

From: Mary Todd <toddmomof4boys@yahoo.com>
Sent: Sunday, 19 May, 2013 5:57 PM
To: gus@gjclaw.com.sg
Subject: Fw: Fwd: The Death of Shane Truman Todd, Phd
Attachments: Shane Todd.docx

----- Forwarded Message -----

From: Richard Todd <ricktodd@mac.com>
To: Mary Todd <toddmomof4boys@yahoo.com>
Sent: Tuesday, October 9, 2012 1:42 AM
Subject: Fwd: The Death of Shane Truman Todd, Phd

Begin forwarded message:

From: Richard Todd <ricktodd@mac.com>
Subject: The Death of Shane Truman Todd, Phd
Date: October 8, 2012 10:34:05 AM MDT
To: "Muhammad Khaldun SARIF (SPF)"
<MUHAMMAD_KHALDUN_SARIF@SPF.GOV.SG>, Gurcharn SINGH@spf.gov.sg
Cc: "Adelstein, Edward H. CMOVAMC" <Edward.Adelstein@va.gov>
Bcc: Raymond Bonner <ray@raymondbonner.com>, bryantcp@state.gov, "Goins, Traci L" <GoinsTL@state.gov>, Matthew Foster <matthew.foster@ic.fbi.gov>, John Todd <jrichardtodd@gmail.com>, Dylan Todd <todddylan@mac.com>, Jennifer Madgic@tester.senate.gov

Dear Khal and Gurcharn:

Mary and I had Dr Adelstein, who is a respected pathologist in the United States, review pictures of Shane's body and his autopsy report. Please review his investigative report on the cause of Shane's death.

In light of what Shane told us in the months prior to his death, the sensitive nature of his work in regards to the Veeco k465i system GaN-on-Si and the transfer of its technology to the Chinese, I am asking you to change your focus from a suicide investigation to a murder investigation. There needs to be a collaboration on the forensic computer evidence that we have from Shane's back up hard drive and what you have on the Shane's computers. Mary and I would like to fly to Singapore to meet with you, the FBI and the Department of Homeland Security if they are available there. Please inform us when we can meet so we can make arrangements to fly to Singapore.

Yours Truly,
Rick Todd

Thank You,
Rick Todd

October 8, 2012

Subject: Review of Autopsy findings on Shane Todd

I have carried out over 25 autopsies on individuals whose death was determined to be by asphyxiation from a ligature around neck and the manner of death was determined to be a suicide.

The observations are based on the review of the autopsy findings and the pictures provided. They lead to the following observations and conclusions:

1. The lung weights were the right 440 g and the left 380. Since the right lung has three lobes and the left two the right lung weighs more than the left. The weights recorded are the normal weights for an individual of his size and thus indicated that his death was rapid and he likely was unconscious within 15 – 30 seconds after the ligature was applied to his neck.
2. In my experience the sequence of events in a suicide is that the individual falls forward and the ligature occludes the jugular vein first impeding the flow of blood out of the brain and unconsciousness occurs. This often leads to the development of petechiae in the eyes and skin around the eyes. However, if the ligature is applied with great force it then compresses both the artery and vein at the same time and no petechiae are formed as was in this case. After unconsciousness occurs the heart continues to beat for 3 – 5 minutes and during this time there is an involuntary effort to maintain life and this leads to the development of pulmonary edema and often intraparenchymal hemorrhage which is manifested by heavier lung weights. None of these changes were present.
3. Since the deceased falls forward, I have never experienced a circumferential ligature mark as is present in his death. Further the ligature mark over the posterior neck is considerable thinner than the described ligature presented to the medical examiner. Further there are suspicious bruises superior to the ligature suggesting that there may have been attempts to remove the ligature by the victim. These may appear later after the autopsy is completed and are present on photographs taken at the time of burial
4. There are multiple blunt trauma injuries to both hands which are not described in the autopsy, yet very visible at the time of the funeral. Again, these often become more visible after death, but still should have been described at the time of the original autopsy. Further there is make-up applied to the middle of the forehead which is likely covering up an injury to the skin over his cranium.
5. Perhaps the most important information is that the deceased did not have a history indicating that he was considering taking his life, while there is a significant history that he felt his life was being threatened.

In summary, based on the information I have received, the autopsy findings and the pictures provided I would suggest the following sequence of events that lead to his death which I believe to be a homicide.

1. He engaged in a fight as evidenced by the blunt trauma to both hands
2. He was killed by an encircling ligature (Garroting) and death occurred quickly
3. After death he was suspended by a broader based ligature in an attempt to obscure the original thinner ligature

I am truly sorry for your loss; I if there is anything I can do to further justice in this case, please contact me. My cell phone is 573 – 999 - 7177.

Edward H. Adelstein, D.V.M., M.D.
Chief of Pathology Harry S. Truman Veterans Hospital
Deputy Medical Examiner of Boone and Callaway Counties.