

SUPERIOR COURT OF THE STATE OF CALIFORNIA
FOR THE COUNTY OF ALAMEDA - HAYWARD HALL OF JUSTICE
CASE NO. RG14735588

AMBROSE AGU, Individually and as
Successor-in-Interest to the ESTATE OF
TED AGU; and EMILIA AGU, Individually,

Plaintiffs,

v.

THE REGENTS OF THE UNIVERSITY OF
CALIFORNIA, et al.,

Defendants.

VIDEOTAPED DEPOSITION OF THOMAS RICHARD BEAVER, M.D.
Pages 1 through 144

Tuesday, June 16, 2015
2:23 - 5:42 p.m.
Office of the Medical Examiner
56639 Overseas Highway
Marathon, Florida 33050

Stenographically Reported By:
SUSAN L. McTAGGART, FPR
Florida Professional Reporter

1 APPEARANCES
2
3

4 On Behalf of the Plaintiffs:

5 THE YERRID LAW FIRM
6 Bank of America Plaza
7 101 E. Kennedy Boulevard, Suite 3910
8 Tampa, Florida 33602-5148
9 Phone: (813) 222-8222
10 E-mail: Syerrid@yerridlaw.com
11 BY: C. STEVEN YERRID, ESQ.

12 --and--

13 THE LAW FIRM OF JEFFREY D. MURPHY
14 800 W. De Leon Street
15 Tampa, Florida 33606
16 Phone: (813) 443-5553
17 E-mail: Jm@jeffmurphyllaw.com
18 BY: JEFFREY D. MURPHY, ESQ.

19 On Behalf of the Defendant:

20 LOMBARDI, LOPER & CONANT
21 Lake Merritt Plaza
22 1999 Harrison Street, Suite 2600
23 Oakland, California 94612
24 Phone: (510) 433-2600
25 E-mail: Jdh@llcllp.com
BY: JEFFREY D. HOSKING, ESQ.

Also Present: Marty Stonely, Videographer

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

INDEX OF PROCEEDINGS

	Page
Deposition of THOMAS RICHARD BEAVER, M.D.	
Direct Examination by Mr. Yerrid.....	5
Cross-Examination by Mr. Hosking.....	91
Redirect Examination by Mr. Yerrid.....	137
Certificate of Oath.....	143
Certificate of Reporter.....	144

PLAINTIFF'S EXHIBITS

No.	Description	Page
Exhibit 1	Autopsy Report	33
Exhibit 2	Coroner Investigator's Reporter	33
Exhibit 3	Incident Report	36
Exhibit 4	Incident Report	36
Exhibit 5	Curriculum Vitae	88
Exhibit 6	Materials Supplied by University of California	142

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

Deposition taken before Susan L. McTaggart, Florida Professional Reporter and Notary Public in and for the State of Florida at Large in the above cause.

- - - - -

THE VIDEOGRAPHER: My name is Marty Stonely, representing Hahn & Bowersock. The date today is June 15, 2015. The time is approximately 2:23 p.m. This deposition is being held at the Office of the Medical Examiner located in Marathon, Florida. It's being taken by counsel for the plaintiff. The caption in this case is Ambrose Agu, Individually and as Successor-in-Interest in the Estate of Ted Agu; and Emilia Agu, Individually, v. The Regents of the University of California. This case is filed in the Superior Court of the State of California. It's for the County of Alameda - Hayward Hall of Justice, Case Number RG-14735588. The name of the witness today is Dr. Thomas Beaver.

At this time the attorneys present in the room and attending remotely will please identify themselves and the parties they represent, after which our court reporter, Susan McTaggart, representing Hahn & Bowersock, will swear in the witness, and then we may proceed.

Gentlemen?

1 MR. YERRID: Gladly, sir. Steve Yerrid and Jeff
2 Murphy, representing the plaintiffs.

3 MR. HOSKING: And Jeff Hosking on behalf of the
4 defendants.

5 THE REPORTER: Do you swear the testimony you're
6 about to give in this matter will be the truth, the
7 whole truth, and nothing but the truth?

8 THE WITNESS: I do.

9 THEREUPON,

10 THOMAS RICHARD BEAVER, M.D.,

11 having been first duly sworn, was examined and
12 testified as follows:

13 DIRECT EXAMINATION

14 BY MR. YERRID:

15 Q Good afternoon, sir. Would you kindly state your
16 name?

17 A Yes. My name is Thomas Richard Beaver,
18 B-E-A-V-E-R.

19 Q And your profession?

20 A I'm a forensic pathologist.

21 Q All right. And, Dr. Beaver, as I told you before
22 we went on camera, this deposition will be used as if you're
23 appearing live in a courtroom in California, so you should
24 direct your answers to the jury, which will be represented by
25 the camera.

1 A Yes, sir.

2 Q And if my questions are in any way misleading or
3 unclear please stop me and I'll gladly back up, rephrase the
4 questions, if you need additional information we'll gladly
5 supply it. Otherwise I will consider your answers to be
6 responsive. And I would also ask that you state all of your
7 opinions, if appropriate, within a reasonable degree of
8 medical probability. All right, sir?

9 A Yes, sir. I understand.

10 Q All right. Thank you.

11 Where do you currently work, Dr. Beaver?

12 A I'm the District Medical Examiner for District 16 in
13 the state of Florida. That is in Monroe County, and the city
14 is Marathon, Florida.

15 Q All right. And if you can give us an idea of not
16 only your profession, how you came to be a medical examiner,
17 but also the specialty of being a medical examiner and what
18 you do on a day-to-day basis?

19 A Yes, sir.

20 Q Just a narrative for the jury.

21 A Certainly.

22 So my path to forensic pathology and to this
23 position has been circuitous at best. I have an
24 undergraduate degree from the University of California. I
25 have a medical degree from St. George's University School of

1 Medicine.

2 Q Where was the degree, what type of degree was it
3 from California?

4 A It was a degree in biological sciences, and my
5 emphasis at that time was on molecular biology. And
6 molecular biology was really in its infancy when I was in
7 college, and it's grown a lot since then.

8 Q What drew you to that? I'm just curious to --

9 A I was, I always liked chemistry and biology, as
10 well, so, and for most of my, my formative years in high
11 school I wanted to be an oceanographer. That was, I was, I
12 had a lot of influence from Jacques Cousteau, he was on TV
13 when I was a boy, and, and that was what I wanted to do. I
14 grew up in southern California and, near the ocean, so I was,
15 I was wanting to be an oceanographer and I wanted to be like
16 Jacques Cousteau.

17 Q Jacques Cousteau of the Calypso?

18 A Yes. Exactly. And as a high school student I even
19 wrote to him once and asked if I could do an internship on
20 the Calypso. And I had my scuba certificate when I was 14
21 years old so, so I, I, I asked him at that time if I could be
22 on the Calypso. Of course I never got an answer. But, but
23 now I, I dive as much as I want.

24 Q All right. Well, Dr. Beaver, after that college
25 education you said you began to pursue a curriculum dedicated

1 toward the practice of medicine. Tell us a little bit about
2 that.

3 A Yes, sir. I went to St. George's University School
4 of Medicine.

5 Q All right, sir.

6 A And you may remember that from Grenada, West
7 Indies. That's where the school was located. And actually
8 the, the main part of the school is in the state of New York.
9 And the first two years are done in Grenada, and that's all
10 classroom work mostly, the last two years of clinical
11 sciences are done back in the United States, at hospitals in
12 the United States, teaching hospitals.

13 Q In New York?

14 A In New York and New Jersey, and I had rotations in
15 Colorado and California, as well.

16 Q All right, sir. And what drew you to this
17 particular, what, did you take up anything as a specialty in
18 medical school or did anything strike your interest?

19 A I always liked pathology because it was, there was
20 a lot of cerebration involved, and I did an elective in
21 pathology, but I really didn't have any direction. And I
22 went to, I met a woman in medical school, my third year of
23 medical school, and we ultimately got married. And so we, in
24 fact, we both graduated in, in June and got married in
25 August. And so she wanted to be an obstetrician and she

1 wanted to do her residency at the University of Colorado. And
2 that was kind of set in stone because she was, she had
3 mentors at the University of Colorado, and so that was set in
4 stone. So I was kind of like, well, I don't know, I'll just
5 do something, whatever.

6 And so I did an internship and then, and then we
7 had our first child and I did, and the dean of the medical
8 school said, well, your wife is an obstetrician, an
9 obstetrics resident, she's working a hundred and fifty hours
10 a week, this is before the 80-hour workweek, and so you need
11 to be in pathology or radiology. That way you can pick up
12 the kid from school and you can take care of this baby you've
13 got.

14 Q Right.

15 A And so --

16 Q Before, before we proceed, what, tell the ladies
17 and gentlemen of the jury, it might be a good opportunity for
18 you to explain, pathology, what is that the, the, the study
19 of? What does it entail, pathology?

20 A Pathology is the study of disease. And so
21 pathologists do, they study human disease in all of its
22 complexity and, and it's primarily focused on diagnosis.

23 So the premise in pathology is that if you make the
24 right diagnosis, everything else will follow in its own
25 course.

1 In other words, with a correct diagnosis the
2 treatment will follow, the treatment is given and the
3 clinical course will be given, and everything will proceed
4 down a known pathway. If you don't get the correct diagnosis,
5 then, then you're going to be floundering with different
6 treatments and different outcomes and you're really not going
7 to understand what, what's happening. So pathology is all
8 about diagnosis.

9 And pathologists use the microscope as a tool.

10 So you take biopsies. When you get a biopsy of a
11 tumor, it's the pathologist that will tell you whether that's
12 cancer or not cancer.

13 Q All right, sir.

14 A Even, maybe the process is even inflammatory.

15 And so if there's any type of surgery done, the
16 specimen obtained at surgery for the surgeon to know whether
17 he's dealing with cancer or not, that's going to be looked at
18 by a pathologist who will look at the cells and see if it's
19 cancer.

20 Pathologists are also usually in charge of the
21 clinical lab in the hospital, so all of the laboratory tests,
22 anytime you have a blood test done that tells you your blood
23 counts or, or anytime you have any kind of testing done,
24 that's going to be in the realm of the pathologist.

25 So pathologists study disease.

1 Q As you began to go down this, this path of
2 pathology, did it strike accord with you? I mean, was it
3 something that became very interesting and something you
4 decided to pursue in a lifelong career?

5 A Yes. Pathology was good. It was, it was, I
6 enjoyed it, and there were a lot of aspects of it that I
7 enjoyed. And I enjoyed the science of it. I'm a scientist
8 both by temperament and training, and that appealed to me.

9 Q Well, lead us along, then. As you started toward
10 the goal of being a pathologist and now you're a medical
11 examiner, pick us up where you left off. You --

12 A So --

13 Q -- began to go into pathology and?

14 A So pathology residency when I did it was five
15 years. It was one of the longest residencies you could do.
16 The, for instance, say, a family practice resident is three
17 years. Obstetrics and gynecology is four years. General
18 surgery would be five years, and pathology was five years.
19 And so I did a five-year residency in anatomic and clinical
20 pathology at the University of Colorado, and when we were
21 getting near the end of residency my wife found a job in
22 California that she wanted, she was from California
23 originally, too, and so I said, well, I'll do whatever I can
24 find there.

25 And I went out to join a pathology group called

1 Yosemite Pathology Medical Group and, which is in Modesto,
2 California, and the, one of the partners in the group while
3 he was driving me around, it's a large group, eleven
4 pathologists, six hospitals, and he was driving me around and
5 he said what do you know about forensic pathology? And I
6 knew nothing about forensic pathology. So I told him, I'll
7 know whatever you want me to know if it gets me this job.
8 And, and so he said, well, we want to bid on the coroner's
9 contract, but we don't have a board certified forensic
10 pathologist.

11 Q The coroner's contract being the, the coroner as a
12 lay person might understand it that determines cause of
13 death, things such as that?

14 A Correct. So California, as progressive as it is in
15 many ways, is the most antiquated state when it comes to the
16 death investigation system. So they have in California a
17 coroner system where most times the sheriff is the coroner,
18 and so the coroner, obviously the sheriff doesn't do any
19 autopsies, he doesn't know any forensic pathology, he doesn't
20 know any medicine, so he will contract with a pathologist or
21 a pathology group to do those autopsies and to make the cause
22 of death for him.

23 So in this case the coroner was the sheriff in
24 Stanislaus County and wanted to, and this group, the
25 pathology group, wanted to bid on the coroner's contract, and

1 they needed a board certified pathologist to do that.

2 So I went back to Denver, to the University of
3 Colorado, and, with this job offer in hand, and I talked to
4 the department chairman, and he said, well, you can, you can
5 do the forensic pathology fellowship, the additional
6 training, for a year and then take the boards and get board
7 certified.

8 Q Now, let me stop you, please, if you don't mind,
9 Dr. Beaver. This would be after the five years you've
10 already told the jury about, the longest type of residency,
11 an additional year of a fellowship?

12 A Yes. Additional year of training. Yes.

13 Q And this would be an additional year based upon a
14 focus toward that specialty of being a pathologist, a
15 forensic pathologist?

16 A Yes, sir. Correct. Forensic pathology requires a
17 fellowship, and it requires the completion of anatomic
18 pathology as a prerequisite for taking the fellowship and
19 becoming board certified.

20 Q Okay. Can you, would this be a proper time for you
21 to explain what a forensic pathologist means?

22 Forensic, anyway? What does forensic mean?

23 A Certainly. Forensic pathology is the specialty of
24 medicine that is concerned with determining the cause,
25 manner, and mechanism of death in cases of sudden and

1 unexpected death, and it's really a whole different way to
2 think about medicine and it requires a real mind type
3 training to be able to start to think about medicine as a
4 cause of death rather than what you're going to do to combat
5 the disease. And so that's, the purpose of the fellowship in
6 forensic pathology is to sort of retrain your mind to not
7 only think about disease from a standpoint of treatment and
8 cure, but also from a standpoint of how this happens and the
9 mechanism by which this, the disease is affecting the
10 person's health.

11 Q So the focus rather than treating the patient, I
12 assume now the patients are deceased, the focus is why did
13 they become deceased, why did he or she die, and --

14 A Right.

15 Q -- that whole world is the world you entered as a
16 forensic pathologist?

17 A Correct. And the mechanism, how death is
18 occurring, the things, the, the way it might occur and the
19 whole milieu of how, how death would occur under a particular
20 set of circumstances. That's what the forensic pathologist
21 is looking at.

22 Q And to jump ahead very quickly to orient the jury,
23 as I understand it you were the medical examiner on a young
24 man 21 years old named Ted Agu --

25 A Yes, sir.

1 Q -- in California?

2 A Yes, sir. I was the Chief Forensic Pathologist
3 working for Alameda County.

4 Q And I'm going to get to that. But I just wanted to
5 clarify, we're here in the Keys in the state of Florida, but
6 I wanted to tie that in now so we can proceed with that
7 understanding that you actually were the hands-on person that
8 examined young Agu and determined certain things based upon
9 information you were given or you had available?

10 A Yes, sir. That's correct.

11 Q Okay. On that point I want to ask you, in this
12 world of forensic pathology and in particular medical
13 examiners like you, how important is information?

14 A Oh, it's critical. To know the circumstances of
15 death is very important. Oftentimes the autopsy report will
16 even include a section on circumstances of death where the
17 last few minutes of the person's life are recounted in
18 detail. So it is, it is important to put everything in the
19 context of what's happening and to correlate it with the
20 pathological findings. In other words, one of the things
21 that we're taught in pathology consistently, and even in
22 medicine, is this thing called the clinical pathologic
23 correlation. So let's say --

24 Q That was a mouthful. Go ahead, yeah. You're going
25 to explain it?

1 A Correct. So let's say a person has a fever. That's
2 the clinical size of it. They have a fever. So the
3 pathology is they have an infection. So how does that fever
4 correlate with the infection? Do you have the signs of
5 infection? So let's say a person has a fever but no signs of
6 infection. Well, then you have to look at some of the other
7 things that cause fever. Sometimes cancer can cause fever.
8 So to correlate the clinical presentation of fever with what
9 you actually find is the process of pathology.

10 Q Okay. Let's pick back up where you were in your
11 path progression, and I'm talking being professionally.

12 This board certification, was it obtained and did
13 you successfully complete the criteria needed?

14 A Yes, sir.

15 Q Please continue in that regard.

16 A So the pathology, forensic pathology fellowship is
17 twelve months. I had the, I was in the final year of my
18 residency and I had the job offer in November, so I actually
19 rearranged my schedule for the rest of my residency to spend
20 in the coroner's office in essentially the capacity of a
21 fellow from January through to June. And that's the, for the
22 academic year for doctors the year is July 1st, July 1st
23 begins the year. So I did from January to June as the last
24 half of the last year of my residency, and then I commenced a
25 fellowship in July of 1991.

1 Q All right, sir. And with regard to where life took
2 you from that point, did you ultimately get the job as the
3 medical examiner?

4 A Yes, sir, I did. I finished the fellowship, I took
5 the board examinations. And I have taken all of the board
6 examinations. I took the board examinations in anatomic
7 pathology, clinical pathology, and forensic pathology, and I
8 passed all of those examinations on the first attempt.

9 Q And I wanted to ask you about that, because you may
10 be one of our first doctors. These are referred to in lay
11 terms as board certifications. We ask sometimes doctors, are
12 you board certified, and they say yes. Can you explain and
13 walk the jury through just the general -- I understand you're
14 triple board certified?

15 A Correct. That's correct.

16 Q Okay. Can you explain what a board certification
17 process means and how important that is in terms of the
18 medical field and what it recognizes?

19 A Yes, sir. So the American Board of Medical
20 Specialties has a bunch of specialty boards, and so you can
21 board certified in cardiology, in family practice, in
22 internal medicine.

23 Q Yes, sir.

24 A And, of course, pathology, and various aspects of,
25 of these things. So you might get certified in

1 interventional cardiology. The board decides what they want
2 to do as far as a breakdown of a specialty --

3 Q Yes, sir.

4 A -- within a specialty.

5 They also set the training. So they'll, they'll
6 say before you can even take the board examination you have
7 to complete a certain number of years of training in an
8 accredited residency program. So for pathology, not forensic
9 pathology but just pathology, before I could even take the
10 pathology boards I had to complete the five-year residency
11 training program. Once I had that certificate of completion
12 in my hand, then I could apply to take the board exams. And
13 so I took the board exams.

14 For pathology the board exam is a three-day affair,
15 eight hours a day, and it includes looking at slides through
16 a microscope, answering test questions, and then also looking
17 at gross specimens, specimens of, of different tissues and
18 different things that might be, might come across a
19 pathologist's lab in practice and then answering questions
20 about those things.

21 Q And those questions would be put to you by board
22 certified physicians that are proctors in the process of
23 examining you to see if you're proficient enough to get that
24 recognition of board certification?

25 A Correct.

1 Q Okay.

2 A And so the board examination, I guess what I want
3 to say, is not a trivial process, and over 60 percent of the
4 people will fail it and, on the first attempt, and you only
5 get three attempts. After the third attempt you have to go
6 back and retrain.

7 Q Well, with you we don't need to worry about three
8 attempts. You passed the pathology board on the first time
9 you tried?

10 A Yes. I passed all of the board examinations on the
11 first attempt, which is actually, probably it puts me in a
12 very rarefied atmosphere. Very few people can do that.

13 Q Well, tell me, Dr. Beaver, with regard, and, and
14 those credentials enabled you to get positions with, with the
15 governor or medical examiner's office and things such as
16 that.

17 A Correct.

18 Q But before we jump ahead, when did you first become
19 board certified? What year? Can you approximate?

20 A It would be 1992.

21 Q Okay. 1992. And that would be the pathology
22 certification?

23 A Pathology certification was in 1991, so I had to
24 pass, I had to complete and pass --

25 Q Okay.

1 A -- the pathology boards as a prerequisite for
2 forensic pathology.

3 Q Okay. That's, that's my confusion. So in 1991 you
4 got the pathology board certification?

5 A Correct.

6 Q Then in 1992 you further specialized and got
7 recognition within the medical community by getting the
8 forensic pathology board certification?

9 A Correct. That's exactly correct.

10 Q And that would be 1992?

11 A Yes, sir.

12 Q Okay. You mentioned a third board certification.
13 What was that?

14 A Oh. It's anatomic pathology and clinical
15 pathology. Those are the first two. And clinical pathology
16 is not required for forensic pathology. It's not one of the
17 prerequisites.

18 Q I see.

19 A But I did that training and took that board
20 examination really before I knew I was going to be in
21 forensic pathology.

22 Q Okay.

23 A And it makes me, clinical pathology is the hospital
24 laboratory, so to, to work in a hospital lab and to, to
25 supervise the lab, to run a hospital laboratory and to do the

1 testing in a hospital laboratory clinical pathology is a
2 certification you need. So that, that makes me certified in
3 every single way to work in a hospital.

4 Q Okay. These certifications, and I don't want to
5 delve too much more deeply, but these certifications, given
6 their importance, were they done by the American Board or
7 through the American Board of Pathology?

8 A Yes, sir. The American Board of Pathology is the
9 only recognized board for pathology certification. There are
10 a number of sort of on the fringe boards that will certify
11 people and, so that they can say they're board certified, but
12 they're not, it's not part of the American Board of Medical
13 Specialties. So for instance let's say, I think around
14 plastic surgeons there's a lot of this kind of board
15 certification so there'll be, somebody will start up a board
16 and say I'm offering certification to a plastic surgeon in
17 cosmetic reconstruction, so the plastic surgeon will get that
18 board, just pay the money, submit his credentials, there's no
19 exam, there's no real test involved. So, and that, and that,
20 there was a lot of that around forensic sciences. Like for
21 instance they'll have a forensic examiner certification by
22 some board that sounds official. But really the American
23 Board of Pathology is the official certifying agency.

24 Q For lack of a better phrase, that's the mainstream
25 board certification?

1 A Yes. That's the mainstream.

2 Q Got you.

3 Have you ever served or been certified as an expert
4 reviewer? Do you know what I'm talking about?

5 A Yes, sir. Yeah. The State of California --

6 Q Can you explain to the jury about that?

7 A Sure. The State of California from time to time
8 gets complaints about physicians and they, they want
9 physicians to review those complaints because they know that
10 the complaints can be technical and detailed and can require
11 a real understanding of medicine to be able to evaluate
12 whether there's any merit to them or not. So they don't
13 leave it to, they don't leave it to a, an investigator or
14 inspector. They, they actually bring in a physician and
15 submit documents. So they, I was asked to be an expert
16 reviewer for the State of California.

17 Q All right, sir.

18 A And then I completed the training, they invited me
19 to come and do the training, I did the training, completed
20 that, and got certified as an expert reviewer for the State
21 of California.

22 Q Did you actually participate as an expert reviewer?

23 A I think I've done a couple of cases. It was a long
24 time ago. And it wasn't, I was really busy back in those
25 days and I, and when these cases came across my desk I would

1 do what I could, but it wasn't something that I sought out.
2 I did not seek to, to grow that side of my practice at all.

3 Q But it's something you had the capability and
4 recognized expertise in doing?

5 A Yes. I could do it. And largely I, I did it
6 because I was invited to do it, and I thought that it would
7 be impolite not to accept, so.

8 Q And, and I want to, I want to just move ahead a
9 bit. With regard to continuing education, have you kept up
10 with the continuing, we know that in, in today's world it's
11 important to stay on the cutting edge of, of things. Have
12 you kept up with the various educational opportunities
13 offered in your field?

14 A Yes, sir. I have. And that's required for
15 licensure. My license in California and in Florida, both of
16 those are current.

17 Q Well, you, you anticipated my next question.
18 What states are you licensed in?

19 A I'm licensed in, in California and Florida
20 currently. I have been licensed in Colorado, but I let that
21 license go because I didn't --

22 Q When you moved?

23 A Yeah. I moved and I wasn't anticipating paying.
24 And I was at, when I was at Texas Tech University I was
25 licensed in the state of Texas.

1 Q I see.

2 A But that was an academic license, so once I was no
3 longer faculty, that license went, as well.

4 Q All right. Let's talk about, and we can do the
5 progression, but I would rather start today and move
6 backwards. What do you do right now? What's your present
7 occupation?

8 A Right now I've, I've been appointed by the governor
9 of the state of Florida to be the District Medical Examiner
10 for District 16 in the state of Florida.

11 Q And that's where we are today, in your offices in
12 District 16 for the State of Florida Medical Examiner?

13 A Yes, sir. The State of Florida, it's a statewide
14 medical examiner system. The state is divided into 24
15 districts, so there are 24 guys just like me, men and women,
16 both, and, and they're, we're all appointed by the governor
17 and appointed to three-year terms.

18 Q Okay. And first of all, how long have you been
19 doing this type of work, medical examiner work?

20 A Well, since 1992.

21 Q Okay. And when did you arrive in Florida for the
22 job you presently hold? Position? Job sounds disrespectful.
23 I apologize.

24 A No.

25 Q Your position?

1 A It's fine. It was June 18th of 2014.

2 Q And you mentioned you have a CV available, which
3 I'm going to get and may have some questions for you, but let
4 me move ahead on the job history. Prior to this job where
5 did you work?

6 A I was the Chief Forensic Pathologist in Alameda
7 County, California.

8 Q All right. And that's where Oakland is located?

9 A Yes, sir. Oakland, Berkeley.

10 Q And that's where Berkeley --

11 A Yes, sir.

12 Q -- is located?

13 And that's how you came to be involved in the death
14 and its aftermath of an individual by the name of Ted Agu?

15 A Yes, sir.

16 Q All right, sir. What, you said your position was
17 Chief?

18 A Yes. I was the Chief Forensic Pathologist.

19 Q And what did that mean? You were in charge of all
20 the --

21 A Yes.

22 Q -- pathology in terms of that medical examiner's
23 office?

24 A Yes. It was a large, it's a large office because
25 it's a large population area, so there were 22 deputies,

1 investigators, five doctors, eight forensic technicians, two
2 transcriptionists, a financial officer and her assistant, and
3 I'm probably leaving out a couple of secretaries here and
4 there.

5 Q What were your job duties in, in essence?

6 A My job duties were to administer the office.

7 Q You were in charge?

8 A I was in charge. I would assign the cases daily, I
9 would supervise the deputies. I would supervise pretty much
10 everybody's activities. Most of them were really
11 professional people and didn't require any direct
12 supervision. They all knew their jobs and they all did them
13 well. So, it really --

14 Q But you were available if needed?

15 A But I was available and, and they would ask me
16 questions, and we would have, we would have daily staff
17 meetings in the morning to set out the, the tasks for the
18 day, and I would run those meetings and I would input to
19 them.

20 Q Excuse the, the obvious nature of my question, but
21 I have to ask, were you the boss, or did you report to
22 someone?

23 A I reported to someone. I reported to the sheriff.

24 Q Okay. But as far as the medical input and
25 expertise, did you have anyone above you, or were you it?

1 A No. I was it.

2 Q Okay. All right. And in that regard you mentioned
3 that you were the Chief Medical Examiner. Did you perform
4 autopsies on your own?

5 A Yes, sir. I did.

6 Q And how long were you in Alameda County?

7 A I was there about three years.

8 Q Okay. And before that were you also a medical
9 examiner elsewhere?

10 A Yes. Yes. I was in Kern County, and there I had a
11 contract position as a forensic pathologist with Kern County.

12 Q Okay. And before that?

13 A Before that I was at Texas Tech University. I was
14 a professor and I was director of the Division of Forensic
15 Pathology within the university. That's a department,
16 equivalent to a department chairman. And there I was
17 responsible for the activities of the Institute of Forensic
18 Sciences. So I had undergraduate teaching responsibilities.
19 We had a Master's in forensic science program. I started the
20 forensic pathology fellowship program at Texas Tech
21 University. They, they wanted me to do that. I, I, I took
22 the program from its, its, just basically it was a, when it
23 was an idea in the university president's head all the way to
24 being accredited and recruiting the first fellow.

25 Q Okay.

1 A And then I taught, also in the medical school I
2 taught medical students and I taught residents pathology.

3 Q At Alameda County where you were the Chief Medical
4 Examiner, you said you were there for three years, did there
5 come a time when you made a decision you were going to leave?

6 A Yes, sir.

7 Q Okay. When did you leave, and why?

8 A I left in June of, or maybe it was May of 2014.

9 Q Okay.

10 A And the circumstances were complex, but mostly my
11 life situation had changed to the point where I really wanted
12 a complete change of everything. So it was a situation where
13 my wife who got brain cancer was gone, my kids had moved out,
14 they were all grown, and so I found myself in an empty nest
15 situation. And I love the water, I love the diving, and so I
16 moved to Florida to, this job came available and I moved to
17 Florida.

18 Q Okay. And I wanted to go back and revisit the
19 timeframe again. You left in, say, May, June, 2014?

20 A Correct.

21 Q Okay. Young Agu died in February of 2014?

22 A Correct.

23 Q Okay. So I'm just orienting everyone as to the
24 time. He died February 7, 2014, your report was completed
25 April 21, 2014. And I want to make sure that when we go back

1 we talk about what an autopsy is before we embark upon Ted
2 Agu's autopsy. So can you just explain to the jury, what is
3 an autopsy and what is the purpose of an autopsy?

4 A Certainly.

5 Q Especially, in particular, in a young person that
6 probably has a premature death by anybody's standards?

7 A Certainly. So an autopsy is a complete external
8 and internal examination of the human body. It involves
9 examining the body from head to toe externally. And when I
10 do that I start at the head and I move to the foot and I
11 dictate as I go, so I have a dictation machine. In Alameda
12 County the dictation microphone hangs overhead and we have
13 foot control pedals.

14 So I start at the head and I move to the foot.

15 And the first time through I'm looking for, to make
16 a description of the person. So I'll talk about their eye
17 color and their, their teeth and their height and their
18 weight and postmortem things like rigor mortis and livor
19 mortis, and I'll just basically do a, an overall of the
20 person.

21 Then I'll go back to the head and I'll move to the
22 foot the second time, and now I'm looking for evidence of, of
23 therapy so I will describe any, anything that was done to the
24 body to resuscitate the person.

25 Then I move to the head again and I move to the

1 foot and I look, for the third time, for scars and
2 identifying marks. And here I'm looking for scars or tattoos
3 that might be used to identify the body should the identity
4 come into question. This is kind of an antiquated part of
5 the autopsy because now we have DNA and we have good
6 fingerprint technology, so generally we don't rely on scars
7 or tattoos to identify someone.

8 Then the final and fourth time through I start at
9 the head and I move to the foot again. This time I'm looking
10 for evidence of injury. So I'm looking for anything on the
11 surface of the body that might indicate trauma or might
12 indicate some type of internal injury, so bruises, which we
13 would call contusions, lacerations, abrasions, fractures of
14 bones, deformities in any way, anything that might, might
15 indicate an injury.

16 Then the internal examination begins. So I make a
17 Y-shaped incision on the chest and I carry it down to the
18 abdomen and --

19 Q Sorry, but can you, since we have a visual here,
20 can you use your own body to illustrate what a Y-shaped
21 incision would look like on your torso?

22 A Certainly. So I start the Y-shaped incision on the
23 shoulder and, the left shoulder, and so I come to the center
24 of the body at a 45-degree angle and then I, I take that
25 incision down, down the midline of the body, past the, past

1 the bellybutton and to the pubic symphysis. Then I take the
2 scalpel and I start at the right shoulder and I move it, the
3 scalpel, at a 45-degree angle to intersect the other incision
4 that's already been made.

5 Q In the proximity of the sternum?

6 A In the proximity of the sternum. In the middle of
7 the chest. And that gives me the Y shape.

8 Q Okay.

9 A And then I will cut down through the muscle and
10 skin to, to reflect back those flaps of tissue. So that
11 opens up the entire chest area and abdomen. So I now have, I
12 have access to look at all the ribs and all the abdominal
13 organs.

14 Q At this point is the ribcage intact? You've not
15 made any --

16 A Ribcage is intact. No incisions have been made
17 through the ribs.

18 Q Okay.

19 A Then I will reflect, move the small bowel out of
20 the way, and I locate a structure called the ligament of
21 tritz, T-R-I-T-Z, and when I find that ligament, it connects
22 the duodenum to the omentum, and I cut through the duodenum
23 at the ligament of tritz --

24 Q Okay. I think what I've done is got us in a
25 quagmire of medical terminology and I want to extricate --

1 A Okay. So --

2 Q But anyway, you do this and it comes so
3 matter-of-factly from the way you're talking. How many
4 autopsies up to the point where you began the autopsy on Ted
5 Agu had you done?

6 A I, you know, I don't keep a count.

7 Q Would it be in the thousands?

8 A It would be in excess of five thousand. Probably
9 closer to ten.

10 Q All right. And you did whatever you're about to,
11 or whatever --

12 A Same thing. I'm a one-trick pony. I do the same
13 thing the same way every time.

14 Q And would you agree that you can't always just look
15 at the body and determine why a person died?

16 A Correct.

17 Q Okay. You also need to know the person's medical
18 history and the facts surrounding how they died?

19 A Yes, sir.

20 Q And that was what we talked about earlier on in
21 your deposition, knowing information is critical to your
22 ultimate puzzle solution because you're looking at every
23 component?

24 A Yes, sir. That's correct.

25 Q Okay. Do you rely in this autopsy, before you even

1 begin your physical activities do you rely on the information
2 provided to you by police and witnesses to assist you in
3 finding a cause of death?

4 A Yes. I rely on that information. And I don't rely
5 on it solely before I do the autopsy, but as I'm doing it.
6 Usually there is a great rush to perform the autopsy as soon
7 after death as possible. There is pressure from the family.
8 They want to have a funeral, they want to have, they want to
9 get the body and they want to move forward with closure.
10 There's, there are all kinds of logistical questions that
11 come into play. So usually there is a fair amount of
12 pressure on me to perform the autopsy the next day or very,
13 very soon, oftentimes before we have interviewed all of the
14 witnesses, before all of the information is collected. So I
15 get as much information as I possibly can before I do the
16 autopsy, but I don't, I, I, I realize that much of the
17 information may be forthcoming after the autopsy. So I, so I
18 collect as much as I can, but I, I know that I don't have it
19 all most of the time.

20 MR. YERRID: All right. I want to, before we
21 proceed, mark two things as Exhibit 1 and 2.

22 (Plaintiff's Exhibits 1 and 2 were marked.)

23 Q I'll give them both to you and see if you can
24 identify them in no particular order.

25 A I can identify both of them.

1 Q Okay. If you can identify the first one, marked as
2 Exhibit 1?

3 A So Exhibit 1 is the autopsy report that I prepared
4 for Ted Agu.

5 MR. YERRID: Madam Court Reporter, mark that as
6 Exhibit 1.

7 Q Exhibit 2 would be?

8 A Exhibit 2 is the Coroner Investigator's Report, and
9 this is the report that's prepared, it's actually part of an
10 electronic database, and the information is entered into the
11 database and then printed out to make this, this report. So,
12 so this is the investigator's report.

13 Q How many pages is that?

14 A I'm looking at one, two, three pages.

15 Q All right, sir.

16 A Oh, wait. Four. Four pages.

17 Q Four pages. All right. That's Exhibit 2. All
18 right.

19 I want to go back and, again, there will be, I will
20 tie this in, but I want to again reiterate my inquiry. How
21 important is it for you to have accurate information
22 regarding the circumstances that led up to the individual's
23 death, in this case Ted Agu?

24 A It's, it's important. And it --

25 Q Why is that?

1 A It depends a lot on the case. You know, some cases
2 are very straightforward. The cause of death is
3 straightforward. A gunshot wound to the head,
4 self-inflicted. My role in that kind of a case is very
5 limited and, and knowing the history, the person's medical
6 history or whatever, it's not going to influence the cause of
7 death much. But in other cases where the cause of death is
8 very subtle or is illusive, then the circumstances of death
9 and the clinical history are very important. They, they form
10 the basis of any subsequent opinion.

11 Q Did you receive from the University of California's
12 Police Department facsimile transmissions, and I'm going to
13 show you the first one dated February 20, 2014. And I say
14 you. I meant the medical examiner's office which you were
15 the chief medical examiner in operating. Is that something
16 you would have gotten in the normal course of affairs?

17 A Yes. This is something we would, we would get in
18 the normal course of affairs, and I, and I know that we
19 received this document, but I just don't know when. I can't
20 tell you exactly --

21 Q I understand.

22 A -- when I saw this.

23 Q I understand. There is a --

24 MR. YERRID: Madam Court Reporter, I want that
25 marked as Exhibit 3.

1 (Plaintiff's Exhibit 3 was marked.)

2 Q There is a second what has been called or referred
3 to as a supplemental report, again from the university police
4 department from the University of California. And I'm not
5 talking about police department. I'm talking about University
6 of California Police Department. I'm going to show you this
7 document and mark that as Exhibit 4.

8 (Plaintiff's Exhibit 4 was marked.)

9 Q That appears to be dated May 7, 2014. And it's
10 been termed a supplemental report. It's 21 pages, Doctor.

11 I can save you the count.

12 As far as you know that would have been received
13 and become a part of the medical examiner's records?

14 A Yes.

15 Q Okay. We've subpoenaed the medical examiner's
16 records. That's why we have this information.

17 In that, in that report, either the third, Exhibit
18 3, the third exhibit, or the fourth exhibit there are certain
19 player statements, players that were there and would have
20 given some type of account, factual account as to how this
21 gentleman became distressed and how ultimately they observed
22 whatever happened just prior to his collapse or collapses.
23 Do you understand that?

24 A Yes, sir.

25 Q All right. We've looked at it repeatedly and

1 compared it with information from the University of
2 California Berkeley's files.

3 A Yes.

4 Q And the information that was sent to you and your
5 office does not contain two player statements that University
6 of California had at the time those were sent. Player Lasco,
7 L-A-S-C-O, is not in there, nor is player Mahalik. Can you
8 think of any reason whatsoever as to why University of
9 California would not supply you with certain players that
10 gave statements surrounding the events that occurred with Ted
11 Agu in the last minutes of his life?

12 MR. HOSKING: Lacks foundation and calls for
13 speculation and it's argumentative.

14 A I don't know. I don't know why they would.

15 Q Is that something you would come to expect when
16 you, when you are investigating as a medical examiner a death
17 of a young athlete if other athletes observed or had
18 statements that were submitted to authorities, is that the
19 type of information you would like to see as to how he was
20 acting before he died?

21 A Yes.

22 Q Okay. Why is that important?

23 A Because in this case the cause of death is very,
24 it's not an easy thing to determine, and it requires a,
25 really, a judgment call, an opinion call, and, and so I need

1 as much information as possible so that I can make the most
2 accurate cause of death.

3 Q Okay. For example, if the information provided to
4 you regarding how someone died is inaccurate, would this
5 affect the accuracy of your cause of death determination, or
6 could it?

7 A Yes. Yes.

8 Q Again, to use this example, when you're trying to
9 find out how a young athlete, a young football player, 21
10 years of age, died, could it make a difference to you to know
11 whether the young man died suddenly, you know,
12 instantaneously, or struggled over a period of time? In
13 other words -- do you understand my question?

14 MR. HOSKING: Calls for speculation and lacks
15 foundation.

16 A I understand the question.

17 MR. YERRID: Let me, let me take, let me take the
18 speculation out of it.

19 Q Would it make a difference to you if lay people
20 said, oh, this athlete experienced immediate difficulty and
21 then keeled over or collapsed, as opposed to lay people's
22 description of this athlete struggled for ten, fifteen,
23 twenty, twenty-five, thirty minutes, and then --

24 A Yes, sir. It would make a big difference.

25 MR. HOSKING: And let me make my objection,

1 please. It's an incomplete hypothetical, calls for
2 speculation, and lacks foundation.

3 Q Well, it does call for speculation because, in
4 fact, you were never told this athlete struggled over a
5 period of five, ten, fifteen, twenty, twenty-five minutes,
6 were you?

7 MR. HOSKING: Also lacks foundation.

8 A No. I was not told that.

9 Q In fact, you were told the opposite, weren't you?

10 A I was, my understanding at the time when I
11 performed the autopsy was that he had collapsed suddenly
12 while at practice, and I had really no details regarding the,
13 the actual drill, no details regarding the time and how
14 sudden this event was except that it was that he collapsed
15 suddenly while at practice. That's, that's the extent of the
16 details that I had.

17 Q And I'm going to go into that right now. But when
18 we're trying to, you're trying to find out how a young
19 athlete died, how big a difference could it make to you in
20 knowing whether the young man died over a very short period
21 of time versus a longer period of time?

22 MR. HOSKING: Same objections.

23 MR. YERRID: Basis?

24 MR. HOSKING: Pardon me?

25 MR. YERRID: The basis? Speculation?

1 MR. HOSKING: Oh. The same ones I made before.
2 Yeah. It calls for speculation and it's an incomplete
3 hypothetical. It lacks foundation.

4 MR. YERRID: Okay. I'll, I'll complete the
5 hypothetical. What, what do I need to add to the
6 hypothetical?

7 MR. HOSKING: Well, it was your question, Steve.

8 MR. YERRID: No, but I want to cure it, because
9 we're in Florida and if I can cure it by adding
10 something that's deficient in the hypothetical, I
11 will.

12 MR. HOSKING: Well, for one, he doesn't know what
13 the, you haven't stated what the statement was,
14 there's information that's not available, you know,
15 you're asking him to go back and retrospectively look
16 at what he would have thought if he had been given
17 certain information --

18 MR. YERRID: Right.

19 MR. HOSKING: -- and in what context. I mean,
20 there's a whole lot of variables.

21 Q Well, first let's identify the information you were
22 given. We've already identified information you weren't
23 given. You weren't given two players' statements that we
24 know of, Mr. Mahalik and Mr. Lasco. We know you never got
25 those. All right. That's two pieces of information that you

1 can't speculate on because you don't know what they said.
2 But you have had the opportunity now to see a number of
3 player statements taken under oath in deposition, right?

4 A Yes, sir. I have.

5 Q That's because we supplied them to you, right?

6 A Yes, sir.

7 Q Okay. And we gave you how many statements? Six,
8 seven, eight?

9 A Yes. Over a thousand pages.

10 Q Okay. And we told you simply to read those, that
11 those were the players' accounts of what this young man went
12 through in the last minutes of his life?

13 A Yes, sir. I read them.

14 Q Okay. And do they differ significantly from what
15 you were told --

16 A Yes, sir.

17 Q -- from the sources at University of California?

18 A Yes, sir.

19 Q Okay. In fact, when you were trying to do this
20 examination on behalf not only of the family and the school,
21 but on behalf of the State of California, because you were
22 working for the State of California to determine the cause of
23 death, correct?

24 A Yes, sir.

25 Q Okay.

1 A That's correct.

2 Q You received a phone call, did you not, from a Dr.
3 Batten at University of California?

4 A That is my recollection. Yes.

5 Q Okay. And you specifically have a recollection of
6 that gentleman calling you, don't you?

7 A Yes, sir. I do.

8 Q Okay. And at what point did he call you in this
9 process, now we're talking about after Ted Agu died and while
10 you're trying to determine the cause of death, what, at what
11 point in time did he call you?

12 A My recollection is that he called the afternoon
13 that I performed the autopsy. So the autopsy was performed
14 in the morning and he called in the afternoon.

15 Q Okay. And we never, we never did supply you with a
16 copy of Dr. Batten's deposition, did we, sir, to your
17 knowledge?

18 A No, sir.

19 Q Okay. Well, I'm going to refer to Dr. Batten's
20 deposition occasionally during the course of this dialogue.
21 But I want you to first tell the jury what Dr. Batten told
22 you in terms of Ted Agu's method of dying.

23 A The first thing, as I recall the phone call --

24 Q That was a horrible question. I'm sorry. Let me
25 rephrase that. In terms of the experiences or the way he

1 acted prior to him passing away.

2 A He, he had some, I think, preconceived idea about
3 the cause of death.

4 Q Dr. Batten, you're talking about?

5 A Yes.

6 Q Okay.

7 A And I think he was already thinking about
8 hypertrophic cardiomyopathy, and --

9 Q To the lay people what does that mean? A heart
10 problem?

11 A Yeah. A heart problem.

12 And so if you look back in the constellation of
13 young athletes dying suddenly, they basically fall into one
14 of two categories, excluding, excluding trauma. Excluding
15 trauma they fall into one of two categories. Either it's
16 drugs such as cocaine or it's hypertrophic cardiomyopathy.
17 And I've had a number of those cases in my own career where,
18 and not even an athlete, just an ordinary male teenager, will
19 drop dead in gym class and it will turn out to be
20 hypertrophic cardiomyopathy.

21 Q First of all let's rule out drugs. There were no
22 drugs with regard to Mr. Agu, correct?

23 A Correct.

24 Q Of any kind?

25 A Correct. And, and there was no history to indicate

1 that. So that was not high on the differential.

2 Q All right. But let's go back to this, this, is
3 there an abbreviation instead of saying that medical term
4 that I can use, hypo --

5 A It's, it's called HCM.

6 Q Let's do that, because it's easier for me.

7 So this HCM, I'm going to go back to this
8 conversation with Dr. Batten. Did he give you his impression
9 as to why this young man died?

10 A Yes. I'm not, I don't normally use the
11 abbreviation HCM. So what sticks in my mind about the
12 telephone conversation is he came at me with like, well, this
13 seems like a case of HCM and, and it took me a minute to
14 figure out that abbreviation because I don't normally use
15 that, it's not in the literature very much that I read, so it
16 took me probably thirty seconds to figure out what he was
17 talking about. And then I said, and then, and I think he
18 sensed my, that I wasn't following him, and he then spoke
19 hypertrophic cardiomyopathy, and then I could see what he was
20 talking about.

21 Q Dr. Beaver, you realize you're under oath, right?

22 A Yes.

23 Q Okay. You know the importance of the oath, right?

24 A Yes.

25 Q Okay. Now, I'm going to ask you a very simplistic,

1 direct question. Did Dr. Batten verbally provide you with a
2 history, in other words, what happened to the young man
3 according to Dr. Batten?

4 A I don't, you know --

5 Q That it was immediate?

6 A Yes.

7 MR. HOSKING: Let's get an answer to the
8 question.

9 Q I'm sorry. Go ahead.

10 A My, my recollection, I don't recall the exact words
11 he said, but I was under the impression that it was a sudden
12 collapse.

13 Q Okay.

14 A And I don't remember, I can't quote for you his
15 exact words, but I do remember that I was, my feeling going
16 away from the phone call was that it was a sudden collapse
17 and his clinical impression was this HCM, and I didn't really
18 have any reason to doubt that.

19 Q Okay. First of all, did, I want it also clear, did
20 you, did you refuse to talk to this gentleman in any way?

21 A Which one?

22 Q Dr. Batten. Was there any refusal to talk to him,
23 or did you take his phone call and have a conversation?

24 A I took, why would I, why would I refuse to talk to
25 him? I'm happy to talk to him. Anyone, actually,

1 particularly physicians, and especially ones that have some,
2 some knowledge about the case.

3 Q Okay. Well, if, if Dr. Batten, your recollection
4 is you, you, you were very cooperative and you were pleased
5 to talk to him about this, right?

6 A Correct. Now --

7 Q Okay. If, if, if it was brought to your attention
8 Dr. Batten testified that you, in fact, indicated you
9 wouldn't talk to him, you didn't want to discuss it, would
10 that be accurate according to your recollection?

11 A Not at all.

12 Q Okay. And --

13 A I would like to qualify, though.

14 Q Sure.

15 A And say that I'm a very busy guy, and if he had
16 called wanting to talk to me at, when I'm doing an autopsy or
17 I'm out at the scene of a crime he might get a response from
18 my staff that I'm unavailable, and so he might take that to
19 mean that I don't want talk to him. Do you see what I'm
20 saying?

21 Q Well, rather than how he may take it, did there
22 come a time when, in fact, he did get you on the phone and
23 you were --

24 A Yes.

25 Q -- cooperative and you did talk to him?

1 A Yes. Yeah.

2 Q Okay. When that phone conversation was going on
3 did you have a clear understanding that this was an immediate
4 problem that Mr. Agu had experienced within seconds before
5 his fatal collapse?

6 A My, my impression was that this was a sudden
7 collapse. Yes.

8 Q Okay. And it was not, did you have an impression
9 it was not preceded by any other difficulty in the minutes
10 before, the five or ten or twenty or thirty minutes before?

11 A My impression was that everyone was shocked and
12 that it was unexpected, completely unexpected.

13 Q Okay. Okay. And that no one had observed him
14 having any difficulty? That was the impression you got?

15 A He didn't really speak to if anybody observed him,
16 but he just, I was left with the impression that this was a
17 sudden collapse and that it was completely unexpected and
18 that nobody anticipated it in any way.

19 Q Now, this conversation would have occurred before
20 your report was ever issued?

21 A Correct.

22 Q Okay. The day of the autopsy, best you can recall?

23 A My recollection is the day of the autopsy. It
24 might have been the following day, but it was certainly
25 within the first day or two after the autopsy.

1 Q Okay. And again, I have the benefit of reading Dr.
2 Batten's testimony, sworn testimony, but do you recall him
3 describing that Mr. Agu had no difficulty at all during this
4 exercise activity until he, quote, took a knee at the end of
5 the workout? Is that something that you recall?

6 A Yes. I think that's pretty much what he said to
7 me.

8 Q That he had no previous problems during the
9 workout?

10 A Correct.

11 Q Okay. And that's what he told you on the phone
12 that day before you even prepared your report, that, well,
13 this must be a heart problem because this was sudden and
14 immediate, and that's consistent with a heart problem, isn't
15 it?

16 A Yes, sir. There's, in the, in the realm of natural
17 disease that can drop you in your tracks there are actually
18 very few things. Ruptured aneurysm, cardiac arrest,
19 certainly. So, so there aren't a lot of diseases. Like, for
20 instance, meningitis wouldn't do it. Encephalitis wouldn't
21 do it. You know, pneumonia won't do it. So you could go
22 down a list of diseases, and none of them is of the type that
23 will drop you in your tracks immediately. And, and, and, so
24 there is, actually the list is very short, and heart disease
25 is, is among them, and particularly in a young athlete,

1 certainly a sudden collapse, the first thing on the list
2 would be hypertrophic cardiomyopathy.

3 Q All right, sir. And again, you're operating upon
4 the information that was given to you, and whatever
5 limitations on that information were not your doing but
6 simply things that were not made available to you?

7 MR. HOSKING: That's argumentative.

8 MR. YERRID: Sorry.

9 Q The information you were operating on, you were
10 dependent almost entirely on the channels of communication
11 you were getting, which would include the University of
12 California Berkeley?

13 A Yes. Much of the information I get is second and
14 third-hand, distilled by law enforcement officers in between
15 me and the actual reporting party. Really, the only direct
16 communication I had was with the physician from Berkeley.

17 Q And I'm actually looking for your, your autopsy
18 report, wherein you state a qualifier that your information
19 at that time was limited, and I want to go into why you felt
20 that may be a problem even then. Let me find, do you have
21 your autopsy report?

22 A I do, sir. You gave it to me.

23 Q Do you have, do you have, can you, can you locate
24 the portion, I think it says, at the bottom it says,
25 "Therefore, based on the information available to me at this

1 time it is my opinion the cause of death is best certified as
2 hypertrophic cardiomyopathy." Do you see that, sir?

3 A Yes, sir.

4 Q Okay.

5 A Yes. That's exactly what I wrote.

6 Q Okay. And, thank you. And turning your attention
7 to that and let me get my, my questions back up. Hold on just
8 a second, please. I apologize. We can kill two birds with
9 one stone. I have my questions, but I do want to go to the
10 restroom in just a second. Let me get to a convenient
11 breaking point.

12 MR. HOSKING: How is that two birds with one
13 stone?

14 MR. YERRID: Well, because I found my questions,
15 and I really need to take a break.

16 MR. HOSKING: Okay. Why don't we take a break,
17 then? I was just perplexed.

18 THE VIDEOGRAPHER: Let me go off the record. The
19 time is approximately 3:23 p.m., and we're going off
20 the video record.

21 (A brief recess.)

22 THE VIDEOGRAPHER: The time is approximately 3:27
23 p.m., and we're back on the video record.

24 Q Dr. Beaver, to get us a reference point I want to
25 make certain I go back and check our premise. If the

1 information provided to you regarding how someone died is
2 inaccurate, in your opinion would this have an affect on the
3 accuracy of the cause of death determination?

4 MR. HOSKING: Calls for speculation. Lack of
5 foundation.

6 A Yes, it would.

7 Q I mean, do you have to speculate to answer that
8 question, or do you have several decades of medical
9 examiner's --

10 A I --

11 MR. HOSKING: Same objection.

12 A I don't feel that I have said anything that's
13 speculation at this point.

14 Q Okay. Okay. All right. For example, when you're
15 trying to find out how a young athlete died it can make a big
16 difference to you to know whether the young man suddenly
17 dropped and died or whether he struggled over a period of
18 time?

19 A Yes.

20 Q Okay. And the answer to that question could
21 completely change your determination as it relates to cause
22 of death, correct?

23 A Yes.

24 Q Okay. Is it kind of like putting together a puzzle
25 and you need to put all of the pieces together in order to

1 properly solve it? Is that what doing your forensic
2 pathology is?

3 A That's, that would be one analogy that would work.

4 And the other thing I can think of with that is in
5 this, if you have more than one condition that can cause
6 death you have to determine which one did. And that's, I
7 think that's the hardest thing. Sometimes we'll have a
8 patient that will have an enlarged heart from hypertension,
9 they will also have atherosclerotic disease, the narrowing of
10 the coronary arteries, hardening of the arteries. So which
11 killed them, the hypertension or the hardening of the
12 arteries? And so you have to kind of determine which one,
13 have you to make a call. And my mentor, Tom Henry, used to
14 say you're the umpire, you're standing behind the plate.

15 The ball comes across the plate. You can't say I
16 don't know. You can't. It's either a ball or a strike. So
17 you're the doctor, you make your call and you make it upon
18 your training, your experience.

19 So if I have more than one disease, pathological
20 condition that could cause death, I have to make the call as
21 to which one actually did cause the death.

22 Q Based upon the information you had at that time?

23 A Based upon the information I have and my
24 pathological findings. That's what, that's what pathology
25 boils down to and this job boils down to every day.

1 Q Okay. And, now, with regard to the potential
2 causes of death here, we're going to get into that because
3 you also saw something on the slides that you noted and were
4 concerned about?

5 A Correct. That's correct.

6 Q That would be the sickling in the young man's body?

7 A Yes.

8 Q Okay. I want to go back and revisit Dr. Batten's
9 phone call to you either that day of the autopsy or the day
10 after. At that point in time we talked about examination of
11 Ted Agu's body, but had you had an opportunity to look at the
12 slides yet?

13 A No, I had, did not.

14 Q Okay. And did Dr. Batten ever tell you that Ted
15 Agu had sickle cell trait?

16 A No, he did not.

17 Q Okay. So sickle cell trait was not even in your
18 mind at the time you talked to Dr. Batten the day of your
19 autopsy and your cutting young Agu?

20 A That's correct.

21 Q Okay.

22 A I, it didn't even cross my mind.

23 Q Okay. And having been told that Ted Agu collapsed
24 suddenly, did you then begin to initially believe or lead you
25 to believe that there be may be a cardiac death?

1 A Yes.

2 Q Okay. If you'd been told that Ted Agu struggled
3 over a period of many minutes, gradually got worse, did not
4 collapse suddenly, may have collapsed several times until the
5 ultimate collapse, would sickle cell trait have been a
6 consideration at that time?

7 MR. HOSKING: Well, let me object that that is an
8 incomplete hypothetical. It's a hypothetical
9 question. This is a percipient witness, not an expert
10 witness, so I'll object that it's improper expert
11 testimony.

12 MR. YERRID: Okay.

13 MR. HOSKING: And lacks foundation.

14 MR. YERRID: Okay. First of all, I couldn't
15 disagree with you more. I think he's about as good an
16 expert in this area as we're going to find in the case.
17 As far as I know he's the only medical examiner that
18 did the medical examination of this decedent. So I'll
19 stand by his expertise.

20 THE WITNESS: We got to clarify one thing. Am I,
21 am I being deposed as an expert witness?

22 MR. YERRID: No. You're being --

23 THE WITNESS: Because that's my understanding of
24 this.

25 MR. YERRID: No. You're being --

1 THE WITNESS: And that makes a big difference
2 because it makes a difference as to what I can charge.

3 MR. YERRID: You're being deposed as a, as a --

4 THE WITNESS: If I'm being deposed as a fact
5 witness, then I get the per diem by the State of
6 California or whatever.

7 MR. YERRID: No, no, sir. That's not what, that's
8 not my intention. My intention is you're an expert.

9 THE WITNESS: So I'm going to render expert
10 opinions. That's my intention.

11 MR. YERRID: Yeah. But he's objecting to that,
12 and I can't stop him from objecting to that. How he
13 couches you as being a nonexpert is beyond me, but
14 that's what he said. That's not what I said.

15 THE WITNESS: Okay. All right.

16 MR. YERRID: Okay. So with all respect,
17 Dr. Beaver --

18 THE WITNESS: Because I'm going to be offering
19 expert opinions. At least that's what I'm going to
20 do.

21 MR. YERRID: Dr. Beaver, I totally understand that.
22 I'm the one that set your deposition. We'll let the
23 judge --

24 THE WITNESS: Okay.

25 MR. YERRID: -- determine you're not an expert in

1 some way, shape, or fashion. And I don't think that's
2 going to happen. All right? So let's proceed.

3 THE WITNESS: Okay.

4 MR. YERRID: He's entitled to make his objections.

5 THE WITNESS: Okay. Got it.

6 MR. YERRID: It's on the record.

7 Q The questions I'm asking you, are they all within
8 your field of expertise?

9 A Yes, sir.

10 Q Okay. And you've, in fact, been charged now by the
11 State of Florida with determining cause of death here in this
12 particular region of the state, right?

13 A Correct. And I've given hundreds of depositions
14 just like this one.

15 Q I know. And you've also, at the time you were also
16 charged with the responsibility to determine cause of death
17 for the State of California --

18 A Correct.

19 Q -- with regard to Ted Agu, right?

20 A Yes, sir.

21 Q That was your job?

22 A That was my job.

23 Q Okay. That was your responsibility?

24 A Yes, sir.

25 Q Okay. That's what I'm asking about.

1 Oh, by the way, I did look at your, your CV, and I
2 did want to point out a couple of things, just a couple of
3 things now that this has come up. You're the Chief Medical
4 Examiner here in District 16 in Monroe County for the State
5 of Florida, right?

6 A Yes, sir.

7 Q You were the Chief Forensic Pathologist at the
8 Alameda County Coroner's Bureau in Oakland, California from
9 July 2011 to June 2014, correct?

10 A Correct.

11 Q You were a forensic pathologist at the Kern County
12 Sheriff/Coroner's Office in Bakersfield, California March
13 2009 to July 2011, correct?

14 A Correct.

15 Q You also were the Director of the Division of
16 Forensic Pathology and an assistant professor at the
17 Department of Pathology at Texas Tech University Health
18 Sciences Center, correct?

19 A Correct. That's correct.

20 Q At that point in time you were also the Chief
21 Medical Examiner for Lubbock County, Texas?

22 A Correct. Yes.

23 Q Okay. And that would be the Chief Medical Examiner
24 in Texas, Lubbock County in particular, from July 2006 to
25 March 2009, correct?

1 A Correct.

2 Q From March 1999 to July 2006 in the 7th Judicial
3 District here in Florida you were also the Chief Medical
4 Examiner, correct?

5 A Correct. I was Chief Medical Examiner for both
6 District 7 and District 24, I think.

7 Q Yeah. I was going to get to that. The next, the
8 next area where you were the Chief Medical Examiner would be
9 Judicial District 24 here again in Florida?

10 A Yes, sir.

11 Q Okay. You were also the Assistant Medical Examiner
12 in the 14th Judicial Circuit in Panama City, Florida, August
13 1997 to March 1999, correct?

14 A Correct.

15 Q And we've mentioned that you were a forensic
16 pathologist at Delta Pathology Associates --

17 A Yes.

18 Q -- and Yosemite Pathology Medical Group back in
19 California in the nineties. We've talked about that already,
20 right, sir?

21 A Correct. Yes.

22 Q So is there any part of you that has hesitancy or,
23 or any type of doubt as to whether you can render expert
24 opinions in terms of cause of death?

25 A I thought that's what I was going to do, but

1 apparently not.

2 Q Apparently you are. So I'm telling you, disregard
3 the objection in terms of my, my questions.

4 Now, I want to go back again. With regard to the
5 Dr. Batten conversation, you've been kind enough to tell me
6 about the things that you were told and the things that you
7 were not told?

8 A Correct.

9 Q I want to go back and, to your autopsy report.

10 Did you make a certain determination with regard to
11 your autopsy report regarding hypertrophic cardiomyopathy?

12 A Yes.

13 Q Okay.

14 A So, so at autopsy I found that his heart was
15 enlarged. I don't think --

16 Q Slight, moderate, severe?

17 A I think slightly enlarged. It wasn't, the heart
18 can be, varies in size. The average heart weight is 350
19 grams, or what we consider normal. But bigger people are
20 allowed a bigger heart and still considered normal. So it
21 would be, for instance, let's say a person that's six-seven
22 and weighs 205 pounds would not be considered obese, but a
23 person that's five-two and 207 pounds would be considered
24 obese. So the same thing goes with the heart. A bigger
25 individual, a larger individual can have a larger size heart

1 and still be considered normal.

2 Q Okay.

3 A So his heart, you know, adjusting for the fact that
4 he was a larger individual, his heart was not that enlarged.

5 Q Okay. And with regard to HCM, and that's what I
6 wanted to point out, can you pull your autopsy report?

7 A Yes.

8 Q Okay. Do you see right there just before cause of
9 death, what's your first, what's the last sentence just
10 before you go to cause of death?

11 A "It is my opinion that the cause of death is best
12 certified as hypertrophic cardiomyopathy."

13 Q Okay. Again, that's that, that phraseology,
14 "information available to me at this time." Do you see that,
15 sir?

16 A Yes.

17 Q But you also note just above that that there's
18 morphology consistent with sickle cell disease?

19 A Yes.

20 Q That was discounted because of the history that you
21 were given? Is that, is that an accurate statement?

22 MR. HOSKING: It's argumentative.

23 MR. YERRID: Sorry.

24 Q What impact did that have, the history that you
25 were given by Dr. Batten, this was an immediate, sudden

1 collapse, if any, on your, on your conclusion here?

2 A Yes. So I wouldn't expect someone having a sickle
3 cell crisis to collapse suddenly and die and not be
4 resuscitated, not have any, with resuscitative efforts having
5 no effect. So I think a sudden collapse is more consistent
6 with a cardiac dysrhythmia from hypertrophic cardiomyopathy
7 than it would be from sickle cell. So I've got two, I've got
8 two pathological conditions and I'm trying to assign them
9 weight and, and decide which one is going to be the cause of
10 death, and the only thing I have that I can separate the two
11 with is the clinical history, and the clinical history was a
12 sudden collapse. So that makes the hypertrophic
13 cardiomyopathy more of a weight.

14 Even though the finding of cardiomyopathy was
15 softer, the microscopic was not as, as convincing as I've
16 seen in other cases, the enlargement of the heart was not as
17 severe as I would have expected for it to be the cause of
18 death, but he is dead. So I have, I mean, something killed
19 him. So what is it? And so now my choices are, are
20 hypertrophic, the only pathological conditions I found, this
21 is a young, healthy guy, so the only pathology in his body is
22 in the heart and in the red blood cells. So it's one of
23 those two things. At least that's, as far as evidence, you
24 know, we have no evidence that the aliens shot him with a
25 death ray.

1 Q Okay.

2 A So of the things that we know, those are the only
3 two choices.

4 Q Now I want to get into it in terms of getting the
5 other parts of the puzzle, what he was going through prior to
6 this what you had been told was a sudden, immediate collapse.
7 You did get the depositions that we supplied to you?

8 A Yes.

9 Q Did they have an effect on your opinion and how you
10 view this case?

11 A Yes. Now --

12 Q Please explain to the jury exactly what effect.

13 A So my interpretation of the deposition testimony is
14 that Ted Agu was ill for a period of time, which is probably
15 minutes to hour or so prior to --

16 Q When you say minutes to an hour or so, in other
17 words, it would be, let's say, let's do a range. Five, ten,
18 fifteen, twenty, thirty minutes, but in no case more than an
19 hour? So it's --

20 A Right.

21 Q -- somewhere between several minutes and less than
22 an hour? So we know, because I don't want to get you, I
23 don't want to get you exposed by giving some precise time
24 estimate.

25 A Right.

1 Q Many of the players gave different time estimates?

2 A Correct.

3 Q Fifteen, twenty minutes, twenty-five minutes, lap
4 seven, lap six, --

5 A Right, right, right.

6 Q -- eight, nine?

7 A Yeah.

8 MR. HOSKING: This is leading. Objection.

9 A So what I read --

10 Q I'm not even asking you, I'm trying to give you a
11 context. You can answer within a range, Doctor, is what I'm
12 saying.

13 A Yes. Well, you could, ask me a question and I'll
14 go from there.

15 Q Okay. Did you come to some conclusion that this
16 young athlete struggled for a number of minutes before his
17 collapse?

18 A Yes. And --

19 Q His final collapse?

20 A Yes. So what I could see from reading the
21 depositions of different players that were in the drill with
22 him is -- and they varied, as you said. There was, there was
23 various laps and various times and, and so it, it wasn't
24 consistent, but, but the one thing that was consistent is
25 that there was this period of time. It wasn't a sudden

1 collapse. It wasn't as if he took a knee and died. That,
2 and that was what I was looking at initially. So there's
3 this period of being, being ill, being sick, being tired,
4 being, you know, decompensating, so he had this period of
5 decompensation prior to his cardiac arrest. So in that, in
6 that context that's, that is more consistent with a, a death
7 from, from a sickle crisis than it is a death from a sudden
8 cardiac dysrhythmia from hypertrophic cardiomyopathy in my
9 opinion.

10 Q Okay. Again, within your opinion, Dr. Beaver,
11 looking at all the factual components you've now been
12 supplied with, a number of versions that there was a, a
13 significant period of time of struggling, for lack of a
14 better term, before this final collapse, do you have an
15 opinion within a reasonable degree of medical probability as
16 to why this young man died?

17 MR. HOSKING: I'll object that it elicits expert
18 opinion. He's a percipient witness. Calls for --

19 MR. YERRID: He's a medical examiner.

20 Q You can answer the question.

21 MR. HOSKING: Do you understand, do you understand
22 what the basis for the objection is, Steve?

23 MR. YERRID: No.

24 MR. HOSKING: Okay. I'll explain it to you later.

25 MR. YERRID: Okay.

1 A All right. So my opinion is that I think it's at
2 this point more likely than not that sickle cell crisis is
3 what was going on. And I don't have any reason to doubt
4 that.

5 Q Okay. Then you can explain to me, Dr. Beaver,
6 since we supplied you with this information, since you now
7 have the sworn testimony of these various players, two of
8 which had given statements to the University of California,
9 the defendant in this case, that you never got, how do we go
10 about correcting and making your medical examiner report
11 accurate that's on file with the State of California? Do you
12 know?

13 A Yes. You would have to amend the cause of death,
14 and to amend the cause of death you would have to ask the
15 sheriff's office if they would do that. And so I'm no longer
16 there, so I'm not the guy you would have to convince, but
17 there is undoubtedly someone who followed after me, and I
18 don't know who that is, they may still be looking. Forensic
19 pathologists are pretty rare. So they may, they could still
20 be looking. And, but you would have to talk to one of the
21 forensic pathologists, to the chief there, who's the chief
22 now, and ask them to review the case and supply an amendment
23 for the cause of death.

24 Q Okay. And with regard to this sickle cell trait,
25 in other words, once the sickling process begins, was that

1 corroborated in any way in your opinion that this was the
2 cause of death by the microscopic slide review you did?

3 A Well, that's how it first --

4 Q Please explain it.

5 A So we've kind of come at this from a backwards
6 direction.

7 Q Okay.

8 A But, but I'll tell you what I was thinking and how
9 --

10 Q Let's go forwards. That's what I'd really like.

11 A Okay. So let's, let's, let's, let me run down what
12 I, what I did in this case and what I thought --

13 Q Please.

14 A -- and, and just lay it out for you.

15 Q Thank you.

16 A So I do the autopsy and, and this player has a, has
17 a pristine body except for one thing. His heart is slightly
18 enlarged. Now, I know, I know from other cases I've done,
19 from other cases I've read about in the literature, I know
20 that when you get a young athlete that's dead you're looking,
21 you can create a list of things that could kill them, and on
22 that list and high on that list are, are hypertrophic
23 cardiomyopathy and drugs. There are other things, but
24 they're all discoverable at autopsy.

25 So, so I do the autopsy and I don't find any of the

1 other things. I don't find a ruptured cerebral aneurysm, I
2 don't find any of the other things. All I find is a slightly
3 enlarged heart. So now I'm going down the path of okay, this
4 could be hypertrophic cardiomyopathy. But that diagnosis has
5 to be confirmed microscopically.

6 So I have to take a biopsy of the heart and I have
7 to look at it under the microscope, and that process takes
8 weeks because I have to take the tissue, I have to send it
9 off to a laboratory to be made into a glass slide, the glass
10 slide comes back to me, I have to have, I have to find time
11 to review that slide. So it's a, it's a week process.

12 Also toxicology. We're going to want to rule out
13 the drug situation, so we're going to take blood and we're
14 going to send it off to, to the toxicology lab and have, have
15 it analyzed, and that's going to take weeks.

16 So, so immediately after the autopsy the only
17 finding that I have and the only way I can think about this
18 case is he's had a sudden cardiac death from this enlarged
19 heart. That's all I have because I haven't gotten any
20 additional information. And so that means hypertrophic
21 cardiomyopathy.

22 The weeks go by and I get the slides back and I sit
23 down and I look at them because now I'm thinking I'm going to
24 confirm microscopically that this is hypertrophic
25 cardiomyopathy. And two things become apparent to me in

1 looking at the slides, looking at the tissue under the
2 microscope. The first thing is that the disarray that would
3 have to be present for hypertrophic cardiomyopathy is very
4 mild and very slight and, and really a very soft call. One
5 of, the thing that you're trying to confirm microscopically
6 is fiber, myocardial fiber disarray because in hypertrophic
7 cardiomyopathy the fibers are not all lined up and they
8 don't, they, because there's been this abnormal growth of the
9 heart. So you look for that to confirm. That's the
10 confirmatory finding for hypertrophic cardiomyopathy. And
11 that was very slight in this case.

12 Q Yes, sir.

13 A And I thought maybe I was even having to
14 over-interpret it.

15 Second of all, within the muscle of the heart,
16 within, between those muscle fibers are small blood vessels.
17 Capillaries, arterioles, venules, small blood vessels.
18 Microscopic. Smaller than a pinpoint. Inside those blood
19 vessels are red blood cells. So I was able to look at those
20 blood vessels, and I saw red blood cells that were sickled.
21 The normal shape of a red blood cell is round. It's actually
22 a biconcave disc, but when you look at it, it looks like a
23 round circle.

24 Q Yes, sir.

25 A When you're looking at it through the microscope.

1 So what I saw were sickled cells, and those are
2 cells that are, look like a sliver of moon. They're, they're
3 curved and they look like a sliver of moon. They don't look
4 like a full moon. They look like a sliver of the moon.

5 Q Okay.

6 A So --

7 Q That would be the sickled cells?

8 A That would be the sickled cells.

9 Q Okay.

10 A They're a sliver of the moon.

11 Q All right.

12 A So when I saw those sickled cells I thought now
13 he's got this sickle, he's having a sickle cell crisis.
14 That's the first time, that is the first time that the idea
15 of sickle cell really entered my mind. And then we went, so
16 then I went about trying to get the history to see if he had
17 a previous crisis or if he had any history or if there was
18 any family history of sickle cell disease, because sickle
19 cell, sickle cell is a genetic disease. It's a
20 hemoglobinopathy. It's, it's a disease that affects the
21 hemoglobin molecule in the red blood cell.

22 Q Okay.

23 A So, so there is, there, it's a genetically linked
24 disease, so there should be some family history. And I
25 think, so I was, and I eventually got the history, or it was

1 kind of vague. I never got, I never got any kind of
2 hemoglobin electrophoresis, which would be the test, I never
3 got any, any medical, you know, hematology documentation of
4 this disease, but I did get a vague history from the family
5 that there was some, that there was, sickle cell was in the
6 family.

7 Q Direct question, Dr. Beaver. Did University of
8 California Berkeley ever give you the information that he'd
9 tested positive for sickle cell?

10 A That's not where I got the history. I got it from
11 the, I believe the family was the source of the history.

12 Q Did Dr. Batten ever tell you that he had sickle
13 cell trait?

14 A No.

15 Q Okay. To your recollection do you recall anyone
16 from the University of California contacting you and letting
17 you know this gentleman had sickle cell trait?

18 A No.

19 Q Okay. The amount of sickling that you saw, did you
20 see it in other organs as well as the heart?

21 A Right. So when I looked at the other organs I saw
22 sickle cells in the blood vessels pretty much everywhere.
23 So, so it really, now it came down to okay, I have, I have
24 hypertrophic cardiomyopathy.

25 Q Yes, sir.

1 A Soft, but I could go with it, and I have sickle
2 cell, I have a sickle cell crisis possibility. So those are
3 my two pathological findings, and one of them is going to be
4 the cause of death.

5 Q Let me ask you a question if I may interrupt.

6 The amount of sickling that you saw not only in the
7 heart muscles but in the other organs, was, was that
8 consistent or inconsistent with an HCM death?

9 A Well, HCM has nothing to do with sickle cell. It's,
10 it's a disease of heart muscle. And so --

11 Q So you're seeing all the sickling in other areas?

12 A So I was seeing sickling and I had seen a little,
13 what I would say is a very soft call of HCM. But the
14 history, the clinical history was not good for sickling.

15 The history I had at that point was a sudden
16 collapse, and that's not good for sickling. So I was like,
17 well, I have the sickle cell finding but my, my clinical
18 history doesn't match up, so I have to, so now I've got to
19 say, and this is my thinking, this is my thinking at the
20 time. I'm telling you my thinking. My thinking at the time
21 is I don't have the clinical history that matches sickle cell
22 crisis. I have a clinical history that matches HCM. So
23 that's what I'm going to go with. And that's what I went.

24 And so if the clinical history changes, then
25 obviously that changes the way I would think about this case.

1 Q Is an HCM death sudden?

2 A Yes.

3 Q Okay. And there's not a significant period of
4 hypoxia, so you wouldn't expect to see so much sickling in
5 the vasculature, would you?

6 A So --

7 Q Did you understand my question?

8 A I understand. And I, the thing I don't fully know,
9 and I don't think the, the medical literature has explored
10 this, and if it has I'm certainly unaware of it, is can the
11 cells sickle in the immediate postmortem interval? In other
12 words, if we try to look at the, the, the, the person's death
13 as, in fractions of seconds after they stop breathing --

14 Q Yes, sir.

15 A -- and after the heart stops, tissues are still
16 viable, they're still alive, there's still metabolism going
17 on, and as, as oxygen supply runs out and energy runs out the
18 individual cells die. So the question that I would have, I
19 still have, is is it possible for cells to sickle in the
20 immediate postmortem interval, could they sickle in those, in
21 those tenths of a second after death when he stops breathing
22 and the heart stops? And I don't know the answer to that and
23 I would, I don't think anyone has a good answer for that.

24 Q Okay. Let's go back, and I'm trying to find the
25 Alameda County Coroner's file.

1 MR. YERRID: Do you have that? Is that, which
2 exhibit is that?

3 MR. MURPHY: It's not yet.

4 MR. YERRID: It's not yet? Okay. We're going to
5 mark that as our next exhibit. Would that be 5, ma'am?

6 Q Were any medical records sent to you from the, to
7 your office from the university? Do you recall?

8 A I, I think there were, I saw some records from the
9 University of California. I don't know whether they were
10 medical, I don't know if you would call them medical records
11 or what, and, and I don't know that I would see every single
12 thing that came from the University of California. Some of
13 it might have been kept by the investigator where I wouldn't
14 see it.

15 Q Okay. Well, let me ask you, specifically do you
16 recall seeing any blood test results sent to you from the
17 university? If you don't, you don't.

18 A I, I don't recall.

19 Q Okay. The two statements, you had not received any
20 reports of exactly what happened that day at the time you
21 wrote your autopsy report, right? You'd gotten a
22 conversation from Dr. Batten and a couple of players, but you
23 did not get Mahalik or Lasco which clearly detailed the
24 extent of Ted Agu's struggles on the hill? You didn't have
25 that --

1 MR. HOSKING: That's already been entered.

2 A I didn't have those statements, no.

3 Q You now have them, right?

4 A Yes.

5 Q Okay. I want to be clear on the sickling. Whenever
6 it occurred, you saw that it was extensive?

7 A Yes.

8 Q Okay. Unusual amount?

9 A It's what I would expect if the person's in crisis.

10 Q In other words, it's what you'd expect if you saw a
11 sickling death?

12 A Correct.

13 Q Okay. Was it a red flag to you when you saw that
14 microscopic evidence but could not explain it because of the
15 history you'd been given?

16 A Correct.

17 Q The immediate death? Sorry.

18 Was the extensive sickling significant to you,
19 Dr. Beaver?

20 A Yes.

21 Q Okay. Why was that significant?

22 A Because it was one of the things that I was
23 weighing as a cause of death.

24 Q At that time did you have information that would
25 tie that extensive sickling into a period of struggling as

1 opposed to an immediate onset of --

2 A I don't understand the question.

3 Q Yeah. At that time that you saw the extensive
4 sickling you had no factual information to tie into that to
5 explain it?

6 A Correct. The clinical history I had when I looked
7 at the sickled cells was that this was a sudden collapse, and
8 so that, that's more consistent with a cardiac death rather
9 than from sickle, sickle cell crisis.

10 Q Okay. You did not see any fibrosis, did you?

11 A No.

12 Q Okay. Would you normally see fibrosis if he had
13 HCM?

14 A You might. You might. It's not present in
15 every --

16 Q More likely than not?

17 A -- case, but, but I would say more likely than not
18 you would.

19 Q Okay. Again, and I don't want to go back over
20 something again and again, but was the sickling you saw
21 profound and widespread? In other words, it was extensive?

22 A I don't know if profound is the right word,
23 but --

24 Q That, that was my word, and that was a bad word.
25 Was it, was it widespread and extensive?

1 A Yes.

2 Q Okay. Much more than you would have expected to
3 see in anybody's death other than a sickling death?

4 A Yes. I, I think it was significant. The sickling
5 was significant.

6 Q Was the amount of sickling you saw -- strike that.
7 Let me see if I can ask a straight question.

8 The coroner investigator's report states that Ted
9 Agu collapsed while running during football practice. All
10 right. That was what it stated. Would you like to review
11 that, or do you take my representation?

12 A I will take your word for it. And that's my
13 understanding.

14 Q Okay. And the California, University of California
15 Police Department report stated that Ted Agu was running and,
16 quote, leading his group the entire time until the very last
17 lap when he stopped running and took a knee. Was that your
18 understanding?

19 A Yes.

20 Q Okay. So the information provided to you by the
21 sheriff's office, University of California Berkeley, et
22 cetera, was that Ted Agu was not having any trouble, he was
23 running, doing just fine, when he suddenly stopped, went to a
24 knee, and was done?

25 A Yes. That's the history I had.

1 Q Okay. And that's the same, in essence the same
2 information Dr. Batten gave you the day of the autopsy?

3 A I don't remember exactly the information he gave
4 me.

5 Q Generally?

6 A But, but that's my impression from our
7 conversation.

8 Q Okay. Okay.

9 A There was nothing inconsistent between what I
10 already knew and what he was telling me.

11 Q And now you've been supplied with a number of
12 players that gave sworn testimony under oath when both the
13 defendant lawyers, the defense lawyers were there and also
14 the plaintiffs' lawyers representing the Agu family?

15 A Yes.

16 Q Okay. Do you now have the clinical history
17 necessary to determine the cause of death?

18 A Yes.

19 Q Okay. And in your opinion stated within a
20 reasonable degree of medical probability, Dr. Beaver, what
21 was Ted Agu's cause of death?

22 MR. HOSKING: Object. It calls for expert opinion
23 in violation of the California Code of Civil Procedure.

24 MR. YERRID: Wait a minute. In violation of what?

25 MR. HOSKING: The California Code of Civil

1 Procedure.

2 MR. YERRID: No, I don't know that. Tell me what
3 that is.

4 MR. HOSKING: I'll give it, I'll give it to you.
5 I'm not going to do it on the record, though.

6 MR. YERRID: No, but I mean, if you can tell me
7 what it is I'll try to cure the question. What is it?

8 MR. HOSKING: It's California Code of Civil
9 Procedure Section --

10 MR. YERRID: Not the section. What does it say?
11 What are you telling me? He can't give an opinion on
12 what?

13 MR. HOSKING: No. I'm just making an objection.
14 I can't instruct him not to answer it. Let him, he
15 can --

16 MR. YERRID: No, but I mean what, but I'll cure
17 the question since we're in Florida.

18 MR. HOSKING: He's not an expert witness. He's a
19 percipient witness. You're asking him expert
20 testimony.

21 MR. YERRID: He was the medical examiner in --

22 MR. HOSKING: I understand.

23 MR. YERRID: -- this case.

24 MR. HOSKING: I understand all of those things.

25 MR. YERRID: Okay. Well --

1 THE WITNESS: Can we go off the record one
2 second? Because I can clear this up for you.

3 MR. HOSKING: No need, Doctor, because I under -- I
4 know, I know what you are going to tell me and I know
5 what Mr. Yerrid believes, and I'm just making an
6 objection.

7 MR. YERRID: Oh, okay. But it's kind of confusing
8 for the record if you make an objection that's not
9 well-founded. Are you saying the medical examiner in
10 this case can't give an opinion as to cause of death?

11 MR. HOSKING: What I'm saying, Steve, is that
12 your question --

13 MR. YERRID: Right.

14 MR. HOSKING: -- that I objected to asks, elicits
15 an expert opinion from a percipient witness, and I
16 don't know exactly how it happens in Florida, but it's
17 a little, it's, I know how it happens in California.

18 MR. YERRID: Okay. Well, I'm licensed in a lot
19 of states, not just Florida, so I, I don't know that
20 particular nuance in any of the states I'm licensed
21 in, but we're going to try it again.

22 Q Dr. Beaver, at the time you were the medical
23 examiner going back in time to the February, March, April
24 timeframe when you were in the Office of the Medical Examiner
25 for Alameda County. All right, sir?

1 A Right.

2 Q With the information that you now have regarding
3 the symptomatology, what Mr. Agu was experiencing in the
4 number of minutes leading up to his death, whether it was
5 ten, twenty, thirty, whatever that number was, can you render
6 an opinion as to the cause of death based upon everything you
7 did as the medical examiner in this case coupled with the
8 history and the sworn testimony of what occurred that day?

9 MR. HOSKING: Let me just, I'm sorry. I don't
10 want to step on your question.

11 A Yes.

12 Q You can answer.

13 MR. HOSKING: I didn't mean to step on your
14 question, Steve.

15 MR. YERRID: That's okay.

16 MR. HOSKING: My objection is that it calls for
17 expert opinion, it's, lacks foundation, and it's an
18 incomplete hypothetical.

19 MR. YERRID: Okay. Okay.

20 Q Now you can answer.

21 A So in my opinion based upon all of the information
22 that I have today as we sit here is that the cause of death
23 is best certified as sickle cell crisis or complications of
24 sickle cell crisis and, and I think that is, outweighs the
25 hypertrophic cardiomyopathy.

1 Q Okay. Had you been given that information at the
2 time you did your autopsy report would the autopsy report
3 have reflected a different conclusion than the one that's now
4 on file?

5 MR. HOSKING: Lacks foundation.

6 A Yes. I think so.

7 Q And that's based upon a, a more informational view
8 that you now have as to what happened as opposed to the
9 sudden immediate collapse that you were told?

10 A Yes. The clinical, I'm trying to match the
11 clinical history with the pathological condition that's
12 causing his death, and that, given the history that I know
13 now, sickle cell crisis is a better match than hypertrophic
14 cardiomyopathy.

15 Q Okay. Now that we've taken that to its logical
16 conclusion, and I don't mean to indulge the time too much but
17 we are taking your deposition and we are going to --

18 A Yes.

19 Q -- compensate you for your time --

20 A I understand.

21 Q -- as an expert because that's what we consider you
22 to be and I've asked you to take time out of your schedule to
23 do it, so I want to ask you questions about HCM, which you
24 don't use, but you can use the long version, but you know
25 when I say HCM what I'm talking about, let's walk through the

1 HCM so that the jury has a full understanding of how that
2 presents. Is it usually found to be mild and not dangerous
3 and, and a condition that is sustainable to life? Does that
4 make sense? In other words, you can have a slightly or a
5 mild enlarged heart as an athlete and that would be a normal
6 --

7 A Yes. Most people that have HCM or hypertrophic
8 cardiomyopathy will go through life never knowing they have
9 it. And, and it is basically, the pathologic condition of
10 HCM and the sudden cardiac death that results from HCM is a
11 disease of adolescent males, young males, and it may be
12 related to the, the, you know, hormonal changes that they go
13 through at puberty and the growth of muscle cells in response
14 to testosterone. All of that is, is in the literature. So,
15 so as, so that's where you see these deaths.

16 Q Okay. And just --

17 A So you'll see them in high school students, you'll
18 see them in college students.

19 Q Yeah. You'll see them on TV if somebody's --

20 A Yeah.

21 Q -- playing basketball. A player collapses and --

22 A Correct.

23 Q -- they never make it off the court. But, but, but
24 talk about that. What type of death results when HCM is the,
25 the right etiology or the right cause? What does it look

1 like to a person?

2 A It looks like a sudden collapse. The person is, is
3 fine one second and then they may, they may stop like they
4 were frozen and then they'll collapse to the ground and die.

5 Q Is it a slow, gradual process?

6 A No. It's sudden. It's a sudden cardiac death.

7 Q Okay. Does it present very differently than the
8 sickle cell trait scenario you were talking about? The
9 sickling scenario?

10 A Yes.

11 Q I didn't mean trait.

12 A So sickle cell crisis develops as more and more of
13 the blood cells actually sickle and no longer carry oxygen
14 and, and they carry oxygen and transfer oxygen inefficiently
15 so the person becomes more and more winded, hypoxic, they
16 will become more and more fatigued over time, and as it, if
17 it progresses and as it progresses then eventually you can
18 reach a critical point where, where you have insufficient
19 oxygen to support life and, and the functions of, of that,
20 and death occurs.

21 MR. YERRID: Okay. If I can just look over my
22 notes for a few minutes. I'm going to wind down.

23 Q Let's go back and make sure we have the autopsy
24 report nailed down in terms of when you started the report.
25 When did you start the report? Because I want to find out in

1 transitioning to your new position here in the Keys what the
2 timetable was. I know you were trying to wind down all the
3 affairs in California. So when did the autopsy report start?

4 A Yeah. When, so the date on the autopsy report is
5 February 10, 2014. That would be the date that I performed
6 the dissection of the body.

7 Q That's that Y-shaped cut?

8 A The Y-shaped incision, the internal examination.
9 That would be the date.

10 Q That would be the beginning, in essence, of --

11 A Correct.

12 Q -- the autopsy? Okay.

13 A And then at some point later the slides would be
14 examined --

15 Q And the toxicology report would have --

16 A And the toxicology report would come in and I would
17 review that. And so that's all, that's all done later, but I
18 don't know exactly the, you could find out the dates by, by
19 looking at when the slides were sent out and when they were
20 received back in the office.

21 Q Well, do you have when it was completed versus when
22 you left the coroner's office, when the sign-off on it? Do
23 you have that?

24 A Okay. I will look. Let me look.

25 Q Okay.

1 A I may have it. I may not. I don't know.

2 Okay. It doesn't say, sometimes I date it when I
3 sign it, but I didn't --

4 Q Right. We didn't find a date.

5 A So I don't know.

6 Q But at the time you wrote the report you still had
7 no confirmation that Ted Agu even had sickle cell trait?

8 A Correct. I, I didn't have, that's correct. Yes.

9 Q You still had none of Ted Agu's medical records
10 from the university?

11 A Yes. Correct.

12 Q And the only information you had at that time in
13 terms of what he'd done just before this last collapse was
14 that he'd done fine, he'd been doing fine until he suddenly
15 collapsed and died? That was the information you were
16 operating under?

17 A Correct.

18 MR. YERRID: Okay. We're going to take one last
19 break and I'm going to go --

20 Q Oh. I did want to ask, when you say your diagnosis
21 about this, this heart issue was soft and that the heart was
22 only somewhat enlarged, are you saying it was a very mild
23 case of enlargement in terms of what you would expect to see
24 in an athlete?

25 A That's my recollection. We can look at the autopsy

1 report and we can look at the weight and say for sure.

2 MR. YERRID: Okay. Let's, let's take a break and
3 then hopefully we'll come back and I'll, I'll finish
4 up. Thank you, Dr. Beaver, for your time. This will
5 be our last break.

6 (A brief recess.)

7 Q Dr. Beaver, before we close our examination of you
8 I would appreciate revisiting just the HCM point one last
9 time. Is that in lay terms enlargement of the heart?

10 A Yes.

11 Q Okay. And you realize that Ted Agu was
12 six-foot-four and weighed 260 pounds?

13 A Yes.

14 Q And I think you actually weighed his heart? 530
15 grams?

16 A Yes.

17 Q Okay. You mentioned a soft finding or a, a mild
18 enlarged heart. Is there a correlation between an athlete's
19 heart and that of a normal person and that weight? In other
20 words, can you give the jury an idea as to was this
21 something, well, this was an enlarged heart or this was a
22 heart that, of a large athlete?

23 A Well, athletes can have an enlarged heart and it
24 can be actually abnormal. So, so the stress of, of
25 cardiovascular training can cause the heart to enlarge and,

1 and it can be, and it's abnormal. And, and you will find
2 that exquisitely trained athletes, runners that run, distance
3 runners will sometimes die from hypertrophic cardiomyopathy,
4 again, because they've trained themselves to the point where
5 their heart has become abnormal.

6 Q And I -- I'm sorry.

7 A So, so I guess to try and answer your question,
8 given, so I go more on the size of the individual. In other
9 words, height and weight and overall size of the individual
10 is what sets the normal for their heart, and a smaller person
11 is going to have a smaller heart. Proportionally, everything
12 will be, if the person is larger they will have a
13 proportionally larger organs, all their organs, heart
14 included, and if they're smaller they will have
15 proportionally smaller organs. We sort of, we take the
16 average, the sort of arbitrarily average is 350 grams. That's
17 what's considered average. But that takes into, the, that's
18 an average of very small people up to very large people.

19 Now, if you look at the individual, a person that's
20 six-four and, and 260 pounds, the normal for them is going to
21 be closer to 550-or-so grams. So, so Ted Agu's heart was,
22 you know, very close to normal if you adjust for his overall
23 size.

24 Q Okay. All right. And upon reflection in terms of,
25 and you've mentioned I think at least two or three different

1 times it was a soft diagnosis with limited amount of
2 information, how comfortable are you with the fact that this
3 was not any heart problem that killed Mr. Agu but a sickling
4 episode? How comfortable are you with that? Now, given all
5 the information you've learned and the composition of that
6 information?

7 A I'm pretty comfortable with that.

8 Q Okay. Now, that brings us to the last point, and
9 I'm going to mark your CV as a, Exhibit No. 5. We've thought
10 about it and we don't need the other, we can put the other,
11 all the medical records in at trial, but I'm going to mark
12 your CV as Exhibit 5 and I want to close with this thought.

13 (Plaintiff's Exhibit 5 was marked.)

14 Q Dr. Beaver, you heard the objections. Well, he's
15 not an expert, well, he's not, he's not qualified to give,
16 whatever, whatever other opinions have been, objections have
17 been made to your opinions. I need to enlist your best
18 advice, Dr. Beaver, as to how we can, everyone wants the
19 truth, and the truth based upon what you've said today is
20 that this was a sickling death, and we need to get that truth
21 in the form of the medical examiner's findings, with the
22 rationale that you didn't have the information you should
23 have had at the time you made the report. How can we do that
24 best? I mean, you said I'm not the person in power to do
25 that. Can we get some type of, of input from you that would

1 cause the medical examiner -- you'd have the experience. I
2 don't. We just simply want to get the record to be a correct
3 and truthful record. How do we do that?

4 A Yes. The, the mechanism would be to petition the
5 coroner's office in Alameda County, send them a letter and
6 ask the Chief Forensic Pathologist to review the case and to
7 discuss the case with me.

8 Q Okay. May we have, may we have your consent to
9 give them a copy of your deposition?

10 A Yes.

11 Q Okay.

12 A And then, and then allow that person to
13 independently arrive at whatever conclusion they want to
14 arrive at, and so, that's what I would do. They would
15 simply, if I was, and I've been asked, I've been this, the
16 other side of the situation, if I'm asked to review a case I
17 would review it in an independent way, decide on my own
18 opinion, and, and, and make that ruling. So, so I think the
19 best is to, to ask that the case be reviewed.

20 Q Do you, do you recall, and thank you for that
21 input. Do you recall, it's been several months now, when I
22 telephoned you, I was able to locate you in Florida and I
23 telephoned you and I asked you if, if you had all the
24 information regarding Mr. Agu's, because you said due to the
25 information, limited information you had, you said that in

1 the autopsy report.

2 MR. HOSKING: It misstates the record.

3 MR. YERRID: Excuse me?

4 MR. HOSKING: It doesn't say due to the limited
5 information, Steve.

6 MR. YERRID: Well, whatever it says.

7 MR. HOSKING: Yeah.

8 Q Based upon the information you had, something about
9 information or knowledge.

10 MR. YERRID: Let me see that autopsy report,
11 please. Just a minute. I'll find it.

12 Q The information available to me at this time.
13 That's what I'm referring to. Do you see that part?

14 A Yes.

15 Q And I asked what information you had available to
16 you, and you were kind enough --

17 A Yes.

18 Q -- to tell me that it was a sudden, immediate death
19 collapse?

20 A Yes, sir.

21 Q Okay. And I said would you be willing to review
22 other fact witnesses' accounts of how this gentleman died and
23 you said if they came to you, you would review them?

24 Do you remember doing that?

25 A Yes.

1 Q Okay. And then I asked if you would give testimony
2 in this case and you agreed to do that?

3 A Yes.

4 Q Okay. Did I ever ask you to do anything other than
5 tell the truth?

6 A No. And, and I think I even warned you that no
7 matter what you provided to me I still might not change my
8 mind. So, I mean, my, I had made a ruling and I wasn't, you
9 know, predisposed to change that ruling.

10 Q And let me ask you something, Dr. Beaver. Were you
11 shocked that you did not have this information about how this
12 young man died?

13 A That, and I was shocked that you would be calling
14 me. I mean, I didn't ever expect anyone to call me.

15 Q Okay. Given what you read in the depositions and
16 what was told to you by the University of California doctor,
17 in particular Dr. Batten, did, did that cause you concern?

18 MR. HOSKING: It's vague.

19 A I --

20 MR. YERRID: You don't have to answer it. I'll
21 withdraw it. You don't have to answer.

22 I tender the witness.

23 CROSS-EXAMINATION

24 BY MR. HOSKING:

25 Q All right, Doctor. I appreciate you making time

1 available for us today and I won't take up any more of your
2 time than necessary. My name is Jeff Hosking, and I
3 represent the defendants in this case. And what I'll do is
4 I'm going to follow up on a few of the things that were asked
5 you today, so we may jump around a little bit. If that gets
6 to be confusing just let me know and we'll --

7 A That's fine.

8 Q -- figure out where we are.

9 Let's, let's start with this process for changing
10 the autopsy report. You, I think what you told us was that
11 the Chief of Pathology in Alameda County could upon petition
12 do an independent investigation to reach his own or her own
13 conclusion about cause of death. Is that how that works?

14 A Yes.

15 Q So what materials are available for the Chief of
16 Pathology in Alameda County to make that determination? Do
17 you know what materials or specimens still exist regarding
18 Ted Agu?

19 A I, I can answer, yes. I can answer that question.

20 Q And what would those be? What I'm looking for,
21 please, is just a list of all the materials or samples that
22 were taken during your investigation of this young man's
23 death.

24 A Okay. So there will be blood, and I believe urine
25 was also available. There will be body fluids available.

1 And much of that was already tested. We even sent testing to
2 the lab at UCLA, the international lab for steroids, for
3 performance-enhancing drugs, the one that does all the
4 testing for the Olympics. And they were, and it was
5 negative.

6 Q This was blood that was sent to them?

7 A Hmm-hmm.

8 Q Okay.

9 A So there should be blood and body fluids available.
10 Additionally there will be formal and fixed tissue, and
11 that's tissue biopsies of every organ in his body, sometimes
12 multiple biopsies. For instance, the brain will have
13 multiple biopsies. And that's fixed and formal and can be
14 made into, processed into glass microscopic slides. Then
15 there will be the glass slides that I reviewed and that I
16 viewed to make my opinion. And then there will be the
17 blocks, the tissue blocks from which those slides were made
18 and, and additional slides could be cut that should be the
19 same tissue and show the same things. So that's, that's what
20 I think should be available.

21 When this was happening I think people were aware
22 enough of the importance of the case -- most of our retention
23 times are one year. So we retain, on a, on a normal case, an
24 average case where there's no, there's no interest in the
25 case beyond a cause of death, then we would retain the body

1 fluids for a year and we would retain the tissue for probably
2 a year to a year and a half, and then of course the glass
3 slides and the tissue blocks would be retained ad infinitum.
4 They're, they're something that's going to be in the record
5 forever. But when we have a case where we think there's,
6 there's some interest beyond just the cause of death, the
7 retention times for the body fluids and for the formal and
8 fixed tissue would extend.

9 And I think there was enough interest in this case
10 that that would be, that people would do that in the
11 coroner's office, that it would be retained. I believe I
12 asked them to retain those tissues and, and extend the
13 retention times on them, but I can't for sure tell you that
14 they still exist.

15 Q All right. Thank you. For example, was the heart
16 retained?

17 A Okay. I, I do not retain whole organs, ever.

18 It's not ethical in my opinion, unless you have the
19 family's permission, and I didn't feel that retaining the
20 entire heart was necessary if we had biopsies of the heart. I
21 believe there may be photographs as well.

22 Q Did you, did you seek the family's permission to
23 maintain the whole organ given the fact that people at the
24 coroner's office knew that there, this would be perhaps a
25 contended issue?

1 A Well, I don't think we knew it was going to be a
2 contended issue, not, not when we were doing the autopsy, not
3 when we would have retained the specimen, and I did not ask
4 the family. And I wouldn't, I didn't need to. In my opinion
5 I didn't need to.

6 Q Is there anything in your report that would give us
7 an inventory of the locations from which you took biopsy
8 samples of the heart? In other words, would you identify the
9 locations where you take --

10 A No.

11 Q -- those pieces of tissue?

12 A No.

13 Q Do you have a standard practice of places where you
14 biopsy?

15 A Yes, I do.

16 Q All right. So what is your standard practice,
17 Doctor?

18 A So I biopsy the anterior wall. I also biopsy the
19 intraventricular septum. And I biopsy the right ventricle
20 lateral wall.

21 Q Is that it?

22 A That's it.

23 Q Do you ever biopsy the nodes?

24 A What nodes?

25 Q The apical nodes?

1 A Apical nodes?

2 Q Yeah, in the, in the --

3 A Are you referring to the arteriovenous node?

4 Q Right.

5 A Okay. Sometimes those are in the biopsy of the
6 intraventricular septum. Those nodes are not grossly
7 identifiable. Those are microscopic structures. And so you
8 basically take a, a section in the area where you think the
9 node, the AV node should be present, and, and that's what you
10 hope, you hope you get it. So that's what I do. When I take
11 the septum biopsy I'm trying to get the node.

12 Q In this case did you consider biopsying in any
13 other locations than the anterior wall, the septum, and the
14 left ventricle?

15 A No.

16 Q So when we were talking about heart weight or the
17 size of the heart, the weight is just one issue; is that
18 right? There are other things that speak to the presence of
19 cardiomyopathy; is that right?

20 A Correct.

21 Q So his heart weighed 530 grams. What is the normal
22 thickness of the left ventricular myocardium in your
23 experience?

24 A It's about 1.2 centimeters.

25 Q That's the high end of normal; is that right?

1 A In a normally weighted heart. If a heart was 350
2 grams I would expect the left ventricle to be about 1.2
3 centimeters.

4 Q And what was Mr. Agu's?

5 A I would have to look at the report, if I put it in
6 there.

7 Q Sure. I'll represent to you, and it's on page 5 if
8 you'd like to just double-check me, but it's at the very end
9 of the page starting at line 86, you indicate the left
10 ventricular myocardium measures 2.0 centimeters in thickness.
11 Do you see that, Doctor?

12 A You said line 186?

13 Q Line 86 on page 5.

14 A Yes. I see it.

15 Q Is that explained by athlete's heart?

16 A Yes. That could be part of hypertrophic
17 cardiomyopathy, or it could be part of just being a larger
18 individual.

19 Q What are the other differential diagnoses that
20 would come to mind for you when you see a thickness, a left
21 ventricular wall that's that thick?

22 A Hypertension.

23 Q Anything else?

24 A Amyloidosis.

25 Q How about a dilated cardiomyopathy?

1 A No.

2 Q Any other differential that would come to your mind
3 when you see a thick, a wall thickness that thick?

4 A Sometimes sarcoidosis can do that.

5 Q How often have you seen a 2-centimeter-thick
6 ventricular wall in a young man in his early twenties?

7 MR. YERRID: Objection to the form.

8 A It depend, it depends on the size of the heart. If,
9 I mean, I, I don't, I guess I don't understand. It's too
10 vague for me to answer.

11 Q You've encountered, have you ever seen in your
12 practice as a pathologist any heart that had a left
13 ventricular wall that was measured 2 centimeters in
14 thickness?

15 A Yes.

16 Q And can you give me an idea of how often that
17 occurs?

18 A Maybe hundreds of times.

19 Q And what was the explanation for it, if there is
20 one that stands out among all the explanations in those
21 hundreds of times you've seen it?

22 MR. YERRID: Objection to the form.

23 A Hypertension.

24 Q Doctor, did you review any documents in preparation
25 for your testimony here today?

1 A Yes, I did.

2 Q Can you tell me what you reviewed, please?

3 A I reviewed deposition testimony of players from
4 the, from the team on which Ted Agu played.

5 Q Can you tell me the names of the depositions, of
6 the players who were, whose depositions you reviewed?

7 A I don't recall offhand.

8 Q Do you know how many depositions you reviewed?

9 A There must have been six, maybe.

10 Q Do you know whether that represents all the players
11 who were deposed?

12 A No.

13 Q Were you provided any other depositions besides,
14 let's make an assumption that it was six. Were you provided
15 any other depositions besides those six players?

16 A Not that I recall.

17 Q Were you provided the depositions of any of the
18 training, the athletic training staff that was present and
19 observed this exercise the morning of Mr. Agu's demise?

20 A No.

21 Q Were you provided the depositions of any of the
22 health and strength coaches who, health and conditioning,
23 strength and conditioning coaches who were present the
24 morning of his death and were observing the practice?

25 MR. YERRID: Objection to the form.

1 A No. I don't, I don't recall. I don't think so.

2 Q Do you know what their, has anyone provided you
3 with a summary of what those individuals testified about
4 their observations about Mr. Agu prior to him taking a knee?

5 A No.

6 Q So do you know as you sit here today what they
7 said?

8 A No.

9 Q Would it be important to you as a coroner who is
10 charged with making the call regarding cause of death to have
11 as much information as possible?

12 A I think I've been asked that several times today,
13 and the answer is yes.

14 Q I think you've said that. So you would like to
15 have all the deposition testimony that would give you as
16 complete a picture as can be given to you about the
17 circumstances of this man's death; is that right?

18 MR. YERRID: Objection to the form.

19 A That's correct. I would like to have all the
20 information, yes.

21 Q Were you given a copy of Dr. Batten's deposition?

22 A No.

23 Q Did you review any other materials other than the,
24 like we are assuming, six deposition transcripts of players
25 whose names you can't recall at the moment?

1 A No.

2 Q Did you review any literature?

3 A No.

4 Q Did you go back and look at your report?

5 A Yes.

6 Q And was that provided to you by Mr. Yerrid's
7 office?

8 A Yes.

9 Q So now we've got the autopsy report and
10 approximately six depositions. Did you review any other
11 materials?

12 A No.

13 Q Did you have any conversations with Mr. Yerrid or
14 anyone from his office prior to your deposition today?

15 A Yes.

16 Q Can you recall when the first conversation
17 occurred?

18 A It was after I moved to the Keys, and it must have
19 been, I'm going to think either September, I think around
20 September, plus or minus a month.

21 Q Of 2014?

22 A 2014. Yes.

23 Q Can you estimate how many times you've communicated
24 with Mr. Yerrid or someone from his office?

25 A Probably six times, five or six times.

1 Q And did you make notes of any of those
2 conversations?

3 A No.

4 Q They're not recorded when they're, when you call in
5 to the county coroner in Florida, are they?

6 A No.

7 Q Can you give me a summary -- well, strike that.

8 Did Mr. Yerrid identify himself as the attorney who
9 was representing the family of Mr. Agu?

10 A Yes.

11 Q Have you had conversations with any other attorney
12 representing Mr. Agu's family?

13 A No.

14 Q And can you summarize for me, please, the
15 conversations that you've had with Mr. Yerrid? I don't need
16 to hear about logistical things about setting up today's
17 deposition. I'm interested more in the substantive
18 conversations that you had.

19 MR. YERRID: Well, that may have been three or
20 four of those conversations about dates for his
21 deposition.

22 A Well, let me, let me answer. I think they're
23 pretty much all logistical. I don't remember him saying
24 anything more than I'm going to send you some depositions. We
25 never discussed the case much at all. So I don't remember,

1 if we had any substantive conversation about the case I don't
2 remember it.

3 Q Was there ever a conversation regarding the reasons
4 why you concluded when you prepared your report, your final
5 report, that the, that Mr. Agu died from hypertrophic
6 cardiomyopathy?

7 A Could you state the question again?

8 Q Sure. And I'm glad you brought that up. If I ever
9 ask a question that makes no sense to you please let me know
10 and I'll be happy to rephrase it, as you've been doing and I
11 appreciate that.

12 Did you ever have a conversation with Mr. Yerrid on
13 the phone about the basis for your conclusion that Mr. Agu
14 died from hypertrophic cardiomyopathy?

15 A Yes.

16 Q And what was that conversation?

17 A We've pretty much gone over it today because I told
18 him this is how I approach the reasoning and I went through
19 the logic, the logic that I just laid out for you with the
20 findings at autopsy, the clinical history, and the
21 correlation between those two things. And, and that's it.
22 And there was no, I was doing the talking and unlike most
23 times I did all the talking and he did the listening.

24 Q I'm sorry, did you complete your answer?

25 A Yes.

1 Q Did the subject of sickle cell trait come up during
2 any of these conversations?

3 A It probably did, yes. I would, I would say so.

4 I don't have a specific recollection but, but I
5 would guess that it did.

6 Q And what do you recall about that subject?

7 A I don't recall anything more than going through my
8 decision-making with him and telling him this is how I made
9 the decision. And the same thing that I just went through
10 with the jury, telling you the two things that I found, how I
11 found them, and how I weighted them to make a cause of death.
12 And I think it was, I think it was pretty clear. So I keep
13 telling that to anybody who asks and so, as I say, and again,
14 I'm a one-trick pony. I do one thing over and over again
15 very well. And that's what, so I'm just going to tell you
16 what I did.

17 Q I appreciate that. That's why I asked, was to find
18 out what you did, and I appreciate your candor.

19 When you had a conversation with Mr. Yerrid prior
20 to your deposition today did you talk about the bases for a
21 possible diagnosis of sickle cell trait in this man? I'm
22 sorry. Let me withdraw the question.

23 When you had a conversation with Mr. Yerrid prior
24 to this deposition did you talk with him or discuss with him
25 about what evidence there was that supported a conclusion

1 that this man succumbed to a sickle cell trait crisis?

2 MR. YERRID: Objection to the form.

3 A I think --

4 THE WITNESS: Oh, is there an objection?

5 MR. YERRID: Yeah. But you can go ahead and
6 answer whatever.

7 A I say no. I, I don't recall.

8 Q All right. Fine. Can you recall anything else
9 from those conversations?

10 A No. My, my, my recollection overall of the
11 conversations is they were very brief, he was usually in a
12 very big hurry, and, and he was anxious just to tell me
13 something was going to happen on a certain timeframe, and
14 that was it.

15 Q Did you keep track of the amount of time that you
16 spent consulting with Mr. Yerrid on the phone?

17 A No.

18 Q Have you charged or do you intend to charge for any
19 of that time?

20 A I would like to charge. That's my, my hope. I
21 hope I will see some money. You know, I get about, when I do
22 these things, it's a good thing that this is not the primary
23 way I make my living because I usually only get about 50
24 percent of what I would like to get.

25 Q What is your rate for consulting work?

1 A Generally for deposition testimony I charge 300, I
2 charge \$500 an hour for anything where I'm under oath and
3 \$350 an hour just to review materials and do, do prep work.
4 And I charge travel time when I have to go someplace.

5 Q Have you kept track of the amount of time that
6 you've spent working on this case for Mr. Yerrid's firm in
7 addition to the deposition here?

8 MR. YERRID: Excuse me. Counsel, he is not working
9 for Mr. Yerrid's firm and he hasn't gotten any money
10 from us. So I don't know what that inference is, but
11 he's a former medical examiner of your hometown.

12 Q Just asking to know how much time you've spent
13 working on this case.

14 MR. YERRID: No. What you said was working for
15 my firm. He doesn't work for my firm. He's a medical
16 examiner.

17 Q Have you kept track of your time, Doctor?

18 A Yeah. I understand that. So what I want you to
19 say for me to clarify so I can answer this is I need to know
20 what you mean by kept track.

21 Q Sure. You've jotted down a note, you've got it in
22 your computer, you've done something to memorialize the
23 amount of time that you've devoted to this subject, the death
24 of Mr. Agu, that brings us here for your deposition today,
25 including conversations, reviewing materials, you read six

1 depositions. Did you keep track of all that time?

2 A So, so keeping track in your definition is to
3 memorialize it in some way? Because if you're asking me, did
4 I write something down or in some way record, no. I have it
5 up here (indicating).

6 Q Okay.

7 A I have a, I have a pretty got idea in my head and
8 I've got a clicker and I can keep track of, okay, I spent
9 this evening from 7:00 p.m. until 11:00 p.m. when I went to
10 bed reading depositions, which put me to sleep nicely. So,
11 so that's the kind of, that's the kind of memorialization I
12 have. If I have a stroke I'll probably go unpaid.

13 Q Fair enough. And it doesn't matter to me what the
14 form is. I'm impressed that you're able to keep it in your
15 head. What I want to know is how much time have you devoted
16 to this case?

17 A I, I think we're probably close to ten hours now.

18 Q Including today's deposition?

19 A Not including today's deposition.

20 Q Okay. So ten hours to review depositions, have
21 conversations with Mr. Yerrid, maybe look at the occasional
22 piece of correspondence if there was any?

23 A Correct.

24 Q And that's what, how you spent your time?

25 A Yup.

1 Q Did you do any, any medical research to, as part of
2 that work?

3 A Back when I was still in California and still at
4 the coroner's office I spoke with a doctor whose name I can't
5 remember now who was a hematologist and an expert in sickle
6 cell stuff. I just can't remember the name right now. I'm
7 an old guy. So my memory's not that great. And what I
8 remember, though, is that we discussed the possibility of
9 sickle cell being involved in this case.

10 And it was shortly before I was leaving to come
11 here and, and, and I'm still pondering the idea, and I think
12 I even spoke about it in the deposition, I was pondering the
13 idea of how much of this could happen in the postmortem
14 interval. And so, and that's the question I put to him too,
15 and, and he didn't seem to have an answer either. So the two
16 of us didn't have an answer. And so I, that's, that's about
17 all that I've done outside.

18 Q Okay. Thank you.

19 Back on the subject of athlete's heart, you
20 testified that it can be larger due to training. I'd like
21 just to follow up on that subject a little bit more. Are
22 there, are there types of athletic endeavors that are more
23 associated with athlete's heart than others? In your
24 experience?

25 A In my experience I would say I don't know.

1 Q Fair enough. On the subject of hypertrophic
2 cardiomyopathy the subject came up and correct me if I'm
3 wrong but I thought that your testimony was that people can
4 often go through life not aware that they have that
5 condition? Was that what you testified to earlier?

6 A Yes.

7 Q Do you know whether or not the NCAA permits
8 athletes with known hypertrophic cardiomyopathy to
9 participate in Division 1 athletics?

10 MR. YERRID: I don't know about all those expert
11 opinion questions you objected to, but I'm going to
12 object just, just, just out of spite. I'm going to
13 object. Calls for an expert opinion.

14 A I, and my, and my answer is I don't know. I don't
15 what the, I haven't read any documents from the NCAA or any
16 of their position papers or anything like that, so I wouldn't
17 know what they allow or don't allow.

18 Q That's, that's all I needed to know was whether you
19 know or not, Doctor.

20 You also discussed the mode of death with
21 hypertrophic cardiomyopathy. You testified that it was a
22 sudden collapse. Is it in your experience -- well, let me,
23 let me back up. I think you testified that you've done maybe
24 five to ten thousand autopsies in your career. Would you be
25 involved in the investigation of causes of death where you

1 didn't do an autopsy or do you, or are you not?

2 A I am. And in fact the first thing we do is
3 investigate to see if there's even jurisdiction involved.

4 So for instance if we got a call here today we
5 would look at that call and is this a medical examiner's
6 case, do we have jurisdiction in this case? Same thing in
7 California at the coroner's office. Is this a coroner's
8 case, is it, do we have jurisdiction? That would require a
9 bit of investigation to begin with.

10 Then once we do that, we're going to investigate,
11 now do we need to do an autopsy? Because it's an expensive
12 thing to do for the county. So if we can make a reasonable,
13 and the, the statute is pretty clear, we just have to make a
14 reasonable cause of death. We have to cause, cause whatever
15 investigations or studies are necessary to make a reasonable
16 cause of death. The statute reads pretty much like that. So
17 if we can, if we can investigate and we can make a cause of
18 death from, say, medical records or from eyewitness testimony
19 or something like that, then we may not have to do an
20 autopsy. Or if we investigate, we may be able to limit the
21 scope of the autopsy, so perhaps we just need to examine the
22 head or perhaps we just need to examine the heart, so we can,
23 again, truncate the autopsy to save the county some money,
24 and, and make, and make, make it better for everyone. So, so
25 yes, there is an investigation that takes place whether or

1 not we do an autopsy.

2 Q Appreciate the explanation. It makes complete
3 sense. What I'm leading up to, Doctor, is if you can give an
4 estimate of the number of cases that you've either
5 investigated and/or done an autopsy that involved death from
6 hypertrophic cardiomyopathy, if you can express it as a
7 number or a percentage of the cases you've been involved in,
8 whatever is convenient for you.

9 A Okay. So if we're talking about, yeah, I would say
10 it's probably, it's probably got to be at least maybe
11 twenty-five or thirty.

12 Q Are you familiar with any cases where the, the
13 death that was attributed to cardiomyopathy, hypertrophic
14 cardiomyopathy occurred, evolved over a process of minutes as
15 opposed to being a sudden death event?

16 A No.

17 Q They have all been sudden events in your
18 experience?

19 A Yes. Where we knew. Sometimes the person is found
20 deceased and we don't know, they're found by somebody some
21 minutes later and nobody knows what happened at the very end.

22 Q You testified that in addition to hypertrophic
23 cardiomyopathy you were weighing sickle cell trait as a cause
24 of death at the time of the autopsy. You don't, I don't, do
25 you, where do you discuss in your autopsy report that's dated

1 February 10, 2014, that sickle cell, that you were weighing
2 sickle cell trait as a cause of death?

3 MR. YERRID: Objection to the form. Misstates
4 his testimony.

5 Q Did I --

6 A Yeah.

7 Q -- misstate your testimony, Doctor?

8 A Yeah. You did. Definitely misstated.

9 Q I'm sorry. Please help me.

10 A Yeah. So I think I laid this out, but let me lay
11 it out again. So at the time of the autopsy when I finish
12 the dissection I have to send off the tissue biopsies for
13 microscopic examination, and then I have to send off also the
14 blood for toxicology, okay. So at the time when I, when I,
15 when I step away from the body, put the scalpel down and wash
16 my hands, the only thing that I know about Ted Agu is that,
17 that his body is pristine except for one thing, and that's
18 his heart is slightly enlarged. And, just by my inspection.
19 Okay? So that's all I know. And I put my tissue biopsies
20 out to be processed and made into glass slides and I send out
21 my blood and urine and whatever else I can get for
22 toxicological analysis, and then it's some time later, maybe
23 it's weeks usually, before I get those materials back and I
24 can actually get time to review them. So that's when I
25 first, when I was looking at the microscopic section, that's

1 when I first decided that there may be sickle cell trait
2 involved. So at the actual time of autopsy I know nothing
3 about sickle cell. I'm not even considering that. I'm not
4 even thinking about that.

5 Q Yeah. I didn't mean to say at the time of autopsy.
6 I hope I didn't say that. What I meant to say was at the
7 time you prepared your final report.

8 A Yes.

9 Q Okay. So when you prepared your final report you
10 were considering different causes of death? One was
11 hypertrophic cardiomyopathy. Were you also considering
12 sickle cell trait as a potential cause of death when you
13 authored the report?

14 A Yes.

15 Q All right. So you have it in front of you. Can
16 you show me, please, where you discuss sickle cell trait as a
17 possible cause of death in this man's case?

18 A Yeah. I'll show you. During the microscopic
19 examination of tissue obtained at autopsy abnormal
20 erythrocyte morphology was apparent. Some of the red bloods
21 cells within some of the blood vessels have morphology
22 consistent with sickle cell disease. However, and this is,
23 this is the comment about the cause of death, okay. However,
24 this could be the result of low oxygen tension either
25 antemortem or postmortem. So at this point I hadn't resolved

1 that antemortem/postmortem and I had that clinical history
2 that didn't fit sickle cell. So I said, "Therefore based
3 upon the information available to me at this time it is my
4 opinion that the cause of death is best classified -- best
5 certified as hypertrophic cardiomyopathy."

6 So what I'm doing in this comment is I'm speaking
7 to the two things that I'm weighing for the cause of death,
8 the hypertrophic cardiomyopathy first, and then the sickle
9 cell disease, sickle cell. The two findings I have. I'm
10 pointing out the two findings I have and I'm weighing them,
11 I've, I've weighed them, and then I've come down, I've formed
12 my opinion.

13 Q All right. Thank you. And I saw that when I read
14 your report. Did you discuss sickle cell trait in any other
15 part of the report?

16 A Perhaps in the microscopic examination. I don't, I
17 don't remember.

18 Q Do you know what page that's on?

19 A It might be towards the end.

20 Oh. I don't see a microscopic examination here.
21 So --

22 Q Would it be your practice to include that as part
23 of your report?

24 A Yes, it would, and I, I think it's probably
25 somewhere in the, and I don't know why it's not in here.

1 Q Did you, were you able to resolve the question of
2 whether the morphology consistent with sickle cell disease
3 was a result of low oxygen tension that existed ante or
4 postmortem? Were you ever able to revolve that issue?

5 A No.

6 Q Would you defer to a hematologist on that subject?

7 A No. You would have to tell me which hematologist,
8 because there are experts you could pay to say anything you
9 want. The moon is made of green cheese, aliens shot him with
10 a death ray. I'm sure you can find somebody to say that.

11 Q Yeah.

12 A And it would probably be from Harvard.

13 Q Every lawyer is acquainted with that. But as a
14 specialty is there a specialty that's better suited to
15 comment on that subject than a hematologist in your opinion?

16 A I, as a specialty, I think, I don't, I think that a
17 pathologist could comment on that as equally with
18 hematologists, and I don't see, I would have to hear what the
19 person says and their reasoning and the basis of their
20 opinion before I could say whether I would defer.

21 Q All right. There was also, this came from the
22 questioning, and you testified that the sickling was
23 extensive. I don't see you use that term at all in your
24 report. What's the basis for your opinion that the sickling
25 was extensive?

1 A Well, its presence in blood vessels in multiple
2 tissues. So not every blood vessel, certainly. Had I said
3 every blood vessel I'm sure you would have an expert find one
4 that doesn't have it. But --

5 Q You don't need to worry about that, Doctor. You
6 don't need to worry about who's going to come and comment.
7 You just, I want to hear what you believe.

8 A But I, I believed, I believed it was extensive
9 enough to be the cause of death. And, and the reason that I
10 didn't make it the cause of death was because I didn't think
11 the clinical history fit.

12 Q I understand. I couldn't tell from your report
13 where you were sampling red blood cells, is what I'm asking
14 you.

15 A Oh, yeah. I, I spoke about it at the deposition,
16 but I'll speak about it again. So when any tissue biopsy,
17 all tissues of the biop -- of the body are permeated with
18 small blood vessels. This is how the tissue gets nutrition
19 and oxygen to sustain itself.

20 Q Right.

21 A So when you look at a section of tissue under the
22 microscope you will see an architecture, and the architecture
23 is, is unique to that organ, so liver looks like liver,
24 spleen looks like spleen, heart looks like heart, the
25 architecture is that, and in, as part of that architecture

1 there are lots of small blood vessels. And so, and it would
2 be like looking at a building. If you look at a building,
3 it's got plenty of windows in it. Some buildings have more
4 windows than others. Blood vessels could be your windows.
5 So I look in those windows. Is there any glass in the
6 windows? Is the glass broken?

7 That's what I'm looking at. So I try to reason by
8 analogy here. And so inside the tissue there are blood
9 vessels and the blood vessels contain blood cells and I look
10 at those cells.

11 Q I understand that. Thanks.

12 Is it your testimony that all the tissues you
13 looked at you found evidence of morphology consistent with
14 sickle cell disease?

15 MR. YERRID: Objection to the form.

16 A That is my recollection, yes.

17 Q Okay. All the, I'm sorry. All the slides that you
18 looked at?

19 A Yes. All the, all the tissues would be correct.

20 Q Okay. Doctor, in terms of records that were
21 provided to you as you were doing your investigation, what's
22 your practice in terms -- well, strike that. Do you have a
23 practice in terms of requesting records from certain
24 locations when you're investigating a death like this one?

25 A Yes. We request medical records if we, from

1 whatever doctors or hospitals are involved. So that's the
2 routine practice.

3 Q All right. Do you ask, do you request usually the
4 paramedic or pre-hospital care report records?

5 A Yes.

6 Q Okay. And is it your practice to review those or
7 read those when you are doing your investigation?

8 A Sometimes.

9 Q Do you know whether or not you obtained the
10 pre-hospital care report in this man's case?

11 A I don't have, I don't have a recollection of that.

12 Q Do you know whether or not you obtained as part of
13 your investigation the records from the Tang Medical Center
14 on the University of California campus?

15 A I don't, I don't recall.

16 Q Okay. Have you ever seen the pre-hospital care
17 report in this man's case?

18 A I may have. I just don't recall.

19 Q All right. Well, I have only a soft copy with me.
20 Do you recall on the first page under the heading "Narrative"
21 that that report states that the report prepared by the
22 paramedics on the day of the incident states that Mr. Agu had
23 a history of sickle cell?

24 A I don't, I don't recall that.

25 Q Do you know as you sit here today whether or not

1 you were aware of that information when you prepared your
2 final report?

3 A I was aware of that. I remember seeing a reference
4 to history of sickle cell, and it may have been that report.
5 We don't get those reports necessarily on the day of the
6 autopsy. They sometimes take days or weeks to get to us.
7 So, but I remember seeing something like that at the time
8 that I was preparing the final report, but not at the time of
9 autopsy.

10 Q So at the time that you prepared the final report
11 obviously you were aware that Mr. Agu had a history of sickle
12 cell trait?

13 A The history that, the information I had was vague
14 and unconfirmed. So I can, I can say that there was, I can
15 say that I was aware that a history was being reported but we
16 were unable to confirm it.

17 Q Right. So in the, on the first page of your report
18 on the Roman numeral number IV you state "History of sickle
19 cell hemoglobinopathy."

20 A Right. That's by history, by what people are
21 telling us, but we're unable to confirm that. So I can't, I
22 can't weigh that, I can't give it, I can't give it as much
23 weight as I would like to because I can't confirm it.

24 Q All right. What did you do to try to confirm it?

25 A We asked for medical records from the family, and

1 as far as I know we didn't get, if, if you have sickle cell,
2 if you have a history, some medicine, if you, if you have a
3 family history of sickle cell trait or disease you will get a
4 hemoglobin electrophoresis to look to see if you have the
5 abnormal hemoglobin, if you have the trait. So that test
6 would be done. It would be done in his childhood if that was
7 his history. And so that's the test I'm looking for to
8 confirm that he actually has sickle cell disease. Then I
9 would put, under this I would put sickle cell
10 hemoglobinopathy diagnosed, remote. And so I was unable to
11 confirm that, that history. So it's now just a, somebody
12 telling me something, and I don't have any way, I don't have
13 any confirmation.

14 Q What did you do besides ask for records from the
15 family to investigate that issue?

16 A I don't know the extent of that investigation
17 because I assigned that to a deputy. So I told him I want to
18 know more about the sickle cell history, you know, find out
19 what you can. And so they go about the investigation.

20 Q And who was the deputy?

21 A I don't, I don't recall.

22 Q Had you seen the pre-hospital care report that
23 documents Mr. Agu's history of sickle cell disorder, is how
24 the paramedic described it, would that have been sufficient
25 to confirm for you that he had sickle cell trait?

1 A No.

2 Q Would anything short of the electrophoresis report
3 have been sufficient in your mind?

4 MR. YERRID: Objection to the form.

5 A No.

6 Q Did you ever conduct any molecular or genetic
7 testing to corroborate your diagnosis of hypertrophic
8 cardiomyopathy?

9 A No.

10 Q Is that your practice to do that?

11 A No.

12 Q Is there any more definitive test for the presence
13 or absence of that condition than molecular or genetic
14 testing?

15 A I don't, I don't think that molecular and genetic
16 testing is definitively diagnostic. I think that the
17 diagnosis is made by gross morphology and microscopic
18 examination.

19 Q Okay. In your career as a pathologist how many
20 cases of death from sickle cell crisis have you encountered,
21 if you can give us an estimate?

22 MR. YERRID: I don't think I have an objection.

23 Just repeat that question. I didn't hear it.

24 Q How many cases of death from, believed to have been
25 the result of sickle cell crisis have you encountered in your

1 time as a pathologist?

2 A This would be like the second one.

3 Q Okay. And tell, when was the other one?

4 A The other one was when I was in training at the
5 University of Colorado.

6 Q What were the circumstances of that?

7 A A young boy in crisis and sick, came in the
8 hospital, died in the hospital after several days.

9 Q How long was that young man's course?

10 A Days.

11 Q Have you reviewed the literature --

12 A No.

13 Q Have you reviewed -- let me get the whole question
14 out. You may know what I'm going to ask you.

15 Have you reviewed the literature regarding the
16 evolution of death from sickle cell trait?

17 A No.

18 Q Do you know the pathogenesis or presumed
19 pathogenesis of death from sickle cell trait?

20 A Yes.

21 Q What is it?

22 A It is lack of oxygen to the, to the body's tissues
23 and maybe, yeah, lack of, lack of oxygen.

24 Q That's your understanding of the pathogenesis of
25 that --

1 A Yes.

2 Q -- condition?

3 A Yes.

4 Q Anything more than that?

5 A No.

6 Q Okay. How many days did that young man in
7 Colorado, how many days was he in the hospital before he
8 passed away if you can recall?

9 A I don't recall.

10 Q Do you remember how old he was?

11 A He was ten.

12 Q Do you remember where the activity level was or
13 what activity he was engaged in when the crisis began?

14 A No.

15 Q Do you know what the temperature was at the time
16 that Mr. Agu was exercising with his teammates?

17 A No.

18 Q Do you know what the altitude was?

19 A No.

20 Q Are you familiar with a phenomenon, I'm going to
21 look it up so I make sure I get it correct, are you familiar
22 with a phenomenon known as rhabdomyolysis?

23 A Yes.

24 Q Did I pronounce that correctly?

25 A Yes. Correct.

1 Q Thank you. What is it, Doctor?

2 A That's necrosis of the muscle tissue. Skeletal
3 muscle tissue.

4 Q Is rhabdomyolysis associated with sickle cell
5 crisis in your, to your knowledge?

6 A It can be. Yes.

7 Q Was there any evidence of rhabdomyolysis in
8 Mr. Agu's case?

9 A I didn't look for rhabdomyolysis, and it wouldn't
10 matter to me anyway.

11 Q Why is that?

12 A Because it's not something that is going to be your
13 cause of death.

14 Q Would the presence or absence of rhabdomyolysis
15 speak to whether or not sickle cell, there was a sickle cell
16 crisis that caused this man's death?

17 MR. YERRID: Objection to the form.

18 A No.

19 Q It's, it's not a relevant finding?

20 A It would be, it's ambiguous because he could have
21 rhabdomyolysis simply from his conditioning, from his
22 workout. He could have rhabdomyolysis from a cardiac event,
23 causing hypoxia. He could have rhabdomyolysis from any
24 number of things. It wouldn't tell, it wouldn't tell me
25 whether it was sickle cell or not, wouldn't add any

1 information. And also rhabdomyolysis is very difficult to
2 diagnose. You could take, you could take a hundred muscle
3 biopsies and not see it.

4 Q All right. There are -- well, strike that.

5 Was there any evidence when you examined the body
6 of dark red or cola-colored urine?

7 A No. So that could rule rhabdomyolysis out the door
8 right there. Because you would expect the urine to be dark.
9 I saw no dark urine.

10 Q And the urine was clear?

11 A Yes.

12 Q And that excludes rhabdomyolysis in your opinion?

13 A Doesn't, doesn't exclude it, but it makes it,
14 there, let's put it this way. There is no evidence, okay, so
15 I operate on the basic tenet that the absence of evidence is
16 not evidence of absence, and so there is no evidence to
17 support rhabdomyolysis anywhere.

18 Q Thank you.

19 Other than the fact that you found morphology
20 consistent with sickle cell disease in tissue that you
21 reviewed or examined, is there any other basis for your
22 opinion that Mr. Agu died from sickle cell trait?

23 MR. YERRID: Objection to the form. Are you
24 excluding the players' statements?

25 Q Let's start with the physical findings, and then

1 we'll get to that.

2 A Can you, can you restate the question?

3 Q Sure. Please correct me if I've, if I'm wrong, but
4 what I understand you to, what I understood you to say was
5 that your opinion that Mr. Agu died from sickle cell trait or
6 sickle cell crisis is based in terms of the physical findings
7 on the presence of morphology consistent with sickle cell
8 disease in the tissues that you examined. Is that true?

9 A True.

10 Q Okay. Are there any other physical findings on
11 post, fluids, tissues, blood, or anything that also supports
12 that conclusion?

13 A No.

14 Q And the other basis that you described was the
15 testimony of the witness depositions that you were provided,
16 correct?

17 A I'm having trouble with the word "basis".

18 Q All right. Let me rephrase. What I'm trying to
19 find out is why your opinion today is that Mr. Agu died from
20 sickle cell trait when at the time you prepared your report
21 your opinion was that he died from hypertrophic
22 cardiomyopathy.

23 A Correct. And we've stated, we've talked about this
24 ad nauseam, but I'll say it once again.

25 Q Well, let me --

1 MR. YERRID: No, no. Let him finish his answer.

2 Let him finish his answer, Counsel.

3 Q Let me get the question out. Let me get the
4 question out.

5 MR. YERRID: Let him finish his answer.

6 Q Because you weren't answering the question that I
7 was going to ask. And I don't want to replew the same
8 ground. But what I want to know is, in terms of physical
9 findings you identified one thing, and that's the presence of
10 morphology consistent with sickle cell disease in the tissues
11 that you examined. That's an accurate statement?

12 Is that true?

13 A Correct.

14 Q All right. Is there, let me make it simpler. Is
15 there any other reason why as you sit here today that you
16 believe that Mr. Agu died from sickle cell crisis?

17 A No.

18 Q Did the deposition testimony that you were provided
19 by Mr. Yerrid's office from some of the players factor into
20 your conclusion at all?

21 A Yes.

22 Q In what way?

23 A It made the time from sudden collapse to now some
24 minutes to maybe an hour, so the time interval is the key.
25 The clinical history has changed. So, and that was part of

1 the decision in the beginning was that, why sickle cell was
2 discounted was because the clinical history didn't fit with
3 sickle cell. So now I've got, I've got eyewitnesses that are
4 telling me that this is not a sudden collapse, running, doing
5 fine, take a knee and die. This is something that was going,
6 ongoing for some minutes to maybe, who knows, it was a long,
7 it was longer than I would have expected if it was HCM.

8 Q All right. So it's not, it's not that the
9 depositions proved to you that it was sickle cell trait? It's
10 that the depositions made HCM less likely in your opinion?

11 A Yeah. It changed the clinical history. So what
12 I'm trying to do is I'm trying, I've got two findings and I'm
13 trying to match or balance a finding with a clinical history.
14 So which of these two findings should carry greater weight
15 towards the cause of death? Should it be HCM, should it be
16 sickle cell? Okay. Let's go the clinical history and see.
17 The clinical history of a sudden collapse supports HCM, not
18 sickle cell. The history of a prolonged nausea, weakness,
19 weakness getting worse over time supports sickle cell, not
20 HCM.

21 Q What other differential, what else would be in your
22 differential with that history, progressive weakness --

23 A Well, the history, that, just that history is huge.
24 The differential would be huge. But I'm not, I don't, the
25 autopsy findings I have, this guy is 22 years old, 21 years

1 old. His body is pristine. There is nothing, there are no
2 pathological findings except those two that we've talked
3 about. Those are the only two things. His cause of death
4 has to be one of those two things. It will be. Because
5 there's not evidence for anything else. The aliens didn't
6 shoot him with a death ray. At least if they did, I don't
7 see it.

8 Q The number one cause of death among athletes that's
9 not traumatic in nature is hypertrophic cardiomyopathy? Is
10 that true?

11 A Didn't I already say that? I said something to the
12 effect of that should be first on the list of the
13 differential, and it was on my list as well.

14 Q Yeah. I understand that. And I apologize. I'm
15 recovering some of the same ground. I'm trying not to do
16 that, but I'm entitled to get my, to do my examination.

17 A Sure. Absolutely.

18 Q All right. Thank you.

19 A And I'm answering the best I can.

20 Q And I think you are, and I appreciate it.

21 Okay. Let's look at your report. The first, you
22 talk about the histological pattern of the tissue is
23 consistent with hypertrophic cardiomyopathy. Do you remember
24 writing that?

25 A Yes.

1 Q And at the time you said that you believed that to
2 be true?

3 MR. YERRID: Objection to the form.

4 A Yeah.

5 Q Is that right?

6 A Yes.

7 Q And you didn't, you didn't qualify that as mildly
8 suggestive or possibly suggestive or it could be suggestive?
9 You said histological pattern consistent with hypertrophic
10 cardiomyopathy? Is that right?

11 A Yes. There is a, that is a compromised phrase,
12 though. Because if I had found, if I had found exactly what
13 I wanted to see for hypertrophic cardiomyopathy I would have
14 said microscopic diagnosis confirms hypertrophic
15 cardiomyopathy or is diagnostic for hypertrophic
16 cardiomyopathy, but I put consistent with because I wasn't
17 quite sure.

18 Q Okay. Got it. Thanks.

19 Your, there was some discussion or some questioning
20 about your conversation with Dr. Batten. I appreciate that
21 perhaps you don't recall the details regarding that. But,
22 and this may appear to be an obvious issue to you, but you
23 didn't conclude that Mr. Agu died from hypertrophic
24 cardiomyopathy because Dr. Batten told you to make that
25 conclusion, correct?

1 MR. YERRID: Objection to the form.

2 A That's correct.

3 Q There were other findings including the histology?

4 A Correct.

5 Q And the enlarged heart?

6 A Correct.

7 Q It wouldn't be surprising to you that a physician
8 who was familiar with sports or sports medicine, that the
9 number one thing on their mind in this situation would be
10 hypertrophic cardiomyopathy?

11 MR. YERRID: Objection to the form.

12 Q It wouldn't be surprising to you, would it?

13 MR. YERRID: Objection to the form. He's not a,
14 he doesn't read other people's mind, Counsel.

15 A I wasn't surprised that it would be on his mind.

16 I guess what I was, I was a little bit taken aback
17 that, that he would suggest, that he would just jump out
18 there and suggest it without making inquiry into all of the
19 details. That, that, that's my recollection of the phone
20 call and the day, was that I was kind of taken aback by how
21 quickly he jumped out with that and, you know, and, and his
22 suggestion of that because most people would have called and
23 just asked me, what did you find, you know, and then they
24 would say, that's how I expected the conversation to go and
25 it didn't go that way.

1 Q There was some questioning about whether the Lasco
2 and Mahalik statements were included in the materials you
3 received. When's the last time you reviewed the Alameda
4 County Coroner's file on Mr. Agu?

5 A It's a long time, and I don't recall. And the
6 other thing that you have to understand about this is that,
7 you know, I'm a really super-busy guy and so my deputies will
8 get reports and then they will verbally fill me in in the
9 hallway as I'm walking to the next thing I have to do, so,
10 and I get constantly people coming up to me and, and giving
11 me information about cases, and so that's how much of this
12 case went down as well. Much of the information I'm given
13 about the history of this case is not that I'm sitting down
14 in a library reading, you know, this report. It's that I'm
15 rushing down the hallway to the next catastrophe being told
16 something and having two people on each side of me telling me
17 something about different cases at the same time. So that's
18 the way life was in Alameda County for me.

19 Q Now we understand why you're here in the peace --
20 the tranquil Florida Keys.

21 A I'm trying to get my life back.

22 Q What I'm asking you is as you sit here today having
23 not looked at the file for all this time and understanding
24 that some materials were given to you personally and some
25 were given to you in other ways, can you say definitively

1 whether or not the Lasco and Mahalik statements were, were or
2 were not part of that Alameda County Coroner's Office's file?

3 A I don't recall.

4 Q Have you encountered a condition known as dilated
5 cardiomyopathy in your travels as a pathologist?

6 A Yes. I think, did you already ask that? I think
7 it's been asked. But I have. And it's quite common.

8 Q I'm sorry, it did come up, but I didn't ask you
9 what I'm about to ask you, which are what are the features of
10 dilated cardiomyopathy in your experience?

11 A So the features of dilated cardiomyopathy are first
12 the heart's dilated, and in the process of becoming dilated
13 it becomes enlarged by weight, enlarged by weight, but the
14 left ventricle becomes actually thinner so, because generally
15 what makes the muscle thick as it was in this case and in
16 other cases is work against resistance, okay.

17 So if the muscle is working against an increasing
18 resistance like in hypertension, the muscle tends to become
19 thick. At some point the muscle either gives up, it doesn't,
20 it can't sustain itself, or in the case of dilated
21 cardiomyopathy it just dilates for whatever reason and then
22 the wall thins because now the heart really isn't pumping
23 against a resistance, it's just not pumping.

24 Q Thank you. All right. You did a nice job of
25 explaining for us your process, the head-to-toe process and

1 you do the head-to-toe process, repeat it several times for
2 different purposes. One of those was the exterior, the
3 external physical examination and you're looking, I think you
4 testified you're looking for evidence of trauma, those kinds
5 of things, correct?

6 A Correct.

7 Q And when you're conducting that examination is it
8 your practice to note things like abrasions, contusions, you
9 know, skinned knees or skinned hands, would you document that
10 if it was present?

11 A Depends on how significant I think it is. And so
12 first of all you should know that there is probably two or
13 three dozen photographs taken at the time of the autopsy.

14 So we photograph everything, and if there is an
15 injury it's going to be photographed. And so his body was
16 photographed head to toe, up one side, down the other side,
17 and over the back. So photographs exist of these things.
18 Now, that being said, I won't, when I'm dictating evidence of
19 injury I may not pick up every little abrasion or confusion
20 because I don't think it's significant. Or it's occurring in
21 the postmortem interval or the antemortem. In other words,
22 if the paramedics pump on the guy's chest and create an
23 abrasion I don't care. If they try to stick his arm for a
24 I.V. and create a contusion or grab his arm and create
25 contusions, I really don't care about those things. So they

1 will be photographed so we can certainly look at the
2 photographs and talk about them and I can give you my
3 opinions on them but they may not be in the report.

4 Q Thank you. If there's evidence on the external
5 examination of someone who's falling down, is that something
6 that you would ordinarily comment on in your practice?

7 A If I, yeah. If I thought it was significant I
8 would.

9 Q You haven't looked at the photographs in
10 preparation for today's testimony, correct?

11 A No. I haven't seen the photographs. I, I don't
12 even have the photographs, so I would have to get them from
13 Alameda County.

14 Q Do you take those, or is that an assistant that
15 does that?

16 A A combination of both. So my assistant takes
17 routine photographs, then I may add others, and I will also
18 direct them to take others. So, and I don't remember exactly
19 on his case, but I think a number of photographs were taken.

20 Q Right. Digital film?

21 A Digital.

22 Q We're in the modern age and now it's all digital?

23 A All digital, yeah.

24 MR. YERRID: I don't care how long you take and
25 I'm not trying to rush you at all, but do you have any

1 idea how much longer?

2 MR. HOSKING: Not much. How about you, Steve?

3 Do you have a follow-up?

4 MR. YERRID: If I had it would be a minute.

5 Q Well, Doctor, I'll ask you this question since
6 we've kind of crossed over to expert land, are there any
7 other opinions that you expect to offer that you haven't
8 talked about today regarding Mr. Agu or his cause of death?

9 A Give me a, give me a minute to think about this.
10 No, I don't think so. Not unless I'm asked a specific
11 question. But I can't think of any, any that I would offer
12 spontaneously.

13 Q I, I don't expect that you'll make, take the
14 trouble to travel back to Alameda County, but in case you do,
15 do you plan to do any additional work to investigate or
16 evaluate or consider the case of Ted Agu?

17 A If, if I'm going to testify again I will, there's
18 some things I would do before I would testify. I would hope
19 to review all of those depositions that you suggested and I
20 would also want to review the autopsy report again, I would
21 like to look at the photographs and even the glass slides
22 again. So I would do all of that. I would basically start
23 over on the case and do a complete review of it before I
24 went, before I got in front of a jury or anything like that.

25 MR. HOSKING: Thank you for your time, Doctor.

1 I appreciate it.

2 THE WITNESS: Thank you.

3 REDIRECT EXAMINATION

4 BY MR. YERRID:

5 Q Dr. Beaver, you were asked specifically whether or
6 not two statements were included in the packet of information
7 that was supplied to the medical examiner's office. We went
8 and subpoenaed and got all of the materials that were
9 supplied to the medical examiner's office by University of
10 California Berkeley, and I would represent to you, those
11 exhibits that are already marked are a part of the record
12 which I'm now going to mark as, and identify as Exhibit No.
13 6. No. 6. And I'll represent to you that the two players
14 that I mentioned earlier are not included. But you can take
15 your time and look at that if you'd like. Exhibit 3 and 4
16 are the police. University of California Police, I should
17 say.

18 A I, I don't, I don't see anything in there, so.

19 Q If necessary at trial we'll have the jury examine
20 the same file, but I'm representing to you those two
21 statements are not in there. If they were not in there,
22 Messrs. Mahalik and Lasco, their deposition testimony which
23 we provided to you as the plaintiffs' lawyers certainly was
24 helpful to you in assimilating what informational base
25 occurred before this young man met his death?

1 A Hmm-hmm. Yes.

2 Q Okay. And just so we're, we're clear, you weren't
3 simply supplied with, with facts, general facts?

4 You were supplied with critically important data in
5 terms of coming to your conclusion about how this gentleman
6 died? When you're talking about the predicate acts and the
7 minutes that passed and him struggling, that was important to
8 you?

9 A Well, I was, I was provided a clinical history, or
10 at least a glimpse at the clinical history, and that was
11 inconsistent with what I was understanding at the time I made
12 the cause of death, so I had to rethink my opinion and, and
13 that's, and rethink about cause of death, and that's what I
14 did.

15 Q Do you recall ever in your medical examining career
16 having people in authority such as University of California
17 Police Department, University of California Berkeley failing
18 to supply you with information such as eyewitness statements
19 about what happened preceding someone's death?

20 MR. HOSKING: Object --

21 Q Does anything come to mind?

22 MR. HOSKING: I'll object that it's argumentative,
23 lacks foundation, misstates the record.

24 A I'm going to say it happens frequently, and I don't
25 know whether it's intentional or just, or just people are

1 busy and, but it happens. It's not an infrequent occurrence
2 and --

3 Q So --

4 A -- it's why I have to be careful how I word things.
5 When I, when I sense that I have an incomplete data set I
6 usually will word things, I will make a comment first of all,
7 and in that comment I will say, hey, I really don't think I
8 have, I'll, the words won't be these words, but if you read
9 between the lines what I will say, what I'm saying is I don't
10 think I have a complete set of data.

11 This opinion is just an opinion, and if I had the
12 data maybe I would have a different opinion.

13 Q And that --

14 A And that's what I'm saying.

15 Q And, Dr. Beaver, that's exactly what you did in
16 this case, isn't it?

17 A Pretty much, yeah. It's a pretty long comment and
18 it talks, it speaks to the two findings, it speaks to how I'm
19 trying to weight them, I think, at least, and then it lets
20 people know that this is, that I don't think I have a
21 complete data set.

22 Q And the last piece of information to close out your
23 deposition is one I need from you. Now, having reviewed the
24 numerous players and the accounts that they gave of how this
25 young man struggled, do you believe based upon your

1 microscopic review of the slides, your actual hands-on
2 examination of this young man, not only his body, his
3 muscles, his organs, everything about him, and your own
4 visualization, your actual viewing of this young man, do you
5 believe you have a complete enough base upon which to give an
6 opinion within a reasonable degree of medical probability as
7 to why he died?

8 MR. HOSKING: Calls for speculation.

9 A Unless the clinical history changes once again I
10 would say that, and again, I would, I would offer my logic to
11 anyone. You don't have to be a medical examiner, you don't
12 have to be a forensic pathologist. You have two things. You
13 have sickle cell and you have HCM. I've explained the
14 difference about the clinical history. One would be sudden,
15 one not so sudden. And so now I offer to you, you make the
16 call, you know. Now we're looking at the little box on the
17 TV as the ball goes over the plate. You make the call. And
18 so my call at this point is that sickle cell is more likely
19 than HCM, given, given that clinical history.

20 And so I think that, and I don't think the logic is
21 complicated and I don't think it's difficult for anyone to
22 see. Now, if the clinical history changes, if suddenly
23 everyone says that those players were lying and they've got
24 videotape of him suddenly being fine and saying I'm just fine
25 and then, boom, he's dead, if that changes, then okay. Then

1 we're back to the HCM again. But it's all contingent upon
2 trying to balance the clinical history, what actually
3 happened the last few moments of his life, against the two
4 pathological findings at autopsy. That's what you're, what
5 I'm trying to do. That's what anyone would try to do with
6 this, with this case.

7 Q And unlike Dr. Batten, who was not under oath, or
8 unlike the other couple of not hands-on statements that you
9 got, the testimony, the sworn testimony you got corroborates
10 your opinion that he died of a sickling event?

11 MR. HOSKING: Same objection. Incomplete
12 hypothetical, calls for speculation.

13 A I don't, I think it's the --

14 Q With the combination of everything?

15 A Corroboration is not, I don't think, the right
16 word. I'm able to form the opinion that he's dying from
17 sickle cell crisis rather than HCM because of the clinical
18 history supplied in the testimony, in the deposition
19 testimony.

20 MR. YERRID: Much better said than I, than I said
21 it.

22 Thank you very much for your time, Dr. Beaver.

23 And I am asking you as a matter of professional
24 courtesy, please keep track of your time. I do not
25 expect you to have to go uncompensated.

1 THE WITNESS: I got it.

2 MR. YERRID: I do not consider a per diem thing,
3 but I got the ten hours but you might want to jot that
4 down somewhere in case you do have a mental lapse.

5 THE WITNESS: Yeah.

6 MR. YERRID: If we ask you for any more additional
7 time to be expended we'll certainly expect a bill.

8 THE WITNESS: That will be fine. I'm going to
9 waive. That's what you're going to ask me, right?

10 MR. YERRID: You don't want to waive?

11 THE WITNESS: I will waive.

12 MR. YERRID: You do waive. Okay. That's what I
13 was going to ask you.

14 (Plaintiff's Exhibit 6 was marked.)

15 (The deposition was concluded at 5:42 p.m.)
16
17
18
19
20
21
22
23
24
25

1 CERTIFICATE OF OATH

2

3 STATE OF FLORIDA

4 COUNTY OF MONROE

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

I, Susan L. McTaggart, Florida Professional
Reporter, Notary Public, State of Florida, certify that
THOMAS RICHARD BEAVER, M.D. personally appeared before
me on the 16th day of June, 2015, and was duly sworn.

Signed this 24th day of June, 2015.

Susan L. McTaggart, FPR
Notary Public, State of Florida
Commission #FF 134437
Commission Expires: August 10, 2018

1 CERTIFICATE OF REPORTER

2

3 STATE OF FLORIDA

4 COUNTY OF MONROE

5 I, Susan L. McTaggart, Florida Professional
6 Reporter, do hereby certify that I was authorized to
7 and did stenographically report the deposition of
8 THOMAS RICHARD BEAVER, M.D., pages 1 through 143; that
9 a review of the transcript was not requested; and that
10 the transcript is a true record of my stenographic
11 notes.

12 I further certify that I am not a relative,
13 employee, attorney, or counsel of any of the parties,
14 nor am I a relative or employee of any of the parties'
15 attorneys or counsel connected with the action, nor am
16 I financially interested in the action.

17 Dated this 24th day of June, 2015.

18

19

20 Susan L. McTaggart, FPR

21

22

23

24

25

A			
<p>aback 131:16,20 abbreviation 44:3,11 44:14 abdomen 30:18 31:11 abdominal 31:12 able 14:3 22:11 68:19 89:22 107:14 110:20 115:1,4 141:16 abnormal 68:8 86:24 87:1,5 113:19 120:5 abrasion 134:19,23 abrasions 30:13 134:8 absence 121:13 124:14 125:15,16 Absolutely 129:17 academic 16:22 24:2 accept 23:7 access 31:12 accord 11:2 account 36:20,20 accounts 41:11 90:22 139:24 accredited 18:8 27:24 accuracy 38:5 51:3 accurate 34:21 38:2 46:10 60:21 65:11 127:11 acquainted 115:13 acted 43:1 acting 37:20 action 144:15,16 activities 26:10 27:17 33:1 activity 48:4 123:12,13 acts 138:6 actual 39:13 49:15 113:2 140:1,4 ad 94:3 126:24 add 40:5 124:25 135:17 adding 40:9 addition 106:7 111:22 additional 6:4 13:5,11 13:12,13 67:20 93:18 136:15 142:6</p>	<p>Additionally 93:10 adjust 87:22 adjusting 60:3 administer 26:6 adolescent 82:11 advice 88:18 affair 18:14 affairs 35:16,18 84:3 affect 38:5 51:2 aftermath 25:14 afternoon 5:15 42:12 42:14 age 38:10 135:22 agency 21:23 ago 22:24 agree 32:14 agreed 91:2 Agu 1:4,5,5 4:11,12,13 14:24 15:8 25:14 28:21 32:5 34:4,23 37:11 42:9 43:22 47:4 48:3 53:15,19,23 54:2 56:19 62:14 76:9,15 76:22 77:14 80:3 85:7 86:11 88:3 92:18 99:4 100:4 102:9 103:5,13 106:24 112:16 118:22 119:11 123:16 125:22 126:5,19 127:16 130:23 132:4 136:8 136:16 Agu's 29:2 42:22 53:11 73:24 77:21 85:9 87:21 89:24 97:4 99:19 102:12 120:23 124:8 ahead 14:22 15:24 19:18 23:8 25:4 45:9 105:5 all:8 Alameda 1:2 4:16 15:3 25:6 27:6 28:3 29:11 57:8 72:25 79:25 89:5 92:11,16 132:3,18 133:2 135:13 136:14</p>	<p>aliens 61:24 115:9 129:5 alive 72:16 allow 89:12 109:17,17 allowed 59:20 altitude 123:18 ambiguous 124:20 Ambrose 1:4 4:11 amend 65:13,14 amendment 65:22 America 2:5 American 17:19 21:6,7 21:8,12,22 amount 33:11 70:19 71:6 74:8 76:6 88:1 105:15 106:5,23 Amyloidosis 97:24 analogy 52:3 117:8 analysis 112:22 analyzed 67:15 anatomic 11:19 13:17 17:6 20:14 and-- 2:9 and/or 111:5 aneurysm 48:18 67:1 angle 30:24 31:3 answer 7:22 45:7 51:7 51:20 63:11 64:20 72:22,23 78:14 80:12 80:20 87:7 91:20,21 92:19,19 98:10 100:13 102:22 103:24 105:6 106:19 108:15 108:16 109:14 127:1 127:2,5 answering 18:16,19 127:6 129:19 answers 5:24 6:5 ante 115:3 antemortem 113:25 134:21 antemortem/postmor... 114:1 anterior 95:18 96:13 anticipated 23:17 47:18</p>	<p>anticipating 23:23 antiquated 12:15 30:4 anxious 105:12 anybody 47:15 104:13 anybody's 29:6 76:3 anytime 10:22,23 anyway 13:22 32:2 124:10 apical 95:25 96:1 apologize 24:23 50:8 129:14 apparent 67:25 113:20 apparently 59:1,2 appealed 11:8 appear 130:22 APPEARANCES 2:1 appeared 143:8 appearing 5:23 appears 36:9 apply 18:12 appointed 24:8,16,17 appreciate 86:8 91:25 103:11 104:17,18 111:2 129:20 130:20 137:1 approach 103:18 appropriate 6:7 approximate 19:19 approximately 4:7 50:19,22 101:10 April 28:25 79:23 arbitrarily 87:16 architecture 116:22,22 116:25,25 area 25:25 31:11 54:16 58:8 96:8 areas 71:11 argumentative 37:13 49:7 60:22 138:22 arm 134:23,24 arrest 48:18 64:5 arrive 24:21 89:13,14 arteries 52:10,10,12 arterioles 68:17 arteriovenous 96:3</p>

Hahn & Bowersock 800-660-3187 FAX 714-662-1398
151 KALMUS DRIVE, SUITE L1 COSTA MESA, CA 92626

<p>asked 7:19,21 22:15 81:22 89:15,16,23 90:15 91:1 92:4 94:12 100:12 104:17 119:25 131:23 133:7 136:10 137:5</p> <p>asking 40:15 56:7,25 63:10 78:19 106:12 107:3 116:13 132:22 141:23</p> <p>asks 79:14 104:13</p> <p>aspects 11:6 17:24</p> <p>assign 26:8 61:8</p> <p>assigned 120:17</p> <p>assimilating 137:24</p> <p>assist 33:2</p> <p>assistant 26:2 57:16 58:11 135:14,16</p> <p>associated 108:23 124:4</p> <p>Associates 58:16</p> <p>assume 14:12</p> <p>assuming 100:24</p> <p>assumption 99:14</p> <p>atherosclerotic 52:9</p> <p>athlete 37:17 38:9,20 38:22 39:4,19 43:18 48:25 51:15 63:16 66:20 82:5 85:24 86:22</p> <p>athlete's 86:18 97:15 108:19,23</p> <p>athletes 37:17 43:13 86:23 87:2 109:8 129:8</p> <p>athletic 99:18 108:22</p> <p>athletics 109:9</p> <p>atmosphere 19:12</p> <p>attempt 17:8 19:4,5,11</p> <p>attempts 19:5,8</p> <p>attending 4:20</p> <p>attention 46:7 50:6</p> <p>attorney 102:8,11 144:13</p> <p>attorneys 4:19 144:15</p> <p>attributed 111:13</p>	<p>August 8:25 58:12 143:15</p> <p>authored 113:13</p> <p>authorities 37:18</p> <p>authority 138:16</p> <p>authorized 144:6</p> <p>autopsies 12:19,21 27:4 32:4 109:24</p> <p>autopsy 3:14 15:15 29:1,2,3,3,7 30:5 32:4 32:25 33:5,6,12,16,17 34:3 39:11 42:13,13 46:16 47:22,23,25 49:17,21 53:9,19 59:9 59:11,14 60:6 66:16 66:24,25 67:16 73:21 77:2 81:2,2 83:23 84:3,4,12 85:25 90:1 90:10 92:10 95:2 101:9 103:20 110:1 110:11,20,21,23 111:1,5,24,25 112:11 113:2,5,19 119:6,9 128:25 134:13 136:20 141:4</p> <p>AV 96:9</p> <p>available 15:9 25:2 26:14,15 28:16 40:14 49:6,25 60:14 90:12 90:15 92:1,15,25,25 93:9,20 114:3</p> <p>average 59:18 87:16,16 87:17,18 93:24</p> <p>aware 93:21 109:4 119:1,3,11,15</p> <hr/> <p style="text-align: center;">B</p> <hr/> <p>B-E-A-V-E-R 5:18</p> <p>baby 9:12</p> <p>back 6:3 8:11 13:2 16:10 19:6 22:24 28:18,25 29:21 31:10 34:19 40:15 43:12 44:2,7 50:7,23,25 53:8 58:18 59:4,9 67:10,22 72:24 75:19</p>	<p>79:23 83:23 84:20 86:3 101:4 108:3,19 109:23 112:23 132:21 134:17 136:14 141:1</p> <p>backwards 24:6 66:5</p> <p>bad 75:24</p> <p>Bakersfield 57:12</p> <p>balance 128:13 141:2</p> <p>ball 52:15,16 140:17</p> <p>Bank 2:5</p> <p>base 137:24 140:5</p> <p>based 13:13 15:8 49:25 52:22,23 80:6,21 81:7 88:19 90:8 114:2 126:6 139:25</p> <p>bases 104:20</p> <p>basic 125:15</p> <p>basically 27:22 29:19 43:13 82:9 96:8 136:22</p> <p>basis 6:18 35:10 39:23 39:25 64:22 103:13 115:19,24 125:21 126:14,17</p> <p>basketball 82:21</p> <p>Batten 42:3,21 43:4 44:8 45:1,3,22 46:3,8 53:14,18 59:5 60:25 70:12 73:22 77:2 91:17 130:20,24 141:7</p> <p>Batten's 42:16,19 48:2 53:8 100:21</p> <p>Beaver 1:12 3:4 4:18 5:10,17,21 6:11 7:24 13:9 19:13 44:21 50:24 55:17,21 64:10 65:5 70:7 74:19 77:20 79:22 86:4,7 88:14,18 91:10 137:5 139:15 141:22 143:8 144:8</p> <p>becoming 13:19 133:12</p> <p>bed 107:10</p> <p>began 7:25 11:1,13 32:4 123:13</p>	<p>beginning 84:10 128:1</p> <p>begins 16:23 30:16 65:25</p> <p>behalf 2:4,14 5:3 41:20 41:21</p> <p>believe 53:24,25 70:11 92:24 94:11,21 116:7 127:16 139:25 140:5</p> <p>believed 116:8,8 121:24 130:1</p> <p>believes 79:5</p> <p>bellybutton 31:1</p> <p>benefit 48:1</p> <p>Berkeley 25:9,10 49:12 49:16 70:8 76:21 137:10 138:17</p> <p>Berkeley's 37:2</p> <p>best 6:23 47:22 50:1 60:11 80:23 88:17,24 89:19 114:4,4 129:19</p> <p>better 21:24 64:14 81:13 110:24 115:14 141:20</p> <p>beyond 55:13 93:25 94:6</p> <p>biconcave 68:22</p> <p>bid 12:8,25</p> <p>big 38:24 39:19 51:15 55:1 105:12</p> <p>bigger 59:19,20,24</p> <p>bill 142:7</p> <p>biological 7:4</p> <p>biology 7:5,6,9</p> <p>biop 116:17</p> <p>biopsies 10:10 93:11,12 93:13 94:20 112:12 112:19 125:3</p> <p>biopsy 10:10 67:6 95:7 95:14,18,18,19,23 96:5,11 116:16</p> <p>biopsying 96:12</p> <p>birds 50:8,12</p> <p>bit 8:1 23:9 92:5 108:21 110:9 131:16</p> <p>blocks 93:17,17 94:3</p>
---	--	---	--

HAHN & BOWERSOCK 800-660-3187 FAX 714-662-1398
151 KALMUS DRIVE, SUITE L1 COSTA MESA, CA 92626

<p>blood 10:22,22 61:22 67:13 68:16,17,18,19 68:20,20,21 69:21 70:22 73:16 83:13 92:24 93:6,9 112:14 112:21 113:21 116:1 116:2,3,13,18 117:1,4 117:8,9,9 126:11</p> <p>bloods 113:20</p> <p>board 12:9 13:1,6,19 16:12 17:5,5,6,11,12 17:14,16,19,21 18:1,6 18:12,13,14,21,24 19:2,8,10,19 20:4,8 20:12,19 21:6,7,8,9 21:11,12,14,15,18,22 21:23,25</p> <p>boards 13:6 17:20 18:10 20:1 21:10</p> <p>body 29:8,9,24 30:3,11 30:20,24,25 32:15 33:9 53:6,11 61:21 66:17 84:6 92:25 93:9 93:11,25 94:7 112:15 112:17 116:17 125:5 129:1 134:15 140:2</p> <p>body's 122:22</p> <p>boils 52:25,25</p> <p>bones 30:14</p> <p>boom 140:25</p> <p>boss 26:21</p> <p>bottom 49:24</p> <p>Boulevard 2:6</p> <p>bowel 31:19</p> <p>Bowersock 4:6,23</p> <p>box 140:16</p> <p>boy 7:13 122:7</p> <p>brain 28:13 93:12</p> <p>break 50:15,16 85:19 86:2,5</p> <p>breakdown 18:2</p> <p>breaking 50:11</p> <p>breathing 72:13,21</p> <p>brief 50:21 86:6 105:11</p> <p>bring 22:14</p>	<p>brings 88:8 106:24</p> <p>broken 117:6</p> <p>brought 46:7 103:8</p> <p>bruises 30:12</p> <p>building 117:2,2</p> <p>buildings 117:3</p> <p>bunch 17:20</p> <p>Bureau 57:8</p> <p>busy 22:24 46:15 139:1</p> <hr/> <p style="text-align: center;">C</p> <hr/> <p>C 2:8</p> <p>California 1:1,8 2:16 3:19 4:14,15 5:23 6:24 7:3,14 8:15 11:22,22 12:2,14,16 15:1 22:5,7,16,21 23:15,19 25:7 36:4,6 37:2,6,9 41:17,21,22 42:3 49:12 55:6 56:17 57:8,12 58:19 65:8,11 70:8,16 73:9,12 76:14 76:14,21 77:23,25 78:8 79:17 84:3 91:16 108:3 110:7 118:14 137:10,16 138:16,17</p> <p>California's 35:11</p> <p>call 30:13 37:25,25 39:3 42:2,8,11,23 45:16,23 52:13,17,20 53:9 68:4 71:13 73:10 91:14 100:10 102:4 110:4,5 131:20 140:16,17,18</p> <p>called 11:25 15:22 31:20 36:2 42:12,14 44:5 46:16 131:22</p> <p>calling 42:6 91:13</p> <p>calls 37:12 38:14 39:1 40:2 51:4 64:18 77:22 80:16 109:13 140:8 141:12</p> <p>Calypso 7:17,20,22</p> <p>cam 29:2</p> <p>camera 5:22,25</p> <p>campus 118:14</p> <p>cancer 10:12,12,17,19 16:7 28:13</p>	<p>candor 104:18</p> <p>capability 23:3</p> <p>capacity 16:20</p> <p>Capillaries 68:17</p> <p>caption 4:10</p> <p>cardiac 48:18 53:25 61:6 64:5,8 67:18 75:8 82:10 83:6 124:22</p> <p>cardiology 17:21 18:1</p> <p>cardiomyopathy 43:8 43:16,20 44:19 49:2 50:2 59:11 60:12 61:6 61:13,14 66:23 67:4 67:21,25 68:3,7,10 70:24 80:25 81:14 82:8 87:3 96:19 97:17 97:25 103:6,14 109:2 109:8,21 111:6,13,14 111:23 113:11 114:5 114:8 121:8 126:22 129:9,23 130:10,13 130:15,16,24 131:10 133:5,10,11,21</p> <p>cardiovascular 86:25</p> <p>care 9:12 118:4,10,16 120:22 134:23,25 135:24</p> <p>career 11:4 43:17 109:24 121:19 138:15</p> <p>careful 139:4</p> <p>carry 30:17 83:13,14 128:14</p> <p>case 1:2 4:11,14,16 12:23 34:23 35:1,4 37:23 44:13 46:2 54:16 62:10,18 65:9 65:22 66:12 67:18 68:11 71:25 75:17 78:23 79:10 80:7 85:23 89:6,7,16,19 91:2 92:3 93:22,23,24 93:25 94:5,9 96:12 102:25 103:1 106:6</p>	<p>106:13 107:16 108:9 110:6,6,8 113:17 118:10,17 124:8 132:12,13 133:15,20 135:19 136:14,16,23 139:16 141:6 142:4</p> <p>cases 13:25 22:23,25 26:8 35:1,7 43:17 61:16 66:18,19 111:4 111:7,12 121:20,24 132:11,17 133:16</p> <p>catastrope 132:15</p> <p>categories 43:14,15</p> <p>cause 4:3 12:12,21 13:24 14:4 16:7,7 33:3 35:2,6,7 37:23 38:2,5 41:22 42:10 43:3 50:1 51:3,21 52:5,20,21 56:11,16 58:24 60:8,10,11 61:9 61:17 65:13,14,23 66:2 71:4 74:23 77:17 77:21 79:10 80:6,22 82:25 86:25 89:1 91:17 92:13 93:25 94:6 100:10 104:11 110:14,14,14,16,17 111:23 112:2 113:12 113:17,23 114:4,7 116:9,10 124:13 128:15 129:3,8 136:8 138:12,13</p> <p>caused 124:16</p> <p>causes 53:2 109:25 113:10</p> <p>causing 81:12 124:23</p> <p>cell 53:15,17 54:5 60:18 61:3,7 65:2,24 68:21 69:13,15,18,19,19,21 70:5,9,13,17 71:2,2,9 71:17,21 75:9 80:23 80:24 81:13 83:8,12 85:7 104:1,21 105:1 108:6,9 111:23 112:1 112:2 113:1,3,12,16</p>
--	--	--	---

HAHN & BOWERSOCK 800-660-3187 FAX 714-662-1398
151 KALMUS DRIVE, SUITE L1 COSTA MESA, CA 92626

113:22 114:2,9,9,14 115:2 117:14 118:23 119:4,12,19 120:1,3,8 120:9,18,23,25 121:20,25 122:16,19 124:4,15,15,25 125:20,22 126:5,6,7 126:20 127:10,16 128:1,3,9,16,18,19 140:13,18 141:17 cells 10:18 61:22 68:19 68:20 69:1,2,7,8,12 70:22 72:11,18,19 75:7 82:13 83:13 113:21 116:13 117:9 117:10 center 30:23 57:18 118:13 centimeters 96:24 97:3 97:10 98:13 cerebral 67:1 cerebration 8:20 certain 15:8 18:7 36:18 37:9 40:17 50:25 59:10 105:13 117:23 certainly 6:21 13:23 29:4,7 30:22 47:24 48:19 49:1 72:10 116:2 135:1 137:23 142:7 certificate 3:6,7 7:20 18:11 143:1 144:1 certification 16:12 17:16 18:24 19:22,23 20:4,8,12 21:2,9,15 21:16,21,25 certifications 17:11 21:4,5 certified 12:9 13:1,7,19 17:12,14,21,25 18:22 19:19 21:2,11 22:3,20 50:1 60:12 80:23 114:5 certify 21:10 143:7 144:6,12	certifying 21:23 cetera 76:22 chairman 13:4 27:16 change 28:12 51:21 91:7,9 changed 28:11 127:25 128:11 changes 71:24,25 82:12 140:9,22,25 changing 92:9 channels 49:10 charge 10:20 25:19 26:7,8 55:2 105:18,20 106:1,2,4 charged 56:10,16 100:10 105:18 check 50:25 cheese 115:9 chemistry 7:9 chest 30:17 31:7,11 134:22 chief 15:2 25:6,17,18 27:3 28:3 35:15 57:3 57:7,20,23 58:3,5,8 65:21,21 89:6 92:11 92:15 child 9:7 childhood 120:6 choices 61:19 62:3 circle 68:23 Circuit 58:12 circuitous 6:23 circumstances 14:20 15:14,16 28:10 34:22 35:8 100:17 122:6 city 6:13 58:12 Civil 77:23,25 78:8 clarify 15:5 54:20 106:19 class 43:19 classified 114:4 classroom 8:10 clear 45:19 47:3 74:5 79:2 104:12 110:13 125:10 138:2	clearly 73:23 clicker 107:8 clinical 8:10 10:3,21 11:19 15:22 16:2,8 17:7 20:14,15,23 21:1 35:9 45:17 61:11,11 71:14,17,21,22,24 75:6 77:16 81:10,11 103:20 114:1 116:11 127:25 128:2,11,13 128:16,17 138:9,10 140:9,14,19,22 141:2 141:17 close 86:7 87:22 88:12 107:17 139:22 closer 32:9 87:21 closure 33:9 coaches 99:22,23 cocaine 43:16 Code 77:23,25 78:8 cola-colored 125:6 collapse 36:22 45:12,16 47:5,7,17 49:1 54:4,5 61:1,3,5,12 62:6 63:17,19 64:1,14 71:16 75:7 81:9 83:2 83:4 85:13 90:19 109:22 127:23 128:4 128:17 collapsed 38:21 39:11 39:14 53:23 54:4 76:9 85:15 collapses 36:22 82:21 collect 33:18 collected 33:14 college 7:7,24 82:18 color 29:17 Colorado 8:15 9:1,3 11:20 13:3 23:20 122:5 123:7 combat 14:4 combination 135:16 141:14 come 18:18 22:19 28:5 30:4,23 33:11 37:15	46:22 57:3 63:15 66:5 84:16 86:3 97:20 98:2 104:1 108:10 114:11 116:6 133:8 138:21 comes 12:15 32:2 52:15 67:10 comfortable 88:2,4,7 coming 132:10 138:5 commenced 16:24 comment 113:23 114:6 115:15,17 116:6 135:6 139:6,7,17 Commission 143:14,15 common 133:7 communicated 101:23 communication 49:10 49:16 community 20:7 compared 37:1 compensate 81:19 complaints 22:8,9,10 complete 16:13 18:7,10 19:24 28:12 29:7 40:4 100:16 103:24 111:2 136:23 139:10,21 140:5 completed 22:18,19 28:24 84:21 completely 47:12,17 51:21 completion 13:17 18:11 complex 28:10 complexity 9:22 complicated 140:21 complications 80:23 component 32:23 components 64:11 composition 88:5 compromised 130:11 computer 106:22 CONANT 2:15 concern 91:17 concerned 13:24 53:4 conclude 130:23 concluded 103:4 142:15
---	--	---	--

Hahn & Bowersock 800-660-3187 FAX 714-662-1398
151 Kalmus Drive, Suite L1 Costa Mesa, CA 92626

<p>conclusion 61:1 63:15 81:3,16 89:13 92:13 103:13 104:25 126:12 127:20 130:25 138:5</p> <p>condition 52:5,20 81:11 82:3,9 109:5 121:13 123:2 133:4</p> <p>conditioning 99:22,23 124:21</p> <p>conditions 61:8,20</p> <p>conduct 121:6</p> <p>conducting 134:7</p> <p>confirm 67:24 68:5,9 119:16,21,23,24 120:8,11,25</p> <p>confirmation 85:7 120:13</p> <p>confirmatory 68:10</p> <p>confirmed 67:5</p> <p>confirms 130:14</p> <p>confusing 79:7 92:6</p> <p>confusion 20:3 134:19</p> <p>connected 144:15</p> <p>connects 31:21</p> <p>consent 89:8</p> <p>consider 6:5 59:19 81:21 96:12 136:16 142:2</p> <p>consideration 54:6</p> <p>considered 59:20,22,23 60:1 87:17</p> <p>considering 113:3,10 113:11</p> <p>consistent 48:14 60:18 61:5 63:24,24 64:6 71:8 75:8 113:22 115:2 117:13 125:20 126:7 127:10 129:23 130:9,16</p> <p>consistently 15:21</p> <p>constantly 132:10</p> <p>constellation 43:12</p> <p>consulting 105:16,25</p> <p>contacting 70:16</p> <p>contain 37:5 117:9</p>	<p>contended 94:25 95:2</p> <p>context 15:19 40:19 63:11 64:6</p> <p>contingent 141:1</p> <p>continue 16:15</p> <p>continuing 23:9,10</p> <p>contract 12:9,11,20,25 27:11</p> <p>control 29:13</p> <p>contusion 134:24</p> <p>contusions 30:13 134:8 134:25</p> <p>convenient 50:10 111:8</p> <p>conversation 44:8,12 45:23 47:2,19 59:5 73:22 77:7 101:16 103:1,3,12,16 104:19 104:23 130:20 131:24</p> <p>conversations 101:13 102:2,11,15,18,20 104:2 105:9,11 106:25 107:21</p> <p>convince 65:16</p> <p>convincing 61:15</p> <p>cooperative 46:4,25</p> <p>copy 42:16 89:9 100:21 118:19</p> <p>coronary 52:10</p> <p>coroner 3:15 12:11,17 12:17,18,23 34:8 76:8 100:9 102:5</p> <p>coroner's 12:8,11,25 16:20 57:8 72:25 84:22 89:5 94:11,24 108:4 110:7,7 132:4 133:2</p> <p>correct 10:1,4 12:14 13:16 14:17 15:10 16:1 17:15,15 18:25 19:17 20:5,9,9 28:20 28:22 32:16,24 41:23 42:1 43:22,23,25 46:6 47:21 48:10 51:22 53:5,5,20 56:13,18 57:9,10,13,14,18,19</p>	<p>57:19,22,25 58:1,4,5 58:13,14,21 59:8 63:2 74:12,16 75:6 82:22 84:11 85:8,8,11,17 89:2 96:20 100:19 107:23 109:2 117:19 123:21,25 126:3,16 126:23 127:13 130:25 131:2,4,6 134:5,6 135:10</p> <p>correcting 65:10</p> <p>correctly 123:24</p> <p>correlate 15:19 16:4,8</p> <p>correlation 15:23 86:18 103:21</p> <p>correspondence 107:22</p> <p>corroborate 121:7</p> <p>corroborated 66:1</p> <p>Corroboration 141:15</p> <p>cosmetic 21:17</p> <p>couches 55:13</p> <p>counsel 4:10 106:8 127:2 131:14 144:13 144:15</p> <p>count 32:6 36:11</p> <p>counts 10:23</p> <p>county 1:2 4:16 6:13 12:24 15:3 25:7 27:6 27:10,11 28:3 29:12 57:4,8,11,21,24 72:25 79:25 89:5 92:11,16 102:5 110:12,23 132:4,18 133:2 135:13 136:14 143:4 144:4</p> <p>couple 22:23 26:3 57:2 57:2 73:22 141:8</p> <p>coupled 80:7</p> <p>course 7:22 9:25 10:3 17:24 35:16,18 42:20 94:2 122:9</p> <p>court 1:1 4:15,21 34:5 35:24 82:23</p> <p>courtesy 141:24</p>	<p>courtroom 5:23</p> <p>Cousteau 7:12,16,17</p> <p>create 66:21 134:22,24 134:24</p> <p>credentials 19:14 21:18</p> <p>crime 46:17</p> <p>crisis 61:3 64:7 65:2 69:13,17 71:2,22 74:9 75:9 80:23,24 81:13 83:12 105:1 121:20 121:25 122:7 123:13 124:5,16 126:6 127:16 141:17</p> <p>criteria 16:13</p> <p>critical 15:14 32:21 83:18</p> <p>critically 138:4</p> <p>cross 53:22</p> <p>Cross-Examination 3:5 91:23</p> <p>crossed 136:6</p> <p>cure 14:8 40:8,9 78:7 78:16</p> <p>curious 7:8</p> <p>current 23:16</p> <p>currently 6:11 23:20</p> <p>curriculum 3:18 7:25</p> <p>curved 69:3</p> <p>cut 31:9,22 84:7 93:18</p> <p>cutting 23:11 53:19</p> <p>CV 25:2 57:1 88:9,12</p>
D			
<p>D 2:10,12,18</p> <p>daily 26:8,16</p> <p>dangerous 82:2</p> <p>dark 125:6,8,9</p> <p>data 138:4 139:5,10,12 139:21</p> <p>database 34:10,11</p> <p>date 4:6 84:4,5,9 85:2,4</p> <p>dated 35:13 36:9 111:25 144:17</p> <p>dates 84:18 102:20</p> <p>day 18:15 26:18 33:12 47:22,23,24,25 48:12</p>			

52:25 53:9,18 73:20 77:2 80:8 118:22 119:5 131:20 143:9 143:10 144:17 day-to-day 6:18 days 22:25 119:6 122:8 122:10 123:6,7 De 2:10 dead 43:19 61:18 66:20 140:25 dealing 10:17 dean 9:7 death 12:13,16,22 13:25 14:1,4,17,19 15:15,16 25:13 29:6 33:3,7 34:23 35:2,7,7 35:8 37:16,23 38:2,5 41:23 42:10 43:3 50:1 51:3,22 52:6,20,21 53:2,25 56:11,16 58:24 60:9,10,11 61:10,18,25 64:6,7 65:13,14,23 66:2 67:18 71:4,8 72:1,12 72:21 74:11,17,23 75:8 76:3,3 77:17,21 79:10 80:4,6,22 81:12 82:10,24 83:6,20 88:20 90:18 92:13,23 93:25 94:6 99:24 100:10,17 104:11 106:23 109:20,25 110:14,16,18 111:5 111:13,15,24 112:2 113:10,12,17,23 114:4,7 115:10 116:9 116:10 117:24 121:20 121:24 122:16,19 124:13,16 128:15 129:3,6,8 136:8 137:25 138:12,13,19 deaths 82:15 decades 51:8 deceased 14:12,13 111:20	decedent 54:18 decide 61:9 89:17 decided 11:4 113:1 decides 18:1 decision 28:5 104:9 128:1 decision-making 104:8 decompensating 64:4 decompensation 64:5 dedicated 7:25 deedly 21:5 defendant 2:14 65:9 77:13 defendants 1:9 5:4 92:3 defense 77:13 defer 115:6,20 deficient 40:10 Definitely 112:8 definition 107:2 definitive 121:12 definitively 121:16 132:25 deformities 30:14 degree 6:7,24,25 7:2,2 7:4 64:15 77:20 140:6 Delta 58:16 delve 21:5 demise 99:19 Denver 13:2 department 13:4 27:15 27:16 35:12 36:4,5,6 57:17 76:15 138:17 depend 98:8 dependent 49:10 depends 35:1 98:8 134:11 deposed 54:21 55:3,4 99:11 deposition 1:12 3:4 4:1 4:8 5:22 32:21 41:3 42:16,20 55:22 62:13 81:17 89:9 99:3 100:15,21,24 101:14 102:17,21 104:20,24 106:1,7,24 107:18,19	108:12 116:15 127:18 137:22 139:23 141:18 142:15 144:7 depositions 56:13 62:7 63:21 91:15 99:5,6,8 99:13,15,17,21 101:10 102:24 107:1 107:10,20 126:15 128:9,10 136:19 deputies 25:25 26:9 132:7 deputy 120:17,20 describe 29:23 described 120:24 126:14 describing 48:3 description 3:13 29:16 38:22 desk 22:25 detail 15:18 detailed 22:10 73:23 details 39:12,13,16 130:21 131:19 determination 38:5 51:3,21 59:10 92:16 determine 32:15 37:24 41:22 42:10 52:6,12 55:25 56:16 77:17 determined 15:8 determines 12:12 determining 13:24 56:11 develops 83:12 devoted 106:23 107:15 diagnose 125:2 diagnosed 120:10 diagnoses 97:19 diagnosis 9:22,24 10:1 10:4,8 67:4 85:20 88:1 104:21 121:7,17 130:14 diagnostic 121:16 130:15 dialogue 42:20 dictate 29:11	dictating 134:18 dictation 29:11,12 die 14:13 61:3 72:18 83:4 87:3 128:5 died 28:21,24 32:15,18 37:20 38:4,10,11 39:19,20 42:9 44:9 51:1,15,17 64:1,16 85:15 90:22 91:12 103:5,14 122:8 125:22 126:5,19,21 127:16 130:23 138:6 140:7 141:10 diem 55:5 142:2 differ 41:14 difference 38:10,19,24 39:19 51:16 55:1,2 140:14 different 10:5,6 14:1 18:17,18 63:1,21 81:3 87:25 113:10 132:17 134:2 139:12 differential 44:1 97:19 98:2 128:21,22,24 129:13 differently 83:7 difficult 125:1 140:21 difficulty 38:20 47:9,14 48:3 digital 135:20,21,22,23 dilated 97:25 133:4,10 133:11,12,12,20 dilates 133:21 direct 3:5 5:13,24 26:11 45:1 49:15 70:7 135:18 direction 8:21 66:6 director 27:14 57:15 disagree 54:15 disarray 68:2,6 disc 68:22 discounted 60:20 128:2 discoverable 66:24 discuss 46:9 89:7 104:24 111:25 113:16
---	---	---	---

Hahn & Bowersock 800-660-3187 FAX 714-662-1398
151 KALMUS DRIVE, SUITE L1 COSTA MESA, CA 92626

114:14
discussed 102:25 108:8
 109:20
discussion 130:19
disease 9:20,21 10:25
 14:5,7,9 48:17,24
 52:9,19 60:18 69:18
 69:19,20,24 70:4
 71:10 82:11 113:22
 114:9 115:2 117:14
 120:3,8 125:20 126:8
 127:10
diseases 48:19,22
disorder 120:23
disregard 59:2
disrespectful 24:22
dissection 84:6 112:12
distance 87:2
distilled 49:14
distressed 36:21
District 6:12,12 24:9,10
 24:12 57:4 58:3,6,9
districts 24:15
dive 7:23
divided 24:14
diving 28:15
Division 27:14 57:15
 109:9
DNA 30:5
doctor 36:10 52:17
 63:11 79:3 91:16,25
 95:17 97:11 98:24
 106:17 108:4 109:19
 111:3 112:7 116:5
 117:20 124:1 136:5
 136:25
doctors 16:22 17:10,11
 26:1 118:1
document 35:19 36:7
 134:9
documentation 70:3
documents 22:15 98:24
 109:15 120:23
doing 23:4 24:19 33:5
 46:16 49:5 52:1 76:23

85:14 90:24 95:2
 103:10,22 114:6
 117:21 118:7 128:4
door 125:7
double-check 97:8
doubt 45:18 58:23 65:3
dozen 134:13
Dr 4:18 5:21 6:11 7:24
 13:9 19:13 42:2,16,19
 42:21 43:4 44:8,21
 45:1,3,22 46:3,8 48:1
 50:24 53:8,14,18
 55:17,21 59:5 60:25
 64:10 65:5 70:7,12
 73:22 74:19 77:2,20
 79:22 86:4,7 88:14,18
 91:10,17 100:21
 130:20,24 137:5
 139:15 141:7,22
drew 7:8 8:16
drill 39:13 63:21
driving 12:3,4
drop 43:19 48:17,23
dropped 51:17
drug 67:13
drugs 43:16,21,22
 66:23 93:3
due 89:24 90:4 108:20
duly 5:11 143:9
duodenum 31:22,22
duties 26:5,6
dying 42:22 43:13
 141:16
dysrhythmia 61:6 64:8

E

E 2:6
E-mail 2:7,12,17
earlier 32:20 109:5
 137:14
early 98:6
easier 44:6
easy 37:24
edge 23:11
education 7:25 23:9
educational 23:12

effect 61:5 62:9,12
 129:12
efforts 61:4
eight 18:15 26:1 41:8
 63:6
either 36:17 43:15
 52:16 53:9 101:19
 108:15 111:4 113:24
 133:19
elective 8:20
electronic 34:10
electrophoresis 70:2
 120:4 121:2
eleven 12:3
elicits 64:17 79:14
embark 29:1
Emilia 1:5 4:13
emphasis 7:5
employee 144:13,14
empty 28:14
enabled 19:14
Encephalitis 48:20
encountered 98:11
 121:20,25 133:4
endeavors 108:22
energy 72:17
enforcement 49:14
engaged 123:13
enjoyed 11:6,7,7
enlarge 86:25
enlarged 52:8 59:15,17
 60:4 66:18 67:3,18
 82:5 85:22 86:18,21
 86:23 112:18 131:5
 133:13,13
enlargement 61:16
 85:23 86:9
enlist 88:17
entail 9:19
entered 14:15 34:10
 69:15 74:1
entire 31:11 76:16
 94:20
entirely 49:10
entitled 56:4 129:16

episode 88:4
equally 115:17
equivalent 27:16
erythrocyte 113:20
especially 29:5 46:1
ESQ 2:8,12,18
essence 26:5 77:1 84:10
essentially 16:20
Estate 1:4 4:12
estimate 62:24 101:23
 111:4 121:21
estimates 63:1
et 1:8 76:21
ethical 94:18
etiology 82:25
evaluate 22:11 136:16
evening 107:9
event 39:14 111:15
 124:22 141:10
events 37:10 111:17
eventually 69:25 83:17
everybody's 26:10
evidence 29:22 30:10
 61:23,24 74:14
 104:25 117:13 124:7
 125:5,14,15,16,16
 129:5 134:4,18 135:4
evolution 122:16
evolved 111:14
exact 45:10,15
exactly 7:18 20:9 35:20
 50:5 62:12 73:20 77:3
 79:16 84:18 130:12
 135:18 139:15
exam 18:14 21:19
examination 3:5,6 5:13
 18:6 19:2 20:20 29:8
 30:16 41:20 53:10
 54:18 84:8 86:7
 112:13 113:19 114:16
 114:20 121:18 129:16
 134:3,7 135:5 137:3
 140:2
examinations 17:5,6,6
 17:8 19:10

examine 110:21,22 137:19	74:9,10 85:23 91:14 97:2 125:8 136:7,13 141:25 142:7	135:4	17:4 27:20
examined 5:11 15:8 84:14 125:5,21 126:8 127:11	expected 61:17 76:2 128:7 131:24	externally 29:9	felt 49:19
examiner 1:16 4:9 6:12 6:16,17 11:11 14:23 17:3 21:21 24:9,12,14 24:19 27:3,9 28:4 35:15 37:16 54:17 57:4,21,23 58:4,5,8 58:11 64:19 65:10 78:21 79:9,23,24 80:7 89:1 106:11,16 140:11	expended 142:7	extricate 31:25	fever 16:1,2,3,5,7,7,8
examiner's 19:15 25:22 35:14 36:13,15 51:9 88:21 110:5 137:7,9	expensive 110:11	eye 29:16	FF 143:14
examiners 15:13	experience 52:18 89:1 96:23 108:24,25 109:22 111:18 133:10	eyewitness 110:18 138:18	fiber 68:6,6
examining 18:23 29:9 138:15	experienced 38:20 47:4	eyewitnesses 128:3	fibers 68:7,16
example 38:3,8 51:14 94:15	experiences 42:25		fibrosis 75:10,12
exams 18:12,13	experiencing 80:3	F	field 17:18 23:13 56:8
excess 32:8	expert 22:3,15,20,22 54:9,10,16,21 55:8,9 55:19,25 58:23 64:17 77:22 78:18,19 79:15 80:17 81:21 88:15 108:5 109:10,13 116:3 136:6	facsimile 35:12	fifteen 38:22 39:5 62:18 63:3
exclude 125:13	expertise 23:4 26:25 54:19 56:8	fact 8:24 39:4,9 41:19 46:8,22 55:4 56:10 60:3 88:2 90:22 94:23 110:2 125:19	fifty 9:9
excludes 125:12	experts 115:8	factor 127:19	figure 44:14,16 92:8
excluding 43:14,14,14 125:24	Expires 143:15	facts 32:18 138:3,3	file 65:11 72:25 81:4 132:4,23 133:2 137:20
Excuse 26:20 90:3 106:8	explain 9:18 13:21 15:25 17:12,16 22:6 29:2 62:12 64:24 65:5 66:4 74:14 75:5	factual 36:20 64:11 75:4	filed 4:14
exercise 48:4 99:19	explained 97:15 140:13	faculty 24:3	files 37:2
exercising 123:16	explaining 133:25	fail 19:4	fill 132:8
exhibit 3:14,15,16,17 3:18,19 33:21 34:2,3 34:6,7,8,17 35:25 36:1,7,8,17,18,18 73:2,5 88:9,12,13 137:12,15 142:14	explanation 98:19 111:2	failing 138:17	film 135:20
exhibits 3:12 33:22 137:11	explanations 98:20	fair 33:11 107:13 109:1	final 16:17 30:8 63:19 64:14 103:4 113:7,9 119:2,8,10
exist 92:17 94:14 134:17	explored 72:9	fall 43:13,15	financial 26:2
existed 115:3	exposed 62:23	falling 135:5	financially 144:16
expect 37:15 61:2 72:4	express 111:6	familiar 111:12 123:20 123:21 131:8	find 11:24 16:9 31:21 38:9 39:18 49:20 51:15 54:16 66:25 67:1,2,2,10 72:24 83:25 84:18 85:4 87:1 90:11 104:17 115:10 116:3 120:18 126:19 131:23
	exquisitely 87:2	family 11:16 17:21 33:7 41:20 69:18,24 70:4,6 70:11 77:14 95:4 102:9,12 119:25 120:3,15	finding 33:3 61:14 67:17 68:10 71:17 86:17 124:19 128:13
	extend 94:8,12	family's 94:19,22	findings 15:20 52:24 71:3 88:21 103:20 114:9,10 125:25 126:6,10 127:9 128:12,14,25 129:2 131:3 139:18 141:4
	extensive 74:6,18,25 75:3,21,25 115:23,25 116:8	far 18:2 26:24 36:12 54:17 61:23 120:1	fine 25:1 76:23 83:3 85:14,14 92:7 105:8 128:5 140:24,24 142:8
	extent 39:15 73:24 120:16	fashion 56:1	
	exterior 134:2	fatal 47:5	
	external 29:7 134:3	fatigued 83:16	
		features 133:9,11	
		February 28:21,24 35:13 79:23 84:5 112:1	
		feel 51:12 94:19	
		feeling 45:15	
		fellow 16:21 27:24	
		fellowship 13:5,11,17 13:18 14:5 16:16,25	

HAHN & BOWERSOCK 800-660-3187 FAX 714-662-1398
151 KALMUS DRIVE, SUITE L1 COSTA MESA, CA 92626

fingerprint 30:6	following 44:18 47:24	frequently 138:24	glimpse 138:10
finish 86:3 112:11	follows 5:12	fringe 21:10	go 11:1,13 15:24 19:5
127:1,2,5	foot 29:10,13,14,22	front 113:15 136:24	23:21 28:18,25 29:11
finished 17:4	30:1,9	frozen 83:4	29:21 34:19 39:17
firm 2:5,10 106:6,9,15	football 38:9 76:9	full 69:4 82:1	40:15 44:2,7 45:9
106:15	forensic 5:20 6:22 12:5	fully 72:8	48:21 49:19 50:9,18
first 5:11 8:9 9:7 17:8	12:6,9,19 13:5,15,16	functions 83:19	50:25 53:8 59:4,9
17:10 19:4,8,11,18	13:21,22,22,23 14:6	funeral 33:8	60:10 63:14 65:9
20:15 24:18 27:24	14:16,20 15:2,12	further 20:6 144:12	66:10 67:22 71:1,23
29:15 34:1 35:13	16:16 17:7 18:8 20:2		72:24 75:19 79:1 82:8
40:21 42:21,23 43:21	20:8,16,21 21:20,21	G	82:12 83:23 85:19
45:19 47:25 49:1	25:6,18 26:1 27:11,14	general 11:17 17:13	87:8 101:4 105:5
54:14 60:9 66:3 68:2	27:17,19,20 52:1 57:7	138:3	106:4 107:12 109:4
69:14,14 101:16	57:11,16 58:15 65:18	generally 30:6 77:5	120:19 128:16 131:24
110:2 112:25 113:1	65:21 89:6 140:12	106:1 133:14	131:25 141:25
114:8 118:20 119:17	forever 94:5	genetic 69:19 121:6,13	goal 11:10
129:12,21 133:11	form 35:9 88:21 98:7	121:15	goes 59:24 140:17
134:12 139:6	98:22 99:25 100:18	genetically 69:23	going 10:5,6,17,24 14:4
fit 114:2 116:11 128:2	105:2 107:14 112:3	gentleman 36:21 42:6	15:4,24 20:20 25:3
five 11:14,18,18 13:9	117:15 121:4 124:17	45:20 70:17 90:22	28:5 35:6,12 36:6
26:1 32:8 39:5 47:10	125:23 130:3 131:1	138:5	39:17 42:19 44:7,25
62:17 101:25 109:24	131:11,13 141:16	gentlemen 4:25 9:17	45:15 47:2 50:19 53:2
five-two 59:23	formal 93:10,13 94:7	George's 6:25 8:3	54:16 55:9,18,19 56:2
five-year 11:19 18:10	formative 7:10	getting 11:21 20:7	58:7,25 61:9 62:5
fixed 93:10,13 94:8	formed 114:11	49:11 62:4 128:19	65:3 67:3,12,13,14,15
flag 74:13	former 106:11	give 5:6 6:15 33:23 44:8	67:23 71:3,23 72:16
flaps 31:10	forthcoming 33:17	63:10 70:8 78:4,4,11	73:4 78:5 79:4,21,23
Florida 1:17,23 2:6,11	forward 33:9	79:10 86:20 88:15	81:17 83:22 85:18,19
4:1,3,9 6:13,14 15:5	forwards 66:10	89:9 91:1 95:6 98:16	87:11,20 88:9,11 92:4
23:15,19 24:9,10,12	found 11:21 28:14	100:15 102:7 111:3	94:4 95:1 101:19
24:13,21 28:16,17	50:14 59:14 61:20	119:22,22 121:21	102:24 104:7,15
40:9 56:11 57:5 58:3	82:2 104:10,11	135:2 136:9,9 140:5	105:13 109:11,12
58:9,12 78:17 79:16	111:19,20 117:13	given 10:2,3 15:9 21:5	110:10 116:6 122:14
79:19 89:22 102:5	125:19 130:12,12	36:20 40:16,22,23,23	123:20 124:12 127:7
132:20 143:3,6,7,14	foundation 37:12 38:15	49:4 56:13 60:21,25	128:5 134:15 136:17
144:3,5	39:2,7 40:3 51:5	65:8 74:15 81:1,12	137:12 138:24 142:8
floundering 10:5	54:13 80:17 81:5	87:8 88:4 91:15 94:23	142:9,13
fluids 92:25 93:9 94:1,7	138:23	100:16,21 132:12,24	good 5:15 9:17 11:5
126:11	four 11:17 34:16,16,17	132:25 140:19,19	30:5 54:15 71:14,16
focus 13:14 14:11,12	102:20	gives 31:7 133:19	72:23 105:22
focused 9:22	fourth 30:8 36:18	giving 62:23 132:10	gotten 35:16 67:19
follow 9:24 10:2 92:4	FPR 1:23 143:13	glad 103:8	73:21 106:9
108:21	144:19	gladly 5:1 6:3,4	governor 19:15 24:8,16
follow-up 136:3	fractions 72:13	glass 67:9,9 93:14,15	grab 134:24
followed 65:17	fractures 30:13	94:2 112:20 117:5,6	gradual 83:5
		136:21	

HAHN & BOWERSOCK 800-660-3187 FAX 714-662-1398
151 KALMUS DRIVE, SUITE L1 COSTA MESA, CA 92626

gradually 54:3	138:24 139:1	helpful 137:24	37:12 38:14,25 39:7
graduated 8:24	happy 45:25 103:10	hematologist 108:5	39:22,24 40:1,7,12,19
grams 59:19 86:15	hardening 52:10,11	115:6,7,15	45:7 49:7 50:12,16
87:16,21 96:21 97:2	hardest 52:7	hematologists 115:18	51:4,11 54:7,13 60:22
great 33:6 108:7	Harrison 2:16	hematology 70:3	63:8 64:17,21,24 74:1
greater 128:14	Harvard 115:12	hemoglobin 69:21 70:2	77:22,25 78:4,8,13,18
green 115:9	Hayward 1:2 4:16	120:4,5	78:22,24 79:3,11,14
Grenada 8:6,9	HCM 44:5,7,11,13	hemoglobinopathy	80:9,13,16 81:5 90:2
grew 7:14	45:17 60:5 71:8,9,13	69:20 119:19 120:10	90:4,7 91:18,24 92:2
gross 18:17 121:17	71:22 72:1 75:13	Henry 52:13	136:2,25 138:20,22
grossly 96:6	81:23,25 82:1,7,10,10	hesitancy 58:22	140:8 141:11
ground 83:4 127:8	82:24 86:8 128:7,10	hey 139:7	hospital 10:21 20:23,24
129:15	128:15,17,20 140:13	high 7:10,18 44:1 66:22	20:25 21:1,3 122:8,8
group 11:25 12:1,2,3,21	140:19 141:1,17	82:17 96:25	123:7
12:24,25 58:18 76:16	head 27:23 29:9,10,14	Highway 1:17	hospitals 8:11,12 12:4
grow 23:2	29:21,25 30:9 35:3	hill 73:24	118:1
grown 7:7 28:14	107:7,15 110:22	histological 129:22	hour 62:15,16,19,22
growth 68:8 82:13	134:16	130:9	106:2,3 127:24
guess 19:2 87:7 98:9	head-to-toe 133:25	histology 131:3	hours 9:9 18:15 107:17
104:5 131:16	134:1	history 25:4 32:18 35:5	107:20 142:3
gunshot 35:3	heading 118:20	35:6,9 43:25 45:2	huge 128:23,24
guy 46:15 61:21 65:16	health 14:10 57:17	60:20,24 61:11,11	human 9:21 29:8
108:7 128:25 132:7	99:22,22	69:16,17,18,24,25	hundred 9:9 125:2
guy's 134:22	healthy 61:21	70:4,10,11 71:14,14	hundreds 56:13 98:18
guys 24:15	hear 102:16 115:18	71:15,18,21,22,24	98:21
gym 43:19	116:7 121:23	74:15 75:6 76:25	hurry 105:12
gynecology 11:17	heard 88:14	77:16 80:8 81:11,12	hypertension 52:8,11
	heart 43:9,11 48:13,14	103:20 114:1 116:11	97:22 98:23 133:18
	48:24 52:8 59:14,17	118:23 119:4,11,13	hypertrophic 43:8,16
	59:18,20,24,25 60:3,4	119:15,18,20 120:2,3	43:20 44:19 49:2 50:2
	61:16,22 66:17 67:3,6	120:7,11,18,23	59:11 60:12 61:6,12
	67:19 68:9,15 70:20	127:25 128:2,11,13	61:20 64:8 66:22 67:4
	71:7,10 72:15,22 82:5	128:16,17,18,22,23,23	67:20,24 68:3,6,10
	85:21,21 86:9,14,18	132:13 138:9,10	70:24 80:25 81:13
	86:19,21,22,23,25	140:9,14,19,22 141:2	82:7 87:3 97:16 103:5
	87:5,10,11,13,21 88:3	141:18	103:14 109:1,8,21
	94:15,20,20 95:8	Hmm-hmm 93:7 138:1	111:6,13,22 113:11
	96:16,17,21 97:1,1,15	hold 24:22 50:7	114:5,8 121:7 126:21
	98:8,12 108:19,23	hometown 106:11	129:9,23 130:9,13,14
	110:22 112:18 116:24	hope 96:10,10 105:20	130:15,23 131:10
	116:24 131:5 133:22	105:21 113:6 136:18	hypo 44:4
	heart's 133:12	hopefully 86:3	hypothetical 39:1 40:3
	height 29:17 87:9	hormonal 82:12	40:5,6,10 54:8,8
	held 4:8	horrible 42:24	80:18 141:12
	help 112:9	Hosking 2:18 3:5 5:3,3	hypoxia 72:4 124:23

HAHN & BOWERSOCK 800-660-3187 FAX 714-662-1398
151 KALMUS DRIVE, SUITE L1 COSTA MESA, CA 92626

hypoxic 83:15	includes 18:15	90:12,15 91:11	96:6
<hr/> I <hr/>	including 106:25	100:11,20 114:3	inventory 95:7
I.V 134:24	107:18,19 131:3	119:1,13 125:1	investigate 110:3,10,17
idea 6:15 27:23 43:2	incomplete 39:1 40:2	132:11,12 137:6	110:20 120:15 136:15
69:14 86:20 98:16	54:8 80:18 139:5	138:18 139:22	investigated 111:5
107:7 108:11,13	141:11	informational 81:7	investigating 37:16
136:1	inconsistent 71:8 77:9	137:24	117:24
identifiable 96:7	138:11	infrequent 139:1	investigation 12:16
identified 40:22 127:9	increasing 133:17	initially 53:24 64:2	92:12,22 109:25
identify 4:20 30:3,7	independent 89:17	injury 30:10,12,15	110:9,25 117:21
33:24,25 34:1 40:21	92:12	134:15,19	118:7,13 120:16,19
95:8 102:8 137:12	independently 89:13	input 26:18,24 88:25	investigations 110:15
identifying 30:2	INDEX 3:3	89:21	investigator 22:13
identity 30:3	indicate 30:11,12,15	inquiry 34:20 131:18	73:13
ill 62:14 64:3	43:25 97:9	inside 68:18 117:8	investigator's 3:15 34:8
illusiv 35:8	indicated 46:8	inspection 112:18	34:12 76:8
illustrate 30:20	indicating 107:5	inspector 22:14	investigators 26:1
immediate 38:20 45:5	Indies 8:7	instance 11:16 21:13,21	invited 22:18 23:6
47:3 48:14 60:25 62:6	individual 25:14 59:25	48:20 59:21 93:12	involved 8:20 21:19
72:11,20 74:17 75:1	59:25 60:4 72:18 87:8	110:4	25:13 108:9 109:25
81:9 90:18	87:9,19 97:18	instantaneously 38:12	110:3 111:5,7 113:2
immediately 48:23	individual's 34:22	Institute 27:17	118:1
67:16	Individually 1:4,5 4:11	instruct 78:14	involves 29:8
impact 60:24	4:13	insufficient 83:18	issue 85:21 94:25 95:2
impolite 23:7	individuals 100:3	intact 31:14,16	96:17 115:4 120:15
importance 21:6 44:23	indulge 81:16	intend 105:18	130:22
93:22	inefficiently 83:14	intention 55:8,8,10	issued 47:20
important 15:13,15,18	infancy 7:6	intentional 138:25	IV 119:18
17:17 23:11 34:21,24	infection 16:3,4,5,6	interest 8:18 93:24 94:6	<hr/> J <hr/>
35:9 37:22 100:9	inference 106:10	94:9	Jacques 7:12,16,17
138:4,7	infinitem 94:3	interested 102:17	January 16:21,23
impressed 107:14	inflammatory 10:14	144:16	Jdh@llcllp.com 2:17
impression 44:8 45:11	influence 7:12 35:6	interesting 11:3	Jeff 5:1,3 92:2
45:17 47:6,8,11,14,16	information 6:4 15:9	internal 17:22 29:8	JEFFREY 2:10,12,18
77:6	15:13 32:21 33:1,4,14	30:12,16 84:8	Jersey 8:14
improper 54:10	33:15,17 34:10,21	international 93:2	Jm@jeffmurphyllaw....
inaccurate 38:4 51:2	36:16 37:1,4,19 38:1	internship 7:19 9:6	2:12
incident 3:16,17 118:22	38:3 40:14,17,21,22	interpretation 62:13	job 11:21 12:7 13:3
incision 30:17,21,22,25	40:25 49:4,5,9,13,18	interrupt 71:5	16:18 17:2 24:22,22
31:3 84:8	49:25 51:1 52:22,23	intersect 31:3	25:4,4 26:5,6 28:16
incisions 31:16	60:14 65:6 67:20 70:8	interval 72:11,20	52:25 56:21,22
include 15:16 49:11	74:24 75:4 76:20 77:2	108:14 127:24 134:21	133:24
114:22	77:3 80:2,21 81:1	interventional 18:1	jobs 26:12
included 87:14 132:2	85:12,15 88:2,5,6,22	interviewed 33:13	join 11:25
137:6,14	89:24,25,25 90:5,8,9	intraventricular 95:19	jot 142:3

89:22	low 113:24 115:3	matches 71:21,22	12:20 13:24 14:2,3
located 4:9 8:7 25:8,12	Lubbock 57:21,24	materials 3:19 92:15,17	15:22 17:22 22:11
locations 95:7,9 96:13	lying 140:23	92:21 100:23 101:11	120:2 131:8
117:24		106:3,25 112:23	meetings 26:17,18
logic 103:19,19 140:10	M	132:2,24 137:8	memorialization
140:20	M.D 1:12 3:4 5:10	matter 5:6 91:7 107:13	107:11
logical 81:15	143:8 144:8	124:10 141:23	memorialize 106:22
logistical 33:10 102:16	ma'am 73:5	matter-of-factly 32:3	107:3
102:23	machine 29:11	McTAGGART 1:23	memory's 108:7
LOMBARDI 2:15	Madam 34:5 35:24	4:1,22 143:6,13 144:5	men 24:15
long 22:23 24:18 27:6	Mahalik 37:7 40:24	144:19	meningitis 48:20
81:24 122:9 128:6	73:23 132:2 133:1	mean 11:2 13:22 25:19	mental 142:4
132:5 135:24 139:17	137:22	40:19 43:9 46:19 51:7	mentioned 20:12 25:2
longer 24:3 39:21 65:15	main 8:8	61:18 78:6,16 80:13	27:2 58:15 86:17
83:13 128:7 136:1	mainstream 21:24 22:1	81:16 83:11 88:24	87:25 137:14
longest 11:15 13:10	maintain 94:23	91:8,14 98:9 106:20	mentor 52:13
look 10:18 16:6 30:1,21	making 65:10 78:13	113:5	mentors 9:3
31:12 32:14 40:15	79:5 91:25 100:10	means 13:21 17:17	merit 22:12
43:12 53:11 57:1 67:7	131:18	67:20	Merritt 2:15
67:23 68:9,19,22 69:2	male 43:18	meant 35:14 113:6	Messrs 137:22
69:3,3,4 72:12 82:25	males 82:11,11	measured 98:13	met 8:22 137:25
83:21 84:24,24 85:25	man 14:24 38:11 39:20	measures 97:10	metabolism 72:16
86:1 87:19 97:5 101:4	41:11 44:9 45:2 51:16	mechanism 13:25 14:9	method 42:22
107:21 110:5 116:21	64:16 91:12 98:6	14:17 89:4	microphone 29:12
117:2,5,9 120:4	104:21 105:1 123:6	medical 1:16 4:8 6:8,12	microscope 10:9 18:16
123:21 124:9 129:21	137:25 139:25 140:2	6:16,17,25 8:18,22,23	67:7 68:2,25 116:22
135:1 136:21 137:15	140:4	9:7 11:10 12:1 14:23	microscopic 61:15 66:2
looked 10:17 36:25	man's 53:6 92:22	15:12 17:3,18,19	68:18 74:14 93:14
70:21 75:6 117:13,18	100:17 113:17 118:10	19:15 20:7 21:12 24:9	96:7 112:13,25
132:23 135:9	118:17 122:9 124:16	24:12,14,19 25:22	113:18 114:16,20
looking 14:21 18:15,16	manner 13:25	26:24 27:3,8 28:1,2,3	121:17 130:14 140:1
29:15,22 30:2,9,10	Marathon 1:17 4:9	31:25 32:17 35:5,14	microscopically 67:5,24
32:22 34:14 49:17	6:14	35:15 36:13,15 37:16	68:5
64:2,11 65:18,20	March 57:12,25 58:2	44:3 51:8 54:17,18	middle 31:6
66:20 68:1,1,25 84:19	58:13 79:23	57:3,21,23 58:3,5,8	midline 30:25
92:20 112:25 117:2,7	mark 33:21 34:5 36:7	58:11,18 64:15,19	mild 68:4 82:2,5 85:22
120:7 134:3,4 140:16	73:5 88:9,11 137:12	65:10 70:3 72:9 73:6	86:17
looks 68:22 83:2 116:23	marked 33:22 34:1	73:10,10 77:20 78:21	mildly 130:7
116:24,24	35:25 36:1,8 88:13	79:9,22,24 80:7 85:9	milieu 14:19
LOPER 2:15	137:11 142:14	88:11,21 89:1 106:11	mind 13:8 14:2,6 44:11
lot 7:7,12 8:20 11:6	marks 30:2	106:15 108:1 110:5	53:18,22 69:15 91:8
21:14,20 35:1 40:20	married 8:23,24	110:18 117:25 118:13	97:20 98:2 121:3
48:19 79:18	Marty 2:19 4:5	119:25 137:7,9	131:9,14,15 138:21
lots 117:1	Master's 27:19	138:15 140:6,11	minus 101:20
love 28:15,15	match 71:18 81:10,13	128:13	minute 44:13 77:24

Hahn & Bowersock 800-660-3187 FAX 714-662-1398
151 Kalmus Drive, Suite L1 Costa Mesa, CA 92626

90:11 136:4,9
minutes 15:17 37:11
 38:23 39:5 41:12 47:9
 47:10 54:3 62:15,16
 62:18,21 63:3,3,16
 80:4 83:22 111:14,21
 127:24 128:6 138:7
misleading 6:2
misstate 112:7
misstated 112:8
misstates 90:2 112:3
 138:23
mode 109:20
moderate 59:16
modern 135:22
Modesto 12:1
molecular 7:5,6 121:6
 121:13,15
molecule 69:21
moment 100:25
moments 141:3
money 21:18 105:21
 106:9 110:23
Monroe 6:13 57:4
 143:4 144:4
month 101:20
months 16:17 89:21
moon 69:2,3,4,4,10
 115:9
morning 26:17 42:14
 99:19,24
morphology 60:18
 113:20,21 115:2
 117:13 121:17 125:19
 126:7 127:10
mortis 29:18,19
mouthful 15:24
move 23:8 24:5 25:4
 29:10,14,21,25,25
 30:9 31:2,19 33:9
moved 23:22,23 28:13
 28:16,16 101:18
multiple 93:12,13 116:1
Murphy 2:10,12 5:2
 73:3

muscle 31:9 68:15,16
 71:10 82:13 124:2,3
 125:2 133:15,17,18
 133:19
muscles 71:7 140:3
myocardial 68:6
myocardopathy 64:8
myocardium 96:22
 97:10

N

nailed 83:24
name 4:5,17 5:16,17
 25:14 92:2 108:4,6
named 14:24
names 99:5 100:25
narrative 6:20 118:20
narrowing 52:9
natural 48:16
nature 26:20 129:9
nausea 128:18
nauseam 126:24
NCAA 109:7,15
near 7:14 11:21
necessarily 119:5
necessary 77:17 92:2
 94:20 110:15 137:19
necrosis 124:2
need 6:4 9:10 19:7 21:2
 32:17 37:25 40:5
 50:15 51:25 79:3
 88:10,17,20 95:4,5
 102:15 106:19 110:11
 110:21,22 116:5,6
 139:23
needed 13:1 16:13
 26:14 109:18
negative 93:5
nest 28:14
never 7:22 39:4 40:24
 42:15,15 65:9 70:1,1
 70:2 82:8,23 102:25
new 8:8,13,14,14 84:1
nice 133:24
nicely 107:10
nine 63:6

nineties 58:19
node 96:3,9,9,11
nodes 95:23,24,25 96:1
 96:6
nonexpert 55:13
normal 35:16,18 59:19
 59:20 60:1 68:21 82:5
 86:19 87:10,20,22
 93:23 96:21,25
normally 44:10,14
 75:12 97:1
Notary 4:2 143:7,14
note 60:17 106:21
 134:8
noted 53:3
notes 83:22 102:1
 144:11
November 16:18
nuance 79:20
number 4:17 18:7
 21:10 41:2 43:17
 63:16 64:12 77:11
 80:4,5 111:4,7 119:18
 124:24 129:8 131:9
 135:19
numeral 119:18
numerous 139:24
nutrition 116:18

O

Oakland 2:16 25:8,9
 57:8
oath 3:6 41:3 44:21,23
 77:12 106:2 141:7
 143:1
obese 59:22,24
object 54:7,10 64:17
 77:22 109:12,13
 138:20,22
objected 79:14 109:11
objecting 55:11,12
objection 38:25 51:11
 59:3 63:8 64:22 78:13
 79:6,8 80:16 98:7,22
 99:25 100:18 105:2,4
 112:3 117:15 121:4
 121:22 124:17 125:23
 130:3 131:1,11,13
 141:11
objections 39:22 56:4
 88:14,16
observations 100:4
observed 36:21 37:17
 47:13,15 99:19
observing 99:24
obstetrician 8:25 9:8
obstetrics 9:9 11:17
obtained 10:16 16:12
 113:19 118:9,12
obvious 26:20 130:22
obviously 12:18 71:25
 119:11
occasional 107:21
occasionally 42:20
occupation 24:7
occur 14:18,19
occurred 37:10 47:19
 74:6 80:8 101:17
 111:14 137:25
occurrence 139:1
occurring 14:18 134:20
occurs 83:20 98:17
ocean 7:14
oceanographer 7:11,15
offer 13:3 16:18 136:7
 136:11 140:10,15
offered 23:13
offering 21:16 55:18
offhand 99:7
office 1:16 4:8 16:20
 19:15 25:23,24 26:6
 35:14 37:5 57:12
 65:15 73:7 76:21
 79:24 84:20,22 89:5
 94:11,24 101:7,14,24
 108:4 110:7 127:19
 137:7,9
Office's 133:2
officer 26:2
officers 49:14
offices 24:11

<p>official 21:22,23 oftentimes 15:15 33:13 oh 15:14 20:14 34:16 38:20 40:1 57:1 79:7 85:20 105:4 114:20 116:15 okay 13:20 15:11 16:10 17:16 19:1,21,25 20:3 20:12,22 21:4 24:18 24:21 26:24 27:2,8,12 27:25 28:7,9,18,21,23 31:8,18,24 32:1,17,25 34:1 36:15 37:22 38:3 40:4 41:7,10,14,19,25 42:5,8,15,19 43:6 44:23,25 45:13,19 46:3,7,12 47:2,8,13 47:13,22 48:1,11 50:4 50:6,16 51:14,14,20 51:24 53:1,8,14,17,21 53:23 54:2,12,14 55:15,16,24 56:3,5,10 56:23,25 57:23 58:11 59:13 60:2,5,8,13 62:1 63:15 64:10,24 64:25 65:5,24 66:7,11 67:3 69:5,9,22 70:15 70:19,23 72:3,24 73:4 73:15,19 74:5,8,13,21 75:10,12,19 76:2,14 76:20 77:1,8,8,16,19 78:25 79:7,18 80:15 80:19,19 81:1,15 82:16 83:7,21 84:12 84:24,25 85:2,18 86:2 86:11,17 87:24 88:8 89:8,11 90:21 91:1,4 91:15 92:24 93:8 94:17 96:5 107:6,8,20 108:18 111:9 112:14 112:19 113:9,23 117:17,20 118:6,16 121:19 122:3 123:6 125:14 126:10 128:16 129:21 130:18 133:16</p>	<p>138:2 140:25 142:12 old 7:21 14:24 108:7 123:10 128:25 129:1 Olympics 93:4 omentum 31:22 once 7:19 18:11 24:2 65:25 110:10 126:24 140:9 one-trick 32:12 104:14 ones 40:1 46:1 ongoing 128:6 onset 75:1 opens 31:11 operate 125:15 operating 35:15 49:3,9 85:16 opinion 35:10 37:25 50:1 51:2 60:11 62:9 64:9,10,15,18 65:1 66:1 77:19,22 78:11 79:10,15 80:6,17,21 89:18 93:16 94:18 95:4 109:11,13 114:4 114:12 115:15,20,24 125:12,22 126:5,19 126:21 128:10 138:12 139:11,11,12 140:6 141:10,16 opinions 6:7 55:10,19 58:24 88:16,17 135:3 136:7 opportunities 23:12 opportunity 9:17 41:2 53:11 opposed 38:21 75:1 81:8 111:15 opposite 39:9 order 33:24 51:25 ordinarily 135:6 ordinary 43:18 organ 93:11 94:23 116:23 organs 31:13 70:20,21 71:7 87:13,13,15 94:17 140:3</p>	<p>orient 14:22 orienting 28:23 originally 11:23 outcomes 10:6 outside 108:17 outweighs 80:24 over-interpret 68:14 overall 29:19 87:9,22 105:10 overhead 29:12 Overseas 1:17 oxygen 72:17 83:13,14 83:14,19 113:24 115:3 116:19 122:22 122:23</p> <hr/> <p style="text-align: center;">P</p> <p>p.m 1:16 4:7 50:19,23 107:9,9 142:15 packet 137:6 page 3:4,13 97:7,9,13 114:18 118:20 119:17 pages 1:13 34:13,14,16 34:17 36:10 41:9 144:8 Panama 58:12 papers 109:16 paramedic 118:4 120:24 paramedics 118:22 134:22 Pardon 39:24 part 8:8 21:12 30:4 34:9 36:13 58:22 90:13 97:16,17 108:1 114:15,22 116:25 118:12 127:25 133:2 137:11 participate 22:22 109:9 particular 8:17 14:19 15:12 29:5 33:24 56:12 57:24 79:20 91:17 particularly 46:1 48:25 parties 4:21 144:13 parties' 144:14</p>	<p>partners 12:2 parts 62:5 party 49:15 pass 19:24,24 passed 17:8 19:8,10 123:8 138:7 passing 43:1 path 6:22 11:1 16:11 67:3 pathogenesis 122:18,19 122:24 pathologic 15:22 82:9 pathological 15:20 52:19,24 61:8,20 71:3 81:11 129:2 141:4 pathologist 5:20 10:11 10:18,24 11:10 12:10 12:20 13:1,14,15,21 14:16,20 15:2 25:6,18 27:11 57:7,11 58:16 89:6 98:12 115:17 121:19 122:1 133:5 140:12 pathologist's 18:19 pathologists 9:21 10:9 10:20,25 12:4 65:19 65:21 pathology 6:22 8:19,21 9:11,18,19,20,23 10:7 11:2,5,13,14,18,20,25 12:1,5,6,19,21,25 13:5,16,18,23 14:6 15:12,21 16:3,9,16,16 17:7,7,7,24 18:8,9,9 18:10,14 19:8,21,23 20:1,2,4,8,14,15,15 20:16,21,23 21:1,7,8 21:9,23 25:22 27:15 27:20 28:2 52:2,24 57:16,17 58:16,18 61:21 92:11,16 pathway 10:4 patient 14:11 52:8 patients 14:12 pattern 129:22 130:9</p>
---	---	--	--

HAHN & BOWERSOCK 800-660-3187 FAX 714-662-1398
151 KALMUS DRIVE, SUITE L1 COSTA MESA, CA 92626

pay 21:18 115:8	photograph 134:14	16:15 39:1 50:8 62:12	95:16 98:12 99:24
paying 23:23	photographed 134:15	66:4,13 90:11 92:21	114:22 117:22,23
peace 132:19	134:16 135:1	99:2 102:14 103:9	118:2,6 121:10 134:8
pedals 29:13	photographs 94:21	112:9 113:16 126:3	135:6
people 19:4,12 21:11	134:13,17 135:2,9,11	141:24	pre-hospital 118:4,10
26:11 38:19 43:9	135:12,17,19 136:21	pleased 46:4	118:16 120:22
59:19 82:7 87:18,18	phrase 21:24 130:11	plenty 117:3	preceded 47:9
93:21 94:10,23 109:3	phraseology 60:13	plus 101:20	preceding 138:19
119:20 131:22 132:10	physical 33:1 125:25	pneumonia 48:21	precise 62:23
132:16 138:16,25	126:6,10 127:8 134:3	point 15:11 17:2 28:11	preconceived 43:2
139:20	physician 22:14 49:16	31:14 32:4 42:8,11	predicate 138:6
people's 38:21 131:14	131:7	50:11,24 51:13 53:10	predisposed 91:9
percent 19:3 105:24	physicians 18:22 22:8,9	57:2,20 60:6 65:2	premature 29:6
percentage 111:7	46:1	71:15 83:18 84:13	premise 9:23 50:25
percipient 54:9 64:18	pick 9:11 11:11 16:10	86:8 87:4 88:8 113:25	prep 106:3
78:19 79:15	134:19	133:19 140:18	preparation 98:24
perform 27:3 33:6,12	picture 100:16	pointing 114:10	135:10
performance-enhanc...	piece 107:22 139:22	police 33:2 35:12 36:3,5	prepared 34:3,9 48:12
93:3	pieces 40:25 51:25	36:6 76:15 137:16,16	103:4 113:7,9 118:21
performed 39:11 42:13	95:11	138:17	119:1,10 126:20
42:13 84:5	pinpoint 68:18	pondering 108:11,12	preparing 119:8
period 38:12 39:5,20,21	place 110:25	pony 32:12 104:14	prerequisite 13:18 20:1
51:17 54:3 62:14	places 95:13	population 25:25	prerequisites 20:17
63:25 64:3,4,13 72:3	plaintiff 4:10	portion 49:24	presence 96:18 116:1
74:25	Plaintiff's 3:12 33:22	position 6:23 24:22,25	121:12 124:14 126:7
permeated 116:17	36:1,8 88:13 142:14	25:16 27:11 84:1	127:9
permission 94:19,22	plaintiffs 1:6 2:4 5:2	109:16	present 2:19 4:19 24:6
permits 109:7	plaintiffs' 77:14 137:23	positions 19:14	68:3 75:14 83:7 96:9
perplexed 50:17	plan 136:15	positive 70:9	99:18,23 134:10
person 12:12 15:7 16:1	plastic 21:14,16,17	possibility 71:2 108:8	presentation 16:8
16:5 29:5,16,20,24	plate 52:14,15 140:17	possible 33:7 38:1	presently 24:22
32:15 59:21,23 83:1,2	play 33:11	72:19 100:11 104:21	presents 82:2
83:15 86:19 87:10,12	played 99:4	113:17	president's 27:23
87:19 88:24 89:12	player 36:19 37:5,6,7	possibly 33:15 130:8	pressure 33:7,12
111:19 115:19	38:9 41:3 66:16 82:21	post 126:11	presumed 122:18
person's 14:10 15:17	players 36:19 37:9 63:1	postmortem 29:18	pretty 26:9 48:6 65:19
32:17 35:5 72:12 74:9	63:21 65:7 73:22	72:11,20 108:13	70:22 88:7 102:23
personally 132:24	77:12 99:3,6,10,15	113:25 115:4 134:21	103:17 104:12 107:7
143:8	100:24 127:19 137:13	potential 53:1 113:12	110:13,16 139:17,17
petition 89:4 92:11	139:24 140:23	pounds 59:22,23 86:12	previous 48:8 69:17
phenomenon 123:20,22	players' 40:23 41:11	87:20	primarily 9:22
phone 2:7,11,17 42:2	125:24	power 88:24	primary 105:22
42:23 45:16,23 46:22	playing 82:21	practice 8:1 11:16	printed 34:11
47:2 48:11 53:9	Plaza 2:5,15	17:21 18:19 23:2	prior 25:4 36:22 43:1
103:13 105:16 131:19	please 4:20 6:3 13:8	39:12,15 76:9 95:13	62:5,15 64:5 100:4

Hahn & Bowersock 800-660-3187 FAX 714-662-1398
151 KALMUS DRIVE, SUITE L1 COSTA MESA, CA 92626

101:14 104:19,23
pristine 66:17 112:17
 129:1
probability 6:8 64:15
 77:20 140:6
probably 19:11 26:3
 29:6 32:8 44:16 62:14
 94:1 101:25 104:3
 107:12,17 111:10,10
 114:24 115:12 134:12
problem 43:10,11 47:4
 48:13,14 49:20 88:3
problems 48:8
Procedure 77:23 78:1,9
proceed 4:24 9:16 10:3
 15:6 33:21 56:2
PROCEEDINGS 3:3
process 10:14 16:9
 17:17 18:22 19:3 42:9
 65:25 67:7,11 83:5
 92:9 111:14 133:12
 133:25,25 134:1
processed 93:14 112:20
proctors 18:22
profession 5:19 6:16
professional 1:23 4:2
 26:11 141:23 143:6
 144:5
professionally 16:11
professor 27:14 57:16
proficient 18:23
profound 75:21,22
program 18:8,11 27:19
 27:20,22
progresses 83:17,17
progression 16:11 24:5
progressive 12:14
 128:22
prolonged 128:18
pronounce 123:24
proper 13:20
properly 52:1
proportionally 87:11
 87:13,15
proved 128:9

provide 45:1
provided 33:2 38:3
 51:1 76:20 91:7 99:13
 99:14,17,21 100:2
 101:6 117:21 126:15
 127:18 137:23 138:9
proximity 31:5,6
puberty 82:13
pubic 31:1
Public 4:2 143:7,14
pull 60:6
pump 134:22
pumping 133:22,23
purpose 14:5 29:3
purposes 134:2
pursue 7:25 11:4
put 15:18 18:21 51:25
 88:10 97:5 107:10
 108:14 112:15,19
 120:9,9 125:14
 130:16
puts 19:11
putting 51:24
puzzle 32:22 51:24 62:5

Q

quagmire 31:25
qualified 88:15
qualifier 49:18
qualify 46:13 130:7
question 23:17 26:20
 30:4 38:13,16 40:7
 42:24 45:1,8 51:8,20
 54:9 63:13 64:20 70:7
 71:5 72:7,18 75:2
 76:7 78:7,17 79:12
 80:10,14 87:7 92:19
 103:7,9 104:22
 108:14 115:1 121:23
 122:13 126:2 127:3,4
 127:6 136:5,11
questioning 115:22
 130:19 132:1
questions 6:2,4 18:16
 18:19,21 25:3 26:16
 33:10 50:7,9,14 56:7

59:3 81:23 109:11
quickly 14:22 131:21
quite 130:17 133:7
quote 45:14 48:4 76:16

R

radiology 9:11
range 62:17 63:11
rare 65:19
rarefied 19:12
rate 105:25
rationale 88:22
ray 61:25 115:10 129:6
reach 83:18 92:12
read 41:10,13 44:15
 63:9 66:19 91:15
 106:25 109:15 114:13
 118:7 131:14 139:8
reading 48:1 63:20
 107:10 132:14
reads 110:16
real 14:2 21:19 22:11
realize 33:16 44:21
 86:11
really 7:6 8:21 10:6
 14:1 20:20 21:22
 22:24 26:10,13 28:11
 37:25 39:12 45:17
 47:15 49:15 50:15
 66:10 68:4 69:15
 70:23 132:7 133:22
 134:25 139:7
realm 10:24 48:16
rearranged 16:19
reason 37:8 45:18 65:3
 116:9 117:7 127:15
 133:21
reasonable 6:7 64:15
 77:20 110:12,14,15
 140:6
reasoning 103:18
 115:19
reasons 103:3
recall 42:23 45:10
 47:22 48:2,5 70:15
 73:7,16,18 89:20,21

99:7,16 100:1,25
 101:16 104:6,7 105:7
 105:8 118:15,18,20
 118:24 120:21 123:8
 123:9 130:21 132:5
 133:3 138:15
receive 35:11
received 35:19 36:12
 42:2 73:19 84:20
 132:3
recess 50:21 86:6
recognition 18:24 20:7
recognized 21:9 23:4
recognizes 17:18
recollection 42:4,5,12
 45:10 46:3,10 47:23
 70:15 85:25 104:4
 105:10 117:16 118:11
 131:19
reconstruction 21:17
record 50:18,20,23 56:6
 78:5 79:1,8 89:2,3
 90:2 94:4 107:4
 137:11 138:23 144:10
recorded 102:4
records 36:13,16 73:6,8
 73:10 85:9 88:11
 110:18 117:20,23,25
 118:4,13 119:25
 120:14
recounted 15:17
recovering 129:15
recruiting 27:24
red 61:22 68:19,20,21
 69:21 74:13 113:20
 116:13 125:6
Redirect 3:6 137:3
refer 42:19
reference 50:24 119:3
referred 17:10 36:2
referring 90:13 96:3
reflect 31:10,19
reflected 81:3
reflection 87:24
refusal 45:22

<p>refuse 45:20,24 regard 16:15 17:1 19:13 23:9 27:2 43:22 53:1 56:19 59:4,10 60:5 65:24 regarding 34:22 38:4 39:12,13 51:1 59:11 80:2 89:24 92:17 100:10 103:3 122:15 130:21 136:8 Regents 1:8 4:13 region 56:12 reiterate 34:20 related 82:12 relates 51:21 relative 144:12,14 relevant 124:19 rely 30:6 32:25 33:1,4,4 remember 8:6 45:14,15 77:3 90:24 102:23,25 103:2 108:5,6,8 114:17 119:3,7 123:10,12 129:23 135:18 remote 120:10 remotely 4:20 render 55:9 58:23 80:5 repeat 121:23 134:1 repeatedly 36:25 rephrase 6:3 42:25 103:10 126:18 replow 127:7 report 3:14,16,17 15:15 26:21 28:24 34:3,8,9 34:11,12 36:3,10,17 47:20 48:12 49:18,21 59:9,11 60:6 65:10 73:21 76:8,15 81:2,2 83:24,24,25 84:3,4,15 84:16 85:6 86:1 88:23 90:1,10 92:10 95:6 97:5 101:4,9 103:4,5 111:25 113:7,9,13 114:14,15,23 115:24 116:12 118:4,10,17</p>	<p>118:21,21 119:2,4,8 119:10,17 120:22 121:2 126:20 129:21 132:14 135:3 136:20 144:7 reported 1:22 26:23,23 119:15 reporter 1:23 3:7,15 4:2,22 5:5 34:5 35:24 143:7 144:1,6 reporting 49:15 reports 73:20 119:5 132:8 represent 4:21 92:3 97:7 137:10,13 representation 76:11 represented 5:24 representing 4:6,22 5:2 77:14 102:9,12 137:20 represents 99:10 request 117:25 118:3 requested 144:9 requesting 117:23 require 22:10 26:11 110:8 required 20:16 23:14 requires 13:16,17 14:2 37:24 research 108:1 residencies 11:15 residency 9:1 11:14,19 11:21 13:10 16:18,19 16:24 18:8,10 resident 9:9 11:16 residents 28:2 resistance 133:16,18,23 resolve 115:1 resolved 113:25 respect 55:16 response 46:17 82:13 responsibilities 27:18 responsibility 56:16,23 responsible 27:17 responsive 6:6</p>	<p>rest 16:19 restate 126:2 restroom 50:10 result 113:24 115:3 121:25 results 73:16 82:10,24 resuscitate 29:24 resuscitated 61:4 resuscitative 61:4 retain 93:23,25 94:1,12 94:17 retained 94:3,11,16 95:3 retaining 94:19 retention 93:22 94:7,13 rethink 138:12,13 retrain 14:6 19:6 retrospectively 40:15 review 22:9 65:22 66:2 67:11 76:10 84:17 89:6,16,17 90:21,23 98:24 100:23 101:2 101:10 106:3 107:20 112:24 118:6 136:19 136:20,23 140:1 144:9 reviewed 89:19 93:15 99:2,3,6,8 122:11,13 122:15 125:21 132:3 139:23 reviewer 22:4,16,20,22 reviewing 106:25 revisit 28:18 53:8 revisiting 86:8 revolve 115:4 RG-14735588 4:17 RG14735588 1:2 rhabdomyolysis 123:22 124:4,7,9,14,21,22,23 125:1,7,12,17 ribcage 31:14,16 ribs 31:12,17 Richard 1:12 3:4 5:10 5:17 143:8 144:8 right 5:21 6:8,10,15</p>	<p>7:24 8:5,16 9:14,24 10:13 14:14 17:1 22:17 24:4,6,8 25:8 25:16 27:2 31:2 32:10 33:20 34:15,17,18 36:25 39:17 40:18,25 41:3,5 44:2,21,23 46:5 49:3 51:14 55:15 56:2,12,19 57:5 58:20 60:8 62:20,25 63:5,5 63:5 65:1 69:11 70:21 73:21 74:3 75:22 76:10 79:13,25 80:1 82:25,25 85:4 87:24 91:25 94:15 95:16,19 96:4,18,19,25 100:17 105:8 108:6 113:15 114:13 115:21 116:20 118:3,19 119:17,20 119:24 125:4,8 126:18 127:14 128:8 129:18 130:5,10 133:24 135:20 141:15 142:9 rigor 29:18 role 35:4 Roman 119:18 room 4:19 rotations 8:14 round 68:21,23 routine 118:2 135:17 rule 43:21 67:12 125:7 ruling 89:18 91:8,9 run 20:25 26:18 66:11 87:2 runners 87:2,3 running 76:9,15,17,23 128:4 runs 72:17,17 ruptured 48:18 67:1 rush 33:6 135:25 rushing 132:15</p> <hr/> <p style="text-align: center;">S</p> <hr/> <p>samples 92:21 95:8 sampling 116:13</p>
--	--	--	--

sarcoidosis 98:4	128:16 129:7 130:13	60:18 61:2,7 64:7	14:25 15:2,10 16:14
save 36:11 110:23	137:18 140:22	65:2,24 69:13,13,15	17:1,4,19,23 18:3
saw 35:22 53:3 68:20	seeing 71:11,12 73:16	69:18,18,19 70:5,9,12	20:11 21:8 22:5,17
69:1,12 70:19,21 71:6	119:3,7	70:17,22 71:1,2,9,17	23:14 24:13 25:9,11
73:8 74:6,10,13 75:3	seek 23:2 94:22	71:21 72:11,19,20	25:15,16 27:5 28:6
75:20 76:6 114:13	seen 61:16 71:12 98:5	75:9,9 80:23,24 81:13	32:19,24 34:15 36:24
125:9	98:11,21 118:16	83:8,12,13 85:7 104:1	38:24 41:4,6,13,16,18
saying 44:3 46:20 63:12	120:22 135:11	104:21 105:1 108:5,9	41:24 42:7,16,18
79:9,11 85:22 102:23	self-inflicted 35:4	111:23 112:1,2 113:1	48:16 49:3,22 50:2,3
139:9,14 140:24	send 67:8,14 89:5	113:3,12,16,22 114:2	55:7 56:9,20,24 57:6
says 49:24,24 90:6	102:24 112:12,13,20	114:8,9,14 115:2	58:10,20 60:15 68:12
115:19 140:23	sense 82:4 103:9 111:3	117:14 118:23 119:4	68:24 70:25 72:14
scalpel 31:2,3 112:15	139:5	119:11,18 120:1,3,8,9	79:25 90:20
scars 30:1,2,6	sensed 44:18	120:18,23,25 121:20	sit 67:22 80:22 100:6
scenario 83:8,9	sent 37:4,6 73:6,16	121:25 122:16,19	118:25 127:15 132:22
scene 46:17	84:19 93:1,6	124:4,15,15,25	sitting 132:13
schedule 16:19 81:22	sentence 60:9	125:20,22 126:5,6,7	situation 28:11,12,15
school 6:25 7:11,18 8:3	separate 61:10	126:20 127:10,16	67:13 89:16 131:9
8:7,8,18,22,23 9:8,12	September 101:19,20	128:1,3,9,16,18,19	six 12:4 41:7 63:4 99:9
28:1 41:20 82:17	septum 95:19 96:6,11	140:13,18 141:17	99:14,15 100:24
science 11:7 27:19	96:13	sickled 68:20 69:1,7,8	101:10,25,25 106:25
sciences 7:4 8:11 21:20	served 22:3	69:12 75:7	six-foot-four 86:12
27:18 57:18	set 9:2,3 14:20 18:5	sickling 53:6 65:25	six-four 87:20
scientist 11:7	26:17 55:22 139:5,10	70:19 71:6,11,12,14	six-seven 59:21
scope 110:21	139:21	71:16 72:4 74:5,11,18	size 16:2 59:18,25 87:8
scuba 7:20	sets 87:10	74:25 75:4,20 76:3,4	87:9,23 96:17 98:8
second 29:22 36:2	setting 102:16	76:6 83:9 88:3,20	Skeletal 124:2
49:13 50:8,10 68:15	seven 41:8 63:4	115:22,24 141:10	skin 31:10
72:21 79:2 83:3 122:2	severe 59:16 61:17	side 23:2 89:16 132:16	skinned 134:9,9
seconds 44:16 47:4	shape 31:7 56:1 68:21	134:16,16	sleep 107:10
72:13	sheriff 12:17,18,23	sign 85:3	slide 66:2 67:9,10,11
secretaries 26:3	26:23	sign-off 84:22	slides 18:15 53:3,12
section 15:16 78:9,10	sheriff's 65:15 76:21	Signed 143:10	67:22 68:1 84:13,19
96:8 112:25 116:21	Sheriff/Coroner's	significant 64:13 72:3	93:14,15,17,18 94:3
see 10:18 18:23 20:18	57:12	74:18,21 76:4,5	112:20 117:17 136:21
24:1 33:23 37:19 41:2	shocked 47:11 91:11,13	134:11,20 135:7	140:1
44:19 46:19 50:2 60:8	shoot 129:6	significantly 41:14	slight 59:16 68:4,11
60:14 63:20 69:16	short 39:20 48:24 121:2	signs 16:4,5	slightly 59:17 66:17
70:20 72:4 73:11,14	shortly 108:10	simpler 127:14	67:2 82:4 112:18
75:10,12 76:3,7 82:15	shot 61:24 115:9	simplistic 44:25	sliver 69:2,3,4,10
82:17,18,19 85:23	shoulder 30:23,23 31:2	simply 41:10 49:6 89:2	slow 83:5
90:10,13 97:11,14,20	show 35:13 36:6 93:19	89:15 124:21 138:3	small 31:19 68:16,17
98:3 105:21 110:3	113:16,18	single 21:3 73:11	87:18 116:18 117:1
114:20 115:18,23	sick 64:3 122:7	sir 5:1,15 6:1,8,9,19 8:3	smaller 68:18 87:10,11
116:22 120:4 125:3	sickle 53:15,17 54:5	8:5,16 10:13 13:16	87:14,15

HAHN & BOWERSOCK 800-660-3187 FAX 714-662-1398
151 KALMUS DRIVE, SUITE L1 COSTA MESA, CA 92626

soft 68:4 71:1,13 85:21 86:17 88:1 118:19	107:8,24	statute 110:13,16	submit 21:18 22:15
softer 61:15	spite 109:12	stay 23:11	submitted 37:18
solely 33:5	spleen 116:24,24	stenographic 144:10	subpoenaed 36:15
solution 32:22	spoke 44:18 108:4,12 116:15	stenographically 1:22 144:7	137:8
solve 52:1	spontaneously 136:12	step 80:10,13 112:15	subsequent 35:10
somebody 21:15 111:20 115:10 120:11	sports 131:8,8	sternum 31:5,6	substantive 102:17 103:1
somebody's 82:19	St 6:25 8:3	steroids 93:2	subtle 35:8
someone's 138:19	staff 26:16 46:18 99:18	Steve 5:1 40:7 64:22 79:11 80:14 90:5 136:2	successfully 16:13
someplace 106:4	stand 54:19	STEVEN 2:8	Successor-in-Interest 1:4 4:12
somewhat 85:22	standard 95:13,16	stick 134:23	succumbed 105:1
soon 33:6,13	standards 29:6	sticks 44:11	sudden 13:25 39:14 45:11,16 47:6,17 48:13 49:1 60:25 61:5 61:12 62:6 63:25 64:7 67:18 71:15 72:1 75:7 81:9 82:10 83:2,6,6 90:18 109:22 111:15 111:17 127:23 128:4 128:17 140:14,15
sorry 30:19 42:24 45:9 49:8 60:23 74:17 80:9 87:6 103:24 104:22 112:9 117:17 133:8	standing 52:14	stone 9:2,4 50:9,13	suddenly 38:11 39:11 39:15 43:13 51:16 53:24 54:4 61:3 76:23 85:14 140:22,24
sort 14:6 21:10 87:15 87:16	standpoint 14:7,8	Stonely 2:19 4:5	sufficient 120:24 121:3
sought 23:1	stands 98:20	stop 6:3 13:8 55:12 72:13 83:3	suggest 131:17,18
sounds 21:22 24:22	Stanislaus 12:24	stopped 76:17,23	suggested 136:19
source 70:11	start 14:3 21:15 24:5 29:10,14 30:8,22 31:2 83:25 84:3 92:9 125:25 136:22	stops 72:15,21,22	suggestion 131:22
sources 41:17	started 11:9 27:19 83:24	straight 76:7	suggestive 130:8,8,8
southern 7:14	starting 97:9	straightforward 35:2,3	Suite 2:6,16
speak 47:15 96:18 116:16 124:15	state 1:1 4:3,15 5:15 6:6,13 8:8 12:15 15:5 22:5,7,16,20 23:25 24:9,10,12,13,14 41:21,22 49:18 55:5 56:11,12,17 57:4 65:11 103:7 119:18 143:3,7,14 144:3	Street 2:10,16	suited 115:14
speaking 114:6	stated 40:13 76:10,15 77:19 126:23	strength 99:22,23	summarize 102:14
speaks 139:18,18	statement 40:13 60:21 127:11	stress 86:24	summary 100:3 102:7
specialized 20:6	statements 36:19 37:5 37:10,18 40:23 41:3,7 65:8 73:19 74:2 125:24 132:2 133:1 137:6,21 138:18 141:8	strike 8:18 11:2 52:16 76:6 102:7 117:22 125:4	super-busy 132:7
Specialties 17:20 21:13	statement 40:13 60:21 127:11	stroke 107:12	Superior 1:1 4:15
specialty 6:17 8:17 13:14,23 17:20 18:2,4 115:14,14,16	statement 40:13 60:21 127:11	structure 31:20	supervise 20:25 26:9,9
specific 104:4 136:10	statements 36:19 37:5 37:10,18 40:23 41:3,7 65:8 73:19 74:2 125:24 132:2 133:1 137:6,21 138:18 141:8	structures 96:7	supervision 26:12
specifically 42:5 73:15 137:5	states 8:11,12 23:18 76:8 79:19,20 118:21 118:22	struggled 38:12,22 39:4 51:17 54:2 63:16 139:25	supplemental 36:3,10
specimen 10:16 95:3	statewide 24:13	struggles 73:24	supplied 3:19 41:5 62:7 64:12 65:6 77:11 137:7,9 138:3,4 141:18
specimens 18:17,17 92:17		struggling 64:13 74:25 138:7	supply 6:5 37:9 42:15 65:22 72:17 138:18
speculate 41:1 51:7		student 7:18	
speculation 37:13 38:14 38:18 39:2,3,25 40:2 51:4,13 140:8 141:12		students 28:2 82:17,18	
spend 16:19		studies 110:15	
spent 105:16 106:6,12		study 9:18,20,21 10:25	
		stuff 108:6	
		subject 104:1,6 106:23 108:19,21 109:1,2 115:6,15	

<p>support 83:19 125:17 supported 104:25 supports 126:11 128:17 128:19 sure 22:7 28:25 46:14 83:23 86:1 94:13 97:7 103:8 106:21 115:10 116:3 123:21 126:3 129:17 130:17 surface 30:11 surgeon 10:16 21:16,17 surgeons 21:14 surgery 10:15,16 11:18 surprised 131:15 surprising 131:7,12 surrounding 32:18 37:10 Susan 1:23 4:1,22 143:6,13 144:5,19 sustain 116:19 133:20 sustainable 82:3 swear 4:23 5:5 sworn 5:11 48:2 65:7 77:12 80:8 141:9 143:9 Syerrid@yerridlaw.c... 2:7 symphysis 31:1 symptomatology 80:3 system 12:16,17 24:14</p> <hr/> <p style="text-align: center;">T</p> <p>T-R-I-T-Z 31:21 take 8:17 9:12 10:10 13:6 18:6,9,12 30:24 31:1 38:17,17 45:23 46:18,21 50:15,16 67:6,8,13,15 76:11,12 81:22 85:18 86:2 87:15 92:1 95:9 96:8 96:10 119:6 125:2,2 128:5 135:14,18,24 136:13 137:14 taken 4:1,10 17:5 41:3 81:15 92:22 131:16 131:20 134:13 135:19</p>	<p>takes 67:7 87:17 110:25 135:16 talk 24:4 29:1,16 45:20 45:22,24,25 46:5,9,16 46:19,25 65:20 82:24 104:20,24 129:22 135:2 talked 13:3 32:20 53:10 53:18 58:19 126:23 129:2 136:8 talking 16:11 22:4 32:3 36:5,5 42:9 43:4 44:17,20 81:25 83:8 96:16 103:22,23 111:9 138:6 talks 139:18 Tampa 2:6,11 Tang 118:13 tasks 26:17 tattoos 30:2,7 taught 15:21 28:1,2,2 teaching 8:12 27:18 team 99:4 teammates 123:16 Tech 23:24 27:13,20 57:17 technical 22:10 technicians 26:1 technology 30:6 Ted 1:5 4:12 14:24 25:14 29:1 32:4 34:4 34:23 37:10 42:9,22 53:11,14,23 54:2 56:19 62:14 73:24 76:8,15,22 77:21 85:7 85:9 86:11 87:21 92:18 99:4 112:16 136:16 teenager 43:18 teeth 29:17 telephone 44:12 telephoned 89:22,23 tell 8:1 9:16 10:11 19:13 35:20 42:21 53:14 59:5 66:8 70:12</p>	<p>78:2,6 79:4 90:18 91:5 94:13 99:2,5 104:15 105:12 115:7 116:12 122:3 124:24 124:24 telling 59:2 71:20 77:10 78:11 104:8,10,13 119:21 120:12 128:4 132:16 tells 10:22 temperament 11:8 temperature 123:15 ten 32:9 38:22 39:5 47:10 62:17 80:5 107:17,20 109:24 123:11 142:3 tender 91:22 tends 133:18 tenet 125:15 tension 113:24 115:3 tenths 72:21 term 44:3 64:14 115:23 termed 36:10 terminology 31:25 terms 17:11,17 24:17 25:22 42:22,25 58:24 59:3 62:4 83:24 85:13 85:23 86:9 87:24 117:20,22,23 126:6 127:8 138:5 test 10:22 18:16 21:19 70:2 73:16 120:5,7 121:12 tested 70:9 93:1 testified 5:12 46:8 100:3 108:20 109:5 109:21,23 111:22 115:22 134:4 testify 136:17,18 testimony 5:5 48:2,2 54:11 62:13 65:7 77:12 78:20 80:8 91:1 98:25 99:3 100:15 106:1 109:3 110:18 112:4,7 117:12</p>	<p>126:15 127:18 135:10 137:22 141:9,9,18,19 testing 10:23 21:1 93:1 93:4 121:7,14,16 testosterone 82:14 tests 10:21 Texas 23:24,25 27:13 27:20 57:17,21,24 thank 6:10 50:6 66:15 86:4 89:20 94:15 108:18 114:13 124:1 125:18 129:18 133:24 135:4 136:25 137:2 141:22 Thanks 117:11 130:18 therapy 29:23 thick 97:21 98:3,3 133:15,19 thickness 96:22 97:10 97:20 98:3,14 thing 15:22 32:12,13 37:24 42:23 49:1 52:4 52:7 54:20 59:24 61:10 63:24 66:17 68:2,5 72:8 73:12 104:9,14 105:22 110:2,6,12 112:16,17 127:9 131:9 132:6,9 142:2 things 12:13 14:18 15:8 15:20 16:7 17:25 18:18,20 19:15 23:11 29:18 33:21 48:18 49:6 57:2,3 59:6,6 61:23 62:2 66:21,23 67:1,2,25 74:22 78:24 92:4 93:19 96:18 102:16 103:21 104:10 105:22 114:7 124:24 129:3,4 134:5,8,17,25 136:18 139:4,6 140:12 think 14:2,3,7 21:13 22:23 31:24 37:8 43:2 43:7 44:17 48:6 49:24</p>
---	---	---	--

52:4,7 54:15 56:1 58:6 59:15,17 61:5 65:1 67:17 69:25 71:25 72:9,23 73:8 76:4 80:24 81:6 86:14 87:25 89:18 91:6 92:10 93:20,21 94:5,9 95:1 96:8 100:1,12,14 101:19,19 102:22 104:12,12 105:3 107:17 108:11 109:23 112:10 114:24 115:16 115:16 116:10 121:15 121:16,22 129:20 133:6,6 134:3,11,20 135:19 136:9,10,11 139:7,10,19,20 140:20,20,21 141:13 141:15 thinking 43:7 66:8 67:23 71:19,19,20,20 113:4 thinner 133:14 thins 133:22 third 8:22 19:5 20:12 30:1 36:17,18 third-hand 49:14 thirty 38:23 44:16 47:10 62:18 80:5 111:11 Thomas 1:12 3:4 4:18 5:10,17 143:8 144:8 thought 23:6 40:16 58:25 66:12 68:13 69:12 88:9,12 109:3 135:7 thousand 32:8 41:9 109:24 thousands 32:7 three 11:16 19:5,7 27:7 28:4 34:14 87:25 102:19 134:13 three-day 18:14 three-year 24:17 tie 15:6 34:20 74:25	75:4 time 4:7,19 7:5,21 13:20 19:8 22:7,7,24 28:5,24 29:15,22 30:1 30:8,9 32:13 33:19 37:6 38:12 39:10,13 39:21,21 42:11 46:22 49:19 50:1,19,22 51:18 52:22 53:10,18 54:6 56:15 57:20 60:14 62:14,23 63:1 63:25 64:13 67:10 69:14,14 71:20,20 73:20 74:24 75:3 76:16 79:22,23 81:2 81:16,19,22 83:16 85:6,12 86:4,9 88:23 90:12 91:25 92:2 105:15,19 106:4,5,12 106:17,23 107:1,15 107:24 111:24 112:11 112:14,22,24 113:2,5 113:7 114:3 119:7,8 119:10 122:1 123:15 126:20 127:23,24 128:19 130:1 132:3,5 132:17,23 134:13 136:25 137:15 138:11 141:22,24 142:7 timeframe 28:19 79:24 105:13 times 12:17 54:4 63:23 88:1 93:23 94:7,13 98:18,21 100:12 101:23,25,25 103:23 134:1 timetable 84:2 tired 64:3 tissue 31:10 67:8 68:1 93:10,11,17,19 94:1,3 94:8 95:11 112:12,19 113:19 116:16,18,21 117:8 124:2,3 125:20 129:22 tissues 18:17 72:15	94:12 116:2,17 117:12,19 122:22 126:8,11 127:10 today 4:6,17 24:5,11 80:22 88:19 92:1,5 98:25 100:6,12 101:14 103:17 104:20 106:24 110:4 118:25 126:19 127:15 132:22 136:8 today's 23:10 102:16 107:18,19 135:10 toe 29:9 134:16 told 5:21 12:6 13:10 39:4,8,9 41:10,15 42:21 48:11 53:23 54:2 59:6,7 62:6 81:9 91:16 92:10 103:17 120:17 130:24 132:15 Tom 52:13 tool 10:9 torso 30:21 totally 55:21 toxicological 112:22 toxicology 67:12,14 84:15,16 112:14 track 105:15 106:5,17 106:20 107:1,2,8 141:24 tracks 48:17,23 trained 87:2,4 training 11:8 13:6,12 14:3 18:5,7,11 20:19 22:18,19,19 52:18 86:25 99:18,18 108:20 122:4 trait 53:15,17 54:5 65:24 70:13,17 83:8 83:11 85:7 104:1,21 105:1 111:23 112:2 113:1,12,16 114:14 119:12 120:3,5,25 122:16,19 125:22 126:5,20 128:9 tranquil 132:20	transcript 144:9,10 transcriptionists 26:2 transcripts 100:24 transfer 83:14 transitioning 84:1 transmissions 35:12 trauma 30:11 43:14,15 134:4 traumatic 129:9 travel 106:4 136:14 travels 133:5 treating 14:11 treatment 10:2,2 14:7 treatments 10:6 trial 88:11 137:19 tried 19:9 triple 17:14 tritz 31:21,23 trivial 19:3 trouble 76:22 126:17 136:14 true 126:8,9 127:12 129:10 130:2 144:10 truncate 110:23 truth 5:6,7,7 88:19,19 88:20 91:5 truthful 89:3 try 72:12 78:7 79:21 87:7 117:7 119:24 134:23 141:5 trying 38:8 39:18,18 41:19 42:10 51:15 61:8 63:10 68:5 69:16 72:24 81:10 84:2 96:11 126:18 128:12 128:12,13 129:15 132:21 135:25 139:19 141:2,5 Tuesday 1:15 tumor 10:11 turn 43:19 turning 50:6 TV 7:12 82:19 140:17 twelve 16:17 twenties 98:6
---	--	--	--

HAHN & BOWERSOCK 800-660-3187 FAX 714-662-1398
151 KALMUS DRIVE, SUITE L1 COSTA MESA, CA 92626

twenty 38:23 39:5
 47:10 62:18 63:3 80:5
twenty-five 38:23 39:5
 63:3 111:11
two 8:9,10 20:15 26:1
 33:21 34:14 37:5
 40:23,25 43:14,15
 47:25 50:8,12 61:7,8
 61:10,23 62:3 65:7
 67:25 71:3 73:19
 87:25 103:21 104:10
 108:15 114:7,9,10
 128:12,14 129:2,3,4
 132:16 134:12 137:6
 137:13,20 139:18
 140:12 141:3
type 7:2 10:15 13:10
 14:2 24:19 30:12
 36:20 37:19 48:22
 58:23 82:24 88:25
types 108:22

U

UCLA 93:2
ultimate 32:22 54:5
ultimately 8:23 17:2
 36:21
umpire 52:14
unable 119:16,21
 120:10
unavailable 46:18
unaware 72:10
unclear 6:3
uncompensated 141:25
unconfirmed 119:14
undergraduate 6:24
 27:18
understand 6:9 10:7
 12:12 14:23 17:13
 35:21,23 36:23 38:13
 38:16 55:21 64:21,21
 72:7,8 75:2 78:22,24
 81:20 98:9 106:18
 116:12 117:11 126:4
 129:14 132:6,19
understanding 15:7

22:11 39:10 47:3
 54:23 76:13,18 82:1
 122:24 132:23 138:11
understood 126:4
undoubtedly 65:17
unexpected 14:1 47:12
 47:12,17
unique 116:23
United 8:11,12
university 1:8 3:19 4:14
 6:24,25 8:3 9:1,3
 11:20 13:2 23:24
 27:13,15,21,23 35:11
 36:3,4,5 37:1,5,8
 41:17 42:3 49:11
 57:17 65:8 70:7,16
 73:7,9,12,17 76:14,21
 85:10 91:16 118:14
 122:5 137:9,16
 138:16,17
unpaid 107:12
Unusual 74:8
urine 92:24 112:21
 125:6,8,9,10
use 10:9 30:20 38:8
 44:4,10,14 81:24,24
 115:23
usually 10:20 33:6,11
 82:2 105:11,23
 112:23 118:3 139:6

V

v 1:7 4:13
vague 70:1,4 91:18
 98:10 119:13
variables 40:20
varied 63:22
varies 59:18
various 17:24 23:12
 63:23,23 65:7
vasculature 72:5
ventricle 95:19 96:14
 97:2 133:14
ventricular 96:22 97:10
 97:21 98:6,13
venules 68:17

verbally 45:1 132:8
version 81:24
versions 64:12
versus 39:21 84:21
vessel 116:2,3
vessels 68:16,17,19,20
 70:22 113:21 116:1
 116:18 117:1,4,9,9
viable 72:16
video 50:20,23
Videographer 2:19 4:5
 50:18,22
videotape 140:24
VIDEOTAPED 1:12
view 62:10 81:7
viewed 93:16
viewing 140:4
violation 77:23,24
visual 30:19
visualization 140:4
Vitae 3:18

W

W 2:10
wait 34:16 77:24
waive 142:9,10,11,12
walk 17:13 81:25
walking 132:9
wall 95:18,20 96:13
 97:21 98:3,6,13
 133:22
want 7:23 12:7,8 15:11
 18:1 19:2 21:4 22:8
 23:8,8 28:25 31:25
 33:8,8,8,9,20 34:19
 34:20 35:24 40:8
 42:21 45:19 46:9,19
 49:19 50:9,24 53:8
 57:2 59:4,9 62:4,22
 62:23 67:12 74:5
 75:19 80:10 81:23
 83:25 85:20 88:12
 89:2,13 106:18
 107:15 115:9 116:7
 120:17 127:7,8
 136:20 142:3,10
wanted 7:11,13,15 8:25
 9:1 11:22 12:24,25
 15:4,6 17:9 27:21
 28:11,18 60:6 130:13
wanting 7:15 46:16
wants 88:18
warned 91:6
wash 112:15
wasn't 22:24 23:1,23
 44:18 59:17 63:23,25
 64:1 91:8 130:16
 131:15
water 28:15
way 6:2 9:11 14:1,18
 21:3 27:23 30:14
 31:20 32:3,13 42:25
 45:20 47:18 56:1 57:1
 66:1 67:17 71:25
 89:17 105:23 107:3,4
 120:12 125:14 127:22
 131:25 132:18
ways 12:15 132:25
we'll 6:4 52:7 55:22
 86:3 92:6 126:1
 137:19 142:7
we're 15:5,21 24:16
 39:18 40:9 42:9 50:19
 50:23 53:2 54:16
 67:12,13,13 73:4
 78:17 79:21 85:18
 107:17 110:10 111:9
 119:21 135:22 138:2
 138:2 140:16 141:1
we've 36:15,25 40:22
 58:15,19 66:5 81:15
 88:9 101:9 103:17
 126:23,23 129:2
 136:6
weakness 128:18,19,22
week 9:10 67:11
weeks 67:8,15,22
 112:23 119:6
weigh 119:22
weighed 86:12,14 96:21
 114:11

weighing 74:23 111:23 112:1 114:7,10	95:8 134:21 139:8,8	13:9 14:24 18:7 27:7 28:4 38:10 128:25,25	11:13 3:14 33:21,22 34:2,3,6 109:9 144:8
weighs 59:22	work 6:11 8:10 20:24 21:3 24:19,19 25:5	Yerrid 2:5,8 3:5,6 5:1,1 5:14 33:20 34:5 35:24	1.2 96:24 97:2 10 84:5 112:1 143:15
weight 29:18 59:18 61:9,13 86:1,19 87:9 96:16,17 119:23 128:14 133:13,13 139:19	52:3 105:25 106:3,15 108:2 133:16 136:15	38:17 39:23,25 40:4,8 40:18 49:8 50:14	101 2:6 11:00 107:9
weighted 97:1 104:11	working 9:9 15:3 41:22 106:6,8,13,14 133:17	54:12,14,22,25 55:3,7 55:11,16,21,25 56:4,6	134437 143:14 137 3:6 14 7:20
well-founded 79:9	workout 48:5,9 124:22	60:23 64:19,23,25 73:1,4 77:24 78:2,6	142 3:19 143 3:6 144:8
went 5:22 8:3,22 11:25 13:2 24:3 41:11 69:15 69:16 71:23 76:23 103:18 104:9 107:9 132:12 136:24 137:7	works 92:13	78:10,16,21,23,25 79:5,7,13,18 80:15,19	144 1:13 3:7 14th 58:12 15 4:7
weren't 39:9 40:22,23 127:6 138:2	workweek 9:10	83:21 85:18 86:2 90:3 90:6,10 91:20 98:7,22	16 1:15 24:10,12 57:4 16in 6:12 16th 143:9
West 8:6	world 14:15,15 15:12 23:10	99:25 100:18 101:13 101:24 102:8,15,19	186 97:12 18th 25:1 1991 16:25 19:23 20:3
whatsoever 37:8	worry 19:7 116:5,6	103:12 104:19,23 105:2,5,16 106:8,14	1992 19:20,21 20:6,10 24:20 1997 58:13 1999 2:16 58:2,13
When's 132:3	worse 54:3 128:19	107:21 109:10 112:3 117:15 121:4,22	1st 16:22,22
widespread 75:21,25	wouldn't 46:9 48:20,20 61:2 72:4 73:13 95:4 109:16 124:9,24,24 124:25 131:7,12	124:17 125:23 127:1 127:5 130:3 131:1,11 131:13 135:24 136:4 137:4 141:20 142:2,6 142:10,12	
wife 9:8 11:21 28:13	wound 35:3	Yerrid's 101:6 106:6,9 127:19	
willing 90:21	write 107:4	York 8:8,13,14	2
wind 83:22 84:2	writing 129:24	Yosemite 12:1 58:18	2 3:15 33:21,22 34:7,8 34:17 98:13
winded 83:15	wrong 109:3 126:3	young 14:23 15:8 28:21 29:5 37:17 38:9,9,11 39:18,20 41:11 43:13 44:9 45:2 48:25 51:15 51:16 53:6,19 61:21 63:16 64:16 66:20 82:11 91:12 92:22 98:6 122:7,9 123:6 137:25 139:25 140:2 140:4	2-centimeter-thick 98:5 2.0 97:10 2:23 1:16 4:7 20 35:13 2006 57:24 58:2 2009 57:13,25 2011 57:9,13 2014 25:1 28:8,19,21,24 28:25 35:13 36:9 57:9 84:5 101:21,22 112:1 2015 1:15 4:7 143:9,10 144:17 2018 143:15 205 59:22 207 59:23 21 14:24 28:25 36:10 38:9 128:25
windows 117:3,4,4,5,6	wrote 7:19 50:5 73:21 85:6	Yup 107:25	
withdraw 91:21 104:22	<hr/> X <hr/>	<hr/> Z <hr/>	
witness 4:17,23 5:8 54:9,10,20,21,23 55:1 55:4,5,9,15,18,24 56:3,5 64:18 78:18,19 79:1,15 91:22 105:4 126:15 137:2 142:1,5 142:8,11	<hr/> Y <hr/>	<hr/> 0 <hr/>	
witnesses 33:2,14	Y 31:7	<hr/> 1 <hr/>	
witnesses' 90:22	Y-shaped 30:17,20,22 84:7,8		
woman 8:22	yeah 15:24 22:5 23:23 40:2 43:11 47:1 55:11 58:7 63:7 75:3 82:19 82:20 84:4 90:7 96:2 105:5 106:18 111:9 112:6,8,10 113:5,18 115:11 116:15 122:23 128:11 129:14 130:4 135:7,23 139:17 142:5		
women 24:15	year 8:22 13:6,11,12,13 16:17,22,22,23,24 19:19 93:23 94:1,2,2		
word 75:22,24,24 76:12 126:17 139:4,6 141:16	years 7:10,21 8:9,10 11:15,17,17,18,18		
words 10:1 15:20 38:13 45:2,10,15 62:17 65:25 72:12 74:10 75:21 82:4 86:20 87:9			

HAHN & BOWERSOCK 800-660-3187 FAX 714-662-1398
151 KALMUS DRIVE, SUITE L1 COSTA MESA, CA 92626

22 25:25 128:25	7th 58:2		
222-8222 2:7			
24 24:14,15 58:6,9	<hr/> 8 <hr/>		
24th 143:10 144:17	80-hour 9:10		
260 86:12 87:20	800 2:10		
2600 2:16	813 2:7,11		
<hr/> 3 <hr/>	86 97:9,13		
3 3:16 35:25 36:1,18	88 3:18		
137:15	<hr/> 9 <hr/>		
3:23 50:19	91 3:5		
3:27 50:22	94612 2:16		
300 106:1			
33 3:14,15			
33050 1:17			
33602-5148 2:6			
33606 2:11			
350 59:18 87:16 97:1			
106:3			
36 3:16,17			
3910 2:6			
<hr/> 4 <hr/>			
4 3:17 36:7,8 137:15			
433-2600 2:17			
443-5553 2:11			
45-degree 30:24 31:3			
<hr/> 5 <hr/>			
5 3:5,18 73:5 88:9,12,13			
97:7,13			
5:42 1:16 142:15			
50 105:23			
500 106:2			
510 2:17			
530 86:14 96:21			
550-or-so 87:21			
56639 1:17			
<hr/> 6 <hr/>			
6 3:19 137:13,13 142:14			
60 19:3			
<hr/> 7 <hr/>			
7 28:24 36:9 58:6			
7:00 107:9			

HAHN & BOWERSOCK 800-660-3187 FAX 714-662-1398
151 KALMUS DRIVE, SUITE L1 COSTA MESA, CA 92626