

CHAPTER

1



Police Headquarters, Cambridge, Massachusetts

Chief Homicide Investigator Dimase Augustin let out a long sigh and tossed the crime scene folder back onto his desk. In his fifteen years in the department, including the last eight heading up homicide, he had never seen anything like this. Cambridge was not Boston. The Boston side of the Charles River averaged ten times more murders than the half dozen or so each year in Cambridge. Most homicides in Cambridge were drug related or maybe a mugging or robbery gone bad. There were occasional crimes of passion; he'd seen perhaps two or three in his years as chief investigator. This was different.

Dimase reached into the inner pocket of his navy-blue sports coat and fished out a half-full pack of Marlboros. He tapped out a cigarette and rotated it between his index and middle fingers. He knew he couldn't smoke inside police headquarters, but he found some comfort in the familiarity of the unlit cigarette in his hand. Real or imagined, the routine seemed to help him think

and had a calming effect when he started to feel stress. He was feeling stressed now.

Dimase got up from his desk; stretched his legs, coming to his full height of five feet eight inches; and began to pace. The stress ebbed slightly. He knew stress was bad—it could kill. But his biomass was fine for his weight of 175 pounds, which he carried on a thin, solid frame. On the outside, he looked to be the picture of health. So far, good genes had apparently outweighed the impact of a caffeine- and nicotine-fueled diet augmented by fast food and TV dinners. The first-generation son of Haitian immigrants, Dimase had a quick mind, but as much as anything, his willingness to put in long hours and outwork the competition had driven his rise to chief investigator—and he knew it. There was no time for a wife or family. He was married to the job.

Dimase sat down again, feeling a little better. He put the unlit cigarette in his mouth, picked up the crime scene folder once again, stared at it for a few seconds, and without opening the file, tossed it back onto the desk in disgust. This murder was different. It had the feel of a ritualistic killing, carefully planned and meticulously executed. Yet the man waiting for him in the interview room, despite his newly declared willingness to confess, seemed incapable of such sophistication. Three hours earlier, the man had been apprehended at the crime scene, in the elevator shaft. Now he sat down the hall, and he had just informed the attending officer he was ready to make a full confession. It was going to be a long night.

For the third time, he picked up the folder. This time, he opened it to reread the summary and re-create the scene in his mind. Dimase often found it helpful to bring a written report to life by allowing a narrative to play out like a video, filling in gaps with imagined conversation or action. It was too soon to know what really had happened, but he closed his eyes and tried

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to put himself in the place of the responding officers and rescue personnel.

The first call to 911 came in at 7:15 p.m., followed in quick succession by additional calls at 7:16 and 7:19. The initial call, from a tenant, reported an open elevator shaft on the fourth floor of a residential apartment building at 645 Brattle Street. When the caller looked down the shaft, he could see a man lying on top of what appeared to be the roof of the elevator car. The man was sobbing and talking to himself but unresponsive to the tenant's inquiries. Lighting was so poor in the shaft that it was difficult to tell whether or not the man was hurt or simply delusional.

The succeeding calls came from visitors to the building who entered the lobby through the front entrance and also encountered open elevator doors with no elevator present. They too could hear muffled sobbing. The first responder was a foot officer on patrol in the general area. By the time she arrived at 7:29 p.m., a small crowd of tenants and visitors had gathered in the lobby. The officer used her flashlight and determined that the elevator was suspended some thirty feet above her head. She also could hear subdued whimpering but elicited no response when she called out.

A tenant informed the patrolwoman that the fourth-floor elevator doors were also ajar, exposing the open shaft, and that a man appeared to be lying atop the stranded elevator. At 7:38 p.m., an ambulance, along with two EMTs, immediately followed by two patrol cars, pulled curbside in front of the building. Leaving one officer in the lobby to secure the area, they proceeded as a group up the stairs to the fourth floor. The senior officer on site, Sergeant Robinson, took charge and, after a brief assessment, radioed for tactical backup, including temporary lighting and rappelling equipment. The man on top of the elevator could be seen more clearly now in the crossbeams of three different

flashlights. He was conscious but apparently incoherent and continued to be unresponsive.

At 8:31 p.m., a tactical support van arrived, and temporary lighting was rigged up to illuminate the shaft from both the lobby level and the fourth floor. One of the EMTs was hooked into a safety harness, but he used the ladder built into the shaft to get down to the elevator. As his feet touched the elevator car, the man lying on the roof rolled into a sitting position and held his hands out with palms up in a position of submission. The EMT handed the man a bottle of water, which he accepted and gulped greedily.

“Are you all right?”

The man shook his head and directed his gaze to the open hatch door beneath their feet. The EMT looked through the two-by-two-foot opening and immediately pulled back. “What happened to her?” he asked.

The man just continued to shake his head.

“Did you do this?” the EMT asked.

Again, the man just shook his head. It was clear the woman was beyond any chance of help.

“Are you armed?”

The man again shook his head.

“Are you hurt? Are you going to hurt me? Do you have any weapons?” the EMT asked.

The man remained silent, his face contorted, with tears forming in his eyes.

“Stand up. I’m going to have to frisk you, and then we have to get you out of here. You got anything sharp in your pockets, like a needle or something?”

The man shook his head. The EMT quickly determined that he was unarmed. He also noted that the man was quite overweight. It was not going to be easy to get him up the shaft

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if he did not cooperate. The EMT stepped out of the harness and hooked it up to the man. With three responders pulling from above and the EMT in the shaft pushing from below, they managed to haul the dazed man up to the open fourth-floor doors and out into the corridor. In the full light of the hall, he appeared to be in a catatonic state. They quickly checked again for injuries or weapons and, finding none, placed a pair of flex cuffs over his wrists. Sergeant Robinson asked him several questions about what had happened there, but the man just hung his head, mumbling incoherently to himself.

In the shaft, the EMT turned his attention to the interior of the car. The arc of his flashlight beam played across the inside of the car. He could see the twisted body of what appeared to be a young woman. Her body was wedged unnaturally into a corner of the car, with her head tilted at an impossible angle. There was blood everywhere. Something was off about her face. It was difficult to tell exactly what from the perspective of the EMT, who remained outside the car for fear of contaminating the scene. The woman was not fully facing him; her head leaned back and to one side, bathed in the surreal lighting of the flashlight. There was something ghoulish about her appearance. The EMT extended his torso partially through the roof opening in order to get a better look. She was clearly dead.

The EMT did not want to enter the elevator and risk disturbing evidence in any way. Bracing himself with his feet and one arm, he maneuvered his head and shoulders as far as he could through the opening. The coppery smell of fresh blood assaulted his nostrils. He craned his neck to get a better view and pointed the beam of light directly at her partially turned face. What he saw shocked him. Despite many years of experience in responding to every manner of disaster and carnage, the EMT recoiled, almost dropping the flashlight from his hand. Her face

was reminiscent of a wax figure in a haunted house of horrors. Someone had fully excised the woman's eyes from her head, leaving only dark, shadowy sockets where her eyes should have been.

Dimase Augustin turned off the video replay running through his head and returned to the moment. Based on the report and on what he'd seen earlier in person, he figured he'd reconstructed the scene accurately enough. The narrative ended with the macabre discovery by the EMT that the case was far from a routine robbery or impulsive act. There was something more going on, but Dimase was damned if he could figure it out. Yet thirty feet down the hall, the man they had pulled from the elevator shaft was now willing to talk. He supposedly wanted to confess, as Dimase had already been told, but something seemed off.

It would be hours before Dimase received the follow-up report after the crime scene was cleared. There would also be an autopsy and preliminary cause-of-death finding within twenty-four to forty-eight hours. Without those pieces, it was impossible to understand exactly what had happened. Dimase was still trying to get his head around the end result, let alone what could possibly have led up to such a bizarre outcome. One thing was sure: the vic's name was Augusta Watkins. They'd found the lady's wallet in her purse. She'd been a tenant in the building, which meant the suspect had known her.



Joe Bucci sat passively at the small conference table, jiggling his legs and fidgeting compulsively with his thumbs. He'd seen enough TV to assume they were watching him from the other side of the mirror on the wall in front of him. The initial shock and confusion from his grisly discovery in the elevator had