People Of MI v Kenneth Twyman Bluew

Docket No 11-036568-Fe

COA No: 313397

I, John C. Leonard state as follows:

1. I have expertise in Vascular Neck Restraints, PPCT Techniques, Police Use of Force, and Edged Weapons-(See attached CV).
2. I am certified as an expert witness in Use of Force and Edged Weapons by Monroe County Criminal Court in Pennsylvania.
3. I have reviewed the autopsy report of Jennifer Webb with 53 color photos attached, 11 crime scene photos, the trial testimony of Kanu Virani, M.D., medical examiner, expert in forensic pathology T14, pp 14-97, and the preliminary examination of Dr. Virani, pp 260-382.
4. If called to testify in this matter, it is my opinion that:
   A. Kenneth Twyman Bluew did not cause the death of Jennifer Webb by applying a vascular neck restraint.
5. This opinion is based upon the information contained in the above listed documents and my experience with vascular neck restraints. The restraint described by Dr. Kanu Virani in his Autopsy Report and subsequently

demonstrated upon the prosecuting attorney is the classic hold used by judo players in tournament competition. It is termed shimewaza or shime-waza in Japanese, and it is known as the Lateral Vascular Neck Restraint when used by law enforcement personnel. It will subsequently be referred to as the LVNR in this report.

The LVNR is taught in law enforcement to provide officers with a technique that can control physically violent individuals. The officer is taught to encircle the subject's neck with the officer's arm, applying pressure to the sides of the subject's neck with the officer's shoulder and wrist or lower forearm area. This pressure restricts blood flow from the brain through the veins, causing both pain and the beginnings of unconsciousness. Depending upon the individual subject, control is established in a matter of seconds through pain or when the subject becomes unconscious. Once such control is gained, the officer relaxes the LVNR and handcuffs the subject. If rendered unconscious, the subject will regain consciousness in approximately five (5) to thirty (30) seconds. I learned this technique in 1987, have taught it to hundreds of officers, and have never had a subject fail to regain consciousness within that time frame. It follows that when such pressure is relieved, blood flow would begin again from the brain

toward the heart, and the subject would regain consciousness. The period of time necessary for this to occur was estimated by Dr. Virani as three (3) to five (5) minutes. I do not believe it is physically possible for an individual to have sufficient strength to maintain this technique for the period of time necessary to keep the subject from regaining consciousness.

A critical aspect of this technique is the proper arm placement upon the subject. If the officer's encircling forearm/wrist is not placed directly under the subject's jaw, the pressure is ineffective. During training, I have the officers place the little finger sides of both hands against the sides of their own necks, palms facing down. The hands are first placed approximately midway down the sides of their necks, putting pressure on the brachial plexus origins. I have the officers push in strongly so that they know what an improper arm placement would feel like. Next, I have them repeat the drill, but this time their jaw rests directly upon the backs of their hands. When they push in with their hands in this position, they feel the compression both more quickly and more strongly.

When applying the technique on their respective partners, the officers initially have difficulty getting correct hand placement to gain the desired result. When I find a subject in class who says they are not feeling the technique, the solution invariably is found by correcting the placement of the inside of the encircling wrist or lower forearm. Once this correction is made, the subject feels the technique immediately. What is important here is that a very narrow part of the officer's anatomy is pressing upon a susceptible area of the subject's neck. During such training sessions I have never seen any bruising of the subject's neck. However, if this technique were applied as described by Dr. Virani, for a period of five (5) minutes or more, such pressure for that length of time would inevitably lead to at least minimal bruising of the neck just below the jaw line. According to the autopsy report, no such bruising was found on Jennifer Webb's neck.

One of the inherent dangers of applying the LVNR occurs in the case of the officer having extensive muscular development of his/her arms. Even if the encircling arm is placed correctly, the arm of an extremely large individual applying the pressure for the hold can cause what is referred to as a "bicep pinch." That is to say, the officer's encircling arm is so muscular that

his/her bicep pinches the subject's larynx against the officer's forearm. Kenneth Bluew is a very large individual with extremely muscular arms, but Dr. Virani's autopsy report indicated no such injury to Jennifer Webb. The only injury noted to the larynx area was the ligature mark caused by the electrical cord found around Jennifer Webb's neck.

Another point to consider is the timing of Mr. Bluew's training courses with respect to PPCT's course content. PPCT taught a vascular neck restraint beginning in the early 1980s. This was a bilateral restraint, and as previously noted it was referred to as an LVNR. As noted on page 7-3 in the 2005 edition of the "PPCT Defensive Tactics Instructor Manual," in 1994 PPCT added a technique referred to as a Shoulder Pin. This is a unilateral neck restraint taken from Jiu Jitsu. In that martial art, it is referred to as either Kesa Gatame or Kata Gatame, depending upon the interpretation of the Jiu Jitsu instructor. For a brief period PPCT was teaching both restraints in its Defensive Tactics Instructor program. By 1996, PPCT determined that because the training time for the Shoulder Pin was much shorter than that required for the LVNR, the Shoulder Pin would be the only vascular restraint taught in its Defensive Tactics program.

According to Mr. Bluew's MCOLES Information and Tracking Network Individual Employment History (copy attached), he received his MCOLES License Number 33162 in December of 1997. Such training would have occurred a full year after PPCT eliminated the LVNR from its training. Also, the MCOLES record of additional training attended by Mr. Bluew indicates that he received Instructor Certification in PPCT Defensive Tactics from KNR Control on 3/24/2000. This was four (4) years after PPCT had discontinued teaching the LVNR in its Defensive Tactics Instructor program.

Mr. Bluew's additional training accomplishments, according to MCOLES are Basic Radar, In-fared Breath Test Operator, Firearms Instructor, Drug Forfeiture, Basic Narcotics, Non-Confrontational Interview and Interrogation, TASER, Integrated Pistol and Shotgun, Integrated Combat Rifle, Emergency Vehicle Operation, and VALOR Training. None of these certifications has anything to do with training in the LVNR.

Despite the fact that the vascular restraint demonstrated by Dr. Virani in court was an LVNR, two (2) major differences should be noted between it and the Shoulder Pin Restraint. First, since when applying the Shoulder Pin

the officer places the shoulder of the encircling arm under the shoulder of the subject's raised arm, the applied direct pressure by the officer's wrist/lower forearm is directed down on a forty five (45) degree angle. Since the subject's raised arm provides the pressure on that side of the subject's neck, the amount of pressure applied by the officer's wrist is disproportionate (greater) than that caused by the subject's stationary arm. Such a disparity, if continued for three to five (3-5 minutes), would certainly result in some bruising to that side of the neck, just below the jaw line. Second, because of this angle of direct pressure, the person applying the technique would be unable to press the elbow of the encircling arm into the subject's chest with equal pressure on both of the subject's collar bones. That is to say, the bruising if present would be more significant on the collar bone that is on the same side of the subject as the person's encircling forearm/wrist. As noted previously, no bruising of the neck immediately below the jaw was noted by Dr. Virani. The bruising he reported on the upper chest (collar bone area) was equal on both sides. Finally, when applying either of these restraints, the person applying the hold would brace the subject's head with his/her own. In the LVNR the person's head would be placed at the back of that of the subject. If

applying the Shoulder Pin, the person's head would contact the subject's head either in the back or on the side (Neck Brace Principle).

For these reasons my expert opinion is that Kenneth Twyman Bluew did not cause the death of Jennifer Webb.

John C. Leonard 9/16/13

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NOTARIAL SEAL
DENISE L FITE
Notary Public
MCCANDLESS TWP, ALLEGHENY COUNTY
My Commission Expires Jul 6, 2014

Denise L. Fite
September 16, 2013