



Forensic Analytical Sciences, Inc.

19 November 2012

John Leake

RE: Angelika Foeger  
FASc case 20120240

Dear Mr. Leake,

Please permit this letter to summarize the essence of our conversations regarding the death of Angelika Foeger. I understand that you are an investigative journalist working on behalf of and in conjunction with the family of the deceased. You provided a number of materials for my review but I utilized the three following documents as a basis of my review and opinion:

1. A document dated September 28, 2012 consisted of six pages of translated observations memorialized in two reports of the autopsy (June 10, 1990 and September 24, 1990), a paragraph titled "reconstruction of the crime" (author not specified) and "dimensions of knife."
2. Color copies of 71 photographs from the scene of death and autopsy.
3. Fourteen pages containing copies of color photographs and a description of the approach to the cheese factory and the scene.

I was also provided the following materials, but these documents were not utilized in the formulation of my opinion:

1. Three pages attached to document 1 itemized above entitled "John Leake's Comments."
2. Color copies of 5 photographs of the defendant's shirt and an experiment performed by another, not otherwise specified.
3. Three pages indicating notes taken by someone else of the autopsy report and some features of the scene.

4. Seven pages titled "Fact Sheet" containing subheadings of "official chronology of events," "Official Reconstruction of the Attack," "Ground for doubting this official reconstruction and suspecting at least one accomplice," "Elaboration of hair evidence," "From whom did the 20 light blond hairs come?," "The suspicion" and "Working Hypothesis."

Very briefly, the provided material indicated that the 32-year-old deceased, Angelika Foeger, died after an assault at her place of employment, a cheese factory in Austria, on June 9, 1990. She sustained four stab wounds on the trunk and left leg, incised wounds on the right forearm and both hands, abrasions on the neck, periorbital and conjunctival petechial hemorrhages and rare blunt force injuries elsewhere.

The stab wounds included:

1. A stab wound of the right upper chest (2.5 cm in length) penetrated to a depth of 6 cm through the upper portion of the sternum (manubrium) and adjacent first rib, the upper lobe of the right lung and the superior vena cava (outside of the pericardium). There was a collection of 1700 cc of blood in the right chest.
2. A stab wound of the left side of the back (2.0 cm in length) penetrated to a depth of 6-8 cm through the muscles of the back, the transverse process of the sixth (presumably thoracic) vertebra and the lower lobe of the left lung. The rib corresponding to the disrupted transverse process was noted to be dislocated and there was approximately 500 cc of blood in the left chest cavity. In the provided materials it was stated that "air escapes from the left thoracic cavity with high pressure" via this wound.
3. A stab wound of the left arm (1.8 cm in length) penetrated to a depth of 3-4 cm into the joint capsule of the shoulder and into the head of the humerus (a depth of 1 cm alone).
4. A stab wound of the left thigh (1.5 cm in length) penetrated to a depth of about 5 cm into soft tissue alone. In the provided materials it was stated that this wound was "accompanied by little bleeding, from which it may be deduced that the stab was delivered late in the course of the crime."

The incised wounds included:

1. A 3 cm wound on the lateral aspect of the right wrist. No comment is made about associated injuries, if any, to subjacent named vessels or tendons.
2. An unmeasured wound in the first webspace of the right hand. No comment is made about associated injury, if any, to tendons, but there is a notation that there is an "accompanying metacarpal-phalangeal joint injury" which is not otherwise described.
3. Superficial, unmeasured wounds on the left fourth and fifth fingers.

Blunt force injuries included:

1. Abrasions on the front of the neck interpreted as "typical fingernail impressions" with additional smaller abrasions over the left sternomastoid muscle and continuing "further back."
2. A 5 x 1 cm abrasion confirmed photographically to overly the right shoulder blade.
3. A 3 cm right occipital scalp contusion.
4. A superficial injury, which is not otherwise described or measured, on right side of the lower lip may be another blunt force injury.

From the submitted materials, namely the section designated "summation of injuries" associated with the report dated September 24, 1990, it appears that an estimate of approximately 30 minutes from the time of infliction of the stab wounds to death was provided by the pathologist(s). The basis for this opinion, as indicated in the provided materials, is "macroscopic and histological analyses" including the "characteristics of shock developed in the inner organs, as well as streaking bleeding under the endocardium in the outflow area of the left ventricle." The pathologist(s) indicated in the same section that "the victim was also manually strangled with considerable force." The pathologist(s) interpreted that these injuries based upon their "attitude and position on the throat indicates that the assailant was, at least part of the time, standing behind the victim." From the presence of petechial hemorrhaging it was inferred that "the manual strangulation resulted in at least partial unconsciousness." A concomitant ligature strangulation by the deceased's necklace was considered a possibility.

My opinions are itemized below:

1. I concur that death was a consequence of the stab wounds, notably the wounds of the right upper chest and the left side of the back. Both of these wounds would produce entry of blood and air into their respective pleural cavities as indicated by the pathologist(s). Hemorrhaging associated with the superior vena cava injury would be brisk as this vessel carries all of the venous blood returning from the head and upper extremities back to the heart. I would not expect an individual to survive more than a handful of minutes (i.e. less than five minutes) with such an injury except under exceptional circumstances (i.e. adhesions/scarring or some other process which would help contain the hemorrhage and staunch the flow of blood, near instantaneous access to surgical facilities). Accordingly, I think the estimate of 30 minutes from the time of infliction of the superior vena cava injury to death is unrealistically high.
2. The absence/paucity of hemorrhage associated with the left thigh injury indicates that it occurred after she had lost a great deal of blood and no longer was adequately perfusing her extremities; in other words, this injury certainly was sustained after the injury resulting in the greatest blood loss (i.e. the wound of the right upper chest).



3. The use of subendocardial hemorrhage as an indicator of a long span of time between the stabbing injuries and death is incorrect. The presence of this type of hemorrhage has been reported in a number of settings, including but not limited to exsanguination and head injury. It has also been reported to be a common finding in someone who has received cardiopulmonary resuscitation, as occurred in this case, as well as individuals who received epinephrine (adrenalin) during the course of resuscitation. These hemorrhages have been reported to occur in certainly under one hour and per the attached reference from Knight's Forensic Pathology can develop with just a few agonal beats of the heart.
4. I would concur that the presence of petechial hemorrhages as well as injuries on the neck, coupled with focal internal hemorrhage in the neck muscles is compatible with manual strangulation. However, the positioning of the assailant cannot be determined predicated upon the appearance of the injuries alone, as indicated in the attached reference from Spitz and Fisher's Medicolegal Investigation of Death.
5. While the various sharp force injuries would appear to accommodate the described knife, I would also expect that there would be some indication on the knife or the injured bone which could confirm/refute its involvement in this death. Closer examination of the knife and excised portions of the injured segments of bone would be required.

In summary, based upon the materials provided, I have some significant concerns about the conclusions reached by the pathologist(s) with regards to the timing of infliction of the injuries and the positioning of the assailant at the time of the strangulation event. I recognize that I am not in possession of all available materials generated in the scope of the investigation of the death of Angelika Foeger. I reserve the right to amend this letter and modify my opinion based upon the receipt of any additional materials. The materials which I have received to date remain at Forensic Analytical Sciences, Inc.

Sincerely,



Terri L. Haddix, MD  
Forensic Pathologist

Hier die deutsche Zusammenfassung des Gutachtens:

22 Februar 2013

Das Gutachten von. Dr. Haddix,  
kurz zusammengefasst von John Leake!

John Leake

[john.leake@com](mailto:john.leake@com)

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(eMail auf Wunsch John Leakes ausgeblendet)

Betreff: Mord an Angelika Föger

### **Bericht über die Verletzung der oberen Hohlvene**

Gemäss dem Obduktionsgutachten von 24. September, 1990:

*Als Todesursache der Föger Angelika sind Messerstichverletzungen in beide Brusthöhlen mit Verletzungen des linken Lungenunterlappens, des rechten Lungenoberlappens und der oberen Hohlvene rechts anzugeben.*

Bezüglich der Verletzung der oberen Hohlvene schrieb Dr. Rabl in seinem Obduktions- und Asservierungsprotokoll:

*Der Stich kann weiter verfolgt werden in die obere Hohlvene, ca. 3 cm oberhalb der Umschlagfalte des Herzbeutels. Die obere Hohlvene ist durchstoßen. [Dr. Walter Rabl, Obduktions- und Asservierungsprotokoll, 10.06.1990 um 10.00 Uhr, KH-Reutte].*

Vier forensischen Wissenschaftlern zufolge, die ich dazu konsultiert habe – darunter zwei Gerichtsmediziner – kann Angelika mit dieser Verletzung höchstens noch fünf Minuten gelebt haben. In einem schriftlichen Gutachten hat die amerikanische Gerichtsmediziner, Dr. Terri Haddix, die folgende Bemerkung über diese Verletzung notiert:

*Blutungen aus dem oberen Hohlvene Verletzung wäre schnell, weil dieses Gefäß alle venöse Blut aus dem Kopf und oberen Extremitäten zum Herzen zurückträgt. Ich erwarte, ein Mensch würde nicht länger als 5 Minuten mit dieser Verletzung (außer unter außergewöhnlichen Umständen) überleben. (...) Der Mangel an Blut aus der linken Oberschenkelverletzung zeigt, dass sie zugefügt wurde, nachdem das Opfer bereits viel Blut verloren hat; mit anderen Worten, diese Verletzung wurde sicherlich zugefügt nachdem die Stichwunde an der oberen rechten Brust zugefügt wurde. [Gutachten von Dr. Terri Haddix, Forensic Analytical Sciences, Inc., Hayward, California, 19 November 2012].*

Wenn man bedenkt, dass Angelika Föger zwar noch am Leben war als die Sanitäter eintrafen, wird klar, dass ihr die tödliche Verletzung der oberen Hohlvene beigebracht wurde, *nachdem* Martin Kofler ins Nachbarhaus gerannt war, um die Sanitäter zu rufen. Tatsächlich war Angelika Föger noch am Leben, aber dem Tode bereits sehr nahe war, als ein Notarzt eintraf (ca. 2 Minuten *nachdem* die Sanitäter eintrafen).

Auch wenn Martin Kofler *sofort* nach dem letzten Stich ins Nachbarhaus gerannt war (ohne vorher Angelika Föger aus ihrem Büro bis in sein Zimmer zu schleifen) wären trotzdem zumindest 8 Minuten (und wahrscheinlich ca. 10 Minuten) verstrichen sind, bevor der Notarzt eintraf.

Dies deutet stark darauf hin, dass jemand anders als Martin Kofler die Stiche in Angelika Fögers rechten Brusthöhle und linken Oberschenkel zugefügt hat.

(Zusammenfassung Ende)