's body, he said, and there wasn't any evidence of soot or burning anywhere.

Therefore, in his opinion, Brian had been killed by a shot fired from a distance.

But Craig Burnes had not been testifying to this as an *expert* witness. As the trial judge correctly determined, he was not an expert. And therefore, not qualified to give an expert opinion.

But the judge decided that Burnes *would* be permitted to testify as a lay-expert instead. He would be allowed to give the jury his non-expert, non-professional, purely personal opinion.

Ballistics expert Ronald Scott told us this shouldn't have happened.

[23:12] Ronald Scott: But he came across as an expert, you see?

Susan Simpson:

Ex-, well he's the only one they have because they didn't have a medical examiner.

Ronald Scott:

Right. The judge did not tell the jury that they - well, he did tell them they could give whatever weight they wanted to to his testimony. Which is - that, that's the catch-all for all judges.

But he let him testify as a lay-expert, but he didn't explain to the jury the difference. Yeah, I think that was a mistake.

[23:46] Susan Simpson: The distinction here was a fine one.

Craig Burnes was not allowed to testify that he was an expert in identifying whether powder burns were present. But he *was* allowed to testify that he *had the expertise* to identify whether powder burns were present.

When the prosecutor asked Burnes what expertise he had, he said that he had just completed his master's degree in Forensic Medicine and Environmental Pathology, which had been

awarded to him by the St. Louis University School of Pathology and Environmental Medicine. He had recently completed that degree, he said, in the middle of 1997.

Susan:

He does claim that he has a Master's in like, forensics, but as far as I can tell that is not actually accurate.

Scott:

Yeah, I was gonna bring that up myself. I didn't see any environmental medicine course offered-, no, now granted this is 24 years ago maybe it's changed.

Susan Simpson: St. Louis University does not have a school of Pathology and Environmental Medicine, and it does not have a master's degree program for any kind of forensics.

But every other July, St. Louis University *does* offer what it calls "the Masters Conference" – the Masters Conference is a four day seminar on medicolegal death investigations.

[25:10] Jacinda Davis: At trial, the judge asked Craig Burnes whether, with his experience and training, he could look at something and tell whether or not it was gunpowder residue.

'I can't give you a scientific feeling,' he answered. 'I can give you a gut feeling.'

And Craig Burnes' gut feeling was that there was no powder or burning present, and Brian had therefore been shot from a distance.

Susan:

I mean, it's crazy to me that no medical examiner ever really looked at this.

[25:41] Darrell Lee Clark:

See, then, I don't understand you didn't have them do some kind of test on it. Yeah, somebody just eyeballing it, I think it was the coroner or somebody, or somebody's...

Susan Simpson:

Yeah, he was not a doctor, not an expert in any of this. He's just eyeballing it.

Darrell Lee Clark:

Yeah, you're just eyeballing it, say, "Oh, there's no gunpowder here."

Come on, man. Why ain't you doing some kind of chemical test to prove it?

[26:05] Jacinda Davis: We can't do any kind of chemical testing now. But we *can* ask actual experts to weigh in on the records we have.

And this matters because if there was soot and burning present inside the gunshot wound, then we know it was a contact shot. It would be fully consistent with a self-inflicted injury – and, what's more, it would prove beyond any doubt that Lee Clark did not fire the shot that killed Brian.

There's simply no way that Lee could have fired a contact or close-contact shot from outside of Brian's bedroom window.

We showed the photos taken by Craig Burnes to our ballistics expert, Ronald Scott.

Susan:

So when you look at the pho-, without seeing - putting aside Burns' testimony, if you look at the photos of the victim's head - what do you see there?

Ronald Scott:

I just see a black area... inside of the wound. And that's about it. I, you know, it just appears dark. But, again, those photographs are very - resolution is bad. They're PDFs. They - they're problematic.

Jacinda Davis: The photographs are, indeed, problematic. But even with their fuzziness, Lee Clark thinks it's obvious what this jet black, charcoal-looking area is.

Lee:

I mean, damn you could see it right there in the picture. You got a black char there right there at the entrance wound. You can clearly see its black char.

We asked Dr. Eric Peters to review the photos as well.

Susan:

In the photo we talked about earlier, the area inside the wound, what does that look like to you?

Dr. Eric Peters:

So, the area inside the defect is very blackened. Right? And it likely represents a combination of soot and singeing of the tissues, which more supports a contact wound. But the blackened area in there suggests, you know, a literal burning, a singeing from the hot gasses, as well as those gasses being black, because it's soot.

Jacinda Davis: Although the photos could be better quality, the wound does look burned and blackened. Which would indicate that the wound was in fact burned and blackened. Because, what else could have possibly caused that appearance?

[28:35] Susan Simpson:

So the color, to you, given that it's a pretty terrible photo, and a scan, and all that, it looks...

Ronald Scott:

It looks black. It does.

Yeah, that, that would either have been soot or it would have been gunpowder that had adhered to the inner part of the wound. Or it would've been this... powder that he was using.

Jacinda Davis: The powder that Ronald Scott is talking about comes from the testimony of Coroner Craig Burnes. At trial, he explained this blackened area had nothing to do with soot or burning.

Kevin Fitzpatrick narrating:

"The other part of the blackening that you see there is a granulated powder that is placed into a lot of wounds, and this powder will absorb blood, and it will give the appearance almost of a jet-black color. ... [I]t's called a hardening compound, and what it does, when that granulated substance comes in contact with blood or body fluid or something liquid, it sets up like a concrete barrier and it prevents additional blood from coming out."

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Susan:

At trial, there was testimony that the coroner used a granulated mortician's powder.

Dr. Eric Peters:

I'm not entirely sure how that would alter what we're looking at here. I don't know if that powder, you know, over time turns a dark color and looks black, or purple, or whatever this color is. But it does raise some questions as to what one might expect to see in the wound if it's already been treated with some sort of chemical compound before the photograph was taken.

Susan:

Are you familiar with any kind of mortician's powder that does cause a blackening?

Peters:

In my jurisdiction, at least, something like this would have never happened. Therefore, I never see this.

No funeral home would dare, you know, start applying any type of treatment or embalming prior to us being complete with our investigation or exam. So, I don't have experience in what one would expect to see with different compounds that may be applied because it just doesn't happen.

[32:32] Susan Simpson: When Sgt. Dallas Battle and Coroner Craig Burnes were at the funeral home to inspect Brian's body, they knew that this question of contact shot vs. distant shot was going to be a critical issue in the case. And after seeing Brian's body, they decided that the nature of his gunshot wound was proof that he'd been murdered.

And yet at this same time they decided they did *not* want an autopsy done and did not want a medical examiner to examine Brian's body.

But why was Sgt. Battle so confident that this gunshot wound had not been self-inflicted?

Susan:

And they, at trial, the prosecutor asks the lead detective, "Why were you at the funeral home? What did you want to see?"

Answer - "We wanted to see exactly where the victim was shot and wanted to see if we could find any *strippling* effect."

Question - "What is a strippling effect?"

Answer - "It's when the - a contact wound - If you have a gun up against the head, there will be a sort of tearing of the skin, sort of a star shape."

Ronald Scott:

That's actually a little wrong, but I mean, he's talking about the gas, not the stippling.

[33:39] Susan Simpson: Ronald Scott is being kind here. Sgt. Battle was a lot wrong.

Although he refers to it as 'strippling', what Battle is actually describing here is something called a stellate tear.

Scott:

When you press the gun against the head, there's a - there's a space between the skin and the skull, and what happens is the bullet goes into the skull. The gas goes in. But a lot of the gas gets trapped underneath the skin, and it comes right back out. And that's what they call blowback.

And it tears the skin into this star-shaped stellate pattern. That was missing.

Susan Simpson: The presence of soot or burning inside a bullet wound isn't the only indication though of how close or far a shot was fired from. There are other indications of distance, too.

Scott:

Stippling is the little pockmarks, little red pockmarks that come from the particles of powder. These are all coming out at the same velocity as the bullet.

The burning particles and the unburnt particles hit the skin. It creates little pockmarks. It's almost like you took a needle and just put little dots. So, there are- none of those are around that wound that I can see. Now, I understand one of the doctors said he saw stippling. I don't see stippling.

Susan Simpson: Stippling would imply a shot fired at an intermediate range. Close – but not touching.

And the photos Craig Burnes took show a tight reddish band around the gunshot wound. But, is it stippling? We asked Dr. Peters what he thought.

[35:23] Dr. Eric Peters:

Well, that's the thing. The, the one particular gunshot wound that is cleaned up - you see a, kind of a, a reddish, bruised looking area that also has like an individual nature of, like, small little cuts or abrasions.

It's hard to tell, and that's where I'm left a little bit... still questioning the results of this exam. It's hard to tell whether this is a muzzle imprint or stippling.

Susan Simpson: If there is a muzzle imprint around the wound, then it's a contact shot. If there is stippling, then it is not a contact shot.

Unfortunately, the record on this point is ambiguous.

[36:00] Susan Simpson:

So, based on the limited record here, is there an estimate or, like, a probability you could place on, like, what range this might have been from? Or is it too little information to have any conclusion at all?

Peters:

Yeah, it's too little information just because I can't tell whether it's a muzzle imprint or whether it's stippling. So, granted, that takes us from a contact wound to something that's probably just a few inches away, but it could be anywhere along that path.

Susan:

Oh. So, you, you wouldn't think this would be from, like, feet away?

Peters: Oh, no, no. Absolutely not.

Susan Simpson: Based on the red ring around the gunshot wound, Dr. Peters can't say whether this was a contact shot, or a close-contact shot. But what he *can* say is that the State's theory of Lee Clark being the shooter could not have happened.

Susan:

So, that would then rule out the boy outside the window but could apply either to a self-inflicted shot or a boy sitting next to him.

Peters:

Right. I mean, I mean, I'm a little confused here, because you're talking about, they're playing Russian Roulette, and then someone from feet away shot him?

I mean, that's such a weird marriage of facts or details.

Susan Simpson: We explained to Dr. Peters that investigators believed that the shot that killed Brian had been fired from several feet away. And that, at trial, the prosecution argued this shot had been neither a contact shot nor a close-contact shot, but rather a distant one.

[37:26] Susan:

Later, the police come back and say, this was a, a gang revenge murder conspiracy. And that there was no Russian roulette, and that the actual shooter was a boy, a third boy who fired through the window.

Dr. Eric Peters: Yeah, no, I, I, that, no, I can't buy that. Can't buy that.

Susan Simpson: As we heard from ballistics expert Ronald Scott, there is other evidence to indicate this was in fact a contact wound.

Susan:

In this case people heard the gunshot, but it was a trailer. There was a bedroom and like 5 adults were in the living room of the trailer.

And they heard a noise, but it seems like most of them, maybe all of them except for 1 possibly, didn't identify it as a gunshot.

Ronald Scott:

Now, that brings up, if you had this against your head, then you wouldn't hear the gunit would still be muffled, in other words. It would act like it being against the pillow. But you're still going to get noise coming out of that barrel-cylinder gap.

Susan: Now, if it was a contact shot, that itself could act as a silencer of sorts.

Scott: Yes. It would.

[38:36] Susan Simpson: And that brings us back to what would be the most conclusive evidence of all. The black charcoal appearance of Brian's injury.

Susan:

If it was soot or charring how, how, what would that imply about how far the gun was?

Peters:

Well, if it's soot and, and singeing, it would represent there being a, a contact wound or very near contact, like the gun is, you know, quarter-inch, half-inch at most away from the skin.

Susan Simpson: If the black area is from soot or burning, then there is no question: this *was* a contact wound. Or as close to contact as you can get without actually touching the skin.

Our ballistics expert told us the same thing.

[39:19] Scott:

When I first looked at the picture, that looked to me like it was a contact gunshot wound because of the blackening.

Jacinda Davis: Right.

Ronald Scott:

But then when I looked at the X-rays or the CAT scan later, I realized that there's something wrong here. So when I read the testimony it answered the question as to why the wound appeared blackish, but the damage to the skull was less than I expected.

[39:46] Susan Simpson: Normally, there wouldn't be any uncertainty here. Normally, blackening inside of a gunshot wound means it was a contact shot. Because, normally, that would be the only explanation for why it would appear that way.

But when Ronald Scott read Craig Burnes' testimony about applying some kind of granulated powder to the wound, he realized – oh, maybe that's why the wound appears black and charred. Not because of soot or charring, but because of an embalming product.

Susan: Have you ever seen a kind of powder like that before?

Scott: No, I've never - I've never seen it or heard of it. That was the first time.

Susan: Yeah, we've got to find a mortician to see if it exists, because no one.

Scott:

Yeah, well you know you find one of the, one of the older morticians you know at a funeral home I mean that's the type of guy you want to see who, who would have been around in the 90s and would know about it.

Jacinda:

But that would change everything. If, if we find out that no one's ever heard of this powder or it doesn't exist and that, that would indicate it really is, soot or, or gunpowder.

[40:53] Jacinda Davis: Whether or not Brian was killed by a contact wound is the most critical question that was left unanswered due to the failure to do an autopsy.

But there's another unanswered question, too, that an autopsy would have helped resolve. Which is — what hand was Brian holding the phone in?

Amanda Bowling:

He was laying on his right side, like he had - he was sitting on his bed like he just fell off his bed. He had the phone in his right hand. Mama had to break his fingers to get the phone to call 911.

Susan: So, do you start looking for the phone or-

Amanda: It's in his hand.

Susan: So, you see it right away.

Amanda: Yeah. Yeah.

Susan Simpson: And your mom gets the phone.

Amanda Bowling:

Yeah, she had to break his fingers because he had the death grip. I guess whenever something like that happens...

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[41:47] Susan:

The real, like the only piece of factual evidence in this case that I can't quite reconcile is the statements from the mom and a little bit of Amanda, although she didn't testify about it as much, is the, the phone that was apparently, like, clenched tightly in Brian's right hand.

And if that phone was in Brian's right hand the way Debra Bowling, his mom describes, and as Amanda was telling us about, it is hard to see how he shot himself in the right side of the head. But-

Kevin Fitzpatrick:

Yeah, I mean, I didn't, I didn't know that. If the phone is clenched in his right hand, there's no way he could have shot himself in the head, not in the right side.

[42:26] Jacinda Davis: If Brian's mother really did break his fingers to retrieve the phone from his right hand, that would be strong evidence that Brian hadn't been the one holding the gun when it was fired.

And Brian's uncle Mikel recalls there was in fact proof of this.

Mikel Baker:

The only thing they were mainly concerned about when they got to the hospital was the telephone being in his hands and if his fingers were actually broken or you know, because she had to pry the phone out of his hand.

And to my knowledge, they had them do an X-Ray on his hand at the hospital.

Jacinda Davis: Mikel is either remembering this wrong or got some bad information somewhere. Because this didn't happen. There was no X-Ray of Brian's hands. There was nothing done medically or forensically, to determine whether Brian had been holding a gun or a phone when he was shot.

But members of Brian's family testified that the cordless phone had been clutched in his right hand.

Dan Whitrock:

The reason I lean more towards that Cain either did it on purpose or even still by accident, is the whole thing with the phone. Unfortunately, the only person that said it, a phone is in his right hand is the mom...

Jacinda: Mom and the sister.

Susan Simpson:

But like they don't say it right away. And do they really remember if it was the right versus left hand?

[43:56] Susan Simpson: I have wondered if Brian's family is accurately remembering which hand the phone had been. I could see how when, thinking back to a moment of panic and chaos, someone could confuse seeing a right hand when they really saw a left, or vice versa.

That kind of mistake especially seems possible when no recorded interview was done with Brian's mother until seven months after the shooting. And not until 15 months after the shooting for the rest of his family.

So I asked Cain which hand he remembered Brian holding the phone in.

Joshua Cain Storey:

When we was playing it, the phone was in his left hand and the gun was in his right, when he was playing it. The whole time. When he was standing up above me, and he got the phone, when he got the gun back, that's when he said, "Hold on a minute, you gonna sit down right beside me," and he put the phone in his lap. That's when he spun the cylinder.

[44:47] Susan Simpson: Cain says, in that final round of Russian Roulette, Brian played the game for real. He'd actually spun the cylinder. And doing so had required him to use both of his hands.

Cain told me that Brian had put the phone down in his lap first, and the phone was still there when the shot went off.

Susan:

You think he – was he still touching the phone, or did he just put it in his lap and still held on to it?

Cain: Naw, he set it in his- he wasn't touching the phone, he set it in his lap.

Susan: So, you don't remember him even holding the phone in either hand.

Cain: Uh-uh, naw. The phone was not in his hand at all.

[45:21] Susan Simpson: Cain says that Brian's left hand was resting on his lap, near where the phone was, but from what Cain remembers, Brian hadn't actually been holding it at the time.

He told me he doesn't know how to explain why Brian's family describes Debra Bowling breaking Brian's fingers to recover the phone.

That's not how he remembers it.

[45:42] Jacinda Davis: The first time we reached out to Craig Burnes, he declined our request for an interview. He told us that, 25 years later on, he did not remember this case, and had nothing he could tell us. So we couldn't ask him what the granulated powder was that had been applied to Brian's head.

And maybe Burnes really didn't remember this case – he had handled a lot of death cases in Floyd County, after all. First, as the deputy coroner, and then as the county coroner, after being elected in 1996.

Burnes only served as county coroner for a couple of years, though. He did not get a chance to finish out his term in office.

Susan:

In this case, the coroner who testified shortly after trial was sentenced to prison for falsifying autopsies and death certificates.

Dr. Eric Peters: Interesting.

Susan: So, I do have questions about the work that was done here.

Peters:

I'm assuming that, that charge and imprisonment was not specifically related in any way to this case, or do we know?

Susan:

The only thing we know at this point, because we're-they're not giving us records, is that the investigation starts mid-January, which is exactly when he testified in this case.

So, we don't know if there's any connection. What we would love to know is if the reason there was no autopsy done is related to his falsification of autopsies.

Peters: What would his motive be, then?

Susan:

Money. He was charging people for stuff that was never done and charging families for services the county pays for.

Peters: That were never done.

Susan: Yeah.

[47:20] Jacinda Davis: At this point, we have no evidence that Craig Burnes' decision not to have Brian Bowling autopsied was anything more than just a bad call.

But on the other hand, it's a huge mistake and you have to question how something like this slipped through.

Susan:

Yeah. It's just I really wonder if Burnes' corruption explains why no autopsy was done, because it makes no sense otherwise.

Jacinda: And we know. I mean, he's been to prison for falsifying documents, so.

Susan: He's been in prison for falsifying autopsies. Also, credit card fraud.

Jacinda Davis: Back in 2021, our associate producer Amory sent a request in to the Floyd County DA under the Open Records Act, requesting to review records related to the Craig Burnes case.

The DA's office had gotten back to Amory almost immediately.

Amory: Leigh Patterson just called me, the Floyd County DA.

Jacinda: Oh, what did she have to say?

Amory:

I just sent a new request for the Craig Burnes case. She was just saying, "Why all of the open records requests to Floyd County? This has never happened before," and, and I did mention that this was only the second case, but I think she was, just...

Jacinda: Yeah, well Craig Burns is-

Amory: ...confused about the first ones.

Jacinda:

Craig Burns is part of the Lee Clark, Josh Cain Storey case because he was the coroner.

Amory:

Yeah, I said that, you know, she could talk to you further if she wanted to.

[49:01] Jacinda Davis: To date, we've not received a single page of records from the Floyd County DA.

And without the case file, the information we have about the investigation into Craig Burnes is limited. But here's what we do know.

Susan Simpson: In January of 1998 -- the same month that Burnes testified at Lee's and Cain's trial -- the Floyd County Police Department received a complaint about his actions in office. An investigation was launched, and in September of that year, the Floyd County Police and the Georgia Bureau of Investigation seized records from his home and office.

According to news reports at the time, Burnes had been "bill[ing]... the family members of the dead people he autopsied or signed death certificates for" -- even though the families of the

deceased owed nothing for his services. He was paid by the county, for each death he handled. Investigators also found that Craig Burnes had "submitted false bills to the County Commission for autopsies and medical examinations that were never performed.

The chief of the Floyd County Police Department is quoted saying, "The coroner may have altered death certificates. Either that, or we have an epidemic of people dying in this county."

In February of 1999, Craig Burnes was indicted in State Court on 36 separate charges relating to theft, misconduct in office, and the state RICO Act. He pled guilty, and was sentenced to 15 years with 10 suspended.

Burnes was also indicted on federal charges of credit card fraud, for unlawfully accessing the accounts of various funeral homes in Floyd County. He received an additional 14 months in federal prison, plus three years supervision.

[50:47] Jacinda Davis: It wasn't just Craig Burnes who made the decision not to autopsy Brian's body.

Sgt. Dallas Battle testified that he'd been part of the decision too. He had discussed it with Burnes, and apparently had agreed with him that no autopsy should be done.

And in Dallas Battle's career as a detective for the Floyd County Police Department, this was far from his only questionable decision about how an investigation should be handled.

Next time, on *Proof*.

"I mean, I mean... I don't... I don't want to say that I did it when I didn't do it."

*

"So, we've talked to a lot of people who have stories about Dallas Battle and unfortunately he's not here to tell us, but are any of those rumors true?"

"Depends on which ones you're asking about."

*

"I told him, "I really didn't give a ****." He was hollering he was dying and I said, "I really don't give a shit if you die."

*

"But that's wrong right there. That upsets me right there to see him do that."

"What kind of man does that to someone?"

"This man got a lot of hate in him for some reason or another. He's got a lot of hate."

*

"Hello, this is Susan speaking?"

"Susan, my name is Craig Burnes."

Jacinda Davis: You've been listening to *Proof*, a podcast by Red Marble Media.

We'll be back next Monday for episode 6. Send us your questions and comments at proofcrimepod@gmail.com. We'll respond during our bonus episodes – *Proof: Sidebar* – on Thursdays.

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That's all for this week... thanks for listening.

Transcribed by Skylar Park