| P | posterior [7] $8 / 1112 / 4 \quad 13 / 5$ | question [32] $\begin{array}{llll}24 / 25 & 25 / 3 & 25 / 4\end{array}$ 33/24 41/17 43/6 45/10 45/14 |
| :---: | :---: | :---: |
| pertain [1] 31/15 | posteriorly [2] ${ }_{\text {l }} 17 / 7$ 49/25 | 47/5 54/7 59/25 65/6 67/12 <br> 67/21 68/9 68/19 68/20 68/25 |
|  | $\begin{array}{llll}\text { potential } & {[1]} & 56 / 25 \\ \text { preceding } & {[1]} & 60 / 3\end{array}$ | $\begin{array}{lllll} 67 / 21 & 68 / 9 & 68 / 19 & 68 / 20 & 68 / 25 \\ 90 / 10 & 90 / 24 & 92 / 23 & 94 / 22 & 105 / 15 \end{array}$ |
| photo [10] $80 / 5$ 81/3 82/9 82/12 | prefer [1] 28/9 | 114/16 117/16 120/10 124/22 |
| 82/13 83/5 85/18 133/9 133/21 |  | $\begin{array}{lllllll}124 / 23 & 125 / 3 & 129 / 4 & 129 / 22 & 13\end{array}$ questioning [1] 69/6 |
| photographs [1] 79/33 | prepare [3] $27 / 15$ 27/24 $28 / 1$ | questions [23] 34/1 38/23 |
| photos [3] 121/19 132/20 133/11 | present [9] 18/1 28/2 40/13 | 45/18 49/7 54/20 |
| phrase [2] $41 / 6$ 88/2 | 43/22 $53 / 25$ 74/18 102/4 105/4 | $70 / 7$ 100/14 108/8 108 |
| phrased [5] 76/16 87/7 90/16 | 120/25 | 108/23 109/2 109/3 109/ |
| 92/25 135/13 | presented [1] 86/ | $\begin{array}{lllllll}16 / 2 & 117 / 9 & 124 / 18 & 132 / 8 & 134 / 21\end{array}$ |
| physical [8] 34/17 | presenting [1] 61/22 | quickly [3] 61/20 61/23 62/ |
| 35/22 $37 / 24 \quad 38 / 3$ 44/7 $67 / 6$ | presentment [1] 61/10 | QUISANO [71] $1 / 10 \quad 3 / 6 \quad 3 / 13 \quad 7 /$ |
| physically [1] 61/22 | $\begin{array}{llll}\text { pressure } & {[7]} & 52 / 25 & 53 / 1 \\ 53 / 15 & 53 / 16 & 54 / 4 & 68 / 12\end{array}$ | $\begin{array}{lllll}73 / 12 & 74 / 2 & 74 / 16 & 75 / 5 & 75 / 13\end{array}$ |
| Hysics [2] $32 / 2134 / 21$ | 53/15 $53 / 16 \quad 54 / 4 \quad 68 / 12$ | $\begin{array}{llll} 75 / 25 & 76 / 10 & 76 / 21 & 76 / 25 \end{array} 77 / 7$ |
| $\begin{array}{llllll}\text { picked [2] } & 87 / 7 & \text { 87/14 } \\ \text { picture [5] } & 41 / 24 & 119 / 25 & 120 / 4\end{array}$ | presumably [3] $6 / 13$ 10/10 $17 / \mathrm{B}$ |  |
| picture [5] ${ }^{41 / 24} 119 / 25120 / 4$ $133 / 18$ $134 / 16$ | presume 115/24 124/2 |  |
| $\text { ictures [6] } 74 / 23 \quad \text { a2/20 } \quad 84 / 7$ | pretty [6] $72 / 20$ 93/24 107/11 |  |
| 106/4 119/17 121/2 | 109/16 122/15 129/14 | 100/1 100/11 100/23 10 |
| pinched [1] 21/6 | previously [2] 131/17 | 1 103/6 104/12 104/25 |
| place [17] 18/11 82/4 82/12 | prior [8] 33/24 75/10 98/2 | 106/19 108/24 |
| 82/13 99/25 100/24 101/6 101 | 101/6 101/17 101/18 103/11 | 113/10 116/24 118/21 |
| 101/18 105/3 111/4 114/22 | 107/10 | 120/22 121/7 121/13 122 |
| 114/25 118/24 118/25 121/ | probably [12] 17/6 30/12 | 2/17 122/24 |
| 124/3 | 60/23 71/12 $93 / 13$ 99/23 99/23 | 21 127/22 128/15 128/25 |
| placed [4] 84/3 84/12 |  | 129/25 |
| 121/18 | problem [2] 22/12 86/14 | 5/7 137/7 |
| placement [1] 84/ | problems [1] 94/1 | Quisano's [3] 84/12 85/19 |
| plain [1] 6/23 | proceed [5] 3/ |  |
| Plaintiff [2] 1/8 137/5 | 120/17 [6] | quite (1) |
| planes [1] 58/16 | proceedings [6] 67/10 | R |
| planning [1] 71/5 | cess [3] 50/13 53/5 121/6 | radiographic [3] 44/18 44/24 |
| plate [1] 8/8 plate-like [1] | products [1] 13I/23 | 45/12 |
| play [5] 67/8 | professional [1] 5/20 | radiographs [6] $5 / 17$ 35/4 $38 / 6$ |
| 134/3 134/13 | prompted [1] 125/25 | 38/7 42/11 44/1 |
| playing [9] 78/4 78/16 | proper [1] 35/15 | radiologist [4] 4/21 4/23 40/16 |
| 80/21 91/24 96/11 110/4 110/18 | properly [1] 92/9 |  |
| 110/19 | properties [9] 34/17 35 | $\begin{array}{lllllll} 5 / 12 & 6 / 19 & 8 / 1 & 29 / 18 & 29 / 22 & 30 / 19 \end{array}$ |
| please [7] $4 / 5$ 4/6 8/6 | $\begin{array}{llll}35 / 22 & 37 / 24 & 38 / 3\end{array}$ | $\begin{array}{lllll}31 / 23 & 32 / 2 & 32 / 17 & 32 / 19 & 33 / 8\end{array}$ |
| 71/21 71/22 83/4 | 67/6 |  |
| point [36] 18/20 18/22 $19 / 5$ | Proposed [3] $82 / 14$ |  |
|  | prosecutor [2] $7 / 1944 / 21$ | 69/22 |
| 55/6 55/18 55/19 57/20 57/24 | provide [2] 7/19 44/21 |  |
| 59/16 $63 / 5$ 63/6 63/6 $73 / 24$ | provided [4] 28/25 29/5 |  |
| $\begin{array}{llllll}75 / 24 & 76 / 3 & 76 / 13 & 78 / 7\end{array}$ | 111/14 |  |
| 97/25 99/25 102/19 102/21 103/1910 | proximity [2] 10/18 14/13 |  |
| 104/17 105/21 106/18 108/23 | proximity-wise [1] | $\begin{array}{lllll}\text { rays } & {[10]} & 6 / 23 & 7 / 16 & 8 / 2 \\ 27 / 13\end{array}$ |
| 109/11 116/23 124/14 131/7 | Public [1] 1/23 | $\begin{array}{llll} 27 / 17 & 27 / 18 & 27 / 19 & 27 / 20 \end{array}$ |
| pointed [2] 97/8 97/12 | publications [1] 36/8 | $29 / 25$ |
| points [6] 56/9 56/10 56/13 | pulmonary [4] 12/18 12/20 |  |
| 57/5 109/21 109/23 | 13/3 | $\mathrm{re}\left[\begin{array}{lll} {[2]} & 1.25 / 16 & 13 \end{array}\right.$ |
| poison [1] 114/4 | pumps [1] |  |
| police [2] 72/13 72/15 | punched [1] 92/ | [1] 117/2 |
| portion [11] 10/5 13/10 17/12 | purpose [3] 40/4 45/13 75 | $\text { read [13] } 6 / 5 \quad 6 / 7 \quad 6 / 9 \quad 28 / 5 \quad 33 / 6$ |
| $\begin{array}{llllll}20 / 19 & 23 / 6 & 24 / 5 & 78 / 11\end{array}$ | purposes $[1]$ $84 / 16$ <br> pursuant $[2]$ $3 / 17$ | $\begin{array}{llllll} 33 / 12 & 33 / 14 & 36 / 9 & 37 / 23 & 39 / 4 \end{array}$ |
| $\begin{array}{llll}117 / 4 & 119 / 3 & 133 / 16 \\ \text { portions [11] } & 9 / 13 & 9 / 18 & 1\end{array}$ | purview [2] 34/19 40/15 | 42/24 90/25 126/2 |
| $\begin{array}{\|cccccc} \text { portions }[11] & 9 / 13 & 9 / 18 & 12 / 12 \\ 13 / 2 & 13 / 8 & 13 / 9 & 24 / 5 & 55 / 22 & 58 / 14 \end{array}$ | pushed [3] 20/1 21/1 92/ | reading [B] $5 / 7$ 30/6 $30 / 23 \quad 32 / 3$ |
| $\text { 13/2 } 13 / 8 \quad 13 / 9 \quad 24 / 5 \quad 55 / 22 \quad 58 / 14$ $58 / 15 \quad 58 / 17$ | put [11] 16/18 53/12 55/13 | 32/16 $34 / 2$ 34/5 44/1 |
| posed [1] 68/ | 55/14 85/8 87/25 88/15 99/10 | ready [3] 3/7 3/10 3/13 |
| position [10] 9/24 49/20 $83 / 15$ |  |  |
| $84 / 8$ 85/15 112/8 112/10 114/20 | Q | 37/8 $39 / 5 \quad 57 / 3 \quad 57 / 5 \quad 68 / 5$ 81/17 |
|  | qualification $[1]$  $43 / 24$  <br> qualifications $[3]$ $30 / 8$ $34 / 24$  <br> $38 / 21$     <br> qualified [4] $30 / 9$ $37 / 10$ $37 / 11$  <br> $49 / 7$     |  |


| R | relevance [1] 67/5 <br> relevant [2] 67/10 67/10 | $\begin{array}{lllll} 58 / 19 & 59 / 10 & 62 / 25 & 71 / 7 & 71 / 12 \\ 97 / 8 & 97 / 11 & 102 / 11 & 105 / 13 & 106 / 20 \end{array}$ |
| :---: | :---: | :---: |
| recall [33] $7 / 8 \mathrm{Bl} 11 / 18$ 15/2 | remain [1] 55/18 | 107/14 110/12 113/17 116/3 |
| 18/21 $20 / 11 \begin{array}{llllll} & 28 / 3 & 31 / 13 & 37 / 18\end{array}$ | remained [1] 117/19 | 116/13 119/18 $119 / 19$ 119/21 |
|  | remember [13] $15 / 6 \quad 75 / 20 \quad 83 / 21$ | 124/10 125/12 125/14 125/19 |
| 77/12 79/6 $79 / 9$ 89/16 $105 / 12$ | 87/4 87/5 88/2 90/11 90/16 | 131/22 132/6 133/18 |
| 105/23 108/10 119/19 122/3 | 100/7 110/25 119/25 121/9 | roll [2] 66/22 87/18 |
| 129/6 130/21 132/9 132/13 | 121/23 | rolled [1] 87/16 |
| 132/13 132/25 133/4 $133 / 10$ | $\begin{array}{lllllll}\text { removed [3] } & 53 / 3 & 98 / 23 & 111 / 9\end{array}$ | room [55] 74/9 74/17 $74 / 21$ |
| 134/17 $134 / 18$ 135/25 | render [3] $30 / 9$ 30/14 $42 / 4$ | 75/15 $75 / 18$ 78/18 $78 / 19$ 78/19 |
| receive [1] 5/3 | rendered [3] $42 / 14$ 42/19 $42 / 22$ |  |
| received [2] 77/12 77/18 | rendering [1] 42/3 | 80/8 80/10 81/4 89/19 98/25 |
| recent [1] 17/22 | rephrase [5] $40 / 2442 / 17$ 58/23 | 99/16 104/1 105/21 106/6 106/9 |
| recentiy [1] 125/6 | 129/15 129/23 | 110/4 110/5 110/9 110/10 110/11 |
| recess [3] $70 / 14$ 71/15 $136 / 13$ | replace [1] 46/12 | 110/11 110/12 110/14 110/16 |
| recliner [3] $78 / 22$ 85/11 112/10 | report [22] $6 / 12$ 6/16 15/4 $15 / 7$ | 110/17 110/21 111/5 111 |
| realiners [1] 133/3 | 15/15 15/18 $27 / 15$ 27/21 27/25 | 112/11 $119 / 17$ I19/24 120/6 |
| recognize [3] 79/15 80/4 82/18 | 28/1 28/5 28 /10 36/3 47/16 | 122/20 123/5 128/22 131/21 |
| recollection [5] 90/18 91/3 | 47/17 63/20 63/24 124/12 126/17 | 132/24 133/1 $133 / 1134 / 5$ 134/11 |
| 92/18 115/22 126/13 | 126/20 127/7 127/10 | 136/12 $134 / 13$ 135/3 135/5 135/6 |
| reconstruction [4] 135/11 | reported [5] $1 / 24$ 36/2 40/1 | rooms [3] 110/8 110/11 123/3 |
| 135/12 135/16 135/22 | 40/17 137/18 | rotational [1] 67/8 |
| record [4] 4/7 71/23 107/ | Reporter [2] 1/25 137/15 | round [2] 41/11 41/18 |
| , | REPORTER'S [2] 1/13 137/1 | routine [1] 44/23 |
| recorded [7] $32 / 22$ 75/5 96/21 | reporting [2] 34/14 34 | run [1] 96/8 |
| 119/4 $124 / 24$ 127/4 128/22 | reports [3] 15/24 61/4 63/1 | running [1] 88 |
| recorder [5] 106/12 107/16 | represent [1] 85/7 | ruptures [1] 54/23 |
| 107/18 119/10 120/11 | represented [1] 71/2 | rush [1] 89/6 |
| recording [4] 75/10 118/14 | reproduce [1] 33/1 | S |
| 128/20 128/24 | requested [1] 44/23 |  |
| records [4] $2 / 22$ 3/19 4/1 6/17 | required [3] 5/20 67/15 70/4 | safe [1] 71/13 |
| Recross [2] 2/12 135/1 | requirements [1] 5/23 | said [86] 11/5 18/13 $19 / 1$ 20/8 |
| Recross-Examination [2] 2/12 | requires [1] 6/1 | 21/20 $25 / 11$ 31/2 34/25 39/13 |
| $135 / 1$ | rereading [1] 135/24 | 39/16 41/1 68/4 69/11 69/25 |
| Redirect [6] 2/7 $2 / 11$ 64/5 64/7 | resided [1] 76/22 | $\begin{array}{llllllll}75 / 16 & 75 / 17 & 75 / 18 & 76 / 17 & 76 / 19\end{array}$ |
| 128/9 128/12 | residence [11] $73 / 7 \begin{array}{llll}\text { [3/13 } & 74 / 3\end{array}$ | 77/20 78/16 78/21 80/20 81/3 |
| REEED [8] $1 / 23$ 2/10 $2 / 12$ 100/18 | 79/10 100/11 100/23 101/5 | 81/12 $81 / 12$ 81/14 $81 / 15$ 83/11 |
| 103/9 130/17 132/9 135/2 | 102/13 102/15 103/7 122/21 |  |
| reenactment [21] 日1/24 82/10 | residenoy [1] 4/25 | 87/6 87/12 87/14 87/18 88/5 |
| 83/1 84/12 85/19 112/23 113/6 | respect [13] $22 / 4 \quad 23 / 16$ 24/3 | 89/1 $89 / 8$ 89/14 $69 / 19$ 69/22 |
| $\begin{array}{llllll}118 / 2 & 118 / 4 & 120 / 21 & 120 / 25 & 121 / 6\end{array}$ | 27/16 $29 / 10 \quad 33 / 7$ 42/5 42/10 | 90/6 90/13 91/6 91/23 91/25 |
| 122/2 122/13 122/18 $122 / 24$ | 45/9 47/6 $47 / 8$ 64/9 64/11 | 92/1 $92 / 16$ 92/17 $92 / 23$ 92/25 |
| 128/15 128/21 133/7 134/19 | respectfully [1] 67/11 | 93/12 $93 / 16$ 94/15 $95 / 20 \quad 97 / 8$ |
| 136/4 | respond [3] $31 / 6$ 72/19 117/2 | 97/9 98/5 98/16 99/9 99/19 |
| reenactments [2] 111/17 112/16 | responded [2] 73/20 101/20 | 102/22 106/6 109/10 110/23 |
| refer [1] 11/22 | responding [1] 77/18 | $114 / 1$ 116/23 117/3 117/6 |
| reference [1] 9/24 | response [4] 41/17 65/9 88/12 | 117/18 117/24 121/10 121/19 |
| referred [4] 7 7/1 $23 / 2131 / 10$ | 94/22 | 122/9 123/6 1.23/9 124/19 127/24 |
| 49/19 | responsibilities [2] 5/16 72/17 | 131/25 134/1 135/15 137/21 |
| referring [12] 10/25 11/25 | reat [1] 104/3 | sake [1] 67/9 |
| 18/15 46/5 46/20 46/21 51/9 | result [4] 14/16 61/24 66/6 | same [21] 18/3 $29 / 6$ 29/8 $33 / 3$ |
| 56/3 82/24 85/3 92/10 97/4 | 73/10 | 35/11 $43 / 5$ 43/6 44/9 44/11 |
| refers [2] 10/1 $26 / 9$ | results [2] 113/15 113/16 | 46/22 48/22 56/9 56/21 59/5 |
|  | reverse [3] 52/16 79/18 79/19 | 66/7 80/7 84/7 110/16 112/11 |
| 90/18 91/1 132/19 | review [19] 6/20 6/22 7/5 7/15 | 129/7 129/19 |
| refreahea [1] 91/3 | 7/22 8/1 9/9 11/12 11/15 14/5 | Sanborn [13] |
| regard [5] $12 / 24$ 34/12 $35 / 16$ | 27/16 $28 / 7$ 28/9 $28 / 15$ 28/20 | 95/6 95/21 96/18 104/25 105/19 |
| 37/12 38/11 | 39/17 $41 / 5 \quad 75 / 9$ 90/19 | 106/8 107/24 108/13 108/22 |
| regarding [2] 31/21 137/19 | reviewed [14] 7/8 7/9 11/10 | 120/24 |
| regards [1] 50/9 | $\begin{array}{lllllllll}12 / 17 & 12 / 19 & 15 / 1 & 15 / 21 & 15 / 25\end{array}$ | sat [3] 75/22 76/17 122/20 |
| region [1] 18/3 | 27/20 $28 / 22$ 29/4 $39 / 13$ 47/9 | saw [32] 11/19 12/21 12/25 |
| regularly [2] 33/14 33/15 | 59/22 | $\begin{array}{llllll}15 / 22 & 15 / 24 & 17 / 18 & 18 / 10 & 18 / 12\end{array}$ |
| relate [1] 16/4 | reviewing [9] 16/25 17/17 19/11 |  |
| related [3] $39 / 18 \quad 39 / 20 \quad 72 / 20$ | 23/17 $40 / 1$ 40/22 41/3 42/23 | 57/8 61/24 64/15 69/22 79/1 |
| relates [3] $7 / 5$ 12/2 28/24 | 45/3 | 85/12 86/20 91/20 92/15 96/15 |
| relationship [4] 10/18 23/3 | revised [1] 125/6 | $\begin{array}{llll}114 / 20 & 114 / 23 & 121 / 18 & 125 / 17\end{array}$ |
| 32/1 76/25 | revisit [2] 33/24 99/21 | 126/3 126/10 128/25 129/1 |
| relative [1] 111/4 |  | 132/14 |
| relatively [1] 109/23 | $\begin{array}{lllllllllll}19 / 3 & 19 / 10 & 20 / 7 & 20 / 19 & 37 / 18\end{array}$ | gay [45] 6/9 8/14 8/21 10/15 |
| relatives [1] 110/25 | $\begin{array}{lllllllllll}38 / 23 & 39 / 8 & 47 / 20 & 47 / 21 & 50 / 2\end{array}$ | 12/6 12/7 12/8 12/10 16/1 17/8 |
| relayed [1] 40/5 |  | 20/14 $24 / 1 \begin{array}{lllllll} & 32 / 5 & 32 / 12 & 32 / 14\end{array}$ |
| relays [1] 127/22 | 58/2 58/4 58/11 58/12 58/14 | 34/12 34/16 36/12 39/20 39/25 |




| T | $\|$$133 / 25$ $135 / 13$ $136 / 5$ $136 / 6$  <br> their $[14]$ $13 / 25$ $15 / 24$ $16 / 14$ | 55/22 56/10 $56 / 11$ 63/5 63/6 <br> 63/7 91/23 91/25 104/1 111/7 |
| :---: | :---: | :---: |
| taiking... [2] 103/1 107/25 |  | 111/10 |
| tall [2] 66/19 67/2 | 49/25 62/17 66/21 71/3 99/11 | thing [9] 34/19 43/16 93/14 |
| tape [5] 106/12 107/15 118/10 | 99/16 | 99/12 104/5 104/5 119/9 122/15 |
| 125/18 129/5 | them [30] $11 / 2313 / 15$ 38/7 $39 / 2$ | 122/16 |
| taped [3] 95/7 135/9 135/10 | 39/6 $39 / 13$ 47/4 $71 / 5$ 78/3 $91 / 24$ | things [23] 14/16 $21 / 5 \quad 36 / 21$ |
| taping [1] 108/4 | 93/2 97/9 99/10 99/11 99/13 |  |
| Tate [1] 108/7 | 99/18 $99 / 20102 / 18104 / 3 \quad 108 / 5$ | 51/16 62/19 75/2 $87 / 21$ 94/6 |
| teeth [1] 9/16 | 108/9 110/21 111/16 125/12 | 96/25 97/23 98/6 98/8 $98 / 21$ |
| tell [29] 18/6 19/23 21/18 | 126/4 126/5 126/7 126/9 126/10 | 108/17 111/16 119/2 125/21 |
| 21/22 $23 / 17$ 24/7 $24 / 8$ 26/8 | 126/10 | 126/15 |
| $\begin{array}{lllllllll} & 32 / 10 & 41 / 10 & 43 / 13 & 46 / 23 & 46 / 24\end{array}$ | then [92] 6/11 6/16 8/10 10/25 | think [66] 7/14 12/21 20/12 |
|  |  | 24/18 $24 / 25$ 25/11 30/7 30/12 |
|  | $\begin{array}{llllllll}22 / 19 & 24 / 2 & 26 / 18 & 33 / 2 & 38 / 19\end{array}$ | $\begin{array}{llllllllll}34 / 8 & 34 / 9 & 35 / 3 & 35 / 4 & 35 / 10 & 35 / 21\end{array}$ |
| 89/16 90/14 93/2 100/12 102/3 | 39/8 40/18 $49 / 5$ 52/14 53/1 | 37/12 38/7 $43 / 18$ 43/19 61/22 |
| 108/16 | 53/11 $53 / 12$ 53/16 $53 / 20 \quad 55 / 14$ | 63/20 68/18 68/25 73/10 80/19 |
| teliling [2] 41/17 53/6 | 56/5 56/25 57/23 60/11 60/15 |  |
| tells [3] $40 / 1648 / 7$ 60/9 | 61/16 63/9 $63 / 1163 / 23$ 70/19 | 97/3 100/12 102/12 102/20 |
| temper [1] 109/25 | 74/21 $74 / 24 \quad 78 / 5 \quad 78 / 18888 / 25$ | 102/22 104/17 105/5 1.05 |
| temporal. [1] 8/13 |  | I05/1.4 105/18 106/3 106/15 |
| tend [1] 19/15 |  | 107/16 108/19 109/10 110/19 |
| tent [1] 23/5 | 87/8 87/14 87/20 87/20 87/21 | 111/12 111/16 113/7 117/5 |
| tent-shaped [1] 23/5 | 88/5 88/8 88/17 89/7 90/2 90/3 | 117/23 119/15 119/19 119/24 |
| tentorium [27] $22 / 22$ 22/25 23/5 | 92/7 97/17 $97 / 20 \quad 99 / 15 \quad 101 / 21$ | 120/9 121/10 121/16 121/16 |
| 23/17 $23 / 21$ 23/22 $24 / 16$ 24/23 | 104/2 104/2 104/4 104/4 109/15 | 122/8 $122 / 8 \quad 122 / 9$ 124/12 127/11 |
| $\begin{array}{llllllllll}25 / 16 & 26 / 24 & 56 / 1 & 56 / 1 & 56 / 2 & 56 / 4\end{array}$ | 110/10 110/24 111/8 115/11 | 127/15 129/2 $135 / 17135 / 18$ |
| 56/4 56/20 56/21 57/7 58/9 | 118/9 118/50 118/11 118/22 | thinking [1] 08/1 |
| 58/13 58/18 $59 / 1$ 59/8 64/13 | 120/15 121/2 121/20 121/23 | $\begin{array}{lllllll}\text { this [87] } & 7 / 10 & 7 / 18 & 13 / 17 & 20 / 4\end{array}$ |
| 64/16 64/21 69/19 | 121/25 122/11 122/18 123/7 | 20/23 22/5 $23 / 16$ 24/12 27/8 |
| term [2] 9/23 50/7 | 123/9 125/10 125/15 125/16 |  |
| terms [2] $26 / 6$ 50/4 | 133/13 133/15 | $\begin{array}{llllll}32 / 12 & 32 / 13 & 32 / 13 & 34 / 13 & 34 / 18\end{array}$ |
| testified [20] 4/16 27/12 30/16 | there [146] | $\begin{array}{llllllllllll}34 / 23 & 35 / 13 & 36 / 1 & 36 / 1 & 36 / 12\end{array}$ |
| $\begin{array}{lllll}30 / 21 & 31 / 20 & 35 / 25 & 36 / 16 & 39 / 12\end{array}$ | there's [69] 6/23 6/23 6/24 | $\begin{array}{llllll}36 / 12 & 36 / 12 & 36 / 14 & 36 / 14 & 36 / 23\end{array}$ |
| 39/15 41/25 $42 / 9$ 44/15 45/5 | $\begin{array}{llllllllll}6 / 24 & 8 / 8 & 8 / 11 & 9 / 3 & 12 / 15 & 13 / 9\end{array}$ | 37/10 37/19 $38 / 1 \begin{array}{lllllllll} & 38 / 5 & 38 / 10\end{array}$ |
| 72/7 81/11 88/19 91/8 91/13 | 16/9 17/9 19/23 20/3 21/24 22/1 | 38/13 41/23 $43 / 17$ 43/22 44/2 |
| 100/20 128/19 |  | 44/25 45/2 $45 / 10$ 45/11 $46 / 13$ |
| testify [5] $4 / 15$ 30/24 36/20 | $\begin{array}{llllllllll}35 / 15 & 37 / 25 & 41 / 13 & 41 / 17 & 46 / 8\end{array}$ | 49/9 49/15 50/20 50/20 53/6 |
| 44/21 72/6 |  | 53/24 55/12 $57 / 10 \quad 59 / 25 \quad 60 / 23$ |
| testifying [1] 75/10 | 56/10 $56 / 15$ 56/25 57/1 57/1 | 61/3 61/7 61/8 64/11 68/13 |
| testimony [6] $25 / 5$ 25/7 $25 / 8$ | 57/3 57/5 59/16 65/24 66/9 | $\begin{array}{lllllll}68 / 21 & 68 / 21 & 69 / 18 & 79 / 23 & 79 / 24\end{array}$ |
| 37/16 51/12 67/13 130/22 131/10 | 66/18 67/6 78/17 78/20 79/21 | 83/13 87/13 $91 / 15$ 93/14 96/3 |
| testing [2] 113/13 113/18 | 79/21 94/7 103/13 103/25 107/1 | 103/5 105/15 106/5 106/18 |
| texture [1] 96/7 | 108/25 110/8 110/9 110/11 | 107/21 111/10 112/19 115/2 |
| than [24] 5/25 17/22 18/11 | 110/14 115/7 118/20 119/17 | 115/3 116/21 119/12 120/10 |
|  | 119/25 120/15 126/15 127/11 | 125/9 125/16 126/21 127/19 |
| $\begin{array}{lllllllll}46 / 18 & 52 / 4 & 56 / 7 & 60 / 10 & 60 / 12\end{array}$ |  | 133/20 138/3 |
| 60/24 61/12 61/21 $62 / 5 \quad 62 / 7$ | 134/10 135/3 135/5 | those [45] 5/23 11/19 16/4 |
| 62/6 70/13 74/18 99/21 114/8 | these [19] $20 / 24 \quad 25 / 12$ 32/23 | $\begin{array}{llllll}16 / 21 & 16 / 25 & 24 / 14 & 25 / 14 & 26 / 8\end{array}$ |
| 121/15 | 32/24 $36 / 20$ 41/22 45/12 56/2 | 26/25 27/19 $27 / 21 \quad 29 / 20 \quad 30 / 18$ |
| thank [9] 3/23 4/10 28/19 70/8 | 56/8 61/1 62/11 62/24 63/2 | 31/15 32/7 $34 / 22$ 36/13 $39 / 25$ |
| 72/1 $73 / 3$ 126/18 128/10 136/8 | 64/11 67/10 82/20 93/13 117/9 | 42/3 42/18 42/21 45/日 49/7 |
| that [638] | 11.7/13 | 53/16 55/21 56/14 57/9 64/18 |
| that study [1] 14/3 | they [68] 10/21 16/7 25/12 27/9 | 84/7 84/10 90/2 96/13 97/23 |
| that's [90] $6 / 1$ 9/16 $9 / 22$ 12/7 | 34/11 $34 / 21$ 39/4 40/10 $44 / 25$ | 98/8 98/21 108/21 111/15 111/16 |
| $\begin{array}{llllllll}14 / 22 & 19 / 23 & 21 / 5 & 22 / 19 & 28 / 19\end{array}$ |  | $\begin{array}{llllll}12 / 17 & 113 / 13 & 114 / 6 & 119 / 2\end{array}$ |
| $\begin{array}{llllll}29 / 17 & 30 / 12 & 32 / 14 & 33 / 22 & 36 / 2\end{array}$ | 47/15 47/15 47/19 47/19 48/1. | 125/15 125/23 131/2 |
| $\begin{array}{lllllllllll}36 / 17 & 37 / 3 & 37 / 9 & 39 / 15 & 40 / 13\end{array}$ | 48/5 62/5 62/19 65/25 66/21 | though [4] 37/2 60/13 62/21 |
| 41/8 $41 / 11$ 41/18 $43 / 16$ 43/17 | 73/9 $74 / 5$ 74/6 $74 / 7$ 74/8 $74 / 25$ | 115/10 |
| $\begin{array}{llllllll}43 / 23 & 43 / 25 & 44 / 4 & 44 / 20 & 45 / 12\end{array}$ | 77/21 77/22 77/23 78/3 78/5 | thought [11] 58/9 70/24 87/19 |
|  | 78/5 78/21 日0/21 82/2 82/3 | 88/3 93/11 95/5 104/18 125/17 |
| 56/6 60/13 60/25 62/19 66/20 | 97/15 98/24 $99 / 9$ 99/12 102/17 | 132/15 132/17 132/18 |
| 66/22 66/23 67/20 68/4 68/18 | 102/22 103/10 103/11 110/9 | thoughte [1] 25/12 |
| $\begin{array}{lllllll}68 / 19 & 70 / 25 & 74 / 8 & 76 / 16 & 79 / 17\end{array}$ | 1110/16 110/16 110/18 110/19 | thousand [1] 32/7 |
| 80/6 80/7 $80 / 15$ 80/16 81/7 81/8 | 111/5 111/12 111/15 111/15 | thousands [6] 32/4 32/12 35/3 |
| 81/9 82/1 83/8 $83 / 23$ 85/15 | 111/17 111/17 113/10 114/9 | 38/24 51/4 61/2 |
| 88/18 89/8 92/10 92/11 99/20 | 114/10 118/17 119/19 120/6 | three [7] 9/5 80/20 80/22 120/1 |
| 100/21 100/24 101/22 103/11 | 123/11 131/3 132/18 | 122/7 122/9 122/14 |
| 104/5 109/2 110/9 114/12 115/4 | they'll [3] 3/23 99/10 99/13 | three-seat [3] 80/20 80/22 |
| 115/5 115/13 $115 / 14$ 116/15 | they're [24] $13 / 6$ 13/7 $13 / 24$ | 120/1 |
| 118/23 $120 / 4125 / 23129 / 14$ |  | threw [1] 97/9 |
| 130/10 133/2 133/4 133/18 | 32/23 33/19 37/9 37/12 37/13 | through [10] 16/21 20/21 96/12 |


| T | transcripts [1] 125/15 <br> trancported [1] 73/9 | 52/12 54/2 57/13 59/8 68/5 68/6 $\begin{array}{lllll}93 / 12 & 93 / 17 & 94 / 8 & 94 / 16 & 94 / 19\end{array}$ 117/3 117/7 117/8 126/16 |
| :---: | :---: | :---: |
| through... [7] 101/15 103/4 | trash [5] 97/4 97/5 97/9 97/11 | understanding [5] 66/16 94/2 |
| $\begin{array}{llllll}126 / 3 & 126 / 4 & 130 / 21 & 132 / 20 & 136 / 1\end{array}$ | $\begin{gathered} 98 / 6 \\ \text { trauma } \end{gathered}\left[\begin{array}{llll} 36] \end{array} 22 / 11126 / 11 \quad 32 / 9\right.$ | $94 / 11101 / 7127 / 21$ |
| throw [1] $98 / 7$  <br> thrown [2] $90 / 2$ $98 / 21$ | $\begin{array}{llllll} 35 / 18 & 35 / 23 & 37 / 17 & 37 / 19 & 38 / 5 \end{array}$ | understood [3] 51/11 59/12 |
| thursday [2] 1/18 3/1 | $\begin{array}{lllllll}39 / 18 & 39 / 20 & 39 / 22 & 40 / 2 & 45 / 4\end{array}$ | 61/17 |
| tile [3] 41/12 41/19 43/16 | 50/10 $50 / 25$ 51/21 $51 / 22 \quad 52 / 1$ | universities [1] 61/3 |
| till [2] 123/25 123/25 | 52/9 52/13 52/18 $52 / 21 \quad 53 / 8$ $54 / 3 \quad 54 / 16 \quad 62 / 10 \quad 62 / 1365 / 7$ | unless [2] 69/14 108/5 |
|  | 54/3 54/16 62/10 $62 / 13 \quad 65 / 7$ 65/21 65/23 67/19 68/10 69/ | unlikely [1] 13/12 |
| $\begin{array}{lllll}49 / 24 & 60 / 2 & 60 / 15 & 61 / 7 & 61 / 10 \\ 62 / 15 & 70 / 3 & 70 / 9 & 71 / 10 & 73 / 12\end{array}$ | $\begin{array}{ll} 65 / 21 & 65 / 23 \\ 67 / 19 \\ 69 / 13 & 69 / 17 \\ 69 / 18 \end{array}$ | until [4] 31/17 105/8 105/22 |
| $\begin{array}{llllll}62 / 15 & 70 / 3 & 70 / 9 & 71 / 10 & 73 / 12 \\ 73 / 24 & 75 / 24 & 76 / 3 & 76 / 13 & 77 / 11\end{array}$ | traumas [1] 39/13 | 136/13 |
| $\begin{array}{lllll}73 / 24 & 75 / 24 & 76 / 3 & 76 / 13 & 77 / 11\end{array}$ 77/18 78/7 86/25 89/12 $99 / 25$ | traumas [1] [1] $73 / 16$ | up [48] 5/20 5/25 |
|  | trouble [1] 47/1 | $\begin{array}{llll} 16 / 14 & 16 / 17 & 19 / 12 & 25 / 8 \\ \hline \end{array}$ |
| 123/14 123/24 125/16 126/9 tr | true [4] 54/7 55/20 114/21 |  |
| 136/9 [3] 59/25 69/24 70/1 | 4/15 4/15 4/16 | 87/7 $87 / 10 \quad 67 / 15 \quad 87 / 22 \quad 87 / 24$ |
| timeframe [3] 59/25 69/24 70/1 th |  |  |
| timeout [1] 99/12 |  | 99/25 90/2 $90 / 5$ 92/4 97/7 |
| $\begin{array}{ll}\text { timeout-type [1] } & \text { 99/12 } \\ \text { times [10] } & 32 / 6 \\ 42 / 8 & 42 / 12\end{array}$ | try [10] 38/17 62/19 62/19 | 98/7 98/17 100/23 101/7 103/6 |
|  | $\begin{array}{lll} 87 / 22 \quad 87 / 24 \quad 89 / 17 & 90 / 14 & 91 / 4 \end{array}$ | 7/2 114/18 116/22 |
| 65/19 93/16 $93 / 21$ 93/22 $99 / 24$ $109 / 13$ 109/14 | $116 / 4 \quad 116 / 9$ | 118/3 131./25 |
| $\begin{array}{cc}\text { 109/13 } & 109 / 14 \\ \text { timing } & {[2]}\end{array}$ |  | up-to-date [1] |
| $\begin{array}{lll}\text { timing [2] } & 15 / 1 \\ \text { tisaue [5] } & 47 / 20\end{array}$ | 67/17 68/7 86/2 $89 / 20$ 90/7 $91 / 6$ | upper [3] $13 / 2$ 13/8 13 |
| tissue [5] 47/20 $113 / 23113 / 25$ | $115 / 23$ | upset [7] 93/23 109/11 109 |
| $\begin{array}{cc} 113 / 23 & 113 / 25 \\ \text { tissues [6] } 89 / 25 \end{array}$ | tub [1] | 109/14 109/17 109/17 109 |
| $\begin{array}{lllll}\text { ciseles } & 113 / 19 & 114 / 7\end{array}$ | tumor [1] | $47 / 15 \quad 60 / 9 \quad 76 / 15$ |
| today [17] 3/4 5/10 38/16 39/16 | turn [6] 52/2 52/.1 | $\begin{array}{llllll} & 82 / 21 & 83 / 25 & 84 / 5\end{array}$ |
| 42/14 $43 / 1.70 / 9 \quad 70 / 15$ 75/10 | tur | 92/12 97/9 97/12 97/16 97 |
| 75/17 90/23 106/17 $125 / 7$ 125/24 |  | 97/20 97/23 99/17 101/7 101/1 |
| 126/2 125/8 $136 / 9$ |  | 105/14 109/1 |
| today's [1] 3/B | $\left\lvert\, \begin{array}{lllll} \text { twice } \\ \text { two [34] } & 5 / 24 & 9 / 3 & 24 / 18 & 24 \end{array}\right.$ | 111/2 112/24 113/3 115/12 |
| together [5] 8/20 16 | 56/7 57/9 66/21 70/5 78/16 | 115/14 118/8 118/11 119/1 |
|  | $\begin{array}{ll} 56 / 7 & 50 / 24 \\ 78 / 29 / 19 \quad 79 / 21 \quad 80 / 10 \end{array}$ | 121/17 121/19 121/25 121/25 |
| $\begin{array}{lllll}\text { toilet [1] } & 113 / 25 \\ \text { told [19] } & 12 / 19 & 29 / 1 & 29 / 15\end{array}$ |  | 123/2 |
| told [19] $12 / 19$ $29 / 1$ $29 / 15$  <br> $44 / 25$ $59 / 8$ $85 / 11$ $86 / 18$ $89 / 4$ |  | use [8] |
| $\begin{array}{llllll}44 / 25 & 59 / 8 & 85 / 11 & 86 / 18 & 89 / 4\end{array}$ | $\begin{array}{llllll} 110 / 2 & 110 / 8 & 110 / 1 & 121 / 3 & 121 / 25 \end{array}$ | 83/1 94/16 99/9 |
| 89/7 89/9 93/10 97/8 97/23 | $\begin{array}{llll} 119 / 2 & 120 / 1 & 120 / 3 & 121 / 3 \end{array} 121 / 25$ | used [14] $24 / 25$ 87/13 $88 / 2 \quad 90 / 1$ |
| 102/3 107/8 117/17 |  | 90/4 $94 / 13$ 94/18 $97 / 181846 / 1$ |
| 124/21 131/5 $70 / 19$ 136/14 |  | 123/9 $131 / 25$ 135/7 135/21 $136 / 3$ |
| tomorrow [2] 70/19 136/14 |  | useful [1] |
| tonsils [1] 20/20 |  | uses [1] 99/9 |
| $\begin{array}{lllll} \text { too [1] } & 112 / 1 & & \\ \text { took }[10] & 78 / 3 & 78 / 5 & 82 / 12 \end{array}$ | $\begin{array}{lllll}31 / 8 & 34 / 17 & 34 / 18 & 36 / 14 & 38 / 19\end{array}$ |  |
| $\begin{gathered} \text { took }[10] \quad 78 / 378 / 5 \quad 82 / 12 \\ 101 / 6 \quad 101 / 17101 / 18 \quad 121 / 18 \end{gathered}$ | 41/22 41/23 $43 / 10 \quad 67 / 14$ 99/12 | usually [10] $9 / 4 \quad 13 / 3 \quad 13 / 6 \quad 13 / 7$ $\begin{array}{lllll}13 / 14 & 13 / 15 & 23 / 14 & 29 / 14 & 55 / 4\end{array}$ |
| 123/21 124/3 | 113/18 113/23 |  |
|  | typed [2] 125/2 |  |
| 21/8 | types [5] | V |
| totaling [1] $4 / 25$ | typical [1] | vague [2] 69/1 129/1 |
| touches [1] 10/24 | typically [22] $10 / 4 \quad 14 / 19$ 14/20 |  |
| touching [1] 12/14 <br> toward [4] 16/14 27/7 56/20 | $\begin{array}{llllll}  & 16 / 7 & 17 / 24 & 18 / 7 & 19 / 6 & 20 / 17 \end{array}$ | variables [2] $66 / 10 \quad 115 / 8$ |
| $\left.\left\lvert\, \begin{array}{lllll} \text { toward [4] } \\ 83 / 24 \end{array}\right.\right] \quad 16 / 1427 / 7 \text { 56/20 }$ | $\begin{array}{lllll}16 / 718 \\ 20 / 24 & 21 / 3 & 21 / 22 & 32 / 18 & 39 / 22\end{array}$ | various [4] $8 / 7$ 19/7 47/23 |
| towards [2] 83/10 134 | 41/12 52/19 | VEGAs [7] $1 / 4 \begin{array}{lllll} & 3 / 1 & 72 / 13 & 73 /\end{array}$ |
| towel [3] 90/4 97/17 | 62/2, 62/3 70/5 108/1 | 137/1 137/19 137/20 |
| towele [7] 90/1 | U | vehicle [1] 39/23 |
| 113/24 114/7 131 |  | velocity [1] 36/12 |
| $\begin{array}{lllll}\text { TONNSHIP [2] 1/4 } & 137 / 1 & \\ \text { TOM }\end{array}$ | Uh-huh [1] 120/12 | velour [1] $96 / 7$ |
| toys [17] $119 / 13119 / 15 \quad 119 / 17$ 120/2 120/4 120/5 132/10 132/14 | $4 \text { ultimately [3] } 43 / 17 \quad 68 / 11$ | verbally [2] $63 / 25$ 121/9 |
| 120/2 120/4 120/5 132/10 132/14 | $68 / 12$ | verbatim [1] 90/12 |
| $\begin{array}{llll} 132 / 15 & 133 / 4 & 133 / 10 & 133 / 21 \\ 134 / 3 & 134 / 15 & 134 / 16 & 135 / 3 \end{array}$ | ultrasound [2] 5/17 6/24 | version [1] 125/4 |
| training [10] 4/22 5/6 29/9 | UMC [6] $2 / 22$ 3/18 $4 / 1710$ | versus [11] 31/15 |
| 29/13 42/25 $43 / 1$ 44/22 $45 / 9$ | 27/19 63/24 | $\begin{array}{llllllllll} \\ 45 / 2 & 46 / 9 & 49 / 18 & 96 / 8 & 114 / 10\end{array}$ |
| 95/10 95/15 | uncomfortable [1] 63 | $114 / 25$ 115/1 116/1 |
| tranecribed [1] 130/1 | unconscious [1] 63/5 | vertex [4] $9 / 23$ 10/1 |
| transcript [11] 1/13 75/7 75/9 | under [2] 73/5 127/13 | $\begin{array}{lllll}\text { very [17] } & 10 / 4 & 10 / 24 & 13\end{array}$ |
| 90/19 94/7 126/12 130/22 130/24 | 4 underlying | $\begin{array}{llll}13 / 12 & 13 / 18 & 13 / 24 \quad 17 / 22 \quad 37 / 20\end{array}$ |
| 136/22 137/17 137/21 | $\begin{array}{lllll}\text { underneath } & \text { l1] } & 59 / 2 & \\ & 12 / 7 & 18 / 9\end{array}$ | 5 55/8 57/4 60/16 62/21 70/8 76/8 |
| transcription [1] 125/10 | $\begin{array}{llll} \text { nderstand } & {[23]} & 12 & 10 / 1 \\ 33 / 5 & 37 / 7 & 43 / 12 & 49 / 1 \\ 51 / 24 \end{array}$ | 125/20 136/8 |


| V | $\text { well-kept [4] } 111 / 23111 / 24$ $111 / 25 \quad 112 / 4$ | $59 / 16$ 61/22 $64 / 10 \quad 64 / 23 \quad 66 / 18$ <br> $\begin{array}{lllll}74 / \text { 日 } & 74 / 15 & 78 / 17 & 80 / 23 & 81 / 6\end{array}$ |
| :---: | :---: | :---: |
| vessels [12] 9/22 20/25 21/3 | went [25] $11 / 516 / 21 \quad 74 / 6 \quad 75 / 16$ | 81/7 82/4 82/22 84/11 93/2 |
| 21/6 22/16 $46 / 2146 / 25 \quad 53 / 13$ | $\begin{array}{lllllllllll}76 / 17 & 78 / 2 & 81 / 17 & 81 / 18 & 81 / 21\end{array}$ |  |
| 53/16 54/5 68/12 69/14 | $\begin{array}{lllllll}81 / 22 & 82 / 4 & 82 / 22 & 83 / 12 & 83 / 23 \\ 85 / 12 & 86 / 12 & 87 / 25 & 92 / 4 & 98 / 3\end{array}$ | $110 / 13110 / 15111 / 9 \quad 119 / 3$ |
| video [3] 112/14 112/15 112/15 | $\begin{array}{llllllllll}85 / 12 & 86 / 12 & 87 / 25 & 92 / 4 & 98 / 3 \\ 110 / 21 & 121 / 25 & 122 / 1 & 124 / 8\end{array}$ | $\begin{array}{lllllllll} 119 / 12 & 119 / 18 & 121 / 17 & 121 / 20 \end{array}$ |
| $\begin{array}{ccc}\text { videotape [2] } & 82 / 11 & 113 / 5 \\ \text { videotaped } & \text { [1] } & 112 / 20\end{array}$ | $110 / 21$ $124 / 1919$ $132 / 3$ | $12 \mathrm{I} / 22 \quad 122 / 17 \quad 122 / 18 \quad 123 / 1$ |
| $\begin{array}{lc}\text { videotaped [1] } & 112 / 20 \\ \text { videotaping [1] } & 112 / 21\end{array}$ | $\begin{array}{ccccl}124 / 19 & 132 / 3 \\ \text { were [106] } & \text { 12/16 } & 12 / 22 & 12 / 23\end{array}$ | $\begin{array}{llllll}121 / 20 \\ 131 / 20 & 132 / 14 & 133 / 2 & 133\end{array}$ |
|  | $\begin{array}{ccccc} \text { were } & {[106]} & 12 / 16 & 12 / 22 & 12 / 23 \\ 15 / 3 & 16 / 1 & 16 / 16 & 22 / 22 & 24 / 4 \end{array}$ | $\begin{array}{lll}133 / 1.9 & 135 / 3\end{array}$ |
| $\begin{array}{llllll}\text { view [4] } & 31 / 22 & 32 / 21 & 32 / 22 & 80 / 6\end{array}$ <br> viewed [2] 36/4 42/11 | $24 / 12 \quad 24 / 21 \quad 25 / 11 \quad 27 / 8 \quad 27 / 9$ | whether [12] $12 / 17$ 18/6 34 |
| visualize [1] 22/22 | 27/21 $46 / 15$ 46/16 50/7 55/15 | $37 / 5 \quad 38 / 1640$ |
| volume [2] 1/15 32/15 | 58/14 58/15 58/17 60/2 63/16 | 95/11 104/20 104/21 |
| voluntary [1] 76/14 | 64/1 71/16 73/7 73/20 73/22 | which [42] |
| volunteered [2] 68/15 123/10 | 74/9 $74 / 9 \quad 74 / 15$ 74/22 $74 / 23$ | $\begin{array}{lllllllllllll}14 / 24 & 17 / 12 & 17 / 21 & 17 / 23\end{array}$ |
| vomit [4] 88/7 97/22 114/2 | 75/1 77/20 77/21 78/16 78/17 | 23/20 23/2 |
| $114 / 10$ | 78/21 79/22 80/21 81/3 81/6 | 33/16 33/24 |
| vomiting [5] 63/6 88/6 88/17 | 81/9 $87 / 15$ 93/7 93/10 $94 / 5$ | 42/5 43/21 44/8 $46 / 3$ 48/20 |
| 97/697/13 | 94/21 96/11 96/17 97/3 | 52/14 54/4 54/5 56 |
| W | 97/15 97/24 98/5 100/9 102/15 | 67/25 $68 / 11 \quad 68 / 12 \quad 68 / 23$ 69/15 |
|  | $102 / 23 ~ 105 / 12 ~ 105 / 13 ~ 105 / 22 ~$ $06 / 4 \quad 109 / 13 \quad 109 / 13 \quad 109 / 15$ | 131/25 132/23 133/6 133/15ld |
| $\begin{array}{lllllll}\text { waited } \\ \text { wake [4] } & 87 / 22 & 87 / 24 & 88 / 3 & 88 / 11\end{array}$ | 109/21 109/23 110/1 | while [12] 28/5 37/10 |
| walk [4] 79/24 110/7 110/8 | 110/19 113/9 113/10 114/5 115/2 | 74/22 75/22 |
| 111/6 | $\begin{array}{lllllll}116 / 15 & 116 / 19 & 118 / 17 & 119 / 15\end{array}$ | 106/4 111/1 121/10 |
| walked [2] 110/ | 119/19 119/25 120/2 120/5 120/5 | white [6] 10/25 1] |
| wall [2] 99/11 99/13 | 121/3 123/11 124/3 125/5 125/20 | 21/21 21/ |
| want [12] $25 / 8$ 38/17 $39 / 7$ 58/ | $\begin{array}{llllll}125 / 22 & 126 / 1 & 126 / 3 & 126 / 8 & 129 / 3\end{array}$ | who [12] 13/23 51/ |
| 89/5 100/19 104/11 106/16 | 129/7 130/23 131/2 131/3 131/3 | 84/2 86/12 87/11 87/12 104/7 |
| 108/23 120/9 128/4 128/4 | 132/5 132/14 132/16 132/1 | /2 |
| wanted [9] 34/11 59/12 76/1 | 133/4 133/10 | who's [3] 34/20 74/ |
| 88/24 89/23 101/10 102/7 | weren't [5] 27/19 77/22 87/16 | whoever [1] 111/4 |
| 102/12 | 102/25 104/3 | whole [12] |
| anting [1] 90/9 | wet [1] 123 | 72/6 81/10 118/9 |
| wants [3] 37/7 $68 / 17$ 68/21 | what [213] | 2/4 |
| warnings [1] 124/16 |  | whom [1] |
| warrant [5] 102/14 102/16 105 | $\begin{array}{lllllll}32 / 22 & 40 / 16 & 41 / 9 & 61 / 7 & 80 / 4\end{array}$ | $\begin{array}{lll} {\left[\begin{array}{ll} 20] & 21 / 6 \end{array}\right.} \\ 16 & 62 / 19 & 66 / 2 \end{array}$ |
| 124/8 124/20 | $82 / 18$ 85/4 102/9 105/15 133 |  |
| - [280] | 134/14 |  |
| wasn't [19] 14/8 76/8 | whatever [6] $21 / 9$ 36/12 64/20 | 108/2 $112 / 19$ 112/25 $117 / 8$ 119/6 |
| 88/13 88/15 92/4 93/11 | 80/1 96/17 97/13 |  |
| 102/4 107/18 107/19 112/20 | when [123] $5 / 3 \mathrm{6} / 9 \mathrm{8} / 14$ 8/21 | wide [1] |
| 115/21 119/9 119/13 122/16 | 12/6 12/7 $12 / 10$ 15/19 15/21 | widening [1] 29/3 |
| 124/1 125/1 128/22 | 15/25 17/8 $18 / 2519 / 1119 / 13$ | wife [1] 92/24 |
| watching [3] 78/6 78/23 111/4 | 20/14 20/24 21/10 21/25 25/11 | wife's [1] 77/1. |
| water [3] B8/1 88/4 8B/10 | $\begin{array}{llllll}26 / 9 & 26 / 10 & 28 / 16 & 38 / 4 & 39 / 20\end{array}$ | will [11] |
| way [24] 20/2 41/6 43/14 46/13 | 40/1 $40 / 16$ 40/22 $40 / 25$ 41/5 | 37/22 54/10 54/25 |
| 54/17 56/8 56/20 57/4 60/5 60/7 | 44/24 $45 / 3$ 46/9 $47 / 2$ 47/12 | $\begin{array}{llll}70 / 23 & 84 / 21 & 95 / 24\end{array}$ |
| 61/8 $96 / 8 \quad 96 / 12 \quad 108 / 4 \quad 109 / 19$ | 47/13 $47 / 19$ 49/14 $50 / 6$ 51/13 | ndow [2] 60/21.61/14 |
| 110/14 114/22 115/3 115/3 | 53/15 $54 / 22 \quad 57 / 1 \quad 57 / 1761 / 4$ | pe [3] 97/18 114/1 131/25 |
| 117/19 121/6 127/25 132/18 | 61/6 63/24 66/16 67/18 68/1 | wiping [1] 89/24 |
| 134/19 | $\begin{array}{llllll}71 / 4 & 73 / 8 & 73 / 20 & 74 / 2 & 74 / 8 & 74 / 11\end{array}$ | wise [1] 10/18 |
| ways [2] 19/23 43/7 | 74/15 $76 / 9$ 77/20 $79 / 19$ 日3/25 | Wisekoff [1] |
| we [191] | 85/8 85/10 85/12 85/13 85/13 | within [7] 17/22 21/15 34 |
| we'll [5] 73./12 $73 / 1 \quad 79 / 12$ | 85/15 $87 / 3$ 87/7 $87 / 17888 / 10$ | 5/5 56/13 $123 / 18137 / 15$ |
| 126/4 136/13 | B6/18 $90 / 25$ $92 / 2$ $92 / 2$ <br> $1 / 2 / 10$    | without [6] 14/9 29/3 41/13 |
| we're [10] 32/24 34/8 | 92/15 92/18 $93 / 3$ 97/5 97/8 $98 / 3$ | 61/21 109/19 |
| 80/14 96/14 103/1 108/4 111/9 | 98/14 $99 / 19$ 100/3 100/24 101/8 | witness [8] 3/15 38/ |
| 118/18 125/8 | 101/21 101/21 101/23 102/15 | 70/14 $70 / 23$ 71/18 $128 / 8 \quad 136$ |
| we've [5] $42 / 14$ 42/25 67/5 | 102/16 103/13 103/23 103/23 | nnessed [2] 32/23 32/25 |
| 132/20 132/23 | 104/2 105/2 108/1 108/16 109/1 | -nesses [4] 2/2 71/2 126/21 |
| weight [2] 110/10 111/20 | 109/14 109/23 110/3 110 | 27/14 |
| well [42] $23 / 20 \quad 25 / 2 \quad 29 / 25$ | 110/20 111/3 111/17 115/11. | wondering [1] 114 |
| $\begin{array}{llllll} & 30 / 23 & 31 / 2 & 37 / 8 & 37 / 15 & 38 / 12\end{array}$ | 115/13 117/24 1188/23 123/4 | wooden [1] 99/18 |
| 40/6 $43 / 13$ 43/25 44/2 50/1 | 124/7 $124 / 11126 / 4 \quad 126 / 7 \quad 126 / 8$ | cd [15] 44/14 48/6 |
| 53/22 56/14 58/23 64/2 80/18 | 130/5 131/8 131/8 131/11 131/21 | 87/12 88/2 $92 / 1 \quad 94 / 15$ 94/ 94/18 135/7 $135 / 15 \quad 135 / 17$ |
| 88/24 90/5 95/13 97/19 97/24 | 134/6 135/12 | 94/18 135/7 $135 / 15$ 135/17 <br> 135/21 135/25 136/3 |
| 99/17 101/1 101/6 102/14 103/19 | where [65] $10 / 1312 / 1316 / 13$ $\begin{array}{lllll}18 / 12 & 18 / 21 & 19 / 15 & 19 / 15 & 19 / 16\end{array}$ | $\text { words [9] } 24 / 25 \quad 74 / 1 \quad 93 / 16 \quad 94 / 7$ |
| $\begin{array}{llll}103 / 23 & 104 / 17 & 111 / 23 & 111 / 24 \\ 111 / 25 & 112 / 4 & 112 / 21 & 114 / 22\end{array}$ | $\begin{array}{lllllll}21 / 23 & 23 / 11 & 23 / 12 & 23 / 12 & 23 / 14\end{array}$ | $94 / 13 \quad 114 / 23 \quad 125 / 21 \quad 128 / 5 \quad 131 / 3$ |
| $\begin{array}{llllllllll}  \\ 115 / 25 & 121 / 1 & 121 / 4 & 126 / 1 & 133 / 14 \end{array}$ | 24/8 29/21 30/12 $37 / 2547 / 10$ | work [9] $23 / 4 \quad 34 / 17$ 35/7 $35 / 12$ |
| $134 / 13$ | 51/23 55/21 56/9 56/10 57/5 | 37/24 $38 / 3 \quad 38 / 467 / 688 / 17$ |



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CASE NO. C294266
DEPT, NO. 12
IN THE JUSTITE COURT OF TASS VEGAS TOWNSHIP COUNTY OF CLARK, SIPATE OF NEVADA
STATE OF NEVVADA,
Plaintiff
vs.
Case No. 13F09094X
JCNATHAN QUISANO,
Defendant.
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## REPORTER'S TRANSCRIPT

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CONITINATICN OF PRELIMINARY HEARING
VOLIAE 3
BEFORE IHE HONORABLE DIANA L. SULIVAN
JUSTICE OE THE PEACE
TAKEN CN FRTIAY, NOVMBER 22, 2013
AI 1:00 P.M.
APPEARANCBS:
For the State: MLCHELIFF Y. EDWMRDS and MICHAEL: V. SUAUDAHRR Deputy District Attomeys
NANCY L. LDMCRE and
Deputy Public Defenders
For the Defendant:
Reported by: Gerri De Incca, C.C.F. \#82
Official Court Reporter
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LAS VEAS, NEVADA, FRIDAY, NOVEMBER 22, 2013

THE COHR' This is continued preliminary hearing of Jorathan Quisano, $13 \mathrm{F0} 0904$.

Is the state reacy to proceed?
MS. EDNARDS: Yes, your Honor, Michelle Edwards for the State.

THE COURT: Is the defense ready to
proceed?
MS. Lhycke: Yes, your Honor. Nancy
 ready.

THE COURT: Thank you. You can call your 4
MS
 Lisa Gavin

THE CLERK: Please hav CLERK OF THE COURT
Please state your first and your
last name and spell both for the record.
THE WITNESS: I'min Ir. Lisa Gavin,
I-i-s-a, G-a-v-i-n.
THE COURT: Thank you.
You can to proceed.
MS. EDWARDS: Thank you, your honor.


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LISA GAVIN, having been first doly sworn ta
testify to the truth, the whole truth, and norting
but the truth, testified as follows;
            DIRECT EXAMINATICN
BY MS. FTWMRDS:
    Q. What is your ocoupation, DF. Gavin?
    A. I'm currently employed as a medical
examiner, forensic pathologist at the Clark County
Cormer's Office in Las Vegas.
    Q. What is your educational background for
that employment?
    A. I received my medjcal degree at the
University of Comnecticut school of Medicine in
Cornecticut. I went on to do a pathology residency
program in Hartford Hospital, also in connecticut. I
went on to do a suzgical pathology fellowship in
Hartford Hospital, also in Commecticut.
                                    From there I went to New Mexico in
the Office of the Medical Investigator, where I did
my forensic pathology fellowship. Arct ther I came
here to be employed in Clark County, and have been
here for about fowr years now, and I have a medical
license to practice here in Nevada.
    Q. As a medical examiner what are your
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autieo and responsibilities?
    A. We determine the cause and marmer of
death, unexpected deaths.
    Q. And how are cases doled out at the Clark
County coroner's office?
    A. Generally, the person on-call, the
physician on-call will make the decision on whith
cases go to which other physician that's present, so
if it's a more complicated case, generally, the
on-call physicimon will take that one, and then say if
it's sonething that's nore average or less
complicated, that will go to the other physicians.
Q. \(\quad \mathrm{As}\) far as your experience as a meaical exaniner, approxinately how many autopsies have you performed?
A. About a thousand.
Q. You said it's part of your duties to detenmine cause and manner?
A. Correct.
Q. We'll get to that in a bit.
When you perform an autopsy, do you prepare a report?
A. Yes.
Q. What's the generai function or purpose of that report?
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and cri a case that's questionable or suspicious will
put the body -- they all go into boxy bags, but in particular these body bags get what we call sealed.

And a seal is basically a little plastic ring that goes between the two zippers tiat cone together on the bag to $k$ ind of bay that it's been closed at that point, and the only way to break that seal is to literally break it, so that it helps maintain the chain of custody of the body. And then when the body arrives in the body bag at our office, then we break that seal at that time after having photographed that it's in tact, and then proceed forward.

The next part. is takcing pictures of the body as it enters into the office, and then we proceed down and start to clean the body, and ther we look for any evidence of injury that's seen extemally on the boxty, all of which is generailly photographed by forensic tecimicians that are there.
Q. After you do the extermal examination of the body and docurent anything that's seen as far as injuries or anything that may be of concern to you, what's the next step in the autopsy process?
A. When I receive the boxy, generally after they've mace their photcographs, if there's anything

|  | A. Provide the evidence that was seen at the time of autopsy, as well as ary other ancillery studies and may give a sumary of that jnfomation and provide documentation. <br> Q, At the Clark Comty Corcner's Office is there also an investigative component with an autopsy that's done on an individual? <br> A. Correct. We have investigators wio will go out to scenes and take their own investigation of what's happering there and then provide a report relative to what they've seer. <br> Q. On or about June 7 of 2013, were you assigned to complete the autopsy of Khayden ouisano? <br> A. Yes. <br> Q. Was that in Case No. 13-05465? <br> A. Yes. <br> Q. Did you prepare a repont? <br> A. Yes. <br> Q. Was there also an trivestigative reporit |
| :---: | :---: | done in that matter?

A. Yee.
Q. When Khayden was received at the Coroner's Office, can you just describe for me the steps of the autopsy that you performed?
A. At the scene the investigator generally

> else that I see, and I say, did you take a picture of that, ard if they didn't, I'll say, please take a pleture of it. whe'll proceed to open up the body or not there's any injuries to the inside of the body. That inoludes the body itself, as well as the head. In cases that may involve chnidren, we'll do additional sectioning, sometimes down the back muscles, down into the neck to see if there's any other kind of injuries that are present in those areas as well. Not just the canion situation where we open up just the front of the body to look into the ongane and open up the head only.
Q. Now, in the case of Khyyden quisano, fair to say you did an extemal exam?
A. Yes.
Q. And in your report do you docmment any significarit findings during the course of the autopsy and the examinations of the body?
A. He has bruises and small bruises and mall abrasicns present on his body. They're probably about anywhere from $1 / 16$ of an inch, maybe to about $3 / 8$ of an inch. The largest one that I saw

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was present down the front part of his hipbone. It
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was about maybe an inch and $3 / 4$ in size, and that was a small contusion. Sone of them were on his back. Mostly on his elbows, mostly on his legs, but nothing demonstrable in size other than what I've described.
Q. Faix to say you documented those in your report?
A. Yes.
Q. Once you did the extermal examination you to the $Y$ shape to opent up the instdes?
A. Correct.
Q. You did the intemal examination of the abdeminal poxtion of his body.

Were there any aignificant

## findings there?

A. No. The organs were beautiful. The
lurgs looked great. The heart looked great. Ail the internal, major intemal orgens; including the intestines looked gocd.
Q. When you're doing the extemal. exarination, do you also look at the mouth or the nose and those parts of the body?
A. Yes.
Q. Were there any findrggs with respect to Khayden in his mouth or lip area?
sometimes they oan be from hypoxic events; for example, we see ther sometimes in the eyes or on the face, for exarple, particularly in people who have been sirangled we see them often.
Q. But not other than the petechial. on the
lip, did you see any other signe of strangulation?
A. No, I didn't.
Q. Is there any specific part of Khayden or
your examination where poli felt made the most
findings as far as knayden and any injuries he had sustained?
A. Yes.
Q. What portion of his body was that?
A. The head.
Q. I'm going to direct your attention to the first step you take during the autopsy of examinting Khayden's head, What would that be?
A. Ne first cut the scalp and reflect the scalp back, both anteriorly and posteriorly, so, basically, out it just below the ears and then be able to reflect part of it forward and then part of it back.

And when I did that there's a thin layer that's just adjacent to the skill itself. It's called the galea. And there was galeal hemorrhage
A. He had his oral tracheal tube that I recall. I don"t recall anything else. Do you want ae to review my report?
Q. Did you bring a oopy of your report with you?
A. I did.
Q. If you would just please, referrtrig you to page 2, I belileve, of your report.
A. Nothing on his lipe or . . . MS. EXHARDS: Okay, May I approach with
respect to --
BY MS. EINARPS:
Q. Referring you specifically to -- I've indicated to counsel it's on -- can you set that aside for me, the one you brought with you.

Referring you to the second full
paragraph, the l.ast sentence.
A. Ch, focal petechial hemorrhage is identified on the skin of his "ips.
Q. Did that refresh your memory?
A. Yes.
Q. What are focal petechia on his skin of his upper lip; what is that?
A. Petechla can be generated when there's like a burat of the capillaries on the surface, and

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present at the cocipital scal.p, and there was a
little bit of blood present on the right parietal
scalp, but it was just sitting on top of it, not part
of the galeal portion.
    Q. Then I need you to help me with what that
means.
                                    You said the subgaleal hemwrrhage.
Where on his head did you see that?
    A. On the occipital, which is in the back
portion of the head, more towards the right side.
    Q. Moving forward just a little bit. Where
you saw the subgaleal heurornhaging, was that
consistent with any other injumies you found on
Khayden's head?
A. Yeah, \(I\) hadn't gotten that far yet.
Q. I know.
A. Sorry.
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Then the next step that we do i.s we saw the skull in the same kind of pattern that we do in terms of the scalp reflectirg, and then with the -- once you remove the skull, we can look at the brain.

And at that point in time I notioed that on the brafn there was an area of subdural herrorrhage. The brain itself is kind of
encased in something that's called a dura, and it's like a thick membrane that kind of holds it in place, holds the cerebral spinal Eluid arouni it, keeps it in a soft erviroment, if you will, inside this hard skill.

And underneath that dura it kind of stays attached to the brain and it gets its oxygenation from these small vessels that are present along it. And those are kind of the veins part of it.

When those veins get torm in same wey fran sitting on top of the brain, that's when you can have bleeding that occurs. And in this case we had bleeding that was present predoninantly on the left side of the brain, just resting on top of it, and also some presert on the right side of the brain. The left was greater than the right and then the right did have scme, but it was mostly towards the back.
Q. Hold on. I'm going to try to direct you around the different portions of the brain.

So when you said the subgaleal hemorrhage was on the back porticr, correct?
A. Mn-hmm.
Q. Is that a yes?
left aide of the occipital gkull, so it croseen a part and goes forward.

It also extends up towards the
parietal on the right side, which is the side of your head, and it partially extends upward that way towards the occipital skull again. so two directions towards the left and one off to the right in forming like a stax shape to the fracture.
Q. At what steps of your exmination of Khayden's head were you able to view or see this stellate fracture?
A. That's after we memoved the dura, it's easiest to see that, because you can really 100 k at it from the inside of the skoll is one of the best ways to do $i t$, because you carl really see where it's tracing along.

Erom the outside that galeal
hemorrhage I described of that thin membrame that sits on the gutside of the skull can obscure the line of the fracture, and it's easier to see from the inside cace we've removed all that dura.
Q. Anci were photos taken of that injury

## during autopsy?

A. Yes.

Ms. EPWARDS: May I approach, your Honor?
A. That's correct.
Q. Thank you.

Were there any other jnjuries on the back portion of Khayden's head just to the right side?
A. Yes.
Q. What injury was that?
A. There's a fracture, but we cinit reveal
those fractures until we move the tura in the brain.
Q. Understand.

Whth respect to that portion of
the head, all of your steps of examining his skull
and his brain and all that, you also fourd a
fracture, correct?
A. Correct. I was getting to that.
Q. I appreciate that.

> How would you describe the
fracture that you saw on Khayden's head?
A. The fracture that I saw once the cura was removed, it's located at the right cocipital sloul, so right at the back of the head, just a little to the right of the midine, and it's a stellate fracture. Ey that, it kind of forms a star shape, if you will. It extende a line of fracture coit towards -- uncerneath the occipital skutl towards the

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towards the right and kind of forms a star from the point of impact here.
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Q. Fair to say where the sticker states Exhibit 11 is the proper orientation For right, left, top, and bottom on that photo?

## A. Yes.

Q. Showing you State's 12 .

If you'd please orient us as to what that's a photo of.
A. This is when we first took off the skullcap, and you can see the scalp hair that I mentioned we cut to reflect the scalp backwards. This is the back of the scalp that you can aee in the upper left portion of the photo.

Then I have the shoulcap that I just pulled aside on its own to take a picture of the fracture as we just pulled it off. This shows just one portion of the fracture, and it shows the area where it would be impact extending -- one of the lines extends towards, again, towards the left and towards the left occipital. Another of the lines extends towards the right and towards the right parietal. And those are the only two lines that are demonstrated in this particular Exhibit 12.

MS. EDWARDS: Move for the admission of

## that correct.

A. That's correct.
Q. And you talked about right versus left side; is that correct?
A. That's correct.
Q. And it you could please describe for me where on the brain, you baid on the right side, where on the brain was that?
A. The rigint side had the subdural henorrhage, which was predominantly at the back posterior part, whtch we call occipital. The leit side had a great deal of hemorrhage that extended across the back along the upper part and almost all the way towards the front on the left-hand side.
Q. Now, as far as the left-hand sice is concermed, was that on the whole side of the left side of the main or just a specific area or was there any sparing or anything like that?
A. Portions of the frontal lobe was spared and then portions of the temporal lobe spared as well.
Q. And I apologize. Where's the temporal lobe?
A. The temporal lobe is like where as if you were going to have like a tension headache, you're

11 and 12.
MS. LENCKE: NO objection. THE COURT: 11 and 12 will be admitted.
(State's Exhibits 11 and 12 adnuthed into evidence. 1

EY MS. EDNARDS:
Q. Are 11 and 12 photos of the gane skull Eracture that you found at autopsy?
A. Yes, those are the autopsy photos.
Q. And there was also some -- appeared to be
some blood in those photos; is that correct?
A. That's correct.
Q. And would that have been from the subgaleal hemorringe that you were disoussing before or gomething else?
A. No.
Q. Where does that blood come from?
A. That's partially related to the fractures themselves. Those particular shote where you have the blood present adjacent to them.
Q. Now, you had -- before I made you fast forward, you were talking about when you looked at the brain that you saw hemorrhagling on the brain; is
rubbing the side of your head where your temples are, it's kind of just located underneath that area, so it's on the side.
Q. As far as the hemorrhaging goes, was that photographed during autopsy?
A. Yes.
Q. And would you recognize the photos of
that from the autopsy if you were to see them?
A. Yes.

MS. Lewcke: Your Honor, may I approach
again?
THE COURT: Sure.
You dorl't have to ask,
Miss ismoke. Thanks for agking.
BY MS. ETHARDS:
Q. I'm actually going to let you -- is that supposed to be a 15, Madam Clerk?

Tif Crwrk: Yes, it is.
BY MS. EDKARDS:
Q. As far as the steps in looking at the bleeding on the brain of 13,14 , and 15, which is the first step of where you see the blood?
A. It goes in the opposite direction; 15,

14, then 13.
Q. So let's start with 15.

In that photo.
A. In the -- we put towels to try to make it a little more visually viewable.

Here you carl see that I have reflected the skullcap before, which we were discussing earlier, and then there's another portion of the skull, and this is before we've taken out the brain itself.

This is the dura, the thin membrane, which I was referring to earlier. It's been partly cut by us so that we can take it off and be able to visualize what's happening there.

You can see that it rests thinly over the top of the brain, whided appears to be much softer versus the menbrane itself. There's a discoloration to it because beneath it there's sone evidence of hemorrhage. And you can see some of that heriorrhage which is present resting on the brain as well, and that's all present in Exhibit 15.

This one, Exhibit 14, as you look, you can still see the areas that we talked about just before in Exhibit 15 where you have gone blood present on top of the brain, but we moved the dura over from the right side to show that side of the

## is that correct?

A. Correct.
Q. And then the subiaral henorrhage that you said isn't captured in the photos was the one with respect to the location of the fracture, correct?
A. Correct, in these particular photos.

MS. ELMARDS: Move for the admiasion of 13, 14; and 15.

MS. LEMCKE: No objection, but can I juat ask one question to make sure that I uriderstand the orientation correctly?

> On this one --

THE COURT: This one being?
MS. LWNCKE: I'm sorry, State's 14, when the prosecutor just asked you if you're looking mostly at the right side, we're looking at the top, but the right side is the side that has the cura pulled back; am I understanding that correctly?

THE WITNESS: It's pulled off of the right side.

MSS. LPNCKE: Pulled off of the right
side.
So that's why when she asked you
about the right side, that is the entire photo is not the right side, this, the part that coes not have the
brain as well.
one of the things you can see in Exhibit 14 about the brain is that it's very swollen, and you don't see prominent grooves like you might see with the brain nomally. In fact, it's quite swollen where you don't see those nice indentations that you might expect to see nomally.

In addition, you have evidence of subarachroid hemorrhage, and this one doesn't do a good shot of the actual subtural that I saw which is at the back because we're more looking at the top portion of the brain, so we're up in this location compared to 15 . We're viewing it from here.
Q. Showing you State's 1.3 .
A. So in State's 13, as compared to 15, again, we're ont the side, but we've reflected back the dura, so that you can see beneath the dura is where the hemorrhage is visualized on Extibit 1.3, and you can see the areas that had henorrhage on top of them and on the left aide of the brain. And as well you can see sone evidence of sone subarachnoid kind of just scattered around multifocal.
Q. So, if I understaxd you correctly,

Exibit 14 appears to be the right aide of the brain. and 15 appears to be a better shot of the left side;

Cura is the right aide that you're referring, that's, when she asked you about it, we can see the right aide in gtate's 14, talking about the part where there's no dura on top? THE WITNESS: Correct. EY MS. EIWARDS:
Q. For clarification, in 13 , that's the sane as the cura is pulled away from the left sjode, but you can atill see portions of the right aide of the brain that has the ofura or it?
A. Comect. It's not as easily visualized because it's flapped over in Exhibit 13.
Q. Were there any other injuries that you found on the brain or on the head of the child when did you the autopsy?
A. The eyes themselves al.so bad some subdural hemorrhage present. That was the dura we've been discussing surrounds the brain. It also extends out and kind of surfounds the portions of the brain that are the optic nerves that go out to the eyeballs, and so there was also sane hemorriage undemeath that portion of the membrane that oovers that area as well on both sides.
Q. Did you find any -- were there any significant findings with respect to the ear of ears

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of the child?
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A. The right side of the ear there was some blood near to the ear canal on the right side. When we look at it from the inside, once I remove the brain, I removed out that dura that rests on the base as well. I can look at the bones themselves much more accurately, and I can also cut into the ear canals, and I often a this when I'm wandering whether a child has an ear infection, for example.

It's a good way to approach it, and I'll cut into there and look whether or not there's any kind of purulent material, pus present, and I do that sometines if I'm woncering whether there's something going on in questioning abuse, for example, and in this case I did see some blood located near to the right ear caral.
Q. As far as the examination of the internal ongans, is that also part of the autopsy process?
A. Yes.
Q. Specifically, do you do all the major
organs?
A. Yes.
Q. Like the heart, the lings?
A. Yes.
Q.

## IHE COURT; Yes

BY MS, ELMARDS:
Q. In the lung finding it refers to something, pignented macrophages and sanething about red blood cells, and occasional pigmented

## macrophages.

What does that mean in layman's

## terns?

A. She's specifically referring to the microscopic exemination that I did, and on every -nearly every caby case I will do a microscopic examination, which means I take portions of the lunge, portions of the heart, and I look at then under the microscope to see if there's something that I may have misaed that warn't grossly evident; for example, i' couldr't just open the boiy and see that it was there.

A good example might be previnciia. You don't always gee the lungs beting affected by that, but you can have it denonstrated undeneath the microscope, for exarple. In this case when I looked at the lungs in particular I saw in the spaces, the air spaces that are present, what we call pigmented macrophages.

A macrophage is a cell that's
respect to the examination of the lungs?
A. The lungs were a little congested. The lunga are very vascular because they're where you do your gas exchange between your oxygen and carbor: monoxide. Because of that you have a lot of tiny capillaries that nun through $亠$ t.

So when a person isn't breathing or doesn't have a pulse, you're not golng to have good air flow and you're not going to have good blood flow respectively. And because you're not going to have good blood flow in this case, the blood will start to rest in those capillaries and stay there. Because of that they can get quite congested with blood, filled with blood. It's in the capiliaries that it's filled, not fn the air spaces.
Q. And is that, just to make sure that I understand, fair to say you use different medical larguage in your report than what you're using today to explain it to us lay people in court?
A. Yes.
Q. And just to make sure I understand that we've covered all the findings regarding the lung, may I apmoach, referring you to page 9 on your report, whtch is Bates No. 11.

MS. EDNARDS: May I approach, your Honor?

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f
t taice definitely yellow, it'e an off brown or some word, I just call them pigmented to keep it easy. So in this case the pigmented macrophages were presert. It could have been blood that they were picking up, and that'g not particularily unusual when you have the congestion that I was referring to that eventually when the body staxts to decompose and break down, that the blood can go into those areas, or when the perscri's dying and not breathing very well, the blood can leak into those air spaces. With that said, she also referenced the interbronchial, red blood cells that were present at the interbronchial space. So that that's the main windpipe, and it has branches that 0 off into the lungs. And, again, similarly, you can have blood that lears cut from those sacs of air with the capillaries around them, leak out from the
capillaries into the sacs of air and then into the tubes that lead out to the outside where we breathe. So in this case I did gee that
there were red blood cells present in those tubes as well.
BY MS. EDMARDS:
Q. Okay. Within the body, what is the epiglottis?
A. The epiglottis is located in your throat, and it kind of closes cover the wirdpipe whenever you swallow food abrse the esophagus, which is your swallowing food tube, and your windpipe, which you breathe through, which is your bronchus, are fight up next to each other.

And so it was smantly designed
that we have a stopper to cover up the windpipe portion so that when we swailow we don't always send food down into the winduipe. The epiglottis is responsible for doing that.
Q. Were there any findings of this patient, I guess for lack of a better phrase, or in this case regarding the epiglettis?
A. I don't recall any.
Q. Would it refresh your memory to review,
it's on page 9 as well?
off tracheal mucosa, what is that?
A. There is mucosal lining to the trachea as there are to most tubee in the body. Basically, what happens after the person dies, they doritt really hold together that well, so there's cells that are present on it, and they fall off very easily, and it's very commor.

We rarely get to gee them in a nlice, live state, if you will, as if I was going to take them from any are of us who's allve and has pressure, they would be intact and they would $100 k$ very pretty to me along those linings, but onoe the person's passed, they get sloughed off very easily.
Q. With respect to this case were there also radiographic images done of the child?
A. Yes.
Q. What was the purpose of those?
A. We do radiographs on juat pretty much. every case that comes in the door and on any child case we do total body radiographs.
Q. Did you do a consult with respect to the radiographs in this case?
A. Yes, I did.
Q. With whon?
A. With Dr. Montes.
A. The microscopic, yes.

In the epiglottis there is a lot of inflamatory tissue. If you feel the senge that you might have a sore throat or sonething like that, there's a lot of iyminoid tiseue that's there that's responsibilities for catching any baness that you might take in, any kind of germs or somethirg that the body would reocgnize. Because of that it sometimes can have more inflamatory cells present in that region:

In this case there's a lot of lymphocytes present in that region, which are chronic inflamatory cells that have been around for a while. sometimes I can see wrie of them being prepent if a child has had a cold recently, for example, or ever sometimes I see them being more present if the child's recently had vaccinations.

And that's appropriate, because
you want your body to have a response to foreign things so that it can generate antibodies to those thirgs, and those are sone of the cells that are responsible for doing that. So, yes, in fact, in the epiglottis there were chronic lymphocytes, chronic inflammatory cells, lymphocytes present.
Q. The notes regarding a scattered sloughed

32
Q. What was the purpose of that?
A. I had heard in the history that this child had tad broken ribs in the past when he was about three monthe old, and I didn't see any evidence of them at the tine of autopsy, literally looking at the ribs, and I didin't see any ovidence of them radiographically.

And I asked him to come by and confim that I wasn't missing anything. And he came by to look at it, and at the time I said, well, do you wenst to take a look at the head as woll, since you're here and this is this case, and he satd, of course, that he would do it. But my intention originally was to call him to help me out and make sure I wasn't missing anythirg with the ribs.
Q. Did he provide you with a report that you also included with your autopsy?
A. Ves.
Q. That confimmed at least the findinge that we've gone over already with respect to the skuls fracture, no rib fractures or anything eise, correct?
A. Yes.
Q. Once you carplete the autopsy at the concner's office, did you heve any additional teating done?
A. Yes.
Q. In this case what additional testivg did you have done?
A. Generally, I do a toxicology on the babies, and I also will look at their vitreous. The toxicology is to generally look Eor any type of drugs of abuse or any kind of alcohol present, and there was nore of the orugs of abuse or alcohoi present in this case.

In addition, I mentioned I do the vitreous. The vitreous is the eyebell juice that's present, and what we can use it for at the tine of -on, I dian't do a vitreous on him, my apologies. Nonmally, I do vitreous on my babies because I look to see whether or not I have any electrolyte akmormalities. We can look for them in the vitrecus, but I didn't do it in this case because I saw the subdural hemorrhage and I wanted to send them out complete and intact. My apologies.
Q. That's okay.

Did you do blood cultures then as

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well?
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A. Yes.
Q. Were there any significant findings from the blood cultures that were cone?
that nature when we're talting about older people, I always like to preserve the brain and formalin to have a forensic neuropathologist review the findings. The forensic neuropathologist is saneone who's trained more oftern longer than I have in that particular area of the humarn body. And that indivicual usuaily knows extensive more detajls and has -- is well kept up on everything regarding those cases.

There are sulle things that I know if terms of the identification, mechanisms, things of that nature, but then to go into more detail in terns of special stains, I usually send that off to the neuropathologist.

And so in this case I conose to take the brain, the eyes, and the spinal cord and send then off to the neuropathologist.
Q. Did you recelve a report back from the neuropathologist wi.th respect to the brain and the eyes?
A. Yes, I did.
Q. What, if anything, did you co with that Ieport?
A. I review those reports and I see if they overall match what I saw certainly externally. I do
A. I'd have to refresin my memory. I don't recall if there were contaminants present. Lots of times we can get contaminants in our cultures that we take at the time of autopsy because the person's died and there will be bacterial overgrowth that's present within the body.

So if I have them positive, it
doesn't necessarily mean that it' $s$ an infectious process, because there's no immme system anymore to keep the normal healthy bacteria at bay and they'll start to kind of grow at will.
Q. Fair to say if there'g something noteworthy, it would have been contained in your report?
A. Absolutely, yea.
Q. Now, you mention wanting to preserve, I believe it was the brain and the eyas; is that correct?
A. That's correct.
Q. For what purpose?
A. I also did the spinal cord as well.
Q. Okay.
A. The purpose of that, when I gee that
there's injury and then there's a question in particular of abuse or fisticuffs or something of
not slice into the brain. I leave that for him to do, it's a he, in his evaluation. And then I look to gee what he sees in telms of his special staining, whether or not he has arything that he demonstrated that wollo be concurring with injury that led to death.
Q. And with the results that you get from that report, what do you do with that information?
A. Generally, I'll take then and put then into my report as part of the report in the outline fonm, and then F'll mention that it's fram his report, I'll reference that I'm taking it from there. So although it nay not be exactly word for word, I cover the points that he had brought up as his key points.
Q. And in reviewing the key points, coes that have any impacts in your detemination or ultimate deteruination as to cause and marner?
A. Yes.
Q. Ando do you rely, if at all, on those
findinge from the neuropathology reponts in determining cause and manner?
A. I use that as a piece of everything, if you will. It's an additiomal piece, because I've already discussed the injuries that I saw and what I

Q. Were there any sigrificant firdings as far as the neuropathology was concemed of the chiid's brain?
A. Yes.
Q. And what were those?
A. Fe fourd acite brain injury present, including the subtural hemorrhage, multifocal subarachnoid hemorrhage. He found evidence of encephalopathy, which is like swelling or edenta, He said the encephalopathy in this case is cue to hypoxic ischenic changes. Just a tangent hypodic, lack of oxygen, iess oxygen. Ischemic can be talking about scrething dyiry because it hasm't had oxyger, for example.
Q. There are actual multiple diagnoses on the neuropathology report, correct?
A. Correct.
Q. If we can just walk through then cule by
one.
A. Sure.
Q. The firet has to do with that it's -- the finding that it's the brain and the weight of the brain, correct?
A. Correct.
Q. Is there anything significant or

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ingigraficant about the weight of this chuld's brain?
    A. No, sometimes after they've been
hospitalized the brain can become heavi.er with the
swelling that's been present and -. than you'd expect
in a child, nomal cinld of that age, for examile.
    Q. And you mentioned edena, correct?
    A. Correct.
    Q. Ardl in this case was the finding diffuge
cerebrial edema?
    A. Correct.
    Q. What does that mean?
    A. Basically, the whole brain is swollen.
    Q. Ard when the whole brain is swollen, what
types of thingg would cause the whole brain to swell?
    A. Injury to the brain. It could be a
variety of things, whether it's a blunt force or
something that's caused same infection, for example,
you can even up having brain swelling.
Q. And then you previonsly discussed the hypoxic ischenic encephalopathy?
A. Correct.
Q. And that, I believe, in my terms or in: understanding your terms, is that it \({ }^{1} s\) a deprivation of oxygen, cofrect?
A. correct.
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[^0] reference to it being early; is that conzect, mpoxic ischamic encephalopathy early?
A. Correct.
Q. What does that mean, the early
distinction?
A. I think it's the way the doctor is perceiving where it is in its process. After a long period of time of hypoxic injury, the brain tissue is going to die more and more, the isctemia part to which I was referring. so he's sayling that it'g oarly, that he only sees a little bit of the changes, not of covering the whole brain where the whole brain has becone dead and necrotic dead tissue.
Q. And there's also a diagnosis of diffuse axanal injury, correct?
A. Correct.
Q. What does that mean?
A. Diffuse axonal injury refers to danage to the axons themselves of the braincells. The braincell has an area that has a symapse where the neurochemical information cones in and then it travels along the axon, which is kind of like a long route to the next place to provide that chemical information.
portion of the brain, you're talking about deeper structures which are imolved in a lot more, I'll say, decision-making, but it's stuff that happens without us thinking about it that that occurs.

And the areas where that happens are a little more dense than the areas that are on the cutside of the brain, and because they're a little more dense, you can see more tearing action of them because there's more density to move, and you often can see in those areas where you'll see the teare more often, that injury that we were talling abcut.
Q. Okay. And you also discussed the firding or describing where the axonal injury cocurs within the brain, correct?
A. Correct.
Q. Anc in this specific instance on the nemopathology report that you used, did the doctor describe where specifically some of the axonal injury was?
A. Yes.
Q. Do you recall which areas were mentioned?
A. Sone of the deeper structures that are like a part of the internal capsule, which is the
bappens is those strands become torn or sheared in sone way, that there's been some torsion to them, and, therefore, has caused damage to them. When you start to talk about diffuse axomal injury, it's referring to how many of those strands are affected Ir addition, you can talk about where in the bratn those strands are and then that will also help you in terms of where the injury has occurred.
Q. You said diffuse refers to a larger portion of the brain betng affected, correct?
A. Generally, of the axcons being affected.
Q. And I apologize, but if you could help me out with you've talked about the process essentially of autopsy from the outside working inside into the brein, so where within the brain head structure are the axcols?
A. The axons, for example, on your outer: part, when you look at those bumps that you can actually see when most people think of what a brain might look like, that would be kind of where your neuron cells, the cell portions of them are. And they extend downard, the axons from they're downward in towards the brain.
ceeper part of the brain that can help send off axons to help you decide, you know, where you're moving or tintigs like that, that are making dectsions for you in terms of yor body. and also sending sigmala back up to your body so that you can react appropriately, and it kird of nus through that highway. That's where the intemal capsule is. 'That's the gridlock to go out, so to speak.
Q. Wrere is the corpus callosum?
A. The corpus callosm is connecting the brain hemispheres, each side, to each other, and it rides across the top. It's like the bridge across the -- over the highway to avoid the main track, and that provides an area for communcation between the left and right side so they huow what the other is doing.
Q. And where is the frontal white matter in the brain?
A. The white matter that I referenced when I was talking about the lumpy bumpy parts that most people think about the brain, well, that's all around your whole thing. It looks like that. That 's out where the little neurons are, where the little cells are.

The white part is when thoge axons
start. to go downard from those cells that are cutside on the bumpy part, and there's a front, there's a middle, there's a kack, et cetera. So he's talking about those axons that go down in that front part of the brain.
Q. You were doing the movement with your hands wher you were talking abont the axconal injury. Why are you moving your hands in describing it?
A. When you have what they call rotationd injury that can cccur, it tends to be what happens when you have these axcons beirg injured, and it's like the soft and the hard parta, if you will, and this is very basic in terms of the way I'm describing it.

The soft and the hard parts are kind of going in different dixections, and because of that they pull on those axons; and it's like they stretch them out, and when they map back they ball up. And so generally if you have the brain going in different directions, you're more likely to get that stretch and then them snap bacis together and create these little balls.
Q. I believe the final finding had to do with the subcural and subarachoid hemonhage,
swelling, that thoge weren't as apparent in the photos; is that correct?
A. 'That's correct. I didn't give their name. They're gyri, we call them, and the gyri is the bulging out part that you think of the lungy bumpy paxt, and then the sulci are the valleys tirat oreate those bumps.
0. And that in the doctor who tid the neuropathology report also discussed the -- how the gyri and the sulci presents it in the child's brain, conrect?
A. Correct.
Q. And what is the significance of ary findings with respect to that?
A. Wren you lose that demarcation, it talks about the swelling, and we saw sane of that in one of the exhibits, and, I'm sorry, I don't renember the number.
Q. That's okay.

Is there a range of effect on the appearance or nonappearance of the gyri and the suilci?
A. I don't underatand your guestion.
Q. So it happens from brain swelling,
correct?

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correct?
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A. Correct.
9. And we've gone over some of that with the photos and everything, correct?
A. Comrect.
Q. Ancl you used the word acute. What coes that mean?
A. He used the word acute.
Q. Sorry, ycu gaid it.
A. I did as well.

Basically, it mears that the blood that they're seeing, the henorrhage that they're seeing there, has occurred recently. It's not sonething that's been aitting thexe for days. It's not something that's been sitting there for weeks or months. It's occurred within hours, minutes even.
Q. And you referred to when we were looking at the photos, probably going to misuse the word, so I apologize, but when referring to the brain is usually the --
A. Vessels?
Q. Not the vessels, but in between, it kind of looks like it loops in the train, like there's indentations on the brain, and you said that because -- I believe you said because of the

A. Correct.
Q. So as the brain swells, it swells a
little dit, would there still be some gyri and sulci that would be present or that you could see?
A. Cn, yes.
Q. And then as the bratn … if I understand
it correctiy, and piease correct me if I'm wroxy, as
the brain swelling gets more severe, that can
potentially obliterate the gyri and sulci all together, oorrect?
A. It becones less distinct, which we saw partiy in that exhibit as well.
Q. So with respect to the neuropathology report, do you recall the severity of the swelling and impact on the gyri and sulci in the child's brain?
A. I don't remenber how he specifically described it.
Q. Would it refresh your memory to see the report?
A. sure.

MS. EDWARDS: Counsel, it's Bates 22.
BY MS. EDCMRDS:
Q. Referring you to the first and full paragraph, about the middle, if you could read that

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to yourself and let me know when you're done.
A. I'm done.
Q. Does that refresh your memory?
A. Yes.
Q. As far as the description of the effect
``` on the gyri and the sulci, what significance does that have as far as the extent of the swelling of the child's brainf
A. This is on page 22, the seomd paragraph, and about the sixth sentence in that paragraph:

The gyri and sulci are remarkable for flattening with obliteration of the sulci indicative of the diffuse serebral edema.
Q. Does that indicate how significant the swelling or the edena was in the child's brain?
A. Yes. Like we saw in that exhibit.
Q. Going back to the doctor's findings with respect to the diffuse axonal injury, in that report the doctor says see Comments.

What -- did you read the comment?
A. Yes.
Q. What, if amything, did you do with the information contained in the comment?
A. The cament gives reference to the axomal
findings as well as my findings at the time of autopsy. We have the blunt injuxy that we've described of the head that we've described in the -before in the exhibits in particular.

作 also have blunt force injury
that we talked about a little bit in tems of the scrapes on the body and the little bruises on the body. And we also had the blunt force injury of the exivenities again with the small scrapes and contusions that we saw of the extrenities. We didn't itemize those, but they're tiny in quantity and quality.
Q. In octichuting the autconsy and reviewing all of the reports, did you ever cane across or notice a midiine shift in Khayden?
A. It's scmetimes challenging to see those as well as at qutcopsy because the brain is in a relaxed state, 4 f you will, once we take off the skull, but we do some see evidence of it within the exhibits where the right side is quite swollen and then you've got the hemorrhage on the left side and you can see the brain not quite gitting correctly in its midline, but when you're talking about millimeters with the eye, and without measuring it, It's difficult to kind of judge how much that is in
injury being related to trauma or also the possibility of the axonal injury beirg also related to the lack of oxygen and the iscremia. And he said that there's discerning those two relative to the injury, he believes that both are contribnting. That there is the trauma as well as the hypoxia, and he dian't quantify that, and I don't think he'd be able to.
Q. At least he didn't quant:ify it in the repart, correct?
A. That's correct.
Q. Now, going back to your autopsy repont, everything we talked about so far, is that the culmination of all the testing or processes that you did, that you looked at and relied on in ultimately coming to your concluston?
A. Yes.
Q. And in the autopsy report you list the pathologic dłagnoses, correct?
A. Correct.
Q. And if you could please indicate for me what the pathologic diagnoses were that you found ultimately in Khaycien guiseno?
A. Well, we have the acute brain injury that he talked about both based on the newropathologist's

\section*{an autopsy setting.}
Q. As fax as the injuries that we've tained about, just make sure I covered all of then, there's the skull fracture to the right occipital, correct?
A. Correct.
Q. And the comresponding, I believe you called it, subgaleal henorrhaging?
A. Correct.
Q. And then you also mentioned the left side had the subdural hemonchage, correct?
A. Predaninantiy on the left, yes.
Q. Then there was also same subarachmoid hemorrhage on the right side of the brain?
A. There was sate, yes.
Q. Tterl you had the subcural hemornhage of the rigint optic nerve sheath, correct?
A. Gorrect.
Q. And then the left optic nerve sheath had subarachnoid hemorrhage, correct?
A. Comeot.
Q. Fair to say that the left is slightly
less severe than the Iight?
A. Correct.
Q. And then there was also the axonal areas or diffuse axonal injuries that also occurred in the
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frontal lobe, correct, and then into the deeper
structures of the corpus callosum and the intemal

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A. That is correct.
Q. Looking at the constellation of all these injuries, when you determine cause of death, what did you detemine cause of death to be?
A. The anute brain injury due to the blunt force injury.
Q. And the blunt Eorce injury is which injuries of the ones we've diecussed?
A. All of the injuries.
0. Yor found the cause of death to be a reanlt of the blunt force injury, correct?
A. Correct.
Q. And when you -- what goes into determinuing the manner of death?
A. The manmer in death is in part based on investigation as well as evidence, investigation bar, our investigators, as well as law enforcenent. And in this case the infonmation from irvestigation coesn't match the severity of the injury, and because of that it's motermined in terms of what ended up causing this injury.
Q. You mean specificaily in detenmining as
Q. As Efrr as detenmining mamer of death, in l.ooking at all these things, you're aware then of how the defendant described the child's fall?
A. Yes.
Q. Fand did you take that into consideration when determining the mamer of death?
A. Yes.
Q. And let me back up for just a second.

What axe the options for manner of
ceath?
A. Wamer of death, there's essentially five options. One is natwral. For example, somebody died of a heart attack. One is a suicide, whether or not sonebody's taken their own life at their own hands, Another is a homicide, death by the hands of another in the purest sense. And arother is accident, unenticipated event that's caused death. If for some reason we can't fit the situation into one of those, we have madeternined.
Q. So based on all of the infonmation that you collected, you didn't determine the manner to be an accident, correct?
A. Correct.
Q. You didn't determine it to be a honicide,
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correct?

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A. Correct.
Q. could you rule in or out either accident or hamicide?
A. No. That's why I went with undetermined.
Q. Now, looking at the constellation of
injuries to the child's nead and brain, fair to say it's an impact or biunt force injury that caused the fracture?
A. Yes.
Q. And if you could explain to me rather then me putting words into your mouth, wity would that be a bluth force injury or impact?
A. You have a fracture of the bone. You have subdural hemorrhage related to injury to the brain. You have subarachnoid henorrhage. In addition, you have the axomal injury that we've spoken about. You have subarachinoid henorinage that's present. So you have all these thinge that fall under the blunt force injury category. Other ways to think about blunt force injury might be an abrasion, a scrape, or a brive or something like that, when we talk about the skin and the extemal surfaces. The brain is more dolicate than the gkin and can get injured quite

easily.
example, and the brain's been rattled around inside
the head,
Q. Wren you say you can see those injuries Eron a fall, is there anything specific as to the type of fall in onder to get a rotational injury to the diffuce axonal?
A. Nost often in falls you're looking for height playing a role, and depending on the height. from which the, in this case, a child falls can play a role in the amount of dantege that you can see in a role in the amount of dantage that you can sex in
the brain, for example. The higher the height, the more likely you're going to and up with damage to the brain versus a short fall, for example.

Other things that might be an exarrple is if you add a componbente of rotation; for excmple, there's a flipping or twirling or sonething that's caused the physical body to be rotating anct hence the hasd to be rotating, that could also increase the force at which someone may impact something.
Q. Ard, as far as your determination of
marmer of death, you testified that it was undetermined,

Was there any indication of rotational injury or something that would present the
example, and the brain's been rattled around inside the head,

A. hoat often in faile you're looking for
Q. Then you also discussed regardirg the atifuse axonal injury something about rotational force?
A. We discussed that when we were talking abont the diffuse axonal injury in particular. And when the brain essentially rests in this hard shell and it can rattie around in that area, and sometimes if it rattles arcund, because it's two herispheres that are just connected by what we talked about, the cozfug callosm, those two hernispheres can techrically move in different directions as well.

As they go backwards, cne can go back a little bit faster than the other, so that implies that you're going to be moving in different directions for those split seconds of the injury occurring. And because of that you can end up with axonal injuries. You can end up with those rotational changes and those other comporients occurring.
Q. What types of mechanisms on what injuries cause rotational injuries you see in the chind's brain?
A. You can see then from falls, you can see them in car accidents, and sone people have angued you can see them when a child's been shaken, for
constellation of injuries we saw in the child's head
from your review of the case?
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A. Nell, we have same evidence in that we have the diffuge axcrial injury that thene was sone shearing force that occurred. We have injury to multiple sicies of the brain, so there could potentially be different points that the brain impacted upori the skull, for exanple. We have the one impact that's present demonstrated by the fracture itself.

Just having those different conponents present suggests that there is same acceleration/cocoleration to it. Some rotation that may have occurred within the brain itself.

MS. EDWARDS: No further questions.
THE COURT: Cross-examination.

\section*{CROSS-EXAMINAITCN}

BY MS. LEMCKE:
Q. Dr. Gavin, you indicated that you
reviewed -- let me ask it this way. You indicated
that you took some scans of khayden?
A. We did same X-rays.
Q. \(X\)-rays, excuse me, you said some X -rays?
A. Correct.
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besides what you yourself did?
A. I did not review other inages.
Q. You know that Dr, Montes reviewed sone
innages?
A. That's correct.
Q. Did you discuss with him the images that
he reviewed?
A. Yes.
Q. Do you recall what those images were?
A. I don't recall.
Q. You indicated that you, when you

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considered ycur determination as to manmer of death,
that you took into consideration investigation that
was dore?
A. That's correct.
Q. Do you recall specifically what docurents you reviewed relative to the investigation that factored into your manner of death detemurnation?
A. Our investigator's information, the statements made by the defendant, as well as the chlid's mom. I believe I also read sone other relatives', but I don't remember their nanes and who they are relative to this child.

Excuse me. In addition, some of
in this particular case beyond just your general background and training in this area of expertise?
A. There's additional reading that's melative to injuries and falls; for example, diffuse axoral injury, all of that's at hand, if you will, but it's part of my knowledge base.
Q. Do you recall whether or not you actually polled out ary treatises or journals or anything like that for purposes of this particular case?
A. I don't remenber specific for this particular case, although there are things that are relative to that that I'm aware of.
Q. With respect to the imaging, I want to ask you a couple questions about that really quick.
                                    When an image is taken, let's say of a CT scan without contrast of the head, while scmebory is alive, would you think that the -- what you can discern from that type of imaging relative to bleeding on the brain would be more accurate or less accurate than what you can do by way of a forensic examination post-mortem?

MS, EUWARDS: Object as to foundation, scope of knowledge in CT versus live versus autopsy.

THE COURT: Niss Lemcke.
Ms. LFMCKE: Well, your Honor, I think
the law enforcement reports too, which specific ones, I don't recall their specific titles.
Q. Do you remember where you obtatinec all that information?
A. From law enforcement.
Q. From the homicide detectives in this case maybe?
A. Yes.
Q. Is that typical, do you typically acceas that infonnation by way of the homicide detectives or do the prosecutors typically provide that to you?
A. Usually it's the nomicide. I usually don't get involved with any of the District Attomeys till later.
Q. Till like now?
A. Well, it depends.
Q. Did the District Attorneys in this case, did they give you any addeticmal information or did you just make your detemination based on what you received from presurably the horicide detectives?
A. I received no information from them prior to my making the decision, and we've talked since then.
Q. Did you conduct any irdependent research. of your own for purposes of making the detennimation
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she indicated they take -- they do radiographing
imagery pursuant to the autopsy examinations. If you
want, I can lay some foundation regaroing live
imaging, if she knows.
THE COURT; I think she's equipped to
answer the question, and if she can't answer the
question, I'm sure she'll tell us she can't answer
the question, so the objection's overruled.

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THE WITNESS: The CT scans we den't have.
So review of them really I leave to the radiologist.
Radiograprically, we do do basic \(X\)-rays and we're
able to look at those and are trained to do those.
                            At the time during my training Cl
scamers weren't exactly prevalent in forensic
comminty. They're starting to be now, and so we're
starting to get data to look at what's reviewed on
the CT scarner versus what's found at autopsy, and
they're doing blinded studies and are starting to do
that now.
BX MS. LEMCKE:
    Q. And so when they're doing blinded
studies, are they doing those studies then to kind of
Getermine how accurate the CT scans are?
    A. Not the CT scanner in itself. How
    accurate the interpretation of what 's seen on the
ecan is relative to what's seen at the actual body in autopsy.
Q. And, if I wrierstand that line of thinking, they're doing that because the assuruticul is, is that when you get to autopsy, you're going to get a more definitive accurate accounting of what has actually transpired in the body?
A. That's correct.
Q. So if there is an image that's cane say by way of a CT gcen earlier, and there is some interpretation of that CT scan that ultimately is not confimed or actually not confinmed by the autopey, the autopsy is kind of the gold stankard, that's where you know exactly what has transpired; would that be a fair statement?
A. That's a fair statement.
Q. With respect to -- I'ra going to ask you a whole burich of questions about all the injuries and I just want to beg the Court's Eongiveness and your forgiveness if I cover topice kind of sporadically and if I cover thinge that you've already covered with the prosecutor, but I want to make sure that I have a thorough understanding of everything nygelf.
A. As long as you're confortable with me referencing the report.
that caused that fracture?
A. Yes.
Q. What does it tell you?
A. It's a flat surface generally that the head thas been impacted by or impacted on,
Q. I would assume based on that answer ther sometimes you see evidence in fracturing of gone like an instrment hitting the skull versus the skall nitting a wider flat surface?
A. Correct.
Q. Arod can you tell that usually by -- or
not always, I shouldn't say usually, but can you sometirus tell that by virtue of the type of the skull fracture that you hewe?
A. You can tell some things from that; for example, that it's not depresged, and that it has that stellate shape suggeots a broad, flat surface.
Q. If it were depressed then and not stellate in nature, that would suggest to you that maybe there was some particoular instrumert that caused the fracturing?
A. Or sone edge or deformation to the flat thing that this head impacted upon.
Q. In fact, if I understand you correctly, sometimes given the nature of a particular fracture,
Q. That's fine, And, you krow what, Dr. Gavin, if you need anything, please let the know and I'll be happy to show it to you. I'm not trying to hide anything from you. I want you to look and give me your best opinion on everything that we're going to cover.

Starting with the head injury and
the skull fracture, there was just the one fracture,
if I uncerstand correctly, that had the stellate component to \(i t ;\) is that right?
A. Correct.
Q. So that was the only -- the stellate comporient originatee with one point of impact; is that right?
A. That's correct.
Q. The fact that there's linear compoments to it and kind of that starring feature, if you will, doesn't mean there was more than one impact, it \({ }^{1}\).s onsistent with just a single impact at that site?
A. That's correct.
Q. It was not a depressed Eracture?
A. That's correct.
Q. Does the fact that it was stellate and not depressed tell you anything about the nature of the impact, like what the head may have actually hit

> you can tell sanething about the instrunent that was used to hlt the skuli, if it has certain characteristics to it such as a linear patterm?
> A. That's true.
> Q. Hut would you agree with me -- let me ask it this way.

Would you say to a reasonable
degree of medical certainty that this fracturirg was cause by the head hitting a flat surface?
A. It's possible that this injury occurred tbat way.
Q. Mome likely than not that it did?
A. It's possible that way or that it hit where that flat surface is, whether it's a floor or a wall is both possible. Whether or not there was a broad object encugh that could have impacted the head Is also possible.
Q. Eut, if I modergtand you then, to a reasonable degree of medical certainty, you could say it was something broad and flat that caused this stellate fracture?
A. That's correct.
Q. Now, moving on to the hemorrhaging.

Feel free to use lay terms with
me, because I struggle with the medical tems.
\begin{tabular}{|c|c|}
\hline & \\
\hline 1 & I noticed in your autopsy report \\
\hline 2 & that you incicated that there were, quote, dark \\
\hline 3 & purple subdural hemorrhages present over the \\
\hline 4 & corvexity of the right parietal lobe. \\
\hline 5 & Does that sourd correct? \\
\hline 6 & A. That sounds correct. \\
\hline 7 & Q. Is there arything about the fact that \\
\hline 8 & that hemorrhage was foted by you to be dark purple \\
\hline 9 & that is of any signdficance? \\
\hline 10 & A. We can see a little trome red if it's in \\
\hline 11 & closer -- if the time of autopsy is closer to the \\
\hline 12 & actual event. In this case it had time to start to \\
\hline 13 & early coagulate because he was in the hospital for \\
\hline 14 & several hours, so that's why it starts to get more of \\
\hline 15 & a coagulative appearance to a littie more purple \\
\hline 16 & oolor to it. \\
\hline 17 & Q. Does it beccme gelatinous ultimately? \\
\hline 18 & A. Eventuajly it can become gelatinous, but \\
\hline 19 & it wasn't at that stage. \\
\hline 20 & Q. Does the dark purple nature of that \\
\hline 21 & bleed, that particular hemorriage that you reference, \\
\hline 22 & does it tell anything about the age of the \\
\hline 23 & hemorchage? \\
\hline 24 & A. Other than the hours, not much more than \\
\hline 25 & that. When you're looking at the hemorrhage as we're \\
\hline
\end{tabular}
have that red purple look to them and they haven't
progressed into the kind of gelatinous phase and thinned out fron there.
Q. But the fact that they're on the right and left occipital areas of the brain, does that mean that there's necessarlly two different points of impact there that would cause the right and the left bleed or could those bleeds be consistent with a single impact and bleeding as a result of that sirgle impact that's spreading now into the right and the left occipital areas?

MS. EWARDS: Objection. Misstates her
testimony as to where orl the brain the bleeds were.
MS. LEMCKE: I'mi not trying to state
anything. I'm just asking a questiom to find out more about the injury.

> MS. EDARDS: She used occtpital in her
question, and she referred to the report saying
parietal, and based on the doctor's testimony those are two distinct places in the brain.

THE COURT: Rephrase your question.
MS. LiNMCRE: Let me rephrase. That is
correct: "hat is correct.
BY MS. LEVCKE:
Q. So there was the subtural henorrhaging on
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distinctly possible given the nature of the fractire
in this case that those two locations of the suboumal
bleeding are consistent wi.th one inpact?
A. It's possible except the separate area of
the parietal blood on the right parietal corvexity is
separate from that of the right occipital area.
Q. When you say separate, explain to me what
you mean.
A. Physically separate. They're not
contiguous with each otrer as is the subcural that's
present on the left side.
Q. So the subdural on the right is not
contiguous with the subdural on the left?
A. IThe right parietal is not contiguous with
the rigint occipital.
Q. But the right occipital and the left
occipital are contiguous?
A. Correct.
Q. Conld the right parietal -- are you
saying there's no way that the right parietal could
be part of the bleed that you see going in the right
and left occipital?
A. It's much less likely than that being the
result of one impact alone.
Q. But it's possible?

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A. It's possibie.
Q. Is that because in that dural area the
blood can move around a little bit?
A. Yes.
Q. Could that bleed in the right parietal area be the result of an impact and then kind of the brain, the movement of the brain after inpact, could that cause that rigit parletal bleed?
A. In some wayg you're referring to what's called a colp, the initial injury, and then a ontrecoup, because the brain's moving around inside the hard space and hits again in another area.

Because of the physics of it, when you have the impact located at a particular area, which we know because the fracture site, the vectors, the physic vectors are directly lined up, so in that case it would be diagonal because it would go Eran the back rigint towards the midale, and it world go diagonally towards the front left near the midi.ine as well, so it woulen't -- the energy of that wouldn't trangfer, it wouldn't diagonally go off towarcio the right, it's going to stay in that vector line.
Q. So, if I understand you correctly, if you're going to gee a bleed as a result of the coup and the contrecoup, that you'd be more likely to see
it would be described more as diffuse.
Q. When yor say several, do you recal. how many areas you saw that?
A. Wo. Dr. Vogel had made the descriptions in his report. He didn't detail the locations.
Q. Each one of those sites where there'a subarachoid bleeding is not necessarily a separate impact though?
A. Not necessarily.
Q. Could be the result of the single inpact trauma?
A. Unusual for it to be a resillt of a single impact.
Q. But possible?
A. More the secondary effects with the iypoxemia and the ischemia rather than definiag it as one impact point alone.
Q. So let me -- because I was going to get to that.

There's the biochemical cascading process kind of that you see scmetimes whern youl have a head injury; is that right?
A. Correct.
Q. And what that refers to is kind of the process that what happens after impact, there's
```

several things that can happen after the head impacts
a Elat surface say?
A. Yes.
Q. And, for example, if there's an irpact, sonetimes you might see a breaking of some of the blood vessels in and around the brain?
A. Correct.
Q. And that bleeding will then cause

```
bleeding into the gubdural space, for example, around the brain?
A. Correct
Q. And then when you get that bleeding arourd the brain, then sonetines you can get some movement of the brain itself off the midliner
A. Correct.
Q. And you can get sone herniation there, I
think we had scme evidence of possibly a
aubfalcine .. did I say that correctly?
A. Yes, Some people say falcine.
Q. Falcine.

Okay, I think I was comrected earlier with falcine, so we'll go with that, hemiation as a result of that bleedting and that correspondent movement; is that right?
A. You can.
A. Correct.
Q. And as part of all of that process then there can be some bleeding into the subarachnoid space?
A. Correct.
Q. So it's not necessarily the impact itself that causes it, but all the secondary processes, if you will, that ultimately can cause that bleed into the subarachnotd space?
A. Correct,
Q. So you can have a single impact that triggers this kind of chain reaction of events and then ultimately leads to the subarachnoid bleed?
A. That's correct.
Q. You indicated in your autopsy findings that the cranial nerves, the base of the brain, appear free of abrommality; do you recall that?
A. Yes.
Q. Is that significant to you at all?
A. Cenerally, when i do any brain exarination I just take a look to see if they're in the conrect anatonic location, if they look like there's been any kind of damage to them from hemiation for example.

Sometimes that's a little
\begin{tabular}{|c|c|}
\hline \multirow[t]{9}{*}{\begin{tabular}{l}
Q. Did you see any evidence of that here? \\
A. I didn't look specifically for the subfalcine herniation because I dion't want to start moving and pressiryg the hemispheres too far apart to be able to really identify that, because I wanted to leave it as intact as possible without me mucking around, if you will, before I gent it off to the neuropathologist.
\end{tabular}} & \multirow[t]{26}{*}{} \\
\hline & \\
\hline & \\
\hline & \\
\hline & \\
\hline & \\
\hline & \\
\hline & \\
\hline & \\
\hline So I looked at a lot of the & \\
\hline external evidence. Subfalcine's in between where the & \\
\hline two hemispheres kind of come together and you can see & \\
\hline nemmrthage down & \\
\hline Q. You don't know if -- you didi't look fo & \\
\hline any evidence of a subfalcine herriation then? & \\
\hline A. At the time, no, I did not. & \\
\hline Q. Going back to this biochemical kind of & \\
\hline cascacing effect, thers all of this, the rupturing & \\
\hline the blood vessels and the bleedtng futo the brain and & \\
\hline the movenent of the brain and there can be some then & \\
\hline constriction of blood flow to the bratu? & \\
\hline A. Correct. & \\
\hline Q. And oxygen also? & \\
\hline A. Correct. & \\
\hline The brain ultimately can swell as a & \\
\hline result of that? & \\
\hline
\end{tabular}
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difficult to tell if the brain's too softened, so
that's what I use it for is just to say that I've
acknowledged they're there, they look like they're in
the nomal anatomic positions, and I can't see
anything grossly that's really abnonmal with them.
Q. Would you in a really severe shaking situation, wonld you expect to see some abnormelity with those cranial nerves?

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A. Yoil can see it, particularly the optic nerves, for example, you can see amomalities such as hemorrhages, and you can also see some of the shearing forces that we've talked about earlier in tems of the deeper structure of the brain. sanetimes you can have evidence of that within the cranial nerves, one of which is the optic nerve which goes to the eyaballs.
Q. Would you expect to see that at the base that like as you described here, the cranial nerves at the base of the brain toot
A. You can. Most of the time with same of those crandal nerves though it's the secondary swelling effects it will have on them and compression rather than the larger one, which is like the optic nerve where you actually have enough bulk, if you will, to have those charges that we discussed earlier
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in terms of the rotation or the stretching, for
example.
So in this case the cramial
nerves, they're quite small. They may not have that
torsion that we've been discussing, for example, so
they look good.
Q. So, if I understand you correctly, it's possible that you would see sane disnuption or sone problem with the cranial nerves at the base of the brain?
A. No, it's less likely with those smaller ones is what I' was aaying. I'm sorry if I wasn't that clear.

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\section*{(Overlapping speakers)}
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With the bigger one that "s the cptic nerve, it can be more evident.
Q. But you could see problems with the mmaller one such as those that are at the base of the brain?
A. Microscopicaily, yes. Less likely grossly.
Q. Did you look microscopically?
A. I gave the brain to Dr. Vogel.

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henorrhage in one of the neck muscles that's preaent in the back of his neck. None of that was particularly deep. It was right in the soft tisaue area that rests on the top of the neck muscles that: are there, fight over the top of the neck muscies in one area.
Q. Is there anyting significant to you about that particular finding in this case?
A. Sometimes you can see that in examples of where children have been grabbed about the neck, for example, and they may end up having deeper tissue injury versus superficial injury, you can aee that, but it could aiso occur because there's been sane injury from a fall, for example, that's injured the neck as well.
Q. So that hemorrinaging at that area of the spine could be consistent with a fall?
A. It's posaible.

MS. LEMCKE: Court's indulgerce.
BY MS. LEMCKE:
Q. You also indicate in your report that, quote, the tangue contained some focal intramuscular hemonthage towards the tip?
A. Correct.
Q. Does that mean there was bleeding at the
\begin{tabular}{|c|c|}
\hline \multicolumn{2}{|c|}{82} \\
\hline Q. He did those, because yol cid some & 1 \\
\hline microscopic examination, you just dicn't do that & 2 \\
\hline omponent? & 3 \\
\hline A. I didn't do the brain. I had given it to & 4 \\
\hline nimi. & 5 \\
\hline Q. Then there was -- you indicated in your & 6 \\
\hline report -- again, let me know if you want to look at & 7 \\
\hline this, because I took portions that I was clrious & 8 \\
\hline about and I typed them into my own note, oo just let & 9 \\
\hline me know, Doctor, if you want to see it. & 10 \\
\hline A. I will. & 11 \\
\hline Q. You indicated there was a soft tissue & 12 \\
\hline hemorrhage that overlies the posterior cervical spins & 13 \\
\hline at the Cl and C level. & 14 \\
\hline Was there anything -- or do you & 15 \\
\hline recall that finding? & 16 \\
\hline A. I do. & 7 \\
\hline Q. Was there anythirgy signiflcent about & 18 \\
\hline that? & 19 \\
\hline A. When I cut into these children scmetimes, & 20 \\
\hline excuse me for wising it so brutally, we co it to & 21 \\
\hline examine for any kind of injuries, I often cut down & 22 \\
\hline the back of the reck as well, and I mentioned that & 23 \\
\hline early on in my testimony. & 24 \\
\hline There was shile evidence of some & 25 \\
\hline
\end{tabular}
A. In the muscle itself. We see that sometimes when a person's bit their tongue; for exanple, seizures, people who have seizures at the time of their death, you can see bites in their tangue. Sonetimes you can see them if samebody's had an injury to the head and for whatever reason they've bitten their tongue in relation to that.
Q. So like if there's a sudden inquact, an acceleration, and then impact deceleration injury, that could cause like a bite to the tongue?
A. It's possible.
Q. Wheri you talk about the intramuscular hemorrhage, that could be comsistent with a bite on: the tongre, I assume, that description?
A. That's what I said, yes.
Q. Moving on to just very quickly you saio on direct examination that the cerebral edema that you observed, that's consistent with a blunt force trauma to the headi?
A. It's a consequence of. Like we talked about the cascade that you brought up. once you have that injury, for example, whether or not that injury is related to biunt force, and I also used an example, you can have swelling as a consequence of
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infection. In this case it's blunt force. You can
enoc up with that swelling.
Q. And you can end up with that swelling even if it's just one impact?
A. It's possible.
Q. And then the lack of -- I actually wrote out the phonetic when you said it today, gryi and sulci?
A. Yes.
Q. The lack of prominent gyfi and sulci is

``` ther secondary to that edena; is that right?
A. Correct.
Q. Which again could cone as the result of that impact injury?
A. Correct.
Q. Let me talk to you for just a midrute about the microscopic exam that was done.

You indicated that the doctor who did the microscopic exam identified a diffuse axcmal injury?
A. Conrect.
Q. And I believe, if I understood you correctily, that he indicated in his reporting that could be a mix of etiologies with that?
A. Correct.
used as the nomer for that, although people have seent it when they say diffuse, that means it's located in several different areas of the brain versus it'g globally affecting the brain, for example.
Q. Can you tell by his reporting whether or not he's referrirg to the nature of injury itself or the location in which he's observing this injury?
A. He implies in his report that he's referrirg to that it's in multiple locations because he lista those locations.
Q. Ard when he -- let's talk about thoge zocations for just a minute.

\section*{He taiks about the corpus}
callosum, for example?
A. Correct.
Q. And you indicated, if I understand you ccrrectly, that'a kind of deeper inside in the interior part of the brain?
A. The corpus callosum is the part that comects the two hemispheres to one another.
Q. But is that -- when you say connects the two hendspheres, ny understanding was that you mean like in the riddle of the two hemispheres intemally, not extemally, no, or is that wrorg?
A. Ti='s intemally in that you can't just
 deeper structures, which would be the internal cepsule, and it does have it there, and then the corpus callosum, you're looking at that acceleration/deceleration, and that lag time.

When you're looking at other areas
like the cortical areas where the rounds are crit the outside and then they have the axons that extend down inward, those can be some of your hypoxic events, for example, because they're part of the hemisphere of the brain and not zeally part of that area that can be torsioned.
Q. So like the frontal white matter that he described as having seen it, that would be an example of one of thoge areas?
A. Precisely.
Q. Eut you could still have a hypoxic event that causes the diffuse axonal injury in some of the more internal structures too?
A. It's possible.
Q. I assume that's why he says mix of etiologies, because it could be the shearing forces Erom the acceleration/deceleration, and it could be -- or it could be from that biochemical process that takes place afterwards?

MS. EUWRRDS: Objection; speculation.but arything that wruld cause a lack of oxygen to the brain, whether it's strangulation, for example, or COPD, for example, and end up heving those charges in the neurons that are in the brain, they don't know why it's happening, they just know they're not getting oxygen to personify then.
Q. But that hypoxic kind of event, if you will, is consistent with tranma to the head?
A. Yes.
Q. That would be one of those secondery effects that we talked about?
A. Correct.
Q. You mentioned that hypoxia and some of the neurons, is that right, that he menticned in the report; did I undecstand that correct].y?
A. Correct, you can see those changes in the newrons, hypoxic changes.
Q. Is that part of that diffuse axcmal infury or is that the changes in the newrons something di.fferent?
A. It's separate.
Q. And what does that aignify to you other than just the oxygen loss?
A. Correct.
Q. And nothing beycnd that of any

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secondary to the subdural bleed in the brain?
A. Yes, In this case in my opirion it is.
Q. Not a separate injury, just part of the

``` injury that you saw to the head?
A. In my opinion that's correct.
Q. Are you familiar with any of the symptoms that sunebocty would exhbit just after sustaining a tramm to the head such as what you observed here?
A. Yes.
Q. What would those symptafis be?
A. Vomiting, for example. Sonetimes if people remain conscious, they can have headaches, dizziness, biurry vision, for example. If they go unconscious, then it's possible they can have sorie vulit occur at that time because that would be mone of a spontanecus thing rather than an active event. You're not forcing yourself to do it, it's going to happen. So that's possible as well when sonebody has had a hegd injury.
Q. Would you expect that there might be some blood in the vanit?
A. It depends whether or not there's been any kind of internal injury to the mouth, for example, that may have resulted in there appearing to be some blood present.
A. I did not.
Q. The cerebral spinal. fluid is slightly serosanguineous?
A. Sangurieous.
Q. Sanguineous.

Yod indicated that -- let me ask
you this. What exactly is that?
A. The cerebral spinal fluid is essentially the liquid that surrounds the brain and is in between the dura and the brain. Lots of times you can see -people have it tested if they're wondering whetner or not sonebody has meningitis, for example, because the Eluid itself may have the inflammatory cells in it. So sometimes you'll get a spinal tap done. The spinal tap is literally pulling out the cerebral spinal fluid. So it's the liquid that surromds that.

Because we have in this case bleedirg in the subcural space, ther that blood can cause the flutd which is normally clear to get a blocky appearance, and our Eancy word for that is sanguineous and serous means clear, so it has a clear bloody quality to the liquid.
Q. So the blocdy quality that's present there in that -- in the cerebral spinal fluid, that's
Q. Is it possible then that those symptoms can manifest themselves pretty quickly after the head trauma?
A. Obviougly, if the pergon's unconscious, it can happen right around the same time. If the person has been in and out of conscionsmess, it may not happen for quite a period of time. It could be minutes to hours before you have those keluds of symptons. It depends whether or not there's a time of lucency where they're aware or whether they just remain unconscious for the duration since the injury.
Q. So, if I wnderstand you correctly, you could sustain a head injury sindlar to what you observed in this particular case with this three almost four year-old child and you could lose conscioustress immediatel.y?
A. It's possible, yes.
Q. And you could begin voniting almost immediately?
A. Yes, that's correct.
Q. Likewise, those symptoms, a logs of consciousness, couk occur an hour or two later?
A. It can.
Q. And you can be vaniting say an hour or two later?
A. It can happen, but it'e unlikely with the amount of injury that we've seen here because of the impacts that we have present at the back of the skuil. Although it does take some time for subdural henorrhage to build up within the brain, there's a sigrificant impact here that suggests that consciousness was most likely not cocurring and that the child was unconscious.
Q. So it would be consistent with this particular injury with this particular age child, that he would be becone unconscious almost imnediateiy after impact?
A. In my opinion that's most likely,
Q. And valiting very quickly thereafter or right around -- right after impact as well?
A. It could be right aromd that tine, and it's not an active event. It's more of a passive thing, the body vamiting.
Q. What about ary issue with the muscular system, would you expect maybe some rigidity in the muscles or sane seizuring, something like that?
A. It can have seizures. I don't know if they'd necessarily be rigid. It's relative to the quality of the geizume that you might see something like that.
area?
A. The shaking is one of thoge controversial issues. With that said, if you have injuries where soneone's grabbing soneone in that particular location, for example, you may see scme injuries, but as in: mary of the strargulation cases I've testified on you don't always need to have injury that's visible injury in those locations for it to have a death cocur.
Q. And understanding that there's some controversy surrouming the whole shaking issue, what kind of injuries might be possible in that area in a shaking case?
A. You can have muscular damage, you can have usually soft tissues, for example. You really don't always have evidence that you have had oompression of any kind of vessels, other than you may have hemorrhage, and ocoasionaliy you can end up havitg fractures of your hyold bone, for example, or even damage to the cartilage that's present around the winticipe.
Q. And you dion't observe any of those injuries present here?
A. No, nothing there.
Q. Talking about the epiglottis and your
Q. But you could see sconething like that after an impact such as what you observed here?
A. I've not seen too many of the kids have seizures, so that would start to step into beyond my scope.
Q. Okay, fair.

Please correct me if the promunciation of any of the temm are not right.

Moving on to the neck and pharynx,
you indicated that you gaw basically no abnonmalities in that area; is that fair?
A. Grossly, correct. We alyeady discusged the ones -..

\section*{(Overlapping speakers)}
Q. And I'm going to ask you a couple of questions about that.

Your gross examination didn't reveal any abnomalities?
A. Correct. In that area we do include the tongue and we've already discussed that.
o. Right.

In cases where you have shaking injuries, do you sometimes see abonmalities in that

100
microscopic examination that you mentioned on direct exam, you incicated that there was -- that the macrophage, did I say that right?
A. Mr-hnm.
Q. -- macrophage, those cleanup cells were pignented?
A. Correct.
Q. And that indicated to you that they were probably cleaning up blood that was there?
A. In this case I speculate that that's what it is. Yor can do stains to try to elucidate that more, but that in itgelf, that one item is not related directly to the cause of death in ocrperison to the subdurai hemorrhage, et cetera, so I didin't elucidate that microscopically,
Q. IE I understand you correctiy, and please correct me if I'm wrong, there was to the extent that there was blocd there, it's your oplnion that that was secondary to the hypoxic event that occuried as a result of the head trauma?
A. That's correct.
Q. Because when there's that oxygen deprivation sometimes you'll see that kind of bleeding then in the lung area?
A. Comect.


When you get into areas of consolidation, it talks about isolation or being located in one particular area in tenns of the way the radiologist may or may not describe it. Again, I'm not a radiologist, so how I choose to use that language may be different than how they choose to use that language, but it 'a based on my interpretation.
Q. So, ifi I understand you correctly then, that could be, that consolidation - or, \(I^{\prime} m\) sorry, not consolidation, but the blood pooling that you observed could be interpreted by a radiologist as that groumd glass component in the lungs?
A. Usually, they don't calli it consolidaticn. They may call it ground glass appearance possibly.
Q. Which is why -- let me ask again, that could be interpreted, that pooling that you ultimately observed at autopsy corld be interpreted by a radiologist on a CT scan as a ground glass type quality there?

MS. EDWARDS: Object to speculation at

THE COURT: Miss Lemoke, I think there's a legitinate speculation objection unless you can
bruise that's cocurred, you can see blood present in those spaces that we've been referring to and you can see blood present in the tubes that we've talked about that go out to those spaces in the lungs, so you can have that present. In this case there was reference to contusion havirg occurred mased on the analysis of the CT scan. When I received the child, they had already been kind of laying in a dependent position, and a lot of that area became filled with blood that we talked about before, that they can get very corgested.

And the contusions itgelf were not ovident at the time of autopsy, so they didn't remark on them as being present because the entire area was filled with -- not the entire area, the deperdent portions were filled with blood,
Q. The dependent portions being filled with blood, could that be identifted as ocnsolidation on a Cl scan?
A. Generally, they have a different impression. It might be that ground glass type appearance versus consolidation.
Q. So that pooling blood colld heve that groma glass appearance?

104

\section*{corvince me otherwise.}

MS. LEMCKE: Well, I think she
indicated -- I think she said what I'm asking
already, but I just want to make sure that I
urderstand it conrectly is kind of what I'm doing.
She's already indicated that that can appear -- that
the pooling she's described that she observed can appear as a ground glass component.

I just want to mure that I
understand that correctly because she said it doesn't
generally appear as what they'll identify as consolidation, but rather the ground glass, and we have some indication from the reporting on the CI scans that were done at the hospital that there was sone observation of ground glass. So I just want to uake sure what she saw at autopsy is cormistent with that reporing.

MS. EDNARDS: And, your Honor, to the extent ghe's commenting on the teminology used in the CP scan gpeoifioally at UWC, she commented in her response initially that madiologists tend to use different tenminology and describe things differently, and gince we don't have a foundation for that background for herself, I'd ask that she not be allowed to answer or coment on radiologists and what
they call something on the CT at this point.
IHE CORRT: You can try to lay a littile
bit of foundation, if you want.
BY MS. LEMCKE:
Q. You consulted with a radiologist in: this particular case, did you not?
A. That's correct.
Q. So you rely on their interpretations of certain scans and radicgraph inaging that are done?
A. In this case I specifically called on Dr. Montes to make sure that I wasn't missing any of the previous described rib fractures or possibly any new rib fractures. That was what the main reason for calling him over.
Q. So it's not umusual for you to comsult with a radiologist from tine to time?
A. It can happen, yes.
Q. You're fandliar with the teminology that radiologists use sometines in reading imagery?
A. Yes, and then how they -- how each radiologist chooses to use that description. I dars't know how they end up usiry it. That's thelr' area, that's their arena, so I'm making an assumption in terms of what they're interpreting to be is what I'm seeing. I don't know that I have the bridge between
Q. Does the fact you dicn't see any contusions at the time of autopsy, does that tell you -- could there have been contusions at the time that the child was brought to the horpital and all the images were taken of him?
A. It's possibie.
Q. That they could have been present then and then not been present at autopsy?
A. The contusions as they were described were in kind of the lower lobes of the dependent areas, and that was obscured a lot by the fact of the consolidation that was present in them, and there was no disceming between that at that time because of how far it had pooled.
Q. So, if I understand you correctly, they could have misinterpreted on the CI innaging that was done, they could have misrepresented the pooling for contusions?

MG. ETHZARDS: Objection; foundation, speculation, beyond the scope.

MS. LENCKE: I thougint that's what she just said. I just want to make sure if I understand ner correctly. She can correct me if I'm wrong.

THE COURT: Overruled.
THE WITNESS: I don't know what they saw
those two.
Q. You're familiar with the term grouni glass component?
A. Yes.
Q. . It wouldn't suprise you if you saw that in a scan report?
A. That 's correct.
Q. And so if you a report that there was gromid glass component in a CT of the lunge and then you later fomd this bloci pooling, would that surprise you?
A. No, it would rot.
Q. Because that ground glass component observed in the CT scan could be consistent with this pooling?
A. That's correct.
Q. That's kind of what I was getting at.
so you saw no evidence of
abrasions then in the lungs?
A. As I saia --
Q. I'm sorry, I said abrasion. I meant contusion. Forgive me.

No evidence of contusions then in
the lungs?
A. I did not.
at the time or how they saw it and how they chose to interpret it. I know what I saw at the time of the autopsy and kind of the gold standard of what's present there. And what I had was congested lungs that were -- had blood present within them and that had obscured ary evidence that I could see of a contusion being present.
BY MS. LEMCKE:
Q. So the pooling then could have obscured evidence of a contusion as far as your being abie to see it?
A. It.'s possible in that case that that's what occurrec, so I can't -- I didn't see them. Whether or not they saw them ahead of time, I really can't argue to that in this particular questionable injury because of what I had present at the tine of autopsy.
Q. But still then given what you saw you dian't see any evidence of comtusion?
A. That's conrect.
Q. Would you expect if there was an impact injury to the lunge that eaused contusion at the time -- same time say that the head injury was inflicted here, would you expect that those type of contusions from that type of injury would still be
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present at autopsy?
A. . Yes, they could be present.
Q. It would be more likely that they'd be

``` still present at autopsy than they would somehow dumiriish and go away by the time of autopsy?
A. Yes, assuming that we haven't lost them oue to all of this pooling of blood in those areas and then the ability to discern them on the surface becanes very challenging.
Q. Is there a way to make it lese challenging when you have that pooling to look at them, the lunge closer, and determine whether or not there's any contusions there?
A. Getting the body eaxlier.
Q. So it's a function of you not getting the body?
A. And the body not being on a ventilator and being laying dependent for a long perioc of time in a hospital. So if we had the death cccur inmediately at the event that caused the head injury, it would increase the likelihood that I would have been able to see that, but once you have then sitting there over a long period of time, it makes it more difficult to discern then.
Q. So it's not something that you can
back on the record.
BY MS. LEMCKE:
Q. Moving on to the liver and biliary -- ddd I say that right -- biliary system?
A. Yeo.
Q. There was nothing that you noted or it was otherwise normal as your description I think that you gave in your autopsy report?
A. Correct.
Q. Ary significance to you, the fact that
the liver and biliary system, there were no aknormalities relative to this particular injury?
A. No.
Q. Elementary tract you indicated was nomaial with the exception of, quote, scattered patches of subxucoeal erythema?
A. Erythema, correct.
Q. Can you tell me what the subrucosal erythema is?
A. Sonetimes you can see that in the stomach mucosa she's referring to, so inside the tube inside the stomach you can see the reciness, exythema from hypoxic changes, lack of oxygen.
Q. So that could be secondory to the head
necessarily look at by conducting a microscopic examination of any sort?
A. You can see then by microscope, kut at this point you're dealing with a pool of blood and part of the early decomposition. So, again, saying that blood is sperifically related to the injury, looking at the pleural surface possibly can be helpful, but not always because it starts to pool in those spaces.

THE COURT: How much more do you have?
MS. LEMCKE: I would say maybe about 45
minutes left.
THE COURT: I was going to take a break between cross and redirect, buit let'e just a break now.

You've been on the stand now two homrs. So you know not to talk with artybedy during the break.

ITHE WITNESS: Yes.
THE COURT: So we'll just take literally seven minutes, maybe return at 20 after. Thank you.
(After a recess the following proceedinge were had.)
injury that ultimately caused this kind of hypoxic event?
A. It's related to the hypoxic event, which in this case is related to the head injury, correct.
Q. And the genitor -- wait, maybe I typed that wrong.

And the gentitorinary (phonetic)
tract; did I say that right?
A. Geritourinary tract.
Q. Cenitourinary tract. I ddd trype it wrorg. I apologize.

You didn't see ariy abnormalities there?
A. No.
Q. Is there aryining aignificant about the absence of any malady there that stands out to you relative to the head injury here?
A. No.
Q. The reticulcendotheltal system -- did I
say that properly?
A. Yes.
Q. Well, actually, you indicated there was splentic white pulp is prominent?
A. Correct.
Q. Is there -- what's -- explain to me what

\section*{the splenio white pulp is?}
A. The white puip in the spleen is where your white blood oells tend to congregate. That's why they call it the white pulp. And basically that shows your imune system is functioning.
Q. So it shows just that the immune syatem is functioning, not that there's some insult to the imme systen?
A. Correct,
Q. So that, I would assure, is of no significance relative to the nead injury that you gaw here?
A. Correct.
Q. Certainly, that's not secondary to the head injury, the presence of that white pulp?
A. No, everyone has that.
Q. And the endocrine system, again, you noted nothing abnomal about that?
A. Correct.
Q. And is there anything significant about the absence of any malady there where this nead injury is concemed?
A. No.
Q. Same thing with the musculoskeletal system, you noted nothing abnommal about the
A. Referring to the portions of the muscuicoskeletal system that are not mentioned in evidence of ingury, another section that is present in my autopsy report.
Q. Is there any significance to you, the absence of any other injury or abnonmalities in the musculoskeletal systen, other than what you've documented and talked about, is the absence of ary other injury of any significance to you?
A. Yes. In this case there is no rib fractures present or other arm bones, finger bonea, for example, that have been fractured, so there are no other fractures other thar what we've discussed in tems of the skuil, and in terms of the soft tissues, there's no other injuries, other than what we've mertioned in terms of the little bruises, the abrasicns, and, of course, the injury in the brain itself. So in that sense it is significant in that there's no other fractures internally that is significant for injury, MS. LEMCKE: COurt's inctulgence.
BY MS. IPNCES:
Q. Talking about the ear, you indicated on your direct testimony that the right ear carnal contained some henorrhage; is that right?

\section*{musculoskeletal system?}
A. Generally, in this case, I usually put the uninjured musculoskeletal system. I don't know if I did that here.
o. You may have.

You did say minjured, forgive me. You did actually say that. I typed it I guese in my Own verbiage, but you said, and I'm reading from your report, the uninjured axial and appendicalar skeleton is urrenarkable?
A. Correct.
Q. So I assume that mears you dian't note any abnormalities there?
A. Other than what we had spoken abont earlier, because there are injuries to the skeietal system. The skull is part of the skeletal syatem, and there's injuries to the soft tissues. We've already discussed those. So that's why I used the adjective of uninjured in that particular aection of my report.
Q. And so when you're in this particulax section of your report you're referring to those parts of the musculoskeletal system that we have not already talked about around the nead and injuries that we've talked about so far?
A. That's correct.
Q. And would that hemorringe be separate and apart, a separate injury beyond the head injury or would that be secondary to sone of the bleedirgs that we saw as a result of the head trauma?
A. It could be part of the injury relative to the impact that we saw. It could be a secondary injury as well.
Q. You don't have any way of telling?
A. No.
Q. So it could be just part of the head tramina?
A. Yes.
Q. You indicate -- I want to talk about the eyes for just a minute.

The eyes were sent for the microscoptc examination along with the brain, correct?
A. Correct.
Q. You indicated that you did -- were you able to on gross examination observe the hemorrhaging in the optic nerve areas?
A. I did see evidence of that. I happened to not mention it in this one, I believe. I don't remenber whether I mentioned it under my optic nervee

\section*{or not.}
Q. It's definitely in the report fram
stanford?
A. Ithat's correct.
Q. The henorrhaging that was -- that you observed grossly and that was mentiomed in the microscopic examinations, that cculd be also secondary to the bleeding that, was going on in the brain as a result of this impact injury?
A. That's correct.
Q. It could also be the result, I think, if I understood your direct testimony correctly, the result of the cerebral edena that occurred here?
A. It's possibie.
Q. And explatn to me how does that occur: how does the edenia then cause that bleedirg fnto the optic nerves?
A. It's the subarachnoid henorchage that we were speaking about nefore that was present at the optic nerve. It can be part of that cagcade that we were talkding about that before. That's possible. And the subdural. may be part of the initiai injury as well that we saw or could be part of a secondary -- a secomd injury.
Q. And when you taik about the subdural,
A. It's possible. It's more likely that it's a result of injury itself, direct injury, the subcurral.
Q. But possible that it could be part of this cascading effect?
A. It's possible, but not common.
Q. It could be the result of the shearing forces on impact?
A. Yes.
Q. Arid, if I understand you correctly, it's more likely that that bleeding in the rigint and left optic nerves was the result of the shearing force purauant to that impact?
A. It could be related to the tears that occur on the vessels around the dura, in between the dura and the brain that we discussed. So it could be a resuit of thoge getting torn and then havirus the bleedirg. And it could also be ari impact that oocurred that we talked about in the head, but it can also be an impact that occurred otherwise that resulted in the one that's present in the eyes.
Q. So this could be seepage of that bleeding that occurred in that -- in between like in the midline area of the brain?
A. It's possible.
you're talking about the subdural bleeding in the optic nerve?
A. That's correct. As well as the subdural that's present around the other parts of the brain.
Q. So, if I mderstand you correctly, even this, the bleeding that was observed both grossly and microscopically in both optic nevves, ther the right and the ieft could be the result \(\cdots\) could be that part of thio cascading process that occurred as a result of the head trama?
A. It's possible. It's more likely that it's the subarachnold henorrhage than the subdural itself.
Q. But, if I understand you correctly, and tell me if I'm wrong here, the subarachnoid, as we talked about, could that bleeding itself could be part of this cascading process as well?
A. Comrect.
Q. So you could get the head trauma that occurs that ultimately incuces the subarachnoid bleeding, correct?
A. That's correct,
Q. Then the subarachnoid bleeding ultimately kind of induces this bleeding into the right and left optic nerves? as a result of the acceleration and sharp deceleration associated with the head impact?
A. It's possible.
Q. It's really impossible for you to know, I guess?
A. It's difficult to know, discern which two of them. You document that they're present and then you have the likelihood of the mechamism that occurred. Is it from the one blow or the two blows. It's more likely it's fram two impacts of the brain within the skull rather then just that one single one that occurred at the optic \(\rightarrow\) excuse me, at the occipital area.
Q. But it could be this cascadiry effect as a result of that single traum to the occipital area?
A. "The subarachnoid itself doesn't bleed out into the subdural. It could be part of that process, but not like the subarachnold doesn't suddenly bleed off into the subdural.
Q. could it be the result of that coup and contrecoup that we talked about?
A. The tearing or the shearing issue that we talked about, that's possible.
Q. And that's the regult of a single inpact?
\begin{tabular}{|c|c|}
\hline & 121 \\
\hline 1 & A. It can be resulting from that, but it's \\
\hline 2 & legs likely because the one that we saw that was \\
\hline 3 & greater was on the right side, ard the inpact is on \\
\hline 4 & the right side, and we tallked about the physics of \\
\hline 5 & that and that it's -- it really goes diagcially \\
\hline 6 & across versus going off into the same side. \\
\hline 7 & And since we have it to the right \\
\hline 8 & slightly -- excuse me, on the back alightly to the \\
\hline 9 & right of the midline, the vector for that, the line \\
\hline 10 & is going to go diagorally across and head towards the \\
\hline 11 & midline left, not again to the right side where the \\
\hline 12 & right subdural arourd optic nerve is greater tharl \\
\hline 13 & what we see on the left and the left is predominantly \\
\hline 14 & the subarachnoid hemorrhage. \\
\hline 15 & Q. Unless you get that bleeding, that \\
\hline 16 & seepage in from the bleeding that's occurring in that \\
\hline 17 & midline area? \\
\hline 18 & A. It's possible, yes. \\
\hline 19 & Q. No evidence of petechial hemozrhages that \\
\hline 20 & you saw here? \\
\hline 21 & A. We mentioned the ones that were present \\
\hline 22 & around the lip area. \\
\hline 23 & Q. I'm somry. I meant with respect to the \\
\hline 24 & eyeg. You're correct. \\
\hline 25 & A. Correct, not to the eyes. \\
\hline
\end{tabular}
related to that too as well from a preasure, for example.
Q. So this hemorrhaging is not necessarily an indication of sone trama to the mouth, it's most likely eecondary to the hypoxic event that occurred here?
A. It could be either. There could have been a trawn that resulted in these hemorrhages cocurring, sonetimes you can see them in hypoxic events. Examples of that are congestive heart failure patients, scmetimea you can end up seeing petechia on them because they don't have the good oxyenation, for example.
Q. But it doesn't matter exactly kind of what the genesis -- what causes the hypoxic event; if you have a hypaxic event, I assume it's possible that you're going to see hemorthages such as what you observed here on thie upper lip?
A. Yes, it's possible.
Q. I noticed that you weighed all of the internal organs; is that right?
A. That's concect. That's standerd.
Q. It's atandard protocol when you do these autopsies?
A. Yes.
less likely because the one that we saw that was greater was on the right side, ard the inpact is on the right side, and we talked about the physics of that and that it's -- it really goes diagcrally across versus going offinto the same side.

And aince we have it to the right slightly -- excuse me, on the back alightly to the right of the midline, the vector for that, the line is going to go diagonally across and head towards the midline left, not again to the right side where the right subdural around optic nerve is greater than what we see on the left and the left is predominantly the subarachnoid hemorrhage.
Q. Unless you get that bleeding, that seepage in from the bleeding that's occurring in that midline area?
A. It's possible, yes.
Q. No evidence of petechial hemorrhages that you saw here?
A. We mentioned the ones that were present around the lip area.
Q. I'm somy. I meant with respect to the
A. Correct, not to the eyes.
and four years. And then we have tabulations relative to what the organ weight should be in those age ranges.

And so generally I'll put the clted in panentheses after the measured welghts are, the expected weights for an infant between the ages and three and four years, which would be consistent with what I would do here.
Q. So you indicated that this child was in the fifth percentile for height and weight for his age: is that right?
A. That's correct.
Q. And so you would expect some of the organs would be similarly small relevarit to what you might otherwise nomally see in a child of this age?
A. That's correct.
Q. And, obviously, there could be sane genetio factors at play there?
A. Certainly. It's possible.
Q. What about nutritional deficiencies?
A. Yes, that's possible.
Q. That could affect the skeletal system as
well, any nutritional deficiencies?
A. It cen.
Q. Let's talk about just briefly the -- you

\section*{that bruise?}
A. No.
Q. Could it be cousistent with the treatment that was adninistered to this child once he was -once paramedics were summoned and he was taken to the hospital?
A. No.
Q. Wiry not?
A. It's to the midback.
Q. Oould it be then a bruise consistent with just nomal play that you'd see in a three year-oldi
A. It's posible.
Q. Mowing on to the right upper back toward the shoulcer, three to four \(1 / 8\) inch pink abrasions, scrie crasted brown. Are those scratches basically?
A. It's possible.
Q. Scratches that you might see with a three year-old playing round?
A. It's possible.
Q. Would those by any chance be indicative of any resuscitative measures or any kind of treatment that worid be administened when the chlid was brought to the hospital?
A. NO.
Q. The right shoulder has a \(1 / 16\) inch
noted same abrasicus and contusions on the torso. I'd like to go through those with you, if I might.

Do you went me to refer you to the page numbers for that in your report of co you want me to just stant asking about them; what would be easier for you?
A. The report would be easier.
Q. Doctor, I would refer you to page 4 of your report. Counsel, that's Eates atamp number
page 6.
I'm going to go -- if you notice
in the middle of the page here that is your page 4 or Bates stamp rmber page 6, you have a heading blunt Force Injury of the lorgo. Do you aee that?
A. Yes.
Q. I'migoing to start there and go comn.

You Indicated that the upper
midwack has a quarter inch to quarter tinch faint purple contusion with minumal subcutanecus hemorrhage; is that right?
A. Correct.
Q. Easically, is that a bruise?
A. Yes.
Q. Can you tell anything about the age of

126

crusted brown red abrasion; is that right?
A. No, it's crusted ren abrasion.
Q. Wrat did say?
A. Brown red.
Q. Where did I get that,

A crusted red abrasion. Again, is
that pust a scratch?
A. Could be.
Q. That couid be consistent with a tiree
year-cid playing?
A. Yes, could be.
Q. Would that by any chance be consistent
with any of the medical procedures that were done once the child was brought to the hospital?
A. No.
Q. The center of the chest, next line, center of the chest there are two quarter -- a \(1 / 4\) inch and a \(7 / 8\) inch purple contusion, and there's another word there that I camot pronounce,
e-c-c-h-y-n-0-s-i-s?
A. Ecchymosia.
Q. Can you tell me what that is?
A. It's essentially contusion or a word for a contusion.
Q. And, again, a contusion for a lay person
\begin{tabular}{|c|c|c|}
\hline & \multicolumn{2}{|c|}{129} \\
\hline 1 & such as myself is basically a bruise; is that right? & 1 \\
\hline 2 & A, Correct. & 2 \\
\hline 3 & Q. This could be consistent with a & 3 \\
\hline 4 & resuscitative measure? & 4 \\
\hline 5 & A. It's possible, yes. & 5 \\
\hline 6 & Q. Could it be consistent also with a three & 6 \\
\hline 7 & year-old playing? & 7 \\
\hline 8 & A. Less likely from the location. & 8 \\
\hline 9 & Q. But definitely possible for a procedure & 9 \\
\hline 10 & that might have been acministered once this child was & 10 \\
\hline 11 & brought to the hospitals & 11 \\
\hline 12 & A. Yes, & 12 \\
\hline 13 & Q. The edge of the right rib cage there's a & 13 \\
\hline 14 & 3/8 inch and a 1/8 inch pirk contusion? & 14 \\
\hline 15 & Yes? & 15 \\
\hline 16 & A. Yes. & 116 \\
\hline 17 & Q. And that again a mruise? & 17 \\
\hline 18 & A. Yes. & 18 \\
\hline 19 & Q. Could be consistent with the procedures & 19 \\
\hline 20 & that were done once the child was brought for medical & 20 \\
\hline 21 & treatment? & 2 \\
\hline 22 & A. No. & 22 \\
\hline 23 & Q. Why not? & 23 \\
\hline 24 & A. The edge of the rib cage. & 24 \\
\hline 25 & Q. Conld that be consisterit with typical & 25 \\
\hline
\end{tabular}
purple brown contusions on the rigint lateral elbow?
A. Yes.
Q. Again, contusion being like a bruise in this scenerio?
A. Ves.
Q. And that would be consistent with just three year-old play?
A. Yes.
Q. That would not necessarily be consistent with ary of the procedures that were done as part of his treatment?
A. That's correct.
Q. The \(3 / 8\) inch brown contugion on the left elbow, same thing, could be comsistent with play?
A. Correct.
Q. Not likely consistent with the medical treatment that was administered here?
A. That's correct.
Q. The interior left hip 1 and \(3 / 4\) inch to \(1 / 4\) inch faint blue green contusion?
A. Yes.
Q. Does the blue green color that you noted there, is that of any significance to your
A. The age of the contugion.
Q. What does that tell you about the age?
\begin{tabular}{|c|c|}
\hline prople brown contusions on the rigint lateral elbow? & \multirow[t]{18}{*}{131} \\
\hline A. Yeg. & \\
\hline Q. Again, contusion being like a bruise in this scenerio? & \\
\hline A. Yes. & \\
\hline Q. And that would be consistent with just three year-old play? & \\
\hline A. Yes. & \\
\hline Q. That would not necessarily be consistent with ary of the procedures that were done as pact of his treatment? & \\
\hline A, That's correct & \\
\hline Q. The \(3 / 8\) inch brown cortusion on the left & \\
\hline A. Correct. & \\
\hline Q. Not likely consistent with the medical treatuent that was administered here? & \\
\hline A. That's correct. & \\
\hline Q. The interior left hip 1 and 3/4 inch to & \\
\hline \(1 / 4\) inch faint blue green contusion? & \\
\hline A. Yes. & \\
\hline Q. Does the blue green color that you noted there, is that of any significance to you? & \\
\hline A. The age of the contugion. & \\
\hline Q. What does that tell you about the age? & \\
\hline
\end{tabular}


the situation. So he talks about the mixed
etiologies being presert here.
So he has injury to the brain that
can be caused by the hypoxda or by the direct tramma,
and in particular the diffuse axcnal injury, and he
saya it conid be related to either one of those, but
then backing up, why do you have the hypoxic event,
because there's head injury.
Q. So then at least some of the diffuse axcnal fnjury was caused by blunt force trauma?
A. That's correct. I said that,
Q. I'm just makirky sure that I understard.

And then as far as the hypoxic
ischemic encephalopathy that had been discussed, in the report it also indicates early, conrect?
A. That's correct.
Q. And, if I recall from your testimeny, and correct me if I'm wrong, early indicated that potentialiy it's less, it hadn't been going on for as long period of tine, comect?
A. Correct.
Q. So is it fair to say, please correct me if it's not, that if the hypoxic ischemia is early, then there'd be less consequences of results of the lack of oxygen?
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pain, it could be related to swelling, but then if
yoru have somebody who's impacted to the point that
they've lost consciousneas, you're going to have a
more global swelling. It can be more relative to the
intensity of the injury.
Q. As far as the questions regamding
increased oxygenation, I believe your response was
it's possible depending on the nature of the tramm;
is that correct?
A. Please say it again.
Q. There was a question about decreased
oxygenationl wolld cause sane of the injuries observed
to the brain?
A. Yes.
Q. And I believe your respanee, conrect me
if I'm wrong, was it's possible depenting on the
nature of the trauma?
A. That's correct.
Q. In this specific instance would the
decreased oxygenation account for all of the injuries
observed to the brain?
A. No.
Q. There's also a discussion about mixed
etiologies as far as diffuse axonal injuriea were
concerned, correct?
A. That's correct.
Q. In this specific instance would the decreased oxygenation account for all of the injuries abserved to the brain?
A. No.
Q. There's also a discussion about mixed concerned, correct?

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A. Comrect.
Q. And the mixed etiologies, why don't you tell me what that meant.
A. In the case that they were referring to, the hyporic ischemic injury, as well as the diffuse axcmal injury, he was saying whether or not the diffuse axonal infury was related to actual trauma or whether it's related to the hypoxic ischemic event.

In this case, the reascon that they're hypoxic and ischemutc is related to the trama, but the damage to the brain that cocors can be caused by both. So if you don't have trama and for sone reason smebody has lack of oxygen to the brain, you can see those changes.

In this case the reason we have the lack of oxygen to the brain is because we have the trauma, so when he's talking about it, he's lookdrigy at it from the sense, I'm looking at this brain, why can I have thege infurles related to this brain. Okay, these are the possibilities for this injury that I'm looking at at this brain.

And he answers -- he writes his report relative to that, but then he takes it for his comment and looks at the context in whether or not the injury and what he's seeing fits the context of

138
\(\begin{array}{r}2 \\ 2 \\ 3 \\ 4 \\ 5 \\ 6 \\ 7 \\ 8 \\ 9 \\ 10 \\ 11 \\ 12 \\ 13 \\ 14 \\ 15 \\ 16 \\ 17 \\ 18 \\ 19 \\ 20 \\ 21 \\ 21 \\ 22 \\ 23 \\ 24 \\ 25 \\ \hline\end{array}\)
A. You're not goting to see the lang term changes yet, and we talked about the increasing damage that can be -- can occur to the Drain after you deprived it of oxygen for lorger periods of time. And in this case we donl't have that extensive long, and by long you cen have somebody in a coma for a long period of time when they're not oxygenating as well unlegs they're on the machtne, for exarmple, and we don't have that. So it's early, We don't have those later changes.

MS. EDWMRDS: No additional questions. THE COURT: Any followup?
MS. LETCKE: Oh, I have a followup.

\section*{RECROSS-EXAMINATICN}

BY MS. LEMCKE:
Q. The prosecutor just said to you, asked you, at least some of the axcmal injury could be caused by trauma, and your answer was yes; is that correct?
A. That's correct.
Q. And that is because the trauma that: is inflicted to the head creates the cascading effect that we talked about earlier, correct?
A. No. You can have the shear forces that

A. That's correct.
Q. And either one of thoge can contribute to this diffuse axonal injury that we see?
A. Yes, it's possible both of those contributed.
Q. It's possible that both, it's posaible that only one contributed and not the other?
A. Well, again, it's impossible to weed apart that it's just that one, how that particular axcri is affected. It's both things that oontribute.
Q. Both the shearing force arrd the secondary cascading?
A. Yes, both.
Q. Always both?
A. Generally, it's always both, because onge you have a head trauma, yor're going to erd up having the brain respond in the same way that we discussed. If you have sonebody that survives, which we have in this particular case, that's when you start to look at the hypoxic changes. You need time for those to be seen. You need that survival time. If you have imediate death, then you're talking about a different acenario altogether. We don't have that here.
Q. The reason that I ask to clarify is cnly

Any further witnesses or evidence

\section*{from the State?}

MS. EDWARDS: No, your Honor. At this
time the state rests.
HIE COURT: So does the State have all of its exhibits in that it wants to have in? Can we just verify with Miss clerk before you rest.

MS. EDWARDS: Yes.
THE COURT: And you rest.
MS. EDWAPDS: Yes, your Honor.
THE COURT: Miss Lemcke, any witnesses or
evidence fran the defenge?
MS. IENCKE: We do not, your Honor. We discussed with our client his right to testify at these proceesings and pursuant to our very sage advice, he's going to decline to do so.

I would, however, like to be heard
on the issue of bail before yorr Honor does the bindover.

THE COURT: Closing aygument by the
State.
MS. EDMARDS: Yes, your Honor, Ovviously, this preliminary hearing has taken some time and we've had a lot of medical testimony as to the injuries that the child
he's at the ER . We have multiple injuries at autopsy. And the more conceming part as far as the medicine goes is each person has discussed unltiple Injuries that dicn't occur fram one fall.

Dr, Montes said the skoll fracture
on the right side, as well as the bleeding here connted for one injury, but that the subaural hemorrhage on the left side because of the size of the bleed, because it was actually mone severe of an Injury than the fracture on the right side had to be fron a separate evert.

Dr. Montes also testified that it had to -- it wouldi't have been a oontreconp injury that we've discussed at length with Dr. wontes and Dr. Gavin, but a separate injury, a separate event that caused that substential bleeding.

Now, there were additional injuries to the child's brain that neither Dr. Montes nor L工". Casey had infonnation or access to because those were only discussed at autopsy, Specifically referring to the subdural henorrhage to the right optic rerve abeath, the subarachnoid hemorrhage to the left optic nerve sheath, the diffuse axonal injuries that were not only to the frontal lobe, but
suffered.
What you heard fron Dr. Casey was that the child had aevere injuries to his brain, fram the skull fracture to the bleeds, That it was in his opinion that the child did not sustain all of the injuries that he had from the fall thet was degoribed to hinn while he was treating the child.

And so from Dr, Casey's examination of he child, then the cinild went to autcopsy, and that autopsy. Dr. Gavin has testified at lexgth here about the number of injuries that the cilild had,

I note that pursuant to
Dr. Casey's testimory, when he was treating the child, the child had pulmonary contusion, had the eloull fracture, had the subdural hemorrhagirg throughout the brain.

And then at autcqsy, as Dr. Gavin testifled, she can't -- she woulon't be able to see the pulmonary contusions when she opers up the chest and checks out the lungs, because the child was in the PICJ for so long and remained at the hospital in a flat position with the lungs depervent and the collection of the blood and the fluid in the lungs Guring that process.

\section*{also to the corpus callosum as well as the intemal} capsule.

Additionaily, Dr, Gavin described multiple areas of bleeding on the child's brain, some that correlated to the skull fracture, others that were completely different. She talked about the -again, she covered the subdural henorrhage of the left side when she was questioned at length. She also discussed how the bleeding on the right side was neither related to the skuill fracture in the back nor to the left subdural henorrhage.

Additionally, with respect to the Injuries to brain, Dr. Montes and Dr. Gavin borih tectified, Lr. Gavin less so, but about the midiline shift, So the injury to the left side of the brain had to be so severe to cause the bleeding, to cause the swelling, to dause the hemiation to actually push the midline of the brain over on the right side.

Now, that suggests the child had,
as Dr. Montes said, two separate injuries. You have the right side in the back, the left side pushing the brain over past the midline onto the right side. Those are severe and sigrificant injuries as described hy both Dr. Montes and Dr. Gavin.

And I note that none of the


\footnotetext{
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    When EWS arrives, the paramedics
    arrive, he hands them the baby, and when he hands
    them the baby, Kline noted the baby wasa't breathing,
    his eyes were -- his pupils were Eixed and dilated,
his eyes were -- his pupils were fixed and dilated,
and he immediately renders medical care to that
child.

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\begin{aligned}
& \text { arrive, he hands them the baby, and when he hands } \\
& \text { then the baby, Kline noted the baby wasa't breathing, }
\end{aligned}
$$ and he inmediately renders medical care to that child.

When ENS arrives, the paramedics

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And in an effort to fird out what And in an effort to find out w
happened to this child to put this child in this state, he asked the defendant, what happened, and he has a brief conversation with him, and the only thing
that Kline saw were those two recliner chairs in the has a brief conversation with him, and the crily thing
that Kline saw were those two recliner chairs in the livirig roon. He says thoge chairs, that's what the child fell off of? Yee, those chairs. Kline goes out, takes the baby to the rescue urit, continues to try to provide lifesaving measures to the child. try to provide lifesaving measures to the child.
Then there's . . his first name is Patrick, his last name escapes me -- Burichalter, who responded from AMR, jumpo into the back of the rescue, starts helping with the child, asks the defendant, what happened to the child? He fell off the recliner. Fell off the recliner.

They proceed to provide medical attention, and Burkhalter goes and talks to him again because it just dian't make sense. The injuries that the child had dion't match up to what the defendant


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explanations that the defendant provided, there were moultiple explanations, but none of the explanations least in Dr. Montes' consult with Dr, Gavin, accounted for the numer of injuries that the child had and the severity of the injuries that the child had.

In addition to the medicine,
there's the facts and circumstances surrounding how the child sustained these imjuries. The only person in the room, the only adult with the child at the time of the injuries was the defendant, Mr. Quisano. And his description of what he did and what he saw changed throughout the course of June 6 into Jume 7 .

He told hits girlfriend and he told the police that he found the baby parallel on the ground below the couch and that he in same variation, dian't see the child go over the back side of the couch. That was in his discussion to his girifriend and to Metro.

I note that in his description of described that he found the baby rigid on the ground, picked it up, splashed scone water on his face. He





That is a very compelling fact.
In very, very few homicide cases do you come to court
for a probable cause determination with a manner of
death undeterninued. It's very futeresting that
that's ultimately what she ocricludes because she
camot nule out the possibility given the nature of
what she's learned in this particular case that this
injury wann't inflicted in the marmer in which my
client described.
She did say that there was -- that
the Eracture was consistent with a trauma to a flat
surface. That is entirely consistent with a fall to
the flocr, a floor such as a tile floor as we have
here.
With respect to the head, the
prosecutor makes reference to, well, we have multiple
injuries. Ultimately, what we have is an injury to
the head, a blunt force trauma to the head that
surface, the testimany of Dr . Gavin, or manner unknown, fesulting in the death of Khayden because he clearly snccumbed to the injuries that he encured while in the custoxty of the defendant.

THE COURT: Miss Lemcke.
MS. LAMCKB: Judge, I'd like to bifurcate
any argument \(I\) make, if you would indulge me, into two parts. One is I'd like to address the probable cause issue. If your Honor were to find probable cause, then I'd like to address the way the current Criminal Complaint is pled.

On the probabile cause issue, I think what's interesting and very telling is that the modical examiner, cme person who is tasked with zeviewing the docmmentation and the information in evicence that's collected and gathered in this particular case gets on the stand and tells your Honor. I camot detemine what the manner of death 18.

Ghe can tell you that the cause of death was blunt force trauma, and I think we can al. 1 agree on that, but she camot tell you the manner of death. And the DA's recitation of that testimony is quite misleading.

The DA just told you that the
causen a cascade of secondary processes to ocour. You've heard about the hypoxic ischemic event, the diffuse axonal injury. All of those originate with the trauma to the head. And that tramm to the head again is consistent with the fall that my client described.

With the lungs, it's really interesting with Iurgs because, quite frankly, in large measure until we get to the cononer, we're kind of all over the board with the lungs, because you've got Dr. Casey teining you that he observed in the films and the radiology that was done in this case that there was some evidence of abrasion.

When you get to Dr. Montes, he's very clear that in his review of the scans that were donte, he says no -- I uged the term abrasion again. I mean contusion. He says no, no evidence of contusion. In fact, what I find is that there's a collapsed lung, an atelection that he says is the result of the shallow breathing and the lack of breathing that ultimately occurred, and that that, of course, was secondary to the head trauma that was inflicted. Again, part of this cascaating process that originates with the head trauma.

Arid what's interesting about that

\section*{guggest to your Horior.}

With respect to the differing
statements about the chair and the recliner and
ultimately a bar, let me say this about the bar. You heard Miss Rodrigues say there's nothing in the house approximating a bar. Mapbe the island, but they didn't refer to the island as a bar', and there was no other bar in that house.

So I don't know how that
particular responder, I can't remember which orie it was, the bald gentileman --

THE COURT: The captain.
MS. LFYCKE: Yeah, comes up with bar. I
think the bar is kint of a red herring.
Untimately, what you have is you
do have the interchargeable use of the tem: chair and sofa, and both parties, Christina and my client, used those terms interchangeably. In fact, if you look at his hendwritten statement, he actually crosses out chair as he originally writes and writes in sofa, so there's an interchargeable use of that word.

Again, while I understand the argument they're making, ultimately, that is not itself a basis upon which to find probable cause to hold him to answer on a murder charge, the fact that

compartmentalize it. By striking the head and/or
body with his hands.
So just taking that clause right
there, do you believe there's evidence of that?
MS. EDNARDS: I. don't believe there' \(e\)
evidence that it was his hand that caused the Ekull
fracture, but I don't know that he didn't grab the
child and ghake the child or grab the child and throw
the child against the well or slam his head on the
tile.
THE COURT: This specifically saye by
striking the head with his hands. I mean if you take
out all the surplus information between. I mean it
says by striking the head and/or body, but with his
nands.
The testimmy seems to not support
that at all. I can't find that evidence anywhere in
any of these doctore' testimony, even though they
might be slightly inconsistent with each other's
opinions, if you will, and observations, I don't fire
any evidence that this child was struek with
sonebody's hands; specifically, Mc. Quisano's hands.
NS. EDHARDS: No, that's agreed.
THE COLRT: Okay. So contiruing on,
and/or an minown object, and your angument is
should be on that basi.s, and this and/or the hody, there was no evidence that he was hit about the body, should be strickert. Arici with unknown object. We don't have any evidence of any unknown object.

Wh have evidence, the orly testimony that was pregented was the flat surface, otherwise lnown as the floor, so I would ask that that also be atrioker, as well as the line that reads and/or by shaking him. That there's been no evidence of that.
'The only thing I think you had evidence of is blunt force trama by virtue of a flat, hard surface, and I wouid ask that you strike THE COIRT: Okay, MEss Edwerds. MS. ESMARDS: Your Honor, while we're talking about amending the Complaint, we'd ask to amend the failure to treat or provide medical care is consistent with the testimony of him waiting to call

THE COURT: I don't allow anendments 23
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because we did establish, at lease through Dr. Gavin,
that it whe a broad, hard surface, but you're saying
It could be ary broad, hard surface, including the
floor, but maybe something else, the wall?
MS, EDFARDS: Yes, and Dr.,Gavin also
indicated potentially a wall.
THE COURP: Oicay, That probably is
supported by her testimony.
MS. LiwCRE: Can I just add sonetring
there?

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Your Honor, if you contime on, it says by throwing him against a hard surface. 'They've actually got that covered in the secoud part of that sentence.

THE COURI: I'm going to go through it piece by piece.

So by striking the head and/or body of Thayrien.

MS. EDWARDS: The body with reference to Dr. Casey's testimary about the puimonary contusion, that they would have had to have been fron blunt force trauma, because he said the X -rays and the ineging was dene before they started addteional lifesavirg measures at the hospital, and it was his opinion that the pulmonary contusions to the body
other manner or means unknown.
So continue your argunent.
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would have been from blunt force trauma.
THE COURT: WoulGn't you agree that that
wasn't even remotely the cause of death?
MR. SIMUNAHIR: It doesn't have to be the
cause of death. It's a contributirg factor, your
Honor, to the abuse that we're alleging in thi.s case,
and that's the mecharism. The akuse is the
mechanism. The actual physical particular iten that
caused the injury which led to the death is part and
parcel to the fact this kid went through something.
There's only one person that knows
what happened in this case, and that person gave
unltiple different stories. If we can get to trial
and he carl take the witness stand and give yet a
different story, or the mother could come in and say
something completely different, that's cre of the
reasorns why you end up with means and mamer uriknown,
that we always have an option for, because we don't
hnow exactly what happened.
Based on hiss statements and the
testimony, an object could have hit the head. The
head could have hit an object. There's all, these
different thinge that could take place, and they're
not inconsistent with the testimony.
THE COURT: Well, your positions aze
would have been from blunt force trauma.
THE COURT: Woulgn't you agree that that wasn't even remotely the cause of death?
MR. STAULAHIRR: It dcesn't have to be the cause of death. It's a contributing factor, your Honor, to the abuse that we're alleging in this case, and that's the mecharism. The akuse is the mechanism. The actual physical particular iten that caused the injury which led to the death is part and parcel to the fact this kid went through something.
There's only one person that knows what happened in this case, and that person gave multiple different stories. If we can get to trial and he carl take the witness stand and give yet a different story, or the mother could cone in and say something completely different, that's one of the reasoris why you end up with means and manner uriknown, that we always have an option for, because we don't low exactly what happened.
Based on his statements and the testimory, an object could have hit the head. The head could have hit an object. There's all these not inconsistent with the testimony.
THE COURT: Well, youx positions aze

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Ms. Lhencke: I apologize, Judge, but this is a critical point, because the prosecutor just represented to you that Dr. Casey said, well, there were abrasions to the lung, or contusions to the lung, and they had to cone by way of blunt force trauma, because we know that there were no -- it could have been CRR, but there wastl't CPR performed before the scarls were done.

We specifically elicited that
testimony from the energency responders, that they did, in fact, do CRR before he was brought to the hospital, which means that there was CFR done, which means that those, whatever it was that Dr. Casey observed, as he testified to, could have been the result of those resuscitative measures.

IHE COURT: Well, I understand that, could have been. That's for the jury. That's all for the jury.

You have the doctor saying it's
caused by blunt force trama and there was no resuscitating measures, and you have the first responder saying there was sane resuscitory measures, so you'll have to deal with that at trial.
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inconsistent. I kmow you weren't here --
MR. STAUMAHER: For a good portion of it,
I know.
Tlie COURT; -- for most of it, but your positions are definitely inconsistent with whether there was blunt force trauma in the pulmonary regton. Your first two position are very inconsistent, and your last position, can't really say one way or another.

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MS. EDWARDS: I would note --
THE COURT: I mean Dr. Casey, who I think is the first one, Dr. Casey specifically believed -I mean he mentioned that opinion.

MS. EDWARDS: And Dr. Gavin did testify
today that she in her report, and Miss tamoke went over at length, there were blunt force injuries to his body and his extremities.

MS. LEMCKE: Cari I add sonething?
MS. EDWARDS: No.
THE COURT: Just kole on. I can't let everybody go back and forth. I'tir workirg on these amendnents that you want me to strike.

And/or any unknown object, we went through that. And/or by shaking him, amd/or by throwing intm against a hard surface, and/or by any
,
e explanation that Casey gave for the abrasions that he observed was the blunt force trama. That's not exactily correct. He did concede that it could have been the result of the other.

THE COURT: With all due regpect,
Mibs Lemcke, I know what Miss Edwands is arguing, and I took copions notes. I would like to think I took copious notes. You two certainly know the lingo better than I do and everything about the brain better than I do, but just because she's arguirg something dcesri't mean I'm listening to it, believing it, agreeing with it, anything like that, so you don't have to jump up every time you thirk she misstates the testimony.

MS. Incres: It's hard for me to not jump up.

THE COURT: It's her rebuttal.
MS. LWMCKE: And I apologize, Judge, I
just wanted to meke sure because that was a big point of concen to us and that's why we took the tine to make sure that we elicited that testimony from the first responder.
Bo that having been said, then lfy
other concem is Mr. Staudaher's angument that, well, we should be abie to plead anything as widely as possible because we just don't know what the deferdant's going to testify to. That's not how we prosecute cases.
MR. SIAUAAIIER: Absolutely. It's --

\section*{(Overlapping speakers)}
'IHE COURT; You can't interrupt each
other.
Since wetre all intermpting each other, let's try to stop. Let Misa Lemoke finish her last word, because this is kind of her second last word, and then I'll let the prosecution finish their rebuttal.
So, Mr'. Staudaher, if you'd have a seat, I'd appreciate it so much.
Miss Lencke.
MS. IRMCKE: I'm just saying, look, the evidence has to bear out what is articulated in the charge, and they can't just plead it by speculation or guesswork. There has to be some evidence.
And that's why I think what your
oppoped to piecemeal.
THE COURT: I'm trying to let you do your argument before I make my decision frankly, because once I start to make any deciaion, I can tell you this happers all the time, I don't want anybody jumping up and disagreeing with me, so get out whatever you want to say, and then I'mingoing to make my decision, and yor can either agree with it or disagree with it.

MR. STAUDAHER: I just want to address
the means and manner unknown issue.
Case law is aboolutely solid on:
the fact that we in a uurder case can plead means and thamer minown, especially if there's any possible area where it looks like it's not a straight forwarc, the persori had a gm, shot the person, and there was evidence of video and all that.

Yes, if you get to those levels, that's one thing, but in the case where there's a chird abuse event or there's something that hapreened behind closed doors, and one person and one person only knows exactly what happened, we are able to plead meane ard manner unknown, and that is allowable under Nevada law.

We can do that, We doo't have to


To Metro he had come up with an answer. Well, I called my girlexiend because sine's in the mecical field, she has more knowledge than \(I\) do. He also told Metro later on in the interview, as Detective Eoucher testified to, that he was afraid he wasn't going to give him the rigit address if he called 911.

Yet he told detectives he laid the child on the rug to try to kelp with the child's breathing. That the child's eyes were half open.
Dr, Montes also testified that
essentially the blood just doesn't float around in
the whole entire brain space. He said there are
distinct portions of the brain and blood from the
tentorium, blood from the back ocoipital isn't going
to get over to the left-handed side, and so that's
why they're two separate events.
As far as the defendant's
statements are concermed in the scene, he gave
\(\begin{aligned} & \text { statements are concerned in the scene, he gave } \\ & \text { different and competing statements to police as to }\end{aligned}\)
why he didn't call 911. He had no explanation from
\(\begin{aligned} & \text { why he didn't call 911. He had no explanation fro } \\ & \text { his -- to this girlfriend when confronted with why }\end{aligned}\)
didn't you call 911. She testified, no explanation,
he was sjillent.
essentially the blood just doesn't float around in
the whole entire brain space. He said there are
tentorium, blood fron the back occipital isn't going
why they're two separate events. that a broad, flat surface caused or could have caused the skoll fracture.


That he aplashed water on him to try to revive him. And none of that worked, yet he dion't call 911.

I also note Detective Boucher
testified as to the defendant's cemeanor, that his demeanor essentially didn't change when being told your child's pretty much going to die, and he says, I know. His demeanor doesn't charge when talking about how the defencant could nave caused those injuries. His demeanor only changed when he was told he was being amested and going to jail that night.

And I think that is all
significant as far as his actions, his respomse. And then, additionally, tie fact that the scene had essentially been cleaned up before wis ever got there. The towels that he directed Metro to, the tissues that he directed Motro to were in trash cans arcurd the house except for the one that was on the Eloor.

Whatever happened in that house, it arpears he took efforts to clean up the house, to clean up the scene before calling his girlfriend, who then called the paramedice to respond to the house to take care of that baby.

On the basis of the medical
evicuence, as well as the evicience of what went on at
Here's what I can tell you about
his living situation, and I think your Honor probably
knows same of this already from the testimony that we
heard.

THE COURT: I don't. I couldn't glean anything from mom's testimony.

Ms. IWMCKE: I can't remember if ahe testified that they moved here from Hawaii a little over a year ago. I think it was in Cctober of last year. Her family primarily resides here. He has a very close friend from high school that he knew in Hawali that also lives here.

That friend has represented to us that he would give him a place to live, should he be able to post bail. That same friend has also indicated to us his father owis or runs a Fed Wiens tire store and be has indicated to us that his Eather has assured my client scone employment, like cinanging tires and changing oil on cars and stuff at Ted Wiens.

He has absolutely no crimiral history or very littie that I can think of.

THE COURT: He hes a DUI,
MS. LENCKE; Nominal, THE COURT: Was he bom in Hawail?

So I am striking the words
starting on line 15 with his hands and/or other unkrown object. Those are the only words I'm striking. Those are the only clauses that I'm striking on the Criminal Complaint, and, otherwise, I believe there is slight or manginal evidence to believe the crime of murder has been cumitited and that the named defendant herein, Jonathan Quisano, cumntted said crime.

I hereby order Mr. Quisano to
answer to these charges in the Eighth Judicial District court on the day ny clerk gives you.

And before she gives you the date,
I know, Miss Lenlick, you wanted to argue bail.
MS. LFWCKE: Yeah, and I apologize for intermpting. I've had rone IN 's in the past say once you give that date 1 ' \(m\) in caca.

THE COURT: Eis bail is currently set at what?

MS. LEMCKE: 100,000. I would ask you to reduce that substantially, your Nonor, based on the testiminy that you heard. I think it's far from clear that this case will be able to be proven beyond a reasonable doubt on the allegations that your Honor actually bound nim over.
,
Y Hawaii. yeah. Hence some of the testimony that leard about his accent and his Hawatien, Pacific Island kind of larguage.

In any event, based on that I think there's gome compening assuramces that he will retum to court. His wife and his other son are here in town. Obriously, I would expect that, your Honor, would impose sote find of --

THE COURT: His wi.fe?
NS. LFMCRE: His cammon-law wife, his
girlfriend. I think of her as his wife because they were commen-law husband and wife.

Christina Rodrigues that you heard testify, she's still here in town, still working at the same cardiovascular office that she referenced in her testimony. So he's got fairly significant and compelling ties to this anea, particulariy with the fact that their other son, Khaysen, is still here.

And, obviously, there's an ongoing Child Protective Gervices case that emanates in Fanily Court that is kind of overseeing whatever reunification may happen with respect to
Miss Fodrigues and/or Mr. Guisano and the child, Khaysen.
testimcny, he had mmerous bruises about his body, Whether they cane from being a nomal three year-old or not, hers ocvered in bruises and abrasions. He's then subjected to this violent encounter with the defendant, and he dies.

There's another child tn the hone who"s exposed to this enoounter because that onild's home at the tine all of this happened. And what everyone hinted around but didn't quite go into curing the prelininary hearing is what happerno in Hawail.

Khayden had six or aeven broken ribs when he was three months old. Clearly, there's a pattern of the children being abused, of violent behavior against the children, which causes them injury, and for that fact and that he's now been bound over to the District Court to answer' on this charge, we're asking you to leave the batil at 100,000.

Now, we do believe he has greater
ties to Hawaii than he does to Nevada at this point in time. He testified or at least bold the detectives he only had been here for approximately seven months at the time that this happened. Since this event happened he's been in jail for -- since
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of mern?
MS. IENCRE: He is not. My moderstanding
is that he is in the custody of his matemmal
great-grandpazent;s.
ITIE COURT: Matemmal grandparents or
great-grandpacents.
MS. LLMCKE: His great-grancparents. So
it would be Christina's grandparents, his
great-grandparents. That's my understanding. I
think that's correct.
MS. EDKARDS: She's the Crle who watched
them during the day that --
THE COURT: She was the cme, okay.
MS. IEMCKE: Right. So he is
well-situated and well-placed.
Again, I would assume that your
Honor would impose as a condition of any bail that
you might grant no contact order with Khaysen, at
least certainly until their resolution of this case,
and at least no unsupervised visitation certainly,
and that can be easily effectuated by virtue of the
fact that the child is residing with a third-party
family member.
I think given the nature of his
ITHE Courr: Is khaysen not in the custody

to ask. Is it -- and, Miss Edwaros, maybe you know and maybe you don't. Is it protocol that Khaysen is not in the custody of mom in this type of aituation or is there scnething else going on?

MS. EUWARDS: In those types of instances where there's the prior problens in Hawail with the prior injuries, they did a reunification plan in Hawalit where they hat to go through what would be the typical classes here, which is the physical abuse classes, the red flage to look out for, essentiably how to protect your child, and then 10 and behold, Khayden ended up dying while in the care and custody of Mr. Quisano.

What they do is they zemove any surviving siblings from, obviously, Mr. Quisano, but also fram Miss Rodrigues, and then she essentially has to go through the paces again to try to teach her what the red flags are, see if there's anything that she missed, to ensure she has the appropriate, what they call, protected capacity to protect khaysen from ary injuries from the deferdant or anyone else.

And based on whatever their conversations with her have been or whatscever she said at this point in time, she hasn't shown them she has all the appropriate protected capacities in order
to have Khaysen in her care and custody. The primary goal is to place
Hhaysen, if he can't be placed with a parent, is to place Khaysen with immediate family, which is why he was placed with a relative, but there are going to be substantial restrictions on her access to him.

Mr. Quisano probably most likely
has a no contact orrier down there with respect to Khaysen. He would have to do extensive amount of counseling, evaluations, and those kinus of things in order to change any of that.

I know camonly when they have a
murder trial pending, once they've been bound up to Distrlct Court, they're still encouraged to rot go through, I don't know if they will or not, but generally they're encouraged rot to do the evaluation and the requisite counseling because it goes to the very heart of the allegations and the charges against them in criminal court, so it essentially becomes a stalenate down there.

THE COURT: When I originally set his bail, I believe in court, I set his bail at \$100,000, and at the time I did that I had soie knowledge of what was his criminal history or lack thereof, because -- well, lack thereof being criminal
convictions, I mean sonething going on in child abuse and neglect in Hawaii in an aduinistrative capacity.
I certainly have no -- I did not and reglect in Hawaii in an aduinistrative capacity.
I certainly have no -- I did not have that tyoe of information, and I take those representations, I don't want to gay with a grain of salt, but not sigried, sealed, and delivered, because salt, but not signed, sealed, and delivered, because
it's not in front of me right now and I den't have all the detail.s,

It is concerning to me though that there was sane sort of prior tistue Involving khayden. That beirg said, he has -- you have established slight eviderice, I thirvk acmittedly so, anci I'm sume you might admit this behind closed doors, or maybe you won't, but with the ME having an undetermined marrier of death, that that I belteve is a problem for the State at trial for beyond a reasonable doubt.

And these are all -- abviously,
the strength of the evidence is scmething I need to look at in comjunction with Elight risk, in conjunction with crimunal history, in conjunction with ability to -- financial abrlity to make bail. All of those factors under the statute, I have to weigh ail of them, and some I can weigh more than
others. Obviously, protection of the commurity and weigh ail of them, and some I can weigh more than
others. Obviously, protection of the commurity and protection of other children irwolved.

on, I mean this case is going to go to District Court here today anyway, so it's not my decision anymore.

If you need that changed, you can request it be changed, but for now I'm going to recuce it to $\$ 70,000$ bail with a conditicn of house arcest if hers able to make kord and a ro contact order with maysen.

Here's his lower level date.
THE CuIRK: December 3, 9:30, lower level arraigrment A.
-.-000--
ATTEST: Full, true and accurate transcript of proceedings.

GERRI DE LLCAA, C.C.R. NO. B2
AnTEGI: I fuxther certify that I am not interested
in the eventes of this action.

G/GERRI DE LUCTA
GERPL DE. $\mathrm{HCCA} \mathrm{A}_{t}$ Q.C.R. NO. 82
CHRRI DE LUCA. C.C.R. NO. 82

IN THE JUSTICE COURTT OF IAS VEGAS TOMNSHIP COLNIY OF CLARK, STATE OF NEVADA

STATE OF NEVADA,
Plaintiff,
vs.
JONAITHAN QUISANO,

I, Gerri De Lucca, a Certified Shorthand Reporter within and for the comnty of Clark and the State of Nevadia, do hereby certify:

That REPORIER'S TRANSCRIPI' OF EROCEEDINGS was reponted in open court pursuant to NRS 3.360 regarding the above proceedings in Las vegas Justice Court, 200 Lewie Avenue, Las Vegas, Hevada.

That said TRANSCRIPT:
X Does not contain the social security
of a contains the social Security number

Defendant.
$\left.\begin{array}{l}\text { STATE OF NEVADA } \\ \text { COUNTY OF CLARK }\end{array}\right\}$ SS number of any person.
of a person.
Defendant.
$\qquad$


| A | although [6] $36 / 13 \quad 57 / 13 \quad 63 / 11$ 87/1 97/4 188/4 | $\begin{array}{lllll} 161 / 24 & 162 / 17 & 168 / 15 & 169 / 3 \end{array}$ <br> 179/6 185/1日 188/24 |
| :---: | :---: | :---: |
| again... [15] 148/7 150/8 | altogether [1] 143/23 | anyway [2] 184/I8 189/2 |
| $\begin{array}{llllll} & 151 / 23 & 152 / 2 & 152 / 2 & 156 / 5 & 156 / 16 .\end{array}$ | always [13] $27 / 19$ 29/17 35/2 | anywhere [2] $\begin{array}{llll}1 & 8 / 24 & 163 / 17\end{array}$ |
| $\begin{array}{lllllll}156 / 23 & 157 / 1 & 158 / 6 & 159 / 22 & 170 / 6\end{array}$ | 67/12 99/7 99/16 110/8 142/3 | apart [5] $78 / 4$ 88/2 $88 / 4 \quad 116 / 3$ |
| 181/17 182/3 185/17 | 143/14 $143 / 15$ 144/14 $144 / 15$ | 143/9 |
| againet [7] 162/11 163/9 164/12 | 165/18 | apologies [2] 33/13 33/19 |
| 166/25 170/14 183/15 186/18 | am [4] $23 / 18$ 178/1 188/12 $191 / 2$ | apologize [7] 19/22 $42 / 14 \quad 46 / 19$ |
| age [11] $40 / 5$ 69/22 97/10 | amend [1] 161/19 | 112/11 167/3 168/21 178/15 |
| 124/25 124/25 125/3 1.25/11 | amending [2] 161/18 170/20 | apparent [1] 47/1 |
| 125/15 126/25 131/24 131/25 | amendments [2] 161/22 166/22 | appear [4] 79/17 10 |
| ages [1] 125/6 | amount [4] 59/10 $97 / 2$ 136/20 | 104/11 |
| ago [1] 179/9 | 186/9 | appearance [7] 47/21 69/15 |
| agree [4] 68/5 154/22 165/2 | AMR [3] 151/18 152/8 152/ | 94/21 102/23 102/25 103/16 |
| 171/8 | analysis [2] 102/7 134/18 | 132/22 |
| agreed [2] 163/23 | $\begin{array}{llllllllllllll}\text { anatomic [2] } & 79 / 22 & 80 / 4\end{array}$ | APPEARANCES [1] 1/19 |
| agreeing [1] 168/15 | ancillary [1] 6/2 | appeared [1] 18/12 |
| ahead [2] 108/14 162/1 | and/or [17] 91/2 160/11 161/2 | appearing [1] 95/24 |
| air [6] $26 / 9$ 26/15 27/23 $28 / 18$ | 161/10 162/17 163/1 163/14 | appears [4] 21/15 22/ |
| 28/24 29/1 | $\begin{array}{lllll}163 / 25 & 164 / 17 & 166 / 23 & 166 / 24\end{array}$ | $1.76 / 20$ |
| alcohol [2] 33/7 33/8 | 166/24 166/25 177/18 177/23 | appendicular [1] . 114/9 |
| alive [2] 31/10 63/17 | 178/2 180/24 | appreciate [2] 14/16 169/19 |
| all [80] $7 / 2 \mathrm{7} / 18$ 9/17 $14 / 12$ | and/ors [1] 162/25 |  |
| $\begin{array}{llllll}14 / 13 & 15 / 21 & 19 / 13 & 21 / 20 & 25 / 20\end{array}$ | another [15] $16 / 24$ 16/25 17/21 | 20/10 $25 / 10026 / 23 \quad 26 / 25 \quad 122 / 14$ |
| 26/22 $36 / 20$ 44/21 $48 / 9$ 50/14 | 21/7 $55 / 15$ 55/15 55/16 74/12 | appropriate [4] 30/18 170/1 |
| 51/14 $52 / 3$ 53/5 53/12 $54 / 13$ | 87/20 101/9 115/3 128/19 166/9 | 185/19 185/25 |
| 55/2 55/21 $56 / 19$ 57/11 62/3 | 183/6 284/7 | appropriately [1] 44/5 |
| 63/5 65/18 75/20 78/17 79/2 | answer [12] 64/6 64/6 64/7 67/6 | approximately [2] 5/14 183/23 |
| 79/7 $79 / 19$ 86/18 $86 / 22 \quad 107 / 4$ | 104/25 140/19 157/25 159/25 | approximating [1] 159/6 |
| 109/7 122/24 123/20 124/5 | 175/17 178/11 182/5 183/17 | are [104] 4/25 5/4 7/19 8/12 |
| 136/10 137/20 141/25 145/5 | answered [1] 141/18 | $\begin{array}{llllll}10 / 22 & 13 / 8 & 13 / 9 & 17 / 2317 / 23\end{array}$ |
| 146/5 152/4 153/2 153/3 153/19 | answers [1] 138/22 | 18/9 18/11 $20 / 1 \quad 24 / 20 \quad 26 / 3$ |
| 154/21 156/3 156/10 157/14 | anteriorly [1] 11/19 | 27/23 $29 / 1330 / 12 \quad 30 / 21 \quad 30 / 21$ |
| 163/13 163/17 165/22 167/19 | antibodies [1] 30/20 | 31/3 $31 / 5$ 35/10 $38 / 14139 / 15$ |
| 168/8 $169 / 13170 / 18170 / 25$ | any [128] $6 / 2 \mathrm{7/17} 8$ 8/6 8/12 |  |
| 171/5 171/17 $173 / 7$ 174/4 174/9 | $\begin{array}{lllllllllll} & 8 / 19 & 9 / 14 & 9 / 24 & 11 / 6 & 11 / 8 & 11 / 10\end{array}$ | 43/7 $43 / 2444 / 3 \quad 44 / 2344 / 24$ |
| 174/18 174/19 176/11 177/4 | 12/13 14/3 19/18 $24 / 13$ 24/24 |  |
| 177/12 177/24 182/23 183/8 | $\begin{array}{llllll}24 / 24 & 25 / 12 & 25 / 25 & 28 / 4 & 29 / 20\end{array}$ | 55/9 57/9 58/9 61/24 63/11 |
| 184/5 $184 / 177^{185 / 25} 187 / 8$ | 29/23 $30 / 6 \begin{array}{llllll} & 30 / 7 & 31 / 10 & 31 / 19\end{array}$ | 63/11 $64 / 12 \quad 64 / 18 \quad 64 / 22 \quad 64 / 23$ |
| 187/17 187/22 187/23 1888/17 | $\begin{array}{lllllll}32 / 4 & 32 / 6 & 32 / 24 & 33 / 6 & 33 / 7 & 33 / 16\end{array}$ | $\begin{array}{ll}71 / 20 & 72 / 12 \\ 73 / 3 & 73 / 17 \\ 73 / 19\end{array}$ |
| allegations [2] 178/24 186/18 |  | $\begin{array}{lllllllllll}74 / 26 & 81 / 20 & 83 / 5 & 86 / 25 & 89 / 8\end{array}$ |
| alleging [1] 165/6 | 39/1 47/13 59/24 61/1 62/13 | 90/6 91/19 92/4 95/6 98/8 205/9 |
| allow [2] 161/22 161/2 | 62/18 $62 / 24$ 63/8 69/9 78/1 |  |
| allowable [1] 171/23 | $\begin{array}{lllll}78 / 14 & 79 / 20 & 79 / 23 & 82 / 22 & 91 / 14\end{array}$ | 123/10 125/5 127/15 128/17 |
| allowed [2] 104/25 172/21 | 92/25 93/12 93/17 93/24 $95 / 6$ | 130/25 132/23 132/25 134/10 |
| almost [9] 16/15 19/13 86/22 | 95/23 97/19 98/8 98/20 99/17 | 135/17 136/10 138/20 144/19 |
| 96/15 96/18 97/11 141/17 144/14 | 99/22 101/10 101/21 105/11 | $\begin{array}{lllllllll}148 / 23 & 152 / 5 & 165 / 25 & 166 / 5 & 166 / 7\end{array}$ |
| 144/15 | 105/12 107/1 108/6 108/19 | $\begin{array}{lllllll}170 / 20 & 171 / 22 & 172 / 4 & 172 / 21\end{array}$ |
| alone [2] 73/24 76/17 | 109/13 110/2 111/11 112/12 | 173/17 175/4 $175 / 10$ 178/3 $1788 / 4$ |
| along [8] 13/9 15/16 19/13 | 112/16 113/21 114/13 115/5 | 180/7 184/5 185/18 $186 / 5187 / 17$ |
| 31/12 $38 / 15$ 41/23 $116 / 17$ 136/15 | 115/6 115/8 115/9 1156/9 122/18 | 188/20 |
| aiready [12] 32/20 36/25 65/21 | 125/23 127/20 127/21 127/21 | area [49] 9/25 12/24 17/18 |
| 98/12 98/22 102/9 104/4 104/6 | $\begin{array}{lllll}128 / 12 & 128 / 13 & 130 / 12 & 131 / 10\end{array}$ | 19/17 $20 / 2$ 24/23 35/6 41/21 |
| 114/18 114/24 152/1.5 179/3 | 131/23 133/2 133/5 140/12 145/1 | $\begin{array}{lllllllll} & 44 / 14 & 58 / 7 & 63 / 2 & 72 / 19 & 72 / 21\end{array}$ |
| also [74] 4/16 4/18 6/6 6/19 | 145/11 154/7 $157 / 17$ 158/17 | $\begin{array}{llllllllll}73 / 4 & 73 / 6 & 74 / 2 & 74 / 6 & 74 / 12 & 74 / 14\end{array}$ |
| $\begin{array}{lllllllll} & 9 / 21 & 13 / 16 & 14 / 13 & 15 / 3 & 18 / 12\end{array}$ | 158/18 158/18 160/3 160/18 | $\begin{array}{lllllllll}75 / 2 & 83 / 4 & 83 / 6 & 83 / 16 & 88 / 16\end{array}$ |
| 24/16 $24 / 18$ 24/21 $25 / 7 \begin{array}{lllll} & 25 / 18\end{array}$ | 160/19 161/1 161/5 161/5 161/15 | 88/22 89/5 90/10 93/8 93/15 |
|  | 163/18 163/21 164/3 166/23 | 93/19 98/11 98/21 99/1 99/12 |
| 41/15 $42 / 9$ 43/14 $44 / 4$ 47/9 50/1 | 166/25 170/4 170/9 171/4 171/14 | 100/24 102/10 102/15 102/16 |
| 50/2 51/5 51/8 52/9 52/12 52/24 | 1.72/5 177/16 177/20 177/20 | 103/4 105/22 $119 / 24$ 120/14 |
| 52/25 57/18 58/1 59/18 61/22 | 180/5 181/10 182/15 185/14 | 120/16 121/17 $121 / 22$ 124/25 |
| 68/17 70/12 $70 / 1.5$ 72/19 $72 / 23$ | 185/21 186/11 190/23 |  |
| 75/7 75/13 78/22 80/11 83/13 | anybody [3] 110/17 161/25 171/5 | areas [34] 8 [/13 $21 / 22 \quad 22 / 19$ |
| 83/21 84/24 89/11 117/7 117/11 | anymore [2] 34/9 189/2 |  |
| $\begin{array}{lllllllllll}\text { 119/18 } & 119 / 20 & 120 / 1 & 129 / 6\end{array}$ | anyone [1] 185/21. | 52/24 57/15 57/20 57/22 70/19 |
| 136/15 137/23 139/15 141/8 | anything [40] 7/21 7/22 7/25 | 71/5 71/11 $72 / 8 \quad 72 / 10$ 75/21 |
| 147/8 1.47/13 148/1 148/9 150/6 | $\begin{array}{lllll}10 / 2 & 19 / 18 & 32 / 9 & 32 / 15 & 32 / 21\end{array}$ | 75/22 75/23 75/25 76/3 78/12 |
|  | $\begin{array}{lllllll}35 / 22 & 36 / 4 & 39 / 25 & 49 / 23 & 59 / 4\end{array}$ | B6/16 87/3 $90 / 5 \quad 90 / 6 \quad 90 / 14$ |
| 179/12 179/15 182/25 185/16 | 63/8 66/2 $66 / 466 / 2469 / 7 \quad 69 / 22$ | 103/2 107/11 109/7 116/22 148/4 |
| 188/12 | 71/15 80/5 82/15 82/18 83/7 | 170/13 |
| alternative [3] 160/11 162/3 | 91/4 91/11 $92 / 1193 / 4 \quad 112 / 15$ | aren't [1] 28/2 |
| 177/12 | 113/20 126/25 134/24 158/24 | arena [1] 105/23 |


| A | $\begin{aligned} & 173 / 18 \\ & \text { Avenue [1] } 190 / 20 \end{aligned}$ | $\begin{array}{lllll} \hline \text { basis } \\ 176 / 24 \end{array}$ |
| :---: | :---: | :---: |
| argue［3］108／15 157／14 178／14 | average［1］5／11 | Bates［4］26／24 48／22 |
| argued［2］58／24 168／3 | avoid［1］44／13 | 126／14 |
| arguing［2］168／9 168／13 | aware［3］55／2 63／12 $96 / 10$ | bay［1］34／10 |
| argument［11］145／20 154／7 | away［2］24／8 109／5 | be［222］ |
| $\begin{array}{llllll}159 / 23 & 163 / 25 & 167 / 2 & 169 / 2\end{array}$ | axial［1］ $314 / 9$ | bear［2］ |
| 170／22 170／24 171／3 173／9 177／9 | axon［6］ $41 / 23$ 142／11 142／12 | beautiful［1］ |
| arises［1］153／1 | 142／13 142／15 143／10 | became［2］102／10 |
| arm［2］115／11 132／23 | axonal［41］ $41 / 16.41 / 19$ 42／1 | because［105］15／13 15／15 16／18 |
| around［29］ $13 / 3$ 13／21 $22 / 22$ | 42／5 $43 / 15$ 43／20 $45 / 7$ 49／19 |  |
| 2日／25 30／13 44／21 58／7 58／8 | $\begin{array}{llllllll}49 / 25 & 50 / 2 & 52 / 24 & 52 / 25 & 56 / 17\end{array}$ | 26／10 $26 / 13$ 30／8 $30 / 18 \quad 33 / 15$ |
| 59／1 74／3 $74 / 11$ 77／6 77／9 77／13 | 59／2 $588 / 5 \quad 58 / 17 \quad 59 / 6 \quad 60 / 4 \quad 63 / 5$ | 33／18 34／4 $34 / 9$ 36／24 39／13 |
| $\begin{array}{lllllll}78 / 7 & 96 / 5 & 97 / 15 & 97 / 16 & 99 / 20\end{array}$ | 85／19 $66 / 17866 / 25 \quad 88 / 20 \quad 89 / 14$ | 43／8 $43 / 1045 / 1746 / 25 \quad 46 / 25$ |
| 114／24 118／4 119／15 121／12 | 89／17 $90 / 17$ 92／18 $137 / 24138 / 6$ | 51／27 53／22 $57 / 4 \begin{array}{lllll}\text { 58／8 } & 58 / 16\end{array}$ |
| $\begin{array}{lllllll}121 / 22 & 124 / 8 & 172 / 17 & 175 / 3\end{array}$ | 138／7 139／5 $139 / 10$ 140／18 | 65／4 68／25 69／13 $72 / 16$ 72／22 |
| 176／17 183／9 | 141／14 141／15 141／23 142／1 | 74／2 $74 / 11 \begin{array}{lllll} & 74 / 13 & 74 / 15 & 74 / 17\end{array}$ |
| arraignment［1］189／10 | 143／3 144／10 147／24 156／3 | $\begin{array}{llllllllll}76 / 18 & 78 / 3 & 78 / 5 & 82 / 1 & 82 / 8 & 83 / 13\end{array}$ |
| arrest［3］188／7 188／20 189／6 | axons［14］ $41 / 2042 / 13$ 42／18 | 86／23 87／9 88／17 88／22 88／25 |
| arrested［2］176／10 184／4 |  | 89／3 90／9 90／21 94／12 94／18 |
| arrive［1］151／2 | $\begin{array}{lllllll}45 / 12 & 45 / 18 & 88 / 18 & 88 / 23 & 90 / 7\end{array}$ | 95／15 97／2 100／22 101／21 102／15 |
| arrives［2］7／10 151／ | 141／2 | 104／10 106／13 107／13 108／16 |
| articulated［2］133／11 169／22 | B | 1．10／8 114／15 121／2 123／12 |
| aside［2］10／15 17／16 | babies［2］33／5 33／15 | 141／18 $143 / 15$ 144／1 $146 / 21$ |
| ask［27］ $20 / 13$ 23／10 60／21 | baby［13］27／11 37／24 122／2 | 147／9 147／10 147／20 151／24 |
| 63／14 65／17 68／5 70／12 72／7 | 149／16 149／24 150／1 150／7 150／7 | $\begin{array}{llllllllll}154 / 2 & 155 / 4 & 155 / 12 & 156 / 8 & 156 / 10\end{array}$ |
| 86／16 91／4 94／6 98／17 103／17 | 151／2 151／3 151／3 151／1．4 176／23 | 160／21 164／1 164／22 165／18 |
| 104／24 124／13 143／25 160／6 | back［51］ $8 / 11$ 9／3 11／19 11／22 | 167／4 167／8 $168 / 13168 / 22$ 169／4 |
| 161／8 161／14 161／18 161／25 | 12／9 13／19 13／23 14／4 14／21 | 169／15 171／3 172／21 172／22 |
| 177／7 178／20 $182 / 7$ 182／12 | 17／13 19／10 19／13 $22 / 11$ 22／16 | 172／24 175／17 180／12 183／7 |
| 184／10 185／1 | 23／18 $35 / 18$ 37／4 $38 / 13$ 38／22 | 184／6 186／17 186／25 187／6 |
| asked［12］ $23 / 15$ 23／23 24／2 | 44／4 $45 / 3$ 45／19 $45 / 2249 / 18$ | become［7］40／3 41／14 42／2 |
| 32／8 $136 / 2 \quad 136 / 4140 / 17{ }^{144 / 3}$ | 50／12 $55 / 8 \quad 58 / 13$ 74／18 75／1 | 69／17 69／18 97／11 101／5 |
| 151／9 152／10 16I／23 170／9 | $\begin{array}{lllllll}78 / 16 & 82 / 23 & 83 / 2 & 97 / 3 & 111 / 2\end{array}$ | becomes［4］48／11 89／15 109／9 |
| asking［6］20／14 71／15 104／3 | 121／8 $127 / 13141 / 3 \quad 148 / 10$ | 186／19 |
| 126／5 1．44／1 183／18 | 148／21 149／19 150／18 151／18 | been［67］4／1 4／22 7／7 11／4 |
| asks［2］151／19 152／1 | 152／16 $152 / 19$ 152／20 152／23 | $\begin{array}{llllll}18 / 15 & 21 / 12 & 24 / 18 & 28 / 12 & 30 / 13\end{array}$ |
| assigned［1］6／13 | 166／21 174／18 175／1 175／6 |  |
| assist［1］54／15 | 188／24 | 46／15 $57 / 5$ 57／9 $58 / 25$ 59／1 $67 / 5$ |
| associated［3］93／16 93／17 | background［3］4／11 63／2 104／24 | 79／23 81／5 83／10 $83 / 13$ 95／22 |
| 120／3 | backing［1］139／7 | 96／6 102／2 102／9 107／3 107／7 |
| assume［11］67／6 84／15 86／21 | backwards［3］16／13 17／12 58／12 | 107／8 109／22 110／16 115／12 |
| 日6／23 90／20 113／10 114／12 | bacteria［1］34／10 | 122／25 123／8 124／12 129／10 |
| 123／16 124／8 160／10 181／17 | bacterial［1］34／5 | 133／21 139／14 139／19 147／14 |
| assuming［2］89／19 1 | badness［1］30／6 | 150／1 150／21．150／23 152／8 |
| assumption［2］65／4 105／23 | bag［2］7／6 7／10 | 157／18 161／10 162／I1 164／21 |
| assurances［2］180／6 182／4 | bage［2］7／2 7／3 | 165／1 167／9 167／16 167／19 168／7 |
| assured［1］179／18 | bail［19］145／18 178／14 178／18 | $\begin{array}{llllllllll}169 / 1 & 170 / 4 & 176 / 14 & 177 / 19 & 178 / 7\end{array}$ |
| atelection［1］156／19 | $\begin{array}{lllll}179 / 15 & 181 / 18 & 182 / 2 & 182 / 4\end{array}$ | $\begin{array}{lllll}182 / 15 & 183 / 16 & 183 / 23 & 183 / 25\end{array}$ |
| attached［1］13／7 | 182／12 $182 / 15$ 183／18 $184 / 10$ | 185／23 186／13 188／4 |
| attack［1］55／13 | 184／19 186／22 186／22 187／21 | before［26］1／16 18／16 18／23 |
| attention［2］11／15 151／23 | 188／6 188／9 188／19 189／5 | $\begin{array}{llllllll}21 / 6 & 21 / 8 & 21 / 23 & 51 / 4 & 70 / 5 & 70 / 8\end{array}$ |
| ATTEST［3］189／12 190／6 191／2 | bald［1］359／11 | 78／7 89／5 96／8 102／111 117／19 |
| Attorneys［3］1／21 62／13 62／17 | ball［1］45／19 | 117／21 145／7 145／18 158／3 |
| attributable［4］141／14 141／15 | balls［2］ $45 / 23$ 141／4 | $164 / 23167 / 10$ 167／13 171／3 |
| 142／1 142／8 | bang［1］136／24 | 172／19 176／14 176／21 178／13 |
| autopsies［2］5／14 123／24 | bar［11］53／19 152／12 | beg［1］65／19 |
| autopsy［67］5／21 6／2 6／6 6／13 | 159／4 159／4 159／6 159／7 159／9 | begin［1］96／18 |
| $\begin{array}{lllll}6 / 24 & 7 / 23 & 8 / 20 & 11 / 16 & 15 / 23\end{array}$ | 159／13 159／14 172／日 | beginning［1］124／20 |
| 18／10 18／11 20／5 20／日 24／15 | base［9］ $16 / 12$ 16／16 $25 / 5$ 63／6 | behalf［1］3／12 |
| $\begin{array}{lllllll} & 55 / 18 & 32 / 5 & 32 / 17 & 32 / 23 & 34 / 4\end{array}$ | 79／16 80／17 80／19 日1／9 81／20 | behavior［1］183／15 |
|  | based［22］50／25 53／18 55／21 | behind［3］99／5 171／21 187／13 |
| 51／13 $51 / 17$ 52／1 $54 / 10$ 63／23 | 62／19 67／6 71／19 72／7 102／7 | behold［1］185／11 |
| 64／2 $64 / 17 \quad 65 / 2 \quad 65 / 5 \quad 65 / 12$ | 103／8 $122 / 24$ 153／11 $358 / 2 \quad 160 / 3$ | being［37］16／22 $33 / 13$ 27／19 |
| 65／13 69／1 69／11 $70 / 9$ 70／13 | 165／20 172／18 173／10 178／21 |  |
| 79／15 102／14 $103 / 19$ 104／16 | 180／5 185／22 188／1 188／10 | 42／13 $45 / 12$ 50／1 $50 / 2 \quad 72 / 17$ |
| 107／2 107／8 $108 / 3$ 108／17 109／1 | 188／19 | $\begin{array}{lllllll}73 / 23 & 86 / 4 & 86 / 7 & 86 / 17 & 91 / 21\end{array}$ |
| 109／4 109／5 111／9 115／4 122／8 | basic［2］45／14 64／11 | 102／15 102／18 $103 / 3 \quad 108 / 7$ |
| $\begin{array}{lllllllllll} \\ 135 / 10 & 135 / 15 & 135 / 23 & 146 / 10\end{array}$ | basically［12］7／4 11／20 16／14 | 108／10 109／17 109／18 124／7 |
| 146／10 $146 / 18$ 147／3 147／21 |  | $\begin{array}{llllllll}131 / 3 & 133 / 12 & 139 / 2 & 170 / 14 & 176 / 5\end{array}$ |
| 153／6 157／3 157／6 173／2 173／11 | 126／23 127／15 129／1 172／1 | 176／10 183／2 $183 / 14184 / 8$ |


| B | 103/11 106/10 108/5 109/7 110/4 | $\begin{array}{lllllll}\text { 95/1 } & 97 / 5 & 115 / 17 & 116 / 17 & 117 / 9\end{array}$ |
| :---: | :---: | :---: |
| being... [2] 186/25 187/11 | $\begin{array}{lllll}110 / 6 & 113 / 3 & 146 / 24 & 158 / 12 \\ 158 / 13 & 175 / 3 & 175 / 5 & 175 / 6\end{array}$ | $\begin{array}{lllll} 118 / 4 & 119 / 16 & 119 / 24 & 120 / 11 \\ 133 / 12 & 134 / 4 & 134 / 7 & 134 / 24 \end{array}$ |
| believe [34] 10/8 $34 / 17$ 30/17 | bloody [3] 94/21 94/23 94/24 | $\begin{array}{lllllll}136 / 12 & 136 / 12 & 136 / 16 & 137 / 13\end{array}$ |
| 40/22 45/24 $46 / 25$ 52/6 61/22 | blow [1] 120/10 | 137/21 138/11 138/14 138/16 |
| 85/22 $93 / 7 \begin{array}{llllll} & 116 / 24 & 133 / 18 & 136 / 3\end{array}$ | blows [1] 120/10 | 138/19 138/20 138/21 139/3 |
|  | blue [2] 131/20 131/22 | 140/3 143/17 146/3 146/17 |
| 162/17 $163 / 4163 / 5172 / 9$ 172/20 | blunt [37] $40 / 16$ 51/2 $51 / 5 \quad 51 / 8$ | 147/19 148/4 $148 / 13148 / 15$ |
| 177/14 177/16 177/19 178/6 | 53/8 53/10 53/14 56/8 56/13 | 148/18 148/22 168/12 174/5 |
|  | 56/20 56/21 $57 / 6$ 84/19 84/24 | 174/9 175/4 175/5 |
| 187/15 188/9 188/18 | 85/1 $126 / 14$ 130/20 130/23 | brain's [3] 59/1 74/11 80/1 |
| believed [1] 166/12 | 133/13 $136 / 6 \quad 136 / 18136 / 21$ | braincell [1] 41/21 |
| believes [2] 50/5 172/6 | 139/10 153/9 154/21 155/25 | braincells [ 7 ] 41/20 |
| believing [1] 168/14 | 160/12 160/23 161/13 164/21 | branches [1] 28/22 |
| below [2] 11/20 149/17 | 165/1 166/6 166/16 167/7 167/22 |  |
| beneath [2] 21/17 22/17 | 168/5 170/8 | 110/13 110/14 110/18 |
| besides [1] 61/2 | blurry [1] 95/ | breaking [1] 77/5 |
| best [3] 15/14 66/5 188/17 | boarc [1] 156/10 | breathe [3] 29/2 29/13 15 |
| $\left\lvert\, \begin{aligned} & \text { better } \\ & 168 / 13\end{aligned}[4] \quad 22 / 25 \quad 29 / 21 \quad 168 / 12\right.$ | body [52] $7 / 27 / 27 / 3$ 7/9 $7 / 10$ | breathing [6] 26/7 28/17 151/3 |
| 168/13 | $\begin{array}{llllllll}7 / 10 & 7 / 15 & 7 / 16 & 7 / 18 & 7 / 21 & 7 / 24\end{array}$ | 156/20 156/21 175/25 |
| between [18] 7/5 26/4 $38 / 1$ | $\begin{array}{llllllll}8 / 4 & 8 / 7 & 8 / 7 & 8 / 14 & 8 / 21 & 8 / 23 & 9 / 13\end{array}$ | bridge [3] 44/12 88/25 105/25 |
| $\begin{array}{llllll}44 / 14 & 46 / 22 & 78 / 10 & 88 / 5 & 88 / 25\end{array}$ | $\begin{array}{lllllll}9 / 22 & 11 / 13 & 27 / 16 & 28 / 15 & 29 / 7\end{array}$ | brief [1] 151/10 |
| 94/9 105/25 107/13 110/14 | 30/8 $30 / 19 \begin{array}{llllll} & 31 / 3 & 31 / 20 & 34 / 6 & 35 / 6\end{array}$ | briefly [2] 125/25 152/15 |
| 119/15 119/23 124/25 125/6 | 44/4 44/5 51/7 51/8 59/17 65/1 | bring [1] 10/4 |
| 142/21 163/13 | 65/7 70/9 97/18 $109 / 14$ 109/16 | broad [8] 67/17 68/16 68/20 |
| beyond [9] 63/1 92/25 93/13 | 109/17 161/2 $161 / 3162 / 8 \quad 162 / 20$ | 153/25 164/2 164/3 173/20 |
| 98/4 107/20 116/3 178/23 182/11 | 163/2 163/14 164/18 164/19 | 173/24 |
| 187/16 | 164/25 166/17 183/1 | broken [2] 32/3 183/12 |
| bifurcate [1] 154/6 | bond [1] 189/6 | bronchus [1] 29/13 |
| big [1] 168/22 | bone [2] 56/14 99/19 | brought [10] 10/15 36/14 84/22 |
| bigger [1] 81/17 | bones [3] 25/6 115/11 115/11 | 107/4 127/23 128/14 129/11 |
| biliary [3] 111/4 111/5 111/12 | book [1] 16/15 | 129/20 167/13 170/5 |
| bind [1] 177/7 | born [2] 179/25 180/1 | brown [7] 28/9 127/15 128/1 |
| bindover [4] 145/19 160/19 | both [27] 3/20 11/19 24/23 | 128/4 131/1 131/13 132/25 |
| 170/7 170/7 | 37/14 50/5 50/25 68/15 70/25 | bruise [9] $56 / 23$ 102/1 126/23 |
| biochemical [5] 76/20 78/16 | 72/12 72/22 $72 / 24$ 118/6 118/7 | 127/1 127/10 129/1 129/17 131/3 |
| 86/8 89/12 90/23 | 138/12 141/22 143/4 143/6 | 136/14 |
| biomechanical [1] 157/20 | 143/10 143/11 143/13 143/14 | bruised [1] 101/25 |
| bit [11] 5/20 12/2 12/11 41/12 |  | bruises [7] 8/22 8/22 51/7 |
| 48/3 51/6 58/13 74/3 84/3 88/21 | 148/24 159/17 | 115/16 132/25 183/1 183/3 |
| 105/3 | bottom [1] 17/5 | brutally [1] 82/21 |
| bite [2] 84/11 84/14 | Boucher [2] 175/20 176/3 | build [1] 97/5 |
| bites [1] 84/5 | bounce [1] 141/3 | bulging [1] 47/5 |
| bitten [1] 84/8 | bound [5] 178/25 182/6 $182 / 16$ | bulk [1] 80/24 |
| bleed [20] 69/21 70/23 71/8 | 183/17 186/13 | bump [1] 136/13 |
| $\begin{array}{lllllll}72 / 9 & 73 / 21 & 74 / 5 & 74 / 8 & 74 / 24 & 75 / 2\end{array}$ | brain [175] $12 / 22$ 12/24 $12 / 25$ | bumps [3] $42 / 20 \quad 47 / 7$ 88/1 |
| $\begin{array}{lllllll}75 / 7 & 75 / 14 & 75 / 24 & 79 / 8 & 79 / 13\end{array}$ | $\begin{array}{lllllll}13 / 7 & 13 / 12 & 13 / 15 & 13 / 16 & 13 / 21\end{array}$ | bumpy [3] 44/20 45/2 47/6 |
| 93/20 95/1 120/1 120/17 120/19 | $\begin{array}{lllllll}14 / 9 & 14 / 13 & 18 / 25 & 18 / 25 & 19 / 7\end{array}$ | bunch [1] 65/18 |
| 147/10 | 19/8 19/17 $20 / 21$ 21/9 $21 / 15$ | $\begin{array}{llll}\text { burden [2] } & \text { 157/24 } & 160 / 4\end{array}$ |
| bleeding [45] 13/13 13/14 20/21 | $\begin{array}{llllll}21 / 19 & 21 / 24 & 22 / 1 & 22 / 3 & 22 / 5\end{array}$ | Burkhalter [2] 151/17 151/23 |
| 63/19 70/10 $70 / 21 \quad 71 / 9$ 72/9 | 22/12 $22 / 20 \quad 22 / 24 \quad 24 / 10 \quad 24 / 14$ | burst [1] 10/25 |
| 72/10 72/14 72/22 73/3 75/16 |  | bursting_1] 122/25 |
| 76/7 77/8 77/9 77/12 77/23 | 35/16 35/19 36/1 37/22 38/11 |  |
| 78/18 79/3 83/25 86/11 94/19 |  | C |
| 100/24 101/2 116/4 117/8 117/16 | 39/23 40/1 40/3 40/12 40/13 | C.C.R [3] 1/24 189/15 191/5 |
| 118/1 118/6 118/16 118/21 | 40/14 40/15 $40 / 18$ 41/9 41/13 | C1 [1] 82/14 |
| 118/23 118/24 119/11 119/18 |  | C2 [1] 82/14 |
| 119/22 121/15 121/16 147/7 | $\begin{array}{lllllllll}42 / 21 & 42 / 25 & 43 / 2 & 43 / 8 & 43 / 16\end{array}$ | C294266 [1] 1/1 |
| 147/17 148/4 148/9 148/16 | 44/1 44/11 $44 / 18$ 44/21 $45 / 5$ | caca [1] 178/17 |
| 158/18 | $\begin{array}{llllllllll}45 / 20 & 46 / 19 & 46 / 23 & 46 / 24 & 47 / 10\end{array}$ | cage [2] 129/13 129/24 |
| bleeds [4] 71/8 $71 / 13$ 72/8 | 47/24 48/2 $48 / 6$ 48/8 $48 / 16$ 49/8 | call [28] 3/14 5/6 5/7 5/10 7/3 |
| 146/4 | 49/16 50/24 51/17 51/22 52/13 | 19/11 27/23 28/10 32/14 45/10 |
| blinded [2] 64/18 64/21 | 53/8 56/7 56/16 56/24 57/16 | 47/4 103/14 $103 / 15$ 105/1 113/4 |
| blood [55] 12/2 $18 / 1318 / 19$ | 57/19 58/6 58/22 59/11 59/13 | 150/5 150/10 150/15 150/18 |
| $\begin{array}{llllll}18 / 22 & 20 / 22 & 21 / 23 & 25 / 3 & 25 / 15\end{array}$ | 60/6 60/7 60/14 63/19 71/5 | 150/22 158/5 158/9 158/25 |
|  | 71/13 71/20 74/7 74/7 77/6 | 161/20 175/12 175/14 176/2 |
| $\begin{array}{ll}27 / 5 & 28 / 5 \\ 28 / 12 & 28 / 16 \\ 28 / 17\end{array}$ | 77/10 $77 / 13$ 77/14 $78 / 18$ 78/19 | 185/20 |
| $\begin{array}{lllllll}28 / 20 & 28 / 24 & 29 / 4 & 33 / 27 & 33 / 25\end{array}$ | $\begin{array}{lllllll}78 / 20 & 78 / 24 & 79 / 16 & 79 / 20 & 80 / 13\end{array}$ | called [11] 11/25 13/1 $52 / 7$ |
| $\begin{array}{lllllll}46 / 11 & 72 / 24 & 73 / 5 & 74 / 3 & 77 / 6\end{array}$ | $\begin{array}{lllllll} & 80 / 19 & 81 / 10 & 81 / 21 & 81 / 25 & 82 / 4\end{array}$ | 74/10 75/4 105/10 150/3 175/17 |
| 78/18 78/20 94/19 95/21 95/25 | 86/5 86/12 $86 / 22 \quad 87 / 3 \quad 87 / 4$ | 175/22 176/22 184/6 |
| 100/9 100/18 101/14 102/1 102/3 | 87/18 88/12 $90 / 10$ 91/10 91/12 | calling [3] 105/14 150/2 176/21 |
| 102/10 102/17 102/19 102/24 | 92/2 $92 / 4 \quad 93 / 2 \begin{array}{lllll} & 93 / 5 & 94 / 9 & 94 / 10\end{array}$ | callosum [10] 44/9 44/10 53/2 |


| C | $133 / 12 \quad 137 / 12 \quad 141 / 3 \quad 141 / 5 \quad 141 / 7$ $\begin{array}{lllll} 148 / 16 & 148 / 16 & 148 / 17 & 153 / 17 \end{array}$ | 146／5 146／7 $146 / 9 \quad 146 / 9 \quad 146 / 12$ 146／15 146／15 146／21 148／19 |
| :---: | :---: | :---: |
| callosum．．．［7］58／10 87／14 | 153／23 154／9 154／10 154／12 | 149／5 149／6 149／10 149／11 |
| 87／19 88／6 88／14 90／3 148／1 | 154／20 155／10 157／24 159／24 | 149／19 150／10 150／14 150／23 |
| calls［2］3／16 150／12 | 160／5 160／20 160／22 160／23 | 150／25 151／6 151／8 151／8 151／13 |
| came［3］ $4 / 21$ 32／9 183／2 |  | 151／15 151／19 151／20 151／25 |
| can［215］ | 177／13 177／14 177／15 177／16 | 152／1 152／5 152／11 152／13 |
| can＇t［24］55／18 64／6 64／7 80／4 | 182／17 | 152／19 153／4 $153 / 16153 / 18$ |
| 87／25 108／13 108／15 141／17 | calused［29］40／17 42／4 55／17 | 157／15 157／25 158／1 160／2 163／8 |
| 141／18 141／20 141／24 142／11 | 56／8 57／11 59／17 67／1 67／21 | 163／8 163／8 163／9 163／21 171／20 |
| 142／14 142／16 142／22 146／19 | 68／20 1．08／22 109／20 112／1 | 173／5 173／14 173／16 175／24 |
| 159／10 163／17 166／8 166／20 | 138／12 139／4 139／10 140／19 | 177／3 177／5 177／6 180／21 180／24 |
| 169／11 169／23 179／7 186／3 | 142／18 147／17 157／19 163／6 | 181／23 183／6 185／11 187／1 |
| canal［3］ $25 / 3$ 25／16 115／24 | 165／9 167／22 170／11 172／12 | 188／14 |
| canals［1］25／8 | 173／24 173／25 174／2 174／14 | child＇［［24］30／17 39／3 40／2 |
| cannot［4］128／19 154／18 154／22 | 176／8 |  |
| 155／13 | causes［6］79／7 90／17 123／15 | 56／7 57／7 58／21 58／25 60／1 |
| cans［1］176／16 | 141／3 156／1 183／15 | 61／22 130／13 147／19 148／4 174／5 |
| cap［1］16／14 | causing［3］53／24 57／7 75／14 | 174／9 175／1 $175 / 24175 / 25176 / 6$ |
| capacities［1］185／25 | cell［3］27／25 42／23 142／15 | 183／7 |
| capacity［2］185／20 187／2 | cells［15］27／5 28／20 29／4 30／9 | children［6］8／10 82／20 83／10 |
| capillaries［6］10／25 26／6 | 30／13 30／21 30／24 31／5 42／23 | 183／14 183／15 187／25 |
| 26／12 26／14 $28 / 25$ 29／1 | 44／23 45／1 94／13 100／5 101／14 | choose［2］103／6 103／7 |
| capsule［5］ $43 / 2544 / 7$ 53／3 | 113／3 | chooses［1］105／21 |
| 90／2 148／2 | center［4］43／1 88／12 128／16 | chose［2］35／1 |
| captain［2］152／6 159／12 | 128／17 | Christina［2］159／17 180／14 |
| captured［1］23／4 | central［1］134／23 | Christina＇s［1］181／9 |
| car［1］58／24 | cerebral［11］13／3 40／9 49／13 | chronic［3］ $30 / 12$ 30／23 30／23 |
| carbon［1］26／4 | 84／18 $94 / 2$ 94／8 $94 / 15$ 94／25 | circumbtances［1］149／9 |
| cardiovascular［2］158／8 180／16 | 117／13 136／5 136／20 | cited［1］125／5 |
| care［5］151／5 161／19 176／23 | certain［2］68／2 105／9 | citizen［1］188／5 |
| 185／12 186／1 | certainly［7］35／25 113／14 | clarification［1］24／7 |
| cars［1］179／19 | 125／19 168／11 181／20 181／21 | clarified［1］160／21 |
| cartilage［1］99／20 | 187／3 | clarify［1］143／25 |
| cascade［3］84／22 117／20 156／1 | certainty［2］68／8 68／ | Clark［8］1／5 4／9 4／22 5／4 6／5 |
| cascading［20］76／20 78／17 66／8 | certified［I］190／14 | 190／2 190／12 190／15 |
| 89／12 89／24 118／9 118／17 119／5 | certify［2］190／16 191／2 | classes［2］185／9 185／10 |
| 120／15 140／23 141／8 141／16 | cervical［1］82／13 | clause［1］163／3 |
| 141／20 142／9 142／9 143／12 | cetera［2］45／3 100／14 | clauses［1］178／4 |
| 156／23 174／6 174／13 174／19 | chain［2］7／9 79／12 | clean［3］7／16 176／20 176／21 |
| case［81］1／1 $7 / 9$ 5／9 6／15 7／1 | chair［6］152／3 159／3 159／16 | cleaned［1］176／14 |
| 8／16 13／13 25／15 26／11 27／11 | 159／20 160／2 172／9 | cleaner［1］28／3 |
| 27／21 28／11 29／3 29／21 30／11 | chairs（3］151／11 151／12 151／13 | cleaning［1］100／9 |
| 31／14 $31 / 19$ 31／20 $31 / 22 \quad 32 / 12$ | challenging［3］51／16 109／9 | cleanup［2］28／3 100／5 |
| 33／2 33／9 $33 / 17 \begin{array}{llll}35 / 15 & 37 / 3\end{array}$ | 109／11 | clear［7］81／13 94／20 94／22 |
| 38／17 39／10 $40 / 8$ 53／21 54／6 | chance［2］127／20 128／12 | 94／22 156／15 178／23 188／5 |
| 57／13 59／9 60／2 62／6 62／17 63／1 | change［3］176／5 176／7 186／11 | clearly［6］153／11 154／3 155／1 |
| 63／9 63／11 69／12 70／3 73／2 | changed［4］149／14 176／9 189／3 | 172／5 182／20 183／13 |
| 74／17 81／3 83／8 85／1 94／18 95／2 | 189／4 | clerk［3］20／17 145／7 178／12 |
| 96／14 99／13 100／10 102／6 105／6 | changes［16］39／11 41／12 58／18 | client［13］145／14 155／16 156／6 |
| 105／10 10日／12 112／4 114／2 | 70／1 80／25 $91 / 19$ 92／3 $92 / 16$ | 157／19 157／25 158／5 158／9 |
| $\begin{array}{lllllll}115 / 10 & 136 / 18 & 138 / 4 & 138 / 9\end{array}$ | 92／17 $92 / 19$ 111／24 138／14 140／2 | 158／14 1．58／20 159／17 160／5 |
| 138／15 140／5 141／19 142／16 | 140／10 143／20 172／16 | 179／18 184／16 |
| 143／19 144／12 $154 / 17$ 155／14 | changing［2］179／18 179／19 | close［1］179／11 |
| 156／12 165／6 165／12 171／12 | charaoteristics［1］68／3 | closed［3］7／7 171／21 187／13 |
| 171／13 171／19 172／5 172／5 | characterization［2］174／4 | closer［3］69／11 69／11 109／12 |
| 178／23 180／21 181／20 189／1 | 174／日 | closes［1］29／10 |
| 190／5 | charge［5］159／25 160／7 169／23 | Closing［1］145／20 |
| cases［11］5／4 5／8 8／9 35／9 | 182／16 183／18 | clot［1］93／14 |
| 98／24 99／6 122／2 155／9 169／6 | charges［3］178／11 182／5 186／18 | coagulate［1］69／13 |
| 173／6 173／6 | check［1］184／24 | coagulative［I］69／15 |
| Савеу［11］146／2 147／20 149／3 | checks［1］146／21 | cold［1］30／15 |
| 156／11 157／2 166／11 166／12 | chemical［1］41／24 | collapsed［1］156／19 |
| 167／5 167／15 168／4 174／8 | chest［5］128／16 12日／17 130／3 | collected［2］55／22 154／16 |
| Casey＇s［3］146／8 146／14 $164 / 20$ | 130／5 146／20 | collection［1］146／24 |
| catching［1］30／6 | child［89］ $24 / 14 \quad 25 / 1 \quad 25 / 9$ | collectively［1］124／5 |
| category［1］56／20 | 30／15 31／15 31／19 32／3 40／5 | color［2］69／16 131／22 |
| causation［1］136／2 | 40／5 54／6 59／9 61／24 96／15 97／8 | coloration［1］28／8 |
| caube［50］5／2 5／18 36／18 $36 / 22$ | 97／10 102／8 107／4 125／9 125／15 | coma［1］140／7 |
| 40／14 $43 / 6$ 53／7 $53 / 13$ 58／21 | 127／4 127／22 128／14 129／10 | combination［2］144／14 144／16 |
| 68／9 71／7 $74 / 8$ 77／8 $79 / 8$ 84／11 | 129／20 132／19 135／日 135／10 | come［14］ $7 / 6$ 18／19 32／8 38／15 |
| 92／1 94／20 100／13 117／16 133／10 | 135／11 135／20 145／25 146／3 | 51／14 78／1．1 85／13 86／1 155／9 |

C
$\begin{array}{lllll}\text { come... [5] } & 158 / 24 & 165 / 15 & 167 / 7\end{array}$ 172/16 175/16
$\begin{array}{lllll}\text { comes [5] } & 31 / 19 & 41 / 22 & 134 / 8\end{array}$ 159/13 172/2
comfortable [2] 65/24
coming [I] 50/16
comment [5] $49 / 21$ 49/24 $49 / 25$ 104/25 138/24
commented [1] 1.04/20
commenting [1] 104/19
Comments [1] 49/20
$\begin{array}{llllll}\text { committed [3] } & 160 / 6 & 1.78 / 7 & 178 & \end{array}$
common [5] . 8/13 31/7 119/6 180/11 180/13
common-1aw [2] 180/11 180/13
commonly [1] 186/12
communication [1] 44/14
community [3] $64 / 15$ 184/10 187/24
compared [2] 22/13 22/15
comparison [1] 100/13
compartmentalize [1] 163/1
compelling [4] 155/8 180/6
180/18 182/9
competing [1] 175/11
complaint [5] 154/11 160/9 161/1日 170/3 178/5
complete [3] $6 / 13$ 32/23 $33 / 19$
completely [4] 148/6 165/16 172/19 173/5
complicated [2] 5/9 5/12
component [13] 6/6 57/10 57/10
$57 / 12 \quad 59 / 15 \quad 66 / 10 \quad 66 / 13 \quad 82 / 3$ 103/13 $104 / 8 \quad 106 / 3 \quad 106 / 9 \quad 106 / 13$
components [3] 58/18 60/12 66/16
compression [2] 80/22 99/17
concede [1] 168/6
$\begin{array}{llll}\text { concern [3I } & 7 / 22 & 168 / 23 & 169 / 2\end{array}$
concerned [10] $19 / 16 \cdot 39 / 2 \quad 54 / 3$
113/22 135/7 135/18 137/25 175/10 188/12 188/13
concerning [2] 147/3 187/9
conclude [1] 158/3
concludes [1] 1.55/12
conclusion [4] 50/16 153/8 173/10 173/12
concretely [1] 134/7
concurring [1] 36/5
condition [5] 181/18 184/19 188/7 188/21 189/5
conditions [1] 188/20
conduct [1] 62/24
conducting [2] $51 / 13$ 110/1
configuration [1] 133/3
confirm [1] 32/9
confirmed [3] $32 / 19 \quad 65 / 12 \quad 65 / 12$
confronted [1] 175/13
$\begin{array}{lllll}\text { congested } & {[4]} & 26 / 2 & 26 / 13 & 102 / 12\end{array}$ 108/4
congestion [1] 28/14
congestive [1] $123 / 10$
congregate [1] 113/3
confunction [3] 187/19 187/20 187/20
conjunctive [1] 144/4
connected [1] 58/9
$\begin{array}{lllllllllllllllll}\text { connecticut [4] } & 4 / 14 & 4 / 15 & 4 / 16\end{array}$ 4/18
connecting [2] 44/10 89/5
connects [3] $87 / 20 \quad 87 / 2188 / 6$ conscious [1] 95/12 consciousness [6] 96/6 96/16 96/22 97/7 136/25 137/3
consequence [2] 84/21 84/25
consequences [1] 139/24
consider [1] 54/20
consideration [2] 55/5 61/14
considered [1] 61/13
consistency [1] 170/13
consistent [34] $12 / 13$ 66/19 $\begin{array}{llllll}71 / 8 & 73 / 3 & 83 / 17 & 84 / 14 & 84 / 19\end{array}$ 92/8 97/9 104/16 106/14 125/7
127/3 127/10 128/9 128/12 129/3
129/6 129/19 129/25 130/9
$\begin{array}{lllll}130 / 12 & 131 / 6 & 131 / 9 & 131 / 14\end{array}$
$\begin{array}{llllll}131 / 16 & 133 / 5 & 133 / 8 & 155 / 18\end{array}$
$\begin{array}{llllll}155 / 19 & 156 / 5 & 157 / 11 & 161 / 20\end{array}$ 173/5
consolidation [日] 102/1.9 102/23
103/2 103/10 103/11 103/15
104/12 107/12
constellation [4] 53/5 56/6
57/8 60/1
constriction [1] 78/20
consult [3] $31 / 21$ 105/15 149/4
consultations [1] 134/17
consulted [1] 105/5
contact [5] 181/19 186/8 186/22
188/23 189/6
contain [1] 190/22
contained [4] $34 / 13$ 49/24 $83 / 22$
115/25
Contains [1] 190/24
contaminants [2] $34 / 2 \quad 34 / 3$
context [3] 132/11 138/24
138/25
contiguous [7] 70/22 73/10
$\begin{array}{llll}73 / 13 & 73 / 14 & 73 / 17 & 75 / 24 \\ 75 / 25\end{array}$
CONTINUATION [1] $1 / 14$
continue [3] 164/11 167/2
170/18
continued [1] 3/4
continues [1] 151/14
continuing [2] 111/1 163/24
continuous [2] 72/9 75/23
contradicts [1] 157/2
contrary [3] 161/15 1.77/23 177/25
contrast [1] 63/16
contrecoup [6] $74 / 11 \quad 74 / 25 \quad 75 / 3$
120/22 147/14 174/24
contrecoups [1] 75/9
contribute [2] 143/2 143/10
contributed [2] $143 / 5 \quad 143 / 7$
contributing [2] 50/5 165/5
controversial [1] 99/2
controversy [1] 99/11
contused [1] 101/25
$\begin{array}{llllll}\text { contusion } & {[25]} & 9 / 3 & 75 / 5 & 102 / 7\end{array}$
106/22 108/7 108/10 108/19
108/22 $126 / 20 \quad 128 / 18128 / 23$
$\begin{array}{lllll}128 / 24 & 128 / 25 & 129 / 14 & 131 / 3\end{array}$
$\begin{array}{llll}131 / 13 & 131 / 20 & 131 / 24 & 132 / 25\end{array}$
$\begin{array}{llll}136 / 14 & 146 / 15 & 156 / 17 & 156 / 18\end{array}$ 157/6 164/20
contusions [19] 51/10 75/8
93/18 $102 / 13$ 106/23 $107 / 2 \quad 107 / 3$
107/9 107/18 108/25 109/13
$\begin{array}{llllll}126 / 1 & 131 / 1 & 135 / 17 & 135 / 21\end{array}$
146/20 164/25 167/6
conversation [1] 151/10
oonversations [1] 185/23
convexity [4] 69/4 70/15 $72 / 5$ 73/5
convictions [1] 187/1
convince [1] 104/1
COPD [1] 92/3
copious [2] 168/10 168/11
copy [2] $10 / 4$ 122/15
cord [3] 34/21 $35 / 16$ 134/24
coroner [3] 155/1 156/9 173/10
Coroner's [5] $4 / 10 \quad 5 / 5 \quad 6 / 5 \quad 5 / 23$ 32/24
corpus [10] $44 / 9$ 44/10 $53 / 2$
58/10 $87 / 13 \quad 87 / 19 \quad 88 / 6 \quad 88 / 13$
90/3 148/1
correct [200]
corrected [1] 77/21
correctly [31] $22 / 23$ 23/11
23/18 48/7 51/22 $66 / 9 \quad 67 / 24$
$\begin{array}{lllll}72 / 25 & 74 / 23 & 77 / 18 & 81 / 7 & 85 / 23\end{array}$
86/15 87/17 88/15 92/15 96/12
100/16 101/13 103/9 104/5
104/10 107/15 107/23 117/12
118/5 118/14 219/10 124/14
133/15 142/22
correlated [1] 148/5
correspondent [1] 77/24
corresponding [2] 52/6 124/17
cortical [1] 90/6
couch [9] 149/17 149/20 150/20
152/17 152/19 152/21 152/23
152/24 172/9
$\begin{array}{lllll}\text { could } & 127] & 19 / 6 & 28 / 12 & 38 / 5\end{array}$
$\begin{array}{lllll}40 / 15 & 42 / 14 & 48 / 4 & 49 / 25 & 50 / 21\end{array}$
56/3 $56 / 11 \quad 57 / 12 \quad 59 / 18 \quad 60 / 6$
$\begin{array}{lllllllll}68 / 16 & 68 / 19 & 71 / 8 & 72 / 8 & 73 / 19\end{array}$
$\begin{array}{llllll}73 / 20 & 74 / 5 & 74 / 7 & 75 / 13 & 75 / 23\end{array}$
76/10 $81 / 19 \quad 83 / 13$ 83/17 $84 / 11$
84/14 85/13 85/24 86/1 89/21
89/23 90/16 90/21 90/22 90/23
$\begin{array}{lllll}91 / 25 & 96 / 7 & 96 / 13 & 96 / 15 & 96 / 18\end{array}$
96/22 $97 / 16$ 98/1 102/19 102/24
103/10 103/12 103/18 103/19
106/14 107/3 107/7 107/16
107/17 108/6 108/9 109/2 111/25
116/6 116/7 116/11 117/7 117/11
$117 / 23$ 118/8 $118 / 8$ 118/16
118/16 118/19 119/4 119/7
119/19 119/16 119/18 119/22
120/1 120/15 120/18 120/21
$\begin{array}{llllll}123 / 7 & 123 / 7 & 125 / 17 & 125 / 22 & 127 / 3\end{array}$
127/10 128/8 128/9 128/11 129/3
129/6 129/19 129/25 130/2 130/8
130/9 130/11 131/14 132/5
132/13 132/14 132/18 $133 / 17$
137/1 $139 / 6 \quad 140 / 18 \quad 144 / 4 \quad 144 / 5$
$\begin{array}{lllll}144 / 11 & 155 / 5 & 157 / 18 & 158 / 19\end{array}$
162/11 $164 / 3$ 165/15 $165 / 21$
165/22 165/23 167/9 167/16
167/19 168/6 170/10 173/24
176/8
couldn't [4] $27 / 16 \quad 155 / 3 \quad 155 / 4$ 179/5
counsel [3] $10 / 14$ 48/22 $126 / 10$
counseling [2] 186/10 186/17
counted [1] 147/8
counter [1] 162/16
counters [1] 173/23
COUNTY [B] $1 / 5$ 4/9 $4 / 22 \quad 5 / 5 \quad 5 / 5$ 190/2 190/12 190/15
coup [3] 74/10 74/24 120/21
$\begin{array}{lllll}\text { couple } & {[3]} & 63 / 14 & 98 / 17 & 158 / 4\end{array}$

| C | $\left[\begin{array}{ccc} 190 / 14 & 191 / 4 & 191 / 5 \\ \text { dead } & \text { [2] } & 41 / 14 \end{array}\right.$ | $\begin{gathered}\text { depressed } \\ 67 / 18\end{gathered}[4] \quad 66 / 21 \quad 66 / 24 \quad 67 / 16$ |
| :---: | :---: | :---: |
| coupe［1］75／9 | deal［2］19／12 167／25 | deprivation［3］40／23 91／22 |
| course［6］8／20 $32 / 13$ 115／17 | dealing［1］110／4 | 100／23 |
| 122／13 149／14 156／22 | death［45］ 5 ［3／3 $36 / 6 \quad 53 / 6$ 53／7 | deprived［1］140／4 |
| court［17］1／4 1／25 26／19 155／9 | 53／13 53／17 $53 / 18$ 54／1 54／3 | DEET［1］1／2 |
| 177／7 178／12 180／7 180／22 | 54／21 55／1 55／6 55／10 55／11 | Deputy［2］．1／21 1／23 |
| $\begin{array}{llllll}183 / 17 & 184 / 16 & 186 / 14 & 186 / 19\end{array}$ | 55／15 55／17 $57 / 7$ 59／22 61／13 | describe［io］6／23 14／17 19／6 |
| 186／22 189／1 190／1 190／18 | 61／19 70／5 84／5 99／9 100／13 | 43／20 86／24 103／1 103／5 104／22 |
| 190／20 | 109／19 $133 / 10 \quad 133 / 12 \quad 133 / 19$ | 152／21 152／22 |
| court＇s［4］65／19 83／19 93／22 | 143／22 153／10 154／2 154／18 | described［23］9／5 15／18 $48 / 18$ |
| 115／21 | 154／21 154／23 155／6 155／11 | $\begin{array}{lllllllllll}51 / 3 & 51 / 3 & 55 / 3 & 76 / 1 & 80 / 18 & 90 / 13\end{array}$ |
| cover［6］ $69 / 16$ 36／14 $65 / 20$ | $\begin{array}{llllllllll} & 160 / 22 & 160 / 23 & 165 / 3 & 165 / 5 & 165 / 9\end{array}$ | 104／7 105／12 107／9 146／6 148／3 |
| 65／21 66／6 170／25 | 173／9 173／16 177／13 187／15 | 148／24 149／24 $150 / 1$ 150／6 |
| covered［6］26／22 52／3 65／21 | deaths［1］5／3 | 155／16 $156 / 6157 / 19$ 158／14 |
| 148／7 164／13 183／3 | deceleration［6］60／13 84／10 | 172／12 |
| covering［1］41／13 | 89／9 90／4 90／22 120／3 | describing［5］16／22 43／15 45／9 |
| covers［1］24／22 | December［1］189／9 | 45／14 89／18 |
| CPR［4］167／9 167／9 167／13 | December 3 ［1］189／9 | description［ 8 ］49／5 84／15 |
| 167／14 | decide［3］ $44 / 2$ 75／10 $142 / 12$ | 105／21 111／日 149／13 149／22 |
| CPs［1］188／24 | decision［9］5／7 43／4 62／22 | 150／24 152／18 |
| CPS＇s［1］184／6 | 150／22 171／3 171／4 171／8 188／17 | descriptions［1］76／4 |
| cranial［7］79／16 80／8 80／15 | 189／2 | descriptor［1］122／21 |
| 80／18 80／21 81／3 81／9 | decision－making［1］43／4 | deaigned［1］29／15 |
| create［2］45／22 47／7 | decisions［1］44／3 | desperately［1］150／10 |
| creates［1］140／23 | declare［1］155／5 | despite［1］57／24 |
| crime［2］17日／7 178／9 | decline［1］145／16 | detail［2］35／12 |
| criminal［7］154／11 178／5 | decompose［1］28／15 | details［2］35／7 187／8 |
| 179／21 186／19 186／24 186／25 | decomposition［1］110／5 | Detective［2］175／20 176／3 |
| 187／20 | decreased［2］137／11 137／20 | detectives［6］62／6 62／10 62／20 |
| critical［1］167／4 | deep［1］83／3 | 158／15 175／23 183／23 |
| crose［6］2／6 60／16 60／18 80／11 | deeper［10］ $43 / 2$ 43／24 44／1 | determination［10］36／17 36／18 |
| 110／14 144／2 | 53／1 80／13 $83 / 1187 / 1788 / 8$ | 54／16 59／21 61／13 61／19 62／19 |
| cross－examination［4］2／6 60／16 | 88／9 90／1 | 62／25 155／10 170／3 |
| 60／18 144／2 | defendant［24］1／11 1／22 55／3 | determine［10］5／2 5／18 53／6 |
| cross－section［1］98／11 | 61／21 149／1 149／12 151／9 151／20 | 53／7 55／22 55／25 57／9 64／23 |
| crosses［2］15／1 159／19 | 151／25 152／2 152／10 152／11 | 109／12 154／18 |
| crossing［1］8日／18 | 153／14 153／22 153／23 154／4 | determining［6］36／22 53／17 |
| crusted［4］127／15 128／1 128／2 | 172／7 172／13 173／14 176／8 178／8 | 53／25 54／20 55／1 55／6 |
| 128／6 | 193／5 185／21 190／8 | diagnoses［3］39／15 50／19 50／22 |
| CT［18］63／16 63／23 64／9 64／13 | defendant＇s［8］150／24 153／4 | điagnosib［1］41／15 |
| 64／17 64／23 64／24 65／10 65／11 | 169／5 172／2 175／9 176／4 177／1 | diagonal［1］74／17 |
| 102／8 102／20 103／20 104／13 | 177／2 | diagonally［4］74／19 74／21 |
| 104／20 105／1 106／9 106／14 | Defenders［1］1／23 | 121／5 121／10 |
| 107／16 | defense［2］3／9 145／12 | DIANA［1］ $1 / 16$ |
| culmination［1］50／14 | deficiencies［2］125／20 125／23 | did［94］4／20 6／17 8／1 8／17 9／9 |
| cultures［3］ $33 / 21$ 33／25 34／3 | defining［1］76／16 | $\begin{array}{llllllllll} & \text {／12 } & 10 / 4 & 10 / 6 & 10 / 20 & 11 / 6 & 11 / 23\end{array}$ |
| curiosity［1］134／2 | definitely［4］28／9 117／2 129／9 | $\begin{array}{llllll}12 / 8 & 13 / 18 & 24 / 15 & 24 / 24 & 25 / 15\end{array}$ |
| curious［1］82／8 | 166／5 | 27／10 $29 / 3$ 31／21 $31 / 23$ 32／16 |
| current［1］154／10 | definitive［I］65／6 |  |
| currently［2］4／8 178／18 | deformation［1］67／22 | 35／21 35／22 37／4 37／15 38／21 |
| cuatody［7］ $7 / 9$ 154／4 181／1 | degree［3］4／13 68／8 68／19 |  |
| 181／4 185／3 185／12 186／1 | delicate［1］56／25 | 49／23 50／15 51／14 53／6 54／19 |
| cut［B］ $11 / 18$ 11／20 17／12 $21 / 12$ | delivered［1］187／6 | 55／5 60／23 61／1 61／2 61／3 61／7 |
| 25／7，25／11 82／20 82／22 | demarcation［1］47／15 | 62／17 $62 / 18 \quad 62 / 18 \quad 62 / 24 \quad 68 / 12$ |
| D | demeanor［4］176／4 176／5 176／7 | 70／18 $77 / 18$ 78／1 78／15 81／24 |
|  | 1．76／9 |  |
| DA［1］154／25 | demonstrable［1］9／5 | 93／13 $94 / 1$ 100／3 101／2 105／6 |
| DA＇s［2］154／23 178／16 | demonstrateđ［5］17／24 27／20 | 106／25 111／4 112／8 112／10 |
| DAI［3］144／6 144／7 144／11 | 36／4 37／12 60／9 | 11．2／19 114／4 114／6 114／7 116／20 |
| damage［10］ $41 / 19$ 42／4 59／10 | demonatrating［1］157／24 | 116／23 124／15 124／20 128／3 |
| 59／12 $79 / 23$ 99／14 99／20 138／11 | dense［3］ $43 / 7$ 43／9 88／22 | 128／5 141／11 146／5 149／13 |
| 140／3 141／23 | denser［1］8日／16 | 155／17 164／1 166／14 167／13 |
| damaged［1］142／14 | density［1］43／10 | 168／6 174／20 184／18 185／7 |
| danger［2］188／13 188／14 | department［1］161／25 | 186／23 187／3 |
| dark［3］69／2 69／8 69／20 | depend［1］136／20 | didn＇t［49］$\quad 9 / 2$ 11／7 $72 / 4 \quad 32 / 6$ |
| data［1］64／16 | dependency［1］135／24 | 33／13 $33 / 1747 / 3$ 50／7 50／9 |
| date［3］178／13 178／17 189／8 | dependent［6］102／9 102／16 |  |
| day［6］157／10 157／23 177／11 | 102／10 107／10 109／18 146／23 |  |
| 177／12 178／12 181／13 | depending［4］59／8 137／8 137／16 | 93／13 98／19 99／22 100／14 101／21 |
| days［2］46／14 70／3 | 149／18 | 102／14 107／1 108／13 108／19 |
| De［6］1／24 189／14 189／15 | depends［3］62／16 95／22 96／9 | 112／12 114／12 136／24 147／5 |


| D | $\begin{array}{llllll}33 / 4 & 33 / 10 & 33 / 13 & 33 / 14 & 33 / 17\end{array}$ | $\text { 156/16 } 164 / 23 \quad 167 / 10 \quad 167 / 14$ |
| :---: | :---: | :---: |
| didn＇t．．．［17］149／19 150／4 |  | door［1］31／19 |
| 150／5 151／24 151／25 152／21 | 48／14 49／23 51／19 61／10 61／17 | doors［2］171／21 187／13 |
| 152／21 157／22 158／22 $159 / 7$ | 62／3 62／9 62／11 63／7 63／20 64／1 | doubt［3］178／24 182／11 187／16 |
| 160／22 163／7 175／12 175／14 | 64／11 64／11 64／12 64／18 72／10 | down［19］7／16 8／11 8／11 9／1 |
| 176／2 176／5 183／9 | 76／2 79／17 79／20 82／2 82／4 |  |
| die［2］41／10 176／6 | 82／15 $82 / 17 \begin{array}{lllll} & 82 / 21 & 91 / 5 & 91 / 7\end{array}$ |  |
| died［5］34／4 55／12 153／8 $1588 / 1$ | 95／17 98／21 98／25 100／11 110／10 | $\begin{array}{lllllll}90 / 7 & 126 / 17 & 152 / 25 & 186 / 8 & 186 / 20\end{array}$ |
| 177／6 | 123／23 124／3 124／6 124／23 | downward［3］ $42 / 24$ 42／24 45／1 |
| dies［2］31／4 183／5 | 124／24 $125 / 8126 / 3126 / 4126 / 15$ | Dr［13］31／25 60／20 81／25 |
| different［31］13／21 26／17 |  | 147／15 147／16 147／20 164／5 |
| 45／17 45／21 57／15 58／11 58／14 | 142／14 145／13 145／16 150／19 | $\begin{array}{lllllll}164 / 20 & 166 / 11 & 166 / 12 & 167 / 5\end{array}$ |
| 60／7 60／11 71／6 72／日 72／11 87／3 | 155／9 159／16 163／4 167／13 | 167／15 174／8 |
| 89／2 89／2 92／20 102／21 103／6 | 168／12 168／13 170／19 170／24 | Dr．［45］3／21 4／7 54／11 61／4 |
| 104／22 134／6 135／9 143／23 148／6 | 171／2 $171 / 25172 / 4173 / 4 \quad 173 / 4$ | 66／2 76／4 105／11 146／2 146／日 |
| $\begin{array}{llllll}152 / 14 & 165 / 13 & 165 / 15 & 165 / 16\end{array}$ | 175／19 177／15 177／19 183／20 | 146／10 146／14 146／18 147／6 |
| 165／23 174／16 175／11 177／9 | 185／14 186／9 $786 / 16$ 190／16 | 147／13 147／19 148／3 148／13 |
| differently［1］104／23 | doctor［12］41／7 43／20 47／日 | 148／13 148／14 148／20 148／24 |
| differing［1］159／2 | 49／20 82／10 85／18 126／日 134／6 | 148／24 149／3 $149 / 3$ 149／4 149／4 |
| difficult［4］51／25 80／1 109／24 | 134／21 141／11 144／18 167／21 | 153／2 153／21 153／24 153／25 |
| 120／7 | doctor describe［1］43／20 | 154／1 156／11 156／14 157／2 157／3 |
| diffuse［30］40／日 41／15 41／19 | doctor or［1］134／6 | 157／12 160／21．162／10 164／1 |
| $\begin{array}{llllllllll}42 / 5 & 42 / 11 & 49 / 13 & 49 / 19 & 52 / 25\end{array}$ | doctor＇s［2］49／18 71／19 | 166／14 $174 / 7$ 174／7 174／12 |
| 58／2 58／5 59／6 60／4 63／4 76／1 | doctors［2］91／7 91／13 | 174／20 175／2 |
| 85／19 $86 / 17$ 86／21 $86 / 2587 / 2$ | doctors＇［1］163／1日 | Dr．Casey［4］146／2 149／3 |
| 90／17 92／18 137／24 138／5 138／7 | document［3］7／21 8／19 120／8 | 156／11 157／2 |
| 139／5 139／9 143／3 144／10 147／24 | documentation［2］6／4 154／15 | Dr．Casey＇s［2］146／8 146／14 |
| 156／3 | documented［2］9／6 115／8 | Dr．Gavin［21］ $4 / 7$ 66／2 146／10 |
| dilated［1］151／4 | documents［1］61／17 | 146／18 148／3 148／13 148／14 |
| diminish［1］109／5 | does［42］18／19 23／25 27／7 | 148／24 149／3 $149 / 4 \begin{array}{lllll} & 153 / 2 & 153 / 21\end{array}$ |
| direct［12］2／5 4／5 il／15 13／20 | 36／16 37／10 40／11 41／5 41／18 | 153／25 154／1 157／3 160／21 |
| 37／20 84／18 100／1 115／24 117／12 | 46／6 49／3 $49 / 6$ 49／15 66／23 67／3 | 162／10 164／1 166／14 174／7 |
| 119／2 133／11 139／4 | 69／5 69／17 69／20 69／22 71／5 | 174／12 |
| directed［2］176／15 176／16 | $\begin{array}{lllllll}72 / 14 & 83 / 25 & 90 / 2 & 92 / 22 & 97 / 4\end{array}$ | Dr．Lisa［1］3／21 |
| direction［1］20／23 | 107／1 107／2 117／55 117／16 | Dr．Montes［10］54／11 61／4 |
| directions［6］15／6 45／17 45／21 | 124／22 131／22 131／25 134／5 | 105／11 147／6 147／13 147／19 |
| 58／11 58／15 89／2 | 134／16 134／19 141／13 145／5 | 148／20 153／24 156／14 174／7 |
| directly［2］74／16 100／13 | 145／18 $150 / 10$ 183／21 184／12 | Dr．Montes also［1］175／2 |
| disagree［1］171／9 | 184／17 190／22 | Dr．Montes and［2］148／13 |
| disagreed［1］174／4 | doesn＇t［19］ $22 / 9$ 26／8 $34 / 8$ | 148／24 |
| disagreeing［1］171／6 | 53／22 66／18 101／9 104／10 120／17 | Dr．Montes did［1］174／20 |
| discern［4］63／18 109／8 109／24 | 120／19 123／14 141／13 150／13 | Dr．Montes told［1］157／12 |
| 120／7 | 150／15 153／15 165／4 168／14 | Dr．Montes＇［1］149／4 |
| discerring［2］50／4 107／13 | 175／3 176／7 184／9 | Dr．Vogel［1］76／4 |
| discoloration［1］21／17 | doing［11］9／20 29／19 30／22 | dropped［1］135／11 |
| discues［1］61／7 | 44／16 $45 / 6$ 64／18 64／21 64／22 | druge［2］33／6 33／8 |
| discussed［23］36／25 40／19 | 65／4 104／5 170／1 | due［7］39／10 53／8 109／7 133／13 |
| 43／14 47／9 53／11 54／19 58／1 | doled［1］5／4 | 160／22 160／23 168／8 |
| 58／4 80／25 91／20 98／12 98／22 | doll［4］152／20 152／20 152／23 | DUI［1］179／23 |
| 114／18 $115 / 13119 / 16139 / 14$ | 152／24 | duly［1］4／1 |
| 143／17 $145 / 14147 / 4147 / 15$ | don＇t［71］ $30 / 2$ 14／8 20／13 $22 / 4$ | dura［22］ $13 / 113 / 6$ 14／9 $14 / 19$ |
| 147／21 148／9 152／15 | 22／6 $27 / 19$ 29／17 $29 / 23$ 31／4 | 15／12 15／21 $21 / 10$ 21／24 $22 / 17$ |
| discussing［6］18／16 21／7 24／18 | $\begin{array}{llllll}34 / 1 & 47 / 17 & 47 / 23 & 48 / 17 & 50 / 7\end{array}$ |  |
| 57／9 70／1 81／5 | 57／2 61／11 61／23 62／2 62／13 | $\begin{array}{lllllllllll} & 24 / 10 & 24 / 17 & 25 / 5 & 72121 & 94 / 10\end{array}$ |
| discussion［2］137／23 149／20 | 63／10 64／9 78／13 $92 / 4$ 97／22 | 119／15 119／16 134／25 |
| display［1］88／20 | 99／7 99／16 101／23 103／14 104／23 | dural［1］74／2 |
| disruption［1］81／8 | 105／21 105／25 107／25 114／3 | duration［1］96／11 |
| distinct［5］48／11 71／20 75／22 | 116／9 116／24 123／12 124／9 138／2 | during［11］8／20 11／16 15／23 |
| 75／25 175／5 | 138／12 140／5 140／9 140／10 | 20／5 64／13 110／17 132／15 132／19 |
| distinction［1］41／6 | 142／16 143／23 153／17 158／24 | 146／25 181／13 183／10 |
| distinctly［1］73／1 | 159／9 161／5 161／22 161／23 | duties［2］5／1 5／17 |
| distinguish［2］142／20 142／22 | 161／25 162／10 162／15 163／5 | dying［3］ $38 / 17 \quad 39 / 13$ 185／12 |
| District［8］1／21 62／13 62／17 | 163／7 163／20 165／18 168／16 | ＋ |
| 177／7 178／12 183／17 186／14 | 169／4 171／5 171／25 172／9 172／22 | $\pm$ |
| 189／1 | 173／21 179／5 182／19 184／22 | e－c－c－h－y－m－o－s－i－s［1］128／20 |
| dizziness［1］95／13 |  | each［12］29／14 44／11 44／11 |
| do［110］4／15 4／17 5／21 7／20 | done［28］6／7 6／20 31／15 32／25 | 73／10 $76 / 6$ 88／18 105／20 142／11 |
| 8／10 8／19 9／10 9／21 10／2 12／18 | 33／3 33／25 49／1 49／2 61／1 61／15 | 147／4 163／19 169／11 169／13 |
| $\begin{array}{llllll}12 / 20 & 15 / 15 & 22 / 9 & 25 / 8 & 25 / 13\end{array}$ | 65／9 85／17 91／6 91／12 94／14 |  |
| $\begin{array}{llllll}25 / 20 & 25 / 20 & 26 / 3 & 27 / 11 & 28 / 6\end{array}$ | 104／14 105／9 107／17 128／13 | 25／9 25／16 115／23 115／24 |
| 31／18 31／20 31／21 32／10 32／13 | 129／20 130／13 131／10 156／12 | earlier［9］21／7 21／11 65／10 |


| E | $\text { entire [4] } 23 / 24 \quad 102 / 15 \quad 102 / 16$ | 84/18 91/5 91/6 91/10 91/12 93/5 98/19 $200 / 1$ 110/2 $116 / 17$ |
| :---: | :---: | :---: |
| earlier... [6] 77/22 80/12 | entirely [3] 141/25 144/12 | 116/21 133/11 135/4 140/15 |
| 80/25 109/14 114/15 140/24 | 155/19 | 141/12 144/2 146/9 |
| early [11] 41/2 41/3 41/5 41/12 | envirorment [1] 13/4 | examinations [3] 8/21 64/2 |
| 69/13 82/24 110/5 139/15 139/18 | epiglottis [7] 29/8 29/9 29/18 | 117/7 |
| 139/23 140/10 | 29/22 30/2 30/23 99/25 | examine [2] 82/22 134/13 |
| ears [2] 11/20 24/25 | equipped [1] 64/5 | examined [1] 124/16 |
| easier [3] $15 / 20$ 126/6 126/7 | ER [1] 147/2 | examiner [5] 4/9 4/25 5/14 |
| easiest [1] 15/13 | erythema [4] 111/17 | 153/21 154/14 |
| easily [5] 24/11 $31 / 6$ 31/13 | 111/20 111/23 | examining [3] 11/16 14/12 |
| 57/1 181/22 | escapes [1] 151/17 | 134/12 |
| easy [1] 28/10 | esophagus [1] 29/11 | example [59] 11/2 $11 / 3$ 25/9 |
| eating [1] 28/1 | especially [1] 171/14 | 25/15 27/16 $27 / 181827 / 21 \quad 28 / 6$ |
| Ecchymosis [1] 128/21 | essentially [11] $42 / 15$ 55/11 | 30/15 37/24 38/6 38/9 39/14 |
| edema [11] 39/9 $40 / 6$ 40/9 49/14 | 58/6 94/8 128/23 175/3 176/5 | 40/5 $40 / 17{ }^{4} \mathbf{4} / 19$ 55/12 57/4 |
| 49/16 84/18 85/11 117/13 117/16 | 176/14 185/10 185/16 186/19 | 59/1 59/11 59/13 59/15 59/16 |
| 136/5 136/20 | establish [1] 164/1 | 60/8 63/4 67/16 75/6 77/4 77/9 |
| edge [3] $67 / 22$ 129/13 $129 / 24$ | established [2] 162/18 187/21 | 79/24 80/10 81/2 $81 / 583 / 11$ |
| educational [1] 4/11 | et [2] 45/3 100/14 | 83/14 $84 / 48^{84 / 23} 84 / 2587 / 4$ |
| EDWARDS [11] $1 / 20 \quad 2 / 5 \quad 2 / 7 \quad 3 / 8$ | etiologies [7] 85/24 89/19 | 87/14 90/9 90/13 91/10 92/2 |
|  | 90/21 137/24 138/2 139/2 141/13 | 92/3 $94 / 12$ 95/11 $95 / 13195 / 24$ |
| 182/13 185/1 | evaluation [2] 36/2 186/16 | 99/5 99/15 99/19 115/12 123/2 |
| effect [14] 47/20 49/5 78/17 | evaluations [1] 186/10 | 123/13 134/25 136/22 136/23 |
| 86/8 89/24 119/5 120/15 140/23 | ever [11] 30/15 40/18 46/16 | $140 /$ |
| 141/7 141/9 142/10 174/6 174/13 | 57/2 85/4 89/19 99/20 118/5 | examples [2] 83/9 123/10 |
| 174/19 | 163/18 165/3 184/18 | except [2] 73/4 176/17 |
| effects [3] 76/15 80/22 92/11 | event [30] 55/17 69/12 90/16 | exception [1] 111/16 |
| effectuate [1] 162/15 | 92/7 $95 / 16$ 97/17 100/19 1.01/17 | exchange [1] 26/4 |
| effectuated [1] 181/22 | 109/20 112/2 112/3 123/5 123/15 | excuse [5] 60/24 61/25 82/21 |
| effort [1] 151/7 | 123/16 138/8 139/7 141/4 141/6 | 120/13 121/8 |
| efforte [2] 152/5 176/20 | 141/16 142/19 142/24 147/12 | excused [1] 144/24 |
| Eighth [1] 178/11 | 147/16 156/3 160/3 171/20 180/5 | $\begin{array}{lllll}\text { exhibit [12] 17/4 17/24 } & 21 / 20\end{array}$ |
| either [7] 56/3 123/7 139/6 | 183/25 184/2 184/3 | $\begin{array}{llllllll}21 / 21 & 21 / 23 & 22 / 3 & 22 / 18 & 22 / 24\end{array}$ |
| 143/2 149/18 153/24 171/8 | events [7] 11/1 79/12 90/8 | 24/12 48/12 49/17 95/7 |
| elbow [2] 131/1 131/14 | 123/10 174/23 175/8 191/3 | Exhibit 12 [1] 17/24 |
| elbows [1] 9/4 | eventually [2] 28/14 69/18 | Exhibit 13 [2] 22/18 24/12 |
| electrolyte [1] 33/16 | ever [2] 51/14 176/14 | Exhibit 14 [3] 21/21 22/3 22/24 |
| element [1] 142/4 | every [5] 27/10 27/11 | Exhibit 15 [2] 21/20 21/23 |
| Blementary [1] 111/15 | 124/15 168/16 | exhibits [7] 2/17 2/19 18/5 |
| elicit [1] 157/21 | everybody [2] 124/4 166/21 | 47/17 51/4 51/20 145/6 |
| elicited [2] 167/11 168/24 | Everybody's [1] 162/23 | expect [10] $22 / 7$ 40/4 80/7 |
| elge [12] 8/1 10/2 18/17 32/2] | everyone [3] 113/16 174/3 183/9 | 80/17 95/20 97/20 108/21 108/24 |
| 91/4 91/11 93/4 142/18 161/24 | everything [7] $35 / 8 \quad 36 / 23$ 46/4 | 125/13 180/8 |
| 164/4 185/4 185/21 | 50/13 65/23 66/5 168/12 | expected [1] 125/6 |
| elucidate [2] 100/11 100/15 | evidence [69] 6/1 7/17 18/6 | experience [1] 5/13 |
| emanates [1] 180/21 | 21/18 $22 / 8822 / 21.32 / 4 \quad 32 / 6 \quad 39 / 8$ | expertise [1] 63/2 |
| emergency [1] 167/12 | 51/19 53/19 57/5 60/3 67/7 | explain [5] 26/19 56/11 73/7 |
| employed [2] 4/日 4/22 | 77/17 78/1 78/10 78/14 80/14 | 112/25 117/15 |
| employment [2] 4/12 179/18 | 82/25 91/17 91/20 99/16 101/22 | explanation [5] 150/5 168/2 |
| EMS [2] 151/1 176/14 | 106/18 106/23 108/6 108/10 | 168/4 175/12 175/14 |
| encased [1] 13/1 | 108/19 115/3 116/23 121/19 | explanations [5] 149/1 149/2 |
| encephalopathy [5] 39/9 39/10 | 145/1 145/12 154/16 156/13 | 149/2 153/2 $153 / 3$ |
| 40/20 41/3 139/14 | 156/17 157/6 157/10 157/18 | exposed [1] 183/7 |
| encounter [3] 182/21 183/4 | 1.57/21 158/18 161/3 $1.61 / 5 \mathrm{l}$ 161/6 | extend [2] 42/24 90/7 |
| 183/7 | 161/10 161/13 $163 / 4163 / 6$ | extended [1] 19/12 |
| encouraged [2] 186/14 186/16 | 163/17 163/21 169/22 169/24 | extending [2] 3.7/19 72/18 |
| end [17] 58/16 58/17. 59/12 | 170/4 170/9 171/17 172/2 172/18 | extends [6] 14/24 15/3 15/5 |
| 83/11 85/2 85/3 92/3 99/18 | 1.76/25 176/25 177/20 177/22 | 17/20 17/22 24/18 |
| 105/22 123/11 134/12 136/14 | 177/24 178/6 182/9 187/12 | extensive [3] 35/7 140/6 186/9 |
| 136/25 143/16 157/10 157/23 | 187/18 188/10 188/19 | extent [4] 49/7 100/17 104/19 |
| 165/17 | evident [3] $27 / 15$ 81/18 $102 / 14$ | 170/15 |
| $\begin{array}{lllll} \text { ended [4] } \\ 185 / 12 \end{array} \quad 53 / 23 \quad 57 / 6 \quad 150 / 2$ | eviscerate [1] 日/5   <br> exactly [13] $36 / 13$ $64 / 14$ $65 / 14$ | $\left\lvert\, \begin{array}{ccccccc} \text { externa1 [6] } \\ 56 / 24 \quad 78 / 10 \end{array} \quad 7 / 208 / 179 / 950\right.$ |
| endocrine [1] 11.3/17 | 94/7 123/14 153/17 157/5 157/5 | externally [3] 7/18 35/25 87/24 |
| endured [1] 154/3 | 160/16 165/19 168/6 171/22 | extremities [4] 51/9 51/10 |
| energy [2] 74/20 75/10 | 182/19 | 1.30/24 166/17 |
| enforcement [4] 53/20 54/24 | exam [4] 8/17 85/17 85/19 100/2 | eye [2] 37/14 51/2 |
| 62/1 62/5 | examination [37] $2 / 5$ 2/6 $2 / 7$ | eyeball [1] 33/11 |
| enough [3] 37/22 68/16 80/24 | $\begin{array}{llllllll}2 / 8 & 4 / 5 & 7 / 20 & 9 / 9 & 9 / 12 & 9 / 21 & 11 / 9\end{array}$ | eyeballs [3] 24/21 38/16 80/16 |
| ensure [1] 185/19 | 15/9 25/17 $26 / 1 \quad 27 / 10$ 27/12 | eyes [22] 11/2 24/].6 34/17 |
| enters [1] 7/15 | 60/16 60/18 63/21 79/21 82/2 | 35/16 35/20 37/4 37/5 37/10 |


| E | find [11] $24 / 24 \quad 71 / 15 \quad 89 / 6$ | forthcoming [1] 172/25 |
| :---: | :---: | :---: |
| eyes... [14] 37/14 38/14 116/15 |  | $\begin{array}{llllll} 15 / 2 & 18 / 24 & 171 / 15 & 172 / 17 \end{array}$ |
| $\begin{array}{lllllll}116 / 16 & 119 / 21 & 121 / 24 & 121 / 25\end{array}$ | finding [7] $27 / 3$ 39/22 $40 / 8$ | found [13] $12 / 13$ 14/13 18/10 |
| 134/5 134/6 134/9 134/18 134/22 | $\begin{array}{llllll}43 / 14 & 45 / 24 & 82 / 16 & 83 / 8\end{array}$ |  |
| 151/4 175/25 | findings [20] 8/20 9/15 9/24 | 64/17 106/10 149/16 149/24 |
| F | $\begin{array}{llllll}11 / 10 & 24 / 25 & 25 / 25 & 26 / 22 & 29 / 20\end{array}$ | 160/20 |
| face [2] 11/3 149 | $\begin{array}{lllllll}32 / 19 & 31 / 24 & 35 / 3 & 36 / 21 & 37 / 7 \\ 39 / 1 & 47 / 14 & 49 / 18 & 51 / 1 & 51 / 1\end{array}$ | $\begin{aligned} & \text { foundation }[5] \quad 63 / 22 \quad 64 / 3 \\ & 104 / 23 \quad 105 / 3 \quad 107 / 19 \end{aligned}$ |
| facets [1] 170/3 | 79/15 122/24 | four [5] 4/23 96 |
| fact [31] 22/5 30/22 37/11 | fine [1] 66/1 | 127/14 |
| 57/24 66/16 66/23 67/24 69/7 | finger [1] 115/11 | fracture [54] 14/8 14/14 14/18 |
| 71/4 86/14 101/7 107/1 107/11 | finish [2] 169/14 169/16 | $\begin{array}{lllllllllll} & 14 / 19 & 14 / 23 & 14 / 24 & 15 / 8 & 15 / 11\end{array}$ |
| 111/11 122/19 150/17 155/8 | first [19] 3/19 4/1 11/16 19/15 |  |
| $\begin{array}{llllll}156 / 18 & 158 / 16 & 159 / 18 & 159 / 25\end{array}$ | 16/3 16/10 I7/10 20/22 39/21. | 23/5 32/21 52/4 56/9 56/14 |
| 165/10 167/13 170/12 171/13 | 48/24 130/25 151/16 152/25 | 57/13 57/25 60/10 66/8 66/8 |
| 176/13 180/19 181/23 182/1 | 153/20 158/9 $166 / 7166 / 12$ | 66/21 67/1 $67 / 14 \quad 67 / 25 \quad 68 / 21$ |
| 182/3 183/16 | 167/23 168/25 | $\begin{array}{llllllllll}72 / 17 & 72 / 18 & 73 / 1 & 74 / 15 & 93 / 9\end{array}$ |
| factor [1] 165/5 | fisticuffs [1] 34/25 | 93/10 135/6 135/7 $135 / 9$ 135/10 |
| factored [1] 61/19 | fit [1] 55/18 | $\begin{array}{lllllll}135 / 13 & 146 / 4 & 146 / 16 & 147 / 6\end{array}$ |
| factors [3] 125/18 187/22 | fits [1] 138/25 | $\begin{array}{lllllllllll} \\ 147 & 148 / 5 & 148 / 10 & 155 / 18\end{array}$ |
| 188/18 | five [2] 55/11 150/4 | 163/7 170/11 173/15 173/25 |
| facts [1] 149/9 | fixed [1] 151/a | 174/10 174/11 174/21 174/25 |
| failed [1] 157/17 | flage [2] 185/10 185/18 | fractured [1] 115/12 |
| Failure [2] 123/11 161/19 | flapped [1] 24/12 | fractures [10] 14/9 18/20 32/21 |
| faint [2] 126/19 131/20 | flat [18] 67/4 67/9 67/17 67/22 | 93/17 99/19 105/12 105/13 |
| fair [16] 8/16 9/6 17/3 26/17 | 68/9 68/14 68/20 77/2 146/23 | 115/11 115/13 115/19 |
| 34/12 52/21 54/4 54/9 56/7 | 153/25 155/18 161/7 161/14 | fracturing [3] 67/7 67/21 68/8 |
| 65/15 65/16 98/6 98/11 135/7 | 162/9 170/15 172/11 173/20 | frankly [4] 156/8 171/3 172/24 |
| 135/13 139/22 | 173/24 | $182 / 8$ |
| fairly [1] 180/17 | flattening [1] 49/12 | free [2] 68/24 79/17 |
| falcine [3] 77/19 77/20 77/22 | flight [2] 187/19 188/12 | FRIDAY [2] $1 / 18 \mathrm{~B}$ 3/1 |
| fall [13] 31/6 55/3 56/20 59/4 | flipping [1] 59/16 | friend [3] 179/11 179/13 179/15 |
| 59/5 59/13 83/14 83/17 146/6 | float [1] 175/3 | front [11] $8 / 14 \begin{array}{lllll}\text { [1/ } & \text { 19/14 } & 38 / 12\end{array}$ |
| 147/5 155/19 156/6 172/10 | floor [日] 68/14 155/20 155/20 |  |
| falling [4] 152/19 172/8 172/8 | 155/20 161/8 162/16 164/4 | 187/7 |
| 172/9 | 176/18 | frontal [5] 19/19 44/17 $53 / 1$ |
| falls [4] $53 / 23$ 59/7 $59 / 9 \mathrm{63/4}$ | flow [4] 26/9 26/10 26/11 78/20 | 90/12 147/25 |
| familial [1] 182/1 | fluid [8] 13/3 94/2 94/8 94/13 | full [3] 10/16 48/24 189/12 |
| familiar [4] 95/6 105/18 106/2 | 94/16 94/20 94/25 146/24 | function [2] 5/24 109/15 |
| 124/22 | focal [4] $10 / 18 \quad 10 / 22 \quad 83 / 22$ | functioning [2] 113/5 113/7 |
| family [5] 1.79/10 180/22 181/24 | 122/9 | further [6] 60/15 70/2 133/25 |
| 184/9 186/4 | focused [2] 91/17 184/8 | $134 / 5 \quad 145 / 1 \quad 191 / 2$ |
| fancy [1] 94/21 | following [1] 110/23 |  |
| far [40] 5 [/13 $7 / 21 \quad 11 / 10 \quad 12 / 15$ | follows [1] 4/3 | G |
|  | followap [2] 140/12 140/13 | G-a-v-1-n [1] 3/22 |
|  | food [3] 29/11 29/12 29/18 | galea [1] 11/25 |
| 50/13 52/2 54/1 54/2 55/1 57/8 | force [42] $40 / 16$ 51/5 51/8 53/9 | galeal [4] $11 / 25 \quad 12 / 4 \quad 15 / 17$ |
| 59/21. $78 / 4$ 107/14 108/10 114/25 | 53/10 $53 / 14$ 56/8 56/13 56/20 | 93/16 |
| 135/6 135/17 136/2 $137 / 6$ 137/24 | 56/22 57/6 58/3 59/19 60/5 | gas [1] 26/4 |
| 139/13 147/3 $152 / 18 \quad 162 / 6$ | 84/19 $84 / 24 \quad 85 / 1$ 119/12 126/15 | gathered [1] 154/16 |
| 162/20 173/8 175/9 176/12 | 130/20 130/23 133/13 136/6 | gave [8] 81/25 111/9 124/16 |
| 178/22 | 136/18 136/21 139/10 142/9 | 124/17 158/5 165/12 168/4 |
| fast [2] 18/23 162/23 | 143/11 153/9 154/21 155/25 | 175/10 |
| faster [1] 58/13 | 160/12 160/23 161/13 164/22 | GAVIN [27] $2 / 4 \mathrm{3} / 17 \mathrm{ll} 3 / 214 / 7$ |
| father [2] 179/16 179/17 | 165/1 166/6 166/16 167/7 167/22 | 60/20 66/2 146/10 146/18 147/16 |
| feature [1] 66/17 | 168/5 170/0 | 148/3 148/13 148/14 148/24 |
| feel [2] 30/3 68/24 | forces [7] 75/12 80/12 90/21 | 149/3 149/4 $153 / 2 \begin{array}{lllll} & 153 / 21 & 153 / 25\end{array}$ |
| fell [10] 150/20 151/13 151/20 | 119/8 $140 / 25$ 141/14 142/23 |  |
| 151/21 152/3 152/3 152/12 | forcing [1] 95/17 | 164/5 166/14 1.74/7 174/12 |
| 152/13 152/16 160/2 | foreign [1] 30/19 | gelatinous [4] 69/17 69/18 $70 / 2$ |
| fellowship [2] 4/17 4/21 | forensic [10] $4 / 9$ 4/21 7/19 | 71/2 |
| felt [1] 11/9 | 35/3 35/4 $37 / 9 \quad 63 / 20 \quad 64 / 14$ | general [3] 5/24 63/1 136/10 |
| few [2] 155/9 170/13 | 134/4 173/1 | generally [20] 5/6 5/9 6/25 |
| field [1] 175/18 | forgive [2] 106/22 114/6 | $\begin{array}{lllllll}7 / 18 & 7 / 24 & 33 / 4 & 33 / 6 & 36 / 9 & 42 / 13\end{array}$ |
| fifth [2] 124/8 125/10 | forgiveness [2] 65/19 65/20 | 45/20 67/4 79/20 101/23 102/21 |
| filled [6] $26 / 1426 / 15$ 102/10 | forgot [1] 122/7 | 104/11 114/2 125/4 142/5 143/15 |
| 102/16 102/17 102/18 | form [1] 36/11 | 186/16 |
| films [1] 156/12 | formalin [1] 35/2 | generate [3] $30 / 20 \quad 72 / 24 \quad 134 / 14$ |
| final [1] 45/24 | forming [1] 15/7 | generated [1] 10/24 |
| finally [1] 150/18 | forms [2] 14/23 17/1 | genesis [1] 123/15 |
| financial [1] 187/21 | forth [1] 166/21 | genetic [1] 125/18 |


| G | $\begin{array}{llllll} \text { gone }[3] & 32 / 20 & 46 / 3 & 150 / 25 \\ \text { good }[11] & 9 / 19 & 22 / 10 & 25 / 10 & 26 / 9 \end{array}$ | hang［2］72／20 72／21 <br> happen［8］77／1 $95 / 18$ 96／5 $96 / 7$ |
| :---: | :---: | :---: |
| genitor［1］112／5 | $\begin{array}{lllllll}26 / 9 & 26 / 11 & 27 / 18 & 81 / 6 & 123 / 12\end{array}$ | 97／1 105／17 173／6 180／23 |
| genitorinary［1］112／7 | 144／19 166／2 | happened［25］116／23 149／23 |
| Genitourinary［2］112／9 112／10 | got［7］51／21 124／21 155／1 | 151／8 151／9 151／20 152／1 152／2 |
| gentleman［1］159／11 | 156／11 164／13 176／14 180／17 | 152／11 $153 / 4 \quad 153 / 14153 / 17$ |
| germs［1］30／7 | gotten［1］12／15 | 165／12 165／19 171／20 171／22 |
| Gerri［6］1／24 189／14 189／15 | grab［2］163／7 163／日 | 172／20 176／19 177／3 177／10 |
| 190／14 191／4 191／5 | grabbed［1］83／10 | 177／12 182／20 183／8 183／10 |
| get［41］5／20 7／3 13／11 $26 / 13$ | grabbing［1］99／4 | 183／24 183／25 |
| 31／8 $31 / 13$ 34／3 $36 / 7$ 43／1 45／21 | grain［1］187／5 | happening［3］6／10 21／13 92／5 |
| $\begin{array}{llllll}56 / 25 & 59 / 5 & 62 / 13 & 64 / 16 & 65 / 5\end{array}$ | grandparents［6］181／5 181／6 | happens［9］ $31 / 4 \quad 42 / 2 \quad 43 / 4 \quad 43 / 6$ |
| 65／6 69／14 $76 / 18 \quad 77 / 12 \quad 77 / 13$ | 181／7 181／8 181／9 181／10 | 45／11 $47 / 24$ 76／25 134／15 $171 / 5$ |
| 77／16 89 9／11 $94 / 14$ 94／20 101／23 | grant［1］181／19 | happy［1］66／3 |
| 101／24 101／25 102／11 103／2 | great［7］9／17 9／17 19／12 181／5 | hard［16］13／4 45／13 45／16 58／6 |
| 118／19 121／15 128／5 134／18 | 181／7 181／8 181／10 | 74／12 $161 / 14$ 162／9 164／2 $164 / 3$ |
| 150／15 156／9 156／14 157／2 | great－grandparents［4］181／5 | 164／12 166／25 168／18 170／8 |
| 165／13 1．71／6 171／18 $175 / 7$ | 181／7 181／8 181／10 | 170／15 172／10 172／11 |
| gets［4］13／7 48／8 150／16 | greater［6］13／17 37／15 38／18 | Hartford［2］4／16 4／18 |
| 154／17 | 121／3 121／12 183／20 | has［56］8／22 23／17 24／10 $25 / 9$ |
| getting［7］14／15 92／6 106／17 | green［2］131／20 131／22 | $\begin{array}{llllll}28 / 22 & 30 / 15 & 31 / 10 & 35 / 8 & 36 / 4\end{array}$ |
| 109／14 109／15 119／17 136／14 | grew［1］180／1 | 39／21 41／14 $41 . / 21$ 41／21 $42 / 4$ |
| girlfriend［10］149／15 149／20 | gridlock［1］44／7 | 42／9 $46 / 13$ 65／6 65／14 $67 / 5$ |
| 150／3 150／3 150／12 158／6 175／13 | grooves［1］22／4 | 67／16 68／2 $94 / 12$ 94／22 $95 / 18$ |
| 175／17 176／21 180／12 | grose［3］98／19 116／21 157／9 | 96／6 113／16 126／19 127／25 |
| give［9］6／3 47／3 62／18 66／5 | grosaly［7］27／15 80／5 81／23 | 136／11 138／13 139／3 145／24 |
| 133／17 165／14 175／21 178／17 | 98／12 11．7／6 118／6 157／9 | 146／10 147／4 151／10 169／22 |
| 179／14 | ground［15］102／22 102／25 | 169／24 175／18 177／19 178／7 |
| given［8］ $67 / 25 \quad 70 / 25 \quad 73 / 1$ | 103／13 103／15 103／20 104／8 | 179／10 179／13 179／15 179／17 |
| 108／18 155／13 181／25 182／7 | 104／12 104／15 106／2 106／9 | 179／18 179／21 179／23 182／2 |
| gives［4］49／25 157／1 178／12 | 106／13 149／17 149／24 150／7 | 182／3 183／20 185／17 185／19 |
| 178／13 | 152／25 | 185／25 186／日 187／11 188／3 |
| glass［11］102／22 102／25 103／13 | grow［1］34／11 | hasn＇t［3］39／13 160／4 $185 / 24$ |
| 103／15 103／20 104／8 104／12 | guess［4］29／21 114／7 120／6 | have［272］ |
| 104／15 106／3 106／9 106／13 | 142／20 | haven＇t［3］71／1 91／17 109／6 |
| glean［1］179／5 | guesswork［1］169／24 | having［18］4／1 7／11 38／8 40／18 |
| global［1］137／4 | gun［I］171／16 | 60／11 $83 / 11$ 90／13 $92 / 3$ 99／19 |
| globally［1］87／4 | gyri［11］ $47 / 4$ 47／4 $47 / 10$ 47／21 | 102／7 119／17 136／25 142／17 |
| go［38］5／8 5／12 6／9 7／2 $24 / 20$ | 48／3 $48 / 9$ 48／15 49／6 49／11 $45 / 7$ | 143／16 150／22 150／23 169／1 |
| 28／16 $28 / 22$ 35／12 $38 / 1644 / 8$ | 85／10 | 187／14 |
| 45／1 $45 / 4$ 58／12 58／12 74／17 | H | Hawail［9］179／B 179／12 $179 / 25$ |
| 74／18 $74 / 21 \quad 77 / 22 \quad 91 / 9 \quad 95 / 13$ |  | 180／2 183／11 183／21 185／6 185／8 |
| 102／4 109／5 121／10 124／2 126／2 | had［81］ $10 / 1$ 11／10 $13 / 1418 / 23$ | 187／2 |
| 126／12 $126 / 17$ 134／5 136／15 | 19／9 19／12 $22 / 19$ 24／16 30／15 | Hawail＇s［1］i8g／5 |
| 149／19 162／1 164／15 166／21 | $\begin{array}{llllllll} & 30 / 17 & 32 / 2 & 32 / 3 & 32 / 3 & 36 / 14 & 37 / 1\end{array}$ | Hewaiian［1］180／3 |
| 183／9 185／8 185／17 186／14 189／1 | 39／13 $45 / 24 \quad 51 / 8 \quad 52 / 10 \quad 52 / 15$ | he［191］ $8 / 22$ 10／1 $11 / 10 \quad 32 / 3$ |
| goal［I］186／2 | 52／18 66／9 69／12 76／4 77／17 | $\begin{array}{lllll}32 / 9 & 32 / 12 & 32 / 13 & 32 / 16 & 36 / 2\end{array}$ |
| $\begin{array}{lllllll}\text { goes［17］} & 7 / 5 & 15 / 2 & 16 / 11 & 16 / 24\end{array}$ | 82／4 84／6 95／19 99／16 102／8 | $\begin{array}{llllll}36 / 3 & 36 / 4 & 36 / 4 & 36 / 14 & 37 / 11\end{array}$ |
| 20／4 $20 / 23$ 41／1 $53 / 16$ 80／16 | 1．07／14 108／4 108／5 108／6 108／16 | $\begin{array}{llllllll}37 / 15 & 39 / 6 & 39 / 8 & 39 / 9 & 41 / 12 & 46 / 8\end{array}$ |
| 121／5 $134 / 4 \quad 147 / 4151 / 13151 / 23$ | 109／19 110／24 114／14 130／21 | $\begin{array}{lllllllll}48 / 17 & 50 / 3 & 50 / 5 & 50 / 6 & 50 / 9 & 50 / 25\end{array}$ |
| 162／20 173／5 186／17 | 135／20 139／14 145／24 146／3 | 61／8 69／13 76／5 82／1 85／23 |
| going［83］11／15 13／20 19／25 | 146／6 146／12 146／15 146／15 | 86／15 86／16 86／20 86／20 86／21 |
| 20／16 $25 / 14$ 26／8 $26 / 9 \quad 26 / 10$ | 146／16 147／11 147／14 147／20 | 87／8 87／10 87／11 87／13 90／12 |
| 28／1 $31 / 9$ 41／10 $45 / 17$ 45／20 | 148／16 $148 / 19$ 149／6 $149 / 7$ 150／1 | $\begin{array}{lllll}90 / 20 & 91 / 16 & 91 / 18 & 92 / 14 & 97 / 11\end{array}$ |
| $\begin{array}{llllll}46 / 18 & 49 / 18 & 50 / 12 & 58 / 14 & 59 / 12\end{array}$ | 150／18 150／24 151／25 152／1 | 127／4 127／5 138／6 138／22 138／22 |
| 65／5 65／17 66／6 70／1 70／25 | 152／8 152／24 153／4 153／16 | 138／23 139／1 139／3 139／5 141／12 |
| 73／21 74／22 $74 / 24 \quad 76 / 18 \quad 78 / 16$ | 161／12 161／24 162／20 164／21 | 141／13 141／13 146／6 146／7 146／9 |
| 88／3 $89 / 3$ 95／17 $98 / 17 \quad 110 / 13$ | 167／7 170／13 171／16 175／12 | 146／14 149／13 149／13 149／15 |
| 117／8 121／6 121／10 123／17 124／3 | 175／16 176／13 178／16 182／20 | 149／15 149／16 149／17 149／18 |
| $\begin{array}{lllll}126 / 12 & 126 / 17 & 136 / 13 & 136 / 17\end{array}$ | 183／1 183／12 183／23 185／8 | 149／18 149／23 149／23 149／24 |
| 137／3 139／19 140／1 141／22 142／3 | 186／23 | 149／25 150／1 150／2 150／3 150／3 |
| 142／5 143／16 144／14 144／15 | hadn＇t［2］12／15 139／19 | 150／4 150／5 150／6 150／10 150／12 |
| 145／16 150／13 150／18 152／5 | hair［1］17／11 | 150／14 $150 / 15$ 150／20 151／2 |
| 158／20 160／18 160／19 161／1 | half［1］175／25 | 151／2 151／5 151／9 151／9 151／12 |
| 162／23 164／15 169／5 170／2 $170 / 7$ | hand［6］19／14 19／15 63／5 | 151／20 $152 / 1.152 / 2 \quad 152 / 3152 / 10$ |
| 170／16 171／7 172／15 172／15 | 136／14 $162 / 17$ 163／6 | 152／12 152／12 152／12 152／13 |
| 172／17 175／6 175／21 176／6 | handed［1］175／7 | 152／15 152／19 152／21 152／21 |
| 176／10 $182 / 6$ 182／10 $185 / 4186 / 5$ | handg［16］45／7 45／日 55／14 | 152／23 $153 / 8153 / 14154 / 2 \quad 154 / 3$ |
| 187／1 188／3 188／6 188／25 189／1 | 55／15 151／2 151／2 162／7 162／15 | 156／11 156／16 156／17 156／19 |
| 189／4 | 163／2 $163 / 12$ 163／15 $163 / 22$ | 157／1 158／6 158／22 158／22 |
| going to［1］126／12 | 163／22 177／18 177／22 178／2 | 159／19 159／20 160／1 161／3 |
| gola［3］65／13 108／3 157／4 | handwritten［1］159／19 | 162／15 163／7 164／22 165／14 |

$\begin{array}{llllll}\text { he... [65] } & 166 / 13 & 167 / 13 & 167 / 16\end{array}$ 168/4 168/6 173/21 175/4 175/10 175/12 $\quad 175 / 12 \quad 175 / 15 \quad 175 / 16$ 175/19 175/20 175/20 175/21 175/23 175/23 176/1 $176 / 2$ 176/6 $\begin{array}{llll}176 / 9 & 176 / 9 & 176 / 15 & 176 / 16\end{array}$ 176/20 177/3 179/10 179/11 179/14 $179 / 14179 / 17 \quad 179 / 21$. 179/23 179/25 180/1 180/6 181/3 181/4 181/15 182/1 182/2 $182 / 3$ 182/4 182/4 183/1 183/5 183/13 183/20 183/21 183/22 183/23 184/4 184/9 184/12 184/16 $\begin{array}{llll}184 / 17 & 184 / 18 & 184 / 18 & 186 / 3\end{array}$ $\begin{array}{lllll}186 / 4 & 186 / 9 & 187 / 11 & 188 / 3 & 188 / 4\end{array}$ he'd [1] 50/7
he's [32] 41/11 45/3 $87 / 687 / 7$ 87/8 89/18 $85 / 20$ 124/25 138/17 $\begin{array}{llll}138 / 17 & 138 / 25 & 145 / 16 & 147 / 2\end{array}$ $\begin{array}{llllllll}150 / 8 & 150 / 9 & 150 / 21 & 152 / 6 & 156 / 14\end{array}$ 161/1 172/14 $180 / 17$ 182/5 $182 / 15$ 182/17 183/3 183/3 183/16 $183 / 25$ 188/7 $188 / 14$ 188/20 189/6
head [97] $8 / 8 \quad 8 / 15 \quad 11 / 14 \quad 11 / 17$ $\begin{array}{lllll}12 / 8 & 12 / 10 & 12 / 14 & 14 / 4 & 14 / 12\end{array}$ $\begin{array}{lllll}14 / 18 & 14 / 21 & 15 / 5 & 15 / 10 & 20 / 1\end{array}$ 24/14 $32 / 11 \quad 42 / 17 \quad 51 / 3 \quad 56 / 7$ $\begin{array}{llllll}57 / 6 & 59 / 2 & 59 / 18 & 60 / 1 & 63 / 16 & 66 / 7\end{array}$ 66/25 67/5 67/23 68/9 68/16 76/22 $\quad 77 / 1 \quad 84 / 7 \quad 84 / 20 \quad 92 / 8 \quad 95 / 4$ 95/8 $95 / 19 \quad 96 / 2 \quad 96 / 13 \quad 100 / 20$ 108/23 $109 / 20$ 111/25 112/4 $112 / 17$ 113/11 113/15 113/21 $114 / 24116 / 3 \quad 116 / 5 \quad 116 / 11$ $118 / 10 \quad 118 / 19 \quad 119 / 19 \quad 120 / 3$ $121 / 10 \quad 133 / 13133 / 20 \quad 136 / 24$ $\begin{array}{lllll}139 / 8 & 140 / 23 & 142 / 5 & 143 / 16\end{array}$ $\begin{array}{lllll}152 / 24 & 153 / 9 & 153 / 25 & 155 / 22\end{array}$ $\begin{array}{llll}155 / 25 & 155 / 25 & 156 / 4 & 156 / 5\end{array}$ $156 / 22 \quad 156 / 24 \quad 157 / 16 \quad 160 / 12$ $160 / 17$ 160/20 $160 / 24162 / 6$ 162/9 162/14 162/24 163/1 163/9 $\begin{array}{lllll}163 / 12 & 163 / 14 & 164 / 17 & 165 / 21\end{array}$ $\begin{array}{lllll}165 / 22 & 170 / 11 & 170 / 14 & 172 / 11\end{array}$ 173/15 173/22 175/1
headache [2] 19/25•136/23
headaches [1] 95/12
heading [1] 126/14
$\begin{array}{lllll}\text { heads [3] } & 16 / 23 & 16 / 24 & 16 / 25\end{array}$
heal [1] 135/14
healthy [1] 34/10
$\begin{array}{lllll}\text { heard }[10] & 32 / 2 & 145 / 17 & 146 / 2\end{array}$ 156/2 159/5 160/21 178/22 179/4 180/3 180/14
hearlng [6] $1 / 14 \quad 3 / 5 \quad 145 / 24$ 183/10 188/10 188/11
heart [6] 9/17 25/23 27/13 55/13 123/10 186/18
heartache [1] 124/4
heavier [1] 40/3
height [5] 59/8 $59 / 8$ 59/11 124/7 125/10
held [1] 161/1
$\begin{array}{llllll}\text { help [12] } & 12 / 5 & 16 / 4 & 32 / 14 & 42 / 9\end{array}$ 42/14 $44 / 1 \quad 44 / 2 \quad 54 / 15 \quad 54 / 16$ 150/7 152/5 175/24
helpful [1] 110/g
helping [2] 89/15 151/19
he lps [2] 7/8 75/10
hemisphere [2] 89/6 50/9 hemispheres [11] 44/11 58/8 $\begin{array}{llllll}58 / 10 & 78 / 4 & 78 / 11 & 87 / 20 & 87 / 22\end{array}$ 87/23 88/4 89/1 89/1
hemorrhage [79] 10/18 $11 / 25$ $\begin{array}{lllll}12 / 7 & 12 / 25 & 13 / 23 & 15 / 18 & 16 / 21\end{array}$ $\begin{array}{lllll}18 / 16 & 19 / 10 & 19 / 12 & 21 / 18 & 21 / 19\end{array}$ $\begin{array}{llllll}22 / 9 & 22 / 18 & 22 / 19 & 23 / 3 & 24 / 17\end{array}$ $\begin{array}{llll}24 / 21 & 33 / 18 & 37 / 12 & 37 / 16\end{array} 38 / 2$ $\begin{array}{lllll}38 / 3 & 38 / 11 & 39 / 7 & 39 / 8 & 45 / 25\end{array}$ $\begin{array}{lllll}46 / 12 & 51 / 21 & 52 / 10 & 52 / 13 & 52 / 15\end{array}$ $\begin{array}{lllll}52 / 19 & 56 / 15 & 56 / 16 & 56 / 18 & 57 / 14\end{array}$ 57/15 57/17 $57 / 18 \quad 57 / 21 \quad 57 / 22$ 69/8 $69 / 21$ 69/23 $69 / 25 \quad 70 / 14$ $\begin{array}{llllll}75 / 6 & 75 / 18 & 78 / 12 & 82 / 13 & 83 / 1\end{array}$ $\begin{array}{lllll}83 / 23 & 84 / 14 & 88 / 4 & 93 / 16 & 97 / 5\end{array}$ 99/18 100/14 115/25 116/2 $\begin{array}{llll}117 / 18 & 118 / 12 & 121 / 14 & 122 / 4\end{array}$ 126/21 147/9 147/22 147/23 148/7 148/11 $174 / 3$ 174/11 $\begin{array}{lllll}174 / 16 & 174 / 17 & 174 / 18 & 174 / 22\end{array}$ 174/24 182/22
hemorrhages [7] 69/3 $80 / 11$ 121/19 122/1 122/9 123/8 123/17 hemorrhaging [17] 12/12 18/25 20/4 $37 / 18$ 52/7 $68 / 23 \quad 70 / 17$ $71 / 25 \quad 72 / 4 \quad 83 / 16 \quad 93 / 8 \quad 93 / 13$ $116 / 21$ 117/5 122/19 123/3 146/16
hence [2] 59/18 1B0/2
$\begin{array}{lllll}\text { her }[25] & 71 / 12 & 71 / 17 & 104 / 20\end{array}$ 107/23 $150 / 12 \quad 150 / 13 \quad 150 / 14$ $\begin{array}{lllll}150 / 15 & 153 / 8 & 157 / 3 & 157 / 9 & 157 / 9\end{array}$ 158/9 164/8 166/15 168/20 169/14 $169 / 15$ 179/10 $180 / 12$ 180/17 185/17 $185 / 23186 / 1$ 186/6
here [54] $4 / 22 \quad 4 / 23 \quad 4 / 24 \quad 16 / 20$ $\begin{array}{lllll}17 / 2 & 21 / 5 & 22 / 13 & 32 / 12 & 57 / 5 \\ 78 / 1\end{array}$ $\begin{array}{lllll}80 / 18 & 89 / 19 & 91 / 24 & 95 / 6 & 97 / 2\end{array}$ 97/6 98/2 99/23 108/24 112/17 113/12 $114 / 4$ 117/13 $118 / 15$ 121/20 122/15 123/6 123/18 $\begin{array}{llllll}125 / 8 & 126 / 13 & 130 / 4 & 131 / 17 & 132 / 3\end{array}$ 133/6 139/2 141/22 143/24
$\begin{array}{lllll}146 / 11 & 147 / 7 & 155 / 1 & 155 / 21 & 166 / 1\end{array}$
170/5 174/12 179/8 179/10
$\begin{array}{llll}179 / 12 & 180 / 7 & 180 / 15 & 180 / 19\end{array}$
183/23 185/9 188/4 189/2
Here's [2] 179/1 189/8
hereby [2] 176/10 190/16
herein [1] 778/8
herniation [6] 77/16 $77 / 23$ 78/3
78/14 79/24 148/17
herring [1] 259/14
herself [1] 104/24
hide [1] 66/4
high [1] 179/11
higher [1] 59/11
highway [2] 44/6 44/13
$\begin{array}{llllll}\text { him [30] } 32 / 8 & 32 / 14 & 33 / 13 & 36 / 1\end{array}$ 61/7 $82 / 5$ 105/14 $107 / 5$ 146/7
150/18 $150 / 21 \quad 151 / 10 \quad 151 / 23$
$\begin{array}{llll}152 / 1 & 152 / 11 & 153 / 24 & 159 / 25\end{array}$
$\begin{array}{lllll}160 / 6 & 161 / 10 & 161 / 20 & 164 / 12\end{array}$
$\begin{array}{lllll}166 / 24 & 166 / 25 & 175 / 21 & 176 / 1\end{array}$
$\begin{array}{lllll}176 / 1 & 178 / 25 & 179 / 14 & 182 / 3 & 186 / 6\end{array}$
himgelf [1] 188/14
hinted [1] 183/9
hip [1] 131/19
hipbone [1] 9/1
$\begin{array}{llllll}\text { hib [105] } & 8 / 23 & 9 / 1 & 9 / 3 & 9 / 4 & 9 / 4\end{array}$
$\begin{array}{llllllll} & 9 / 13 & 9 / 25 & 10 / 1 & 10 / 9 & 10 / 19 & 10 / 22\end{array}$ $\begin{array}{lllll}10 / 23 & 11 / 13 & 12 / 8 & 14 / 12 & 14 / 13\end{array}$ $\begin{array}{llllll}36 / 2 & 36 / 3 & 36 / 11 & 36 / 14 & 76 / 5 & B 3 / 2\end{array}$ 85/23 $87 / 5 \quad 87 / 8 \quad 93 / 4 \quad 124 / 7$ 124/8 125/10 231/11 132/19 138/22 138/23 145/14 146/3 146/4 149/13 149/15 149/20 $\begin{array}{llll}149 / 20 & 149 / 22 & 145 / 25 & 150 / 2\end{array}$ $\begin{array}{llllll}150 / 3 & 150 / 12 & 151 / 4 & 151 / 4 & 151 / 16\end{array}$ 151/17 152/18 153/25 156/15 $\begin{array}{lllll}157 / 25 & 158 / 6 & 158 / 23 & 159 / 19\end{array}$ 162/7 162/15 162/17 $163 / 2$ 163/6 163/9 163/12 $163 / 14 \quad 164 / 24$ $165 / 20 \quad 166 / 17 \quad 166 / 17 \quad 173 / 22$ $\begin{array}{llllll}175 / 13 & 175 / 13 & 176 / 4 & 176 / 7 & 176 / 9\end{array}$ $\begin{array}{llll}176 / 12 & 176 / 12 & 176 / 21 & 177 / 18\end{array}$ 177/21 178/2 178/18 179/2 179/16 179/17 180/3 180/3 180/7 $180 / 7$ 180/10 180/11 180/11 $\begin{array}{llllll}180 / 12 & 181 / 4 & 181 / 8 & 181 / 9 & 181 / 25\end{array}$ 182/12 182/22 183/1 186/21 186/22 186/24 188/6 188/19 189/8
higtological [2] 91/B 91/9 history [4] 32/2 $1.79 / 22$ 186/24 187/20
hit [8] 66/25 6B/2 6B/13 161/3 162/9 165/21 165/22 173/22
hitg [1] 74/12
hitting [3] 67/8 67/9 68/9
himal [2] $13 / 24 \quad 100 / 4$
hold [6] 13/20 31/4 157/25 159/25 160/6 166/20
holds [2] $33 / 2 \quad 13 / 3$
$\begin{array}{lllll}\text { home [7] } & 150 / 14 \quad 150 / 15 & 150 / 19\end{array}$ 150/23 158/24 183/6 183/8
homicide [10] 55/15 55/25 $56 / 4$ 62/6 62/10 62/12 62/20 153/16 155/5 155/9
Honor [35] 3/7 3/11 3/16 3/25 15/25 20/10 26/25 63/25 104/18
122/14 $144 / 20 \quad 145 / 3145 / 10$
145/13 145/18 145/22 154/9
$\begin{array}{lllll}154 / 18 & 157 / 22 & 159 / 1 & 160 / 4\end{array}$
161/17 162/5 164/11 $165 / 6$ 170/1
173/9 178/21 178/24 179/2 $180 / 8$
181/18 $182 / 7$ 182/14 $184 / 19$
HONORABLE [1] 1/16
hospital [16] 4/16 4/78 69/13
104/14 107/4 109/19 127/6
127/23 $128 / 14$ 129/11 $135 / 8$
$\begin{array}{lllll}135 / 12 & 135 / 21 & 146 / 22 & 164 / 24\end{array}$ 167/14
hospitalized [1] 40/3
hour [2] 96/22 96/24
hourg [12] 46/16 69/14 69/24 $\begin{array}{llllll}70 / 3 & 70 / 4 & 70 / 5 & 70 / 8 & 96 / 8 & 110 / 17\end{array}$ 133/21 133/22 133/24
houge [13] 159/5 159/8 173/14 173/20 176/17 176/19 176/20 176/22 177/1 184/8 188/7 188/20 189/5
hover [1] $16 / 8$
how [35] $5 / 4 \quad 5 / 14 \quad 14 / 17 \quad 42 / 6$ 47/9 $48 / 17$ 49/15 $51 / 25 \quad 55 / 2$
64/23 $64 / 24 \quad 76 / 2 \quad 89 / 16 \quad 89 / 17$ 91/5 91/7 103/6 103/7 105/20 105/20 105/22 107/14 108/1
108/1 110/10 117/15 117/16
$\begin{array}{llllll}130 / 3 & 143 / 9 & 148 / 9 & 149 / 9 & 159 / 9\end{array}$ 169/5 176/8 185/11
however [2] $72 / 23 \quad 145 / 17$

| H | 1mpacted [6] 60/8 67/5 67/5 | injuries [73] 7/22 8/6 8/12 |
| :---: | :---: | :---: |
| human [1] 35/6 | $\begin{array}{lll}\text { 67/23 } & 68 / 16 & 137 / 2 \\ \text { mpacting [1] } & 89 /\end{array}$ | $\begin{array}{lllllllllll}11 / 10 & 12 / 13 & 14 / 3 & 24 / 13 & 36 / 25\end{array}$ |
| hurry [2] 150/14 150/19 | impacts [5] 36/17 72/11 77/ | $\begin{array}{lllll}52 / 2 & 52 / 25 & 53 / 6 & 53 / 11 & 53 / 12 \\ 56 / 7 & 57 / 8 & 57 / 11 & 58 / 17 & 58 / 20\end{array}$ |
| husband [1] 180/13 | 97/3 120/11 |  |
| hyoid [1] 99/19 | implied [1] 144/5 | $\begin{array}{llllll}82 / 22 & 98 / 25 & 99 / 3 & 99 / 5 & 99 / 12\end{array}$ |
| hypoxemia [1] 76/16 | implies [2] 58/14 87/8 | 99/23 $114 / 15$ 114/17 114/24 |
| hypoxia [8] 50/6 91/17 91/21 | imply [2] 38/5 72/10 | 115/15 133/19 137/12 137/20 |
| $\begin{array}{lllllll} & 92 / 13 & 122 / 23 & 122 / 23 & 139 / 4\end{array}$ | important [1] 89/15 | $\begin{array}{llllllllll}137 / 24 & 138 / 195 & 145 & 146 / 3\end{array}$ |
| 142/17 | impose [2] 180/9 181/18 | 146/6 146/11 147/1 147/2 147/5 |
| hypoxic [29] 11/1 39/11 39/11 | impossible [2] 120/5 143/8 | 147/19 147/25 148/13 148/20 |
| 40/20 $41 / 2$ 41/9 90/8 $90 / 16$ 92/7 | impression [1] 102/22 | 148/23 $149 / 5$ 149/6 149/10 |
| 92/17 100/19 101/17 111/24 | improper [1] 173/4 | 149/12 $150 / 9 \quad 151 / 24 \quad 153 / 15$ |
| 112/1 112/3 123/5 123/9 123/15 | inch [22] $8 / 24$ 8/25 9/2 $126 / 19$ | $\begin{array}{lllll}153 / 18 & 154 / 3 & 155 / 24 & 157 / 5\end{array}$ |
| 123/16 138/5 138/8 138/10 139/7 | 126/19 127/14 127/25 12 B/18 | $\begin{array}{lllllll}166 / 16 & 173 / 16 & 174 / 5 & 174 / 9\end{array}$ |
| 139/13 139/23 142/18 142/24 | 128/18 129/14 $129 / 14130 / 4$ |  |
| 143/20 156/2 | 130/5 130/25 130/25 131/13 |  |
| I | $\begin{array}{llllll}131 / 19 & 131 / 20 & 132 / 8 & 132 / 24\end{array}$ | injury [156] $7 / 17$ 14/7 $15 / 22$ |
| I'd [8] 34/1 104/24 $126 / 2 \mathrm{l}$ 154/6 | $\begin{array}{cc}\text { 132/24 } & 132 / 24 \\ \text { inches [1] 172/10 }\end{array}$ | $\begin{array}{lllll}34 / 24 & 36 / 5 & 37 / 21 & 39 / 6 & 40 / 15\end{array}$ <br> 41/9 41/15 $41 / 19$ 42/1 $42 / 5 \quad 42 / 9$ |
| 154/8 154/10 169/19 182/25 | include [1] 98/21 | 43/12 $43 / 15$ 43/21 45/7 45/11 |
| I'11 [11] 8 8/2 $25 / 11136 / 9$ 36/11 | included [2] 32/17 37/8 | 49/19 50/1 $50 / 2 \quad 50 / 5 \quad 50 / 24 \quad 51 / 2$ |
|  | includes [1] 8/7 | 51/5 51/8 $53 / 8 \quad 53 / 9$ 53/10 53/14 |
| 162/8 169/16 | including [4] 9/188 $39 / 7 \quad 153 / 20$ | 53/22 53/24 56/8 $56 / 13$ 56/15 |
| I'm [67] $3 / 214 / 8$ 11/15 $13 / 20$ | 164/3 | $\begin{array}{lllllll}56 / 17 & 56 / 20 & 56 / 22 & 57 / 6 & 58 / 2\end{array}$ |
| 20/16 23/14 $25 / 8 \quad 25 / 13$ 36/12 | inconsistent [6] 163/19 165/24 | 58/5 58/15 59/5 59/25 60/4 60/5 |
|  | 166/1 $166 / 5$ 166/8 177/4 | 63/5 66/7 68/10 70/6 71/16 |
| 64/7 65/17 $66 / 3$ 71/14 $71 / 15$ | increase [2] 59/19 109/21 | $\begin{array}{lllll}72 / 23 & 74 / 10 & 76 / 22 & \text { B3/12 } & 83 / 12\end{array}$ |
| 81/12 86/23 88/9 89/19 98/17 | increased [1] 137/7 | 83/14 84/7 84/10 84/23 84/23 |
| 100/17 103/5 103/1.0 104/3 104/5 | increasing [1] 140/2 | 85/14 85/20 $86 / 17 \quad 86 / 25 \quad 86 / 25$ |
| 105/23 105/24 106/21 107/23 | indentations [2] $22 / 6$ 46/24 | 87/6 87/7 88/21 89/14 89/17 |
| 114/8 118/15 121/23 124/10 | independent [1] 62/24 | $\begin{array}{lllll}90 / 17 & 91 / 23 & 91 / 25 & 92 / 19 & 95 / 3\end{array}$ |
| 126/12 $126 / 17132 / 24135 / 18$ | INDEX [1] 2/1 | 95/4 95/19 $95 / 23$ 96/11 $96 / 13$ |
| 137/16 138/18 138/21 139/12 | indicate [5] 49/15 50/21 83/21 | 97/2 97/10 99/7 99/8 108/16 |
| 139/18 142/20 142/21 144/B | 101/9 116/14 | 108/22 108/23 108/25 10 |
| 160/16 162/25 164/15 166/21 | indicated [33] 10/14 60/20 | 110/6 111/13 $112 / 1 \quad 112 / 4 \quad 112 / 17$ |
| 168/1 168/14 169/21 170/24 | 60/21 61/12 $64 / 1$ 69/2 75/17 | 113/11 113/15 113/22 115/3 |
| 171/2 171/7 $1788 / 3178 / 4$ 178/17 | 79/15.82/6 82/12 85/18 85/23 | 115/6 115/9 115/17 115/20 116/3 |
|  | $\begin{array}{llllllllllll}86 / 16 & 87 / 16 & 93 / 7 & 94 / 6 & 98 / 10\end{array}$ | $\begin{array}{lllll}116 / 3 & 116 / 6 & 116 / 8 & 117 / 9 & 117 / 22\end{array}$ |
| I've [9] $\begin{array}{llllll} & 9 / 5 & 10 / 13 & 16 / 14 & 36 / 24\end{array}$ | 100/2 100/8 104/3 104/6 111/15 | $\begin{array}{llll}117 / 24 & 119 / 2 \quad 119 / 2 \quad 126 / 15\end{array}$ |
| 80/2 98/3 99/6 152/15 178/16 | 112/22 115/23 11.6/20 122/16 |  |
| identification [1] 35/11 | 124/20 125/9 126/18 139/18 | 133/19 136/11 136/17 $136 / 18$ |
| identified [7] 10/199 85/19 | 164/6 179/16 179/17 | 137/5 $1388 / 5 \quad 138 / 6 \quad 138 / 7 \quad 138 / 21$ |
| 86/15 102/19 122/10 130/24 | indicates [3] 122/9 139/15 | $\begin{array}{llllllllll}138 / 25 & 139 / 3 & 139 / 5 & 139 / 8 & 139 / 10\end{array}$ |
| 158/13 | 141/12 |  |
| identify [3] 78/5 104/11 157/9 | indication [4] 59/24 101/16 | 142/14 142/17 143/3 144/10 |
| 1dentifying [1] 157/5 | 104/13 123/4 | 147/8 147/11 147/14 147/16 |
| image [2] 63/15 65/9 | indicative [2] 49/13 127/20 |  |
| imagery [2] 64/2 105/19 | individual [3] 6/7 35/7 152/8 |  |
| images [6] 31/15 61/3 61/5 61/7 | individually [2] 124/2 124/11 | 174/2 174/24 182/21 183/16 |
| 61/10 107/5 | Individuals [1] 134/20 | inaide [14] $\quad 8 / 5$ 8/6 $13 / 4 \quad 15 / 14$ |
| imaging [7] 61/1 63/13 63/18 | Induces [2] 118/20 118/24 | $\begin{array}{lllllll}15 / 21 & 25 / 4 & 42 / 16 & 57 / 4 & 59 / 1\end{array}$ |
| 64/4 105/9 107/16 164/23 | indulge [1] 154/7 | 74/11 $87 / 17$ 88/11 111/22 111/22 |
| immediate [3] 143/22 182/1 | indulgence [3] B3/19 93/22 | insides [1] 9/10 |
|  | 115/21 | insignificant [1] 40/1 |
| immediately [5] 96/16 96/19 | infant [1] 125/6 | inspect [1] 134/6 |
| 97/12 109/20 151/5 | infection [3] 25/9 40/17 85/1 | inspection [1] 134/5 |
| immune [4] 34/9 113/5 113/6 | infectious [1] 34/8 | instance [4] $43 / 18$ 54/18 $136 / 4$ |
| 113/8 | inflammatory [5] 30/3 30/9 | $137 / 19$ |
| 1mpact [58] 17/2 17/19 38/5 | 30/13 30/24 94/13 | instances [1] 185/5 |
| 38/6 38/7 48/15 56/8 56/13 | inflicted [7] 70/6 108/24 | instrument [3] 67/8 67/20 68/1 |
| 57/24 59/19 60/9 66/13 66/18 | 133/19 140/23 155/15 156/23 | insult [1] 113/7 |
| 66/19 66/25 71/7 71/9 71/10 | 157/15 | Intact [3] 31/11 33/19 78/6 |
| $\begin{array}{lllllll}72 / 16 & 73 / 3 & 73 / 24 & 74 / 6 & 74 / 7\end{array}$ | information [23] 6/3 36/8 41/22 | intensity [1] 137/5 |
| 74/14 75/1 $75 / 13$ 76/8 76/10 | 41/25 49/24 $53 / 21$ 54/5 54/14 | intention [1] 32/13 |
| 76/13 76/17 $76 / 25 \quad 77 / 4 \quad 79 / 6$ | 55/21.61/20 62/4 62/10 62/18 | interbronchial [2] $28 / 20 \quad 28 / 21$ |
| 79/11 84/9 84/10 85/4 85/14 | 62/21 147/20 153/11 154/15 | interchangeable [2] 159/16 |
| 86/4 89/2 $91 / 23$ 91/25 93/9 97/6 | 163/13 172/24 173/1 173/1 | 159/21 |
| 97/12 97/15 98/2 108/21 116/7 | 173/11 187/4 | interchangeably [2] 159/18 |
| 117/9 119/8 119/13 119/18 | initial [3] 74/10 117/22 141/21 | 160/1 |
| 119/20 120/3 120/25 121/3 | initially [1] 104/21 | interest [1] 124/3 |
| 157/16 | injured [3] 45/12 56/25 83/14 | interested [1] 191/2 |


| I | $167 / 3 \quad 168 / 21$ | $\begin{array}{lllll}156 / 9 & 159 / 14 & 169 / 15 & 180 / 4 & 180 / 9\end{array}$ 180/22 |
| :---: | :---: | :---: |
| interesting [4] 154/13 155/11 | juice [1] 33/11 | kindly [1] 75/19 |
| 156/8 1.56/25 | Jump [2] 168/16 168/18 | kinds [2] 96/8 186/10 |
| interior [2] 87/18 131/19 | jumping [2] 152/21 171/6 | Kline [5] 151/3 151/11 151/13 |
| interlineation [1] 170/2 | Jumps [1] 151/18 | 152/9 152/12 |
| internal [13] 9/12 9/18 9/18 | $\begin{array}{llllll}\text { June [7] } & 6 / 12 & 135 / 8 & 135 / 14\end{array}$ | knew [2] 179/11 188/1 |
| 25/17 43/25 $44 / 7$ 53/2 $89 / 21$ | 149/14 $149 / 14184 / 1 \quad 184 / 4$ | knife [1] 88/10 |
| 90/1 90/18 95/23 123/21 148/1 | June 6 [3] 135/8 135/14 149/14 | know [51] $12 / 16$ 35/10 $44 / 2$ |
| internally [3] 87/23 87/25 |  | 44/15 $49 / 1161 / 4 \quad 65 / 14 \quad 66 / 1 \quad 66 / 2$ |
| 115/19 | Jury [2] 167/19 167/20 | $\begin{array}{llllllllllll}74 / 15 & 78 / 13 & 82 / 7 & 82 / 10 & 92 / 4\end{array}$ |
| interpret [1] 108/2 | Just [112] $6 / 23$ 8/13 $8 / 14410 / 7$ | 92/5 97/22 105/22 105/25 107/25 |
| interpretation [3] 64/25 65/11 |  | 108/2 110/17 $114 / 3120 / 5120 / 7$ |
| 103/8 | 14/4 14/21 16/7 16/10 27/16 | 122/23 141/13 142/16 144/7 |
| interpretations [1] 105/8 | $\begin{array}{llllllllll}17 / 17 & 17 / 17 & 19 / 17 & 20 / 2 & 21 / 22\end{array}$ | 152/18 $153 / 17 \quad 158 / 3159 / 9$ |
| interpreted [3] 103/12 103/18 |  | $\begin{array}{llllll}162 / 10 & 162 / 15 & 163 / 7 & 165 / 19\end{array}$ |
| 103/19 | 27/16 $28 / 10$ 31/18 $39 / 11$ 39/18 | 166/1 166/3 167/8 168/9 168/11 |
| interpreting [1] 105/24 | 52/3 54/10 55/8 57/24 58/9 | 169/4 172/23 173/21 176/7 |
| interrupt [3] 16/6 162/22 | 60/11 62/19 63/1 65/19 66/8 | 178/14 182/工9 185/1 186/12 |
| 169/11 | 66/19 71/15 72/17 79/21 80/2 | 186/15 188/2 |
| interrupting [2] 169/13 178/16 | 82/2 82/9 84/17 $85 / 485 / 16$ | knowing [1] 152/7 |
| intervention [1] 184/6 | $86 / 14$ $87 / 12$ $87 / 25$ $88 / 15$ <br> $9 / 23$    | knowledge [4] 63/6 63/23 175/18 |
| interview [1] 175/19 | 92/5 92/23 93/2 95/3 95/7 96/10 | 186/23 |
| intestines [1] 9/19 | 104/4 104/9 104/15 107/22 | known [1] 161/8 |
| intrabronchial [1] 101/13 | 107/22 110/14 110/20 113/6 | knows [7] 35/7 64/4 165/11 |
| intramuscular [2] 83/22 84/13 | 116/11 116/15 118/8 120/12 | 171/22 173/12 177/10 179/3 |
| investigating [1] 158/15 | 122/21 124/13 124/18 125/25 |  |
| investigation [8] 6/9 53/19 | 126/5 127/11 128/7 131/6 136/9 | L |
| 53/19 $53 / 2154 / 4 \quad 54 / 16 \quad 61 / 14$ | 139/12 140/17 142/7 143/9 | L-i-s-a [1] 3/22 |
| 61/18 | 144/17 145/7 $150 / 14151 / 24$ | lack [18] 29/21 39/12 50/3 85/6 |
| investigative [2] 6/6 6/19 | $\begin{array}{lllll}152 / 22 & 152 / 24 & 153 / 17 & 154 / 25\end{array}$ | 85/10 91/21 92/1 93/3 111/24 |
| investigator [2] 4/20 6/25 | 158/20 161/23 163/3 164/9 | 122/25 138/13 138/16 139/25 |
| investigator's [2] 54/22 61/20 | 166/20 167/4 168/1 168/3 168/13 | 142/13 156/20 182/6 186/24 |
| investigators [2] 6/8 53/20 | 168/22 169/4 169/21 169/23 | 186/25 |
| involve [1] 8/9 | 170/25 171/10 173/17 174/13 | lag [4] 89/4 89/6 89/8 $90 / 4$ |
| involved [3] $43 / 3$ 62/13 187/25 | 175/3 188/16 | lags [1] 89/5 |
| involving [2] 170/8 187/10 | JUStice [4] $1 / 4 \mathrm{l}$ [/17 $190 / 1$ | laid [1] 175/23 |
| inward [1] 90/8 | 190/19 | language [7] 26/18 $103 / 6 \quad 103 / 7$ |
| is [355] | K | 160/9 161/15 162/3 18 |
| $\begin{gathered} \text { 1scnemlit } \\ 139 / 23 \end{gathered}$ | keep [2] 28/10 34/10 | larger [2] $42 / 11$ 80/23 |
| ischemic [9] 39/11 39/12 40/20 | keeping [2] 188/3 188/17 | largest [1] 8/25 |
| 41/3 $138 / 5$ 138/8 138/10 $139 / 14$ | keeps [1] 13/3 | LAS [6] 1/4 3/1 4/10 190/1 |
| 156/3 | kept [2] $35 / 8$ 134/10 | 190/19 190/20 |
| island [3] 159/6 159/7 180/4 | key [2] 36/14 36/16 | Las Vegas [1] 4/10 |
| ish't [3] $23 / 4 \begin{array}{lllll}\text { [ } & 26 / 7 & 175 / 6\end{array}$ | Khayden [21] 6/13 6/22 8/16 | last [7] 3/20 10/17 151/17 |
| 1solation [1] 103/3 | 9/25 11/8 11/10 50/23 51/15 | 166/8 169/15 169/15 179/9 |
| iscue [10] 97/19 99/11 101/24 | 60/22 150/20 153/23 154/2 | later [日] 62/14 96/22 96/25 |
| 120/23 145/18 154/9 154/12 | 164/18 177/17 177/21 182/18 | 106/10 1.40/10 150/4 152/15 |
| 160/8 171/11 187/10 | 182/21 182/23 183/12 185/12 | 175/19 |
| issues [2] 37/23 99/3 | 187/10 | lateral [3] 130/3 130/5 131/1 |
| it [356] | Khayden's [5] 11/17 $12 / 14$ 14/4 | law [8] 53/20 54/24 62/1 $62 / 5$ |
| it's [197] | 14/18 15/10 | 171/12 171/24 180/11 180/13 |
| i.t'g on [1] 20/3 | Khaysen [13] 180/19 180/25 | lay [5] 26/19 64/3 68/24 105/2 |
| item [2] 100/12 165/8 | 181/1 181/19 184/7 185/2 185/20 | 128/25 |
| itemize [1] 51/11 | 186/1 $186 / 3186 / 4186 / 9188 / 22$ | layer [1] 11/24 |
| its [6] 13/7 17/15 41/8 51/23 | 189/7 | laying [3] 102/9 109/18 150/6 |
| 120/1 145/6 | kid [3] 158/17 158/20 165/10 | layman's [1] 27/7 |
| itself [27] 8 [/7 $11 / 24 \quad 12 / 25$ | kids [1] 98/3 | lead [1] 29/2 |
| 21/9 21/16 28/7 57/23 60/10 | killed [1] 153/23 | leads [1] 79/13 |
| 60/14 64/24 77/14 79/6 84/2 | kind [65] $7 / 6$ 8/12 $12 / 19$ 12/25 | leak [2] 28/18 28/25 |
| 87/6 94/13 100/12 102/13 115/18 |  | leaks [1] 28/24 |
| 118/13 118/16 119/2 120/17 | 22/21 24/19 25/12 28/4 29/10 | learned [1] 155/14 |
| 134/8 1.41/5 141/6 142/14 159/24 | 30/7 33/7 34/11 $41 / 23$ 42/22 | least [10] 32/19 50/9 139/9 |
| J | $\begin{array}{lllllllllllll}44 / 6 & 45 / 17 & 46 / 22 & 51 / 25 & 64 / 22\end{array}$ | 140/18 149/4 164/1 181/20 |
| Jail [2] 176/10 183/25 | $\begin{array}{lllllllll}71 / 2 & 74 / 6 & 76 / 21 & 76 / 24 & 78 / 11\end{array}$ | ceave [4] $36 / 1$ 64/10 $78 / 6$ |
| Job [1] 182/3 | $\begin{array}{lllllll}78 / 15 & 79 / 12 & 79 / 23 & 82 / 22 & 86 / 8\end{array}$ | 183/18 |
| Jonathan [4] 1/10 $3 / 5178 / 8$ | 87/17 88/2 89/1 $898 / 1292 / 7$ | led [2] 36/5 165/9 |
| 190/7 | $\begin{array}{llllllll} & 95 / 23 & 99 / 12 & 99 / 17 & 100 / 23 \quad 102 / 9\end{array}$ |  |
| Journals [l] 63/8 | 104/5 106/17 107/10 108/3 112/1 | $\begin{array}{lllllll}16 / 19 & 16 / 24 & 16 / 25 & 17 / 4 & 17 / 14\end{array}$ |
| Judge [5] 16/6 51/25 154/6 | 118/24 123/14 127/21 141/3 | 17/20 17/21 19/3 19/11 19/14 |


| L | linear [3] 66/16 68/3 170/10 | Iot [13] $26 / 5 \quad 30 / 2 \quad 30 / 5 \quad 30 / 11$ |
| :---: | :---: | :---: |
| left... [53] 19/15 19/16 22/20 | lines [5] 17/20 17/21 17/23 | 43/3 54/5 57/5 78/9 88/18 $102 / 10 \quad 107 / 11 \quad 141 / 1 \quad 145 / 24$ |
| $\begin{array}{llllll}22 / 25 & 24 / 8 & 37 / 15 & 38 / 7 & 38 / 8\end{array}$ | 160/13 162/3 | Lots [2] 34/2 94/10 |
| $\begin{array}{llllll}38 / 18 & 44 / 15 & 51 / 21 & 52 / 9 & 52 / 11\end{array}$ | Iingo [1] 168/11 | low [1] 177/15 |
| 52/18 52/21 57/16 70/14 70/18 | lining [1] 31/2 | lower [3] 107/10 189/日 189/9 |
| $\begin{array}{llllll}71 / 5 & 71 / 7 & 71 / 11 & 72 / 4 & 72 / 5 & 73 / 11\end{array}$ | lininge [1] 31/12 | Lucca [6] 1/24 189/14 189/15 |
| 73/13 73/16 73/22 74/19 75/3 | lip [10] 9/25 10/23 $11 / 6$ 121/22 | 22 190/14 191/4 191/5 |
| 110/12 118/8 118/24 119/11 | 122/5 122/7 122/10 122/16 | lucency [1] 96/10 |
| 121/11 $121 / 13121 / 13131 / 13$ | 122/20 123/18 | Iumps [1] 88/1 |
| 131/19 134/10 134/10 147/9 | lips [2] 10/9 10/19 | Iumpy [2] 44/20 47/5 |
| 147/24 $148 / 8$ 148/111 $148 / 15$ | liguid [3] 94/9 94/16 94/23 | iunar [2] 132/9 132/22 |
| 148/21 155/6 174/3 174/17 | IISA [3] $2 / 4$ 3/17 $3 / 21$ | lung [6] 26/22 27/3 100/24 |
| 174/22 174/23 175/7 182/22 | list [1] 50/1日 | 156/19 167/6 267/7 |
| left-hand [2] 19/14 19/15 | listening [1] 168/14 | lunge [29] 9/17 25/23 26/1 $26 / 2$ |
| left-handed [1] 175/7 | lists [1] 87/10 | 26/3 $27 / 13$ 27/19 27/22 $28 / 6$ |
| legal [2] 173/10 173/12 | literally [5] $7 / 8 \quad 32 / 5 \quad 88 / 5$ | 28/23 101/10 101/22 101/23 |
| legitimate [1] 1.03/25 | 94/15 110/20 | 101/24 102/4 103/13 106/9 |
| lego [1] 9/4 | 11ttle [32] 7/4 12/2 12/11 | 106/19 106/24 108/4 108/22 |
| LEMCK\% [18] $1 / 22$ 2/6 $2 / 8 / 8 / 12$ | $\begin{array}{lllllll}14 / 21 & 21 / 4 & 26 / 2 & 41 / 12 & 43 / 7 & 43 / 9\end{array}$ | 109/12 135/24 146/21 146/23 |
| $\begin{array}{lllll}20 / 14 & 60 / 19 & 63 / 24 & 103 / 24 & 111 / 1\end{array}$ | $\begin{array}{llllll}44 / 23 & 44 / 23 & 45 / 23 & 48 / 3 & 51 / 6\end{array}$ | 146/24 156/7 156/8 156/10 |
| $\begin{array}{lllll}136 / 2 & 140 / 16 & 145 / 11 & 154 / 5\end{array}$ | 51/7 58/13 69/10 69/15 74/3 | Ipmphocytes [3] 30/12 30/23 |
| 166/15 168/9 169/14 169/20 | 79/25 88/21 91/19 93/14 105/2 | 30/24 |
| 178/I4 | 115/16 124/5 132/1 141/4 142/11 | Iymphoid [1] 30/5 |
| $\left\lvert\, \begin{aligned} & \text { length [4] } \\ & 166 / 16 \end{aligned}\right.$ | $\begin{array}{rrrr} 142 / 15 & 179 / 8 & 179 / 22 \\ \text { live [5] } & 31 / 9 & 63 / 23 \end{array}$ | M |
| lese [17] 5/11 39/12 48/11 | 182/2 | machine [1] 140/9 |
| 52/22 63/19 73/23 81/11 81/22 | liver [2] 111/4 111/12 | macrophage [6] 27/25 28/7 100/3 |
| 109/I0 121/2 124/12 129/8 | lives [1] 179/12 | 100/5 101/2 101/8 |
| $\begin{array}{lllll}130 / 15 & 139 / 19 & 139 / 24 & 148 / 14\end{array}$ | 11ving [2] 151/12 179/2 | macrophages [4] 27/4 27/6 27/24 |
| 188/4 | lo [1] 185/11 | 28/11 |
| let [23] $20 / 16$ 49/1 55/8 60/21 | lobe [9] 19/19 19/20 19/23 | Madam [1] 20/17 |
| $\begin{array}{lllll}66 / 2 & 68 / 5 & 70 / 12 & 71 / 22 & 72 / 7\end{array}$ | $\begin{array}{llllllll} & 19 / 24 & 53 / 1 & 69 / 4 & 72 / 1 & 72 / 5\end{array}$ | made [9] $7 / 25$ 11/9 $18 / 23$ 54/25 |
| 76/18 82/7 $82 / 9$ 85/16 $86 / 16$ | 147/25 | 61/21 $76 / 4144 / 2 \quad 158 / 3 \quad 172 / 25$ |
| 94/6 103/17 124/13 124/17 159/4 | lobes [1] 107/10 | main [3] 20/22 44/13 105/1.3 |
| 166/20 169/14 169/16 171/2 | located [10] 14/20 20/2 25/16 | maintain [1] 7/9 |
| let's [6] 20/25 63/15 87/11 | 29/9 $57 / 14$ 74/14 $75 / 21 \quad 87 / 2$ | major [2] 9/18 25/20 |
| 110/14 125/25 169/14 | 103/3 122/22 | make [33] 5/7 $21 / 3$ 23/10 $26 / 16$ |
| level [3] 82/14 189/8 189/9 | Iocation [8] $22 / 12$ 23/5 72/16 | 26/21 32/14 52/3 62/19 65/22 |
| levels [1] 171/18 | 79/22 87/7 89/15 99/5 129/8 | 104/4 104/16 105/11 107/22 |
| Lewis [1] 190/20 | locations [7] 73/2 76/5 87/9 | 109/10 124/13 134/1B 135/18 |
| license [1] 4/24 | 87/10 $67 / 12 \quad 89 / 16$ 99/8 | 144/17 $151 / 24$ 154/7 $168 / 22$ |
| life [1] 55/14 | long [11] 41/8 41/23 65/24 | $\begin{array}{llllll}168 / 24 & 170 / 25 & 171 / 3 & 171 / 4 & 171 / 7\end{array}$ |
| lifesaving [3] 151/15 152/4 | 109/18 109/23 139/20 140/1 |  |
| 164/24 | 140/6 140/6 140/7 146/22 | 188/20 189/6 |
| like [62] 10/25 13/2 $15 / 8$ 16/15 | longer [2] 35/5 140/4 | makes [5] 91/18 109/23 150/22 |
| 19/10 $19 / 2419 / 25 \quad 22 / 4 \quad 25 / 23$ | look [49] $7 / 178$ 8/5 8/15 9/21 | 155/23 158/6 |
| $\begin{array}{llllll}30 / 4 & 35 / 2 & 37 / 25 & 38 / 12 & 39 / 9\end{array}$ | 12/21 15/13 $16 / 16$ 21/21 $25 / 4$ | making [8] 43/4 44/3 62/22 |
| $\begin{array}{lllll}41 / 23 & 42 / 22 & 43 / 25 & 44 / 3 & 44 / 12\end{array}$ | 25/6 $25 / 11$ 27/13 $31 / 11$ 32/10 | 62/25 105/23 139/12 159/23 |
| 44/22 $45 / 13$ 45/18 $46 / 23$ 46/23 | $\begin{array}{llllll}32 / 11 & 33 / 5 & 33 / 6 & 33 / 15 & 33 / 16\end{array}$ | 170/2 |
| 49/17 $56 / 23$ 62/15 $63 / 8 \quad 66 / 25$ | $36 / 2 \quad 42 / 20 \quad 42 / 22 \quad 54 / 20 \quad 64 / 12$ | malady [2] 112/16 113/21 |
| 67/7 79/22 $\quad 80 / 380 / 18 \quad 80 / 23$ | $\begin{array}{lllllll}64 / 16 & 66 / 4 & 71 / 1 & 75 / 8 & 78 / 2 & 78 / 13\end{array}$ | manifest [1] 96/2 |
| 84/9 84/11 84/21 87/23 88/2 | 79/21 $79 / 22$ 80/3 $81 / 6$ 81/24 | manner [36] 5/2 5/18 36/18 |
| 90/6 90/12 $91 / 23$ 97/2]. 97/25 |  | 36/22 53/17 53/18 54/2 54/2 |
| 98/1 119/23 120/19 124/18 126/2 | 110/2 134/23 142/11 143/19 | 54/15 $54 / 20 \quad 55 / 1 \quad 55 / 6 \quad 55 / 9$ |
| 131/3 $142 / 15$ 145/17 154/6 $154 / 8$ | 159/18 169/21 170/13 185/10 | 55/11 55/22 59/22 61/13 61/19 |
| $\begin{array}{llllll}154 / 10 & 157 / 14 & 162 / 17 & 168 / 10\end{array}$ | 187/19 | 153/9 154/1 154/18 154/22 155/6 |
| 168/15 171/15 172/5 179/18 | looked [14] 9/17 $9 / 17$ 9/19 | 155/10 $155 / 15$ 157/19 162/12 |
| likelihood [2] 109/21 120/9 | $\begin{array}{llllll}18 / 24 & 27 / 21 & 50 / 15 & 54 / 5 & 54 / 9\end{array}$ | 165/17 167/1 171/11 171/14 |
| Iikely [25] 45/21 59/12 68/12 | 54/22 $54 / 23$ 78/9 124/18 153/5 | 171/23 172/22 173/9 173/18 |
| 73/23 $74 / 25$ 75/2 $75 / 8$ 81/11 | 153/5 | 187/15 |
| 81/22 97/7 97/13 101/18 109/3 | Iooking [22] 16/18 20/20 22/11 | many [6] $5 / 14$ 42/6 $76 / 3$ 98/3 |
| 118/11 119/1 119/11 120/11 | 23/15 $23 / 16$ 32/5 $46 / 17$ 53/5 | 99/6 162/25 |
| 121/2 123/5 129/8 130/15 130/16 | $\begin{array}{lllllll}54 / 8 & 54 / 13 & 55 / 2 & 56 / 6 & 59 / 7 & 69 / 25\end{array}$ | marginal [I] 178/6 |
| 130/17 131/16 186/7 | 88/1 90/3 90/5 110/7 138/18 | marke [1] 93/24 |
| Likewibe [1] 96/21 | 138/18 138/21 157/4 | match [4] $35 / 25$ 53/22 $151 / 25$ |
| Iimited [1] 173/18 | looks [5] 44/22 46/23 134/21 | 153/15 |
| limits [1] 124/19 | 138/24 171/15 | material [1] 25/12 |
| line [12] 14/24 15/19 16/22 | loops [1] 46/23 | maternal [3] 181/4 181/5 $184 / 8$ |
| 65/3 74/22 121/9 128/16 135/19 | Iose [3] $47 / 15$ 96/15 $136 / 25$ | matter [5] 6/20 44/17 44/19 |
| 161/9 162/24 177/17 178/2 | loss [2] 92/23 96/21 | 90/12 123/14 |
| line 15 [1] 162/24 | lost [2] 109/6 137/3 | may [38] $6 / 3$ 7/22 $8 / 9$ 10/10 |


| M | 121/21 133/10 166/13 | 183/24 |
| :---: | :---: | :---: |
| may... [34] $15 / 25$ 16/6 16/6 | met [2] 157/23 160/4 | 22/11 $25 / 7$ 30/9 30/14 $30 / 16$ |
| 20/10 $26 / 23$ 26/25 $27 / 15$ 36/13 | Metro [9] 149/21 149/23 150/6 | 35/5 35/7 35/12 41/10 41/10 |
| 57/3 59/19 60/14 66/25 72/19 | 152/13 $152 / 16175 / 16175 / 19$ | 43/3 43/7 $43 / 9$ 43/9 43/10 43/12 |
|  | 176/15 176/16 | 45/21 $48 / 8$ 56/24 57/70 $57 / 12$ |
|  | Mexico [1] 4/19 | 57/23 59/12 63/19 65/6 66/18 |
| 103/15 114/5 117/22 122/13 | MICHAEL [1] 1/21 | 69/12 $69 / 10 \quad 69 / 14 \quad 69 / 15 \quad 69 / 24$ |
| 122/14 124/11 124/21 136/15 | MICHBLLE [2] 1/20 3/7 | 71/16 74/25 75/2 75/8 76/1 |
| 173/21 173/21 180/23 | Mickey [1] 152/6 | 76/15 81/18 $86 / 288 / 2188 / 22$ |
| maybe [18] 8/24 9/2 62/7 67/20 | microscope [3] 27/14 27/21 | 90/18 95/15 97/17 $100 / 12 \quad 109 / 3$ |
| 88/14 88/16 97/20 110/11 110/21 | 110/3 | 109/23 110/10 118/11 119/1 |
|  | microscopic [15] 27/10 27/11 | 119/11 120/11 124/12 137/4 |
| 185/1 $185 / 21^{187 / 13} 188 / 13$ | 30/1. 82/2 85/1.7 85/19 91/6 | 137/4 147/3 147/1.0 170/1 175/18 |
| me [74] $6 / 23$ 10/3 $10 / 15$ 12/5 | 91/10 91/12 91/19 100/1 110/1 | 187/23 |
|  | 116/17 117/7 141/12 | mortem [1] 63/21 |
| 48/7 49/1 50/21 55/8 56/11 | microscopically [4] 81/22 $81 / 24$ | most [13] 11/9 31/3 42/21 44/20 |
| 56/12 60/21 60/24 61/25 65/24 | 100/15 11.8/7 | 59/7 80/20 97/7 97/13 101/18 |
| 66/2 66/5 68/5 68/5 68/25 70/12 | midback [2] 126/19 127/9 | 123/4 124/1 $166 / 4 \quad 186 / 7$ |
| $\begin{array}{lllllllllllll}71 / 22 & 72 / 7 & 73 / 7 & 76 / 18 & 78 / 6 & 82 / 7\end{array}$ | midale [6] $38 / 12$ 45/3 $48 / 25$ | mostly [4] $9 / 4 \begin{array}{lllll}\text { l } & 9 / 4 & 13 / 18 & 23 / 16\end{array}$ |
| 82/10 $82 / 21$ 85/16 86/16 $\mathrm{Q}_{6 / 17}$ | 74/18 87/23 126/13 | mother [1] 165/15 |
| 94/6 98/7 100/17 103/17 104/1 | midline [16] 14/22 16/17 51/15 | mouth [5] 9/21 9/25 56/12 $95 / 23$ |
| 106/22 107/23 111/19 112/25 | $\begin{array}{lllll}51 / 23 & 72 / 15 & 72 / 17 & 74 / 19 & 77 / 14\end{array}$ | 123/4 |
|  | 119/24 121/9 121/11 121/17 | move [6] 14/9 17/25 23/7 43/10 |
| 121/8 124/13 124/17 124/18 | 148/14 148/18 148/22 175/1 | 58/11 74/3 |
| $\begin{array}{lllllll}126 / 3 & 126 / 5 & 128 / 22 & 133 / 17\end{array}$ | might [26] 16/8 22/4 22/7 27/18 | moved [2] 21/24 179/8 |
| 135/18 137/15 138/3 139/18 |  | movement [5] $45 / 6$ 74/7 77/14 |
| $\begin{array}{lllllll}139 / 22 & 144 / 5 & 151 / 17 & 154 / 7 & 159 / 4\end{array}$ | 77/5 B8/21 $95 / 20$ 97/24 $99 / 12$ | 77/24 78/19 |
| 166/22 168/18 1.71/6 184/16 | 102/22 125/15 126/2 $127 / 17$ | mowing [13] 12/11 $44 / 2$ 45/8 |
| 184/20 187/7 187/9 187/14 | 129/10 157/8 160/11 163/19 | $\begin{array}{lllllllll}58 / 14 & 68 / 23 & 70 / 2 & 74 / 11 & 78 / 4\end{array}$ |
| mean [21] $27 / 7$ 34/8 40/11 41/5 | 177/9 181/19 187/13 188/24 | 84/17 98/9 111/4 127/13 130/23 |
| 41/18 $45 / 7$ 53/25 66/18 $71 / 5$ | mild [1] 136/23 | Mr [1] 3/12 |
| 72/14 73/8 $83 / 25 \quad 87 / 22 \quad 156 / 17$ | millimeters [1] 51/24 | Mr. [12] 149/12 152/9 $563 / 22$ |
| 163/12 163/13 166/11 166/13 | mind [1] 186/3 | 169/2 169/18 177/10 177/21 |
| 168/14 187/1 189/1 | minimal [1] 126/20 | 178/10 180/24 185/13 185/15 |
| meaning [4] 75/19 86/1 86/17 | minute [4] 85/16 87/12 116 | 186/7 |
| 132/11 | 158/21 | Mr. Kline [1] 153/9 |
| means [14] 12/6 27/12 46/11 | minutes [5] 46/16 96/8 110/12 | Mr. Quibeno [8] 149/12 177/10 |
| $\begin{array}{lllllll} & 87 / 2 & 94 / 22 & 114 / 12 & 165 / 17 & 167 / 1\end{array}$ | 110/21 150/4 | 177/21 178/10 180/24 185/13 |
| 167/14 167/15 171/11 171/13 | miraculously [1] 135/14 | 185/15 186/7 |
| 175/23 172/22 | misinterpreted [1] 107/16 | Mr. Quibano's [1] 163/22 |
| meant [4] 106/21 121/23 133/15 | misleading [1] 154/24 | Mr. Staudaher [1] 169/18 |
| 138/3 | misrepresented [1] 107/17 | Mr. Staudaher's [1] 169/2 |
| measure [2] 129/4 156/9 | Mibs [21] 20/14 63/24 103/24 | Ma [8] $2 / 5$ 2/6 $2 / 7$ 2/8 $4 / 6$ |
| measured [1] 125/5 | 111/1 $136 / 2 \begin{array}{llllll} & 145 / 7 & 145 / 11 & 154 / 5\end{array}$ | 60/19 135/5 140/16 |
| measures [7] 127/21 151/15 | 159/5 161/16 166/15 168/9 168/9 | much [15] 21/15 25/6 31/18 |
| 152/5 164/24 167/17 167/23 | 169/14 169/20 173/7 178/14 | 51/25 57/4 69/24 73/23 89/16 |
| 167/24 | 180/24 182/13 185/1 185/16 | 89/17 91/18 110/10 144/21 |
| measuring [1] 51/24 | Misa Lemcke [11] 20/14 63/24 | 157/21 169/19 176/6 |
| mechanism [6] 120/9 165/7 165/8 | 103/24 111/1 136/2 145/11 154/5 | mucking [1] 78/6 |
| 172/7 172/20 172/23 |  | mucosa [2] 31/1 111/22 |
| mechanisms [5] 35/11 58/20 | Miss Rodrigues [1] 180/24 | mucosal [1] 31/2 |
| 162/3 177/10 177/13 | missed [2] 27/15 185/19 | mucous [1] 158/12 |
| medical [26] $4 / 8 \mathrm{~s} / 13$ 4/20 $4 / 23$ | missing [3] 32/9 32/15 105/11 | multifocal [4] $22 / 22 \quad 39 / 7 \quad 75 / 18$ |
| 4/25 5/13 $26 / 17$ 54/19 68/8 | misstates [2] 71/12 168/17 | 75/19 |
| 68/19 68/25 128/13 129/20 | misuse [1] 46/18 | multiple [16] 35/15 57/20 57/22 |
| 131/16 145/25 151/5 151/22 | mix [6] 85/24 89/18 90/20 | 60/6 $67 / 9$ 147/1 $147 / 2 \quad 147 / 4$ |
| 153/20 153/21 154/14 158/10 | 141/12 142/3 142/6 | 148/4 149/2 150/13 155/23 |
| 161/19 172/5 172/25 175/18 | mixed [3] 137/23 138/2 139/1 | 165/13 173/15 173/19 174/12 |
| 176/24 | Mmi [2] 13/24 100/4 | murder [7] 159/25 160/6 171/13 |
| medicine [4] 4/I4 147/4 149/8 | Nm-hamm [2] 13/24 100/4 | 178/7 182/16 182/18 186/13 |
| 153/6 | mom [4] 61/22 181/2 184/7 185/3 | muscle [1] $84 / 2$ |
| member [1] | mom's [1] 179/6 | muscles [5] 8/1] $83 / 1183 / 4 \quad 83 / 5$ |
| membrane [5] 13/2 15/18 $21 / 11$ | moment [1] 1.62/8 | 97/21 |
| 21/15 24/22 | monoxide [1] 26/5 | muscular [2] 97/19 99/14 |
| memory [5] 10/20 29/24 34/1 | Montes [17] 31/25 54/11 61/4 | musculoskeletal [6] 113/24 |
| 48/19 49/3 | 105/11 147/6 147/13 147/15 | 114/1 114/3 114/23 115/2 115/7 |
| meningitis [1] 94/12 | 147/19 $148 / 13$ 148/20 148/24 | wry [53] 4 [/13 $4 / 21 \quad 10 / 3 \quad 32 / 13$ |
| mention [3] $34 / 16$ 36/11 $116 / 24$ | 153/24 156/14 $157 / 12 \quad 174 / 7$ | $\begin{array}{llllllllll}33 / 13 & 33 / 14 & 33 / 19 & 34 / 1 & 36 / 10\end{array}$ |
| mentioned [16] 17/12 33/10 40/6 | 174/20 175/2 | 40/22 51/1 $62 / 22 \quad 63 / 6$ 64/13 |
| 43/23 52/9 62/23 92/13 92/14 | Montes ' [1] 149/4 | $\begin{array}{llllll} & 82 / 9 & 82 / 24 & 87 / 22 & 93 / 6 & 95 / 2 \cdot 95 / 5\end{array}$ |
| 100/1 115/2 115/16 116/25 117/6 | months [4] 32/4 46/16 183/13 | 97/13 $98 / 4$ 103/6 114/7 1 I14/20 |


| M | $\begin{array}{lllll}106 / 18 & 106 / 23 & 107 / 13 & 111 / 12\end{array}$ | 148/25 149/22 166/10 173/19 |
| :---: | :---: | :---: |
| my... [28] 115/4 116/25 122/12 | $\begin{array}{llll}111 / 14 & 112 / 14 & 112 / 18 & 113 / 10 \\ 113 / 16 & 113 / 23 & 115 / 10 & 115 / 13\end{array}$ | 174/20 176/3 $1882 / 25$ noted [8] $69 / 8 \quad 70 / 12 \quad 111$ |
| 124/24 133/4 $136 / 19$ 155/15 | 115/15 115/19 116/10 121/19 | 113/18 113/25 126/1 131/22 |
| 156/6 157/19 157/25 158/4 158/9 | 122/21 127/2 127/7 127/24 128/2 | 151/3 |
| 158/14 158/19 159/17 160/5 | $\begin{array}{llllll}128 / 15 & 129 / 22 & 132 / 20 & 133 / 7\end{array}$ | notes [4] 30/25 158/4 168/10 |
| 161/25 169/1 $171 / 3$ 171/8 $175 / 17$ | 133/25 136/11 137/22 140/11 | 168/11 |
| 178/12 179/18 $181 / 3181 / 10$ | 140/25 142/2 $142 / 7{ }^{145 / 3} 156 / 16$ | noteworthy [1] 34/13 |
| 184/16 188/23 189/2 | 156/17 $156 / 17157 / 6157 / 10$ | nothing [10] . $4 / 2$ 9/4 10/9 92/25 |
| myselfe.[2] 65/23 129/1 | 157/20 158/11 159/7 161/3 | 99/24 111/7 113/18 113/25 |
| N | $\begin{array}{llllllllll}161 / 10 & 163 / 23 & 166 / 19 & 167 / 8\end{array}$ | 152/22 159/5 |
|  | 167/22 170/9 173/21 179/19 | notice [2] 51/15 126/12 |
| name [5] 3/20 47/4 151/16 | 175/12 175/14 179/21 181/19 | noticed [4] 12/24 69/1 123/20 |
| 151/17 177/17 | 181/21 184/13 184/17 184/20 | 124/1. |
| named [1] 178/8 | 186/8 187/3 188/21 188/23 189/6 | Hotifies [1] 158/23 |
| names [1] 61/23 | 189/15 190/5 191/5 | NOVEMBER [2] 1/18 3/1 |
| NANCY [2] 1/22 3/11 | No. [1] 26/24 | How [30] $4 / 23$ 日/16 $18 / 23$ 19/15 |
| natural [1] 55/12 | No. 11 [1] 26/24 | 34/16 38/20 50/12 56/6 62/15 |
| nature [12] 35/1 35/12 $66 / 24$ | nobody [1] 172/6 | 64/15 64/19 68/23 71/10 $72 / 7$ |
| 67/19 67/25 69/20 73/1 87/6 | nomer [1] 87/1 | 110/15 110/16 144/13 147/18 |
| 137/8 137/17 155/13 181/25 | Nominal [1] 179/24 | 148/19 152/4 $152 / 14157 / 7 \quad 172 / 3$ |
| near [4] 25/3 25/16 $72 / 17874 / 19$ | nonappearance [1] 47/21 | 172/14 172/17 183/16 183/20 |
| nearly [1] 27/11 | none [5] $33 / 8 \quad 83 / 2 \begin{array}{llllll} & 148 / 25 & 149 / 2\end{array}$ | 184/5 187/7 189/4 |
| necessarily [14] 28/2 34/8 57/2 | 176/2 | NRS [2] 190/6 190/18 |
| 71/6 72/10 $76 / 7$ 76/9 79/6 89/23 | nonimpact [1] 174/2 | number [9] $47 / 18 \quad 126 / 10 \quad 126 / 14$ |
| 97/23 101/9 110/1 123/3 131/9 | Normi [1] 3/12 | 136/1 136/3 146/11 149/5 190/23 |
| neck [9] 8/11 82/23 83/1 83/2 | normal [8] 34/10 40/5 80/4 | 190/24 |
| 83/4 83/5 83/10 83/15 98/9 | 111/8 111/15 124/19 127/11 | numbers [1] 126 |
| necrotic [1] 41/14 | 183/2 | numerous [1] 183 |
| need [11] 12/5 66/2 99/7 143/20 | normally [5] $22 / 5$ 22/7 $33 / 14$ | nurse [1] 158/7 |
| 1.43/21 150/14 150/19 158/23 | 94/20 125/15 | nutritional [2] 125/20 125/23 |
| 187/18 188/18 189/3 | NORMAN [1] 1/23 | 0 |
| nefarious [1] 158/24 | nose [1] 9/22 |  |
| neglect [1] 187/2 | not [173] $8 / 68 / 6311 / 512 / 3$ | 000 [2] 189/11 191/1. |
| neither [3] 147/19 148/10 174/7 | 23/24 23/25 24/11 25/11 $26 / 8$ | Object [15] 63/22 68/16 $103 / 22$ |
| nerve [18] 37/13 37/18 38/2 |  | 161/4 161/5 $162 / 7$ 162/13 $162 / 18$ |
| 38/3 38/12 $52 / 16$ 52/18 57/18 | $\begin{array}{llllllllllll}33 / 15 & 36 / 1 & 36 / 4 & 36 / 13 & 38 / 6 & 38 / 8\end{array}$ | 163/25 165/21 165/22 166/23 |
| 80/15 80/24 81/18 116/22 117/20 | 41/13 $46 / 1336 / 1546 / 22 ~ 51 / 22$ | 177/18 177/23 178/3 |
| 118/2 121/12 147/23 147/24 | 55/13 61/3 $63 / 7$ 64/24 65/11 | objection [6] 18/2 23/9 71/12 |
| 174/15 | 65/12 66/3 66/21 66/24 67/12 | 90/25 103/25 107/19 |
| nerves [16] 24/20 38/15 79/16 | 67/16 67/18 68/12 68/15 69/24 | objection's [1] 64/8 |
| 80/8 80/10 B0/15 80/10 80/21 | 70/8 71/14 $73 / 9 \begin{array}{lll}73 / 12 & 73 / 14\end{array}$ | objects [1] 170/10 |
| 81/4 81/9 116/25 117/17 118/7 | $\begin{array}{llllllll}76 / 7 & 76 / 9 & 78 / 15 & 79 / 6 & 81 / 4 & 84 / 23\end{array}$ | obliterate [1] 48/9 |
| $118 / 25$ 119/12 134/8 | 86/23 87/6 87/24 89/21 89/22 | obliteration [1] 49/12 |
| nervous [1] 134/23 |  | obscure [1] 15/19 |
| neurochemical [1] 41/22 | 95/17 95/22 $96 / 7$ 96/9 $97 / 7$ | obscured [4] 107/17 108/6 108/9 |
| neuron [1] 42/23 | 97/17 98/3 98/8 100/12 101/7 | 157/8 |
| neuroms [6] 44/23 91/20 92/4 | 101/21 102/13 102/16 103/5 | observation [1] 104/15 |
| 92/14 92/17 92/19 | 103/5 103/11 104/24 105/6 | observations [2] 157/10 163/20 |
| neuropathologist [9] 35/3 35/4 | 105/15 106/12 106/25 107/8 | observe [2] 99/22 116/21 |
| 35/14 35/17 35/19 54/11 78/8 | 108/14 109/12 $109 / 15$ 109/17 | observed [17] 84/19 95/8 $96 / 14$ |
| 134/4 134/22 | 109/25 110/8 110/17 113/7 | 98/2 103/12 103/19 104/7 106/14 |
| neuropathologist's [1] 50/25 | 113/14 114/23 115/2 $116 / 24$ | 117/6 118/6 122/5 123/18 137/12 |
| neuropathologists [1] 134/17 | 117/1 119/6 120/19 121/11 | 137/21 156/11 167/16 168/5 |
| neuropathology [9] 36/21 37/5 | 121/25 123/3 124/10 127/日 | observing [2] 87/7 89/20 |
| 38/20 39/2 $39 / 16$ 43/19 47/9 | 129/23 130/16 130/17 131/9 | obtained [2] 62/3 188/11 |
| 48/13 153/6 | $\begin{array}{llllll}131 / 16 & 132 / 2 & 132 / 17 & 133 / 4\end{array}$ | Obviously [12] 96/4 125/17 |
| NEVADA [11] 1/5 1/7 $3 / 1$ 4/24 |  | 145/23 162/14 177/15 180/6 |
| 171/24 183/21 190/2 190/4 | 140/1 140/8 142/12 143/7 144/12 | $\begin{array}{lllllllllll}180 / 20 & 185 / 15 & 187 / 17 & 187 / 24\end{array}$ |
| 190/11 190/16 190/20 | 145/13 146/5 147/25 150/10 | 188/21 188/23 |
| never [3] 152/12 152/12 152/13 | 150/21 150/23 150/23 152/7 | occasional [1] 27/5 |
| new [2] 4/19 105/13 | 155/2 155/2 155/5 157/18 157/23 | occasionally [1] 99/18 |
| New Mexico [1] 4/19 | 158/8 159/23 160/6 163/16 | occipital [26] $12 / 1.12 / 9$ 14/20 |
| next [7] 3/15 7/14 7/23 12/18 | 165/24 168/5 168/18 169/5 | 14/25 15/1 15/6 17/21 19/11 |
| 29/14 41/24 128/16 | 171/15 172/14 $172 / 15$ 172/19 | $\begin{array}{lllllll}52 / 4 & 70 / 18 & 70 / 19 & 71 / 5 & 71 / 11\end{array}$ |
| nice [2] 22/6 31/9 | 172/25 173/4 173/10 173/12 | 71/17 72/4 72/5 73/6 73/15 |
| night [1] 176/10 | 173/13 173/17 173/21 174/24 | 73/16 73/17 73/22 75/1 120/14 |
| no [92] 1/1 1/2 1/9 6/15 9/16 | 174/24 177/16 177/19 181/1 | 120/16 175/1. 175/6 |
| $\begin{array}{llllllllll}11 / 7 & 18 / 2 & 16 / 18 & 23 / 9 & 24 / 4 & 32 / 21\end{array}$ | 181/3 183/3 184/17 $185 / 3186 / 14$ | occupation [1] 4/7 |
| 34/9 40/2 56/5 60/15 62/21 | 186/15 186/16 187/3 187/6 187/7 | occur [12] 45/11 $83 / 13$ 89/14 |
| 73/20 $76 / 4 \begin{array}{lllllll} & 78 / 15 & 81 / 11 & 87 / 24\end{array}$ | 188/5 1.88/13 189/2 190/22 191/2 | 95/15 96/22 99/9 109/19 117/15 |
|  | note [10] 82/9 114/12 146/13 | 119/15 140/3 147/5 156/1 |


| O | 184/21 184/22 184/25 | out [ $\left[\begin{array}{llllll}53] & 5 / 4 & 6 / 9 & 1.4 / 24 & 23 / 8\end{array}\right.$ |
| :---: | :---: | :---: |
| occurred [25] 16/21 42/10 46/13 |  | 3$34 / 19$ $24 / 20$ $25 / 5$ $28 / 1$ $28 / 24$ <br> $28 / 25$ $29 / 2$ $32 / 14$ $33 / 19$ $38 / 15$ |
| 46/16 52/25 60/5 60/14 68/10 | ongoing [1] 180/20 | $\begin{array}{llllll}28 / 25 & 29 / 2 & 32 / 14 & 33 / 19 & 38 / 15\end{array}$ <br> 38/16 $38 / 21$ 42/15 $44 / 8 \quad 44 / 22$ |
| 100/19 102/1 102/7 108/13 | only [30] $7 / 788 / 15$ 17/23 $38 / 3$ | 45/19 $47 / 5$ 56/3 $63 / 8 \quad 70 / 2 \quad 71 . / 3$ |
| $\begin{array}{llll}117 / 13 & 118 / 9 & 119 / 19 & 119 / 20\end{array}$ | $\begin{array}{llllllllllll}41 / 12 & 66 / 12 & 143 / 7 & 143 / 25 & 147 / 21\end{array}$ | 1 $\begin{array}{llllllll} & 7 / 15 & 85 / 7 & 94 / 15 & 96 / 6 & 102 / 4\end{array}$ |
| $\begin{array}{llllll}119 / 23 & 120 / 10 & 120 / 13 & 123 / 5\end{array}$ | 147/25 149/10 149/11 150/24 | $\begin{array}{llllllllll} & 112 / 16 & 120 / 17 & 134 / 1 & 134 / 8 & 134 / 9\end{array}$ |
| 132/5 133/20 142/18 156/21 | 151/10 153/13 160/20 161/6 | 146/21 151/7 $151 / 141515 / 7{ }^{155 / 3}$ |
| 172/24 | 161/12 165/11 168/2 168/3 |  |
| occurring [6] 58/16 58/19 72/19 |  | 4 159/19 $162 / 7163 / 13169 / 22$ |
| 97/7 121/16 123/9 | 183/23 184/15 188/3 188/13 | 171/6 $172 / 2 \begin{array}{lllll} & 172 / 16 & 173 / 1 & 185 / 10\end{array}$ |
| $\begin{array}{lllll}\text { occurs } & {[5]} & 13 / 13 & 43 / 5 & 43 / 15 \\ 118 / 20 & 138 / 11\end{array}$ | $\begin{array}{\|llllll} \text { open }[7] & B / 4 & B / 14 & 8 / 15 & 9 / 10 \\ 27 / 16 & 175 / 25 & 190 / 18 & \end{array}$ | outer [1] $42 / 19$ <br> outline [1] 36 |
| october [1] 179/9 | opened [1] 16/14 |  |
| off [138] $15 / 716 / 14$ 16/23 17/10 | opens [1] 146/20 | $\begin{array}{lllllllllll}42 / 16 & 43 / 8 & 45 / 2 & 54 / 18 & 88 / 2 & 90 / 7\end{array}$ |
| $\begin{array}{llllll}17 / 17 & 21 / 12 & 23 / 19 & 23 / 21 & 28 / 9\end{array}$ | ophthalmologist [4] 37/11 | 93/21 93/25 133/22 |
| $\begin{array}{llllll}28 / 23 & 31 / 1 & 31 / 6 & 31 / 13 & 35 / 13\end{array}$ | 134/11 134/13 134/21 | over [28] $21 / 15$ 21/25 $24 / 12$ |
| 35/17 44/1 51/18 $74 / 21 \quad 77 / 14$ | opinion [10] 66/5 95/2 95/5 | 29/10 $32 / 20 \quad 44 / 13$ 46/3 $69 / 3$ |
| $\begin{array}{lllllll}78 / 7 & 120 / 20 & 121 / 6 & 150 / 16 & 150 / 20\end{array}$ | 97/13 100/18 136/19 146/5 157/1 |  |
| 151/13 151/20 151/21 152/3 | 164/25 1.66/13 | 109/23 148/18 148/22 149/19 |
| 152/3 152/12 152/13 152/16 | opinione [1] 163/20 | 152/20 152/22 156/10 166/16 |
| 152/19 152/24 160/2 172/B 172/8 | oppose [1] 182/14 | 175/7 177/7 178/25 179/9 182/6 |
| 172/9 | opposed [2] 101/19 171/1 | 182/16 183/17 |
| Office [10] 4/10 $4 / 20$ 5/5 6/5 | opposite [1] 20/23 | overall [1] 35/25 |
| $6 / 23$ 7/10 7/15 32/24 158/B | Optic [27] $24 / 20 \quad 37 / 18 \quad 38 / 2$ | overgrowth [1] 34/5 |
| 180/16 | 38/3 38/12 38/15 52/16 52/18 | Overlapping [3] 81/15 98/15 |
| official [1] 1/25 | $57 / 1780 / 9$ B0/15 80/23 81/18 | 169/9 |
| often [10] 11/4 25/8 35/5 43/11 | 116/22 116/25 117/17 117/20 | overlies [1] 82/13 |
| 43/12 54/16 59/7 82/22 86/24 | 118/2 118/7 118/25 11.9/12 | overlying [1] 93/18 |
| B3/24 | 120/13 121/12 134/8 147/23 | overruled [3] 64/8 91/1 107/24 |
| oh [5] 10/18 $28 / 8 \quad 33 / 13$ 48/5 | 147/24 174/15 | overseeing [1] 180/22 |
| 140/13 | option [1] 165/18 | Own [13] 6/9 17/16 54/ |
| oil [1] 179/19 | options [2] 55/9 55/12 | 55/14 $62 / 25 \quad 82 / 9$ 114/8 120/1 |
| okay [17] 10/10 29/7 33/20 | oral [1] 10/1 |  |
| $\begin{array}{llllllll}34 / 22 & 43 / 14 & 47 / 19 & 77 / 21 & 98 / 6\end{array}$ | order [10] 59/5 178/10 181/19 | Owns [1] 179/16 |
| 135/1 138/20 144/17 160/15 | 182/21 185/25 186/8 186/11 | oxygen [21] $\begin{array}{lllll}\text { [ }\end{array}$ |
| 161/16 163/24 164/7 177/8 | 188/23 188/25 189/7 | 39/13 $40 / 24$ 50/3 78/22 91/21 |
| 181/14 | organ [4] 124/16 124/17 $124 / 19$ | 91/22 92/1 92/6 92/23 93/3 |
| old [14] 32/4 96/15 127/11 | 125/2 | 100/22 111/24 122/25 138/13 |
| 127/18 128/10 129/7 $130 / 1 \quad 130 / 9$ | Organs [8] 8/15 9/16 9/18 25/18 | 138/16 139/25 140/4 142/13 |
| 131/7 132/6 132/15 133/8 183/2 | 25/21 123/21 124/9 125/14 | oxygenating [1] 140/8 |
| 183/13 | orient [4] $16 / 416 / 10$ 17/8 $21 / 1$ | oxygenation [5] 13/8 123/13 |
| older [2] 35/1 132/1 | orientation [2] 17/4 23/11 | 137/7 137/12 137/20 |
| on-call [3] 5/6 5/7 5/10 | oriented [1] 16/13 |  |
| once [21] 9/9 12/21 14/1.9 15/21 | originally [3] $32 / 14$ 159/20 | P |
| 25/4 31/12 32/23 51/18 $84 / 22$ | 186/21 | P.M [1] 1/18 |
| 109/22 127/4 127/5 128/14 | originate [1] 156/4 | paces [1] 185/17 |
| 129/10 129/20 143/15 161/24 | originates [2] 66/13 156/24 | Pacific [1] 180/3 |
| 170/25 171/4 178/17 186/13 | ors [1] 162/25 | page [11] $2 / 2$ 10/8 $26 / 23$ 29/25 |
| one [110] $5 / 10$ 8/25 10/15 15/7 | other [72] 5/8 5/12 6/2 8/12 | 49/9 126/4 126/8 126/11 $126 / 13$ |
| $\begin{array}{lllllll}15 / 14 & 16 / 24 & 16 / 25 & 17 / 18 & 17 / 19\end{array}$ | $\begin{array}{lllllllll} & \text { /5 } & 11 / 5 & 11 / 6 & 12 / 13 & 14 / 3 & 24 / 13\end{array}$ | 126/13 126/14 |
| 21/21 22/2 $22 / 9$ 23/4 23/10 | 29/14 $38 / 3$ 44/11 $44 / 15$ 54/9 | page 2 [1] 10/8 |
|  | 56/21 58/13 58/18 59/14 61/3 | page 22 [1] 49/9 |
| 37/14 $38 / 2 \begin{array}{llllll} & 39 / 18 & 39 / 19 & 47 / 16\end{array}$ | 61/22 69/24 73/10 75/12 86/7 | page 4 [1] 126/8 |
| 55/12 55/13 55/19 57/10 57/10 | 88/19 89/6 89/6 90/5 92/22 |  |
| 57/12 57/23 57/24 58/12 60/9 | 93/12 $93 / 24 \quad 99 / 17$ 114/14 115/6 | page 9 [2] 26/23 29/25 |
| 66/8 $66 / 13$ 66/18 70/22 72/9 | 115/7 115/9 115/11 115/13 | pain [1] 137/1 |
| $\begin{array}{llllll}72 / 13 & 73 / 3 & 73 / 24 & 76 / 6 & 76 / 17\end{array}$ | 115/13 115/15 115/15 115/19 | paragraph [5] 10/17 48/25 49/9 |
| 80/15 80/23 81/17 81/20 83/1 | 118/4 122/24 141/19 141/24 | 49/10 130/22 |
| 83/6 85/4 $86 / 2 \quad 86 / 4 \quad 87 / 20$ 88/17 | 142/1 143/7 144/4 144/12 158/12 | parallel [1] 149/16 |
| 89/6 90/14 $92 / 10$ 99/2 100/12 | 158/16 158/18 159/8 162/7 | paramedics [3] 127/5 151/1 |
| 103/1 103/3 116/24 119/21 | 162/18 167/1 168/7 169/2 $169 / 12$ | 176/22 |
| 120/10 120/12 120/12 121/2 | 169/14 173/6 174/2 177/18 178/2 | parcel [1] 165/10 |
| 132/18 134/1 134/20 136/12 | 180/7 180/19 182/9 182/23 | parent [1] 186/3 |
| 139/6 141/18 141/24 142/1 142/8 | 187/25 188/14 | parentheses [1] 125/5 |
|  | other's [1] 153/19 | parietal [18] 12/2 15/4 17/23 |
| 144/4 144/12 $147 / 5147 / 8$ 154/8 | others [2] 148/5 187/24 | $\begin{array}{lllllll}69 / 4 & 70 / 14 & 71 / 19 & 72 / 1 & 72 / 4 & 73 / 5\end{array}$ |
| 154/14 157/16 158/5 159/10 | otherwise [7] 104/1 111/8 | $\begin{array}{llllllll}73 / 5 & 73 / 14 & 73 / 19 & 73 / 20 & 74 / 5\end{array}$ |
| 165/11 165/16 166/9 166/12 | 119/20 125/15 161/8 170/10 | 74/8 $75 / 14 \quad 93 / 15174 / 17$ |
| 170/12 171/19 171/21 171/21 | 178/5 | part [57] 5/17 $7 / 14$ 9/1 $11 / 8$ |
| 172/3 173/3 173/21 176/17 | Our [8] 7/10 34/3 53/20 54/22 | 11/21 11/21 12/3 13/9 15/2 |
| 181/12 181/14 184/17 184/19 | 61/20 94/21 145/14 145/15 | 19/11 19/13 $23 / 25$ 24/3 25/18 |


| P | phase [1] $71 / 2$   <br> phone $[2]$ $15 \mathrm{~B} / 5$ $158 / 25$ | ```posed [1] 136/4 position [4] 102/9 146/23 166/7``` |
| :---: | :---: | :---: |
| part... [43] 36/10 41/10 42/20 | phonetic [2] 85/7 112/7 | 166/8 |
| 43/25 $44 / 144 / 2545 / 245 / 547 / 5$ | photo [6] 16/5 17/5 17/9 17/14 | positions [3] 80/4 165/25 166/5 |
| $\begin{array}{llllllll}47 / 6 & 53 / 18 & 63 / 6 & 73 / 21 & 75 / 14\end{array}$ | 21/2 23/24 | positive [1] 34/7 |
| 79/2 $87 / 18$ 87/19 $89 / 23$ 90/9 | photographed [3] 7/12 7/19 20/5 | possibilities [1] 238/20 |
| 90/10 92/18 $95 / 3$ 110/5 114/16 | photographs [1] 7/25 | possibility [4] 50/2 155/3 |
| 116/6 116/11 117/20 117/22 | photos [10] 15/22 18/9 18/11 | 155/4 155/13 |
| 117/23 118/9 118/17 119/4 |  | possible [60] 68/10 68/13 68/15 |
| 120/18 $130 / 13131 / 10132 / 17$ | 47/2 |  |
| 132/18 141/15 141/23 147/3 | phrage [1] 29/21 | 74/3 $76 / 14$ 78/6 81/8 83/18 |
| 156/23 164/13 165/9 | phyoic [3] 74/16 | 84/12 $85 / 5$ 90/19 $95 / 14$ 95/18 |
| partially [2] 15/5 18/20 | physical [3] 59/17 $165 / 8$ 185/9 | 96/1 96/17 99/12 107/6 108/12 |
| particular [44] $7 / 3$ 17/24 $18 / 21$ | Physically [1] 73/9 | 117/14 117/21 118/11 119/1 |
| $\begin{array}{lllllll}23 / 6 & 27 / 22 & 34 / 25 & 35 / 6 & 37 / 3\end{array}$ | physician [3] 5/7 5/8 5/10 | 119/4 $119 / 6$ 119/25 120/4 120/24 |
|  | physicians [2] 5/12 177/21 | 121/18 122/22 123/16 123/19 |
| 63/11 $67 / 20 \quad 67 / 25 \quad 69 / 21 \quad 74 / 14$ | $\begin{array}{lllll}\text { physics [2] } & 74 / 13 & 121 / 4\end{array}$ | 125/19 125/21 127/12 127/16 |
| 83/8 $96 / 14$ 97/10 $97 / 10$ 99/4 | plok [1] 28/4 | 127/19 129/5 129/9 130/16 |
| 303/3 105/6 108/15 111/13 | picked [1] 149/25 | 130/18 130/19 135/20 136/3 |
| 114/19 114/21 124/11 133/2 | picking [1] 28/12 | 136/5 136/7 136/9 136/10 137/8 |
| 136/17 $339 / 5$ 142/13 142/15 | picture [3] 8/1 8/3 17/16 | 137/16 $141 / 25143 / 4143 / 6143 / 6$ |
| 143/9 1.43/19 154/17 155/14 | piotures [1] 7/14 | 169/4 171/14 |
| 157/1 159/10 165/日 172/4 | PICU [1] 146/22 | possibly [8] $72 / 13$ 75/13 77/17 |
| particularly [5] 11/3 28/13 | piece [5] 36/23 36/24 93/14 | 103/16 105/12 110/7 132/7 |
| 80/9 83/3 180/18 | 164/16 164/16 | 132/16 |
| parties [1] 159/17 | piecemeal [1] 171/ | post [2] 63/21 |
| partly [2] 21/12 48/12 | pigment [2] 28/5 28/5 | post-mortem [1] 63/21 |
| parts [7] 9/22 44/20 45/13 | pigmented [日] 27/4 $27 / 5$ 27/23 | posterior [2] 19/11 82/13 |
| 45/16 114/23 118/4 154/8 | 28/10 28/11 100/6 101/5 101/8 | posteriorly [1] 11/19 |
| party [1] 181/23 | pink [3] 127/14 129/14 130/5 | potential [1] 153/13 |
| passed [1] 31/13 | place [8] 13/2 $41 / 24 \quad 90 / 24$ | potentially [5] $48 / 9$ 60/7 86/2 |
| passive [1] 97/17 | 165/23 179/14 182/2 186/2 186/4 | 139/19 164/6 |
| passport [1] 184/12 | placed [3] 181/16 186/3 186/5 | practice [1] 4/24 |
| past [3] 32/3 148/22 178/16 | places [1] 71/20 | Precibely [1] 90/15 |
| patches [1] 111/16 | Plaintiff [2] 1/8 190/5 | predominantly [4] 13/14 19/10 |
| pathologic [2] 50/19 50/22 | plan [1] 185/7 | 52/11 121/13 |
| pathologist [4] 4/9 37/9 134/6 | plastic [1] 7/5 | preliminary [6] $1 / 14$ 3/4 $145 / 23$ |
| 134/13 | play [12] 59/9 75/13 75/14 | 183/10 188/10 188/11 |
| pathology [5] 4/15 4/17 4/21 | 125/18 127/11 130/1 130/10 | prepare [2] 5/22 6/17 |
| 91/5 91/6 | 131/7 131/14 132/6 132/15 133/8 | presence [4] 88/22 101/8 101/16 |
| patient [1] 29/20 | playing [4] 59/8 127/18 128/10 | 113/15 |
| patients [1] 123/11 | 129/7 | present [82] 5/8 8/12 8/23 9/1 |
| Patrick [1] 151/17 | plead [5] 169/3 169/23 171/13 | $\begin{array}{lllllllll}12 / 1 & 12 / 2 & 13 / 8 & 13 / 14 & 13 / 16\end{array}$ |
| pattern [3] $12 / 1968 / 3183 / 14$ | 171/23 172/22 | 16/22 18/22 $21 / 19$ 21/20 $21 / 24$ |
| PEACE [1] 1/17 | pleading [2] 170/16 170/21 |  |
| Pedrol [1] 152/6 | please [13] 3/18 $3 / 1981280 / 7$ | $\begin{array}{lllllllll}29 / 4 & 30 / 9 & 30 / 12 & 30 / 14 & 30 / 16\end{array}$ |
| pending [1] 186/13 | $\begin{array}{lllllllll}17 / 8 & 19 / 6 & 48 / 7 & 50 / 21 & 66 / 2 & 98 / 7\end{array}$ | $30 / 2431 / 5 \quad 33 / 7 \begin{array}{lllll} & 33 / 8 & 33 / 12 & 34 / 2\end{array}$ |
| people [14] 11/3 26/19 35/1 | 100/16 137/10 139/22 | $\begin{array}{llllllll} & 34 / 5 & 37 / 13 & 39 / 6 & 40 / 4 & 48 / 4 & 56 / 19\end{array}$ |
| 37/21 42/21 44/21 58/24 77/19 | pled [2] 154/11 160/10 |  |
| 84/4 87/1 91/9 94/11 95/12 | pleural [1] 110/7 | 60/12 69/3 70/14 73/11 75/7 |
| 136/22 | pneumonia [1] 27/18 | 83/1 89/16 $91 / 21$ 93/4 93/15 |
| perceiving [1] 41/8 | point [22] $7 / 712 / 2316 / 20 \quad 17 / 2$ | 94/24 95/25 $97 / 3$ 99/20 $99 / 23$ |
| percentile [2] 124/8 125/10 | 38/7 $66 / 13$ 75/1 $76 / 17$ 93/9 | 102/1 102/3 102/5 102/15 107/7 |
| percentiles [1] 124/10 | 103/23 105/1 110/4 137/2 144/2 | 107/8 $107 / 12$ 108/4 108/5 $108 / 7$ |
| perform [1] 5/21 | 150/19 158/1 167/4 168/22 | 108/16 1.09/1 109/2 109/4 115/3 |
| performed [3] $5 / 15$ 6/24 167/9 | 172/20 172/23 183/21 1B5/24 | 115/11 117/19 118/4 119/21 |
| period [7] 41/9 96/7 109/18 | pointed [1] 158/14 | $\begin{array}{llllllll}120 / 8 & 121 / 21 & 135 / 14 & 139 / 2 & 142 / 5\end{array}$ |
| 109/23 139/20 140/7 173/13 | points [5] [36/14 36/15 36/16 | 157/17 157/22 |
| periods [1] 140/4 | 60/7 71/6 | presented [3] 135/10 161/7 |
| person [17] $5 / 6$ 26/7 $31 / 4 \mathrm{l}$ 96/6 | police [3] 149/16 153/5 175/11 | 177/2 |
| 128/25 134/12 $147 / 4149 / 10$ | pool [2] 110/4 110/8 | presents [1] 47/10 |
| $\begin{array}{llllll}154 / 14 & 165 / 1.1 & 165 / 12 & 171 / 16\end{array}$ | pooled [1] 107/14 | preserve [2] 34/16 35/2 |
| 171/16 171/21 171/21 190/23 | pooling [11] 102/24 103/11 | pressing [1] 78/4 |
| 190/25 | 103/18 104/7 106/10 106/15 | pressure [2] 31/11 123/1 |
| person's [5] $28 / 17831 / 13$ 34/4 | 107/17 108/9 109/7 109/11 157/8 | presumably [1] 62/20 |
| $84 / 3 \quad 96 / 4$ | portion [18] 9/13 11/13 12/4 | pretty [4] 31/12 31/18 $96 / 2$ |
| personify [1] 92/6 | $\begin{array}{lllllll}12 / 10 & 13 / 23 & 14 / 4 & 14 / 11 & 17 / 14\end{array}$ | 176/6 |
| perspeotive [1] 172/6 | $\begin{array}{llllll}17 / 18 & 21 / 7 & 22 / 12 & 24 / 22 & 29 / 17\end{array}$ | prevalent [1] 64/14 |
| petechia $[3]$ $10 / 22$ $10 / 24$ | 37/2 $42 / 1243 / 2 \quad 122 / 7166 / 2$ | previous [1] 105/12 |
| $\begin{array}{lllllllllllll}\text { petechial [6] } & 10 / 18 & 11 / 5 & 121 / 19\end{array}$ | portions [13] 13/21 19/19 19/20 | previously [1] 40/19 |
| 122/1 122/4 122/9 | 24/9 24/19 27/12 27/13 42/23 | primarily [1] 179/10 |
| pharynx [1] 98/9 | 82/8 102/17 102/18 115/1 175/5 | primary [1] 186/2 |


| P | $\begin{array}{\|llllll} \hline \text { pursuant }[7] & 64 / 2 & 119 / 13 & 132 / 5 \\ 145 / 15 & 146 / 13 & 182 / 25 & 190 / 18 \end{array}$ | $\begin{array}{\|ccccc} 124 / 14 \\ \text { reading } & {[3]} & 63 / 3 & 105 / 19 & 114 / 6 \end{array}$ |
| :---: | :---: | :---: |
| prior［4］62／21 185／6 185／7 | purulent［1］25／12 | $\left\lvert\, \begin{array}{llll} \text { reads } & \text { [1] } & 161 / 9 \\ \text { ready } & \text { 3] } & 3 / 6 & 3 / 9 \\ 3 / 13 \end{array}\right.$ |
| probable［14］153／23 154／8 | $\begin{array}{lll} \text { pus [1] } & 25 / 12 \\ \text { pugh [1] } & 148 / 18 \end{array}$ | $\begin{array}{llll} \text { really [1日] } & 15 / 13 & 15 / 15 & 31 / 4 \end{array}$ |
| 154／9 154／12 155／10 157／24 | pushed［1］174／18 | 63／14 64／10 $70 / 18$ 78／5 80／5 |
| 159／24 160／5 160／19 162／18 | pushing［1］148／21 | 80／6 88／25 90／10 99／15 100／14 |
| 177／14 177／14 177／16 182／17 | put［日］7／2 $21 / 3$ 36／9 114／2 | 120／5 121／5 141／13 156／7 166／8 |
| probably［8］日／24 46／18 100／9 | 124／24 125／4 130／20 151／8 | reason［7］55／18 84／7 105／13 |
| 124／9 132／2 $164 / 7$ 179／2 $186 / 7$ | putting［2］56／12 184／7 | 138／9 138／13 138／15 143／25 |
| $\begin{array}{lllll}\text { problem［3］} & 81 / 9 & 158 / 10 & 187 / 15 \\ \text { problems } & {[2]} & 81 / 19 & 185 / 6\end{array}$ | Q | $\begin{aligned} & \text { reasonable [5] } 68 / 768 / 19 \\ & 178 / 24 \text { 1e2/11 } 187 / 16 \end{aligned}$ |
| $\begin{array}{llll} \text { procedure [1] } & 129 / 9 \\ \text { procedures } & {[5]} & 128 / 13 & 129 / 19 \end{array}$ | quality［6］ $51 / 12$ $70 / 24$ $94 / 23$  <br> $94 / 24$ $97 / 24$ $103 / 21$   | $\left\lvert\, \begin{array}{llllll} \text { reasons } & {[3]} & 165 / 17 & 172 / 4 & 173 / 3 \\ \text { rebuttal } & {[4]} & 168 / 20 & 169 / 17 \end{array}\right.$ |
| 130／13 131／10 132／18 | quantify［2］50／7 50／9 | 170／19 173／8 |
|  | quantity［1］51／11 | recall［17］10／2 10／2 29／23 |
| 7／16 8／4 151／22 | quarter［3］126／19 126／19 | 34／2 37／14 $43 / 23$ 48／14 61／10 |
| proceeding［1］162／19 | 126／17 | 61／11 61／17 62／2 63／7 76／2 |
| proceedings［6］110／24 145／15 | question［13］23／10 34／24 47／23 | 79／17 82／16 133／3 139／17 |
| 173／17 189／13 190／17 190／19 | 64／6 64／7 64／8 71／15 71／18 | receive［5］ $7 / 24$ 35／18 $37 / 4$ |
| process［15］7／23 25／18 34／9 | 71／21 134／1 137／11 141／17 184／6 | 38／21 134／16 |
| 41／8 $42 / 15$ 76／21 76／25 79／2 | questionable［2］7／i 108／15 | received［6］4／13 6／22 62／20 |
| 89／12 90／23 118／9 118／17 120／18 | questioned［1］143／8 | 62／21 70／8 102／8 |
| 1．46／25 1．56／23 | questioning［2］25／14 135／20 | recent［1］133／15 |
| processes［3］50／14 79／7 156／1 | questions［11］60／1．5 63／14 | recently［3］30／15 30／17 $46 / 13$ |
| proffered［1］172／7 | 65／1．日 98 9／18 $1.33 / 25 \quad 1.36 / 1136 / 4$ | recess［1］110／23 |
| program［1］4／16 | 137／6 140／11 3．44／1 172／3 | recitation［1］154／23 |
| progressed［1］71／2 | quick［1］63／14 | recliner［5］151／1．1 1．51／21 |
| prominent［4］22／4 85／10 88／21 | quickly［3］84／17 96／2 97／14 | 151／21 152／3 159／3 |
| 112／23 | QUISANO［18］ $1 / 10$ 3／5 3／12 6／13 | recognize［2］20／7 30／8 |
| pronounce［1］128／19 | 8／16 50／23 149／12 153／23 177／10 | recollection［2］93／6 133／4 |
| pronunciation［1］98／8 | 177／21．178／8 178／10 180／24 | record［2］3／20 111／2 |
| proper［1］17／4 | 182／18 185／13 185／15 186／7 | Recross［2］2／8 140／15 |
| properly［1］112／20 | 190／7 | Recross－Examination［2］2／8 |
| prosecute［1］169／6 | Quisano＇s［2］163／22 177／17 | 140／15 |
| prosecution［1］169／16 | quite［11］22／5 26／13 51／20 | red［15］27／5 28／20 29／4 69／10 |
| prosecutior［6］23／1．5 65／22 | 51／22 56／25 81／4 96／7 154／24 | 70／13 71／1 101／13 128／1 128／2 |
| 140／17 $155 / 23$ 158／25 167／4 | 156／8 182／8 183／9 | 1．28／4 128／6 $132 / 9$ 159／14 185／10 |
| prosecutors［2］62／11 157／1．3 | quote［4］69／2 83／22 111／16 | 185／18 |
| protect［2］185／19 185／20 | 157／4 | redirect［4］ $2 / 7$ 110／14 $135 / 2$ |
| protected［2］185／20 185／25 | R | 135／4 |
| protection［2］187／24．187／25 | $R$ | redress［1］111／23 |
| Proteotive［1］190／21 | radiograph［1］105／9 | reduce［5］178／21 182／1．2 188／6 |
| protocol［2］123／23 185／2 | radiographio［1］31／15 | 188／19 189／5 |
| prove［2］177／11 182／11 | radiographically［2］32／7 64／11 | reduction［2］182／15 188／9 |
| proven［1］178／23 | radiographing［1］64／1 | REED［2］ $1 . / 23$ 3／12 |
| provide［9］ $6 / 1$ 6／4 6／10 $32 / 16$ | radiographs［3］31／18 31／20 | reenactment［1］177／3 |
| 41／24 62／11 151／1．5 151／22 | 31／22 | refer［8］ $91 / 5$ 91／7 122／12 |
| 161／19 | radiologist［8］64／10 103／4 | 124／4 126／3 $126 / 8$ 144／7 $159 / 7$ |
| provided［4］149／1 149／3 153／12 | 103／5 103／12 103／20 105／5 | reference［8］36／12 41／2 49／25 |
| 182／17 | 105／16 105／21 | 69／21 91／18 102／6 155／23 164／19 |
| providers［1］153／20 | radiologists［3］104／21 104／25 | referenced［4］28／20 44／19 |
| provides［1］44／14 | 105／19 | 93／20 180／16 |
| Public［1］1／23 | radiology［1］156／12 | referencing［1］65／25 |
| puil［1］45／18 | rags［1］158／13 | referred［4］46／17 71／18 160／1 |
| pulled［7］17／16 17／17 23／18 | range［4］ $47 / 20$ 75／4 $124 / 25$ | 173／20 |
| 23／19 23／21． $24 / 863 / 8$ | 133／23 | referring［23］10／7 10／13 10／16 |
| pulling［1］94／15 | ranges［1］125／3 | 21／11 24／1 $26 / 23$ 27／9 28 ／14 |
| pulmonary［7］135／17 135／21 | rarely［1］31／8 | 37／4 41／11 $42 / 6$ 46／19 48／24 |
| 1．46／15 146／20 164／20 164／25 | rates［1］89／3 | 74／9 87／6 87／9 102／2 1．11／22 |
| 166／6 | rather［7］20／8 56／11 76／16 | 114／22 1．15／1 138／4 147／22 |
| pulp［5］112／23 113／1 113／2 | 80／23 95／16 104／12 1．20／12 | 160／16 |
| 113／4 113／15 | rattle［1］58／7 | refers［4］27／3 41／1．9 42／11 |
| pulse［1］ $26 / \mathrm{s}$ | rattled［1］59／1 | 76／24 |
| pupils［1］151／4 | rattles［1］58／8 | reflect［4］11／18 1．1／21．1．7／12 |
| purest［1］55／16 | rays［5］60／23 60／24 60／24 | 170／17 |
| purple［11］69／3 69／8 69／15 | 64／11 164／22 | reflected［2］21／6 22／16 |
| 69／20 70／1 70／13 71／1 126／20 | RE［1］190／6 | reflecting［1］12／20 |
| 128／18 131／1 132／25 | react［1］44／5 | refresh［5］10／20 29／24 34／1 |
| purpose［7］5／24 31／17 32／1 | reaction［1］79／12 | 48／19 49／3 |
| $34 / 20 \quad 34 / 23 \quad 54 / 8 \quad 54 / 13$ | reacts［1］136／16 | regarding［9］26／22 29／22 30／25 |
| purposes［3］62／25 63／9 162／19 | read［4］48／25 49／21 61／22 | 35／8 $37 / 5$ 58／1 64／3 137／6 |


| R | $\begin{array}{llllllll}32 / 20 & 35 / 19 & 38 / 10 & 47 / 14 & 48 / 13\end{array}$ | $\begin{array}{llllll}73 / 12 & 73 / 14 & 73 / 15 & 73 / 16 & 73 / 19\end{array}$ |
| :---: | :---: | :---: |
| egarding... [1] 190/19 |  | $\begin{array}{lllll}73 / 20 & 73 / 21 & 74 / 5 & 74 / 8 & 74 / 18 \\ 74 / 22 & 75 / 1 & 75 / 14 & 76 / 22 & 77 / 24\end{array}$ |
| region [3] 30/10 30/12 166/6 |  | 83/3 83/5 85/11 86/18 88/10 |
| related [22] 18/20 50/1 50/2 | 186/8 |  |
| $\begin{array}{llllllllll}56 / 15 & 84 / 24 & 91 / 25 & 100 / 13 & 110 / 6\end{array}$ | respectively [1] 26/10 | 97/15 97/16 98/8 $98 / 23$ 100/3 |
| $\begin{array}{lllllll}112 / 3 & 112 / 4 & 119 / 14 & 123 / 1 & 134 / 24\end{array}$ | respond [2] 143/17 176/22 | 101/3 111/5 $112 / 8 \quad 115 / 24 \quad 115 / 25$ |
| $\begin{array}{llllllll}136 / 24 & 137 / 1 & 138 / 7 & 138 / 8 & 138 / 10\end{array}$ | responded [2] 136/3 151/18 | $\begin{array}{lllllll}118 / 7 & 118 / 24 & 119 / 11 & 121 / 3 & 121 / 4\end{array}$ |
| 138/19 139/6 141/23 148/10 | responder [4] 158/9 159/10 | 121/7 121/9 121/11 121/12 |
| relation [1] 84/8 | 167/24 168/25 | 122/11 123/21 125/11 126/21 |
| relative [19] 6/11 50/4 61/18 | responders [2] 153/21 167/12 | 127/13 127/25 $128 / 1 \begin{array}{llll}129 / 1\end{array}$ |
| 61/24 63/4 $63 / 1263 / 18$ 65/1 | responding [1] 93/2 | 129/13 130/3 $130 / 4$ 131/1 $132 / 8$ |
| 97/23 111/13 112/17 113/11 | responge [6] $30 / 19$ 104/21 136/6 |  |
| 116/6 125/2 133/18 137/4 138/23 | 137/7 137/15 176/12 | 147/7 147/11 147/22 148/9 |
| 170/16 186/5 | responses [2] 135/19 136/12 | $\begin{array}{llllllllllll} & 148 / 18 & 148 / 21 & 148 / 22 & 150 / 21\end{array}$ |
| relatives' [1] 61/23 | responsibilities [2] 5/1 30/6 | 160/15 163/3 $170 / 18172 / 17$ |
| relaxed [1] 51/18 | responsible [4] 28/1 29/19 | $\begin{array}{llllll}173 / 7 & 174 / 15 & 174 / 17 & 174 / 25\end{array}$ |
| relayed [1] 152/8 | 30/22 182/17 | 175/21 181/15 187/7 |
| released [1] 188/14 | reet [3] $26 / 12$ 145/7 145 | rigid [2] 97/23 149/24 |
| relevant [1] 125/14 | rested [2] 161/23 162/1 | rigidity [1] 97/20 |
| relied [1] 50/15 | resting [2] 13/15 21/19 | ring [1] 7/5 |
| rely [2] 36/20 105/8 | restrictions [1] 186/6 | risk [2] 187/19 188/12 |
| remain [3] 95/12 96/11 184/10 | rests [5] $21 / 14 \quad 25 / 5$ 58/6 83/4 | Rodrigues [4] 159/5 |
| remained [1] 146/22 | 145/4 | 180/24 185/16 |
| remark [1] 102/14 | reault [39] 53/14 71/9 72/9 | role [2] 59/8 59/10 |
| remarkable [1] 49/11 | 73/24 $74 / 6 \begin{array}{llllll} & 74 / 24 & 76 / 10 & 76 / 12\end{array}$ | room [2] 149/11 151/12 |
| remeasure [1] 124/10 | 77/23 78/25 85/13 86/1 89/11 | rotating. [2] 59/17 59/18 |
| remember [13] 47/17 48/17 61/23 | 91/23 100/20 101/1 116/5 117/9 | rotation [3] 59/15 60/13 81/1 |
| 62/3 63/10 116/25 124/6 124/7 | 117/11 117/13 118/8 118/10 | rotational [7] $45 / 10$ 58/2 58/18 |
| 136/7 158/6 158/11 159/10 179/7 | 119/2 119/7 119/12 119/17 120/2 | $\begin{array}{llllllllll}58 / 21 & 59 / 5 & 59 / 25 & 75 / 12\end{array}$ |
| remotely [1] 165/3 | 120/16 120/21 120/25 136/5 | round [1] 127/18 |
| remove [3] $12 / 21$ 25/4 185/14 | 141/8 142/24 144/11 156/20 | rounds [1] 90/6 |
| removed [5] 14/20 15/12 15/21 | 167/17 168/7 174/5 174/25 | route [1] 41/24 |
| 16/13 25/5 | resulted [4] 95/24 119/21 123/8 | rubbing [1] 20/1 |
| renders [1] 151/5 | 136/18 | rug [1] 175/24 |
| rephrase [2] 71/21 71/22 | resulting [3] 121/1 154/2 |  |
| report [67] 5/22 5/25 6/10 6/17 | 173/15 | 155/13 |
| 6/19 8/19 9/7 10/3 10/4 10/8 | results [2] $36 / 7$ 139/24 | run [1] 26/6 |
| 26/18 $26 / 24$ 32/16 34/14 35/18 | resuscitating [1] 167/23 | rung [2] 44/6 179/16 |
| 35/23 36/8 $36 / 10 \quad 36 / 10 \quad 36 / 12$ | resuscitative [3] 127/21 129/4 | rupturing [1] 78/17 |
| $\begin{array}{lllllll}37 / 4 & 37 / 8 & 38 / 21 & 38 / 24 & 39 / 16\end{array}$ | 167/17 | S |
| 41/11 $43 / 19$ 47/9 48/14 48/20 | resuscitory [1] 167/24 | S |
| 49/19 50/10 50/12 50/18 54/10 | reticuloendothelial [1] 112/19 | sacs [2] 28/24 29/1 |
| 54/22 65/25 69/1 70/13 71/18 | return [3] 110/21 180/7 182/5 | sage [1] 145/15 |
| 76/5 82/7 83/21 87/8 92/15 | reunification [3] $180 / 23$ 185/7 |  |
| 106/6 106/8 111/9 114/9 114/20 | 188/25 | 23/4 $28 / 19$ 32/10 $32 / 12 \quad 37 / 22$ |
| 114/22 115/4 117/2 122/8 122/12 | reveal [2] 14/8 98/20 |  |
| 124/20 126/4 126/7 126/9 133/11 | reveals [1] 157/6 | 46/25 50/3 60/24 84/16 $64 / 1.7$ |
|  | review [10] 10/3 29/24 35/3 | 85/7 88 /15 $99 / 3$ 104/3 104/10 |
| 166/15 173/11 173/18 | 35/24 38/24 60/2 61/1 61/3 | 106/20 106/21 107/22 114/8 |
| reported [2] 1/24 190/18 | 64/10 156/15 | 122/5 134/3 139/11 140/17 |
| Reporter [2] 1/25 190/15 | reviewed [5] 60/21 61/4 61/8 | 141/10 147/6 148/20 150/3 152/1 |
| REPORTER'S [2] 1/13 190/17 | 61/18 64/16 | 155/2 157/7 160/23 164/22 167/5 |
| reporting [5] 85/23 87/5 104/13 | reviewing [3] 36/16 51/13 | 169/1 174/13 $174 / 19$ 175/4 177/3 |
| 104/17 124/14 | 154/15 | 178/9 185/24 187/11 190/21 |
| reports [9] 35/24 36/21 51/14 | revive [1] 176/1 | salt [1] 187/6 |
| 54/10 54/23 62/1 124/24 153/5 |  | same [21] 12/19 |
| 153/7 | 115/10 129/13 129/24 | 72/21 $93 / 8$ 93/19 $93 / 19$ 96/5 |
| represent [1] 184/15 | ribs [4] $32 / 3$ 32/6 $32 / 15$ 183/13 | 101/12 108/23 113/24 121/6 |
| representations [1] 187/5 | rides [1] 44/12 | 124/19 131/14 135/9 135/11 |
| represented [2] 167/5 179/13 | right [140] $12 / 2$ 12/10 $13 / 16$ | 143/17 174/21 179/15 180/16 |
| represents [2] 168/2 184/16 |  | sanguineous [3] 94/4 94/5 94/22, |
| request [1] 189/4 | $\begin{array}{llllll}14 / 22 & 15 / 4 & 15 / 7 & 16 / 18 & 16 / 23\end{array}$ | sat [1] 174/12 |
| requisite [1] 186/17 | 17/1 17/4 $17 / 22$ 17/22 $19 / 319 / 7$ | saving [1] 124/3 |
| rescue [2] 151/14 151/19 | $\begin{array}{lllllll}19 / 9 & 21 / 25 & 22 / 24 & 23 / 16 & 23 / 17\end{array}$ |  |
| research [1] 62/24 | 23/20 $23 / 21 \quad 23 / 24 \quad 23 / 25 \quad 24 / 1$ | $\begin{array}{llllllllll}14 / 19 & 18 / 25 & 22 / 10 & 27 / 22 & 33 / 18\end{array}$ |
| residency [1] 4/15 | 24/2 24/9 $25 / 2 \quad 25 / 3$ 25/16 $29 / 13$ | 35/25 $36 / 25 \quad 47 / 16$ 48/11 $49 / 17$ |
| resides [1] 179/10 | $\begin{array}{lllllll}37 / 15 & 38 / 7 & 38 / 8 & 38 / 18 & 44 / 15\end{array}$ | 51/10 60/1 $76 / 3$ 86/20 86/21 |
| residing [1] 181/23 | 51/20 52/4 $52 / 113$ 52/16 $52 / 22$ | 93/24 95/4 98/10 104/16 106/5 |
| resolution [1] 181/20 | 57/17 $57 / 19$ 66/10 66/14 69/4 | 106/18 107/25 108/1 108/2 |
| respect [28] 9/24 10/11 14/11 |  | 108/14 108/18 113/11 116/5 |
| 23/5 24/25 $26 / 1 \begin{array}{llll} & 31 / 14 & 31 / 21\end{array}$ |  | $\begin{array}{lllll}116 / 7 & 117 / 23 ~ 121 / 2 ~ 121 / 20 ~\end{array}$ |


| S | $\begin{array}{llllll}34 / 23 & 35 / 24 & 36 / 3 & 37 / 20 & 37 / 21\end{array}$ | 64／4 64／6 $64 / 771 / 17$ 71／18 |
| :---: | :---: | :---: |
| saw．．．［4］149／13 149／18 151／11 | $37 / 22$ $37 / 23$ $38 / 11$ $42 / 21$ $43 / 9$ <br> $43 / 11$ $43 / 11$ $48 / 4$ $48 / 19$ $49 / 20$ | 104／2 104／3 104／7 104／10 104／16 104／20 104／24 107／21 107／23 |
| 153／2 |  | 136／4 136／4 $146 / 19$ 146／19 |
| Bay［63］5／10 $7 / 6$ 8／1 8 日／2 8 8／17 | $\begin{array}{lllllll}58 / 21 & 58 / 23 & 58 / 23 & 58 / 25 & 59 / 3\end{array}$ | 146／20 148／6 $1488 / 7$ 148／8 148 ／8 |
|  | 59／10 67／7 69／10 70／11 73／21 | 150／15 150／17 150／17 150／22 |
| 54／5 54／9 56／7 59／3 63／15 65／9 | 74／24 74／25 75／2 $75 / 5 \quad 76 / 21$ | $\begin{array}{llllllll}153 / 2 & 153 / 3 & 153 / 5 & 153 / 5 & 153 / 10\end{array}$ |
| 67／12 68／7 68／19 70／5 70／19 | 77／5 78／1 $78 / 11$ 79／21 80／4 100／7 | 154／20 154／22 155／2 $155 / 2 \quad 155 / 4$ |
| 73／7 76／2 77／2 77／18 77／19 80／2 | 80／9 80／10 80／11 80／17 81／8 | 155／5 155／6 $155 / 12$ 155／12 |
| 87／2 87／21 91／23 96／24 100／3 | 81／19 $82 / 10083 / 9 \quad 83 / 12 \quad 84 / 2$ | 155／17 157／7 $158 / 7 \quad 160 / 22$ |
| 101／2 108／23 110／11 111／5 112／8 | 94／5 84／6 86／14 88／1 88／6 88／11 | 160／22 166／15 168／2 168／3 |
| 112／20 11．4／6 $114 / 7$ 128／3 133／22 | 88／24 $91 / 19$ 92／16 $93 / 12 \quad 94 / 10$ | 168／16 173／11 174／1日 175／14 |
| $\begin{array}{lllllll}135 / 7 & 135 / 13 & 136 / 9 & 137 / 10\end{array}$ | 97／24 98／1 98／25 99／5 100／23 |  |
| 139／22 141／24 144／5 150／18 | 101／2 101／7 101／21 102／1 102／3 | 181／14 185／16 $185 / 19$ 185／19 |
| 155／17 159／4 $159 / 5$ 160／11 | 107／1 108／6 108／11 108／13 | 185／23 185／24 185／24 |
| $\begin{array}{llllll}160 / 12 & 160 / 22 & 165 / 15 & 166 / 9\end{array}$ | 108／19 109／22 110／3 111／21 | she＇ll［1］64／7 |
| 171／7 172／14 178／16 187／5 | 111／23 112／12 116／23 121／13 | Bhe＇s［13］27／9 64／5 104／6 |
| saying［16］41／11 71／18 73／20 | 122／2 123／9 123／17 125／15 | 104／7 104／19 111／22 155／14 |
| 81／12 89／8 110／5 138／6 142／7 | 1．26／15 127／11 127／17 135／23 | 158／7 162／2 168／13 175／17 |
| 144／3 144／13 164／2 167／21 | 138／14 140／1 143／3 146／19 | 180／15 181／12 |
| 167／24 168／2 169／21 177／4 | 149／19 185／18 | shear［1］140／25 |
| says［16］49／20 90／20 139／6 | seeing［6］46／12 $46 / 13$ 89／20 | sheared［1］42／2 |
| 150／20 151／12 152／2 153／14 | 105／25 123／11 138／25 | shearing［11］60／5 80／12 90／21 |
| 156／16 156／17 $156 / 19$ 157／3 | seems［1］163／16 | 119／7 119／12 $120 / 23141 / 7$ |
|  | seen［14］6／1 6／J．1 7／17 7／21 | 141／14 142／8 142／23 143／11 |
| 184／16 | 37／1 64／25 65／1 86／20 97／1 | sheath［8］ $37 / 19$ 38／2 $38 / 4$ |
| scalp［9］11／18 11／19 12／1 12／3 | 90／13 97／2 98／3 143／21 150／23 | $\begin{array}{llllllllll}38 / 12 & 52 / 16 & 52 / 18 & 147 / 23 & 147 / 24\end{array}$ |
| 12／20 17／11 17／12 17／13 $93 / 25$ | seepage［2］119／22 121／16 | sheaths［1］37／13 |
| Bcan［10］63／16 65／1 65／10 | sees［2］36／3 41／12 | shell［1］58／6 |
| 65／11 102／8 102／20 103／20 | selzure［1］97／24 | shift［2］51／15 148／15 |
| 104／20 106／6 $106 / 14$ | seizures［4］84／4 84／4 97／22 | short［1］59／13 |
| scanner［2］64／17 64／24 | 98／4 | Shorthand［1］190／14 |
| scanners［1］64／14 | seizuring［1］97／21 | shot［3］22／10 22／25 171／16 |
| scans［7］60／22 64／9 64／23 | semi［2］132／9 132／22 | shots［1］18／21 |
| 104／1．4 105／9 156／15 167／10 | semi－lunar［2］132／9 132／22 | should［9］125／2 161／2 161／4 |
| $\begin{array}{\|ccc} \text { scattered } \\ 111 / 16 \end{array} \text { [3] } 22 / 22 \quad 30 / 25$ | $\begin{array}{llllll} \text { send }[5] & 29 / 17 & 33 / 19 & 35 / 13 \\ 35 / 17 & 44 / 1 \end{array}$ | $\begin{array}{llllll} 169 / 3 & 170 / 7 & 170 / 17 & 179 / 14 & 182 / 2 \\ 182 / 3 \end{array}$ |
| Bcenario［2］131／4 143／23 | sending［1］44／4 | shoulder［2］127／14 127／25 |
| вcene［8］6／25 152／6 153／14 | sense［7］30／3 55／16 115／18 | Shouldn＇t［1］67／12 |
| 158／12 175／10 176／13 176／21 | 136／25 138／18 151／24 172／25 | show［4］21／25 57／5 66／3 124／18 |
| 177／2 | sent［4］38／2i 78／7 116／16 | showing［4］16／3 17／7 22／14 |
| вcenes［1］6／9 | 134／3 | 160／4 |
| school［2］4／14 179／11 | sentence［3］10／17 49／10 164／19 | shown［1］185／24 |
| scope［3］63／23 98／5 107／20 | separate［17］ $73 / 4 \quad 73 / 6 \quad 73 / 7$ | $\begin{array}{lllllll}\text { shows［5］17／17 } & 17 / 18 & 113 / 5\end{array}$ |
| scrape［1］56／22 | 73／9 75／22 76／7 92／21 95／3 | 113／6 152／6 |
| scrapes［2］51／7 51／9 | 116／2 116／3 147／12 147／16 | siblings［1］ |
| scratch［3］128／7 130／7 132／12 | 147／16 148／20 174／22 174／23 | side［71］ $12 / 10 \quad 13 / 1513 / 16$ |
| scratches［2］127／15 127／17 | 175／8 | $\begin{array}{lllllll}14 / 5 & 15 / 1 & 15 / 4 & 15 / 4 & 16 / 23 & 19 / 4\end{array}$ |
| seal［3］ $7 / 4 \quad 7 / 6 \quad 7 / 11$ | separately［2］134／5 134／9 | $\begin{array}{llllllllllll}19 / 7 & 19 / 9 & 19 / 12 & 19 / 14 & 19 / 15\end{array}$ |
| sealed［2］7／3 187／6 | serosanguineous［1］94／3 | 19／16 1．9／17． $20 / 1$ 20／3 21／25 |
| seat［3］3／18 169／19 188／24 | serous［1］94／22 | $\begin{array}{lllll}21 / 25 & 22 / 16 & 22 / 20 & 22 / 24 & 22 / 25\end{array}$ |
| second［6］10／16 49／9 55／日 | Services［1］180／21 | 23／16 $23 / 17$ 23／17 $23 / 20 \quad 23 / 22$ |
| 117／24 164／13 169／15 | set［5］10／14 178／18 186／21 | 23／24 $23 / 25$ 24／1 $24 / 3$ 24／8 $24 / 9$ |
| secondary［24］75／2 $76 / 15$ 79／7 | 186／22 188／2 | 25／2 $25 / 3$ 38／6 $38 / 744 / 11$ 44／15 |
| 80／21 85／11 86／7 89／23 91／23 | setting［1］52／1 | 51／20 51／21 52／9 52／13 57／16 |
| 92／10 95／1 100／19 111／25 113／14 | seven［3］110／21 183／12 $183 / 24$ | 57／19 73／11 121／3 121／4 121／6 |
| $\begin{array}{llllllll} & 116 / 4 & 116 / 7 & 117 / 8 & 117 / 23 & 123 / 5\end{array}$ | several［7］69／14 75／21 75／22 | 121／11 124／6 147／7 147／9 147／11 |
| $\begin{array}{llllllll}132 / 2 & 141 / 20 & 142 / 9 & 143 / 11 & 156 / 1\end{array}$ | 75／23 76／2 77／1 87／3 | 148／8 148／9 148／15 148／18 |
| 156／22 | severe［B］48／8 52／22 80／6 | 148／21 148／21 148／22 149／19 |
| seconds［1］58／15 | 134／8 146／3 147／10 148／16 | 174／3 174／15 174／22 175／1 17 |
| section［5］88／10 8日／11 114／19 | 148／23 | 182／23 184／8 |
| 114／22 115／3 | Beverity［8］ $48 / 14$ 53／22 89／22 | Bictes［4］24／23 60／6 72／23 |
| sectioning［1］8／10 | 136／21 149／6 150／日 153／15 177／5 | 72／24 |
| Security［2］190／22 190／24 | shake［1］163／8 | signals［1］44／4 |
| see［138］ 8 ／1 8 日／11 11／2 11／4 | shaken［2］58／25 122／2 | signed［1］187／6 |
| $\begin{array}{lllllllll}11 / 6 & 12 / 8 & 15 / 10 & 15 / 13 & 15 / 15\end{array}$ | shaking［11］37／24 80／6 98／24 | significance［11］37／17 38／1 |
| $\begin{array}{lllllllllll}15 / 20 & 16 / 21 & 17 / 11 & 17 / 13 & 20 / 8\end{array}$ | 99／2 $99 / 11$ 99／13 153／24 160／22 | 47／13 49／6 69／9 93／1 111／11 |
| 20／22 21／5 21／14 21／18 21／22 | 161／10 166／24 174／1 | 113／11 115／5 115／9 131／23 |
| $\begin{array}{lllllll}22 / 2 & 22 / 4 & 22 / 5 & 22 / 6 & 22 / 7 & 22 / 17\end{array}$ | shallow［1］156／20 | Bignificant［27］8／20 9／14 |
| 22／19 22／21 $24 / 2$ 24／9 25／15 | shape［4］9／10 $14 / 23$ 15／8 67／17 | 24／25 $25 / 25 \quad 33 / 24 \quad 37 / 7 \quad 39 / 1$ |
| $\begin{array}{lllllll}27 / 14 & 27 / 16 & 27 / 19 & 29 / 3 & 30 / 14\end{array}$ | sharp［1］120／2 | 39／25 49／15 57／6 79／19 12／18 |
| 30／16 31／8 $32 / 4$ 32／6 33／15 | she［60］23／23 24／2 $20 / 19$ 64／1 | 83／7 91／13 91／14 $93 / 5$ 97／6 |


| S | $\begin{array}{llllll}69 / 14 & 70 / 3 & 70 / 17 & 71 / 25 & 72 / 7\end{array}$ | Bomehow [1] 109/4 |
| :---: | :---: | :---: |
| S | 73/12 $74 / 1.6$ 74/20 $74 / 23$ 76/18 | Bomeone [4] 35/5 59/1.9 99/4 |
| significant... [10] 11.2/15 | $\begin{array}{llllllllll}77 / 22 & 78 / 9 & 79 / 6 & 79 / 11 & 80 / 1 & 81 / 3\end{array}$ | J.36/1]. |
| $\begin{array}{llllll}113 / 20 & 11.5 / 1.8 & 115 / 20 & 122 / 18\end{array}$ |  | someone's [1] 99/4 |
|  | 86/20 88/8 $90 / 12$ 94/14 $94 / 16$ | something [49] 5/11 13/1 18/17 |
| 1.84/9 | $\begin{array}{lllllllllll}94 / 22 & 94 / 24 & 95 / 18 & 96 / 12 & 97 / 9\end{array}$ |  |
| significantly [1] 182/1.2 |  | $\begin{array}{lllllll}34 / 12 & 34 / 25 & 37 / 25 & 39 / 1.3 & 40 / 1.7\end{array}$ |
| signify [1] 92/22 | 102/24 1.03/5 103/9 104/15 1.05/8 | $\begin{array}{llllllllll}46 / 14 & 46 / 1.5 & 56 / 23 & 57 / 3 & 58 / 2\end{array}$ |
| bigne [1] 11./6 | 105/15 105/23 106/8 106/18 | 59/16 59/20 59/25 68/1 68/20 |
| silent [1] 1.75/15 | 107/1.5 108/9 1.08/13 109/1.5 | 92/20 97/21 97/24 98/1 105/1. |
| similar [2] 96/13 1.36/1.3 | 109/19 109/25 110/5 110/17 | 109/25 1.22/1 124/23 1.32/5 |
| similarly [4] 28/23 124/9 | 1.1.0/20 111/22 111/25 11.3/6 | 132/14 1.42/18 150/9 162/12 |
| 125/14 1.36/16 | 113/10 114/12 114/18 114/21 | 164/4 164/9 165/10 165/16 |
| since [11] 32/1.1 62/22 89/18 | 114/25 115/12 115/18 116/11 | 166/18 1.68/14 171/20 172/16 |
| 96/11 104/23 1.21/7 169/13 | 11.8/5 11.8/19 $1.1 .9 / 16$ 1.19/22 | 182/9 185/4 187/1 187/18 |
| 183/24 183/25 $184 / 2 \quad 1.84 / 3$ | 123/3 $3.24 / 25$ 1.25/4 125/9 125/13 | something's [2] 1.50/21 1.58/23 |
| aingle [10] 57/13 66/19 71/9 | 132/2 1.34/20 134/23 1.36/1.6 | sometimes [33] 8/10 11/1 11/2 |
| 71/9 $76 / 10076 / 12 \quad 79 / 11 \quad 120 / 12$ |  | 25/13 30/9 30/14 30/16 37/21. |
| 120/16 120/25 | 1.39/22 140/9 141/4 1.41/25 145/5 | 37/23 40/2 51/16 58/7 67/7 |
| gite [4] 38/5 57/1.4 66/19 74/1.5 | 1.45/16 $146 / 8146 / 22 \quad 147 / 1$ | $\begin{array}{lllllllll}67 / 13 & 67 / 25 & 76 / 21 & 77 / 5 & 77 / 1.3\end{array}$ |
| sites [2] 72/23 76/6 | 148/1.4 148/15 148/16 152/1 |  |
| gita [1] 15/19 | 152/1.4 1.53/19 1.57/13 157/23 | 84/6 94/14 $95 / 11$ 98/25 100/23 |
| sitting [6] $12 / 3$ 13/12 $46 / 14$ | 159/9 159/20 160/13 160/15 | 105/19 111/21 122/2 123/9 |
| 46/1.5 51/22 1.09/22 |  | 123/11 |
| situated [1] 181/16 | 162/17 $162 / 23162 / 25163 / 3$ | somewhat [1] 188/13 |
| gituation [8] 8/14 $55 / 19$ 80/7 | 163/24 164/17 167/2 167/25 | son [2] 180/7 180/19 |
| 1.22/24 139/1 153/1 179/2 185/3 | 1.68/1.5 169/1. 169/1.8 169/19 | tore [1] 30/4 |
| six [1] 183/12 | 170/15 171./6 173/3 175/7 $178 / 1$ | Borry [9] 12/17 23/14 46/9 |
| sixth [1] 49/10 |  | 47/1.7 81/12 103/1.0 106/21 |
| Bize [3] 9/2 9/5 147/9 | 186/19 187/12 188/1 $1.88 / 16$ | 1.21/23 132/24 |
| skeletal [3] 114/15 1].4/16 | 188/18 1.89/2 | sort [4] 101/10 110/2 187/10 |
| 125/22 | Social [2] 190/22 190/24 | 188/25 |
| skeleton [1] 114/9 | Bofa [4] 159/17 159/20 160/1 | sound [3] 69/5 122/1.1 124/22 |
| skin [5] 10/19 10/22 56/24 | 160/2 | sounds [1] 69/6 |
| 56/25 122/10 | Boft [8] 13/4 45/13 45/16 $82 / 12$ | space [9] 28/21 74/12 75/17 |
| skuli [48] $11 / 2412 / 19$ 12/21 | 83/3 99/1.5 114/1.7 115/1.4 | 75/20 $77 / 9$ 79/4 79/9 $94 / 19$ |
| $\begin{array}{llllllll}1.3 / 5 & 14 / 12 & 14 / 20 & 14 / 25 & 15 / 1\end{array}$ | Boftened [1] 80/1 | 1.75/4 |
|  | Bofter [2] 21/16 57/4 | spaces [7] 26/15 27/22 27/23 |
| $\begin{array}{llllllll}18 / 9 & 21 / 8 & 32 / 20 & 51 / 19 & 52 / 4 & 60 / 8\end{array}$ | Bolid [2] 171/12 1.72/1.9 | 28/18 102/2 102/4 110/9 |
| 66/8 67/8 $67 / 867 / 1.468 / 2 \quad 89 / 7$ | some [127] 9/3 13/11. 13/16 | spared [2] 19/19 19/20 |
| 93/2 J. 97/4 114/16 115/1.4 1.20/12 | $\begin{array}{llllll}13 / 18 & 18 / 12 & 18 / 13 & 21 / 17 & 21 / 18\end{array}$ | aparing [1] 19/18 |
| 135/6 $135 / 7$ 135/9 135/9 135/13 | 21/23 22/21 $22 / 21$ 24/16 $24 / 21$ | speak [1] 44/8 |
| 146/4 146/16 $1.47 / 6$ 148/5 1.48/10 | 25/2 $25 / 15$ 28/9 $30 / 2135 / 10$ | Bpeakers [3] 81/15 98/15 169/9 |
| 163/6 173/15 173/25 174/1.0 | $\begin{array}{llllllllllll}37 / 16 & 40 / 1.7 & 42 / 3 & 42 / 3 & 43 / 20\end{array}$ | Bpeaking [2] 89/22 117/19 |
| 174/11 174/21 174/25 182/22 | $\begin{array}{lllllllll} & 43 / 24 & 46 / 3 & 47 / 16 & 48 / 3 & 51 / 19\end{array}$ | special [2] 35/13 36/3 |
| skullcap [4] 16/13 17/11 17/15 | 52/12 52/14 $54 / 23$ 54/24 55/18 | specific [14] 11/8 19/17 37/3 |
| 21/6 | $\begin{array}{llllll}57 / 1.8 & 58 / 24 & 60 / 3 & 60 / 4 & 60 / 12\end{array}$ | 38/17 43/18 59/4 62/1 62/2 |
| slam [1] 163/9 | 60/1.3 60/22 60/23 60/24 61/4 | 63/10 $137 / 19$ 141/23 144/2 $162 / 2$ |
| slice [1] 36/]. | 61/22 $61 / 25 \quad 64 / 3 \quad 65 / 1067 / 7$ | 172/1 |
| Blid [1] 152/24 | 67/15 67/20 67/22 $72 / 19$ 74/9 | specifically [20] 10/13 25/20 |
| Blight [2] 178/6 187/12 | 77/5 77/13 $77 / 16$ 77/17 77/19 | 27/9 43/20 $48 / 17 \quad 53 / 25 \quad 54 / 2$ |
| siightly [5] 52/21 94/2 121/8 | 78/19 79/3 80/7 80/11 80/20 | 61/1.7 78/2 104/20 105/10 110/6 |
| 121/8 163/19 |  | 134/21 $7.47 / 21$ J.63/11. 1.63/22 |
| sloughed [2] 30/25 31/1.3 | 83/13 $83 / 22$ 89/3 $89 / 20$ 89/20 | 166/12 $167 / 11$ 170/9 174/14 |
| Bmall [8] 8/22 8/23 $9 / 313 / 8$ | 90/8 $90 / 17$ 91/9 $91 / 16$ 92/13 | spectrum [1] 136/10 |
|  | 95/14 $95 / 20 \quad 95 / 25 \quad 97 / 4 \quad 97 / 20$ | speculate [1] 100/10 |
| Bmaller [2] 81/11 81./20 | 97/21 99/5 99/10 101/9 101/19 | speculation [5] 90/25 1.03/22 |
| Bmartly [1] 29/15 | 104/13 104/15 113/7 115/25 | 1.03/25 107/20 169/23 |
| bmog [1] 2B/5 | 116/4 123/4 1.25/13 125/17 126/1 | spell [1] 3/20 |
| Bmoke [1] 28/5 | $\begin{array}{lllll}1.27 / 15 & 134 / 1.7 & 136 / 15 & 136 / 22\end{array}$ | spinal [10] 13/3 34/21 35/16 |
| snap [3] $45 / 19$ 45/22 1.5日/21 | 136/25 137/12 $138113139 / 9$ | 94/2 $94 / 8$ 94/14 $94 / 15$ 94/16 |
| so [1.91] $5 / 8 \quad 7 / 8 \mathrm{ll}$ 11/19 13/22 | 140/18 $1.45 / 24148 / 4149 / 17$ | 94/25 134/24 |
| 1.4/21 15/1 $15 / 616 / 13$ 20/2 | $\begin{array}{lllll}149 / 25 & 156 / 13 & 167 / 24 & 169 / 24\end{array}$ | spine [2] 82/13 83/17 |
|  | 170/13 1.72/11 174/2 178/1.6 | splashed [2] 149/25 176/1 |
| 22/23 $23 / 23$ 24/21. $26 / 7$ 28/10 | 179/3 179/18 $180 / 2180 / 6180 / 9$ | spleen [1] 113/2 |
| $\begin{array}{lllllllll}28 / 21 & 29 / 3 & 29 / 15 & 29 / 17 & 30 / 20\end{array}$ | 182/4 186/23 1.87/10 187/23 | splentc [2] 112/23 113/1 |
| $30 / 22$ 31/5 $34 / 7 \begin{array}{llllll}35 / 15 & 36 / 1.3\end{array}$ | 188/25 | eplit [1] 58/1.5 |
| 38/14 41/11 $42 / 17$ 44/5 44/8 | somebody [9] 55/12 63/17 94/12 | spoke [1] 141/1 |
| $\begin{array}{llllll}44 / 15 & 45 / 3 & 45 / 20 & 46 / 1.8 & 47 / 24\end{array}$ | 95/7 95/18 137/2 138/13 140/7 | spoken [2] 56/18 114/14 |
| $\begin{array}{llllllllll}48 / 2 & 48 / 13 & 50 / 13 & 55 / 21 & 56 / 19\end{array}$ | 143/18 | spontaneous [1] 95/16 |
| 57/2 57/20 58/13 60/6 64/8 | somebody's [3] 55/14 84/6 | sporadically [1] 65/20 |
| 64/10 64/15 64/21 65/9 66/12 | 163/22 | spread [2] 88/2 B8/4 |


| S | en [2] 161/4 161/9 | 187/12 |
| :---: | :---: | :---: |
| spreading [1] 71/10 |  | Burface [24] 10/25 57/3 67/4 67/9 67/17 68/9 68/14 77/2 |
| Ss [1] 190/11 | striking [13] 153/25 160/16 |  |
| stage [1] 69/19 | 160/20 162/6 $162 / 24$ 163/1 | $\begin{array}{lllllll}161 / 14 & 162 / 9 & 164 / 2 & 164 / 3 & 164 / 12\end{array}$ |
| staining [1] 36/3 | 163/12 163/14 164/17 172/11 | 166/25 170/8 170/15.172/10 |
| staine [2] 35/13 100/11 | 178/1 178/4 178/5 | 172/11 173/24 |
| stalemate [1] 186/20 | struck [4] 163/21 170/10 170/14 | surfaces [2] 56/24 173/20 |
| Btanp [2] 126/10 126/14 | 177/21 | surgical [1] 4/17 |
| stand [4] 16/7 110/16 154/17 | structure [2] 42/17 80/13 | surplus [1] 163/13 |
| 165/14 | structures [7] $43 / 3$ 43/24 $53 / 2$ | surprise [2] 106/5 106/11 |
| standard [6] 65/13 108/3 123/22 | 88/9 89/21 90/1 90/18 | surrender [1] 184/18 |
| 123/23 157/4 177/15 | struggle [1] 68/25 | surrounding [2] 99/11 149/9 |
| stands [2] 112/16 162/14 | studies [4] 6/3 64/18 64/22 | surrounds [4] 24/18 24/19 94/0 |
| stanford [5] 91/7 91/13 117/3 | 64/22 | $94 / 16$ |
| 134/16 134/19 | stuff [2] 43/4 179/19 | survival [1] 143/21 |
| star [3] 14/23 15/8 17/1 | subarachnoid [28] 22/9 22/21 | survives [1] 143/18 |
| starring [1] 66/17 | $\begin{array}{lllllllllll} & 76 & 38 / 3 & 39 / 8 & 45 / 25 & 52 / 12\end{array}$ | surviving [1] 185/15 |
| start [14] 7/16 20/25 26/12 |  | suspicious [1] 7/2 |
| 34/11 $42 / 5$ 45/I $54 / 23$ 69/12 | $\begin{array}{lllllll}75 / 17 & 75 / 18 & 75 / 20 & 76 / 7 & 79 / 3\end{array}$ | sustain [3] 96/13 146/5 182/21 |
| 78/3 98/4 126/5 126/17 $143 / 19$ | 79/9 79/13 117/18 118/12 118/15 | sustained [4] 11/11 132/14 |
| 171/4 | 118/20 118/23 120/17 120/19 | 149/10 182/24 |
| started [1] 164/23 | 121/14 147/23 | sustaining [1] 95/7 |
| starting [6] 64/15 64/16 64/18 | subcutaneous [1] 126/20 | swallow [2] 29/11 29/17 |
| 66/7 177/16 178/2 | subdural [55] 12/25 19/9 22/10 | swallowing [1] 29/12 |
| starts [4] 20/15 69/14 110/ | 23/3 24/17 $33 / 18$ 37/12 37/18 |  |
| 151/19 | 38/2 $38 / 8 \quad 38 / 11$ 39/7 $45 / 25$ | 136/17 |
|  | $\begin{array}{llllllll}52 / 10 & 52 / 15 & 56 / 15 & 57 / 14 & 57 / 15\end{array}$ | 8welling [21] 39/9 40/4 40/18 |
| $\begin{array}{lllllllll}3 / 6 & 3 / 16 & 3 / 19 & 31 / 9 & 51 / 18 & 70 / 2\end{array}$ | $\begin{array}{llllll}57 / 17 & 57 / 18 & 57 / 21 & 69 / 3 & 70 / 14\end{array}$ | 47/1 $47 / 7647 / 2448 / 0 \quad 48 / 14$ |
| 71/1.4 145/2 145/4 $145 / 5$ 145/21 | $\begin{array}{lllllll}70 / 17 & 71 / 25 & 72 / 3 & 73 / 2 & 73 / 10\end{array}$ | $\begin{array}{llllllll}49 / 7 & 49 / 16 & 80 / 22 & 84 / 25 & 85 / 2\end{array}$ |
| 151/9 160/4 177/11 187/16 190/2 | $\begin{array}{llllll}73 / 12 & 73 / 13 & 77 / 9 & 93 / 20 & 94 / 19\end{array}$ | $\begin{array}{llllllll} & 85 / 3 & 86 / 12 & 136 / 15 & 136 / 18 & 136 / 24\end{array}$ |
| 190/4 190/11 190/16 | 95/1 97/4 100/14 117/22 117/25 | 137/1 137/4 148/17 |
| State's [10] $2 / 19$ 16/3 17/7 | 118/1 118/3 118/12 119/3 120/18 | swells [3] $37 / 22$ 48/2 48/2 |
|  | 120/20 121/12 146/16 147/8 | swing [1] 89/2 |
| 177/9 182/10 | 147/22 148/7 148/11 174/3 | swollen [5] $22 / 3$ 22/6 $40 / 12$ |
| statement [4] 65/15 65/16 153/4 | 174/15 174/17 174/22 182/22 | 40/13 51/20 |
| 159/19 | subfalcine [4] 77/18 78/3 $78 / 14$ | sworn [1] 4/1 |
| statements [9] 54/24 61/21 | 88/3 | symptoms [5] 95/6 95/10 96/1 |
| 158/4 159/3 165/20 172/3 175/10 | Subfalcine's [1] 78/10 | 96/9 96/21 |
| 175/11 177/1 | subgaleal [7] $12 / 7$ 12/12 $13 / 22$ | synapse [1] 4i/21 |
| states [2] 17/3 188/5 | 18/16 52/7 93/8 93/12 | system [19] 34/9 97/20 111/5 |
| statute [1] 187/22 | subjected [1] 183/4 | $\begin{array}{llllll}111 / 12 & 112 / 19 & 113 / 5 & 113 / 6 & 113 / 8\end{array}$ |
| Staudaher [2] 1/21 169/1 | submit [2] 153/22 177/7 |  |
| staudaher's [1] 169/2 | submucosal [2] 111/17 111/19 | 114/16 114/16 114/23 115/2 |
| stay [2] 26/12 74/22 | substantial [2] 147/17 186/6 | $115 / 7 \quad 125 / 22 \quad 134 / 23$ |
| stays [1] 13/7 | substantially [1] 178/21 |  |
| stellate [10] 14/22 15/11 66/9 | succumbed [1] 154/3 | T |
| 66/12 66/23 67/17 67/19 68/21 | such [9] 68/3 80/10 81/20 95/8 | tabulations [1] 125/1 |
| 93/9 93/10 | 98/2 123/17 129/1 155/20 173/6 | tact [1] 7/12 |
| step [5] $7 / 23$ 11/16 $12 / 18$ 20/22 | sududen [1] 84/9 | take [32] 5/10 6/9 8/1 8/2 |
| 98/4 | suddenly [1] 120/19 | $11 / 16$ $17 / 16$ <br> $1 / 12$ $27 / 12$ <br> $28 / 8$  |
| steps [4] 6/24 14/12 15/9 $20 / 20$ | suffered [2] 146/1 177/5 | $\begin{array}{llllll}30 / 7 & 31 / 10 & 32 / 11 & 34 / 4 & 35 / 16\end{array}$ |
| sticker [1] 17/3 | suggest [3] 57/23 67/19 159/1 | $36 / 9$ 51/18 $55 / 5$ 64/1 79/21 |
| still [12] 21/22 24/9 48/3 | suggests [5] 60/12 67/17 97/6 | 88/10 97/4 110/13 110/20 132 |
| 90/16 108/18 108/25 109/4 | 122/22 148/19 | 134/9 162/25 163/12 165/14 |
| 177/13 180/15 180/15 180/19 | suicide [1] 55/13 | 165/23 176/23 $187 / 4188 / 24$ |
| 186/14 | Bulc1 [11] 47/6 47/10 47/22 | taken [9] $1 / 18$ 15/22 $16 / 14$ 21/8 |
| stomach [2] 111/21 111/23 | 48/3 $48 / 948 / 1549 / 649 / 11$ | 55/14 63/15 107/5 127/5 145/24 |
| stop [1] 169/14 | 49/13 85/8 85/10 | takes [3] 90/24 138/23 151/14 |
| stopped [1] 70/10 | SULLIVAN [1] 1/16 | taking [4] 7/14 $36 / 12 \quad 162 / 7$ |
| stopper [1] 29/16 | suummary [1] 6/3 | 163/3 |
| store [1] 179/17 | summoned [1] 127/ | talk [13] 37/24 $42 / 542 / 7 \quad 56 / 23$ |
| stories [2] 152/14 165/1 | superficial [1] 83/1 | 75/9 84/13 85/16 87/11 88/9 |
| story [2] 152/16 165/15 | support [1] 163/16 | 110/17 116/14 117/25 125/25 |
| straight [1] 171/15 | supported [2] 164/8 170/4 | talked [30] 19/3 $21 / 22$ 42/1.5 |
| strands [3] 42/2 42/6 42/8 | supposed [2] 20/17 28/2 | 50/13 50/25 51/6 52/2 $58 / 9$ |
| strangled [1] 11/4 | sure [26] 20/12 23/10 26/16 | 62/22 72/20 80/12 $64 / 21 \quad 86 / 8$ |
| strangulation [3] 11/6 92/2 | 26/21 32/15 39/20 48/21 52/3 | 89/13 89/24 92/11 102/3 102/11 |
| 99/6 | 64/7 $65 / 22$ 86/23 104/4 104/9 | $\begin{array}{llll}114 / 24 & 114 / 25 & 115 / 8 & 118 / 16\end{array}$ |
| strength [1] 187/18 | 104/16 105/11 107/22 124/10 | 119/19 120/22 120/24 121/4 |
| stretch [2] 45/19 45/22 |  | 140/2 140/24 141/9 148/6 |
| stretching [2] 81/1 141/2 | 168/22 168/24 170/25 184/14 | talking [29] 18/24 $24 / 3$ 35/1 |


| T | 147/11 158/12 $158 / 16 \quad 168 / 12$ | 36/2 36/11 37/1 $40 / 19$ 41/22 |
| :---: | :---: | :---: |
| talking... [26] 39/12 43/2 | $\begin{array}{llllll}168 / 13 & 170 / 1 & 175 / 18 & 182 / 10 \\ 183 / 21 & 18 \% / 23 & 188 / 4 & \end{array}$ | $\begin{array}{lllllll}42 / 8 & 43 / 1 & 45 / 22 & 47 / 6 & 48 / 6 & 51 / 21 \\ 52 / 9 & 52 / 12 & 52 / 15 & 52 / 18 & 52 / 24\end{array}$ |
| 43/12 $44 / 20$ 45/4 $45 / 7$ 51/23 | Thank [8] $3 / 14 \begin{array}{lllll} & 3 / 23 & 3 / 25 & 14 / 2\end{array}$ | 53/1 55/2 $58 / 1$ 62/23 64/22 6\%/6 |
|  | 110/21 135/1 144/18 144/21 | 67/18 68/18 70/2 $70 / 12 \quad 72 / 3$ |
| 99/25 115/23 117/21 118/1 | Thanks [1] 20/14 | 72/18 74/6 74/10 75/6 77/8 |
| $\begin{array}{llllllllll}138 / 17 & 143 / 22 & 144 / 8 & 149 / 18\end{array}$ | that [1276] |  |
| $\begin{array}{lllllll}149 / 23 & 160 / 13 & 161 / 18 & 162 / 2\end{array}$ | that's [164] 5/8 $5 / 11 \mathrm{ll}$ 6/7 $7 / 1$ | 79/2 $79 / 13$ 82/6 84/10 85/6 |
| 170/14 176/7 | 7/17 $7 / 21$ I1/24 $13 / 113 / 12 \quad 14 / 1$ |  |
| talks [5] $47 / 15$ 87/13 103/2 | $\begin{array}{llllll}15 / 12 & 17 / 9 & 18 / 14 & 18 / 20 & 19 / 2\end{array}$ | 94/19 95/14 96/1 100/24 101/1 |
| 139/1 151/23 | 19/5 $21 / 20 \quad 23 / 23 \quad 24 / 1 \quad 24 / 7$ | 103/9 105/20 106/9 106/19 |
| tangent [1] 39/11 | $\begin{array}{llllll}27 / 25 & 28 / 13 & 28 / 22 & 30 / 5 & 30 / 5\end{array}$ | 106/23 107/7 107/8 108/9 108/IB |
| tap [2] 94/14 94/15 | $\begin{array}{llllllll} & 30 / 18 & 33 / 11 & 33 / 20 & 34 / 5 & 34 / 19\end{array}$ | 109/8 117/16 118/7 118/23 |
| tasked [1] 154/14 | 40/4 40/17 $44 / 644 / 74^{4 / 21}$ | 119/17 120/1 $120 / 8 \quad 124 / 17$ 125/1 |
| teach [1] 185/17 |  | 127/10 134/9 134/22 135/23 |
| tearing [3] 43/9 120/23 141/1 |  | 137/1 138/23 139/7 139/9 139/13 |
| tears [2] 43/12 119/14 | 57/14 57/15 57/17 $57 / 18 \quad 59 / 17$ | 139/24 142/23 143/22 146/9 |
| technically [1] 58/11 | 60/9 61/6 61/16 63/3 63/5 65/8 | 146/18 150/2 151/16 152/15 |
| technicians [1] 7/19 | 65/9 65/13 $65 / 16 \quad 66 / 1 \quad 66 / 15$ | 154/10 160/12 169/1 169/16 |
| Ted [2] 179/16 179/19 | 66/20 66/22 68/4 68/22 69/14 | 171/7 176/13 176/22 183/4 |
| tell [24] 64/7 66/24 67/3 67/11 | $\begin{array}{llllllll}70 / 11 & 71 / 10 & 72 / 2 & 73 / 10 & 79 / 14\end{array}$ | 184/21 185/21 185/16 |
| 67/13 67/15 68/1 69/22 80/1 | 79/25 80/2 80/5 81/17 83/1 | theories [1] 172/18 |
| $87 / 5$ 107/2 111/19 118/15 126/25 | 83/14 84/16 $84 / 19$ 86/10 87/17 | theory [1] 172/18 |
| 128/22 131/25 138/3 150/13 | $88 / 17888 / 2089 / 589 / 2190 / 20$ | there [190] |
| 154/20 154/22 171/4 179/1 | 93/11 94/24 94/25 95/5 95/18 | there'd [1] 139/24 |
| $184 / 17184 / 20$ | 96/20 97/13 99/7 99/20 100/10 | there's [103] 7/25 8/6 8/12 |
| telling [3] 116/9 154/13 156/11 | 100/21 101/7 $101 / 15$ 102/1 103/1 | 10/24 11/23 14/日 $21 / 7$ 21/16 |
| telle [4] 150/14 152/11 152/16 | 105/7 105/22 105/23 106/7 | $\begin{array}{lllllll} & 21 / 17 & 24 / 4 & 25 / 12 & 25 / 14 & 27 / 14\end{array}$ |
| 154/17 | 106/16 106/57 107/21 108/12 | 30/5 30/11 31/5 34/9 34/12 |
| temples [1] 20/1 | 108/20 113/3 113/14 114/18 | $34 / 24$ 34/24 $41 / 1$ 41/15 $42 / 3$ |
| temporal [3] 19/20 19/22 19/24 | 116/1 117/4 117/10 117/21 118/3 | 43/10 $45 / 245 / 3$ 45/3 $46 / 23$ 50/4 |
| tend [3] 75/8 104/21 113/3 | 118/4 118/22 119/21 120/24 |  |
| tends [1] 45/11 | 120/25 121/16 123/22 123/22 | 59/16 63/3 $66 / 15611 / 6 \quad 73 / 20$ |
| tension [1] 19/25 | 125/12 125/16 125/21 126/10 |  |
| tentorium [1] 175/6 | 131/12 $131 / 18$ 135/16 $137 / 18$ | 79/23 $83 / 13$ 84/9 86/51 $86 / 11$ |
| term[5] 86/21 106/2 | 139/11 139/16 140/21 143/1 | $\begin{array}{lllllllllll} & 91 / 16 & 95 / 22 & 96 / 9 & 97 / 5 & 99 / 10\end{array}$ |
| 156/16 159/16 | 143/19 144/12 151/12 154/16 | $\begin{array}{llllll}100 / 22 & 103 / 24 & 109 / 13 & 113 / 7\end{array}$ |
| terminology [3] 104/19 104/ | 155/2 155/12 158/22 160/25 | $\begin{array}{llllll}114 / 17 & 115 / 15 & 115 / 19 & 122 / 23\end{array}$ |
| 105/18 | 161/23 163/23 165/7 165/16 | 122/24 128/18 129/13 132/8 |
| terms [24] 12/20 27/8 35/11 | 167/19 167/19 168/1 168/5 | 136/15 137/23 139/9 142/17 |
| 35/12 36/3 $40 / 22$ 40/23 42/9 | 168/23 169/5 169/25 171/19 | 142/22 149/9 151/16 156/18 |
| 44/4 45/14 51/6 53/23 68/24 | 172/14 $172 / 18$ 175/7 $781 / 10$ | 157/24 158/9 158/24 159/5 |
| 68/25 $80 / 13$ 81/1 $98 / 8 \quad 103 / 4$ | 181/11 184/17 | 159/21 160/5 160/18 160/19 |
| 105/24 115/14 115/14 115/16 | their [25] 6 6/9 $7 / 25$ 33/5 $47 / 3$ | 161/10 $162 / 25163 / 4163 / 5$ |
| 159/18 170/1 | 55/14 55/14 61/23 62/2 84/3 | 165/11 165/22 170/6 170/15 |
| tested [1] 94/11 | 84/5 84/5 84/8 101/16 105/8 | 171/14 171/19 171/20 172/15 |
| testifled [19] 4/3 59/22 99/6 | 105/22 105/23 134/14 134/18 | 173/13 180/6 $180 / 20182 / 4183 / 6$ |
| 146/10 146/19 147/13 148/14 | 136/24 157/23 160/4 169/16 | 183/13 185/6 185/18 188/25 |
| 150/17 153/2 153/10 162/11 | 180/19 181/20 185/22 | thereafter [1] 97/14 |
| 167/16 174/9 175/2 175/14 | them [74] 9/3 11/2 $11 / 418 / 22$ | therefore [1] 42/4 |
| 175/20 176/4 179/8 183/22 | 20/8 22/20 $27 / 13$ 28/10 28/25 | thereof [2] 186/24 186/25 |
| testify [7] 4/2 145/14 166/14 |  | these [32] $7 / 3 \mathrm{ll} 3 / 8 \mathrm{c} 3 / 6$ 45/12 |
| 169/5 172/15 172/15 180/15 |  | 45/23 53/5 55/2 56/19 57/11 |
| testifying [1] 174/21 | $\begin{array}{lllllllll}36 / 9 & 36 / 9 & 39 / 18 & 42 / 3 & 42 / 4 & 42 / 23\end{array}$ | 82/20 123/8 123/23 130/20 |
| testimony [36] 71/13 71/19 | 43/10 $45 / 19$ 45/22 $47 / 4 \quad 52 / 3$ | 138/19 138/20 141/3 145/15 |
| 82/24 115/24 117/12 139/17 | 58/23 58/24 58/25 62/21 64/10 | 149/10 $153 / 2 \quad 153 / 17$ 257/4 |
| 145/25 146/14 153/20 153/24 | 70/11 71/1 $79 / 23$ 80/5 80/22 | 163/18 $165 / 22$ 166/21 173/17 |
| 154/1 154/23 158/7 161/7 161/20 | 82/9 84/6 88/5 88/7 $92 / 6$ 102/15 | 177/6 177/12 177/20 178/11 |
|  | 107/12 108/5 108/13 108/14 | 184/5 185/5 187/17 |
| 164/8 164/20 165/21 165/24 | 109/6 109/8 109/12 109/22 | they [101] $7 / 28 / 21^{\prime} / 1126 / 13$ |
| 167/12 168/17 $168 / 24170 / 17$ | 109/24 110/3 120/8 123/9 123/12 | 28/12 31/4 $317 / 6$ 31/11 31/11 |
| 173/23 174/1 178/22 179/3 179/6 | 124/1 124/2 $124 / 5$ 126/5 141/3 | $\begin{array}{llllll}31 / 13 & 35 / 24 & 37 / 23 & 38 / 14 & 42 / 24\end{array}$ |
| 180/2 180/17 182/8 183/1 | 151/2 151/3 $177 / 4$ 177/14 177/24 | 44/15 $45 / 10 \quad 45 / 18 \quad 45 / 18 \quad 45 / 19$ |
| testing [3] 32/24 $33 / 2$ 50/14 | 181/13 $183 / 15$ 185/24 186/19 | 45/19 58/12 61/24 62/18 64/1 |
| than [50] 9 9/5 $11 / 5$ 13/17 $26 / 18$ | 187/23 | $\begin{array}{lllllllll}64 / 1 & 64 / 22 & 71 / 1 & 79 / 22 & 80 / 3 & 81 / 4\end{array}$ |
| 28/8 35/5 37/15 38/18 $40 / 4 \quad 43 / 7$ | themselves [7] 18/21 24/16 $25 / 6$ | 81/6 83/11 日7/2 90/7 92/4 92/5 |
| 52/22 54/9 56/12 56/25 57/10 | 41/20 89/1 $96 / 2 \begin{array}{lll}\text { 134/17 }\end{array}$ | 95/12 95/13 95/14 96/10 100/8 |
| 57/12 57/23 58/13 63/20 66/18 | then [124] $4 / 21$ 5/10 6/10 $7 / 9$ | 101/24 101/25 102/8 102/11 |
| $\begin{array}{lllllll}68 / 12 & 69 / 24 & 69 / 24 & 70 / 2 & 73 / 23\end{array}$ | 7/11 $7 / 12 \quad 7 / 15$ 7/16 11/20 11/21 | 102/14 102/21 103/7 $103 / 14$ |
| $\begin{array}{llllll}76 / 16 & 80 / 23 & 92 / 23 & 95 / 16 & 99 / 17\end{array}$ | $\begin{array}{lllllll}12 / 5 & 12 / 18 & 12 / 20 & 13 / 17 & 16 / 17\end{array}$ | 103/15 105/1 105/20 105/22 |
| 103/7 109/4 $114 / 14115 / 7$ 115/13 |  | 107/7 107/9 107/15 107/17 |
| 115/15 118/12 120/12 121/12 | 23/3 $29 / 133 / 2134 / 2435 / 12$ | 107/25 108/1 108/1 108/14 109/2 |


| T | 108／24 109／7 110／9 114／18 | $\begin{array}{lllll}152 / 12 & 152 / 13 & 152 / 13 & 154 / 25\end{array}$ |
| :---: | :---: | :---: |
| they．．．［39］109／4 113／4 1．23／12 | $\begin{array}{lllll}114 / 22 & 119 / 17 & 124 / 10 & 125 / 2 \\ 126 / 2 & 127 / 15 & 127 / 20 & 132 / 25\end{array}$ | $\begin{array}{llll}155 / 1 & 157 / 12 & 175 / 19 \\ 176 / 5 & 176 / 9 & 183 / 22\end{array}$ |
| 124／5 $134 / 13134 / 16134 / 1.9$ | 133／2 134／10 134／12 $134 / 14$ | tongue［日］83／22 84／1 84／3 84／5 |
|  | 138／14 139／6 140／10 141／2 141／5 | 84／8 84／11 84／15 98／22 |
| 157／21 157／22 157／23 159／6 | 141／7 $143 / 2 \begin{array}{llllll} & 143 / 4 & 143 / 20 & 144 / 3\end{array}$ |  |
| 160／10 160／11 160／11 163／18 | 147／21 $148 / 23$ 151／11 $151 / 12$ | 80／19 89／16 90／18 91／17 98／3 |
| 164／21 164／23 167／7 167／12 | $\begin{array}{lllllll}151 / 13 & 156 / 4 & 159 / 18 & 167 / 15\end{array}$ | 122／15 123／1 |
| 169／23 172／9 $174 / 9$ 174／19 179／8 | 167／17 171／18 174／18 176／8 | took［日］17／10 60／22 61／14 82／8 |
| 180／12 183／2 184／20 184／21 | 178／3 178／4 186／10 187／4 187／22 | 168／10 168／10 168／23 176／20 |
| 185／7 185／8 185／14 185／14 | though［6］ $76 / 8 \mathrm{80/21}$ 89／19 | top［14］ $12 / 3$ 13／12 $13 / 15$ 16／18 |
| 185／20 186／12 186／15 | 89／25 163／18 187／9 | 17／5 21／15 $21 / 24$ 22／11 $22 / 19$ |
| they＇d［2］97／23 109／3 | thought［4］88／I5 107／21 124／4 | 23／16 $24 / 4 \begin{array}{lllll} & 44 / 12 & 83 / 4 & 83 / 5\end{array}$ |
| they＇ll［4］ 134／22 34／10 104／11 $134 / 20$ | $158 / 20$ thousan | topice［1］65／20 <br> torn［3］13／11 42 |
| they＇re［33］ $3 / 23$ 26／3 $42 / 24$ | threads［1］8．9／18 | torsion［2］ $42 / 3$ 81／5 |
| 43／日 46／12 46／12 47／4 51／11 | three［20］ $32 / 4 \quad 86 / 1686 / 25$ | torsioned［1］90／11 |
| 64／15 64／18 64／21 65／4 70／25 | 96／14 124／25 125／7 127／11 | torso［3］126／1 126／15 130／21 |
| 71／4 73／9 79／21 80／3 80／3 81／4 | 127／14 127／17 128／9 129／6 130／1 | total［1］31／20 |
| 90／9 92／5 94／11 96／10 105／24 | 130／9 131／7 $132 / 6$ 132／15 133／8 | toward［2］38／16 127／13 |
| 120／8 138／10 140／8 140／8 159／23 | 177／4 183／2 183／13 | towards［22］12／10 13／18 14／25 |
| 165／23 175／8 186／14 186／16 | thrice［1］161／24 | $\begin{array}{lllllll}14 / 25 & 15 / 3 & 15 / 6 & 15 / 7 & 17 / 1 & 17 / 20\end{array}$ |
| they＇ve［7］6／11 $7 / 25$ 40／2 84／7 | throat［2］29／9 30／4 | 17／20 17／21 17／22 17／22 19／14 |
| 137／3 164／12 186／13 | through［21］ $26 / 6 \quad 29 / 13$ 39／18 | $\begin{array}{lllllllllllll} & 38 / 14 & 42 / 25 & 74 / 18 & 74 / 19 & 74 / 21\end{array}$ |
| thick［1］13／2 | 44／6 88／10 124／2 126／2 153／3 | 83／23 93／15 121／10 |
| thin［3］11／23 15／18 21／10 | 160／14 $160 / 14162 / 4164 / 1$ | towelg［2］21／3 176／15 |
| thing［11］44／22 67／23 70／3 | 164／15 165／10 166／24 170／2 | town［2］180／8 180／15 |
| 95／16 97／18 113／24 131／14 | 172／2 172／20 185／8 185／17 | TOWNSHIP［2］1／4 190／1 |
| I51／10 161／12 171／19 184／25 | 186／15 | toxicology［2］33／4 33／6 |
| things［31］ $22 / 2$ 28／1 28／4 | throughout［3］86／22 146／17 | trachea［1］31／2 |
| 30／20 30／21 35／10 35／11 40／14 | 149／14 | tracheal［2］10／1 31／1 |
| 40／16 44／3 54／9 54／19 55／2 | throw［1］163／8 | tracing［1］15／16 |
| 56／19 59／14 63／11 65／21 67／15 | throwing［3］150／21 164／12 | track［1］44／13 |
| 77／1 86／2 86／4 104／22 130／20 | 166／25 | tract［4］111／15 112／8 112／9 |
| 136／10 143／10 144／3 165／23 | ties［5］180／18 182／1 183／21 | 112／10 |
| 172／16 173／6 174／18 186／10 | 184／5 184／9 | trained［2］35／5 64／12 |
| think［47］41／7 42／21 44／21 | tile［5］155／20 162／10 162／16 | training［2］63／2 64／13 |
| 47／5 50／7 $565 / 21 \quad 63 / 17 \quad 63 / 25$ | 163／10 173／22 | transcript［4］1／13 189／12 |
| 64／5 77／17 77／21 86／15 91／16 | till［2］62／14 62／15 | 190／17 190／21 |
| 91／IE 101／12 103／24 104／2 104／3 | time［65］6／2 $7 / 11$ 12／23 32／5 | transfer［1］74／21 |
| 111／8 117／11 122／5 124／19 | 32／10 33／12 $34 / 4$ 37／1 41／9 51／1 | transferring［1］75／11 |
| 142／21 154／13 $154 / 21$ 158／24 | $\begin{array}{lllllllll}64 / 13 & 69 / 11 & 69 / 12 & 70 / 10 & 70 / 25\end{array}$ | transpired［2］65／7 65／14 |
| 159／14 161／12 $166 / 11$ 168／10 |  | trash［1］176／16 |
|  | 90／4 $93 / 6$ 95／15 $96 / 5$ 96／7 $96 / 9$ |  |
| 177／22 177／23 178／22 179／2 | 97／4 97／16 102／14 105／16 105／16 | 84／20 89／22 92／8 95／8 96／3 |
| 179／9 179／22 180／1 180／6 180／12 | 107／2 107／3 107／13 108／1 108／2 | 100／20 101／9 101／19 116／5 |
| 181／11 181／25 182／4 187／12 | 108／14 $108 / 16$ 108／23 108／23 | 116／12 118／10 118／19 120／16 |
| thinking［2］43／5 65／4 | 109／5 109／18 109／23 124／4 | 123／4 $123 / 8$ 136／6 136／21 137／8 |
| thinly［1］21／14 | $\begin{array}{lllllll}133 / 18 & 139 / 20 & 140 / 4 & 140 / 7\end{array}$ | 137／17 138／7 138／11 138／12 |
| thinned［1］71／3 | 143／20 143／21 144／22 145／4 |  |
| third［2］152／16 181／23 | 145／24 149／12 150／20 168／16 | 140／22 141／4 $141 / 6$ 141／21 142／4 |
| third－party［1］181／23 |  | $\begin{array}{lllll}142 / 23 & 142 / 24 & 143 / 16 & 153 / 9\end{array}$ |
| this［209］ | 183／22 183／24 185／24 185／23 | 154／21 155／18 155／25 156／4 |
| thorough［1］65／23 | 188／2 | 156／5 156／22 156／24 157／14 |
| those［134］8／13 $9 / 6$ 9／22 $13 / 9$ | timeframe［1］133／17 | 160／12 161／13 164／22 165／1 |
|  | times［4］34／3 94／10 150／13 | 166／6 167／8 167／22 168／5 170／8 |
|  | 174／13 | 170／16 |
| $\begin{array}{lllllll}28 / 24 & 29 / 4 & 30 / 20 & 30 / 21 & 31 / 12\end{array}$ | timing［1］70／24 | traumatic［2］133／12 158／19 |
| 31／17 35／8 35／24 36／20 39／5 | tiny［2］26／5 51／11 | travels［1］41／23 |
| 42／2 $42 / 6$ 42／8 $42 / 2043 / 11$ | tip［2］83／23 84／1 | treat［1］161／19 |
| 44／25 45／1 $45 / 445 / 18187 / 147 / 7$ | tire［1］179／17 | treating［2］146／7 146／14 |
| 50／4 51／11 51／16 55／19 58／10 | tires［1］179／19 | treatises［1］63／8 |
| 58／15 58／17 $58 / 18$ 59／3 60／11 | tissue［7］ $30 / 3$ 30／5 $41 / 941 / 14$ | treatment［9］127／3 127／22 |
| 61／10 64／12 64／12 64／22 70／22 | 82／12 83／3 83／11 | 129／21 130／14 $131 / 11$ 131／17 |
| 71／8 $71 / 19$ 72／7 $72 / 8$ 72／10 | tisвиев［4］99／15 $114 / 17$ 115／14 | 132／3 132／19 133／5 |
| $\begin{array}{lllllll}72 / 20 & 73 / 2 & 76 / 6 & 78 / 12 & 80 / 8\end{array}$ | 176／16 | trial［7］165／13 167／25 172／16 |
| 80／21 80／25 81／11 81／20 82／1 | titles［1］62／2 | 177／12 182／11 186／13 187／16 |
| 86／4 86／25 87／10 87／11 88／18 | today［6］26／18 85／7 144／22 | triggers［1］79／12 |
| 88／18 $88 / 2289 / 16$ 89／25 90／8 | 166／15 188／2 189／2 | true［3］68／4 101／12 189／12 |
| 90／14 $92 / 3 \quad 92 / 1092 / 1665 / 10$ | together［5］7／6 31／5 45／22 | truth［3］ $4 / 2$ 4／2 $4 / 3$ |
| $\begin{array}{llllll}96 / 1 & 96 / 8 & 96 / 21 & 99 / 2 & 99 / 8 & 99 / 22\end{array}$ | 48／10 78／11 | try［10］13／20 21／3 100／11 |
| 100／5 101／2 102／2 102／4 106／1 | told［14］122／8 149／15 149／15 | 105／2 150／7 151／15 169／14 |


| T | $\begin{array}{\|cccc} \hline \text { unknown [17] } & 154 / 2 & 161 / 4 & 161 / 5 \\ 162 / 7 & 162 / 13 & 162 / 10 & 163 / 25 \end{array}$ | $\begin{array}{\|cccccccc} \hline \text { very } & {\left[\begin{array}{llllllll} 26] & 22 / 3 & 26 / 3 & 28 / 17 & 31 / 6 \\ 31 / 6 & 31 / 12 & 31 / 13 & 45 / 14 & 84 / 17 \end{array}\right.} \end{array}$ |
| :---: | :---: | :---: |
| try... [3] 175/24 176/1 185/17 | 165/17 166/23 167/1 171/13 | 97/14 102/11 109/9 144/21 |
| trying [8] $66 / 3$ 71/14 142/20 | 171/14 171/23 172/22 177/18 | 145/15 154/13 $155 / 8155 / 9$ 155/9 |
| 152/7 162/25 170/25 171/2 | 177/23 178/3 | 155/11 156/15 $158 / 19$ 166/7 |
| 188/16 | unless [5] 103/25 121/15 135/11 | 177/15 179/11 179/22 186/18 |
| tube [3] 10/1 29/12 111/22 | 140/日 142/17 | vessels [8] $13 / 8$ 46/21 $46 / 22$ |
| tubes [4] $29 / 2$ 29/4 $31 / 3102 / 3$ | unlikely [1] 97/1 | 72/20 77/6 $78 / 18$ 99/17 $119 / 15$ |
| twice [1] 161/24 | unremarkable [1] 114/10 | video [1] 171/17 |
| twirling [2] 59/16 152/22 | unsupervised [1] 181/21 | view [2] 15/10 3.72/20 |
| twisting [1] 152/22 | until [4] 14/9 150/15 156/9 | viewable [1] 21/4 |
| two [43] 7/5 15/6 17/23 50/4 | 181/20 | viewing [1] 22/13 |
| 58/8 58/10 71/6 71/20 72/8 | -unusual [3] 28/13 76/12 105/1.5 | violent [3] 182/20 183/4 183/14 |
| 72/10 72/10 72/13 72/23 73/2 |  | virtue [3] 67/13 161/13 181/22 |
| $\begin{array}{llllllllll}78 / 11 & 87 / 20 & 87 / 22 & 87 / 23 & 88 / 6\end{array}$ |  | viaible [1] 99/8 |
| 88/25 89/5 $96 / 22$ 96/25 106/1 | $\begin{array}{lllllll}29 / 13 & 29 / 16 & 35 / 8 & 36 / 14 & 40 / 18\end{array}$ | viaion [1] 95/13 |
| 110/16 120/7 120/10 120/11 | 44/5 45/20 53/23 55/8 57/7 | visitation [1] 181/21 |
| 128/17 $130 / 25132 / 23134 / 19$ | $\begin{array}{lllllllll}58 / 16 & 58 / 17 & 59 / 12 & 74 / 16 & 75 / 3\end{array}$ | visualize [1] 21/13 |
| 142/6 144/3 148/20 151/11 | $\begin{array}{lllllllll}83 / 11 & 84 / 22 & 85 / 2 & 85 / 3 & 92 / 3 & 97 / 5\end{array}$ | visualized [2] 22/18 24/11 |
| 152/14 154/8 166/7 168/12 | 99/18 100/9 105/22 123/11 | visually [1] 21/4 |
| 174/22 174/23 175/8 | 134/12 $136 / 14136 / 25139 / 7$ | vitreous [6] 33/5 33/11 33/11 |
| type [12] 33/6 59/5 63/18 67/13 | 143/16 146/20 149/25 150/2 | 33/13 33/14 33/17 |
| 86/24 102/22 103/20 108/24 | 150/2 150/22 151/25 152/6 | Vogel [2] 76/4 81/25 |
| 108/25 112/10 185/3 187/4 | 153/15 155/1 159/13 165/17 | VOLUME [1] 1/15 |
| typed [3] 82/9 112/5 114/7 | 168/16 168/19 171/6 175/16 | vomit [3] $95 / 15$ 95/21 158/13 |
| types [3] $40 / 14$ 58/20 185/5 | 176/14 176/20 176/21 177/11 | vomiting [6] 95/11 96/18 $96 / 24$ |
| typical [3] 62/9 129/25 185/9 | 180/2 285/12 186/13 | 97/14 97/18 150/1 |
| typically [2] 62/9 62/11 | upon [6] 60/8 67/23 159/24 | W |
| typo [1] 130/4 | 188/1 188/10 188/19 |  |
| U | upper [10] 10/23 17/14 19/13 | wait [2] 112/5 132/24 |
|  | 122/5 122/10 122/16 122/20 | waiting [2] 161/20 |
| ulnar [1] 132/8 | 123/18 126/18 127/13 | walk [1] 39/18 |
| ultimate [1] 36/18 | upward [1] 15/5 | wall [7] 68/15 162/11 162/16 |
| ultimately [24] 50/15 50/23 | upwards [2] 16/24 16/25 | 163/9 164/4 164/6 173/23 |
|  | us [15] 16/10 17/8 21/1 21/12 | want [28] 10/2 30/19 32/11 |
| 103/19 112/1 118/20 118/23 | 26/19 31/10 43/5 54/16 64/7 | 63/13 64/3 65/19 65/22 66/4 |
| 155/12 $155 / 24$ 156/21 157/15 | 75/10 168/23 172/19 179/13 | 78/3 $82 / 7$ 82/10 86/14 104/4 |
| 157/22 $159 / 4159 / 15159 / 23$ | 179/16 179/17 | 104/9 104/15 105/3 107/22 |
| 160/21 160/25 173/14 173/16 | use [15] $26 / 17$ 33/12 $36 / 23$ 37/2 | 116/14 $124 / 2 \begin{array}{llllll} & 126 / 3 & 126 / 4 & 135 / 1.8\end{array}$ |
| 177/6 | 54/16 68/24 80/2 $91 / 9$ 103/6 | 144/5 166/22 171/5 171/7 171/10 |
| UMC [1] 104/20 | 103/7 104/21 105/19 105/21 | 187/5 |
| unanticipated [1] 55/17 | 159/16 159/21 | wanted [8] 33/18 78/5 144/17 |
| uncommon [1] 158/8 | used [15] 43/19 46/6 46/8 68/2 | 157/21 168/22 178/14 184/19 |
| unconscious [7] 95/14 96/4 | 71/17 84/24 86/24 87/1 104/19 | 184/25 |
| 96/11 97/8 $97 / 11$ 158/17 $158 / 21$ | $\begin{array}{llll}114 / 18 & 152 / 20 & 152 / 23 & 156 / 16\end{array}$ | wanting [1] 34/16 |
| under [5] 27/14 56/20 116/25 | 159/17 162/15 | wants [2] 145/6 170/19 |
| 171/24 187/22 | uses [1] 日6/21 | warranted [1] 188/11 |
| underneath [5] $13 / 6$ 14/25 $20 / 2$ | using [3] 26/18 82/21 105/22 | was [268] |
| 24/22 27/20 | usually [12] $35 / 7$ 35/13 46/20 | wasn't [16] $27 / 15$ 32/9 32/15 |
| understand [35] 14/10 22/23 | 62/12 62/12 67/11 67/12 75/5 | 69/19 81/12 93/16 93/16 105/11 |
| $\begin{array}{llllll} & 33 / 10 & 26 / 17 & 26 / 21 & 47 / 23 & 48 / 6\end{array}$ | 89/25 99/15 103/14 114/2 | 151/3 155/15 157/15 158/17 |
| 65/3 66/9 67/24 69/18 72/25 |  | 165/3 167/9 174/13 175/21 |
| 74/23 $81 / 786 / 15$ 87/16 $88 / 14$ |  | watch [1] 16/7 |
| 92/15 96/12 100/16 101/13 103/9 | vaccinations [1] 30/17 | watched [1] 181/12 |
| 104/5 104/10 107/15 107/22 | vacuum [1] 28/3 | water [2] 149/25 176/1 |
| 118/5 118/14 119/10 135/19 | valleys [1] 47/6 | way [37] $7 / 7$ 13/12 $15 / 5$ 19/14 |
| 139/12 144/13 159/22 167/18 | varlation [1] 149/17 | 25/10 41/7 $42 / 3.45 / 1460 / 21$ |
| 177/8 | variety [1] 40/16 | 62/10 63/20 65/10 68/6 68/11 |
| understanding [8] 23/18 40/23 | vascular [1] 26/3 | 68/13 $73 / 20 \quad 86 / 24 \quad 91 / 15 \quad 103 / 1$ |
| 65/23 87/22 99/10 142/21 181/3 | vector [2] 74/22 121/9 | 103/4 109/10 116/9 122/18 |
| 18:/10 | vectors [2] 74/15 74/16 | 134/15 134/19 142/7 143/17 |
| understood [5] 85/22 117/12 | vegas [6] 1/4 3/1 4/10 190/1 | 152/23 154/10 157/17 158/14 |
| 133/14 144/18 162/5 | 190/19 190/20 | 166/9 167/7 172/11 $172 / 12 \quad 177 / 1$ |
| undetermined [8] 53/23 55/20 | veins [2] 13/9 13/11 | 184/23 |
| 56/5 59/23 153/10 155/7 155/11 | ventilator [1] 109/17 | ways [3] 15/15 56/21 74/9 |
| 187/14 | ventral [1] 132/23 | we [202] |
| unexpected [1] 5/3 | verbiage [1] 114/8 | We'd [3] 161/18 177/6 184/10 |
| $\begin{aligned} & \text { uninjured }[4] \quad 114 / 3 \quad 114 / 6 \quad 114 / 9 \\ & 114 / 19 \end{aligned}$ | verify $[1]$ $145 / 7$   <br> versua $[17]$ $19 / 3$ $21 / 16$ $38 / 7$ | $\begin{array}{llllll} w e ' 11 & {[5]} & 5 / 20 & 8 / 4 & 8 / 10 & 77 / 22 \\ 110 / 20 \end{array}$ |
| unit [1] 151/14 | 38/8 $59 / 13$ 63/23 63/23 64/17 | we're [23] $3 / 12$ 16/18 $22 / 11$ |
| United [1] 188/5 | 67/8 70/1 83/12 87/3 102/23 | 22/12 22/13 22/16 23/16 35/1 |
| Oniveralty [2] 4/14 134/16 | 121/6 141/15 141/24 142/9 | 64/11 64/15 66/5 69/25 70/2 |

we＇re．．．［10］88／13 $111 / 1 \quad 156 / 9$ $\begin{array}{llllll}161 / 17 & 165 / 6 & 169 / 13 & 170 / 14\end{array}$ 172／17 173／4 183／18
werve［30］ $15 / 21 \quad 16 / 12 \quad 21 / \mathrm{B}$ $\begin{array}{llll}22 / 16 & 24 / 17 & 26 / 22 & 32 / 20\end{array}$ 46／3
51／2 $51 / 3$ 52／2 $53 / 11$ 56／17 57／9 62／22 $80 / 12$ 日1／5 89／24 $91 / 20$ 97／2 $98 / 22$ 102／2 $102 / 3114 / 17$ $\begin{array}{lllll}114 / 25 & 115 / 13 & 115 / 15 & 145 / 24\end{array}$ 147／15 182／16
weed［1］ $143 /$ B
week ：［1］46／15
weigh［3］187／23 187／23 188／1日
weighed［1］123／20
weight［7］ $39 / 22$ 40／1 124／7 124／16 124／19 125／2 125／10 weights［2］ $125 / 5$ 125／6
well［72］ $6 / 2 \quad 8 / 7 \quad 8 / 13 \quad 19 / 21$
21／20 22／1 $22 / 20 \quad 24 / 23$ 25／6
$\begin{array}{llllll}28 / 17 & 29 / 5 & 29 / 25 & 31 / 5 & 32 / 10\end{array}$
32／11 33／22 34／21 35／日 $37 / 16$
$\begin{array}{llllll}44 / 21 & 46 / 10 & 48 / 12 & 50 / 6 & 50 / 24\end{array}$
$\begin{array}{lllllll}51 / 1 & 51 / 17 & 53 / 19 & 53 / 20 & 54 / 24\end{array}$
58／11 $60 / 3 \quad 61 / 21 \quad 62 / 16 \quad 63 / 25$
72／24 74／20 75／7 82／23 $83 / 15$
93／17 95／1日 97／15 104／2 112／22
116／8 117／23 118／3 118／17 123／1
125／23 $130 / 22 \quad 132 / 18 \quad 136 / 16$
138／5 140／日 143／日 147／7 148／1
152／7 $155 / 23$ 158／19 160／14
$\begin{array}{lllll}161 / 9 & 165 / 25 & 167 / 5 & 167 / 18 & 169 / 2\end{array}$
175／17 176／25 181／16 181／16 186／25
well－placed［1］181／16 well－situated［1］IB1／16 went［14］ $4 / 15$ 4／17 $4 / 19 \quad 56 / 5$ 146／9 152／7 $152 / 20 \quad 152 / 22 \quad 153 / 3$ 165／10 166／15 166／23 174／11 176／25
were［92］ $6 / 12$ 9／3 $9 / 14$ 9／16 $\begin{array}{llllllllll} & 9 / 24 & 14 / 3 & 15 / 10 & 15 / 22 & 18 / 16\end{array}$ $\begin{array}{lllll}18 / 24 & 19 / 25 & 20 / 8 & 21 / 6 & 24 / 13\end{array}$ $\begin{array}{lllll}24 / 24 & 25 / 25 & 26 / 2 & 2 日 / 11 & 28 / 12\end{array}$ $\begin{array}{llllll}28 / 21 & 29 / 4 & 29 / 20 & 30 / 23 & 31 / 14\end{array}$ $\begin{array}{llllll}33 / 24 & 33 / 25 & 34 / 2 & 37 / 7 & 39 / 1 & 39 / 5\end{array}$ $\begin{array}{llllll}43 / 12 & 43 / 23 & 45 / 6 & 45 / 7 & 46 / 17\end{array}$ 50／22 54／25 58／4 61／10 67／18 69／2 $\quad 71 / 13 \quad 100 / 5 \quad 100 / 8 \quad 102 / 13$ 102／17 104／14 107／5 107／9 107／10 108／5 110／24 111／I2 116／16 116／20 117／19 117／21 $\begin{array}{lllll}121 / 21 & 124 / 5 & 124 / 9 & 127 / 5 \quad 128 / 13\end{array}$ 129／20 130／13 131／10 132／19 $\begin{array}{llllll}133 / 2 & 136 / 1 & 137 / 24 & 138 / 4 & 147 / 18\end{array}$ 147／2I $147 / 25 \quad 148 / 6 \quad 149 / 1 \quad 149 / 3$ 151／4 151／4 151／I1 154／9 156／I5
$\begin{array}{lllll}166 / 16 & 167 / 6 & 167 / 8 & 167 / 10\end{array}$
$\begin{array}{lllll}173 / 19 & 173 / 23 & 174 / 5 & 174 / 22\end{array}$
175／25 176／16 180／13
weren ${ }^{1}$ t［4］47／1 64／14 166／1 174／19
what［194］
$\begin{array}{lllll}\text { what＇s［18］} & 5 / 24 & 6 / 10 & 7 / 23 & 8 / 5\end{array}$ 21／13 64／16 64／17 64／25 65／1 74／9 88／11 $108 / 3$ 112／25 133／22 150／13 $150 / 18 \quad 154 / 13 \quad 156 / 25$
whatever［7］ $75 / 3 \quad 84 / 7 \quad 167 / 15$ $\begin{array}{lllll}171 / 7 & 176 / 19 & 180 / 22 & 185 / 22\end{array}$
whatsoever［2］177／20 185／23
when［129］5／21 6／22 7／10 7／24
$\begin{array}{llllll}9 / 20 & 10 / 24 & 11 / 23 & 13 / 11 & 13 / 12\end{array}$ $\begin{array}{llll}13 / 22 & 16 / 16 & 17 / 10 & 18 / 24 \\ 23 / 14\end{array}$ $\begin{array}{llllll}23 / 23 & 24 / 2 & 24 / 14 & 25 / 3 & 25 / 8 & 26 / 7\end{array}$ $\begin{array}{lllll}27 / 21 & 28 / 13 & 28 / 15 & 28 / 16 & 29 / 17\end{array}$ $\begin{array}{lllll}32 / 3 & 34 / 23 & 35 / 1 & 37 / 20 & 37 / 22\end{array}$ 37／23 40／13 42／1 42／4 42／20 42／21 $43 / 1$ 44／19 $44 / 25$ 45／7 45／10 $45 / 1245 / 19$ 46／17 $46 / 19$ 47／15 $49 / 1 \quad 51 / 23 \quad 53 / 6 \quad 53 / 16$ 55／6 56／23 58／4 58／6 58／25 59／3 61／12 $63 / 15 \quad 64 / 21 \quad 65 / 5 \quad 69 / 25$ 73／7 $74 / 13 \quad 75 / 9 \quad 76 / 2 \quad 76 / 21$ $\begin{array}{lllll}77 / 12 & 79 / 20 & 82 / 20 & 84 / 3 & 84 / 13\end{array}$ 85／7 87／2 $87 / 11 \quad 87 / 2188 / 8$ 88／13 $89 / 8$ 日9／25 90／5 95／18 100／22 101／25 102／8 103／2 109／11 114／21 117／25 123／23 124／24 127／22 $130 / 20 \quad 130 / 21$ 133／22 134／3 134／16 135／日 $\begin{array}{llllll}135 / 10 & 136 / 9 & 136 / 11 & 138 / 17\end{array}$ 140／7 141／11 141／12 142／4 $\begin{array}{lllll}143 / 19 & 144 / 1 & 144 / 3 & 146 / 14\end{array}$ 146／20 $147 / 1$ 14日／日 $149 / 23$ 151／1 $\begin{array}{llllll}151 / 2 & 152 / 10 & 156 / 14 & 157 / 2\end{array}$ 158／22 158／22 174／21 175／13 $\begin{array}{llllll}176 / 5 & 176 / 7 & 176 / 9 & 183 / 13 & 184 / 4\end{array}$ 186／12 186／21
whenever［1］29／10
$\begin{array}{llllll}\text { where［70］} & 4 / 20 & 8 / 14 & 11 / 9 & 12 / 8\end{array}$ $\begin{array}{lllll}12 / 11 & 15 / 15 & 16 / 20 & 16 / 21 & 17 / 3\end{array}$ $\begin{array}{llll}17 / 19 & 18 / 19 & 18 / 21 & 19 / 7 \\ 19 / 7\end{array}$ 19／24 20／1 20／22 $21 / 23$ 22／6 $\begin{array}{llllll}12 / 18 & 24 / 3 & 26 / 3 & 29 / 2 & 30 / 10 & 41 / 8\end{array}$ $\begin{array}{lllll}41 / 13 & 41 / 21 & 42 / 8 & 42 / 9 & 42 / 17\end{array}$ $\begin{array}{lllllll} & 42 / 22 & 43 / 6 & 43 / 11 & 43 / 15 & 43 / 20\end{array}$ 44／2 $44 / 7$ 44／9 44／17 44／23 44／23 51／20 62／3 65／14 68／14 71／13 $72 / 8 \quad 75 / 10 \quad 76 / 6 \quad 78 / 10$ $\begin{array}{llll}80 / 24 & 83 / 10 & 86 / 11 & \text { 日B／17 } \\ 90 / 6\end{array}$ 96／10 $98 / 24$ 99／3 $113 / 2 \quad 113 / 21$ 121／11 122／21 124／21 128／5 170／13 171／15 17I／19 173／6 185／6 185／日
Where＇${ }^{\text {（1］19／22 }}$
whether［33］ $8 / 5 \quad 25 / 9 \quad 25 / 11$ $\begin{array}{lllllll}25 / 13 & 28 / 4 & 28 / 5 & 33 / 15 & 36 / 4 & 38 / 6\end{array}$ 40／16 $55 / 13$ 63／7 $68 / 14 \quad 68 / 15$ 84／23 87／5 $92 / 2$ 94／11 $95 / 22$ 96／9 96／I0 108／14 109／12 116／25 138／6 13日／8 13日／24 142／12 $\begin{array}{lllll}142 / 13 & 166 / 5 & 172 / 8 & 173 / 13 & 183 / 2\end{array}$ which［70］5／7 5／8 7／18 12／9 $\begin{array}{lllllll}15 / 4 & 19 / 10 & 19 / 11 & 20 / 21 & 21 / 6\end{array}$ 21／11 21／15 21／19 22／10 $26 / 24$ 27／12 29／11 29／12 $29 / 13$ 30／12 39／9 4I／11 $41 / 23$ 43／3 43／23 43／25 $48 / 11 \quad 53 / 10 \quad 59 / 9 \quad 59 / 19$ $\begin{array}{llllll}62 / 1 & 74 / I 5 & 80 / 15 & 80 / 15 & 80 / 23\end{array}$ $\begin{array}{lllll}85 / 13 & 87 / 7 & 90 / 1 & 91 / 14 & 91 / 17\end{array}$ 94／20 $103 / 17$ I12／3 $120 / 7$ 122／7 124／11 125／7 133／18 141／13 141／23 142／7 142／8 142／12 143／18 $144 / 4 \quad 155 / 15 \quad 157 / 3$ 157／11 157／17 159／10 159／24 $\begin{array}{lllll}165 / 9 & 167 / 14 & 167 / 14 & 16 日 / 3\end{array}$ $\begin{array}{lllll}172 / 16 & 172 / 23 & 173 / 21 & 163 / 15\end{array}$ 185／9 186／4
while［10］ $30 / 13$ 63／16 146／7 152／4 $154 / 4 \quad 157 / 13 \quad 159 / 22$ 161／17 177／8 185／12
white［10］ $44 / 17$ 44／19 44／25 $90 / 12 \quad 112 / 23 \quad 113 / 1 \quad 113 / 2 \quad 113 / 3$

113／4 113／15
who［15］6／日 $11 / 3$ 47／8 61／23 84／4 85／18 134／20 134／21 141／11 149／18 151／17 154／14 166／11 176／21 181／12
who＇s［4］ $31 / 10 \quad 35 / 5 \quad 137 / 2$ 283／7
whoever［1］170／19
whole［11］ $4 / 2$ 19／16 $40 / 12$ $\begin{array}{llllll}40 / 13 & 40 / 14 & 41 / 13 & 41 / 13 & 44 / 22\end{array}$ 65／18 99／111 175／4
whom［1］31／24
why［31］ $23 / 23$ 45／8 $56 / 5 \quad 56 / 12$ 69／14 88／20 90／20 92／5 103／17
113／4 114／18 127／8 129／23
132／21 13日／2 $138 / 19$ 139／7
$\begin{array}{llllll}141 / 11 & 150 / 5 & 150 / 19 & 155 / 6\end{array}$
$\begin{array}{llll}161 / 23 & 165 / 17 & 168 / 23 & 169 / 25\end{array}$
173／2 173／3 175／8 175／12 $\quad$ 175／13 186／4
widely［I］169／3
wider［1］67／9
Wiens［2］179／16 179／20
wife［6］150／23 180／7 180／10 180／11 180／12 180／13
$\begin{array}{lllllll}\text { will［41］} & 5 / 7 & 5 / 10 & 5 / 12 & 6 / 8 & 7 / 1\end{array}$ 13／4 $14 / 24$ 18／3 $26 / 11$ 27／11
$\begin{array}{lllllll}28 / 7 & 31 / 9 & 33 / 5 & 34 / 5 & 34 / 11 & 36 / 24\end{array}$
42／9 $45 / 13$ 51／18 $\quad 63 / 5 \quad 66 / 17$ 70／23 $77 / 8$ 78／7 $79 /$ 日 $\quad 80 / 22$日0／25 日2／11 88／L2 日9／4 92／日 134／12 134／13 134／18 141／2 141／4 163／20 178／23 180／6 186／15 18日／18
window［1］133／18
windpipe［6］ $28 / 22 \quad 29 / 10 \quad 29 / 12$ 29／16 29／18 99／21
wiped［1］150／2
within［15］ $29 / 7 \quad 34 / 6 \quad 38 / 10$ $\begin{array}{llllll}42 / 17 & 43 / 15 & 46 / 16 & 51 / 19 & 60 / 14\end{array}$ 80／14 $97 / 5$ 10日／5 120／12 124／工日 133／18 190／15
without［7］ $43 / 5$ 51／24 63／16
78／6 141／18 $141 / 21 \quad 142 / 17$
witness［4］3／15 144／24 153／13 165／14
witnesses［3］ $2 / 2$ 145／1 145／II won＇t［1］187／14
wondering［3］25／日 25／13 94／11
word［12］ $28 / 9 \quad 36 / 13 \quad 36 / 1346 / 6$
46／8 $46 / 18$ 94／21 128／19 128／23
159／21 169／15 269／16
words［6］ $56 / 12$ 日6／25 $157 / 3$
177／17 178／1 178／3
work［1］150／16
worked［1］176／2
working［4］42／16 $166 / 21 \quad$ I $80 / 15$ 184／7
works［1］158／7
world［1］188／6
woula［123］ $10 / 7$ 11／17 $14 / 17$ $\begin{array}{llllll}16 / 15 & 17 / 19 & 18 / 15 & 20 / 7 & 29 / 24\end{array}$ $\begin{array}{lllllll}30 / 8 & 31 / 11 & 31 / 11 & 32 / 13 & 34 / 13\end{array}$
 48／3 $48 / 4 \quad 48 / 19 \quad 56 / 12 \quad 57 / 11$ $\begin{array}{llll}59 / 25 & 63 / 17 & 63 / 19 & 65 / 14 \\ 67 / 6\end{array}$ 67／19 68／5 68／7 70／5 70／21 $\begin{array}{lllll}70 / 21 & 70 / 22 & 70 / 22 & 71 / 7 & 74 / 17\end{array}$ 74／17 74／1日 76／1 80／6 80／7 $\begin{array}{llll}10 / 17 & 81 / 8 & 90 / 1 & 90 / 13 \\ 92 / 1\end{array}$ $\begin{array}{llllll}92 / 10 & 95 / 7 & 95 / 10 & 95 / 15 & 95 / 20\end{array}$ 97／9 97／11 97／20 98／4 106／10


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Attorney for Plaintiff
$\begin{array}{lc}\text { I.A. } 12 / 3 / 13 \\ 9: 30 \text { A.M. } & \text { DISTRICT COURT } \\ \text { PD }\end{array} \quad$ CLARK COUNTY, NEVADA
FILED IN OPEN COURT STEVEN D. GRIERSON


THE STATE OF NEVADA,
Plaintiff,
-VS-
JONATHAN QUISANO, \#5991702

Case No:
C-13-294266-1
Dept No;

XXI

## INFORMATION

## STATE OF NEVADA COUNTY OF CLARK $\{$ ss.

STEVEN B. WOLFSON, District Attorney within and for the County of Clark, State of Nevada, in the name and by the authority of the State of Nevada, informs the Court:

That JONATHAN QUISANO, the Defendant(s) above named, having committed the crime of MURDER (Category A Felony - NRS 200.010, 200.030, 200.508), on or about the 6th day of June, 2013, within the County of Clark, State of Nevada, contrary to the form, force and effect of statutes in such cases made and provided, and against the peace and dignity of the State of Nevada, did then and there, without authority of law and with malice aforethought, willfully and feloniously kill KHAYDEN QUISANO, a minor child being approximately 3 years of age, by subjecting the said KHAYDEN QUISANO to acts of child abuse, to-wit: by striking the head and/or body of the said KHAYDEN QUISANO with his hands and/or other unknown object and/or by shaking him and/or by throwing him against a
hard surface and/or by other manner or means unknown, all of which resulted in the death of said KHAYDEN QUISANO.

STEVEN B. WOLFSON Clark County District Attorney
Nevada Bar \#001565

BY


Names of witnesses known to the District Attomey's Office at the time of filing this Information are as follows:

NAME
ACUNA, RON
OR DESIGNEE
BOUCHER, DOLPHIS
CUSTODIAN OF RECORDS
OR DESIGNEE
CUSTODIAN OF RECORDS OR DESIGNEE

CUSTODIAN OF RECORDS
OR DESIGNEE
CUSTODIAN OF RECORDS OR DESIGNEE

CUSTODIAN OF RECORDS OR DESIGNEE

CUSTODIAN OF RECORDS OR DESIGNEE

CUSTODIAN OF RECORDS
GAVIN, DR. LISA

## ADDRESS

INVESTIGATOR
C.C. DISTRICT ATTORNEY
L.VMPD \#4636

Clark County Detention Center, 330 S . Casino
Center Blvd., Las Vegas, NV
Clark County Detention Center, Communications
330 S. Casino Center Blvd., Las Vegas, NV
C.C. FIRE DEPT

RECORDS
LVMPD Communications,
Las Vegas, NV
LAS VEGAS FIRE DEPT
RECORDS
L.VMPD Records

Las Vegas, NV
UMC, 1800 W. Charleston, LVN
C.C. Coroner's Office

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#}=
    HARDWICK, JASON LVMPD #6056
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JOHNS, MATT OR DESIGNEE KASEY, MICHAEL DR. RODRIGUEZ, Christina SANBORN, TATE

LVMPD \#6056
INVESTIGATOR
C.C. DISTRICT ATTORNEY

UMC, 1800 W. Charleston, LVN 4720 Trimwater Ct., LVN 89130 LVMPD \#5450

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Attorney for Plaintiff
I.A. 12/3/13

DISTRICT COURT
9:30 A.M.
CLARK COUNTY, NEVADA

THE STATE OF NEVADA,
Plaintiff,
-vs-
JONATHAN QUISANO, \#5991702

Case No: C-13-294266-1
Dept No: XXI
CLERK OF THE COURT

PD

| PHE STATE OF NEVADA, |
| :--- |
| -vs- |
| JOintiff, |
| \#5991702 |
| Defendant. |

## AMENDED

## INFORMATION

## STATE OF NEVADA COUNTY OF CLARK

STEVEN B. WOLFSON, District Attorney within and for the County of Clark, State of Nevada, in the name and by the authority of the State of Nevada, informs the Court:

That JONATHAN QUISANO, the Defendant(s) above named, having committed the crime of MURDER (Category A Felony - NRS 200.010, 200.030, 200.508), on or about the 6th day of June, 2013, within the County of Clark, State of Nevada, contrary to the form, force and effect of statutes in such cases made and provided, and against the peace and dignity of the State of Nevada, did then and there, without authority of law and with malice aforethought, willfully and feloniously kill KHAYDEN QUISANO, a minor child being approximately 3 years of age, by subjecting the said KHAYDEN QUISANO to acts of child //
abuse, to-wit: by striking the head and/or body of the said KHAYDEN QUISANO and/or by shaking him and/or by throwing him against a hard surface and/or by other manner or means unknown, all of which resulted in the death of said KHAYDEN QUISANO.

> STEVEN B. WOLFSON
> Clark County District Attorney Nevada Bar \#001565


Names of witnesses known to the District Attomey's Office at the time of filing this Information are as follows:

NAME
ACUNA, RON
OR DESIGNEE
BOUCHER, DOLPHIS
CUSTODIAN OF RECORDS OR DESIGNEE
CUSTODIAN OF RECORDS OR DESIGNEE

CUSTODIAN OF RECORDS OR DESIGNEE
CUSTODIAN OF RECORDS OR DESIGNEE

CUSTODIAN OF RECORDS
OR DESIGNEE
CUSTODIAN OF RECORDS OR DESIGNEE
CUSTODIAN OF RECORDS

ADDRESS
INVESTIGATOR
C.C. DISTRICT ATTORNEY

LVMPD \#4636
Clark County Detention Center, 330 S. Casino Center Blvd., Las Vegas, NV
Clark County Detention Center, Communications
330 S. Casino Center Blvd., Las Vegas, NV
C.C. FIRE DEPT

RECORDS
LVMPD Communications, Las Vegas, NV

LAS VEGAS FIRE DEPT RECORDS
LVMPD Records
Las Vegas, NV
UMC, 1800 W. Charleston, LVN

GAVIN, DR. LISA
HARDWICK, JASON
JOHNS, MATT
OR DESIGNEE
KASEY, MICHAEL DR.
RODRIGUEZ, Christina
SANBORN, TATE
C.C. Coroner's Office

LVMPD \#6056
INVESTIGATOR
C.C. DISTRICT ATTORNEY

UMC, 1800 W, Charleston, LVN
4720 Trimwater Ct., LVN 89130
LVMPD \#5450

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5. That Peitioner consents that is efetion is not devided within 5 days bofore the date sey for trat, the Court may, whoun nothe of hearme, contine the trat indefmety to a date designated by the Com
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ClARE COUNTY MBLIC DEABNDER



 whithe facts and circumstances of this case.
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EXECUTED the $\int^{(63}$ day of dmary, 2014.


## MEMORANDUM OF PONTS AND GUTHORTTLS

## IN SUPEORT ORERTETION FOR WQRTOR HABEASCORUS

 NANCY M. LEMCKE the Char Comy Public Deforders Offce, and slbutty fle following


## STMLEMENT OF BCCS





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## BROCLDURAL HBTORY



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## CONCLUSION

For the reasons sef forth above, Petitioner IONATLAN OUISANO respechaty requess that the
 fle merent.

DATED this $\frac{C^{2} \text { of Janaty } 2014 .}{}$


## Nomice

TO: CLARK COUMTY DSTRUCTATOREF, Atwney for Pontiff

 XXI Dismict Cour

DATED thes i5th day of Jamary, 2014.

# PHILIP J. KOHN <br> CARK COUNTY PUBR IC DEFENDEK 

By-SMotct Lemeke
NANCY L DEMICKE, 346
Depuly Public Defender

## CERTIECATEOELSCRONLSERVCE

 made this 1 Wh day of Jamary, 2014 to:

CAIK COLNYY OSTRICT ATTORNEY'SOFPCE PDMolgmacelameom

By: S. Rasmo
Secretaty for tie Public Defenders Offec

12

ORDR
PHILIP J. KOHN, PUBLIC DEFENDER
NEVADA BAR NO. 0556
309 South Third Street, Suite \#226
Las Vegas, Nevada 89155
(702) 455-4685

Attorney for Defendant

## DIS'RRICT COURT <br> CLARK COUNTY, NEVADA

THE STATE OF NEVADA,

Plaintiff,
v .
JONATHAN QUISANO,
Defendant.

CASE NO. C-13-294266-1
DEPT. NO. XXI

## ORDER

The Petition of JONATHAN QUISANO submitted by NANCY L. LEMCKE, Deputy Public Defender, as attorney for the above-captioned individual, having been filed in the above-entitled matter,

IT IS HEREBY ORDERED, ADJUDGED AND DECREED that you, STEVE GRIERSON, Clerk of the Eighth Judicial District Court of the State of Nevada, in and for the County of Clark, issue a Writ of Habeas Corpus.

DATED AND DONE at Las Vegas, Nevada, this $24^{\not t h}$ of January, 2014.


Submitted By:
PHILIP J. KOHN
CLARKCOUNVY PUBLIC DEFENDER


NANCY L. 工积
Deputy Public D/efender

WoRTH
MULTI KOMI PUBLIC DEFENDER


MEVADADEA NO. 056
300 Sown Third Suet Site Azt.
Las Vegs, Nevadabiss
(702) 4354685

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## DISTRICT COURT

## CLARK COUNTY, NEV $A D A$

THE STATE OF NEVADA, Plaintiff,
jONATHAN QUIEANE.
Defender.
CASE NO. C-13.294266-1
DEPT NO. XXI

## WITT OR HABLAC CORMS

To: Cloak Con ty sheaf Clark County Nevada

## GRELINOS:

We command that you base the body of the abowecantioned person by you
 detention, by whatever hat me sad novecaptianed person shall be called or charged, bo fore the Honoree Valerie Adar, Distrait Court Fudge, at her chambers or her condroom in the Regional Father Comer, 200 Lewis A feme, the City of Las Yeas, Comb of Clark, Site of Nevada, on February 6,2014 at the bour of 9,50 anas, to do and revere that whet shat then and there be considered concerning the sad shave-aptioned person and hater you hen and there this Writ.

DATBD AND DONE His $\qquad$ ar Cobras 20 y


## RET

STEVEN B. WOLFSON
Clark County District Attorney
Nevada Bar \# 1565
MICHAEL V. STAUDAHER
Chief Deputy District Attorney
Nevada Bar \# 008273
MICHELLE Y. EDWARDS
Deputy District Attorney
Nevada Bar \#010575
200 Lewis Avenue
Las Vegas, Neyada 89155-2212
(702) 671-2500

State of Nevada

CASE NO: C-13-294266-1
DEPT NO: XXI

JONATHAN QUISANO, ID\# 5991702

## RETURN TO WRIT OF HABEAS CORPUS

DATE OF HEARING: March 6, 2014
TIME OF HEARING: 9;00 A.M.
COMES NOW, DOUGLAS C. GILLESPIE, Sheriff of Clark County, Nevada, Respondent, through his counsel, STEVEN B. WOLFSON, Clark County District Attorney, through MICHAEL V. STAUDAFER, Chief Deputy District Attorney, and MICHELLE Y. EDWARDS, Deputy District Attorney, in obedience to a writ of habeas corpus issued out of and under the seal of the above-entitled Court on the 15th day of January, 2014, and made returnable on the 6th day of March, 2014, at the hour of 9:00 o'clock A.M., before the aboveentitled Court, and states as follows:

1. Respondent admits the allegations of Paragraph 2 of the Petitioner's Petition for Writ of Habeas Corpus.
2. Respondent denies the allegations of Paragraph 3 of the Petitioner's Petition for Writ of Habeas Corpus.
3. Paragraph(s) $1,4,5$ and 6 do not require admission or denial.
4. The Petitioner is in the actual custody of DOUGLAS C. GILLESPIE, Clark County Sheriff, Respondent herein, pursuant to a Criminal Information, a copy of which is attached hereto as Exhibit 1 and incorporated by reference herein.

Wherefore, Respondent prays that the Writ of Habeas Corpus be discharged and the Petition be dismissed.

DATED this $27{ }^{1}$ day of February, 2014.

Respectfully submitted,<br>STEVEN B. WOLFSON<br>Clark County District Attorney<br>Nevada Bar \# 001565



## POINTS AND AUTHORITIES

## STATEMENT OF THE CASE

On June 7, 2013, Jonathan Quisano ("Defendant") was charged by way of Criminal Complaint with: Murder (Category A Felony - NRS 200.010, 200.030, 200.508). Following the preliminary hearing held over the course of three days, November 14, 21 and 22, 2013, Defendant was held to answer on the charge as amended in the Criminal Information.

Defendant subsequently pled not guilty at his initial arraignment in District Court on December 3, 2013. Defendant waived his Speedy Trial right. Defendant's trial is currently set for June 5, 2014.

Defendant filed the instant Petition for Writ of Habeas Corpus on January 15, 2014. The State's return to writ is as follows.

## STATEMENT OF FACTS

Thursday, June 6, 2013, started out like a normal day; Christina Rodrigues woke up her two sons with the Defendant, Khayden and Khaysen Quisano, around 6:30 a.m., got ready for work and prepared the boys ready for their day. (Preliminary Hearing Transcript ("PHT") Volume ("Vol.") 1,240:11-12). That morning both Khayden and Khaysen were acting normal," happy, smiling, watching television and getting dressed. (PHT Vol. 1, 240:20-24). Christina then took her boys to her grandmother, Clara Rodrigues', house around $7: 15 \mathrm{a} . \mathrm{m}$., where they would stay until they were taken home to their father. (PHT, Vol. 1, 240:6-14) Christina then went to work, where she would work until approximately $5 \mathrm{p} . \mathrm{m}$. (Vol 1, 240:14-15). While Christina was at work, her grandfather and grandmother dropped the boys off to Jonathan Quisano during the afternoon. (PHT Vol. 1, 239:19-23.) From there, Jonathan was solely responsible for the care of Khayden and Khaysen. (PHT Vol. 1, 239:24-240;2). Christina worked the entire day of June 6,2013 , without any phone calls or updates as to how the boys were doing. (PHT Vol. 1, 241:13-19.) Everything changed shortly after she clocked out of work. (PHT, Vol. 1, 241:20-24.)

Jonathan called Christina around 510 p.m., after she had clocked out of work and as she was walking to her car to drive home. (PHT Vol. 1, 241:20-24.) During the call Jonathan asked Christina where she was and urged Christina to hurry home. (PHT, Vol. 1, 242:10-14.) Jonathan didn't tell her why she needed to hurry or describe anything as being wrong at the house. (PHT, Vol. 1, 242:20-24.) A few minutes later Jonathan called Christina a second time, again, asking Christina where she was and urging her to hurry home. (PHT, Vol. 1, 242:24243:2.) Jonathan still didn't provide any information as to why she needed to hurry home, but rather, urged her to hurry home and then hung up the phone. (PHT, Vol. 1, 243:2-3.) Christina called Jonathan back a few minutes later asking why she needed to hurry home. (PHT, Vol. 1, 243:3-5.) Christina wanted to know why Jonathan wanted her to hurry home. (PHT, Vol. 1, 243:21-23.) Specifically and only in direct response to Christina's call and question, Jonathan
said, "The boys were playing on the couch, and Khayden fell over, and I guess hit his head, and -- um - - he said he wasn't opening his eyes, and he tried to put water on him, he wasn't getting up." (PHT, Vol. 1, 244:9-13.)

After Jonathan explained what happened Christina asked Jonathan if he had called:9-1-1, but he hadn't done so and gave no explanation as to why not. (PHT, Vol. 1, 244:13-1.4; 247:11, 17-20.) At that point Christina told Jonathan she was going to call 9-1-1 and this time she hung up on Jonathan. (PHT, Vol. 1, 247:21-24.) Armed only with the information Jonathan: had provided, Christina called 9-1-1 right away. (PHT, Vol. 1, 248:4-5.) Christina advised the 9-1-1 operator who she was, that she was driving home from work and that Jonathan told her the baby was playing on the couch and fell over. (PHT, Vol. 1, 248:8-11.)

Las Vegas City Fire Department responded to the family home around $5: 56$ or $5: 58$ p.m. as a result of the 9-1-1 call. (PHT, Vol. 1, 153:3-5, 154:22-24.) The call was initially coded as a Bravo level response based on the information provided by Christina. (PHT, Vol. 1, 153:5-14.) Upon arriving at the residence, Timothy Kline, a paramedic, was approached by a male who opened the front door holding a small child. (PHT, Vol. 1, 155:2-5). That male was the only other adult at the home with the children. (PHT, Vol. 1, 214:22-25, 216:3-5.) Timothy Kline's first impression was that the patient was "lifeless...not breathing...cyanotic...meaning that their oxygen level has dropped and they've been not breathing, or not breathing adequately for at least several minutes." (PHT, Vol, 1, 155:8-14.) Kline directed the male to place the child on a bench in the hallway so Kline could render care, (PHT, Vol. 1, 156:18-23.) Kline evaluated Khayden's eyes, noting the pupils were dilated, opened up and wide, nonresponsive and fixed in a wide position. (PHT, Vol. 1, 157:19-22.) Based on the child's condition, Kline noted the call was much more severe than a Bravo leve! response. (PHT, Vol. 1, 158:6-10.)

In an effort to treat the child, paramedic Kline asked the male who presented the chiild what had happened. (PHT, Vol. 1, 160:13-16.) Defendant told Kline that Khayden had fallen from a chair. (PHT, Vol. 1, 160:18.) For clarification Kline pointed or gestured to the two chairs he saw and asked, "Those chairs right there?" (PHT, Vol. 1, 161:5-5, 186:899.)

Defendant replied, "Yes, those chairs." (PHT, Vol. 1, 161:5-6, 186:10-14.) Defendant further stated to Kline that the child had fallen out of the chair and hit his head on the floor, which appeared to be tile. (PHT, Vol. 1, 161:10-12.) Notably, Kline could only see two La-Z-Boy, recliners from where he was positioned working on Khayden. (PHT, Vol. 1, 160:25-161:2, 186:15-20.) Kline rushed to the ambulance with Khayden where treatment continued. (PHT, Vol. 1, 163:4-8.) The medical treatment included breathing for the child, including chest compressions and using a bag. (PHT, Vol. 1, 163:10-13, 177:23-12.) The child was also placed on an EKG to ascertain the presence of electrical heart pulses. (PHT, Vol. 1, 163:10-15.)

An American Medical Response (AMR) unit also responded to the residence shortlyi after Las Vegas City Fire Department. (PHT, Vol. 1, 206:4-24.) The child patient was already in the back of the Fire Department unit when AMR arrived. (PHT, Vol. 1, 207:1-5.) AMR emergency technician Patrick Burkhalter inquired separately of Jonathan as to what had caused Khayden's injuries to try to determine the nature of the fall. (PHT, Vol. 1, 208:21-25.) Defendant initially reported to Burkhalter that Khayden was playing on the back of a recliner type chair and fell off the back hitting his head on the floor. (PHT, Vol. 1, 210:1-3.) Defendant specifically said the child fell backwards. (PHT, Vol. 1, 211:18-23.)

Burkhalter spoke with the Defendant a second time in an attempt to clarify how the child fell off the chair. (PHT, Vol. 1, 212:18, 225:15-16.) Burkhalter made the second inquiry because "the injuries that were sustained didn't - um - seem compatible to what we were dealing with." (PFTT, Vol. 1, 225:15-16.) Defendant then told Burkhalter he actually hadn't seen the child fall, but, rather he saw Khayden playing on a chair, then turned around and when Defendant turned back Khayden was on the floor. (PHT, Vol. 1, 212:19-22, 213:11-22.)

Due to the quick pace at the house Fire Captain Mickey Pedrol, was unaware Defendant had already been asked what had happened to the child, so he, too, asked Defendant what had happened to Khayden. (PHTT, Vol, 1, 181:15-25.) Defendant told Captain Pedrol that both of his sons had been playing on the bar and he turned around to see his son, Khayden, fall off of the bar and hit his head on the floor. (PHT, Vol. 1, 193:6-10.) Captain Pedrol made no furthet attempts to clarify Defendant's statement, as Defendant was getting into the driver's seat of an

SUV to go to the hospital. (PHT, Vol, 1, 203:20-25.) Christina arrived at the family home sometime after the Fire Department and AMR arrived, though her primary focus was to rush in and get Khaysen and Jonathan to follow the ambulance to the hospital. (PHT, Vol. 1, 249;14-20.)

Khayden was transported to University Medical Center ("UMC") as required by Fire Department Trauma Destination protocols arriving at approximately 623 p.m. (PHT, Vol: 1 , 168:2-21.) At the hospital, Khayden received treatment performed by and under the supervision of Michael Casey, M.D. (PHT, Vol. 1, 20:7-17.) Khayden presented at UMC having been intubated by EMS during transport and was unresponsive with his pupils fixed and dilated signifying a significant brain injury. (PHT, Vol. 1, 23:8-12, 20-23.) Dr. Casey ordered blood work and imaging be done on the child in order to make a complete assessment and plan for patient care. (PHT, Vol. 1, 26:17-20.)

The CT scan of Khayden's head revealed a linear skull fracture, extensive intracranial bleeding with a midline shift, and a tentorial shift caused by blood pushing the brain down.' (PHT, Vol. 1, 27:4-7, 19-21.) The herniation of the brain caused Khayden's heart to stop during initial resuscitation, such that the herniation would have slowed his heart and caused the blood pressure to drop until the heart ultimately stopped working. (PHT, Vol. 1, 30:19-23; 31:8-11.) Medical personnel were able to restart Khayden's heart. (PHT, Vol, 1, 31:8-11.) $\mathrm{Dr}_{3}^{\prime}$ Casey concluded the injuries to the brain were caused by trauma. (PHT, Vol. 1, 28:23-29:2.), The child also had contusions or bruises developing in the lungs. (PHT, Vol. 1, 30:6-8.) Drs Casey concluded the lung contusions were a different injury from the injuries to the head, and would not have been a result of the intubation process. (PHT, Vol. 1, 65:18-22.)

Dr. Casey spoke with investigative personnel to try to determine the cause of Khayden's injuries for purposes of treatment. Dr. Casey noted the onset of symptoms resulting from the trauma could have been instantaneous at the time of injury or could have progressed for hours. (PHT, Vol. 1, 41:1-8.) Based on the information provided to Dr. Casey, he ultimately concluded "The injury pattern [of Khayden] is not consistent with the height of the fall...in this particular child." (PHT, Vol. 1, 37:21-24.)

After evaluating all of the lab work, scans and the clinical presentation of Khayden, Dr.' Casey ultimately determined Khayden was clinically brain dead. (PHT, Vol. 1, 38:3-6.) Dr; Casey made the first declaration of brain death on June 6,2013 at 745 p.m., after all reports and evaluations came through. (PHT, Vol. 1, 38:20-23, 39:17.)

At the preliminary hearing, Dr. Casey opined as to variations of falls that may account for the constellation of injuries Khayden suffered from. See generally (PHT, Vol. 1, 41-127, Dr. Casey's cross-examination,) Ultimately, Dr. Casey opined such injuries would häye' required the reported fall to include some amount of rotational force. (PHT, Vol. 1, 143:24: 144:6.) However, there was no information as to how Khayden sustained the injuries that included a known rotational force, such that Dr. Casey could not articulate what caused Khayden's injuries. (PHT, Vol. 1, 144:4-6.)

Based on the information gleaned at the hospital, Las Vegas Metropolitan Police (LVMPD) detectives conducted a recorded interview with Jonathan Quisano at the family residence to find out what happened to Khayden. (PHT, Vol. 2, 75:24-76:2.) Defendant received Khayden and Khaysen from their caretaker around $4: 30$ p.m., at which time Khayden appeared fine and showed no signs of injury. (PHT, Vol. 2, 77:11-14, 20-24.) Defendant described Khayden playing on the couch with Khaysen while Defendant sat in a recliner in the living room. (PHT, Vol. 2, 78:16-23.) Defendant provided LVMPD detectives with different information as to whether or not he saw Khayden fall off the couch; at first stating he didn't see Khayden go over the couch, then stating he did. (PHT, Vol. 2, 81:11-18.) In the account where Defendant said he saw Khayden go over the couch he described looking over and seeing Khayden falling over the couch onto the floor. (PHT, Vol. 2, 78:23-79:4.) Defendant re-enacted the fall using the doll and showed LVMPD detectives Khayden yas facing down, head first and demonstrated Khayden slipping over the back of the couch. (PHT, Vol. 2, 83:6-13; 92:2-5.) Defendant said and then demonstrated finding Khayden lying on his back parallel to the couch. (PHT, Vol, 2, 85:15-17.) Defendant did not mention Khayden jumping around on the couch, though detectives brought the word jumping into the interview: (PHT, Vol. 2, 91:22-92:2.)

Defendant told LVMPD detectives that as soon as he picked up Khayden after the fall, Khayden was making noise and appeared frozen, which he demonstrated with his arms. (РHिT, Vol. 2, 87:6-13.) Defendant reported splashing water on Khayden's face to try to wake him up and also observing Khayden vomit. (PHT, Vol. 2, 87:25-88:18.) Defendant told LVMPD detectives that he tried to keep air in Khayden's lungs. (PHT, Vol. 2, 91:6-7.) Interestingly, Defendant placed tissues and other items he used to clean up Khayden in trash cans around the house before paramedics arrived. (PHT, Vol. 2, 97:5-15.) By his own admissions; Defendant waited to contact Christina and did not call 9-1-1 to summon assistance for Khayden.

Defendant stated he waited approximately ten minutes before calling his girlfriend, who he called instead of calling 9-1-1. (PHT, Vol. 2, 88:25-89:14.) Defendant provided two different explanations as to why he called Christina rather than 9-1-1. First, Defendant stated he wanted Christina to come home first because she works in a doctor's office as a nurse (PHT, Vol. 2, 88:24-89:2.) That is why Defendant called Christina first, not 9-1-1, though Defendant curiously didn't tell Christina what was going on with Khayden stating he didr't want her to get into an accident. (PHT, Vol. 2., 89:2-7.) Defendant also explained to detectives that he didn't call 9-1-1 himself because "he gets nervous and he didn't know where to tell them to go." (PHT, Vol. 2, 92:24-93:4.)

Dr. Montes, a pediatric radiologist, reviewed the June 6, 2013 imaging of the Khayden from UMC and rendered his own opinions as to the findings contained therein. (PHT, Vol. 2, 7:9-12.) Dr. Montes noted the chest CT revealed symmetric consolidation in the lungs, which he opined is evidence of a collapsed lung from lack of oxygen, not pulmonary contusions. (PHT, Vol. 2, 12;3-5, 12-22.) Dr. Montes noted in the abdominal CT that there appeared to be inflammation or fluid around the pancreas. (PHT, Vol. 2, 14:10-15.)

Dr. Montes also reviewed the head CT that showed multiple injuries. (PHT, Vol: 2; 15:18-24.) Khayden suffered a subdural hemorrhage on the left side of his skull that extended along the whole side of the head from front to back. (PHT, Vol. 2, 17:4-7, 14-16.) The subdural hemorrhage was acute, in that it was less than 48 hours old, and the heterogeneous
color indicated the bleeding was either active or not old enough to have started clotting. (PHT; Vol. 2, 17:21-18:1.) There was also a small amount of blood in the posterior region of the brain, which Dr. Montes associated with the stellate skull fracture. (PHT, Vol, 2, 18:2-19.) The point of impact causing the fracture would have been the center with the lines extending from the impact site in multiple directions. (PHT, Vol. 2, 18:25-19:10.) Dr. Montes also noted a midline shift as a result of brain herniation. (PHT, Vol. 2, 19:23-20:3.) The CT of the brain also revealed diffuse cerebral edema signifying a global injury from either significant trauma or lack of oxygen. (PHT, Vol. 2, 22:7-12.) More significantly, Dr. Montes opined the injufies to Khayden's head, as depicted in the CT scan indicate he had suffered multiple injuries; one injury causing the fracture and blood localized to the fracture site, and a separate injury causing the left-side subdural hemorrhage and cerebral edema. (PHT, Vol. 2, 24:15-19; 25:14-19.)

Dr. Lisa Gavin, a medical examiner, performed the autopsy of Khayden Quisano on or about June 7, 2013. (PHT, Vol. 3, 6:12-14.) The majority of the injuries salient to the autopsy findings were located in the brain and skull. (PHT, Vol. 3, 11:8-14.) The injuries to the brain would have had to occur within hours of the time of death. (PHT, Vol. 3, 133:17-21.) On the back of the skull, Dr. Gavin located a stellate fracture and corresponding subgaleal hemorrhage. (PHT, Vol. 3, 13:22-14:9.) There was also a subdural hemorrhage predominantly on the left side of the brain, though there was also some bleeding on the right side. (PHT, Vol. 3, 13:13-19.) The right side subdural hemorrhage was mostly at the back portion of the braini (PHT, Vol. 3, 19:9-11.) Dr. Gavin noted the left side had a "great deal of hemorrhage" that extended along most of the left side of the brain from the back to the front. (PHT, Vol. 3 ; 19:11-14.) The brain was also very swollen, as indicated by the lack of prominent grooves. (PHT, Vol. 3, 22:3-7.) The eyes also had subdural hemorrhage present. (PHT, Vol. 3, 24:16; 17.) At autopsy, the lungs were filled with blood, which could have obscured evidence of pulmonary contusions. (PHT, Vol. 3, 26:7-15, 108:9-17.)

The brain, spinal cord, and eyeballs were sent to a neuropathologist for further testing. (PHT, Vol. 3, 35:15-17.) The additional testing of the eyeballs revealed subdural hemorrhaging in the optic nerve sheaths, with more in the right side than the left. (PHT, Vol:

3,37:11-15.) The greater blood on the right side suggests more of an impact or focus of traumia on the right side versus the left. (PHT, Vol. 3, 38:5-9.) The testing of the brain revealed multiple findings. (PHT, Vol. 3, 39:1-4, 15-17.) One finding was diffuse cerebral edema;'or swelling of the entire brain. (PHT, Vol. 3, 40:8-12.) The brain also revealed injury from hypoxic ischemia, which appeared to be early in the process of oxygen deprivation causing damage to the brain. (PHT, Vol. 3, 40:19-41:14.) There was also diffuse axonal injury, which is damage to the axons of the brain cells. (PHT, Vol. 3, 41:19-25.) The axonal injuries were found in the deeper areas of the brain. (PHT, Vol, 3, 43:2-44:1.) Such injury occurs whenthie strands of the axon are torn or sheared, indicating the injury was caused by some sort of torsion or rotational force. (PHT, Vol. 3, 42:1-4, 58:1-19.) The neuropathologist noted the extent of the axonal injuries were caused by mixed etiologies, such that the injuries would have resulted from both rotational forces and hypoxic ischemia. (PHT, Vol. 3, 142:20-143:1.)

Based on the constellation of injuries identified at autopsy, Dr. Gavin concluded the cause of Khayden's death was "acute brain injury due to the blunt force trauma." (PHT, Vol. 3, 53:5-9.) Dr. Gavin noted there were multiple areas of injury to the brain such that there could be more than one component involved in the case. (PHT, Vol. 3, 57:12-25.) Prior to making a determination as to manner of death, Dr. Gavin also reviewed the investigative statements of the Defendant to LVMPD and to the medical personnel who responded to the family home. (PHT, Vol. 3, 54;4-55:7.) Ultimately Dr. Gavin determined manner of death to be undetermined. (PHT, Vol. 3, 56:5.) Dr. Gavin chose manner of death undetermined because she couldn't rule it an accident or a homicide. (PHT, Vol. 3, 55:21-56:2.) Notably, "in this case the information [revealed] from the investigation doesn't match the severity of the injury, and because of that it's undetermined in terms of what ended up causing this injury." (PHT, V.ol. 3, 53:21-24.)

## ARGUMENT

## 1. The State Provided Sufficient Evidence to Hold Defendant to Answer to the Charges Against Him

In a preliminary hearing, the State needs only to show that a crime has been committed
and that the accused probably committed it. The finding of probable cause to support a criminal charge may be based on "slight, even 'marginal' evidence...because it does not involve a determination of the guilt or innocence of an accused." Sheriffy. Hodges, $96 \mathrm{Nev} .184,186$, 606 P.2d 178, 180 (1980); Sheriff v. Potter, 99 Nev. 389, 391, 663 P.2d 350, 352 (1983) . ./. .

Moreover, to commit an accused for trial, the State is not required to negate all inferences which might explain his conduct, but only to present enough evidence to support a reasonable inference that the accused committed the offense." Kinsey v. Sheriff, 87 Nev .361 , 363, 487 P.2d 340, 341 (1971). The Court need not consider whether the evidence presented in the record may, by itself, sustain a conviction, since the State at a preliminary hearing need not produce the quantum of proof required to establish guilt of the accused beyond a reasonable doubt. Sheriff v. Hodges, supra; Miller v. Sheriff, 95 Nev. 255, 592 P. 2 d 952 (1979).

Neither the preliminary hearing nor a hearing on a Petition for Writ of Habeas Corpus is designed to resolve factual disputes, questions of intent or matters of defense which are functions of the trier of fact at trial. See Brymer v. Sheriff, 92 Nev. 598, 555 P. 2 d 844 (1976); Wrenn v. Sheriff, 87 Nev. 85, 482 P. 2 d 289 (1971). Likewise, it is not incumbent upon the state to negate all other inferences at the preliminary hearing. Graves V. Sheriff. 88 Nev .436 , 498 P.2d 1324 (1972).

Here, Defendant claims that the State educed insufficient evidence that three year old Kayden Quisano died as a result of non-accidental trauma and that Jonathan Quisano was responsible for the care and custody of Kayden at the time of his injuries. Defendant fails to point out, however, that, as described supra, Dr. Michael Casey testified at the preliminary hearing that the injuries Kayden sustained were not only inconsistent with the story proffered by Defendant, but were in fact the opposite of what he would have expected. (PHT, VoI.1, 1 , pg 35-37) Notably, Dr. Casey testified that a child, 37 inches in height, who fell from a height of 40 inches should not have sustained the particular injuries Dr. Casey observed. Id. Dr: Casey also testified that Kayden's clinical presentation and observed injuries were inconsistent with fall from the height and in the manner described. Id. Dr. Casey also stated that Kayden's
external facial injuries, while consistent with a fall as described, would not have caused the severe cranial and brain injuries seen in Kayden. Id.

In addition, the testimony of Dr. Montes indicated multiple head injuries to Kayden, which were inconsistent with Kayden's head sustaining a single impact. (PHT, Vol, 2, 24-277). In fact, Dr. Montes described three separate and distinct injuries that were not connected. The first being a fracture with associated brain bleeding over an apparent impact site, a second impact site, not associated with a coup-contrecoup type injury and cerebral edema and a left subdural hematoma that was consistent with another impact or a shaking type injury. Id.

Furthermore, Dr. Gavin testified that her autopsy revealed that there was evidence of potentially multiple impact points of the brain within the skull, together with deep axonal injury to nerve axons within the deep structures of the brain, as well as the optic nerve sheaths on both sides that would be consistent with acceleration/deceleration and some rotation of the brain itself within the skull. (PHT, Vol. 3, pgs 37, 41-43, 52-56, 60)

It is undisputed that Defendant was the only person taking care of Kayden at the time he received his fatal injuries. The evidence presented by the State, therefore, of non-accidental trauma based on the medical evidence presented, as well as inconsistent nature of those injuries in comparison to the mechanism of injury proffered by Defendant is sufficient probable cause: to bind Defendant over for trial. When this evidence is coupled with the multiple changing stories that Defendant offered, as described in the facts section supra, of what supposedfy happened to Kayden while he was in Defendant's care, further solidifies the probable cause to hold Defendant to answer to the charges against him.

## II. The Merger Doctrine Does not Apply Under NRS 200.030(1)(b)

From the outset it is important to note that the addition of the crime of "Child Abuse"" was added to NRS 200.030(1) in 1989, as specifically enumerated conduct that would give rise to a charge of first degree murder should an act of child abuse result in the death of the involved child. See NRS 200.030. It is also important to note that when "Child Abuse" was added to NRS 200.030(1) in 1989, that the legislature initially placed it under subsection 1 (a) which was not the section specially delineating enumerated felonies supporting a charge of
felony murder.
In 1999, however, the legislature changed NRS 200.030(1) with regard to the crime of "Child Abuse" and moved it to section NRS 200.030(1)(b). This change effectively made the crime of child abuse an enumerated felony which would support a charge of felony murder: The main case cited by the defense, Collman y. State, 116 Nev. 687,7 P. 3 d 426 (2000), was charged when "Child Abuse" fell under NRS 200.030(1)(a). The case was not charged as felony murder at the time and when the Nevada Supreme Court made its ruling in Collman; the analysis of the case centered on the effect of the placement of "Child Abuse" under NRS" 200.030(1)(a) not NRS 200.030(1)(b).

NRS 200.030(1) at the time the Collman case was charged read as follows:

1. Murder of the first degree is murder which is:
(a) Perpetrated by means of poison, lying in wait, torture or child abuse, or by any other kind of willful, deliberate and premeditated killing;
(b) Committed in the perpetration or attempted perpetration of sexual assault, kidnapping, arson, robbery, burglary, invasion of the home, sexual abuse of a child or sexual molestation of a child under the age of 14 years; or
(c) Committed to avoid or prevent the lawful arrest of any person by a peace officer or to effect the escape of any person from legal custody.
(emphasis added)

Conversely, NRS 200.030(1) at the time the Collman case was decided read as follows:

1. Murder of the first degree is murder which is:
(a) Perpetrated by means of poison, lying in wait $f$, torture or child abuse, $\}$ or torture, or by any other kind of willful, deliberate and premeditated killing;
(b) Committed in the perpetration or attempted perpetration of sexual assault, kidnaping, arson, robbery, burglary, invasion of the home, sexual abuse of a child, forf sexual molestation of a child under the age of 14 years +7 or child abuse;
(emphasis in original-1999 legislative changes shown)

The Court in Collman stated that " $[t]$ he means enumerated in subsection (1)(a) [as constituted during the charging and prosecution of Collman] do not necessarily constitute willfulness, deliberation, and premeditation." Id. at 713, 7 P.3d at 443 . The Court added that the previously enumerated means under subsection (1)(a) where more typical of willful, deliberate and premeditated acts (i.e., poison, lying in wait and torture). The Court was concerned, however, that because an act of child abuse was potentially impulsive and rash it did not necessarily lend itself to deliberation or premeditation. Id. at 714, 7 P. 3d at 443.

The Court went on to analyze hypothetical situations in which the use of means such as poison, lying in wait and even torture would not elevate a death caused by the use of one of those means to first degree murder. For example the Court gave a hypothetical of a group of persons "lying in wait" for a friend at a surprise biuthday party where the surprised person suffered a heart attack and died. In another example, the Court gave a hypothetical of a nurse who mistakenly administered a lethal dose of the wrong medicine to a patient. Id. at 717; 7 P.3d at 445. In a final example, the Court gave the hypothetical of a person who "discovers' that the kidnapper of his infant daughter has placed her in a safe. The baby will soon suffocite, but the kidnapper refuses to open the safe or divulge the combination. Desperate, the mann tries to torture the kidnapper into revealing the combination, but does not intend to kill him,', the man dies anyway. Id. at 718,7 P.3d at 446.

Although the Court stated that malice will almost always be found in factual situations involving poisoning, lying in wait and torture, the Court felt that it could not "be presumed that they necessarily carry felonious intent." Id. at $717-18,7$ P.3d at $445-46$. The Court went on to state that unlike child abuse, poisoning, lying in wait and torture are not themselves crimes. Id. In situations where any of those means are employed, therefore, the Court felt that there must be proof of intent to kill or malice associated with the use of those means. Id. In fact, the Court expressly stated that "it is critical that jurors expressly find malice aforethought before convicting a child abuser of first-degree murder under subsection (1)(a)." Id. at 720, 7 P.3d at 447 (emphasis added).

The Court did not, however, extend that requirement to crimes delineated under subsection (1)(b) where, prior to the Collman ruling, child abuse had been moved. In fact, the

Court specifically stated in FN15 that, "[w]hether such a scenario [as presented in Collman] would properly establish a predicate felony for first-degree murder under current NRS 200.030(1)(b) is not at issue here." Id at 720,7 P.3d at 447 (emphasis added). The Court went on to state that "[t]hus, unlike felony murder pursuant to NRS 200.030(1)(b), to establish that a killing is murder under subsection (1)(a), the State must prove that the killer acted with malice aforethought, i.e., with the deliberate intention unlawfully to take life or with an abandoned and malignant heart." Id. at 719-20, 7 P.3d at 447 (emphasis added).

Furthermore, jury instruction 11, which the Court found error with in Collman based on charging under subsection (1)(a), "was patterned after the felony murder instruction approved of in Ford v. State, 99 Nev. 209, 214, 660 P.2d 992, 995 (1983). Id. at 712-13, 7 P.3d at 441-42.

Instruction 11:
There are certain kinds of murder which carry with them conclusive evidence of malice a forethnught. One of these classes of murder is murder committed bv means of child ahuse. Therefore a killing which is committed bv child abuse is deemed to be murder of the first degree, whether the killing was intentional or unintentional.
Id. (emphasis in original).
In the instant case, the charging of Defendant falls under NRS 200.030(1)(b) not (1)(a); The crime of child abuse is, therefore, the predicate felonious act which supports Defendant's charge of felony murder. As such, an instruction identical to instruction 11, supra is proper in the instant case. In addition, because Defendant was charged under subsection (1)(b), there is no basis for merger. Prosecution under subsection (1)(b) necessarily requires that the State prove that the death of Kayden Quizano resulted from Defendant's perpetration an enumerated crime under (1)(b) and that said crime was causally connected to Kayden's death.

With regard to the Contreras decision, the Court did, in fact, reject the merger of the underlying enumerated crime of burglary into the felony murder charge. Contreras y. State, 118 Nev. 332, 46 P.3d 661 (2002). The Court specifically stated in Contreras that:

> We do not believe it is appropriate to apply the merger doctrine to felony murder when the underlying felony is burglary, regardless of the intent of the burglary The legislative language is clear, and we are not persuaded that any policy considerations should override the legisisture's determination that burglary should be one of the enumerated felonies appropriate to elevate a homicide to felony murder.

Id. at 338,46 P. 3 d at 664 . (emphasis added)
Defendant, here, is proffering the same type of argument that was rejected in Contreras. The argument in Contreras for merger focused on a California decision were that court found that merger should occur when the intent of the enumerated crime (burglary) was integrally incorporated into the act which caused the murder itself (a burglary with intent to commit sexual assault in that case). Id. at 335,46 P.3d at 662 - 63 . Although that California case was pivotal in the trial court's ruling that merger should occur, the Nevada Supreme Court disagreed with the trial court. In fact, the Court began and ended its discussion in Contreras by reiterating that:

Nevada's statutory scheme has long recognized the felony-murder rule. NRS 200.030(1)(b) defines tirst-degree felony murder as a murder that is committed in the perpetration or attempted perpetration of certain enumerated crimes, including burglary. The felonious intent involved in the underlying felony is deemed, by law, to supply the malicious intent necessary to characterize the killing as a murder, and because felony murder is defined by statute as first-degree murder, no proof of the traditional factors of willfulness, premeditation, or deliberation is required for a firstdegree murder conviction.
Id. at $334,337,46$ P.3d at $662,664$.
There is simply no authority in Nevada to support an argument for merger under the circumstances of this case.

## III. First and Second Degree Felony Murder in Nevada are Separate and Distinct Crimes With Completely Different Statutory Requirements

In his motion, Defendant cites to the case of Rose v. State, 255 P.3d 291 (2011) and cases from other jurisdictions for the proposition that the Nevada Supreme Court is or will be moving toward merger. This proposition is not supported by the case law cited or by any published decision in Nevada.

The Rose case dealt with the crime of second-degree felony murder where there are nọ statutorily enumerated crimes. Also, almost all of the extra-jurisdictional cases cited by

Defendant involve either second-degree felony murder or predicate crimes such as assault or battery, which are not enumerated crimes in Nevada and would not support a felony murder charge here.

In addition, second-degree felony murder in Nevada has completely different statutory requirements when compared to first-degree felony murder. In second-degree felony murder there are no enumerated crimes delineated and there are specific elements that must be met before one can even proceed under that theory of prosecution.

In fact, the Nevada Supreme Court has systematically narrowed the application of the second-degree felony murder rule to those situations where the perpetrator intentionally engages in an inherently dangerous act which results in death and there is also a direct causal connection between the inherently dangerous act and the death without any intervening action that would break the chain of causation. In the case of second-degree felony murder, a jury must make specific findings, including that the act of the perpetrator was "inherently dangerous" and that there was the causal, unbroken, link to the death, Notably, in those cases where the Court has narrowed the application of second-degree felony murder, the Court has typically juxtaposed first-degree felony murder to second-degree when rendering its opinions. In doing so, the Court has not chosen to limit or narrow the scope of first-degree felony murder.

Furthermore, under first-degree felony murder, the legislature has enumerated specific felonies that it has codified as "inherently dangerous." Under NRS 200.030(1)(b), child abuse is one of those felonies. The underlying felony supplies "the malicious intent necessary to characterize the killing as a murder, and because felony murder is defined by statute as first-degree murder, no proof of the traditional factors of willfulness, premeditation, or deliberation is required for a first-degree murder conviction." Contreras v. State, 118 Nev. $332,334,46$ P.3d 661, 662, (2002). This is not the situation presented in the cases cited by Defendant and, therefore, there is no basis merger.

## CONCLUSION

Based upon the foregoing arguments, the State respectfully requests that Defendant's Petition for Writ of Habeas Corpus be denied.

DATED this $27^{\text {th }}$ day of February, 2014.
Respectfully submitted,
STEVEN B. WOLFSON
Clark County District Attorney Nevada Bar \# 001565

BY


IN THE SUPREME COURT OF THE STATE OF NEVADA

| JONATHAN QUISANO, | ) | No. 66816 |
| ---: | :--- | :--- |
| Appellant, |  |  |
| vi. |  |  |
| () |  |  |
| THE STATE OF NEVADA, |  |  |
| Respondent. |  |  |
|  |  |  |

## APPELLANT'S APPENDIX VOLUME II PAGES 251-500

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## CERTIFICATE OF SERVICE

I hereby certify that this document was filed electronically with the Nevada
Supreme Court on the $\qquad$ d $\qquad$ . 20 Electronic Service of the foregoing document shall be made in accordance with the Master Service List as follows:
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NORMAN REED STEVEN S. OWENS
HOWARD S. BROOKS

I further certify that I served a copy of this document by mailing a true and correct copy thereof, postage pre-paid, addressed to:

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BY
 IN THE SUPREME COURT OF THE STATE OF NEVADA

JONATHAN QUISANO, No. 66816

Appellant,
v.

THE STATE OF NEVADA,

Respondent.

APPELLANT'S APPENDIX VOLUME II PAGES 251-500

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## JONATHANEXUISANO Case No. 66816

PAGENO

Amended Information filed 12/04/2013 ........................................................................465-467
Criminal Complaint filed 06/10/2013................................................................................... 001
District Court Minutes from 12/03/2013 through 10/07/2014 ................................... 1182-1197
Defendant's Notice of Expert Witnesses, Pursuant to NRS 174.234(2) filed 05/19/2014. 588-595

Defendant's Notice of Witnesses, Pursuant to NRS 174.234 filed 06/02/2014.............. 984-986
Ex Parte Motion for Release of Medical Records filed 07/03/2013................................ 011-012
Ex Parte Motion for Release of Medical Records filed 09/23/2013................................ 015-016
Ex Parte Motion for Release of Medical Records filed 11/07/2013............................... 023-024
Ex Parte Order for Transcript filed 06/16/2014.................................................................... 1009
Ex Parte Order for Transport filed 06/09/2014 ........................................................................ 997
Guilty Plea Agreement filed 06/10/2014.................................................................. 1000-1008
Information filed 12/03/2013....................................................................................... 462-464
Judgment of Conviction filed 10/08/2014................................................................1166-1167
Jusice Court Minutes from 06/11/2013 through 11/22/2013 ........................................ 002-010
Motion in Limine to Exclude Testimony Regarding Trauma Destination Fall Criteria Protocol
filed 05/23/2014............................................................................................................ 856-861
Motion to Compel Production of Discovery filed 05/21/2014........................................ 792-816
Motion to Exclude Expert Witnesses filed 05/23/2014.........................................................848-855
Motion to Limit Expert Testimony filed 05/23/2014..................................................... 841-847
Motion to Strike Jury Venire Based Upon the Automatic Exclusion of Convicted Felons filed
$05 / 23 / 2014 \ldots . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ~ 837-840 ~$
Motion to Suppress Defendant's Statement filed 05/21/2014.......................................... 734-791
Notice of Appeal filed 10/30/2014 ..................................................................................1179-1181
Notice of Expert Witnesses filed 05/16/2014................................................................514-585
Notice of Motion and Motion to Admit Evidence of Other Crimes, Wrongs or Acts filed
05/21/2014.......................................................................................................................660-733
Notice of Witnesses filed 05/20/2014
615-619

Opposition to Defendant's Motion to Exclude Expert Witnesses filed 03/30/2014
Order Releasing Medical Records filed 07/03/2013 ..... 013-014
Order Releasing Medical Records filed 09/23/2013 ..... 017-018
Order Releasing Medical Records filed 11/07/2013 ..... 025-026468-480
019-022
Receipt of Copy filed 10/08/2013
506-509
Receipt of Copy filed 03/19/2014510-513Receipt of Copy filed 03/25/2014
027-328
Reporter's Transcript s of Preliminary Hearing Volume I heard 11/14/2013
329-384
Reporter's Transcript of Preliminary Hearing Volume II heard 11/21/2013
385-461
Reporter's Transcript of Preliminary Hearing Volume III heard 11/22/2013
483-505
Return to Writ of Habeas Corpus filed 02/27/2014.998-999Second Amended Information filed 06/10/2014620-659Second Supplemental Notice of Expert Witnesses filed 05/20/2014.1022-!165Sentencing Memorandum filed 10/06/2014
State's Motion in Limine to Strike or Limit the Testimony of Defendant's Experts John Farleyand Robert Rothfeder or in the Alternatice a Rrequest for an Evidentiary Hearing filed06/02/2014951-964
State's Opposition to Defendant's Motio$936-946$Destination Fall Criteria filed 05/30/2014
817-836
State's Opposition to Defendant's Motion to Compel Discovery filed 05/23/2014 ..... -
State's Opposition to Defendant's Motion to S947-950Exclusion of Convicted Felons filed 05/30/2014
$\qquad$State's Opposition to Defendant's Motion to Suppress Defendant's Statement filed 05/27/2014

State's Reply in Support of Motion to Admit Evidence of Other Crimes, Wrongs and Acts filec 06/02/2014
State's Request for Witnesses to Appear by Simultaneous Audiovisual Transmission Equipment filed 05/27/2014 $877-883$

Supplemental Notice of Expert Witnesses filed 05/19/2014. 596-614

Third Supplemental Notice of Expert Witnesses filed 06/04/2014
990-996
Transcript of Proceedings RE: Extradition Hearing heard 06/10/2014........................ 1010-1021
Transcript of Proceedings RE: Sentencing - Excerpt: Testimony of Speaker: Christina
Rodrigues heard 10/07/2014. 1170-1178

Writ of Habeas Corpus filed 02/04/2014

## TRANSCRIPTS

Recorder's Rough Draft Transcript of Proceedings, All Pending Motions
Date of Hrg: 06/03/2014 1211-1257

Recorder's Rough Draft Transcript of Proceedings, Evidentiary Hearing
Date of Hrg: 06/09/2014 1278-1513

## Recorder's Transcript,

Calendar Call/ State's Motion in Limine to Strike or Limit the Testimony of Defendant's Experts John Farley and Robert Rothfeder or in the Alternative a Request for an Evidentiary Hearing
Date of Hrg: 06/05/2014
1258-1277
Recorder's Transcript,
Sentencing
Date of Hrg: 10/07/2014
1514-1542
Recorder's Transcript of Hearing,
Initial Arraignment
Date of Hrg: 12/03/2013..............................................................................................................198-1201

Recorder's Transcript of Proceedings, Defendant's Petition for Writ of Habeas Corpus Date of Hrg: 03/06/2014

Recorder's Transcript of Proceedings, Status Check: Trial Setting
Date of Hrg: 12/10/2013.
1202-1207

A NO, SIR.
Q SO WHERE -- OKAY, I SEE. SO EVERY ONE ELSE IS GONE EROM THE SCENE BUT yOU TWO?

A WELL, NO, THERE'S PEOPLE ALL AROUND, BUT LIKE DIRECTLY IN THE VICINITY OF ME --

Q RIGHT.
A -- AND Him talking, there's nobody -- Uh -QUEStIONING HIM AT That tIme, I WAS JUST ASKing to Clarify the SITUATION.

Q HAD THE POLICE ARRIVED AT THIS POINT, OR NO?
A YES, SIR. POLICE HAD ARRIVED, BUT THEY WEREN'T IN
the vicinity of me and him talking.
Q ALL RIGHT. WHAT PROMPTED YOU TO ASK HIM MORE QUESTIONS?

A THE INJURIES THAT WERE SUSTAINED DIDN'T -- UM -SEEM COMPATIBLE WITH WHAT WE WERE DEAEING WITH, SO I WAS TRyING TO UNDERSTAND HOW THE CHILD COULD GAVE BEEN IN SUCH A SEVERE CONDITION FOR SUCH A MINOR FALL THAT HE WAS INDICATING.

Q OKAY. HOW LONG DID THAT CONVERSATION TAKE PLACE?
A MAYBE 30 SECONDS TO A MINUTE MORE, BECAUSE I HAD JUMPED INTO MY TRUCK TO FOLLOW.

Q TO FOLLOW WHOM?
A TO FOLLOW THE FIRE DEPARTMENT BACK TO THE HOSPITAL.
Q ALL RIGHT. AND -- AND -- UM -- IS THE DEEENDANT trying to get back into the vehicie to follow -- uh -- the

1 PATIENT TO THE HOSPITAL, AS WELL; IS THAT CORRECT?
2 A I CAN'T REMEMBER WHICH DIRECTION HE WENT. I --
3 AFTER I SPOKE WITH HIM I WENT TO MY VEHICLE AND I LEFT TO
4 FOLLOW THE FIRE DEPARTMENT, THAT'S --
5 . $\mathbf{Q}$ DO YOU REMEMBER WHAT KIND OF VEHICLE THE LADY THAT 6 YOU SAW THAT WAS FRANTIC AND UPSET WAS DRIVING?

7 A UM - NOT 100 PERCENT. IT'S POSSIBLY LIKE A SMALL 8 SUV OR SOMETHING.
$9 \quad Q \quad$ DO YOU REMEMBER WHAT COLOR IT WAS?
10 A I DON'T WANT TO JUST GUESS AT A COLOR, I CAN'T
11 REMEMBER --
$12 \quad \mathrm{Q}$ DON'T WANT YOU TO GUESS, I WANT YOU TO TELL THE 13 COURT WHAT YOU REMEMBER.

14 DO YOU REMEMBER HOW THE DEFENDANT WAS DRESSED WHEN
15 YOU SPOKE TO HIM?
16 A JUST WEARING LIKE SHORTS AND A SHIRT. I CAN'T
17 REMEMBER ANY COLORS OR ANYTBING.
$18 \quad \mathbf{Q} \quad$ AND HOW ABOUT THE LADY?
A I DON'T REMEMBER WHAT SHE WAS WEARING.
$\mathbf{Q}$ HOW TALL WAS SHE?
A SHE WAS SHORTER, AROUND FIVE FOOT, FIVE-FOUR, MAYBE,
22 I'M NOT SURE.
23 Q AND WHAT'S HER RACE OR NATIONALITY?
24 A UH -- COULDN'T BE 100 PERCENT SURE. SEEMED MAYBE
25 ASTAN OR SOMETHING.

6 A NO, I NEVER SPOKE TO HER.
$7 \quad Q \quad$ ONLY TO THE DEFENDANT?
A YES, SIR.
9 IS -- IS SHE IN EARSHOT WHEN YOU'RE HAVING THIS CONVERSATION?

A NO, SIR.
Q ALL RIGET, SO -- THAT'S RIGHT, BECAUSE YOU SAID EVERYBODY'S DOING OTHER THINGS.

WHAT IS THIS LADY THAT'S -- THAT'S DRIVING THE SUV,
$19 \quad Q \quad I D O N^{1} T$ WANT YOU TO GUESS. I MEAN, DO YOU KNOW
20 WHERE SHE WAS OR ...

22 AT, AT THE TIME.
A I CAN'T RECALL EXACTLY HER POSITION, WHERE SHE WAS

Q BUT SHE'S NOT IN EARSHOT?
A NO.
Q SHE'S NOT IN THE CAR?

7 SO YOU ARRIVE AND YOU BEGIN TO RENDER AID FOR THE
8 PATIENT?

17 Q WELL, I DON'T WANT YOU TO GUESS. DO YOU KNOW WHEN 18 SHE ARRIVED?

Q OKAY. AND HOW LONG IS SHE THERE ABOUT, DO YOU -CAN YOU ESTIMATE?

A TWO MINUTES, THREE MINUTES.
Q AETER THIS SECOND CONVERSATION THAT YOU HAVE, WHICH
I THINK YOU DESCRIBED IT AS LESS THAN A MINUTE, I DON'T WANE TO PUT WORDS IN YOUR MOUTH, THE SECOND ONE.

A IT WAS APFROXIMATELY ONE MINUTE.
Q APPROXIMATELY A MINUTE. ALL RIGHT.
UH -- DO YOU SEE THE WOMAN GET BACK INTO THE SUV?
A YES, SHE GOT BACK IN THE SUV. I THINK SHE WAS GOING TO COME TO THE HOSPITAL AT THAT TIME.

Q I'M NOT ASKING YOU TO GUESS, JUST WHAT YOU ACTUALIY SEE.

A YES, SHE --
Q DID YOU ACTUALEY SEE HER GET BACK IN THE SUV?
A YES, SHE GOT BACK INTO THE TRUCK WHILE I WAS GETTING INTO MY TRUCK, AROUND THAT TIME.

Q AND WHERE IS THE DEEENDANT AT THIS TIME?
A I CAN'T REMEMBER 100 PERCENT.
Q OKAY. ALL RIGHT.
OTHER THAN WHAT YOU REIAYED TODAY, IS THERE ANYTHING
ELSE SPECIFICALLY YOU REMEMBER --- UH -- IN CONVERSATION WITH
THE DEFENDANT? ANY OTHER -- ANY OTHER DETAILS AT ALL?
A NO, SIR.
MR. REED: OKAY. COURT'S INDULGENCE.

THE COURT: UM-HUM.
(DISCUSSION BETWEEN MR. REED AND MS. LEMCKE.)
MR. REED: THANK YOU, MR. BURKhalter, that's all I have.
THE COURT: REDIRECT?
MS. EDWARDS: SORRY, ONE MORE.

## REDIRECI EXAMINATION

BY MS. EDWARDS:
Q WHEN YOU ARRIVED ON SCENE I BELIEVE YOU TESTIEIED THAT -- UM -- MR. KLINE WAS ALREADY WITH THE CHILD IN THE BACK of the rescue, Correct?

A YES, MA'AM.
Q DO YOU KNOW WHAT HE DID BEFORE YOU ARRIVED?
A I DON'T think any care had been initiated.
MR. REED: I'M GOING TO OBJECT, THAT'S SPECULATION, IT'S SPECIFIC --

THE COURT: SUSTAINED.
BY MS. EDWARDS:
Q SO YOU DIDN'T SEE WHAT, IF ANYTHING, HE HAD DONE
BEFORE YOU ARRIVED, CORRECT?
A NO, HE JUST -- HE SATD HE HAD JUST --
MR. REED: I'M GOING TO OBJECT AS TO WHAT MR. KLINE HAD
SAID.
THE COURT: OKAY. SUSTAINED.

7 Q NOW, REGARDING YOUR SECOND CONVERSATION WITH THE 8 DEFENDANT, YOU SAID YOU WERE TALKING TO HIM TO CLARIFY, IS 9 THAT A FAIR WAY TO DESCRIBE WHY YOU APPROACHED HIM AGAIN?

10 A YES, MA'AM.

## BY MS. EDWARDS:

Q AND AS FAR AS YOUR PARTICIPATION IN THE MEDICAL CARE, YOU DIDN'T SEE -- DID YOU SEE ANYBODY GIVE THE CHILD CHEST COMPRESSIONS?

A NO. THERE WAS NO CHEST COMPRESSIONS GIVEN IN MY

Q HAD YOU OBTAINED NEW OR ADDITIONAL INFORMATION, WHAT WOULD YOU HAVE DONE WITH THAT INFORMATION?

MR. REED: OBUECTION, SPECULATION.
THE COURT: THERE'S A SPECULATION OBJECTION.
MS. EDWARDS: I'M ASKING HIM IF HE'D HAVE --
THE COURT: I KNOW WHAT YOU'RE ASKING HIM. YOU GOT TO

## RESPOND TO THE OBJECTION.

MS. EDWARDS: I DON'T -- YOJR HONOR, IT'S NOT SPECULATION. IV"M ASKING HIM IF THERE WAS -- ESSENTIALLY ESTABLISHING THE PURPOSE OF HAVING THAT CONVERSATION, AND Anything that would have been done differently if he had GOTTEN NEW INFORMATION.

THE COURT: SUSTAINED.
MS. EDWARDS: NO FURTHER QUESTIONS.
THE COURT: THANK YOU VERY MUCH. YOU'RE DONE.

THE WITNESS: OKAY.
THE COURT: APPRECIATE YOUR TIME.
THE WITNESS: THANK YOU.
THE COURT: NEXI WITNESS?
MS. EDWARDS: CHRISTINA RODRIGUES.
THE COURT: UM -- IS EVERYBODY OKAY? SOMEBODY NEEDS THE
RESTROOM OR ANYTHING BEFORE WE START? KIT?
THE REPORTER: NO, I'M EINE.
THE COURT: MISS STEPHANIE?
THE CLERK: I'M GOOD.
THE COURT: OKAY. ANYBODY?
MR. REED: NO, WE'RE GOOD. DISMISS?
THE COURT: LAWYERS?
MR. REED: OH, I'M GOOD, JUDGE.
THE COURT: OKAY.
THE MARSHAL: GO AHEAD RIGHT UP INSIDE THERE. IF YOU'D STAY STANDING AND RAISE YOUR RIGHT HAND.

CHRISTINA RODRIGUES,
CALLED AS A WITNESS BY THE STATE, AND HAVING BEEN FIRST DULY
SWORN TO TESTIFY TO THE TRUTE, THE WHOLE TRUTH, AND NOTHING
BUT THE TRUTH, TESTIFIED AS FOLLOWS:

THE WITNESS: YES.
the CLERK: THANK yOU, PLEASE HAVE A SEAT.

THE WITNESS: CHRISTINA RODRIGUES, $\mathrm{C}-\mathrm{H}-\mathrm{R}-\mathrm{I}-\mathrm{S}-\mathrm{T}-\mathrm{I}-\mathrm{N}-\mathrm{A}$,
$4 \mathrm{R}-\mathrm{O}-\mathrm{D}-\mathrm{R}-\mathrm{I}-\mathrm{G}-\mathrm{U}-\mathrm{E}-\mathrm{S}$.
5 THE COURT: THANK YOU. YOU CAN PROCEED.
6
7

## DIRECT EXAMINATION

## BY MS. EDWARDS:

$9 \quad \mathbf{Q}$ ON JUNE OF $2000 \rightarrow$ OR IN JUNE OF 2013, WHERE WERE 10 YOU RESIDING?

A JUNE 2013 I WAS HERE IN LAS VEGAS.
Q AND WEAT WAS YOUR HOME ADDRESS?
A UH -- 4720 TRIMWATER COURT.
Q IS THAT IN LAS VEGAS, NEVADA?
A YES.
Q WHO LIVED AT THE HOUSE WITH YOU?
A UM -- MY MOTHER LYNNEL RODRIGUES --- UM -- JONATHAN
QUISANO, KHAYDEN QUISANO AND KASON (PHONETIC) QUISANO.
Q WHAT WAS YOUR RELATIONSHIP TO JONATHAN QUISANO?
A UM -- GIRLFRIEND.
Q AND DO YOU SEE MR. QUISANO IN COURT TODAY?
A YES.
MR. REED: WE'LL STIPULATE TO IDENTIETCATION, YOUR HONOR. THE COURT: ALL RIGHT,

## 1 BY MS. EDWARDS:

$2 \quad \mathrm{Q}$ HOW LONG HAD YOU BEEN IN A RELATIONSHIP WITH HIM?

A UH -- THIS YEAR IT WOULD BE SEVEN YEARS.
Q AND DO YOU HAVE ANY CHILDREN WITH HIM?
A YES.
Q AND WHO ARE THOSE CHILDREN?
A KHAYDEN AND KASON QUISANO.
Q ON JUNE 6TH OF 2013, HOW OLD WAS KHAYDEN?
A HE WAS GOING TO BE FOUR IN SEPTEMBER --
Q SO THAT WOULD MAKE HIM --
A -- SO IT WAS AbOUT three AND A hale.
Q -- THREE?
HOW OLD WAS KASON?
A ABOUT TWO AND A HALE.
Q HOW TALL WAS Khayden in JUNE OF 2013?
A I DON'T KNOW. I DON'T --
Q WOULD YOU DESCRIBE FOR ME -- UH -- FIRST, HOW BIG WAS THE HOUSE THAT YOU LIVED IN?

A UM -- IT WAS A FOUR BEDROOM, HALE ACRE LOT. UM -- I BELIEVE IT WAS A three And A half Bath.
$Q$ OKAY. WHERE IS THE ENTRANCE TO THE HOUSE?
A ENTRANCE TO THE HOUSE IF ․- IT'S ON THE LEFT-HAND SIDE, AS IF I'M FACING YOU.

Q OKAY. WHAT WOULD BE THE EIRST ROOM YOU ENCOUNTER WHEN YOU WALK INTO THE HOUSE?

A THE FIRST ROOM WOULD BE ON THE LEFT-HAND SIDE, AND
THE SECOND ROOM ON THE RI … RIGHT ACROSS FROM IT.
Q OKAY. IS THERE A HALLWAY, AT ALL, WHEN YOU FIRST WALK INTO THE HOUSE?

A YES.
Q WHAT -- UH -- PIECES OF FURNITURE WERE IN THAT
HALLWAY IN JUNE OF 2013?
A UM -- COUPLE OF STANDS, TABLE STANDS -- UM -- WHAT IS THAT CALLED, PEDESTALS WITH PLANTS ON TOP.

Q WAS THERE A BENCH IN THE HALLWAY?
A THERE WAS ALSO A BENCH ON THE LEFT-HAND SIDE AS YOU
WALK TN, YEAH.
Q OKAY. AND WOULD YOU RECOGNIZE A PICTURE OF THE
HALLWAY IF YOU WERE TO SEE IT?
A YES.
(WHEREUPON STATE'S PROPOSED EXHIBIT NO. 3 WAS MARKED
FOR IDENTIFICATION.)
MS. EDWARDS: MAY I APPROACH THE WITNESS, YOUR HONOR?
THE COURT: YES.
BY MS. EDWARDS:
Q DO YOU RECOGNIZE THIS PHOTO?
THE COURT: THIS IS MARKED - - THIS IS EXHIBIT WHAT?
MS. EDWARDS: STATE'S PROPOSED 3.
THE COURT: THANK YOU.

## BY MS. EDWARDS:

Q WHAT DO YOU RECOGNIZE TO BE IN THAT PHOTO?
A THE ENTRANCE, THE HALLWAY CLOSET, THE BENCE CHAIR, AND THEN THE TWO ROOMS ON THIS SIDE NEAR THE PLANTS.

Q OKAY. SO THAT'S NEAR --
A AND THE PEDESTALS.
Q I APOLOGIZE, WHAT DID YOU SAY?
A AND THE PEDESTALS.
Q OKAY. AND SO THAT'S THE ENTRANCE TO YOUR HOME?
A YES.
Q OKAY. AND IS THAT HOW IT LOOKED -- IS THAT A FAIR AND ACCURATE DEPICTION OF HOW IT LOOKED JUNE 6TH OF 2013?
A. YES.

MS. EDWARDS: I MOVE FOR THE ADMISSION OF STATE'S EXHIBIT
3.

THE COURT: ANY OBJECTION?
MR. REED: NO OBJECTION.
THE COURT: THREE WILL BE ADMITTED.
(WHEREUPON STATE'S EXHIBIT NO. 3 WAS ADMITTED INTO EVIDENCE.)

BY MS. EDWARDS:
Q WHEN YOU WALK -- UH -- DOWN THE GALLWAY PAST THE
BENCH, WHAT'S THE NEXT ROOM YOU ENCOUNTER?
A THE LIVING ROOM.
Q OKAY. AND WHAT IS THE FURNITURE IN THE LIVING ROOM?

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13 THAT BE ON THE FAR SIDE OF THE LIVING ROOM?
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15 Q OKAY. DID YOU WORK IN JUNE OF 2013?
16 A YES, I DID.
17 Q WHERE WERE YOU WORKING?
18 A AT -- UM -- ADVANCED HEART AND VASCULAR SPECIALISTS
19 ON EASTERN, SOUTH EASTERN AVENUE.
$20 \quad \mathbf{Q}$ DO YOU STIIL WORK THERE?
21 A YES, I DO.
$Q$ ON JUNE 6TH, WHAT WAS YOUR SHIFT THAT DAY?
A UM -- MY SHIFT IS 8:30 TO 5:00.
$\mathbf{Q}$ IS that Stanoard every day?
A YES.

Q WHERE DO KHAYDEN AND KASON GO WHEN YOU'RE AT WORK?
A THEY GO TO MY -- UM -- GRANDMA'S HOUSE -- UM --
WHICH IS ON JASPER AVENUE, A FEW BLOCKS AWAY FROM WHERE I AM,
AND I NORMALLY DROP THEM OFF IN THE MORNING BETWEEN 7:15 TO 7:30.

Q WHAT IS YOUR GRANDMA'S NAME?
A CLARA RODRIGUES.
Q HOW LONG HAD SHE WATCHED KHAYDEN AND KASON AS OF JUNE 6TH, 2013?

A UM -- EVER SINCE I STARTED WORK SHE'S BEEN WATCHTNG THEM.

Q OKAY. WHEN DID YOU START WORK?
A UM -- BACK IN SEPTEMBER OF LAST YEAR, SEPTEMBER --
AROUND THE 9TH.
$Q \quad$ OF 2012?

A 2012 .

Q WHEN DID YOU -- DID YOU MOVE TO LAS VEGAS?
A YES.
Q WHEN DID YOU --
A AUGUST 315 S OF 2012.
Q HOW MANY DAYS A WEEK WOULD YOUR GRANDMA NATCH KHAYDEN AND KASON?

A FIVE DAYS A WEEK.
Q DO YOU KNOW WHAT THE SCHEDULE WAS FOR -- AS FAR AS HOW LONG DURING THE DAY SHE WOULD WATCH THE CHILDREN?

A UM -- NORMALLY UNTIL I GET HOME, WHICH IS AROUND
$6: 00 \ldots$

Q OKAY.
A $\quad-\quad 6: 30$.
Q IN JUNE OF 2013, DID YOU JONATHAN HAVE A JOB?
A UH $-\mathrm{IES}_{\mathrm{S}} \mathrm{HE}$ DID.
Q DO YOU KNOW WHERE HE WAS WORKING?
A UM -- I FORGOT THE NAME OF THE COMPANY, BUT HE USE TO CLEAN BEER DRAFT LINES.

Q DO YOU KNOW WHAT HIS SCHEDULE WAS?
A IT WAS EARLY SHIFT, LIKE BETWEEN 3:00 TO LIKE LUNCHTIME, 4:00 TO LUNCHTIME.

Q WHEN YOU SAY 3:00, IS THAT 3:00 IN THE MORNING?
A THREE IN THE MORNING, YES.
Q SO APPROXIMATELY LUNCHTIME?
A TO, YEAH. UNTIL LUNCHTIME.
Q WOULD HE EVER HAVE KHAYDEN AND KASON ON WEEKDAYS WHILE YOU WERE STILL AT WORK?

A UM - HE WOULD HAVE THEM WHEN MY GRANDMA DROPS THEM OFE. UM -- SHE NORMALLY -- I USE TO PICK THEM UP, BUT SHE DROPS THEM OFF, BECAUSE IT SAVES ME A TRIP AFTER WORK. SO NORMALLY LIKE AROUND 4:00 TO 5:00 SOMETHING, SHE WOULD DROP THEM OFF TO THE HOME.

Q AND YOUR UNDERSTANDING WAS AT THAT POINT IN TIME JONATHAN WOULD -- UH -- HANGOUT OR WATCH THE BOYS UNTIL YOU

4 2013?
5 A UM —- YEP. 20 - -- HOW WOULD YOU DESCRIBE HOW KHAYDEN WAS ACTING

21 THAT DAY?
GOT HOME FROM WORK?
A YES.
$Q$ DO YOU SPECIFICALLY RECALL THE DAY OF JUNE 6TH,

Q OKAY. DO YOU RECALL IF YOU FOLLOWED THE NORMAL SCHEDULE BY TAKING THE BOYS TO YOUR GRANDMOTHER'S HOUSE THAT

A YES, I DID.
Q WHAT WAS THE ROUTINE IN THE NORNING WITH THE BOYS?
A ROUTINE IS -- UM -- I GET THEM UP AROUND 6:30, GET THEM DRESSED BY 7:00. UM -- MY -- GET THEM IN A CAR, WE LEAVE BY 7:15 TO 7:30 TO GET TO MY GRANDMA'S HOUSE, DROP THEM OFF' 5:00, OR A LITTLE BIT AFTER 5:00, IT DEPENDS ON MY SCHEDULED

Q OKAY. THAT MORNING WHEN YOU GOT THE BOYS UP TO GET

A THEY WERE BOTH HAPPY. BOTH OF THE KIDS WERE HAPPY.
Q WHAT KINDS OF - GO AHEAD.
A THEY WOULD DO THEIR NORMAI, THING. SMILE.
Q WHAT'S THEIR NORMAL THING?

Q AI SOME POINT IN TIME ON THE 6TH DID YOU RECEIVE A PHONE CALL FROM JONATHAN?

A I DID RECEIVE A PHONE CALL, IT WAS A LITTLE BIT AFTER 5:00, AROUND 5:10, OR SOMETHING LIKE THAT, I CLOCKED 24 OUT, AND IT WAS HIM CALLING, AND I ANSWERED.

25 Q HOW DO YOU KNOW IT WAS HIM CALEING?

6 MINUTES.
7 Q $Q \quad$ FAIR TO SAY THAT HE WAS CALIING YOU ON YOUR CEL工 PHONE?

A YES.
Q WHEN HE -- WHEN YOU HAD THAT CONVERSATION WITH HIM, WHAT, IF ANYTHING, DID YOU DISCUSS WITH HIM?

A UM -- HE ASKED WHERE AM I, I TOID HIM I'M STILL -- I
A I HAVE HIS NAME ON MY PHONE.
9 AND DO YOU RECOGNIZE HIS VOICE WHEN HE CALLS?
A YES.
Q APPROXIMATELY HOW LONG DID THAT CONVERSATION LAST?
A UM -- A COUPLE MIN -- THREE MINUTES, TWO TO THREE

A UM -- IT DEPENDS, 45 TO AN HOUR.
Q OKAY.
A SOMEWHERE AROUND THERE.
Q SO AT 5:10 -- YOUR TESTIMONY IS AT 5:10 HE CALLED YOU AND TOLD YOU TO HURRY HOME?

A YES.
Q DID HE TEL工 YOU WHY YOU NEEDED TO HURRY HOME?
A NO. UM -- A FEW MINUTES AFTER THATT -- UM -- HE CALLED AGAIN, HE ASKED WHERE WAS I. I TOLD HIM I'M ON

7 KHAYDEN FELL OVER.
8 Q OKAY. WAS IT NORMAL FOR HIM TO CALL YOU TWO TIMES
9 IN A ROW TELLING YOU TO HURRY HOME ON ANY GTVEN DAY?

A he told me the couch, the three -- the three seater 20 COUCH.

22 IT WAS IDENTIFIED AS THE THREE SEATER COUCH?


A UM -- WE HAVE ONE, ANOTHER SINGLE -- I BELIEVE IT'S A SINGLE COUCH OR DOUBLE, I FORGET -- UM -- AND THEN TWO RECLINERS, THAT'S IN THE MIDDLE.

Q OKAY. AND WOULD YOU RECCOGNIZE A PHOTO OE -- UM -THE ROOM WHERE THE COUCH AND THE RECLINERS ARE, TE YOU WERE TO SEE IT?

A YES.
(WHEREUPON STATE'S PROPOSED EXHIBIT NO. 4 WAS MARKED MARKED FOR IDENTIFICATION.)

MS. EDWARDS: MAY I APPROACH, YOUR HONOR?
THE COURT: YES.

BY MS. EDWARDS:
Q SHOWING YOU STATE'S PROPOSED 4, DO YOU RECOGNIZE
WHAT'S IN THAT PHOTO?

A YES, THE LIVING ROOM.

Q IS THAT THE LIVING ROOM AT THE HOUSE WE'VE BEEN DISCUSSING?

A YES.
Q OKAY. DIRECTING YOUR ATTENTION TO -- UM -- THE TOP
PORTION OF THE PHOTO, CAN YOU DESCRIBE FOR ME WHAT THAT IS?
A WHAT DO YOU MEAN?
Q WHAT DO YOU CALL THAT PIECE OF FURNITURE?
A THE COUCH.

Q OKAY. THAT'S --
A $O H, T H E$ ARM.

Q OR -.-- I'M SORRY, THE WHOLE THING.
A THE COUCH.
Q OKAY. AND WHAT IS THIS?
A that's the couch.
Q REFERRING TO THE BOTrOM LEFT, THAT'S ALSO A COUCH?
A YES.
Q OKAY.
A THAT'S A THREE SEATER COUCH.
Q OKAY. AND REPERRING TO THE BOTTOM RIGHT-HAND SIDE,
WHAT'S IN THAT PORTION OF THE PHOTO?
A THOSE ARE THE TWO RECLINERS.
Q OKAY. AND DOES THAT LOOK LIKE A FAIR AND ACCURATE DEPICTION OF HOW YOUR LIVING ROOM LOOKED ON JUNE 6TH, 2013?

A YES.
MS. EDWARDS: MOVE FOR THE ADMISSION OF STATE'S 4.
THE COURT: ANY OBJECTION?
MS. LEMCKE: NO.
THE COURT: OKAY.
MS. LEMCKE: CAN I JUST SEE IT ONE MORE TIME, PLEASE?
THE COURT: FOUR WILL BE ADMITTED.
(WHEREUPON STATE'S EXHIBIT NO. 4 WAS ADMITTED INTO EVIDENCE.)

## BY MS. EDWARDS:

Q WHEN YOU -- UM -- HEARD THAT KHAYDEN HAD FALLEN OE'F the couch, you said it was the three seater couch?

25 Q OKAY.

2 Q AND DID YOU CALL 9-1 --

2 REALLY RECALL TEE EXACT TIME.

17 Q TO FOLLOW WHO?
18 A THE AMBULANCE.
19 Q OKAY. DID YOU FOLLOW -.-
20 A TO THE HOSPITAL.

25 AND -- UM -- I REGISTERED, YOU KNOW, KHAYDEN IN AND STUFF,

I AND -- UM -… THEY THEN SAID THAT ONE OF US HAS TO GO BACK TO 2. THE HOME, AND SO ...

3 Q OKAY, IET ME STOP YOU RIGHT THERE AND BACK YOU UP 4 JUST A IITTLE BIT.

5 BEFORE YOU FOLIOWED THE AMBULANCE TO THE HOSPITAL -
6 A UM-HUM.
7 Q $\quad$ - DID YOU HAVE ANY CONVERSATIONS $-\ldots$ UM - WITH
8 JONATHAN AT THE HOUSE?
9 A NOT AT THE HOUSE.
10 WHEN YOU LEFT IN YOUR VEHICIE, WAS IT IN THE SAME
11 VEHICLE YOU HAD DRIVEN HOME IN, THE --
12 A YEAH.
13 Q OKAY. AND WHO WAS DRIVING THE VEHICHE WHEN YOU LEFT
14 TO GO --
15 A JONATHAN.
$16 \quad Q \quad$ SO JONATHAN DROVE TO THE HOSPITAI?
17 A YES.
18

23 Q DOES HE SIT IN A CAR SEAT?
A YES, HE DOES.
Q OKAY. SO YOU HAVE TO STRAP HIM IN AN EVERYTHING?
$2 \quad 2 \quad$ OKAY. WERE YOU PAYING ATTENTJON AT ALL TO WHAT WAS
3 GOING ON WITH JONATHAN WHILE YOU WERE RJNNING IN THE HOUSE, 4 GETTING KASON AND BRINGING HIM OUT AND PUTTING HIM IN THE CAR 5 SEAT?

6 A $\boldsymbol{A} \quad$ NOT REALLY. I WASN'T REALLY PAYING ATTENTION, J
7 JUST FOCUSED ON GRABBING BABY AND GETTING HIS BAG AND HEADING 8 EOR THE CAR.

9 Q APPROXIMATETY HOW LONG DID IT TAKE TO YOU GET TO THE 10 HOSPITAL?

11 A OH, PROBABLY ABOUT 20, 25 MINUTES.
Q NOW, YOU SAID WHILE YOU WERE AT THE HOSPITAL
13 WAITING, YOU CHECKED KHAYDEN IN; IS THAT CORRECT?
A YES.
Q AND WHILE YOU WERE CHECKING IN KHAYDEN IN - UM - FAIR TO SAY YOU WEREN'T IN THE SAME ROOM WITH KHAYDEN?

A NO. HE WAS ALREADY BEING WORKED ON, AND I WAS IN 18 TEE WAITING ROOM, THE EMERGENCY WAITING ROOM.

19 Q OKAY. AND WHAT KIND OF INFORMATION DID YOU PROVIDE
20 WHEN YOU CHECKED HIM IN?
A UM -- HIS -- MY ADDRESS, MY I.D., PHONE NUMBERS, AND
22 IF I HAD ANY MEDICAL INSURANCE, AND -- UM -- HIS NAME AND DATE 23 OF BIRTH.

24 Q OKAY. AND YOU FILLED -- THAT IS THE HOSPITAL

25 PAPERWORK, CORRECT?

20 A UM -.. YES.
21 Q OKAY. AND FAIR TO SAY YOU DON'T REMEMBER THE
22 ACCOUNT NUMBER OFF THE TOP OF YOUR HEAD, CORRECT?

1 PAPER, THAT'S THE ACCOUNT NUNBER FOR KHAYDEN AT THE HOSPITAL?
2 A YES.
$3 \quad Q \quad$ AND CAN YOU READ THAT FOR ME INTO THE RECORD?
4 A UM -- THE ACCOUNT NUMBER?
5 Q YES, PLEASE.
6 A 9929006949.
$7 \quad Q \quad$ AND DID YOU PROVIDE THEM WITH KHAYDEN'S -- UM ---
8 date of birth and nave?
9 A YES, I DID.
$10 \quad Q \quad$ FAIR TO SAY ON THE PAGE WE'RE TALKING ABOUT THAT YOU
11 FILLED OUT, AT THAT TIME KHAYDEN'S NAME WASN'T ON THEIR
12 PAPERWORK, CORRECT?
1.7 RECEIVED A PHONE CALL, CORRECT?

A UM -- NO, I DIDN'T RECEIVE ANY PHONE CALLS.
Q OKAY. DID YOU -- AT SOME POINT IN TIME DID JONATHAN LEAVE THE HOSPITAL?

A YES, WHEN THE OFFICERS CANE THEY SAID THAT ONE OF US 22 HAS tO GO TO THE HOME AND WAIT FOR THE DETECTIVES THERE.

23 O OKAY. AND HOW WAS IT DECIDED WHO WOULD GO TO THE
24 HOME?
25 A THEY SAID THAT HE IS TO GO, BECAUSE HE WAS THERE AT TO THE HOUSE? WITH THEM. ROOM. INDULGENCE.

Q Okay. SO the officers directed jonathan to go back

A YES.
Q DO YOU KNOW how Jonathan got back to the house?
A HE TOOK THE CHEVY TAHOE HOME.
Q OKAY. DID YOU STAY AT THE HOSPITAI WITH KASON?
A YES. NO, KASON WENT WITH HIM, WEN'T WITH JONATHAN TO

Q OKAY. DID YOU EVER TAIK TO POLICE OFFICERS?
A I did sfeak with detectives.
Q okay. do you remember weere you were when you spoke

A WELL, PROBABLY LIKE THE SECOND OR THIRD FLOOR, IN A

Q AT THE HOSPITAL?
A AT THE HOSPITAI.
Q AND DO YOU KNOW IF JONATHAN WAS AT THE HOSPITAL AT THE TIME YOU SFOKE WITH THE DETECTIVES?

A NO, HE WAS TO BE AT THE HOME.
Q OKAY. AND DID YOU -- UM -- SORRY, COURT'S

FAIR TO SAY THAT THE DETECTIVES WENT OVER YOU -WITH YOU -- UM -- THE DAY'S EVENTS, AND AT LEAST WHAT YOU KNEW ABOUT WHAT HAD HAPPENED?

[^2]HAPPENED TO KHAYDEN, DID HE -- DID YOU EVER TALK ABOUT IT AGAIN WHAT HAD HAPPENED. TO KHAYDEN --

A NO.
Q - WITH JONATHAN?
A UM - - DRIVING ON TO -- ON THE WAY TO THE HOSPITAL I ASKED WHAT HAPPENED, AND HE SAID THE SAME THING, HE WAS -THEY WERE PLAYING ON THE COUCH AND HE FELL, FELL OVER.
$Q$ OKAY.
A AND THAT'S THE LAST AND ONLY TIME.
Q OKAY. DID -- DURING THE PHONE CALL OR DURING THE CONVERSATION IN THE VEHICLE ON THE WAY TO THE HOSPITAL WITH JONATHAN, DID HE DESCRIBE FOR YOU WHETHER OR NOT KHAYDEN HAD THROWN UP OR VOMITED OR ANYTHING LIKE THAT?

A UM - DURING THE PHONE CALL, YEAH, HE SAID HE WAS SPITTING OUT SOMETHING, HE DIDN'T KNOW WHAT IT WAS.

Q DID YOU -- DID JONATHAN TELL YOU WHAT HE DID -UM -- WHEN KHAYDEN SPIT SOMETHING OUT?

A I BELIEVE HE WAS -- HE WIPED IT. I DON'T RECALL THE WHOLE CONVERSATION.

Q HOW WOULD YOU DESCRIBE THE KITCHEN IN YOUR HOUSE?
A UM - I HAVE TEE -- WHAT DO YOU CALL THAT, THE
22 CENTER, THE ISLAND IN THE MIDDLE -- UM -- THE DINING TABLE IN
23 FRONT OF THAT. UM -- THE KIDS LITTLE TABLE AND CHAIR THEY SIT
24 ON TO EAT. WE GOT THE ICEBOX, THE SINK AND THE COUNTERS.
25 Q AND WOULD YOU --

11 CABINET.

18 A UM -- MAYBE THAT'S WHAT HE'S CALLING IT, TEE ISLAND, 19 THAT CENTER TABLE.

A AS LONG --
Q I'M SORRY?
A AS LONG AS the OVEN.
Q OKAY. DO YOU KNOW IF THERE'S ANYTHING IN THE BOUSE that Jonathan repers to as a bar?

A A BAR? I KNOW WE GAD A BAR STOOL.
Q OKAY. WHERE --
A BUT I. DON'T KNOW BAR.
$Q$ Where would the bar stool be at the house?
A IT'S BY TEE ISLAND -- UM - CLOSER TO TBE KITCHEN

Q OKAY. IS THAT LIKE A --
A THE FOOD STORAGE CABINET.
Q IS THAT LIKE A --
A $\quad$ IT'S A STOOL.
Q OKAY. DO YOU have a breargast bar or anything in

MS. LEMCKE: WELL, I OBJECT TO --
the witness: I'M NOT SO SURE.
MS. LEMCKE: -- SPECULATION.
THE WITNESS: I'M NOT SO SURE --
THE COURT: HOLD ON. BOLD ON.
MS. EDWARDS: I SAID IF THEY GAD A BREAKFAST BAR OR
ANYTHING LIKE THAT AT THE HOUSE, AND --
MS. LEMCKE: AND THE ANSWER WAS MAYBE,
THE COURT: YEAH, SHE'S ASKING YOU --
THE WITNESS: UM-HUM.
THE COURT: -- IF IN YOUR MIND THERE'S A BREAKFAST BAR IN
THE HOUSE.
THE WITNESS: UM --
THE COURT: NOT -- PUTTING ASIDE WHAT JONATHAN MAY CALL,
SOMETHING.
THE WITNESS: I DON'T CALL ANYTHING A BREAKFAST BAR. I
GENERALLY JUST CALL IT LIKE AN ISLAND, WHICH IS -- UH -- THAI
SQUARE THING IN THE MIDDLE OF THE KITCHEN,
BY MS. EDWARDS:
Q AND IF I WERE TO SHOW YOU -- UM - - A LAYOUT OF YOUR
HOUSE, WOULD YOU BE ABLE TO DIRECT ME TO WHAT THE ISLAND IS
THAT YOU'RE TALKING ABOUT?
A YES.
MS. EDWARDS: OKAY.
(WHEREUPON STATE'S PROPOSED EXHIBIT NO. 5 WAS MARKED FOR
IDENTIFICATION.)
MS. EDWARDS: WE'RE UP TO FIVE?
MS. LEMCKE: MAY I APPROACH, YOUR HONOR --
MS. EDWARDS: SORRY.
MS. LEMCKE: -- JUST SO I CAN SEE WHAT --
THE COURT: YES. 21 REFERRED TO A BARSTOOL, WHERE WOULD THE BARSTOOL BE? IF YOU
22 COULD PUT AN $X$ THERE, AND ALSO INITIAL THERE.
23 Q OKAY. WHERE ON THAT PICTURE WOUID THE KIDS TABLE 24 BE?

25
MS. EDWARDS: OH, SURE.
MS. LEMCKE: -- WHAT SHE'S -- SINCE WE'RE NOT WIRED UP HERE.

MS. EDWARDS: OKAY.
Q UM - JUST LOOKING AT THIS PORTION, NOT THE EXTRA BOXES ON THAT PAGE, DOES THAT LOOK LIKE THE LAYOUT OF YOUR HOUSE?

A YES.
Q OKAY. UM -- AND FOR THE RECORD, THE HOUSE ON TRIMWATER COURT, CORRECT?

A YES.
Q OKAY. WHEN YOU SAID ISLAND IN THE KITCHEN, DO YOU SEE THAT DEPICTED IN THE LAYOUT OF THE HOUSE?

A THE ISLAND IS RIGHT HERE.
Q OKAY. AND IF I GIVE YOU A PEN, CAN YOU PUT AN X ON II, PLEASE?

A SURE.
Q AND THEN JUST INI'IAL NEXT TO THE $X$, PLEASE. THANK

AND STILL LOOKING AT THE PICTURE, WHERE -- YOU

A THERE'S A KID'S TABLE RIGHT HERE.

## 24 BY MS. EDWARDS:

A RIGHT. TABLE? THE TYKE'S TABLE. NOT MOVING --

EVIDENCE.)

Q OKAY. AND BECAUSE I MADE YOU MAKE TOO MANY X'S --

Q -- CAN YOU WRITE BARSTOOL NEXT TO THE X THAT IS FOR BARSTOOL? AND CAN YOU WRITE KIDS TABLE NEXT THE X FOR KIDS

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AND HOW TALL IS THE KIDS TABLE?
```

A UM -- IT'S THE SHORT ONE. UM --
Q CAN YOU ACTUALLY STAND UP AND -- UM --
A ONLY ABOUT this tall.
Q FOR THE RECORD IDENTIFYING --
A PROBABLY ABOUT A feet and A half or two feet. IT'S

THE REPORTER: DID YOU SAY, TYKE'S?
THE WITNESS: YEAH, THE TYKE'S ONE, PLASTIC ONE.
MS, EDWARDS: AND BASED ON HER TESTIMONY, I'D MOVE FOR the admission of state's exhibit 5, with respect to the layout AND HER MARKINGS ON IT. I KNOW THERE ARE OTHER BOXES, BUT I'M

MS. LEMCKE: NO OBJECTION TO.
MS. EDWARDS: -- LOOK AT THOSE.
THE COURT: EXHIBIT 5 WILI BE ADMITTED.
(WHEREUPON STATE'S EXHIBIT NO. 5 WAS ADMITTED INTO

Q WHAT IS THE TYKE'S TABLE MADE OUT OF?

1 A IT'S PLASTIC.
2 Q OKAY. AND IS IT RIGHT NEXT TO THE ISLAND?
3 A YES.
$4 \quad Q \quad$ OKAY. YOU SAID THERE ARE SEATS FOR THE KIDS THERE?
5 A THERE'S TWO CHAIRS THAT CAME WITH IT, YEAH.
Q HOW TALL IS THE BARSTOOL?
A UH - PROBABLY ABOUT THREE, THREE TO FOUR FEET, I
8 THINK.
$9 \quad Q \quad$ OKAY. DOES IT SIT UNDERNEATH THE COUNTER OF THE
10 ISLAND?
1î A YEAH.
Q DO YOU KNOW IF IT HAS -- DOES IT HAVE A BACKING ON
IT OR IS IT JUST --
A IT HAS A BACK ON IT.
Q NOW, AS FAR AS THE FLOORING IN YOUR HOUSE, WHAT TYPE OF FLOORING IS IN THE LIVING ROOM?

A TILE.
Q AND WHAT TYPE OF FLOORING IS IN THE KITCHEN BY THE 19 ISLAND?

20 A TILE.
Q AT SOME POINT IN TIME -- UM -- DID YOU SEE KHAYDEN

Q WHEN YOU SAW HIM, WAS HE BEING ATTENDED TO BY ANY

1 DOCTORS OR NURSES OR ANYTHING?
2 A UM -- YEAH, IHERE WAS A NURSE IN THERE.
$3 \quad Q \quad$ AND I BELIEVE IT WAS YOUR TESTIMONY THAT YOU DID NOT
4 GO TO THE PARAMEDTC UNIT AT THE HOUSE WHERE KHAYDEN WAS WHEN
5 YOU GOT THERE, CORRECT?
6 A YES. I DIDN'T HAVE TIME. THEY GOT OUT AND THEY 7 STARTED CLOSTNG UP.
$8 \quad Q \quad$ OKAY. HOW DID YOU KNOW KHAYDEN WAS IN THE UNIT?

21 THAT WE MAY NOT EVEN ASK HER ANY QUESTIONS AT ALL, BUT IF WE 22 DO, WE WOULD RECALL HER AS A DEFENSE WITNESS, IF SHE WOULD BE 23 SO GRACIOUS ENOUGH TO REMAIN UNDER SUBPOENA AND COME BACK AT 24 OUR NEXT PROCEEDING, BUT I DON'T EVEN ANTICIPATE THAT THERE 25 WILL BE ANY QUESTIONS, BUT --

THE COURT: OKAY.
MR. REED: -- RATHER THAN --
THE COURT: SURE, I UNDERSTAND. YOU MTGHT FALL INTO A PREDICAMENT WHERE --

MR. REED: RIGHT. AND -- I MEAN, I SUPPOSE TECHNICALLY WE -- WE SHOULD RE-SUBPOENA HER, BUT I WOULD ASK IF THE PROSECUTION AND THE COURT WOULDN'T MIND JUST TO SEE IF MISS CHRISTINA, WOULDN'T MIND COMING BACK.

THE COURT: WELL, SHE'S UNDER STATE SUBPOENA, CORRECT?
MS. EDWARDS: CORRECT.
MR. REED: SHE IS, BUT I MEAN, TECHNICALLY WE'D HAVE TO - - I SUPPOSE WE ${ }^{\prime} D$ HAVE TO RE-SUBPOENA HER TO CALI HER AS A DEFENSE WITNESS, BUT -- I MEAN, I DON'T --

MR. STAUDAHER: BECAUSE WE'RE GOING TO DISCHARGE HER TODAY. SO I MEAN, WE ${ }^{\text {r RE }}$ NOT GOING TO KEEP HER UNDER SUBPOENA FOR -- I DON' T HAVE A PROBLEM WITH HER COMING BACK, NECESSARILY, BUT I DON'T WANT TO HAVE OUR SUBPOENA HANGING OUT THERE FOREVER ON THAT. SO IF SHE'S AGREEABLE TO COME BACK, THAT'S FINE, BUT --

MR. REED: WELL, THAT'S AS GOOD AS A SUBPOENA IN MY BOOK, SO WE CAN DISCHARGE HER TODAY, AND THEN IF SHE CAN GIVE THE COURT AN ASSURANCE THAT SHE CAN COME BACK ON A DATE CONVENIENT, THEN I BELIEVE THAT THAT SHOULD SATISFY OUR NEEDS.

THE COURT: OKAY, THAT'S FINE.
SO SHE'S FINISHED FOR NOW, SO TO SPEAK. BUT REMAIN IN

3 THE WITNESS: OKAY.
YOJ'LLL BE REQUIRED TO BE BACK.
THE WITNESS: CKAY.
ADMITTED ONE, THREE, FOUR AND FIVE.
MS. EDWARDS: YES, YOUR HONOR.
TOMORROW?
TWO, SO -- BUT ...
THE COURT: AND YOU'LL NEED TO KNOW THAT DATE, SINCE,
THE COURT: OKAY. SO YOU'RE EXCUSED.
OKAY. SO BEFORE WE CONCLUDE, TO RECAP, I BELIEVE, YOU'VE
MS. EDWARDS: THAT IS CORRECT, YOUR HONOR.
the Court: IS That your understanding? okay.
AND SO YOU WILL have three witnesses on the continuation,
THE DETECTIVE, I THINK YOU SAID THE MEDICAL EXAMINER, RIGHT?
THE COURT: AND ANOTHER DOCTOR?
MS. EDWARDS: YES, A RADIOLOGIST, YOUR HONOR.
THE COURT: A RADIOLOGIST. OKAY.
THAT'S A PROBLEM. I'M TRYING -- TUESDAY THE 19TH, OH, WE
have traffic pretrials. hold on, let me kefp looking.
HOW ABOUT FRIDAY, NOVEMBER 22ND, I'TS A WEEK FROM
MR. REED: I HAVE AN EVIDENTTARY GEARING THAT DAY, YOUR
HONOR, AT -- SCHEDULED AT 9:30. IT MAY ONLY GO AN HOUR OR
MR. STAUDAHER: AFTERNOON SETTING, POSSIBLY, OR --

THE COURT: THE OTHER THING --
MR, REED: I'LL BE OPEN IN THE AFTERNOON,
MS, LEMCKE; YEAH, AND I'M FINE WITH THAT DAY, ALL DAY,

THE COURT: WHICH ONE, ON THE 22ND?
MS. LEMCKE: YES, MA'AM.
MR. STAUDAHER: AND WITH THE EXCEPTION THAT WE --
OBVIOUSLY WE NEED TO CHECK WITH OUR -- OUR WITNESSES, BUT I DON'T ANTICIPATE A PROBLEM AT THIS POINT, SO ...

THE COURT: THE OTHER THING IS, I CAN -- I CAN MOVE THIS, IF I HAVE TO, I ALSO HAVE THE AFTERNOON OF THURSDAY THE 21ST, WHICH IS A LITTLE BETTER, IF THAT'S BETTER FOR EVERYBODY ELSE.

MR. REED: I'M OPEN THAT DAY.
MS. LEMCKE: I'M GOOD ON THAT DAY, AS WELL, YOUR HONOR.
THE COURT: YEAH. WEDNESDAY THE 20TH IS NOT GOOD, AND THE 19TH IS NOT GOOD, WE HAVE 40 TRAFFIC PRETRIAL THINGS GOING ON AT 1:30. OTHER THAN THAT I M CLEAR, BUT I GOT NO WHERE TO PUT THOSE 40 PEOPLE.

SO HOW ABOUT NOVEMBER 21ST?
MR, REED: MAYBE, YOUR HONOR, I DON'T KNOW IF THEY COULD GET AHOLD OF DETECTIVE BOUCHER QUICKLY, AND JUST SEE IF THE - OR HE'S -- THESE DATES WILL BE ACCOMMODATING FOR THE WITNESSES. I MEAN THAT ---

THE COURT: WE'RE GOING TO SAY LIKE 1 O'CLOCK, MR. STAUDAHER, ON THE $21 S T$.

2 FINISH ON --

MR. STAUDAHER: ON THE 21ST. I DON'T KNOW THAT WE'LL

THE COURT: EVEN --
MR. STAAUDAHER: -- THAT DAY.
THE COURT: I KNOW.
MR. STAUDAHER: Im DEPENDS ON -- OBVIOUSLY DEPENDS ON HOW MUCH CROSS-EXAMINATION THERE IS. I DON'T ANTICIPATE THERE, BEING, YOU KNOW, THAT MUCH TIME ON DIRECT EXAMINATION.

CLEARLY DEFENSE HAS THEIR OPPORTUNITY TO CROSS-EXAMINE AS THEY SEE FIT.

THE COURT: I DON'T EXPECT ANYBODY TO PROMISE ME WE'RE GOING TO FINISH.

MR. STAUDAHER: OKAY.
THE COURT: I'M TRYING TO CRAM IT IN.
MR. STAUDAHER: I MEAN, WE SHOULD BE ABLE TO -- IT'S NOT MY UNDERSTANDTNG THAT -- UM -- WE HAVE A PROBLEM At this POINT, BUT WE WILL CERTATNLY GO OUT AND CHECK IMMEDIATELY, AND I THINK MICHELLE'S CHECKING ON DETECTIVE BOUCHER RIGHT NOW.

THE COURT: AND THE OTHER -- THE OTHER DAY I'M OPEN IS THE MONDAY OF THANKSGIVING WEEK, THE 25TH, I'M OPEN -- CAN I LOOK AT THE PRELIM CALENDAR? I MEAN, I DON'T WANT TO SET IT AT 9:30, BECAUSE WE HAVE FULL FRELIMS GOING, BUT, YOU KNOW, WE CAN SET IT AT LIKE 11:00 AND GO TILL 1:00, AND THEN BREAK FOR A HALF HOUR, KIND OF LIKE WHAT WE DID.

MR. REED: JUDGE, I'M SORRY, I HATE TO SAY, I GOT A

PRELIM GOING THAT DAY. I HAVE ANOTHER PRELIM SCHEDULED FOR ALI DAY MONDAY.

MR. STAUDAHER: LET'S JUST PLAN, AT LEAST AT THIS POINT, THE AFTERNOON OF THE 21ST. IF WE DON'T FINISH, GO TO THE AFTERNOON OF THE 22ND, AFTER MR. REED'S EVIDENTIARY HEARING.

MR. REED: THAT'S FINE BY ME, YOUR HONOR.
MS. LEMCKE: AND I CAN PROBABLY DO SOME -- IF WE -- IF WE RUN INTO IHE FRIDAY, AND WE NEED TO START EARLIER, IF WE JUST DON'T GET ENOUGE DONE ON THURSDAY, I CAN --- I'M SURE I CAN DO SOME OF THE --

THE COURT: RIGHT. BECAUSE THAT'S FRIDAY THE 22 ND , I ONLY HAVE - I WON' T HAVE THAT MUCH, I ONLY HAVE FIVE PRELIMS SET RIGHT NOW, AND IT'S ON A FRIDAY, SO WHENEVER IT GOES. SO WE CAN THEORETICALIY START AT LIKE 11:00 OR EVEN 10:30 ON THE 22ND, IF WE DON'T FINISH ON THE 21ST.

MS. LEMCKE: THAT'S -- THAT'S FINE, YOUR HONOR. I THINK -- I THINK THAT THAT'S A PERFECT SCHEDULING IDEA, AND THEN, YOU KNOW, IE WORSE COMES TO WORSE I CAN DO SOME OF THIS WITHOUT MR. REED, IF NECESSARY.

THE COURT: OKAY. SO RIGHT NOW WE'IL BE IN RECESS UNTIL NOVEMBER $215 T$ AT 1 F.M., SAVING NOVEMBER 22ND AT 11 P.M. FOR ANY OVERFLOW.

MR. STAUDAHER: ALL RIGHT. AND WE'LL --
THE COURT: PARDON ME? AT II A.M. I'M SORRY, NOVEMBER 22ND AT 11 A.M., NOVEMBER 21ST AT 1 P.M.

20 THAT'S A FRIDAY.
21 MS. C. RODRIGUES: OKAY.

MR. STAUDAHER: THANK YOU, YOUR HONOR.
THE COURT: UM-HUM.
MR. REED: THANK YOU, JUDGE.
(AT 4:30 P.M. THE PROCEEDINGS WERE RECESSED.)

ATTEST: FULL, TRUE AND CERTIEIED TRANSCRIPT.
/S/KIT MACDONALD
KIT MACDONALD, C.S.R.
COURT REPORTER
C.S.R. 65

269

| ' | $\begin{aligned} & 235[2] 3 / 6121 / 23 \\ & 236[1] 3 / 6 \end{aligned}$ | 7 |
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| '95 [1] 188/5 | 24 [6] 16/18 16/25 17/1 32/5 40/2 40/10 | 70 [2] 36/12 54/20 |
| 96[1] 16/11 | 240 [1] 33/6 | 72 [4] 53/24 54/25 54/25 54/25 |
| / | 241 [1] 33/6 | 7:00 [1] 240/12 |
|  | 245 [1] 3/7 | 7:15 [3] 68/25 238/4 240/13 |
| S/KTT [1] 269/11 | 246 [1] 3/7 | 7:30[3] 238/5 240/13 240/14 |
| 0 | 25 [3] 36/12 55/21 251/11 | 8 |
| $0030013487[1] 22 / 12$ | 25TH [1] 266/20 | 80 [1] 54/12 |
| 1 | 260 [1] 3/8 | 8:30[2] 237/23 240/14 |
| $1.5[1] 44 / 21$$10[4] 30 / 21145 / 16166 / 7169 / 18$$100[8] 155 / 18155 / 22158 / 18166 / 20190 / 8$$226 / 7226 / 24229 / 19$$10: 12[1] 4 / 3$ | $\begin{array}{ll} 298[2] & 59 / 1460 / 4 \\ 2: 00[2] & 146 / 19 \\ 150 / 25 \end{array}$ | 9 |
|  | 3 | 9'S [2] 200/14 200/14 |
|  | 3 |  |
|  | 30[7] 54/17 55/19 146/18 162/19 181/7 |  |
|  | 182/1 225/20 | 247/6247/12247/15 247/21 247/23 248/3 |
| 10:13 [1] 1/17 | 310 [2] 69/269/16 |  |
| 10:30 [1] 267/14 |  |  |
| 11 [4] 267/21 267/24 267/25 268/19 |  | $\left\lvert\, \begin{array}{ll} 9.8[1] 44 / 24 \\ 9929006949[2] & 22 / 5 \\ 253 / 6 \end{array}\right.$ |
| 11:00 [2] 266/23 267/14 | $\left\lvert\, \begin{aligned} & 315[2] 96 / 2196 / 21 \\ & 317[1] \\ & 110 / 19 \end{aligned}\right.$ | $\begin{aligned} & 9: 30[2] \quad 264 / 23266 / 22 \\ & 9 \mathrm{TH}[11 \quad 238 / 14 \\ & \hline \end{aligned}$ |
| 127[1] $2 / 7$ | 31ST [1] 238/20 |  |
| 130 [1] 3/4 | 32 [9] 139/5 $139 / 9$ 139/9 139/11 139/16 139/24 140/5 $141 / 8$ 142/20 | A |
| 13509094 [1] 4/8 |  |  |
| 13F09094X [1] $\mathrm{X} / 7$ | 35 [1] 198/12 | A BENCH [1] 235/10A.M [9] 1/17 4/3 18/6 18/6 18/10 18/11267/24 267/25 268/19ABBREVIATION [1] 147/13ABDOMEN [9] 26/12 86/19 87/5 87/20 88/888/12 88/14 94/2497/24P |
| 13TH [1] 18/6 | 37 [3] 37/14 37/14 37/15 |  |
| 14 [2] 1/16 4/1 | 38 [1] 55/19 |  |
| 142 [1] 3/5 | 3:00[3] 239/11 239/13 239/13 |  |
| 146[1] 252/5 | 3:30 [2] 146/21 146/25 |  |
| 14TH [1] 18/7 | 4 | ABDOMINAL [2] 85/23 113/18 |
| 150 [1] 37/8 | 40 [38] 17/9 29/18 34/7 34/11 34/12 35/15 | ABILITY [3] 19/18 105/22 119/4 <br> ABLE [13] 21/19 24/23 50/5 100/7 109/19 |
| 152[1] $2 / 9$ | $436336 / 436 / 1237 / 1637 / 19$ 40/20 44/845/8 | 157/4 163/18 164/18 179/9 258/15 261/24 |
| 159 [1] 37/8 | $46 / 25$ 51/9 5L/9 51/10 51/10 51/13 51/17 |  |
| 166 [1] 134/20 | 51/20 51/20 51/25 53/2 53/4 53/7 54/3 54/8 | 266/15 268/4 <br> ABNORMAL [1] 87/14 |
| 173 [1] 2/10 | 54/11 54/12 54/18 54/19 55/12 139/3 139/6265/16 265/18 | ABNORMAL [1] 87/14 <br> ABNORMALITY [2] 115/11 115/21 <br> ABOUT [166] 6/2 10/22 13/4 13/16 16/13 |
| 18 [2] 32/5 36/4 |  |  |
| 1803[3] 176/20 177/13 177/19 | 41 [2] 2/6 188/17 | ABOUT [166] $6 / 2$ 10/22 13/4 13/16 16/13 <br> 18/1020/8 27/2 33/16 33/17 34/9 36/10 <br> $42 / 442 / 4543 / 1346 / 146 / 23$ 48/16 49/17 |
| 1804[1] 177/19 | 45 [1] 242/17 |  |
| 1823 [1] 165/7 | 4720 [4] 153/1 188/10 206/5 233/13 | $42 / 1442 / 1543 / 1346 / 146 / 2348 / 1649 / 17$ $49 / 2350 / 950 / 1652 / 2153 / 1453 / 1855 / 4$ |
| 185 [1] 2/11 | 4:00 [2] 239/12 239/22 | 55/4 57/16 57/19 60/18 60/21 61/13 61/18 61/21 67/8 67/23 70/4 72/1 72/5 72/21 72/24 73/5 74/1 74/5 75/13 76/9 76/19 78/7 79/6 |
| 187[1] 2/13 | 4:30[1] 269/5 |  |
| 1945 [1] 38/25 | 5 |  |
| 198 [1] 2/14 |  | 73/5 74/1 74/5 75/13 76/9 76/19 78/7 79/6 79/10 79/13 80/5 81/8 81/10 81/18 81/25 82/3 82/12 83/8 83/15 84/15 85/3 85/4 85/6 |
| 19TH [2] 264/18 265/16 | 50 [2] 35/20 99/14 <br> $5: 00$ [6] 206/19 237/23 239/22 240/15 240/15 <br> $241 / 23$ <br> $5: 10$ [3] 241/23 242/20 242/20 <br> $5: 56$ [1] 154/22 <br> $5: 58$ [2] 154/18 154/22 |  |
| 1:00 [1] 266/23 |  | 89/21 90/20 91/16 95/23 97/5 102/8 102/12 <br> 102/16 103/6 105/20. 106/2 106/5 107/1 |
| 1:30[1] 265/17 |  |  |
| 2 |  | 107/22 108/16 110/2 110/2 111/5 112/18 |
| 20 [6] 81/7 162/19 181/7 224/1 224/3 251/11 |  | 115/1 115/17 116/1 117/3 118/3 120/16 |
| 2000 [1] 233/9 | 6 | 123/12 124/1 124/25 125/5 127/18 127/24 128/7 130/11 131/25 133/21 141/20 143/16 |
| 2004[1] 174/16 |  |  |
| 2007 [1] 15/25 | 6/6 [1] 39/17 | 145/5 146/20 147/9 148/22 156/5 161/7 |
| 2012 [3] 238/15 238/16 238/20 | 60 [1] 54/19 | 167/13 168/12 169/3 170/14 172/18 174/17 |
| 2013 [24] 1/16 4/1 4/10 18/1 18/818/21 | 64 [1] 87/18 | 176/19 176/24 179/15 180/22 181/7 182/20 188/18 189/4 191/1 192/11 192/19 192/20 |
| 39/17 68/25 152/22 188/7 206/2 233/9 | 65 [3] 1/24 55/22 269/12 |  |
| 233/11 234/8 234/15 235/7 236/12 237/15 | 65ISH [1] 56/176600 [3] 206/20 239/2 249/1 | $188 / 18189 / 4191 / 1192 / 11192 / 19192 / 20$ <br> $192 / 20195 / 2195 / 14195 / 19$ <br> $198 / 12198 / 4$ |
| 238/9 239/5 240/4 246/13 255/3 255/14 |  | 198/17 203/23 210/14 210/21 213/2 217/15 |
| 205 [1] 2/16 | 6:03 [1] 176/22 | 217/15 217/21 221/19 221/22 222/19 226/18 |
| 20TH [1] 265/15 | $6: 23$ [1] 165/8 | 229/1 234/11 234/14 241/14 251/11 253/10 |
| 217 [1] 2/17 | 6:30 [2] 239/4 240/11 | 254/25 255/5 255/25 256/1 258/16 260/9 |
| 21ST[8] 265/11 265/19 265/25 266/1 267/4 | 6:50[1] 20/13 <br> 6 TH [20] $4 / 1018 / 118 / 818 / 918 / 1318 / 20$ | $\begin{array}{\|l} 260 / 11261 / 7264 / 1264 / 20265 / 19 \\ \text { ABOVE [5] } 92 / 1398 / 19 \\ 132 / 17132 / 25 \end{array}$ |
| $267 / 15$ 267/21 267/25 |  |  |
| 22ND [10] 264/20 265/5 267/5 267/11 | 68/25 152/22 188/7 206/2 234/8 236/12 | $140 / 6$ |
| 267/15 267/21 267/25 268/9 268/14 268/19 | 237/22 238/9 $240 / 3$ 241/20 246/13 255/3$255 / 525 / 14$ | ABRASION [2] 58/7 123/23 ABRASIONS [1] 35/9 ABRUPT'[2] 49/2249/24 |
| 230 [1] $2 / 18$ |  |  |
| 233 [1] 2/20 |  |  |


| A | ADULT [7] 17/24 31/14 31/19 36/11 118/4 118/5 178/10 | 227/12 228/2 228/5 228/21 229/8 229/20 <br> 229/23 230/3 233/24 235/3 244/21 249/14 |
| :---: | :---: | :---: |
|  | ADULTS [6] 17/22 31/12 47/5 89/24 167/4 214/23 <br> ADVANCE[3] 17/7 53/16 147/1 <br> ADVANCED [3] 219/8 222/25 237/18 AFIELD [1] 84/22 <br> AFTER [54] 16/4 21/1 21/3 26/7 30/16 30/17 $30 / 1730 / 2431 / 2038 / 2240 / 1179 / 2080 / 8$ 80/23 80/23 83/17 112/15 118/8 119/1 119/3 129/24 145/8 145/21 153/2 160/22 161/17 163/20 163/22 164/1 170/17 175/13 176/1 176/23 177/20 190/7 190/14 194/3 194/6 212/1 212/2 212/11 226/3 229/4 239/21 <br> 249/1 261/23 267/5 268/9 <br> AFTERMATH [1] 35/3 <br> AFTERNOON [10] 146/24 153/18 188/6 206/1 206/18 264/25 265/2 265/11 267/4 267/5 <br> AFTERNOON/EVENING [1] 188/6 AGAIN [40] 11/24 12/5 12/9 22/25 30/3 47/9 47/23 49/6 52/8 55/10 60/3 63/22 64/19 69/15 85/24 87/3 88/7 88/8 96/17 97/1 100/9 101/2 110/20 111/1 111/16 111/24 114/11. 115/12 115/12 115/20 123/8 124/21 136/17 162/12 164/12 177/20 196/3 231/9 242/25 256/2 <br> AGE [17] 19/4 31/20 91/9 94/1399/24 103/15 104/20 105/2 105/4 105/11 128/12 128/16 133/10 169/11178/2 178/8 178/11 AGENCY [1] 220/18 <br> AGES [2] 17/23 17/24 <br> AGO [2] 255/10 255/1.2 <br> AGREE [4] 50/2 140/18 198/6213/7 <br> AGREEABLE [1] 263/18 <br> AGREED [3] 136/1 149/4 268/16 <br> AHEAD [8] 131/13 147/6 177/5 177/17 <br> 178/20 232/16 240/23 247/12 <br> AHOLD [1] $265 / 21$ <br> AID [8] 160/15 162/20 164/10 165/23 219/18 222/5 223/17 228/7 <br> AIR [3] 79/5 113/13 114/14 <br> AIRWAY [6] $165 / 15$ 179/15 214/8 214/9 214/16 219/8 <br> AKIN [1] 78/20 <br> ALARM[1] 153/4 <br> ALIGNMENT [2] 101/8 103/1 <br> ALLL [148] 4/7 4/20 5/16 8/13 8/16 8/17 9/18 10/1 11/9 13/24 15/2 16/19 17/23 17/24 20/15 21/3 24/14 26/7 26/17 26/21 29/1 29/11 36/22 38/3 38/22 41/21 46/5 48/12 49/8 49/11 52/21 53/17 57/2 58/13 58/17 $72 / 5$ 83/13 83/17 88/6 88/14 90/2 93/11 94/23 95/497/14 98/4 101/16 110/12 111/4 112/13 115/7 116/7 119/3 119/18 123/24 124/3 127/5 129/20 133/5 133/8 133/11. $136 / 18$ 144/22 144/25 146/8 148/1 148/6 149/5 $151 / 2$ 151/4 157/7 161/4 163/16 164/8 168/11 170/19 172/5 174/5 175/16 175/20 176/3 177/5 177/9 178/3 178/13180/3 180/4 180/8 180/12 181/12 181/19 181/22 182/9 182/17 198/16 199/3 199/13 199/19 200/21 201/12 201/15 202/10 203/22 204/1 204/3 206/12 211/4 216/19 216/24 217/18 218/3 218/24 219/2 219/22 220/8 220/11 220/12 220/16 221/3 221/7 221/8 223/24 224/4 224/4 224/21 225/4 225/13 225/24 227/4 | $251 / 2$ 262/21 265/3 267/2 $267 / 23268 / 3$ <br> 268/24 <br> AlLLEGEDLY [2] 4/10 $214 / 14$ <br> ALLOW [2] 34/19 158/23 <br> ALLOWS [1] 87/25 <br> ALMOST [3] 36/5 71/18 183/22 <br> ALONG [5] 4/19 60/23 78/15 91/12 176/4 <br> ALPHA [3] 153/9 153/9 218/5 <br> ALPHABET [1] 19/21 <br> ALREADY [13] 96/8 120/8 147/5 147/9 <br> 206/22 215/17 219/14 224/7 230/10 247/6 <br> 249/11. 251/17 262/9 <br> ALSO [25] 28/4 30/2 45/7 47/18 52/9 62/24 64/16 66/23 91/693/17 93/21 105/21 116/13 <br> 132/24 159/6 169/14 177/13 203/6 235/11 <br> 237/8 246/5 247/13 252/14 259/22 265/11 <br> ALV [1] 113/6 <br> ALVE [1] 114/5 <br> ALVEOLAR [7] 113/7 113/8 113/12 114/5 114/7 114/8 114/13 <br> ALWAYS [11] 18/15 18/16 35/2 58/17 71/5 109/21 109/25 109/25 112/22 214/8 221/9 <br> AM [10] 6/9 15/1 17/13 20/17 60/11 62/13 107/25 220/15 238/3 242/12 <br> AMBLENT [1] 73/13 <br> AMBU [1] 199/1.6 <br> AMBULANCE [14] 164/16 170/20 182/22 182/24 193/25 199/14 202/13 202/19 224/8 224/18 249/11 249/13 249/18 250/5 <br> AMERICAN[5] 17/9 42/6 43/10 47/18 205/8 <br> AMONGST [1] 222/18 <br> AMOUNT [6] 108/3 108/3 108/11 144/10 147/17 212/11 <br> AMR [18] 146/5 170/19 $179 / 5$ 179/17 180/10 189/10 189/15 189/21 198/19 198/21 198/22 199/17 205/6 205/22 217/7 218/11 $218 / 17$ 224/18 <br> ANATOMY [1] $44 / 22$ <br> AND/OR [3] 46/20 47/2 104/4 <br> ANESTHESIOLOGIST[1] 19/4 <br> ANOTHER [16] 10/2 78/10 104/18 105/6 <br> 105/6 146/23 158/22 189/14 194/20 194/25 197/9 216/4 222/9 245/1 264/15 267/1 <br> ANOXIA [2] 99/13 99/13 <br> ANSWER [18] 53/21 54/5 82/18 85/14 104/6 104/7 109/25 136/16 160/9 177/5 197/19 200/23: 211/13 215/15 215/16 223/25 224/2 258/2 <br> ANSWERED [6] 84/19 126/13 155/15 162/14 195/18 241/24 <br> ANTERIOR [2] 78/15 124/11 <br> ANTICIPATE [6] 143/22 146/7 146/15 262/24 265/9 266/7 <br> ANXIOUS [1] 193/25 <br> ANY [147] 6/9 7/15 8/12 9/16 9/17 10/24 13/9 13/19 14/11 16/2316/2317/217/4 17/15 19/18 20/5 24/11 25/1 29/3 29/20 30/10 34/9 34/19 37/19 38/15 40/21 41/12 $41 / 2141 / 2441 / 2445 / 2446 / 1946 / 2149 / 6$ 67/23 71/10 71/17 73/23 75/8 75/8 77/3 78/9 79/8 80/24 81/10 81/14 89/12 90/6 90/20 91/1295/4 98/25 99/18 101/17 102/12 106/11 108/6 108/12 111/21 116/19 119/3 119/17 120/23 122/15 122/19 122/23 123/7 123/7 123/22 125/1 139/6 139/18 144/14 |


| A |
| :---: |
| ANY... [74] 146/15 148/4 149/7 159/14 |
| 16 |
| 175/11 183/19 185/11 185/21 185/23 186/7 |
| 189/4 190/2 190/9 191/15 193/14 193/14 |
|  |  |
|  |
| 208/15 213/19 213/23 214/12 214/18 214/19 |
| 214/23 216/6 217/18 217/21 217/23, 217/ |
| 218/12 220/5 220/13 226/17 229/23 229/23 |
| 230/14 234/4 236/16 241/14 241/17 242/15 |
| 243/9 243/24 246/16 250/7 251/22 252/7 |
| 253/18 255/4 255/15 261/25 262/19 262/21 |
| 262/25 267/22 268/1 268/1 |
| ANYBODY [12] 5/11 5/22 6/19 7/2 9/22 |
| 14/16 14/77 148/3 194/7 231/3 232/11266/11. |
|  |  |
|  |
| ANYMORE [1] 54/19 |
| ANYONE [8] 24/6 49/20 108/11 191/1 191/4 216/1 217/15 224/24 |
|  |  |
|  |
| ANYTHING [87] 7/16 10/8 27/2 27/17 |
| 29/20 30/13 41/25 47/23 60/6 61/13 63/25 |
| 71/10 71/12 71/15 72/1 72/20 72/2474/1 |
| 74/4 75/12 76/16 79/6 79/9 79/10 81/16 85/8 |
| 89/21 90/20 91/14 93/25 94/19 95/23 99/11 |
| 99/12 99/17 102/11 102/16 103/8 104/4 |
| 104/23 106/2 106/5 107/11 111/20 111/24 |
| 113/21 113/22 114/16 114/19 115/1115/25 |
| 124/25 125/5 126/22 157/6 157/23 164/6 |
| 167/10 167/11 167/19 167/21 180/5 197/14 |
| 200/8 203/22 207/17 207/24 208/8 208/10 |
| 211/25 214/6215/21 226/17 229/21 230/19 |
| 231/21 232/7 241/6 241/17 242/11 255/15 |
| 256/13 257/4 257/16 258/1 258/10 262/1 |
| ANYTIME [2] 102/5 217/21 |
| ANYWAY [6] $10 / 8$ 61/3 65/12 68/13 148/8192/24 |
|  |  |
|  |
| APART [3] 58/23 191/23 209/6 |
| APICES [4] 106/17 106/18 106/20 110/11 |
| APNEA [1] 40/9 |
| APOLOGIZE [8] 13/8 18/9 35/23 59/24 73/10 74/12 118/2 236/7 |
|  |  |
|  |
| 184/4 193/17 |
| APPEARANCE [4] 4/14 89/19 113/15 $207 / 25$ |
| APPEARED [3] 157/21 161/1 181/16 |
| APPEARS [7] 58/20 58/21 66/8 89/17 95/3 154/18 176/16 |
|  |  |
|  |
| APPLIED [5] 50/24 107/8 110/4 117/19177/14 |
|  |  |
|  |
| APPLY [1] $53 / 3$ |
| APPLYING [1] 135/23 |
| APPRECLATE[3] 145/2 186/22 232/2 APPROACH [30] 11/10 12/7 21/22 22/24 |
|  |  |
|  |
| 87/296/17 96/22 101/t 110/20 111/1 121/20 |
| 130/13 130/18 134/13 137/5 154/5 196/25 |
| 198/19 211/9 224/10 235/18 245/10 258/22 |
| APPROACHED [4] 155/3 189/12 207/3 |
| $231 / 9$ |
|  |

ANY... [74] 146/15 148/4 149/7 159/14 163/16 164/8 164/11 167/4 167/7 170/10 175/11 183/19 185/11 185/21 185/23 186/7 18910/2 1909 1915 193/4 193/14 19317195197230182019210 $2081521319213 / 23214122141821419$ 214/23 216/6 $217 / 18217 / 21217 / 23217 / 24$ 218/12 220/5 220/13 226/17 229/23 229/23 230/14 234/4 236/16 241/14 241/17 242/15 243/9 243/24 246/16 250/7 251/22 252/7 253/18 255/4 255/15 261/25 262/19 262/21 262/25 267/22 268/1 268/1
ANYBODY [12] 5/11 5/22 6/19 7/2 9/22 266/11.
ANYBODY'S [1] 10/4
ANYMORE [1] 54/19
ANYONE[8] 24/6 49/20 108/11 191/1 191/4
$224 / 24$
ANYTHING [87] 7/16 10/8 27/2 27/17
29/20 30/13 41/25 47/23 60/6 61/13 63/25 71/10 71/12 71/15 72/1 72/20 72/2474/1 74/4 75/12 76/16 79/679/9 79/10 81/16 85/8 89/21 90/20 91/14 93/25 94/1995/23 99/11 99/12 99/17 102/11 102/16 103/8 104/4 $104 / 23106 / 21065107 / 1111 / 2011 / 24$ $124 / 25125 / 5126 / 22157 / 6157 / 23164 / 6$ 167/10 167/11 167/19 167/21 180/5 197/14 200/8 203/22207/17 207/24 208/8 2088/10 211/25 214/6215/21 226/17 229/21 230/19 231/21 232/7 241/6 241/17 242/11 255/15 ANYTIME [2] 102/5217/21 ANYWAY[6] 10/8 61/3 65/12 68/13 148/8 192/24
ANYWHERE[1] 148/11
APART [3] 58/23 191/23 209/6
APNEA [1] 40/9
APOLOGIZE [8] 13/8 18/9 35/23 59/24 73/10 74/12 118/2 236/7
APPEAR [7] 40/5 66/7 83/17 85/9 157/20 184/4 193/17
APPEARANCE [4] 4/14 89/19 113/15

位 154/18 176/16
APPLICATION [1] 4/22
APPLIED [5] 50/24 107/8 110/4 117/19析

APPLY [1] 53/3
APPLYING [1] 135/23
APPRECLATE[3] 145/2 186/22 232/2 APPROACH [30] 11/10 12/7 21/22 22/24 32/23 37/5 39/8 59/21 68/21 69/12 85/24 12/2 198/19 211/9 224/10 235/18 245/10 258/22 APPROACHED [4] 155/3 189/12 207/3 APPROACHING [1] 130/21

APPROPRLATE[11] 42/10 42/10 86/12 98/23 105/10 129/19 173/12 214/7 215/7 215/18 215/19
APPROPRIATELY [3] 23/17 43/15 121/4 APPROVAL [2] $147 / 5$ 147/6 APPROXIMATELY [21] 17/14 29/15 29/18 34/7 37/14 129/6 146/1 156/2 162/17 166/7 174/21 177/6 206/16 224/3 229/7 229/8 239/15 242/4 248/17 248/24 251/9
APPROXIMATION [3] 119/4 166/3 174/22 APT [1] 76/22
ARBITRARY [1] 19/23
ARCIITECTIUE [1] 32/2
ARE[150] 4/18 5/6 5/17 6/10 6/10 8/8 13/1 13/7 13/10 16/15 17/6 17/11 17/21 19/19 23/13 23/15 23/16 24/22 29/8 30/7 31/19 35/10 36/21 39/20 40/10 41/3 42/12 42/15 42/17 42/17 43/4 43/18 44/1 44/15 45/7 45/8 45/13 46/2 46/9 46/19 48/16 49/6 50/450/9 52/19 52/23 60/13 64/19 65/13 65/24 67/8 67/15 70/21 72/11 72/11 72/13 73/14 74/20 75/15 77/14 78/5 78/6 79/5 79/23 80/1 80/24 81/14 83/8 83/17 85/6 86/24 87/15 90/19 90/19 92/14 95/5 97/9 97/25 99/5 101/16 103/6 103/22 104/10 104/24 105/12 105/24 106/20 108/7 108/17 108/19 109/3 109/21 115/15 117/4 117/5 117/13 117/24 117/24 121/1 121/23 122/2 $122 / 6122 / 7$ 128/4 128/4 128/5 128/9 128/12 128/13 128/16 $132 / 18$ 133/5 139/9 140/13 140/14 141/4 141/11 142/16 146/21 147/2 147/7 151/4 152/10 152/17 153/22 153/23 160/5 160/5 163/25 164/18 173/23 173/24 174/16 177/23 178/16 193/12 199/9 201/9 202/2 221/12 222/6 224/13 228/13 234/6 237/5 245/5 246/11 $260 / 17$ 261/4 262/18 AREA [29] 36/7 56/2 56/13 56/14 56/24 58/6 58/7 67/477/16 77/23 79/9 101/23 112/11 113/14 113/14 113/24 123/25 124/6 124/7 125/11 125/20 126/3 156/14 158/3 18/15 181/15 181/20 182/18 189/9 AREAS [4] 72/12 88/1 200/5 200/6 AREN'T [4] 12/16 101/13 183/3 183/3 ARM [2] 128/10 245/25 ARMS [2] 49/25 52/9
AROUND [36] 20/13 28/6 29/1 30/5 38/25 $45 / 4$ 68/17 107/5 107/6 141/8 149/7 156/13 162/6 173/25 190/1 193/8 206/19 208/4 208/5 212/20 212/21 213/12 213/20 213/21 216/19 225/4 226/21 229/17 238/14 239/1 239/22 240/11 240/18 241/23 242/19 255/18 ARREST [9] $30 / 2240 / 1$ 174/21 175/11 175/15 175/17 207/11 207/23 214/1 ARRTVAL [3] 30/21 93/22 176/23 ARRIVE [13] 19/2 19/3 154/16 165/1 216/8 219/10 219/22 220/17 222/15 228/7 228/13 228/15 228/20
ARRTVED [27] 19/2 20/7 23/11 118/11 158/7 165/12 165/17 170/17 177/7 206/23 206/25 207/11 208/2 208/2 216/9 216/18 220/23 225/10 225/11 228/11 228/16 228/18 228/19 230/9 230/13 230/20 249/23
ARRIVES [1] $19 / 3$
ARRIVING [5] 19/1 41/10 154/25 155/2 165/6
AR TERLAL [1] 87/16
ARTICLES [4] 42/12 43/12 48/949/6
ARTICULATE [2] 80/5 130/10

ARTIFTCIAL [1] 163/12
AS [268] 10/7 15/6 15/8 16/16 16/16 16/20 16/20 17/14 18/1 18/24 19/8 19/14 19/20 20/4 20/4 20/20 22/13 22/13 23/18 23/24 23/24 28/17 28/17 29/4 30/10 30/20 31/12 31/16 31/16 31/23 32/6 32/6 32/8 34/20 $34 / 2035 / 435 / 19$ 35/22 37/19 37/19 38/19 39/2 40/9 40/21 40/21 40/25 40/25 41/23 42/21 42/22 44/11 44/13 46/16 46/17 50/13 50/19 51/1 51/5 51/20 53/2 53/4 53/12 53/13 56/8 56/19 59/1 59/3 64/11 64/16 71/20 75/23 77/17 77/18 78/22 81/16 81/24 81/24 82/20 83/17 84/2 84/16 84/17 85/11 86/7 86/18 86/18 86/24 89/24 90/5 90/5 96/10 96/10 100/15 101/22 105/1 105/1 105/3 $109 / 5$ 109/8 109/8 110/5 112/17 114/25 114/25 117/8 118/3 118/6 119/4 123/4 123/19 124/15 126/10 127/12 129/2 129/2 130/6 130/6 130/15 130/21 131/24 131/24 .133/10 135/17 136/3 136/23 138/15 $138 / 24$ 138/2 139/5 139/6 139/6 139/18 140/20 142/9 143/20 143/20 144/10 146/1 146/15 146/16 147/8 151/17 151/19 152/10 152/15 152/22 153/5 153/24 154/2 154/13 154/17 155/19 156/21 157/6 157/6 158/3 158/3 158/6 158/6 158/14 160/21 160/21 161/7 161/7161/12 161/15 161/19 161/22 161/25 162/2 163/1 163/10 167/11 167/11 168/22 168/22 169/22 169/22 169/23 171/24 172/1 172/23 173/7 173/7 174/5 178/9 178/24 178/25 183/25 185/8 185/9 185/13 185/13 186/6 186/15 186/15 187/9 187/11 189/9 189/12 190/9 190/10 191/3 191/3 191/4 191/4 191/9 191/11 198/18 203/23 203/23 204/13 204/15 205/11 206/13 206/13 209/10 209/22 209/24 21.1/6 214/6 214/6 214/11 214/11 214/12 215/25 215/25 216/8 216/10 216/10 216/17 220/17 220/17 221/15 221/23 223/7 226/1 229/5 230/22 231/2 231/2 232/20 232/22 234/23 235/11 238/8 238/24 238/24 243/16 243/16 243/24 243/24 244/22 247/17 250/20 253/14 257/1 257/3 257/3 257/5 261/15 261/15 262/22 263/12 263/20 263/20 265/14 266/9
ASCERTAIN [1] 36/16
ASLAN [1] 226/25
ASIDE [3] $154 / 9$ 217/14 258/8
ASK [45] 5/12 5/21 6/17 7/8 8/15 10/5 13/13
32/25 35/18 51/18 53/14 58/1 66/22 68/22
69/22 76/9 83/1 87/7 97/4 113/20 113/21 117/2 118/14 120/1 125/25 126/22 133/20 134/16 158/10 158/23 160/13 181/2 198/17 200/22 200/22 202/10 208/23 211/2 215/14 219/23 225/13 262/19 262/20 262/21 263/6 ASKED [33] 29/17 68/12 83/25 115/20 121/17 130/2 135/10 160/24 162/14 162/14 183/5 190/5 191/16 192/24 195/18 197/15 199/8 208/21 209/25 210/6 210/11 212/13 212/18 215/14 224/11 242/12 242/25 243/4 244/9 247/4 247/14 256/6 268/6 ASKING [30] 9/9 45/13 52/21 75/4 79/22 79/23 80/1 80/5 80/24 85/6 85/6 107/1 123/6 129/5 131/14 133/21 136/15 140/12 159/23 160/1 160/5 182/19 194/9 210/25 225/8 229/12 231/15 231/16 231/19 258/3 ASPECT [4] 27/6 34/15 132/4 180/9 ASPIRATED [2] 30/11 89/10 ASPIRATES [1] 89/6

| A | 64/15 66/23 67/1 67/2 67/3 67/3 67/474/15 | 70/7 70/17 70/18 70/25 71/2 72/19 75/18 |
| :---: | :---: | :---: |
| ASPIRATION [5] 61/11 61/14 88/21 89/5 | $75 / 175 / 977 / 1077 / 2480 / 580 / 2186 / 290 / 18$ | 80/15 |
| 89/22 | 122/3 124/1 124/13 124/14 124/20 125/1 | $83 / 2384 / 384 / 1084 / 2084 / 2185 / 586 / 9$ |
| ASSERTED [1] 160/6 | 127/11 127/16 129/15 132/4 132/7 132/18 | 86/16 87/9 87/14 89/8 89/9 90/1 90/15 91/2 |
| ASSESS [3] 161/16 167/15 167/17 | 132/25 133/8 139/17 139/24 140/5 141/3 | 94/24 98/19 100/7 100//1 104/4 104/7 |
| ASSESSED [2] 157/2 218/8 | 141/4 141/6 141/15 141/24 142/17 150/15 | 104/12 104/18 105/8 105/21 107/8 107/11 |
| ASSESSING [2] 20/22 161/17 | 150/15 151/5 165/25 166/4 166/5 166/12 | 107/21 108/10 108/12 109/7 109/8 109/18 |
| ASSESSMENT [7] 98/16 140/17 157/9 | 170/20 183/5 183/14 184/19 184/22 187/3 | 109/18 111/13 111/19 112/20 116/13 116/24 |
| 160/23 163/2 214/16 214/17 | 189/12 195/14 195/25 197/7 198/23 198/24 | 117/11 117/16 117/18 120/25 123/1 123/6 |
| ASSIST [5] 196/20 200/8 200/10 207/6 | 207/2 210/2 210/13 212/21 213/21 216/19 | 123/7 123/11 126/12 127/11 127/15 128/20 |
| $207 / 8$ | 218/25 219/12 222/5 222/5 222/12 224/17 | 129/1 130/10 131/5 131/20 135/18 135/19 |
| ASSISTANCE [1] 159/7 | 225/23 225/25 228/3 228/5 228/25 229/9 | 136/2 136/7 138/1 138/6 138/24 139/5 139/9 |
| ASSISTED [2] 25/21 200/13 | 229/10 229/15 229/16 230/10 238/13 243/4 | 139/9 139/16 139/23 139/25 140/1 140/4 |
| ASSISTING [2] 25/25 189/22 | 243/18 243/21 244/6 249/3 249/16 250/1 | 140/9 140/11 142/20 145/19 145/20 145/22 |
| ASSOCLATED [5] 48/13 48/14 49/22 113/9 | 250/3 254/2 254/5 255/7 255/11 261/14 | 146/12 146/15 146/16 147/12 147/14 149/9 |
| 143/14 | 262/23 263/8 263/16 263/18 263/22 264/5 | 150/3 150/7 150/15 150/15 150/25 151/11 |
| ASSUMEE [11] 50/10 53/2 74/14 103/11 | BACKGROUND [2] 16/1 41/20 | 154/24 157/21 159/13 159/15 159/20 160/6 |
| 111/7 111/12 119/7 170/1 193/7 201/3 201/4 | BACKING [4] 40/18 165/22 171/16 261/12 | 161/1 162/19 166/7 167/11 170/3 173/4 |
| ASSUMING [5] 49/25 62/13 75/875/9 | BACKS [1] 72/14 | 174/2 174/10 175/10 177/6 180/10 180/12 |
| 202/21 | BACKSEAT[1] $250 / 19$ | 180/24 181/16 181/25 188/25 194/3 197/9 |
| ASSUMPTION [1] 70/7 | BACKSIDE [1] 32/8 | 201/25 203/9 205/10 206/14 207/22 212/12 |
| ASSUMPTIONS [1] 170/2 | BACKUP [2] 200/12 203/22 | 216/7 218/10 219/3 222/19 222/20 222/25 |
| ASSURANCE [1] 263/22 | BACKWARDS [8] 55/6 55/9 55/11 56/20 | 223/14 226/24 234/3 234/9 234/24 235/1 |
| ASSURE [1] 48/21 | 117/23 142/2 211/20 211/21 | 236/2 236/18 237/12 237/13 246/20 252/25 |
| ASTER [1] 162/14 | BAD [1] 13/1.7 | 254/20 257/9 258/15 259/21 259/24 260/21 |
| ASYMMETRIC [2] 72/9 72/19 | BADLY [1] 215/6 | 262/12 262/22 262/25 264/5 264/5 265/2 |
| ATELECTASIS [5] 66/8 66/10 114/2 114/3 | BAG[10] 25/22 25/22 25/23 163/11 199/16 | 265/22 266/15 267/20 268/8 268/9 268/19 |
| 11413 | 207/12 219/8 220/25 222/24 251/7 | BEAR [1] 172/1 |
| ATLS [1] 17/7 | BALL [2] 64/764/9 | BEAT' [1] 219/16 |
| ATTACHED [4] 28/5 31/23 31/23 67/16 | BAR [20] 193/7 193/8 193/9 193/12 193/12 | BECAME [3] 12/22 174/16 218/9 |
| ATTACHES [2] 33/18 33/21 | 194/22 202/1 202/3 202/4 202/5 203/23 | BECAUSE [65] 5/17 5/20 8/19 8/22 28/5 |
| ATTACHMENTS [1] 31/24 | 257/5 257/6 257/6 257/8 257/9 257/16 | 37/10 43/12 43/16 44/14 48/20 51/7 51/16 |
| ATTACKS [1] 152/20 | 257/25 258/5 258/10 | 54/14 54/19 56/9 65/24 68/17 69/2 71/1 |
| ATTEMPT [1] 74/15 | BARRIER [1] 185/13 | 71/17 71/22 75/1 75/7 78/23 80/2 83/23 85/7 |
| ATTEMPTED [1] 79/14 | BARRIERS [1] 185/16 | 87/7 99/7 100/7 102/21 110/11 112/17 |
| ATTEND [1] 268/4 | BARSTOOL [5] 259/21 259/21 260/3260/4 | 118/12 121/20 127/16 130/1 145/6 146/25 |
| ATTENDED [1] 261/25 | 261/6 | 149/6 149/25 150/1 159/6 172/9 177/1 |
| ATTENTION [5] 155/21 181/22 | BASE [7] 27/7 27/12 33/17 34/3 97/20 | 180/25 181/22 194/2 203/3 203/6 207/14 |
| 251/2 251/6 | 135/23 138/10 | 210/12 225/20 227/12 239/21 241/2 243/10 |
| ATTENUATION [2] 89/15 90/6 | BASED [20] 23/8 27/14 36/22 37/18 71/25 | 247/8 253/25 260/1 263/14 264/1 26 |
| ATTEST [1] $269 / 9$ | 82/15 104/12 119/1 153/11 153/12 154/23 | 267/11 268/9 |
| ATTYORNEYS [1] 1/20 | 158/22 159/25 169/16 172/22 178/2 180/3 | BECOME [11] 5/10 16/2 17/3 44/1 79/17 |
| AUDIBLE [1] 147/10 | 190/16 215/12 260/15 | 83/6 118/6 126/4 174/11 180/4 190/3 |
| AUGUST [1] 238/20 | BASES [1] 114/25 | BECOMES [2] 36/5 103/12 |
| AUNTIE [1] 9/15 | BASICALLY [11] 18/25 47/761/8 6219 | BECOMING [1] 183/6 |
| AUTHOR [5] 120/23 197/12 217/8 217/23 | 63/23 64/12 72/11 152/17 161/18 169/2 | BED [3] 50/20 166/19 183/22 |
| 217/23 | 178/15 | BEDROOM 11 234/19 |
| AUTHORED [2] 120/22 121/5 | BASILAR [4] 73/4 73/4 73/6 73/12 | BEDSIDE [2] 120/14 120/15 |
| AUTOPSY [8] 58/25 59/2 75/12 127/10 | BASIS [3] 43/9 47/6 161/24 | BEEN [50] 9/189/22 10/8 15/6 15/24 23/10 |
| 136/2 136/5 136/10 136/11 | BAT [1] 168/14 | 24/16 25/19 43/24 69/1784/15 87/3 93/19 |
| AVALLABLE [6] 14/9 14/11 14/14 17/2 | BATES [19] 33/3 33/5 37/8 59/8 59/10 59/13 | 102/7 125/21 126/9 129/23 131/6 131/9 |
| 147/8 268/9 | 60/3 69/1 69/1685/20 87/3 87/4 88/796/21 | 151/17 155/13 159/16 170/23 170/23 171/3 |
| AVENUE [2] 237/19 238/3 | 110/18 121/23 134/18 134/19 252/5 | 171/3 173/2 174/13 175/10 177/19 177/20 |
| AVERAGE [2] 17/19 156/6 | BATH [1] 234/20 | 19/2 187/9 188/1 188/4 204/13 205/24 |
| AWARE [7] 6/15 44/15 190/3 203/16 207/20 | BAY [1] 19/2 | 206/19 208/3 211/3 216/5 220/1 225/17 |
| 215/3 220/15 | BE [265] 5/13 5/17 6/6 6/11 6/24 9/219/24 | 230/14 231/21 232/20 234/2 238/10 245/16 |
| AWAY [13] 46/16 75/19 100/6 149/14 | 10/2 10/5 11/17 11/21 12/5 14/9 14/10 14/12 | 255/14 |
| 149/14 166/7 180/21 181/7 181/10 182/1 | 14/14 19/9 19/16 19/25 21/10 21/19 24/9 | BEER [1] 239/9 |
| 192/18 238/3 248/4 | 25/3 25/4 25/5 25/7 26/22 28/6 28/25 29/2 | BEFORE [35] 1/14 16/11 19/2 29/4 31/1 |
| AWHILE [3] 146/12 147/14 179/11 | 31/7 31/23 32/14 32/15 32/15 34/17 34/22 | 68/477/781/3 90 |
|  | 35/8 36/8 38/6 39/1 39/3 39/5 40/4 40/6 41/1 | 120/3 120/16 128/24 135/11 145/5 146/20 |
|  | 41/7 42/13 42/24 44/8 44/20 45/17 45/20 | 150/7 160/4 173/9 197/24 205/15 |
| B-U-R-K-H-A-L-T-E-R [1] 204/22 | 48/21 49/24 50/1 50/5 51/4 51/16 53/5 53/24 | 212/12 217/12 220/2 230/13 230/20 232/7 |
| BABY [4] 247/8 248/10 249/10 251/7 | 55/14 56/2 56/8 58/2 58/7 58/19 58/20 58/21 | 241/10 247/6 247/22 250/5 264/8 |
| BACK [126] 22/18 26/15 29/7 30/1 31/532/7 | 58/22 59/1 59/3 60/11 63/5 63/15 63/17 | BEGAN [3] 68/5 119/2 212/3 |
| 32/9 34/14 34/18 34/19 35/7 35/8 35/10 | 64/12 64/14 65/18 65/18 65/21 66/7 66/8 | BEGIN [2] 219/18 228/7 |
| 35/13 56/3 56/9 56/10 56/23 57/16 64/6 | 66/12 66/13 66/21 66/23 67/17 68/8 68/25 | BEGINNING [3] 75/11 207/20 223/11 |


| B | 107/24 108/3 108/4 108/14 108/17 108/20 108/21 109/3 109/5 $109 / 6$ 109/9 109/14 | BRAINSTEM [3] 73/16 73/16 73/20 BRAINSTEM'S [1] 73/19 |
| :---: | :---: | :---: |
| BEHALF [1] 4/18 | 109/20 109/22 110/5 10/8 |  |
| BEHAVING [1] 182/20 | 126/2 | $\begin{aligned} & 10 \\ & 18 / 5 \end{aligned}$ |
| BEHAVIOR [1] 104/25 | BLEEDS | 158/7 158/10 206/14 207/a1 217/25 2185 |
| BEHIND [2] 167/24 189/10 | BLOCKS [1] 238/3 |  |
| BEING [57] $4 / 9$ 13/8 24/24 25/20 28/1 31/9 | BLOOD [26] 26/18 27/21 28/18 28/22 |  |
| 32/8 34/10 34/20 35/4 35/19 40/3 45/6 45/7 | 28/25 30/25 31/11 4079 61/23 61/25 62/9 | BREAKFAST [4] 257/16 257/25 258/5 |
| 50/24 51/20 | 62/13 64/1 64/10 64/14 66/371/20 71/21 87/13 87/19 88/1 88/3 108/6 108/22 208/9 | $\left\lvert\, \begin{gathered} \text { BREAK } \\ 258 / 10 \end{gathered}\right.$ |
| $67 / 367 / 1073 / 158$ $121 / 2128 / 20$ $128 / 25$ | [1] | BREAKING [1] |
| 12V/2 128/20 128/25 133/8 136/17 136/23 | BLUE [2] | BREATH [6] 38/9 163/14 |
|  | BLUNT [10] 66/18 66/25 67/16 67/21 90/2 | 199/18 $219 / 7$ |
| $\begin{aligned} & 153 / \\ & 184 / \end{aligned}$ | 90/7 91/3 91/11 107/7 107/8 | BREATHE [2] 189/16 199/1 |
| 221/8 221/10 251/17 261/25 266/8 | BOARD [3] 17/11 141/10 141/11 | BREA THED [1] |
| BEING YOUR [1] 86/7 | BODY [16] 50/24 53/1453/15 54/14 54/16 | BREATHING [14] 25/20 |
| BELJEVE [29] 5/3 5/9 9/11 28/18 39/2 58/2 | 54/22 63/2 63/11 73/21 73/23 84/9 85/8 |  |
| 120/21 127/7 129 | 85/18 103/11 143/25 158/19 | BREATHS [2] 163/12 163/13 |
| $14160 / 2169 / 1316$ | BODY'S [1] | BRIAN [1] $28 / 19$ |
| 228/24 230/9 234/20 237/1 243/19 244/6 | BONE [60] 24/5 24/8 58/23 74/9 74/10 | BRIEF [3] 144/18 144/20 180/24 |
| 245/1 256/18 262/3 263/23 264/8 |  | BRIEFLY [5] 5/22 13/3 44/8 49/14 157/11 |
| BELIEVED [1] 2 |  | BRING [2] 31/4 |
| BELIEVES [1] 158/17 | 117/3 127/19 127/22 127/25 128/4 128/5 | BRINGING $\dagger 1]$ 251/4 |
| BELLY [1] 140/14 | 128/6 128/7 128/9 128/15 128/21 128/21 | BRINGS[1] 43/11 |
| BELONG [3] 48/863/3 63/10 RELOW [4] $63 / 1488 / 1592 / 1$ | 128/22 129/3 132/3 132/9 132/10 132/17 | BRORE [1] 76/25 |
| BELOW [4] $63 / 1488 / 159214$ BENCH [7] $156 / 20158 / 9$ 175/1 | $138 / 19132 / 24133 / 3133 / 7133 / 18133 / 22$ | BROKEN [3] 67/20 101/14 128 |
| $\begin{array}{\|c\|c\|c\|} \text { BENCH } \\ 235 / 11 & 236 / 3 \end{array}$ | 133/25 134/4 135/19 135/20 135/22 135/22 | BROSELOW [2] 36/ |
| BEND [2] 102 | 136/13 137/20 137/24 138/5 138/5 | BROUGHT [4] 8/18 50/23 1 |
| BENEFIT [2] 130/1 150/6 | BONE'S [1] 75/7 |  |
| BESIDE [1] 163/13 | BONES [21] 74/20 75/1 101/11 101/13 |  |
| BESIDES [3] |  | $78 / 22126 / 10$ |
| BEST [8] $82 / 18130 / 6156 / 4162 / 19$ 181/8 181/17 2027 |  | BRUISES [7] 30/7 45/8 65/24 66/12 116/18 |
| 18 | BOOK [1] 263/20 | 116/19 116/23 |
| BETTER [6] | ВОТН [26] 15/13 42/20 42/21 43/1 43/2 | BRULSING [2] 124/5 125/11 |
| 265/12 265/12 | 64/19 65/2 65/5 65/665/7 100/9 100/12 |  |
| BETWEEN [22] 11/19 26/14 45/18 57/10 | 100/19 107/6 109/12 109/13 113/2 132/2 |  |
| 57/14 69/8 71/2 87/12 100/25 122/13 126/2 | 187/16 193 | 1] $167 / 14$ |
| 136/10 143/4 144/21 179/21 184/13 204/2 | 240/22 249/15 | BURKHALTER [7] $2 / 15$ 146/5 204/9 |
| 230/2 238/4239/1 | 138/9 176/17 178/15 246/5 246/9 252/11 | 204/12 204/21 $217 / 3230 / 3$ |
|  | BOUCHER [10] 147/15 147/20 149/2 149/6 | BUSINESS [1] 227/2 |
|  | 149/14 149/15 149/23 150/5 265/21 266118 | BUSY [1] 228813 |
| BIFURCATION [1] 100/1 | BOXES [2] 259/6 260/17 | BUTTERFLY[1] 7214 |
| BIG [1] 23 | BOY [8] 29/7 $29 / 9$ 29/11 161/1 | C |
| BLLATERAL [5] $23 /$ | BOFFREND[1] 2488 | C-A-S-E-Y [1] 15/15 |
|  | BOYS [9] 239/25 240/7 240/10 240/17 | C-H-R-I-S-T-I-N-A [1] 233/3 |
| \|BILL [2] | 241/15 243/6 244/10 244/16 255/18 | SPINE [3] 26/8 26/12 26/14 |
| BIOMECHANICAL | BRACE [2] 50/5 52/9 | S,R [3] 1/24 $269 / 1$ |
| BIOMECHANICS [7] 43/3 43/9 46/22 | BRANN [105] 23/21 $261826 / 12$ 27/21 | [2] 257/11 |
| 47/23 48/1 49/18 138/20 |  | CAGE [2] 67/467/20 |
| BIOPSY [1] 105/13 | 31/3 $31 / 1431 / 14$ | CALCIFICATION [1] 103/7 |
| BIRTH [5] 17/25 128/9 128/25 251/23 | 38/16 38/21 38/25 39/14 39/19 39/20 40/2 | CALCIFIES [1] 103/4 |
| BIRTHDATE [3] 19/23 20/3 21/13 | 40/5 40/5 40/6 40/7 40/8 40/10 41/3 41/4 | CALENDAR [1] $266 / 21$ |
| BIT [18] 60/18 68/17 73/9 73/11 84/24 113/10 177/16 $117 / 24$ 156/10 164/13316 | 41/4 41/8 41/9 42/1 44/18 44/23 44/23 45/7 | CALL [75] 5/1 16/22 16/25 18/25 19/5 19/7 |
| $\begin{aligned} & 113 / 10117 / 1611 / 24120 / 101041 / 2224 \\ & 180 / 10180 / 22202 / 16240 / 15241 / 22 \end{aligned}$ | $46 / 957 / 56011861 / 20$ 61/24 61/25 62/362/5 | /20 36/20 38/20 58/15 71/16 71/23 118/12 |
| $250 / 4$ | 62 | 138/10147/22 149/23 |
| BLACK [2] 13/15 191/25 | 6 | $101$ |
| BLADDER [2] 93/18 93/18 | 64/15 69/1 70/471/7772/1172/ | $8 / 24$ |
| BLAMING [1] 184/16 | 77/5 79/23 80/15 80/1681 | $189 / 3189 / 5$ 190/1 190/6 200/4 200/8 205/20 |
|  | 87/19 107/12 125/19 129/13 | 7/12218 |
| BLEEDING [36] 27/1 | 130/1 136/13 136/25 137/13 214/10 | $3 / 824$ |
| 62/19 65/24 66/3 66/13 78/19 78/25 79/1 | BRAINDEAD [1] $121 / 7$ | 248/12 248/22 253/17 255/24 256/10 256/14 |


| C | CARDIAC [5] 40/1 174/21 175/11 175/15 $175 / 17$ | CERTIFICATE [1] 1/24 <br> CERTITICATION [2] 174/6 205/16 |
| :---: | :---: | :---: |
| CALL ... [7] 256/21 258/8 258/10 258/11 | CARDIOGRAM [1] 163/15 | CERTLFIED [4] 134/20 205/11 205/14 |
| 263/12 268/11 268/12 | CARE [43] 16/4 16/14 17/20 40/15 47/17 | 269 |
| CALLED [35] 15/6 18/24 38/17 38/25 39/14 | 116/10 121/9 144/11 153/20 156/17 159/7 | CERVICAL[12] 33/18 46/3 46/4 96/19 97/1 |
| 62/4 63/12 63/15 71/24 103/19 129/10 | 160/15 163/7 163/9 163/19 165/17 169/7 | 97/20 101/7 101/18 102/7 106/7 106/10 |
| 129/20 151/17 169/18 187/9 190/20 200/12 | 170/18 181/24 183/14 189/17 189/22 189/25 | 111/5 |
| 204/13 218/11 218/14 232/20 235/9 242 | 200/6 200/7 200/11 205/14 2076207/8 | CETERA [2] 145/6 145/6 |
| 242/25 243/4 243/18 244/6 244/14 247/6 | 210/12 212/3 212/11 212/11 214/11 215/5 | CHAIR [22] 55/7 55/8 160/19 160/20 160/25 |
| 247/14 247/18 247/23 248/6 248/9 249/24 | 216/3 218/24 219/1 221/7 223/12 224/18 | 161/9 161/10 169/17 181/5 181/6 181/6 |
| CALLING [6] 145/8 171/6 241/24 241/25 | 230/14 231/3 | 182/1 182/5 210/1 210/1 210/6 210/14 |
| 242/7 257/18 | CAREGIVER [1] 208/18 | 212/19 212/20 236/3 248/10 256/23 |
| CALES [16] 5/2 19/12 150/16 151/8 152/12 | CARTNA [2] 98/18 98/19 | CIIAIR'S [1] 55/7 |
| 152/12 152/20 174/20 187/5 189/1 218/13 | CARING [1] 209/24 | CHAIRMAN [1] 43/11 |
| 220/2 241/14 242/2 243/13 253/18 | CARPET'S [1] 51/1 | CHAIRS [17] 161/6 161/6 161/8 161/18 |
| CALM [1] 216/21 | CARPETED [2] 45/2 51/5 | 161/19 161/22 162/8 162/11 162/17 181/18 |
| CALORIC [1] 38/12 | CARRIED [1] 163/5 | 182/8 186/2 186/4 186/7 186/8 186/16 261/5 |
| CALVARLA [2] 27/2435/7 | CARRYING [3] 54/2 54/3 176/1 | CHALLENGE [1] 128/21 |
| CALVARLAL [5] 78/3 78/4 78/5 78/6 133/9 | CASE [43] 1/1 1/7 5/10 5/12 6/2 6/12 9/2 | CHAMPAGNE [1] 191/10 |
| CALVARIUM [1] $78 / 8$ | 10/9 10/22 10/25 13/4 40/12 56/15 61/21 | CHANCE [2] 81/11 150/6 |
| CAME [18] 20/12 38/19 38/22 40/19 42/22 | 65/16 79/15 80/24 80/24 84/12 86/18 86/19 | CHANGE [6] 20/3 21/14 45/22 117/7 139/17 |
| 98/7 99/7 120/14 120/14 138/6 153/5 153/15 | 90/8 99/4 107/4 107/8 113/1 113/21 116/15 | 180/5 |
| 158/6 189/2 216/18 $218 / 15$ 253/21 261/5 | 119/24 129/16 164/9 174/25 175/22 176/7 | CHANGED [1] 180/7 |
| CAN [169] 4/14 5/1 6/16 6/23 7/8 14/25 | 178/4 200/11 217/4 217/15 217/22 221/6 | CHANGES [5] 32/2 44/22 89/24 114/24 |
| 15/16 22/25 23/21 25/3 25/4 28/4 28/21 | 221/14 255/6 268/10 | 128/15 |
| 28/23 28/24 28/24 28/25 29/1 32/11 32/14 | CASES [3] 42/7 101/21 129/9 | CHANGING [1] 213/3 |
| 32/15 32/18 32/25 33/3 33/12 34/24 35/23 | CASEY[5] 2/4 5/2 15/5 15/14 121/24 | CHARACTERISTIC [1] 89/17 |
| 35/24 37/1 40/3 40/6 40/10 41/1 41/4 41/5 | CASUAL [1] $227 / 2$ | CHARACTERISTICS [5] 45/12 46/9 50/15 |
| $41 / 741 / 19$ 42/3 43/7 43/15 44/7 46/7 46/12 | CAT [4] 26/12 30/25 31/1 38 | 53/8 53/17 |
| 46/14 46/15 48/14 49/16 53/21 58/1 58/4 | CATEGORIES [1] 127/6 | CHARACTERUZATION [1] 62/21 |
| 58/4 58/17 60/8 63/16 63/17 65/12 68/13 | CATEGORY [2] 4/9 153/12 | CHARACTERIZING [1] 88/5 |
| 68/19 70/22 70/25 71/5 72/16 74/15 75/1 | CATHETER [5] 91/20 93/3 93/693/1 | CHARGED [1] 4/9 |
| 76/20 82/7 83/1 83/1 83/21 | 93/1 | CHARLIE [2] 153/10 218/6 |
| 85/15 85/17 86/1 87/9 87/19 87/20 92/7 | CATHETERS [4] 92/392/1492/169 | CHART [2] 37/10 176/7 |
| 92/17 93/2594/19 96/1096/1497/11 98/13 | CAUSATION [3] 42/16 47/24 48/23 | CHECK [5] 105/8 148/2 202/20 265/8 |
| 98/25 99/2 99/11 99/11 99/12 99/13 99/15 | CAUSE [33] 28/21 28/24 28/24 31/3 43/4 | 266/17 |
| 99/19 101/14 102/20 103/17 104/2 104/6 | 43/19 44/23 50/11 55/1 62/7 64/2 66/1667/4 | CHECKED [2] 251/13 251/20 |
| 104/18 104/22 105/8 105/12 105/12 105/14 | 67/9 67/11 67/24 68/3 72/25 75/5 79/16 | CHECKING [5] 177/20 189/15 189/24 |
| 108/4 108/24 113/10 122/3 126/17 131/13 | 80/13 80/17 99/12 99/19 102/2 108/14 | 251/15 266/18 |
| 131/16 133/19 134/16 136/10 136/16 140/8 | 109/10 109/12 109/13 110/4 112/19 112/1 | CHECKS [2] 176/8 199/17 |
| 140/22 141/13 141/13 146/22 146/24 147/22 | 172/7 | CHEST [62] 26/10 26/13 29/23 29/23 30/1 |
| 148/11 148/12 150//6 151/4 152/3 158/21 | CAUSED [7] 28/25 43/24 72/291/16 114/20 | 30/16 42/24 66/18 66/19 66/23 67/1 67/3 |
| 160/9 171/7 172/10 172/12 175/16 175/24 | 119/5 125/6 | 67/4 67/24 86/21 88/13 90/7 90/21 93/3 94/5 |
| 178/3 178/20 181/17 187/19 191/17 197/13 | CAUSES [7] 31/8 38/13 48/1 61/19 66/1 | 97/21 97/22 97/23 98/298/15 107/9 107/19 |
| 7/13 204/23 213/8 215/16 219/3 229/2 | 67/18 109/8 | 107/22 108/6 108/22 108/23 108/25 110/1 |
| 241/3 245/20 246/19 253/3 258/24 | CAUSING [1] 62/13 | 110/24 111/4 111/6 111/7 112/7 112/9 |
| 259/15 260/3 260/4 260/8 263/21 263/21 | CAV [1] 108/24 | 112/18 112/19 114/21 116/18 116/18 116/20 |
| 263/22 265/10 265/10 266/20 266/23 267/7 | CAVA [1] 91/21 | 116/24 164/16 177/25 199/3 199/9 199/10 |
| 267/9 267/9 267/14 267/18 | CAVEAT [1] 56/1 | 199/12 199/16 210/15 213/24 220/3 220/6 |
| CAN'T [31] 5/258/9 10/14 11/23 33/24 | CAVITY [3] 108/25 108/25 109/11 | 220/8 220/14 220/22 231/4 |
| 38/10 75/2 100/6 100/8 100/8 109/25 113/1 | CELL [1] 242/7 | CHEVY [2] 249/6 254/6 |
| 137/23 146/25 152/18 155/18 155/22 158/18 | CELLS [1] 79/5 | CHILD [293] |
| 166/20 172/8 172/14 183/20 211/3 221/15 | CENTER [19] 15/23 16/24 17/24 17/24 | CHILD'S [38] $20 / 5$ 24/2 30/20 30/2131/3 |
| 222/22 226/2 226/10 226/16 227/3 227 | 27/23 112/7112/8 112/18 135/14 138/2 | 31/6 31/8 31/1.3 31/1435/10 35/11 51/10 |
|  | 165/6 165/18 165/19 168/21 169/13 170/17 | 51/25 53/24 56/15 99/3 108/8 116/20 127/16 |
| CANNOT [2] 140/10 140/21 | 170/18 256/22 257/19 | 127/19 127/22 128/25 129/1 129/3 130/3 |
| CANVASS [1] 5/20 | CENTIMETER [4] 70/23 71/18 71/19 129/7 | 131/10 132/3 144/11 157/6 157/9 169/14 |
| CAPACTYY [1] 31/15 | CENTIMETERS [1] 98/20 | 169/20 177/25 180/3 207/25 214/13 219/6 |
| CAPTAIN [19] 145/22 145/24 170/22 171/6 | CENTRAL[3] 19/11 72/12921 | 219/14 |
| 171/16 171/18 171/19 172/11 172/16 173/9 | CEPHALUS [1] 76/1 | CHILDREN [19] 31/12 36/21 40/4 47/5 |
| 173/15 187/5 187/24 188/4 188/16 188/17 | ELLAK [1] 73/ | 49/20 76/20 91/7 94/13 104/11 116/11 128 |
| 16 198/12 204/3 | CEREBELLO [1] 73/13 | 128/9 128/15 168/3 185/10 208/19 234/4 |
| CAPTANS [2] 146/7171/17 | CEREBELLO-PONTINE [1] 73/13 | 234/6 238/25 |
| CAR [24] 48/6 49/16 49/17 67/18 192/5 | CEREBRAL [1] 99/12 | CHIME [1] 150/13 |
| 19255 192/6 192/9 216/18 227/25 228/19 | CERTAIN [8] 24/25 37/1 38/14 42/23129/9 | CHOOSE [1] 150/2 |
| 240/12 241/5 242/13 249/15 249/16 250/19 | 201/22 205/14 205/21 | CHRISTINA [8] 2/19 7/20 146/9 232/5 |
| 250/21 250/22 250/23 251/4 251/8 255/15 | CERTAINLY [2] 57/3 266/17 | 232/19 233/3 248/8 263/8 |
| $262 / 10$ | CERTAINTY [3] 155/18 155/22 166/20 | CHRISTOPHER [1] 196/17 |


| C | COMMON [8] 31/10 91/9 125/9 125/14 125/16 125/17 185/10 185/10 | CONSOLIDATIVE [1] 106/23 <br> CONSULT [1] 122/20 |
| :---: | :---: | :---: |
| CIRCLE[1] 162/5 <br> CIRCUMSTANCES [4] 55/23 119/25 <br> 193/24 207/21 <br> CISTERNS [3] 73/6 73/12 73/14 <br> CITED [1] 42/7 <br> CITY[5] 152/8 187/24 188/1 219/23 222/9 <br> CLAIMS [1] 255/25 <br> CLARA [2] 12/19 238/7 <br> CLARLFICATION [3] 133/21 134/13 <br> 162/13 <br> CLARIFY [8] 35/24 115/21 161/4 198/18 199/8 222/1 225/8 231/8 <br> CLARK [4] 1/4 4/1 153/1 188/12 <br> CLASS [1] 205/21 <br> CLASSES [2] 205/16 205/18 <br> CLASSIC [2] 60/13 66/11 <br> CLASSICALLY [1] 105/15 <br> CLASSIFIED [2] 206/12 206/13 <br> CLAVICLE [2] 93/4 128/10 <br> CLEAN [2] 170/20 239/9 <br> CLEAR [5] 89/18 136/3 164/13 193/12 265/17 <br> CLEARLY [2] 159/21 $266 / 9$ <br> CLIENT[1] 5/22 <br> CLINICAL [11] 38/5 38/8 38/15 38/21 38/25 39/19 40/5 40/7 40/8 41/9 80/1 <br> CLINICALLY [6] 38/6 40/5 41/2 86/24 121/7 130/1 <br> CLINICLANS [1] 48/17 <br> CLOCKED [2] 241/23 242/13 <br> CLOSE [5] 32/3 192/7 199/13 249/1 268/10 <br> CLOSED [6] 73/16 73/19 73/23 75/20 155/3 203/3 <br> CLOSER [3] 98/11 166/12 257/10 <br> CLOSEST [2] 132/14 132/14 <br> CLOSET [1] 236/3 <br> CLOSING [2] 224/9 262/7 <br> CLOT [1] 129/14 <br> CLOTHES [3] 164/4 164/7 164/9 <br> CLOTHING [1] 227/3 <br> CLUB [1] 123/13 <br> CME'S [1] 17/10 <br> CO [1] 179/23 <br> CO-COUNSEL'S [1] 179/23 <br> $\operatorname{COLD}[1] 38 / 12$ <br> COLLABORATE[1] 221/3 <br> COLLAPSE [3] 66/7 114/13 114/15 <br> COLLECTIONS [1] 87/14 <br> COLLECTIVELY [1] 102/21 <br> COLLEGE[1] 17/9 <br> COLOR [7] 155/11 208/6 226/9 226/10 <br> 237/5 249/7 249/8 <br> COLORS [1] $226 / 17$ <br> COLUMN [3] 33/19 101/15 176/21 <br> COMA [6] 24/19 24/21 24/22 24/24 25/10 <br> 25/13 <br> COME [22] 9/25 18/19 19/5 19/6 26/18 29/11 34/3 38/1 38/18 75/1 90/18 166/19 166/20 169/4 170/13 170/20 183/18 183/24 229/11 262/23 263/18 263/22 <br> COMES [9] 19/10 19/18 39/25 47/15 48/10 144/2 153/13 228/21 267/18 <br> COMING [6] 34/14 35/13 164/17 228/25 263/8 263/16 <br> COMMENT[3] 30/19 104/9 125/19 <br> COMMITTED [1] 4/10 | COMMONLY [1] 66/16 <br> COMMUNICATE [1] 24/23 <br> COMMUNICATES [2] 118/18 119/22 <br> COMMUNICATING [1] 185/11 <br> COMMUNITY [1] 43/13 <br> COMPANY [5] 188/25 191/11 194/4 205/7 <br> $239 / 8$ <br> COMPARED [3] 36/13 50/18 118/4 <br> COMPARISON [1] 136/10 <br> COMPASSION [1] 202/24 <br> COMPASSIONATE [1] 202/16 <br> COMPATIBLE [1] 225/16 <br> COMPLETE [2] 16/10 207/21 <br> COMPLETED [5] 21/2 26/7 31/1 112/15 <br> 121/11 <br> COMPLETELY [4] 31/19 76/5 107/15 <br> 140/15 <br> COMPLY[1] 156/24 <br> COMPONENT [5] 58/14 62/3 113/9 113/23 <br> 121/11 <br> COMPONENTS [3] 76/385/18 100/19 <br> COMPREHENSIVE [1] 25/6 <br> COMPRESSING [1] 72/22 <br> COMPRESSION[5] 62/8 72/15 116/19 <br> 116/24 199/12 <br> COMPRESSIONS [29] 127/16 164/15 <br> 175/19 175/22 175/25 176/2 177/8 177/9 <br> 177/22 177/23 177/24 178/24 179/2 179/10 <br> 179/17 179/18 179/25 180/6 199/4 199/9 <br> 199/10 213/24 220/3 220/6 220/9 220/14 <br> 220/22 231/4 231/5 <br> COMPRESSIVE [2] 67/17 114/1 <br> COMPUTER[1] 201/11 <br> CON [1] 87/17 <br> CONCERN [2] 140/9 179/12 <br> CONCERNED [4] 28/17 32/6 46/2 184/4 <br> CONCERNING [2] 207/18 207/25 <br> CONCERNS [1] 127/24 <br> CONCLUDE [3] 84/18 150/19 264/8 <br> CONCLUSION [4] 37/25 38/19 46/23139/7 <br> CONCLUSIONS [3] 34/9 34/20 37/19 <br> CONCURRENT [1] 113/4 <br> CONDITION [7] 31/6 31/8 144/11 156/19 <br> 158/8 207/23 225/18 <br> CONDYLE [6] 27/6 33/17 33/20 77/21 <br> 137/25 138/14 <br> CONFERRED [1] 130/20 <br> CONFIRMATORY [2] 39/20 40/2 <br> CONFLUENCE [2] 113/14 114/14 <br> CONTLUENT [2] 113/6 114/5 <br> CONFUSED [2] 125/3 135/11 <br> CONFUSION [2] 123/23 125/15 <br> CONSCIOUSNESS [4] 81/8 81/15 82/4 <br> 168/11 <br> CONSIDER [4] $30 / 7$ 66/12 71/1771/23 <br> CONSIDERATION [1] 45/12 <br> CONSIDERED [2] 175/10 175/11 <br> CONSISTENCY [1] 31/17 <br> CONSISTENT [19] 34/16 34/21 34/22 34/24 <br> 37/21 44/9 45/8 50/14 50/15 53/5 56/7 56/20 <br> 123/2 123/16 126/12 127/12 128/11 142/21 <br> 180/8 <br> CONSOLIDATION [6] 88/9 88/19 88/19 89/9 90/4 113/8 CONSOLDATIONS [3] 88/18 114/9 $114 / 10$ | CONTA $217 / 14$ <br> CONTACTED [5] 8/178/189/189/22 10/8 CONTAINED [2] 21/10 153/22 CONTEXT [2] 111/17 173/6 CONTINUALLY [1] 1777 CONTINUATION [2] 47/4 264/12 CONTINUE [6] 49/1582/7 94/4 163/7 177/9 248/15 <br> CONTINUED [3] 16/3 164/15 248/21. CONTINUING [2] 17/4 101/5 CONTRAST [17] 69/1 $69 / 18$ 87/6 87/8 87/9 87/13 87/15 87/19 87/20 87/21 87/22 87/24 87/25 97/2 110/24 $137 / 1137 / 13$ CONTRIBUTTNG [1] $77 / 4$ CONTROL [1] 49/19 CONTUSION [21] 56/23 58/6 61/6 61/8 66/2 66/8 66/9 66/11 124/15 124/19 125/1 125/7 125/11 125/13 125/14 125/18 126/2 $126 / 15127 / 11$ 130/3130/10 CONTUSIONS [35] 30/7 45/745/11 61/4 64/24 65/10 65/13 65/15 65/24 66/1 66/12 67/5 67/13 67/15 67/25 68/368/5 68/968/14 90/25 91/291/5 91/15 91/16 106/24 108/7 108/15 108/16 109/3 112/12 112/16 112/20 112/23 127/7 143/14 <br> CONVENIENT[1] $263 / 23$ <br> CONVERSATION [29] 120/13 161/24 162/18 173/14 201/5 201/16 222/18 223/6 223/11 223/19 224/1 224/3 224/5 224/7 224/22 224/25 225/19 227/10 227/16 229/4 229/22 231/7 231/20 242/4 242/10 247/22 248/18256/11 256/19 CONVERSATIONS [3] 180/22 191/15 250/7 <br> CONVERSE [1] 195/25 COORDINATE [1] 221/11 COORDINATES [1] 221/10 COPS [1] 14/3 <br> COPY [4] $21 / 2069 / 97413154 / 23$ CORD [1] 34/3 CORRECT [131] 20144 21/4 21/14 23/25 24/1724/1926/42611926/2028/1928/20 32/9 345 34/6 34/8 39/22 43/21 43/22 48/20 51/3 51/6 55/3 57/24 58/12 58/15 60/11 600/20 60/24 61/5 63/21 64/18 64/21 69/19 77/25 78/16 79/379/19 88/24 98/12 101/20 $105 / 5$ 106/12 106/44 113/5 115/23 116/12 148/20 118/23 122/24 123/20 124/7 127/8 $127 / 17127 / 22$ 129/7 $129 / 16130 / 4130 / 8$ 133/4 133/4 134/11 135/2 135/3 136/3 137/2 137/14 137/20 137/21 138/16 138/17 138/20 139/3 139/4 140/2 140/3141/19 143/11 147/11 148/23 148/25 153/14 154/21 162/1 162/11 164/24 165/9 165/10 166/13 168/20 170/7 175// 175/9 178/1 181/4 184/2 185/14 186/4 186/11 186/19 186/20 196/6 197/20 198/3 199/2 199/7 199/17 200/25 202/23 203/10 203/19 209920 213/13 218/9 223/8 226/1 230/11 230/20 243/18 247/13 247/15 248/22 251/13 251/25 252/22253/12 253/17 259/10 262/5 263/9 263/10 264/10 CORRECTLY 99$]$ 25/7 47/8 48/20 85/15 1022/24 111/6 122/3 127/20 146/21 CORRESPONDED [1] 167/20 CORRESPONDENCE [1] 71/2 |


| C | CRANIOTOMY [1] 129/10 CREATE [4] 28/23 54/25 109/19 123/13 | $\begin{aligned} & \text { DEAL [2] 152/19 184/6 } \\ & \text { DEALING [2] 185/10 225/16 } \end{aligned}$ |
| :---: | :---: | :---: |
| CORRESPONDING [3] 106/13 125/7 125/11 <br> CORRESPONOS [1] 70/9 <br> COUCH [48] 34/18 35/12 35/13 50/22 53/15 140/5 141/3 141/6 141/6 141/9 141/15 141/15 141/16 141/17 141/18 141/24 142/17 142/19 142/20 143/21 143/23 144/4 144/5 182/13 237/4 237/9 237/12 237/12 243/6 244/10 244/17 244/19 244/20 244/22 244/24 244/25 245/2 245/5 245/23 246/2 246/4 246/5 246/8 246/25 246/25 247/1 248/11 256/7 <br> COULD [101] 6/20 7/4 14/9 14/10 21/14 28/6 32/15 36/740/442/24 50/1 50/8 50/11 52/1 52/4 55/24 56/6 56/16 56/17 56/18 56/20 57/3 58/4 58/9 58/19 58/22 61/2 63/5 63/15 64/11 64/12 64/13 64/14 65/18 65/21 66/21 66/23 67/4 67/23 68/8 70/7 76/21 $80 / 1280 / 1280 / 2281 / 982 / 582 / 88210$ 82/10 82/10 83/6 83/14 83/17 83/21 85/4 85/585/10 85/11 89/9 89/22 89/22 90/1 90/1 90/2 91/2 96/4 99/25 100/1 105/20 107/11 107/21 108/12 109/7 109/7 109/14 109/16 110/3 111/13 123/7 126/7 126/9 135/18 148/8 151/11 151/24 154/9 154/24 160/11 165/3 181/21 187/3 192/25 200/24 211/12 212/12 216/20 221/11 225/17 259/22 265/20 COULDN'T [3] 177/1 182/5 226/24 COUNSEL [19] 4/21 4/22 37/7 59/7 68/24 $73 / 896 / 496 / 20110 / 18122 / 3128 / 1129 / 5$ 130/2 130/21 135/5 136/1 137/7 $138 / 23$ 147/9 <br> COUNSEL'S [1] 179/23 COUNTER [1] 2619 COUNTERS [1] 256/24 COUNTY [4] 1/4 4/1 153/1 188/12 COUPLE [13] 83/2 97/4 117/2 128/24 150/8 166/18 168/9 198/17 210/23 211/3 235/8 242/5 248/19 <br> COURSE [11] 18/12 44/2 50/25 86/12 91/22 155/21 164/3 164/10 175/18 188/9 203/16 COURSES [1] $47 / 22$ COURSING [2] 97/9 98/6 COURT [30] 1/3 69/6 140/21 153/1 155/16 158/17 159/21 159/23 174/24 175/16 175/24 178/3 178/15 188/10 191/20 191/23 192/16 200/21 206/5 209/3 209/13 226/13 233/13 233/21 259/10 263/7 263/22 268/2 268/18 269/12 <br> COURT'S [26] 13/21 37/4 49/13 57/8 57/12 57/21 68/16 $69 / 6$ 100/22 102/19 110/16 115/19 119/14 122/11 123/21 124/24 126/14 140/20 143/3 144/7 144/17 179/20 216/24 229/25 254/21 262/15 <br> COURTROOM [6] 5/7 5/13 6/9 6/13 14/8 264/1 <br> COVERAGE [3] 145/7 147/1148/8 COVERED [2] 101/6 237/6 COVERING [1] $62 / 7$ COVERS [3] 62/5 205/21 237/7 CPR $[14]$ 30/23 31/468/5 68/6 68/894/4 112/15 112/16 112/16 112/19 175/19 175/22 175/25 183/9 <br> CRAM [1] 266/14 <br> CRANIAL [1] 23/17 <br> CRANIECTOMIES [1] 71/20 | CREATED [1] 64/14 <br> CREATES [1] $64 / 6$ <br> CREDIBILITYY [3] 195/10 195/12 195/13 <br> CREW [2] 191/3 194/4 <br> CREWS [2] 191/3 191/4 <br> CRITERIA [5] 168/5 168/16 168/25 169/5 169/6 <br> CRITICAL [5] 16/4 16/14 47/17 164/8 $220 / 24$ <br> CROSS [24] 2/6 2/10 2/14 2/17 41/1441/17 127/6 136/1 145/14 172/8 172/10 172/12 172/14 172/17 173/18 173/21 198/8 198/10 216/23 217/1 262/14 262/19 266/7 266/9 CROSS-EXAMINATION [16] 2/6 $2 / 10$ 2/14 2/17 41/14 41/17 136/1 145/14 173/18 173/21 198/8 198/10 216/23 217/1 262/14 266/7 <br> CROSS-EXAMINE \{7] 172/8 172/10172/12 172/14 172/17 262/19266/9 <br> CRY [1] 184/10 <br> CRYING [3] 166/25 184/1 228/24 <br> CT [42] 26/8 26/8 27/3 27/4 27/14 27/17 <br> 28/17 28/22 30/1 30/17 33/5 58/17 59/4 <br> $68 / 25$ 69/17 85/23 86/15 86/18 86/21 87/5 <br> 87/13 87/15 87/18 88/8 88/12 89/12 89/18 <br> 90/12 94/24 96/20 97/1 97/7 103/18 104/16 <br> 106/8 110/23 111/4 111/7 111/10 125/18 <br> 136/25 137/13 <br> CT'D [1] 30/16 <br> CTS [2] 127/20 136/18 <br> CUL [1] $189 / 10$ <br> CUL-DESAC [1] 189/10 <br> CURIOUS [3] 53/5 104/2 $110 / 7$ <br> CURRENT [2] 42/12 42/14 <br> CURSORY [1] 13/3 <br> CUSHIONS [2] 141/4 142/16 <br> CUSTODY [1] 4/21 <br> CUT[1] 164/8 <br> CUTS [1] 88/13 <br> CYANOTIC[5] 155/9 155/11 162/24 162/25 163/2 <br> CYST[1] 115/3 <br> CYSTIC [11 114/24 <br> D <br> D.A.'S [2] 59/8 $59 / 10$ <br> DAD [2] 7/20 7/21 <br> DAMAGE [5] $23 / 21$ 65/25 66/2 66/13 <br> 122/16 <br> DAMAGED [2] 109/5 109/8 <br> DARKER [1] 156/11 <br> DATA [2] 48/1048/22 <br> DATE [11] 4/768/13 69/10 82/16 251/22 <br> 252/12 253/8 255/3 263/22 264/2 264/4 <br> DATES [1] 265/22 <br> DAY [36] 12/22 16/19 18/5 18/9 18/1018/14 18/18 19/22 121/8 145/3 146/23 149/15 149/20 150/20 150/20 152/25 155/23 155/25 237/22 237/24 238/25 240/3 240/21 241/13 242/15 243/9 249/5 264/22 265/3 265/3 265/13 265/14 266/4 266/19 267/1 267/2 DAY'S [1] 254/24 <br> DAYS [7] 41/7 82/7 82/13 150/8 210/23 238/21 238/23 <br> DE [1] 189/10 <br> DEAD [6] 38/6 38/16 40/5 40/5 40/6 130/1 | DEALT [1] $218 / 9$ <br> DEATH [20] 35/20 35/22 38/8 38/21 38/25 39/14 39/19 39/20 40/2 40/7 40/8 41/4 41/9 $42 / 742 / 842 / 1073 / 25$ 129/1134/5 172/7 DEBATE [1] 43/13 DECELERATION [10] 44/17 44/22 48/7 49/19 49/20 49/21 49/22 49/24 67/15 67/16 DECIDE [1] $129 / 18$ DECIDED [1] 253/23 DECIDNG [1] 41/11 DECTSION [2] 221/1 221/5 DECISIONS [1] 20/16 DECLARANT [2] 159/15 159/20 DECLARE [1] 38/20 DECOMPRESSES [1] 93/14 DECOMPRESSIVE [1] 71/19 DECREASE [2] 44/22 46/15 DEEPER [5] 78/23 125/21 125/25 126/1 126/1 <br> DEFENDANT [35] 1/10 $1 / 21$ 155/17 155/22 158/14 158/17 158/22 192/1 192/4 193/11 193/23 194/8 194/21 195/6 197/16 201/17 202/8 209/16 210/21 211/1 211/18 212/5 214/24 215/13 216/1 223/7 224/22 224/25 225/24 226/14 227/7 227/16 229/18 229/23 231/8 <br> DEFENDANT"S [2] 161/7 215/1 DEFENDERS[1] 1/22 DEFENSE [6] 4/175/3 6/7 262/22 263/13 $266 / 9$ <br> DEFINE [3] 25/7128/5 128/6 <br> DEFINTTELY[1] 14913 <br> DEFINITIVE [2] 104/16 104/17 <br> DEGREE [1] 16/6 <br> DELAYED [2] 40/10 41/7 <br> DELGADO [1] 194/10 <br> DEETA [3] 4/21 153/10 218/6 <br> DEMEANOR [5] 166/15 166/23215/1 215/14 216/12 <br> DEMONSTRATE [2] 68/5 178/3 <br> DEMONSTRATING [1] 178/14 <br> DENISE [1] $8 / 7$ <br> DENOTED [1] 134/1 <br> DENOTES [1] 133/13 <br> DENSE [6] 88/9 88/17 88/19 89/9 90/4 103/12 <br> DENSITY [24] 103/8 103/10 103/11 103/18 104/3 104/4 104/9 104/12 104/13 105/9 117/6 117/6 127/19 127/22 127/25 128/4 128/6 128/6 128/8 128/9 128/15 128/21 128/22 129/3 <br> DEPARTMENT [ 18 ] 19/8 145/12 145/13 145/24 152/9 187/25 188/2 194/8 194/21 194/25 206/23 212/13 218/13 218/14 219/16 224/17 225/23 226/4 <br> DEPARTMENT'S [3] 207/3 207/4 219/12 DEPENDENTARY [1] 89/7 <br> DEPENDING [10] 6/11 19/22 41/7 46/9 50/25 53/23 54/22 143/24 190/1 2100/4 DEPENDS [7] 71/774/25 143/18 240/15 242/17 266/6 266/6 DEPICTED [1] 259/13 DEPICTION [2] 236/12 246/13 DEPUTY [2] 1/20 1/22 DERANGE[1] 48/10 DEROGATORY [1] 76/19 |


| D | 66/9 87/12 140/16 <br> DIFFERENCES [1] 39/20 | 15/10 15/12 17/4 17/4 17/7 17/15 17/16 <br> 17/17 17/23 18/4 18/15 19/13 20/18 21/16 |
| :---: | :---: | :---: |
| DESATURATE [1] 99/21 | DIFFERENT [31] 11/12 31/14 36/2 52/11 | 22/2 22/14 25/125/13 25/1825/23 30/10 |
| DESCRIBE [34] 28/21 31/7 32/1133/15 | 54/17 66/9 68/1878/21 80/295/22 107/17 |  |
| 51/12 77/17 77/18 77/18 100/10 100/12 | 107/19 108/19 108/21 117/11 157/17 170/1 |  |
| 140/11 155/19 156/9 156/20 161/19 166/14 | 171/21 171/23 172/3 172/5 173/2 178/1 |  |
| 175/16 175/24 181/17 185/8 185/9 209/9 | 180/10 184/6 194/17 195/7 197/4 200/5 | 48/5 53/11 53/17 55/17 58/13 58/13 61/1 |
| 211/25 212/24 215/1/ 216/15 216/17 223/6 | 200/6 244/25 | 9/10 72/6 77/15 85/1 88/1 91/591/24 92/2 |
| 231/9 234/17 240/20 245/20 256/12 256/20 | DITFERENTLY [1] 231/21 | 94/11 94/1195/22 101/21 101/22 102/20 |
| DESCRIBED [20] 28/18 28/18 32/732/19 | DIFFICULT [1] 184/5 | 102/22 103/8 103/17 103/20 104/2 104/13 |
| $47 / 1151 / 20$ 54/24 56/17 56/19 80/1894/2 | DIFFICULTIES [1] 184/17 | 105/12 106/15 107/12 110/9 110/14 116/19 |
| 105/7 108/17 138/15 139/20 161/22 183/25 | DIFFICULTY [1] 184/17 | 718/13 118/24 119/3 119/20 119/20 $119 / 24$ |
| 218/1 223/7 229/5 | DIFIUSELYY [1] 62/4 |  |
| DESCRIBES [2] 1371 | DIGRESS [1] 92/7 |  |
| DESCRIBING [3] 33/15 51/20 210/4 | DLLATED [9] 23/12 23/14 23/16 | $21$ |
| DESCRIPTION [6] 139/24 139/25 158/1 | 157/21 157/24 163/3 214/5 214/10 | 132/24 |
| 158/23 159/25 181/6 | DIMINSH [3] 50/5 50/7 99/2 | 145/5 145/14 146/3 146/17 146/18148/5 |
| DESK [3] 192/11 192/15 | DINING [1] 256/22 |  |
| DESTINATION [2] 168/4 168/25 | DINNER [1] 243/11 |  |
| DESTRUCTION[1] 105/19 | DIRECT [26] 25 2/92 | 155/25 156/1 $156 / 2$ 156/8 156/33 $157 /$ |
| DETACHMENT [1] 63/20 | 44/2 54/24 61/18 62/17 67/10 67/21 86/8 |  |
| DETAIL [3] 141/1 181/3 202/25 | 86 |  |
| DETALLED [1] 168/14 | 175/7 187/21 198/18 205/1 233 | 179/24 $180 / 1180 / 5180 / 9182 / 22183 / 8$ |
| DETAILS [5] 163/17 173/10 183/19 | 266 |  |
| 229/23 | DIRECTED [1] 2 |  |
| CTIVE [14] 11/17 12/5 143/7 | DIRECTING [2] 211/12 245/19 | 199715 |
| 147/12 147/15 147/20 148/21 149/23 | DIRECTION[6] $20 / 20$ 135/23 182/6 210/18 | 203/22 204/19 205/10 206/16 207/8 208/6 |
| 261/24 264/13 265/21 266/18 | 211/19 226/2 | $20971209 / 3210 / 20210 / 2521216213 / 23$ |
| DETECTIVES [4] 253/22 254/11. 254/19 | DI | 214/17 215/21 216/1 217/4219123 221/3 |
| - | DIRECTLY [4] 61/23 70/11 132/17 225/ | 221/13 221/16 223/2223/21 223/21 2265 |
| DETERM [1] | DISASTER[1] 47/21 | 226/9 226/14 227/1 |
| DETERMINATION [4] 52 | DLSCHARGE [2] 263/14 263/21 | 229/9 230/13 233/1 233/21 234/4 235/21 |
| 129/22 195/10 | DISCIPLINE [1] 255/2 | 236 |
| DETERMINATIONS [1] | DESCPPLINED [1] | 0/3 240/6 240/24 |
| DETERMINE [11] 36/14 40/9 43/18 44/16 | DISCOVERED [2] 98/11 | 242/2 243/2 243/5 244/24 245/13245/21 |
| 59/1 86/12 99/5 $157 / 12163 / 15164 / 18$ | DISCOVERY [4] 69/16 87/396/21 110/19 | $2248 / 17$ 248/24 24 |
| 164/21 | DISCUSS [16] 42/8 42/11 43/1 43/12 46/3 | 252/7 254/5 254 |
| DETERMINED [4] 38/15 51/25 136/5 | 24 | $2262 / 222677726$ |
| 164/22 | 48 |  |
| DETERMINIT | DISCUSSED [5] 110/8 127/5 128/1 129 | TOR [12] |
| DEVELOP [4] 31/23 32/1 32/1 76/20 | 130/2 |  |
| DEYELOPING [1] 30/7 | DISCUSSING [6] 103/24 131/6 131/9 |  |
| DEVELOPMENT [2] 117/3 117/9 | 136/12 186/2 245/17 |  |
| DEVELOPMENTAL [2] 128/7 133/5 | DISCUSSION [17] 11/19 57/10 57/1469 |  |
| DEVELOPS [1] 64/5 | 100/25 120/3 122/13 126/24 131/25 139/2 |  |
| DEVICE [2] $24 / 536 / 24$ | 143/4 144/21 179/21 184/13 204/2 230/2 |  |
| DEXA [1] 103/19 | 26 |  |
| DLAGNOSES [1] $26 / 1$ |  | $131 / 5253 / 14$ |
| DLAMETER [1] 123/13 |  | DOES [87] 16/15 19/2 23/5 23/13 23/18 |
| DIANA [1] 1/14 | DISPATCH [4] 188/22 190/22 194/1 248/7 | 27/22 28/8 33/10 34/1 37/18 38/7 39/13 |
|  | DISPATCHED [3] 153/16 154/14 188/19 | 43/25 49/7 49/10 54/13 71/15 72/17 72/10 |
| DID [283] | DISPATCHER [1] 153/11 | 2/20 72/24 73/18 74/1 75/475/5 75/12 |
|  | DISPLACE [2] 50/8 79/23 | $1678 / 1779 / 23$ 80/1 85/13 85/14 |
| 13/12 13/19 14/3 14/4 24/7 24/11 34/15 | DISPLACED [5] 74/23 75/23 75/24 76/4 | 89/16 90/20 90/23 90/23 91/14 91/24 93/2 |
| 51/12 75/7 77/1 77/3 80/595/25 100/2 107/4 | $76 / 4$ | 96/198/24 101/10 102/11 102/11 103/3 |
| 109/19 111/5 $113 / 21122 / 19129 / 16167 / 2$ | DSSPLACEMENT [1] 75/9 | $7103 / 1010$ |
| 172/24 172/25 | DISPLACING [1] $62 / 9$ | 116/7 117/6 117/7 118/25 125/51326132/8 |
| 183/11 184/3 197/12 197/19 201/22 | DISRUPT [1] 105/21 | 24 135/7 139/6 14 |
| 202/25 203/1. 203/22 208/8 212/24 212/25 | DISRUPTIVE [1] 140/9 |  |
| 214/15 214/17 215/3 215/6 215/19 215/22 | DISTANCE [5] 29/1736/11 40/23 44/2 |  |
| 217/7 217/23 217/24 220/21 221/19 225/15 | 169/4 | 8/22 243/10 246/12 250/23 250/24 255/2 |
| 227/4 230/19 23 | DISTERNS [1] 73/4 | $2619261 / 12$ |
| 247/9 247/11 248/12 249/14 253/18 256/1 | [1] $98 / 1$ | $/ 19$ |
| 262/6 262/11 | DIVLDES [1] 98/17 |  |
| DIES [2] $41 / 241 / 4$ | DIVISION [1] 98718 | $134 / 10140 / 19147 / 23147 / 25169 / 116$ |
| DIFFER [1] 80/2 | DIZZINESS [2] 80/12 81/15 | $177 / 12$ |



| E | EXPERIENCE [2] 140/7 205/10 <br> EXPERIENCED [1] 79/16 | 119/23 $120 / 3120 / 4120 / 9$ 120/10 128/16 FANCY [1] 132/13 |
| :---: | :---: | :---: |
| EVENT [1] 120/1 | EXPLAIN [8] 89/5 97/11 98/13 107/2 | FAR [49] 6/12 16/16 20/4 22/13 23/24 28/17 |
| EVENTS [1] 254/24 | 111/16 113/11 114/11 212/2 | $29 / 2531$ |
| EVENTUALLY [2] 26/21 164/6 | FXPLAINED [1] 244/15 | 75/7 84/17 84/2210 |
| EVER [17] 14/16 14/17 144/11 144/12 | EXPLANATION [1] 68/9 | 131/24 138/24 139/6 143/21) 157/6 158 |
| 163/18 193/20 194/20 195/2 197/24 198/12 | EXPOSED [2] 156/13.158/20 | 161/7 162/17 167/11 168/22 169/22 173/7 |
| 199/10 214/2 238/10 239/17 254/10 255/20 | EXPOSING [1] 75/20 | 176/21 185/13 186/15 191/3 191/4 203/12 |
| 256/1 | EXTEND [1] 110/12 | 203/23 214/6 214/11 215/25 220/17 222/1 |
| EVERY [7] 42/7 42/8 42/10 113/1 179/11 | EXTENDING [2] 74/9 137/2 | 231/2 237/13 238/24 24 |
| 225/2 237/24 | EXTENDS [2] 98/1 98/5 | FASHION [1] 13/3 |
| EVERYBODY [11] 141/10 146/18 146/20 | EXTENSTYE [2] 27/19 147/17 | FAST[1] 212/10 |
| 148/13 194/2 194/3 194/5 194/6 203/4 232/6 | EXTIENT [5] 5/11 10/4 53/4 104/1 143/1 | FATHER [3] 167/10 191/7 208/20 |
| 265 | EXTRA [3] 64/13 200/12 | FEED [1] |
| EVERYBODY'S [2] 11/23 227/13 | EXTREME [1] 110/3 | FEEL [4] 13/3 1 |
| EVERYONE [2] 191/23 209/6 | EYELID [1] 157/16 | FEELING [3] 167/22 175/13 175/1 |
| EVERYONE'S [1] 36/2 | EYELIDS [2] 157/11 157/15 | FEET [24] 35/13 35/13 36/3 54/767/20 |
| EYERYTHING [9] 21/2 21/3 40/7 119/3 | EYES [10] 23/15 24/25 25/238/11 38/14 | 132/14 139/17 139/24 140/5 140/6 141/19 |
| 128/18 169/9 200/17 205/21 | 157/9 214/2 214/3 244/12 247/10 | $6162 / 19$ 166/7 169/12 169/18 181 |
| EVIDENCE [6] 76/10 101/8 131/22 | F |  |
| EVIDENT [2] 125/21 125/24 | FACE [8] 34/ | FELL [29] 29/17 35/4 36/13 36/13 45/1 |
| EVIDENTIARY [2] 264/22 267/5 | 155/12247/7 | 76/25 139/16 161/9 161/10 188/18 193/11 |
| EX [1] 158/11 | FACILITY [1] 18/15 | 194/22 202/3 202/5 206/15 210/18 211/19 |
| EXACT [6] 124/9 152/18 153/17 173/5 | FACING [5] 139/17 139/24 141/7 142/1 | 211/20 211/21 212/1 $212 / 18214 / 14243 / 7$ |
| 183/20 249/2 | 234/23 | $244 / 7244 / 10244 / 17248 / 11256 / 7256 /$ |
| EXACTLY [8] 29/15 44/12 113/11 211/4 | FACT [12] 18/17 30/16 30/17 51/495/ | FELLOWSHIP [2] 16/4 1 |
| $221 / 15222 / 2222$ | 98/20 106/5 112/10 125/6 133/17 186/3 | FELONY [1] 4/9 |
| EXAM [3] 22/14 26/3 102/6 | 253/ | FELT [1] 129/25 |
| EXAMINATION [38] $2 / 5$ 2/6 2/7 2/9 2/10 | FACTOR [2] 52/22 52/2 | FEMALE [2] 179 |
| 2/11 2/13 2/14 2/16 2/17 2/18 2/20 15/19 | FACTORS [1] 52/19 | FEMORAL [2] 91/20 94/1 |
| 41/14 41/17 54/24 61/18 98/11 120/25 127/3 | FACTS [1] 154/12 | FEMUR [2] 117/19 117/21 |
| 136/1 145/14 152/5 173/18 | FAIL [1] 132/15 | FEW [6] 56/1768/18 194/10 238/3 242/24 |
| 185/5 187/21 198/8 198/10 205/1 216/23 | FAILURE [1] 128/ | 243/4 |
| 217/ 230/7 233/7 262/14 266/7 266/8 | FAINT[1] 127/11 | FIELD [2] 97/10 97/1 |
| EXAMINE [7] 172/8 172/10 172/12 172/14 | FAIR [29] 16/1 20/7 20/1 | FIELDS [1] 89/16 |
| $172 / 17262 / 19266 / 9$ | 31/13 40/14 62/13 62/21 70/7 124/22 127/15 | FIFTY [1] 35/20 |
| EXAMINER [2] 147/16 2 | 175/5 175/6 180/24 181/25 184/10 211/24 | FIGHTER [1] 152/8 |
| EXAMINERS [1] 17/12 | 212/23 223/14 231/9 236/11 242/7 246/12 | FIGHTER/PARAMEDIC [1] 152/8 |
| EXAMINING [1] 58/5 | 251/16 252/21 253/10 254/23 | FIGURE [4] 6/24 17/17 140/21 140/22 |
| EXAMPLE [9] 28/242/22 45/12 | FAIRLY [3] 156/7 167/1 168/1 | FILE [1] 9/14 |
| $\left.\right\|_{54 / 658 / 25} ^{64 / 7} 117 / 20$ | FALCINE [2] 61/1 63/13 | FILLED [4] 251/24 2523 252/17 253/11 |
| EXCEPT [1] 128/19 | FALL [79] 34/16 35/1 35/1 35/2 35/3 35/3 | FLLMS [2] 136/22 136/23 |
| EXCEPTION [3] 159/14 159/15 265/7 | 35/5 35/19 35/22 36/3 36/5 36/11 37/17 | FINAL[1] 182/18 |
| EXCHANGED [1] $196 / 5$ | 37/22 40/22 42/1 44/8 45/1 45/8 | FINALLY [1] 41/6 |
| EXCLUDE [3] 13/4 15/1 15/1 | 45/19 46/17 46/25 47/5 47/6 48/11 48/11 | FIND [8] 29/15 58/6 157/4 158/4 164/2 |
| EXCLUDED [5] 5/13 6/24 9/24 10/6 11/21 | 50/1 50/5 50/9 50/11 50/15 50/16 50/20 | 170/13 209/20 220/18 |
| EXCLUSIONARY [1] 5/3 | 51/13 51/20 52/9 52/16 53/2 53/5 53/7 53/18 | FINDING [3] 13/2 40/19 115/1 |
| EXCUSE[2] 167/24 192/6 | 53/25 54/15 54/25 55/8 55/22 56/16 56/20 | FINDINGS [6] 69/21 88/9 97/7 109/15 |
| EXCUSED [1] 264/7 | 67/9 67/9 139/20 139/24 144/3 168/3 168/16 | 111/10 116/14 |
| EXERT [1] 68/2 | 168/22 169/4 169/6 169/11 169/12 193/9 | FINDS [1] $80 / 8$ |
| EXERTED [1] 61/19 | 203/12 203/12 203/14 206/11 206/12 $206 / 14$ | FINE [13] 5/19 39/7 128/18 131/19 148/17 |
| EXHAUSTED [1] 72/6 | 207/21 208/25 210/10 212/24 213/16 213/19 | 149/21 232/8 263/19 263/24 265/3 267/6 |
| EXHIBIT [20] $3 / 43 / 5$ 3/6 3/7 3/8 130/16 | 218/1 225/18 255/16 263/3 | $267 / 16$ 268/23 |
| 130/22 131/2 131/21 142/11 235/16 235/22 | FALL'S [1] 54/8 | FINISH[7] 177/5 178/22 215/16 266/2 |
| 236/14 236/19 245/8 246/21 258/19 260/16 | FALLEN [16] $29 / 6$ 34/5 34/11 35/7 37/16 | 266/12 267/4267/15 |
| 260/21 260/22 | 40/20 51/867/19 139/17 160/18 160/24 161/25 181/6 210/2 210/13 246/24 | FINISHED [7] $16 / 416 / 5$ 18/10 20/24 150/5 $211 / 15263 / 25$ |
| EXHIBITS [2] 3/3260 | $161 / 25$ 181/6 210/2 210/13/246/24 EALLING [14] 34/12 35/22 35/20 $35 / 21$ | FINISHES [1] 179/17 |
| EXISTENCE [1] 17/2 | 36/3 36/4 36/8 37/19 46/15 46/22 54/17 | FINISHING [1] 150/8 |
| EXISTING [1] 43/25 EXITED [1] 212/3 | 36/3 36/4 36/8 37/19 46/15 46/22 54/ $140 / 4169 / 17203 / 24$ | FIKE [28] 19/8 145/12 145/13 145/24 152/8 |
| EXPECT [26] 35/5 35/8 35/15 52/15 53/8 | FALLS [7] 36/6 49/23 54/19 102/1 142/1 | 152/8 152/12 152/23 153/4 170/19 172/11 |
| 53/24 54/24 56/1 56/8 56/23 57/2 57/3 80/7 | 143/12 255/4 | 187/24 188/2 194/8 194/20 194/25 206/23 |
| 81/23 99/23 104/11 112/16 112/20 112/22 | FAMILAR [9] 6/9 13/9 29/8 49/749/11 | 207/2 207/3 212/12 218/13 218/13 219/1 |
| $112 / 23112 / 25 \quad 123 / 9 \quad 123 / 15$ 140/66 142/6 | 84/11 116/7 138/29 198/25 | 219116 222/9 224/17 225/23 226/4 |
| $266 / 11$ | FAMILIARITY [1] 84/8 | FTREFTGHTTER [6] 174/4 194/11 200/13 |
| EXPECTING [2] 19/9 104/24 | FAMILIES [3] 120/2 128/13 128/14 FAMILY [11] 5/23 5/24 6/10 10/7 20/5 | 200/14 201/10 201/24 <br> FIREFIGHTER/PARAMEDIC [1] 174/4 |



| G | GROUND-GLASS [5] 89/15 $90 / 6113$ $113 / 15113 / 22$ | 160/24 161/8 163/13 164/7 165/13 191/2 <br> 191/17 192/24 200/23 203/5 203/18 208/22 |
| :---: | :---: | :---: |
| GO...[38] 182/15 190/1 191/12 193/20 19 | GROUP [2] 91/9 129/23 |  |
| 194/3 202/12 202/22 203/20 206/921010 | GROW [2] 117/5 117/ | $\left.\right\|_{244 / 9} ^{254 / 25} 256 / 1256 / 2256 /$ |
| 224/16 232/16 238/1 238/2 240/14 240/23 | GROWN [1] 128/17 GROWTH [1] $37 / 10$ | HAPPENS [3] 31/12 32/4 32/ |
| 241/2 241/3 241/3 243/11 243/11 247/12 249/14 249/21 250/1 250/14 253/22 253/23 | GROWTH [1] 37/10 GUESS [19] $9 / 2131 / 1849 / 15$ 50/10 51/18 | HAPPY [3] 33/4 240/22 240/22 |
| 253/25 254/2 255/22 261/24 262/4 264/23 | 113/1 125/3 132/9 145/13 150/14 158/24 | HARD [3] 123/7 |
| 266/17 266/23 267/4 | 159/12 211/8 |  |
| GOAL [1] 44/5 | 229/12 244/11 | 19/1 41/1 52/22 54/454/1762/3 |
| GOD [1] 64/22 | GUESSING [2] 43/18 | 67/17 76/2 83/14 87/3 89/19 102/5 113/4 |
| GOES [17] 6/1253/13 75/9 89/7 9L/1297/14 | GUESSTMATE $42 / 23$ | 148/3 155/12 159/15 159/20 197/24 224/6 |
| 97/25 98/2 98/4 98/19 150/11 $199 / 13199 / 15 ~ 241 / 10267 / 13$ | GURNEY [3] 207/4 210 | 228/10 250/1 $2: 3$ |
| GOING [120] $6 / 17 / 198$ | GUYS [4] 118/21 132/13 199/22 221/22 | HASN'T [7] 8 |
| 2715 29/1 | H |  |
| $63 / 564 / 2268$ |  | HAVE [278] |
| 84/20 85/20 86/886/15 | 13/19 14/5 18/1 | HAYENT [6] 5/21 7/1 |
| 93/11 93/18 94/23 96/19 97/5 100/19 102/2 | 29/21 30/1131/2 |  |
| 103/21 107/12 107/25 109/21 110/18 110/2 | 35/7 38/14 38/18 $40 / 204$ | HAVING [14] 13/13 15/6 24/837/1689/18 |
| 11/7 113/1 117/5 117/16 | 64/768/8 6 |  |
| 127/7 136/25 137/18 139/8 140/16 142/9 | 99/6 99/9 106/7 107/4 107/4 107/6 109/7 |  |
| $142 / 17143 / 5145 / 14146 / 8146 / 12147 / 14$ | 112/15 $112 / 15116 / 21$ | HE [273] |
| 148/10 148/11 |  | HE'D [2] 231 |
|  | 161/25 162/18 163/15 164/18 165/14 165 | HE'LL [3] 150/15 150/15 |
| $196 / 3$ 197/22 197/23 199/6 199/12 202/21 | $167 / 21170 / 20170 / 23170 / 23171 / 31$ | HE'S [41] |
| 16215/9 222/19 222/20 229/10 | 173/2 173/14 174/24 175/7 175/7 178/15 | 84 |
| 230/15 230/22 234/9 243/5 243/11 244/14 | 180/23 183/17 | 145/14 146 |
| 247/12 247/21 248/14 251/3 262/12 262/18 | 192/9 194/8 194/21 195/6 195/7198 | 149/24 150/9 158/15 158/21 159/21596 |
| 262/19 262/20 263/14 263/15 | 199/20 200/21 20 | 171/2 171/3171/3 172/9 191/12 191/24 |
| 265/24 266/12 266/22 267/1 | 206119 |  |
| GOLDSMET | 209/25 209/25 210/2 210/4210/11 $210 / 1$ | 213/3 218/834 26/15 27/3 27/4 |
| GOLF [2] 64/7 |  | 32/9 34/19 35/14 35/14 37 |
| GONE [3] 98/16 137/12 | $216 / 8216 / 9217 / 25218 / 14220 / 7220 / 21$ | 51/10 51/16 51/22 51/25 52/2 53/9 54/4 |
| GOOD [18] | 223/7 225/10 225/11 225/20 230/14 230/1 | 57/20 57/22 65/16 65/19 66/21 67/167/2 |
| 263/20 265/14 265/15 265/16 268/11 268/1 | 230/21 230/22 231/11 231/21 234/2 238/8 | 77/24 79/13 79/16 80/9 82/10 82/16 83/16 |
| $268 / 25$ | 241/17 242/10 244/2 246/24 249/14 250/1 | 83/21 85/ |
| GOT [29] 3 | 251/22 254/25 255/4 255/14 255/20 256 |  |
| 135/11 188/15 188 | 256/12 257/6 257/25 |  |
| 189/7 190/7 191/24 200/5 207/10 229/10 | HADN'T [2] 247/14 | 140/7 141/7 141/18 142/1 142/6 142/16 |
| 229/16 231/16 240/1 240/17 247/3 249/24 | HAIR [2] 156/11 $158 / 19$ <br> HALF [12] 37/14 37/16 53/25 146/21 205/23 | 143/12 161/10 166/6 166/9 166/18 167/1 |
| $25$ | 205/25 234/11 234/14 234/19 234/20 260/11 | 167/14 189/13 193/9 193/10 201/19 210/2 |
|  | 266/24 | 214/13 220/23 244/11 252/22 |
|  | HALLO [1] | HEADING [2] 243/1 251/7 |
| GRABBING [1] 25 | HALLWAY [7] |  |
| GRACIOUS [2] $59 / 826$ | 236/3236/22237/ |  |
| GRAND [2] 8/109/15 | 178/12 184/19 187/6 189/15 189/20 204/10 | HEARING [6] 1/12 4/8 14/9 14/10 264/22 |
| GRANDFATHER | 215/23 232/17 234/22 235/1 235/11 237/2 | 267/5 |
| GRANDMA [2] $238 / 212991$ GRANDMA'S [4] 238/2238 | 237/3 246/9 255/23 | HEARSAY[8] 159/14 159/15 170/24 172/23 |
| GRANDMOTHER [3] 10/13 241/14 241/1 | HANDED [1] 178/9 | 173/11 190/10 190/12 195/14 |
| GRANDMOTHER'S [3] 240/7 241/9 | HANDING [1] 11/16 |  |
| 241/10 | HANDLE [1] 4/23 |  |
| GRANDPARENTS [1] 1 | $\left\lvert\, \begin{aligned} & \text { HANDS } \\ & 201 / 20 \end{aligned}\right.$ | 213/25 220/7 237/18 |
| GRANDSON [1] | HANDWRITTEN [10] 39/3 39/5 39/11 | HEARTBEAT [3] 30/23 31/10 94/4 |
| $\text { AY }[2] 218 /$ | 39/12 121/21 121/23 134/4 134/5 201/12 |  |
| GREAT [6] 48/8 112/8 1 | 201/15 |  |
| 181/16 182/1 |  | 51/12 52/7 52/14 52/15 52/ |
| GREATER [1] 169/12 |  |  |
| GROIN [1] 93/6 | HAPPEN [8] 8199 83/21 84/1 100/1100/2 | 139/15 156/2 156/6 169/15 169/20 210/14 |
| 90/6 90/6 113/9 113/10 113/15 113/16 | HAPPENED [40] 10/21 29/4 53/7 54/5 54/5 83/10 114/20 158/4 158/10 159/5 160/44 | $210 / 15$ <br> HEIGHTEN [1] 222/21 |

## H

HEIGHTS [4] 35/19 55/16 55/17 55/18 HELD [1] 54/18
HELMET [2] 48/748/15
HELP [8] 19/5 42/25 86/12 130/10 132/2 163/14 167/6 219/7
HEMATOMA [10] 70/1 70/9 70/19 71/11
78/15 112/5 112/10 112/20 112/21 125/20
HEMORRIIAGE [7] 60/12 62/3 95/16
106/24 112/17 134/9 135/6
HEMORRHAGIC [1] 108/7
HEMORRHAGING [1] 60/12
HEMOTHORACES [1] 106/21
HEMOTHORAX [1] 108/22
HER [33] 8/9 146/10 147/22 147/23 148/24 213/3 216/8 216/9 216/9 216/12 216/13 216/18 226/23 227/4 227/6 227/21 228/13
228/20 229/15 260/15 260/17 262/20 262/21 262/22 263/6 263/12 263/12 263/14 $263 / 15$ 263/16 263/21 268/6 268/12
HERE [60] 5/11 5/17 5/24 6/19 12/19 13/15 54/7 54/7 54/8 54/8 55/7 57/18 61/16 69/22 70/10 75/10 76/8 77/11 77/18 81/1 81/12 81/17 81/24 82/11 88/9 90/5 93/7 94/25 $97 / 16$ 97/19 100/15 101/6 101/22 113/11 114/17 115/10 124/12 124/13 138/6 140/14 141/16 141/16 141/17 141/18 141/19 147/19 147/20 148/22 149/1 150/9 154/17 172/11 184/16 192/13 192/15 233/11 259/3 259/14 259/25 268/19
HERE'S [1] 140/9
HERNIA [1] $63 / 6$
HERNLATE [2] 63/17 64/11
HERNLATES [1] 64/16
HERNLATION [18] 27/20 31/9 31/10 41/8
60/23 61/1 62/23 62/23 62/24 62/25 63/15
63/18 63/19 63/23 72/8 73/24 134/10 135/7
HERSELF[1] 228/21
HID [1] 193/10
HIGH [4] 55/12 104/22 210/15 210/15
FIGGFIER [4] 51/16 51/25 52/4 53/25
IILL [1] 31/8
HIM [123] 8/10 10/12 13/20 14/1 14/2 38/18
44/11 44/13 44/14 52/2153/14 53/24 54/4 54/4 54/12 91/23 94/3 94/3 94/21 116/13 116/21 118/9 118/10 118/11 118/22 125/22 $126 / 22$ 136/14 149/25 150/16 150/16 156/19 156/22 158/8 158/10 160/24 161/25 162/22 163/4 163/5 163/14 163/14 164/2 166/17 167/13 172/8 172/10 172/12 172/17 173/6 183/21 184/21 189/14 191/9 191/16 191/16 192/24 194/3 197/21 197/23 198// 208/21 208/23 209/19 209/25 210/6 210/11 211/2 212/9 212/13 212/18 212/20 215/2 219/25 220/1 220/2 220/3 224/11 224/19 225/7 225/8 225/12 225/13 226/3 226/15 231/8 231/9 231/15 231/16231/19 234/2 234/4 234/10 241/9 241/10 241/24 241/25 242/10 $242 / 11$ 242/12 242/25 243/2 243/4 243/4 243/8 243/16 243/18 243/21 244/6 244/8 244/12 244/13 247/4 247/10 247/12 250/25 251/4 251/4 251/20 254/8 261/24 261/25 262/12
HIMSELF [5] 49/10 79/2 82/25 173/8 193/9 HIS [87] 13/17 20/1 27/8 33/13 34/13 34/13 34/19 59/15 67/12 92/20 93/3 93/3 93/4 93/6 93/18 93/18 94/4 94/5 94/7 109/18 119/5

119/7 119/8 124/20 125/18 129/21 146/6. 147/13 150/11 158/22 158/23 159/24 159/25 161/10 162/23 163/14 166/18 166/23 167/14 167/14 169/23 169/24 170/2 172/7 172/16 178/11 179/11 183/23 185/77 185/21 185/23 186/13 193/5 193/6 193/9 193/10 193/11 194/21 197/11 197/13 197/22 208/19 208/21 210/2 210/16 213/3 214/2 214/3 215/12 215/14 218/22 218/23 220/12 221/20 224/1 224/2 239/10 242/1 242/2 244/11 244/12 247/10 250/19 251/7 251/21 251/22 255/23 HISTORY [1] 200/19
IIIT [10] 46/16 52/10 123/8 140/7 142/6 143/18 144/4 161/10 193/9 244/11 HITS [2] 52/3 142/1
HITTING [6] 46/17 67/18 67/19 123/2 123/16 210/2

## HMMM [1] 174/22

HOLD [11] 53/10 54/6 84/14 147/4 154/12 185/22 185/22 221/25 257/24 257/24 264/19
HOLDING [3] 155/5 156/16 156/16 HOLE [1] 63/10
HOLLOWAY [1] 194/24
HOLOHEMISPHERIC [1] 70/1
HOME [35] 149/9 160/20 165/24 171/22 172/3 186/7 188/14 216/2 233/12 236/9 239/1 $239 / 23$ 240/1 $242 / 14242 / 21$ 242/23 243/3 243/3 243/5 243/9 243/16 243/22 243/23 247/3 248/9 248/13 248/15 248/21 250/2 250/11 253/22 253/24 254/6 254/9 254/20
HOMICIDE [1] $150 / 5$
HONOR [73] 4/13 4/15 4/18 5/25/6 6/5 6/8
$12 / 2$ 12/16 13/8 15/17 21/22 22/24 32/23
37/5 39/8 41/15 53/12 59/9 69/22 83/2 83/13
83/24 85/24 101/2 103/21 103/25 124/18
130/13 130/18 134/14 143/2 143/8 144/23
146/13 148/12 158/12 158/15 159/17 160/8
162/2 162/12 170/3 170/24 172/1 176/8 185/3 190/13 195/9 196/3 196/25 197/11 204/6 211/9 213/1 213/5 215/9 231/18 233/23 235/18 245/10 258/22 262/17 264/10 264/14 264/16 264/23 265/4 265/14 265/20 267/6 267/16 269/1
HONORABLE [1] 1/14
HOOKED [1] 163/14
HOPPED [2] 194/4 220/24
HOPPING [1] 202/13
HOSPITAL [54] 17/1 18/23 19/12 20/2 22/8
29/5 39/21 40/19 42/8 42/11 59/16 92/11
118/9 118/10 118/25 119/5 119/9 153/20
165/1 165/6 165/12 190/23 191/12 194/1
194/2 194/5 194/7 196/14 202/19 202/22
203/9 203/13 216/11 224/16 224/18 225/23
226/1 229/11 249/20 249/21 250/5 250/16
251/10 251/12 251/24 253/1 253/20 254/7
254/16 254/17 254/18 256/5 256/11 261/22
HOST [1] 86/8
HOUR [9] 16/25 83/10 83/11 119/8 $119 / 9$ 146/21 242/17 264/23 266/24
HOURS [10] 16/18 17/1 38/25 40/2 40/11
41/7 41/10 82/2 82/13 152/19
HOUSE [62] 8/19 8/19 8/23 13/16 13/25
16/25 156/22 159/22 163/4 164/14 165/22
167/4 169/25 175/5 183/4 185/7 193/20
195/3 198/1 200/7 203/3 203/20 214/20
214/24 227/17 228/24 233/16 234/18 234/21 234/22 234/25 235/4 238/2 240/7 240/13

241/3 241/9 241/10 242/16 244/21 245/16 247/4 248/25 249/3 249/9 250/8 250/9 251/3 254/3 254/5 256/20 257/4 257/9 257/17 258/1 258/6 258/15 259/7 259/9 259/13 261/15 262/4
HOVERING[1] 183/8
How [128] 6/12 15/24 16/12 16/15 17/14
17/17 18/23 19/22 20/18 29/15 29/16 31/7 31/1631/1632/19 36/12 36/14 43/13 43/14
$43 / 23$ 44/14 44/16 46/12 48/24 49/1 53/23
55/4 55/4 65/12 72/6 73/5 75/781/3 86/24 92/2 92/8 92/9 98/13 99/5 99/5 99/23 100/10 101/25 103/4 103/10 106/15 117/11 118/3 118/8 124/1 135/25 136/10 137/1 138/24 143/18 $145 / 13155 / 6162 / 17163 / 21$ 166/14 167/17 170/16 172/6 172/10 172/16 173/23 173/24 174/13 174/20 177/10 177/13 178/18 179/9 180/1 180/5 180/9 180/10 182/20 186/6 188/1 188/4 190/3 192/7 203/12 203/12 205/22 205/24 212/18 215/1 216/15 218/1 223/22 225/17 225/19 226/14 226/18 226/20 227/1 228/5 229/1 234/2 234/8 234/13 234/15 234/17 236/11 236/12 238/8 238/21 238/25 240/20 240/20 241/25 242/4 242/15 246/13 247/22 248/17 251/9 253/23 254/5 256/20 260/6 261/6 262/8 264/20 265/19 266/6
HOWEVER [7] 35/5 53/1 119/24 128/7 140/12 140/20 177/13
HUM [17] $66 / 2082 / 91013106 / 19106 / 22$ 114/4 119/12 126/21 142/18 148/16 151/6
190/19 230/1 240/19 250/6 258/4 269/2
HUMAN [2] 24/24 180/9
HUNG [3] 243/3 244/14 247/24
HUNGRY [2] 149/25 $150 / 2$
HUNT [1] 60/8
HURRY [8] 242/14 242/21 242/23 243/2
243/3 243/9 243/16 243/23
HYDROCEPH [1] 76/10
HYDROCEPHALUS [4] 76/18 76/20 76/24 77/1
HIYINK [1] 196/17
HYPOTHETTCAL [1] 140/25
HYPOTHETTCALS [1] 138/24
HYSTERICAL I1I $167 / 1$
I
I'D [11] 5/20 9/25 28/3 32/20 35/8 50/19
52/18 137/4 180/17 181/13 260/15
r'LL [18] 44/13 60/7 61/3 73/4 103/25
103/25 139/12 145/6 148/1 162/2 162/4 170/24 174/2 185/1 195/9 197/7 197/11 265/2
T'M [144] 6/15 7/6 8/98/22 9/15 11/16 13/4 15/22 16/17 17/16 18/8 28/2 29/10 30/3 30/12 31/6 33/3 43/17 45/10 48/20 49/15 54/3 54/6 55/7 55/10 57/19 59/7 59/9 59/13 60/3 61/21 61/3 64/22 67/12 67/12 68/20 68/21 68/21 68/24 69/4 69/15 69/15 70/16 84/13 85/3 85/3 87/2 88/5 90/17 96/4 96/19 103/21 104/1 104/24 107/1 110/7 110/18 110/23 117/22 120/6 123/6 124/6 125/3 $127 / 6$ 129/20 133/20 134/8 134/23 136/15 $137 / 9$ 139/8 140/9 140/14 141/13 $142 / 9$ 146/17 147/6 148/10 154/1 $158 / 12159 / 19$ 159/23 170/2 171/6 171/24 176/19 181/11 182/3 184/9 184/16 188/16 188/21 190/9 190/13 196/3 196/4 198/14 200/18 205/4

| I | 139/9 139/11 139/16 139/24 141/8 142/20 INCIDENT [5] 107/21 128/23 191/17 | NTTIATED [4] 178/24 212/11 222/23 |
| :---: | :---: | :---: |
| I'M... [45] 205/7 205/11 211/15 213/1 213/20 | 206/14 215/8 | INJURED [3] $42 / 24$ 49/21 102/8 |
| 215/9 215/11 221/21 223/10 224/15 226/22 | INCLUDE [3] 39/13 80/20 223/25 | INJURIES [43] 25/9 29/20 29/21 34/9 35/6 |
| 229/12 230/15 230/22 231/15 232/8 232/10 | INCLUDED [1] $92 / 13$ | 35/10 36/1437/18 42/1 42/1 43/14 44/23 |
| 232/14 234/23 242/12 242/25 244/13 246/1 | INCLUDES [3] 54/16 88/13 175/18 | 46/3 46/4 46/13 46/22 47/13 48/7 48/22 |
| 247/12 247/13 248/8 248/9 248/13 248/13 | INCLUDING [2] 73/6 73/12 | 48/23 57/4 57/17 87/16 95/6 106/6 106/10 |
| 249/3 257/2 257/21 257/23 260/17 264/18 | INCONSISTENCY [1] 46/24 | 112/19 113/23 114/16 114/20 114/21 115/8 |
| 265/3 265/13 265/14 265/17 266/14 266/1 | INCONSISTENT [2] 34/21 140/1 | 119/6 127/12 128/13 139/19 140/1 142/21 |
| 266/20 266/25 $267 / 9$ 267/24 | INCREASE [6] 45/25 46/14 52/1 52/4 64/10 | 172/7 190/3 214/18 225/15 255/4 |
| I'MAGAIN [1] 55/10 | 64/11 | INJURY [110] 23/21 28/8 34/16 34/20 35/8 |
| I'VE [5] 67/19 83/19 220/1 220/1 220/2 | INCUR [1] 52/16 | 35/15 36/7 37/21 41/11 42/12 42/14 42/19 |
| L.C.U [1] 37/9 | INDEED [1] 163/23 | 42/21) 42/21 42/25 43/1 43/1 43/12 43/19 |
| L.D [1] 251/21 | INDEFINITELY [3] 20/2 22/7 22/10 | 43/23 43/24 44/4 44/6 44/9 44/18 45/6 45/7 |
| I.V [3] 20/22 24/4 87/22 | INDEPENDENT [5] 70/20 70/25 100/14 | 45/24 45/25 45/25 46/14 46/15 46/17 46/18 |
| ICE [1] 38/13 | 104/13 197/24 | 46/24 47/18 48/1 48/13 49/18 50/11 50/14 |
| ICEBOX [1] 256/24 | INDICATE [12] 88/17 107/17 111/10 | 52/11 52/25 53/9 55/1 55/24 56/1 56/7 56/18 |
| ICU [3] 120/16 121/8 122/20 | 134/11 136/14 157/23 169/12 177/11 177/12 | 56/19 56/22 56/22 57/22 62/17 64/20 65/16 |
| IDEA [1] 267/17 | 213/16 214/6 220/21 | 65/19 72/2 72/21 72/25 74/275/5 75/6 76/25 |
| IDENTIFICATION[8] 19/19 47/25 130/17 | [NDICATED [17] $5 / 23$ 27/8 44/7 51/8 52/18 | 77/8 78/7 79/8 79/10 79/16 80/23 81/17 |
| 142/12 233/23 235/17 245/9 258/20 | 71/16 79/15 90/14 90/24 98/10 99/15 116/17 | 81/24 82/11 82/16 82/17 83/16 83/22 85/4 |
| IDENTITIED [20] 57/25 59/6 61/471/12 | 134/25 198/2 210/14 213/18 253/16 | 90/7 102/3 102/5 102/10 102/12 106/7 107/3 |
| 78/5 78/12 95/16 105/1 107/24 108/4 109/15 | INDICATES [8] 59/16 60/14 69/25 88/9 | 107/5 107/9 108/8 109/7 111/12 111/14 |
| 112/5 112/11 128/16 158/13 158/15 159/15 | 90/19 95/15 97/8 134/8 | 111/20 111/25 115/25 116/2 116/2 119/7 |
| 159/18 161/18 244/22 | INDICATING [4] 167/20 208/3 210/16 | 125/6 125/10 131/9 144/4 144/6 169/3 |
| IDENTII'Y [10] 6/20 43/24 58/1 58/3 87/8 | 225/18 | 169/10 169/17 170/11 170/14 172/4 214/10 |
| 121/21 184/18 191/22 209/5 209/10 | INDICATION [8] 42/9 59/3 70/14 77/3 | 214/13 |
| IDENTIFYING [5] 6/1 89/12 192/1 209/16 | 100/5 103/16 214/12 218/4 | INSERTED [1] 93/19 |
| 260/10 | INDICATIONS [1] 136/18 | INSERTION [1] 33/19 |
| IF HE [1] 197/15 | INDICATTVE [1] 214/9 | INSIDE [14] 64/8 65/24 76/21 90/25 93/4 |
| LLLUMINATE [1] $87 / 21$ | INDIVIDUAL [41] 52/8 68/19 71/7 71/8 | 107/7 112/9 166/9 183/21 203/20 207/3 |
| IM [1] 48/24 | 116/5 155/15 155/25 156/3 156/8 156/15 | 227/17 232/16 249/11 |
| IMAGE [2] 78/13 95/18 | 158/4 158/14 158/16 158/20 159/24 160/13 | INSIGNIFICANT[1] 71/14 |
| IMAGES [1] 96/25 | 160/18 161/20 171/21 172/2 179/17 180/23 | INSINUATE [1] 213/3 |
| IMAGINE [2] 180/12 $220 / 17$ | 181/5 181/25 182/19 183/11 183/18 183/25 | INSTANCE [4] 84/18 84/21 153/19 168/6 |
| IMAGING [1] 29/19 | 184/18 184/19 185/7 185/12 186/3 186/10 | INSTANT [1] 103/23 |
| MMAGINING [3] 26/17 82/16 122/19 | 191/8 191/15 191/19 191/23 209/1 209/3 | INSTANTANEOUS [1] 41/1 |
| IMMEDIATELY [16] 17/2 20/7 24/7 79/18 | 20916 | INSTEAD [1] 89/18 |
| 79/20 81/9 118110 156/22 161/16 163/4 | LNDIVIDUAL'S [2] 160/17 209/9 | INSTTTUTE [1] 19/11 |
| 175/4 175/14 176/2 212/3 266/17 268/2 | INDIVIDUALS [4] 5/76/9 208/15 222/6 | INSTITUTION[2] 20/19 41/11 |
| IMPACT [28] 10/3 45/23 46/7 46/10 49/1 | INDUCED [1] 112/23 | INSTRUCTI [1] 17/8 |
| 50/7 54/15 54/17 56/9 56/11 56/12 58/2 58/3 | INDULGENCE [25] 13/21 37/4 49/13 57/8 | INSTRUCTED [6] 120/4 120/8 120/10 |
| 58/8 58/11 64/20 72/2 73/18 74/5 75/13 | 57/12 57/21 68/16 69/6 100/22 102/19 | 156/19 156/22 160/22 |
| 79/21 80/9 80/23 83/18 102/17 107/17 | 110/16 115/19 119/14 122/11 123/21 124/2 | ENSTRUCTS [1] 168/9 |
| 109/16 109/18 | 126/14 143/3 144/7 144/17 179/20 216/24 | INSURANCE [1] 251/22 |
| IMTA CTS [1] 107/22 | 229/25 254/22 262/15 | INTENSIVE [2] 40/15 116/10 |
| IMPART [1] 75/24 | INFANT [5] 117/12 117/14 117/17 117/19 | INTENSIVIST [1] 19/6 |
| IMPENDING [1] 73/24 | 128/11 | INTENTIONALLY [1] 10/3 |
| IMTERFECTA [1] 128/8 | INFANT'S [2] 117/19 117/2 | INTERACTION [4] 20/5 119/17 210/21 |
| IMPLIED [1] 75/23 | INFERIOR [2] 91/21 97/9 | 215/25 |
| IMPLIES [6] 66/2 66/2 66/3 73/24 78/25 | INFERIORLY [1] 97/9 | INTERESTINGLY [1] 9/14 |
| 105/17 | INEILTRATES [2] 30/2 30/4 | INTERHEMISPIEERIC [1] 28/25 |
| IMPPLY [2] 75/6 104/23 | INFORMAL [1] 14/5 | INTERLINKED [1] 42/17 |
| IMPRESSION[4] 110/7 155/7 155/8 175/12 | INFORMATION [31] 9/25 10/21 10/25 13/4 | INTERMEDIATE [4] 205/11 205/15 205/20 |
| IMPRESSIONS [1] 112/21 | 19/24 19/25 30/10 32/1 38/4 43/8 47/11 48/6 | 205/24 |
| IMPROPER [2] 213/2 213/9 | 48/9 60/1 75/4 153/13 170/21 171/20 172/19 | INTERNAL [3] 109/20 109/22 127/12 |
| IMPROVE [1] 144/12 | 173/7 175/4 193/22 196/12 196/15 200/20 | INTERNALLY [1] 109/9 |
| INABILITY [1] 80/11 | 203/7 231/11 231/12 231/22 241/17 251/19 | INTERPOSE [1] 133/19 |
| INADVERTENTLY [1] 10/3 | INGARAMO [4] 116/6 121/9 121/12 121/15 | INTERRUPT [1] 108/24 |
| INCH [9] 44/8 46/25 51/13 53/2 53/4 53/7 | INGUINAL [1] 63/6 | INTERRUPTING [2] 4/24 35/24 |
| 55/19 123/12 140/5 | INITLAL [16] 26/2 29/23 30/19 38/24 39/13 | INTER YENE [1] 120/1 |
| INCHES [53] 29/18 34/7 34/11 34/12 35/16 | 59/15 68/18 88/22 98/15 125/18 163/1 | INTERVENTION [1] 16/24 |
| 36/3 36/4 36/4 36/12 36/1236/12 37/13 | 168/15 175/12 212/9 259/18 259/22 | INTERVIEW [3] 11/1 11/3 11/17 |
| 37/14 37/14 37/16 37/16 37/20 40/20 45/9 | INITTALLY [21] 19/14 26/9 38/21 80/1 | INTERYIEWING [1] 12/6 |
| 51/9 51/9 51/10 51/11 51/17 51/20 51/21 | 81/18 81/19 81/20 120/7 156/15 163/11 | INTESTINES [1] 63/9 |
| 51/25 53/25 54/3 54/8 54/11 54/12 54/12 | 164/4 164/14 165/24 174/24 175/14 178/14 | INTRACRANLAL [1] $27 / 19$ |
| 54/17 54/18 54/19 54/20 54/25 54/25 55/12 | 203/8 207/10 210/6 210/11 218/1 | INTRAOSSEOUS [4] 24/5 92/14 92/19 |
| 55/21 55/22 56/17 139/3 139/5 139/6 139/9 | INITLALS [1] 60/13 | 92/20 |

## I

INTRAVENOUS [1] 92/16
INTRAVENOUSLY [1] 94/9
INTUBATE [4] $66 / 5$ 178/25 189/14 219/6
INTUBATED [3] 23/10 24/15 25/18
INTUBATING [2] 199/1 199/3
INTURATION [12] 29/24 65/21 66/1 66/4
93/2 108/12 108/14 199/4 219/6 222/25
223/2 223/5
INVASIVE [1] 105/12
INVESTIGATE [6] 105/14 120/3 122/17
122/19 128/18 $128 / 21$
INVESTIGATING [1] 44/6
INVESTIGATION[3] 8/13 8/16 261/23
INVOLVED [1] 190/22
INVOLVES [1] 112/7
INVOLVING[2] 114/10 125/10
IS [532]
ISLAND [10] $256 / 22$ 257/10 257/18 258/11
258/15 259/12 259/14 261/2 261/10 261/19
ISLANDRR [11] 155/19 156/10 158/16 160/13 160/22 166/8 172/16 180/23 182/19 182/23 184/19
ISN'T [4] 105/14 159/23 198/2 268/14 ISOLATED [2] 128/23 128/23 ISSUE [4] 13/19 195/12 195/13 195/14 ISSUED [1] 19/20
ISSUES [6] 14/5 80/15 99/18 101/23 103/22 127/21
IT [505]
ITOR [1] 261/13
IT'S [147] 5/6 6/16 13/9 14/8 14/19 15/14
16/13 23/17 23/231 23/22 24/10 25/5 25/7
28/1 28/5 30/531/16 31/23 32/12 33/18 36/10 36/12 36/18 36/20 37/7 43/10 45/5 47/4 47/7 47/8 47/10 53/12 54/5 54/8 54/14 54/19 55/14 62/2 62/18 63/13 63/18 64/6 64/11 66/1 67/18 67/18 67/21 68/11 72/22 75/14 76/22 77/20 78/23 80/2 85/10 85/12 85/16 88/13 88/14 91/9 97/19 99/20 100/5 100/13 101/14 102/1 102/8 106/10 107/7 109/9 110/23 112/7 115/3 124/4 125/14 125/16 127/14 127/16 131/18 132/4 132/16 133/3 133/14 134/11 134/20 135/23 142/23 143/12 143/15 155/17 157/12 157/13 157/25 157/25 159/4 159/6 159/10 159/14 162/13 163/22 163/16 164/8 165/16 168/9 168/13 168/24 173/12 179/25 180/3 186/3 188/24 189/9 195/12 195/13 196/4 199/24 200/4 200/4 201/5 205/15 205/19 205/20 205/21 211/3 211/12 213/7 215/9 215/12 218/12 219/8 226/7 230/15 231/18 234/22 237/14 $245 / 1247 / 4252 / 25255 / 23257 / 10257 / 15$ 260/7 260/11 261/1 264/20 266/15 267/13 TTEMS [2] 181/19 186/7 ITS [1] 91/21
ITSELF [15] 31/22 64/9 64/11 64/20 65/25 66/4 67/22 80/13 107/6 108/20 109/4 115/4 126/19 166/16 213/17
IV [4] 92/9 94/12 94/16 231/19

## J

JASPER [1] 238/3
JIM [1] 49/10
JOB [1] 239/5
JOIN [1] 219/20
JOINED [1] 220/22

JONATHAN [28] 1/9 4/8 233/17 233/19 239/5 239/25 241/21 247/14 247/22 249/15 250/8 250/15 250/16 250/20 251/3 253/19 254/2 254/5 254/8 254/18 255/20 255/25 256/4 256/12 256/16 257/5 258/8 262/9
YOT [1] 200/18
YOURNAL [5] 42/6 42/6 47/247/17 47/18 JOURNALS [3] 41/25 43/7 $46 / 20$ JUDGE [10] 6/39/21 11/16 131/18 140/8 159/14 172/8 232/14 266/25 269/3 JUDGING [1] $169 / 9$
JUMPED [3] 68/17 221/19 225/21
JUMPING [3] 50/20 50/21 155/2 JUMPS [2] 45/13 $45 / 19$
JUNE [26] 4/10 18/T 18/8 18/9 18/12 18/20 68/25 152/22 188/6 206/1 233/9 233/9 233/11 234/8 234/15 235/7 236/12 237/15 237/22 238/9 239/5 240/3 246/13 255/3 255/3 255/14
JUNIOR [3] 18/16 20/20 121/3
JURLSDICTION [1] $147 / 8$
JUST [201] 4/25 5/6 5/17 5/226/21 7/29/24 10/18 11/16 11/22 13/2 13/2 13/9 21/24 22/21 23/7 25/7 3015 32/25 33/4 33/2337/7 $44 / 7$ 44/13 45/11 47/2 47/4 47/7 48/10 49/14 51/12 53/5 54/6 54/6 57/21 59/2 59/1060/21. 62/4 64/13 67/2 68/20 69/15 70/16 71/7 73/15 74/14 75/14 78/9 78/10 78/25 79/1 79/7 81/20 81/25 82/12 83/1 84/11 85/4 86/2 86/2 87/7 87/25 88/13 89/1 90/12 91/22 92/7 92/17 92/17 93/1 94/2 94/16 97/4 97/11 $97 / 1997 / 24100 / 11100 / 13100 / 24$ 101/14 102/20 103/21 105/7 106/25 108/3 108/24 109/9 110/7 113/14 113/21 115/21 117/2 119/14 119/21 120/16 121/20 121/21 126/13 126/17 126/22 130/20 131/17 131/25 132/25 133/13 133/19 133/20 134/16 134/18 $136 / 22$ 137/4 137/8 137/8 138/9 140/8 142/10 143/2 143/7 144/17 146/24 146/25 149/9 150/4 150/4 151/11 154/9 154/12 158/1 159/2 $162 / 5162 / 13163 / 13167 / 6171 / 10171 / 12$ 172/18 176/12 177/15 179/3 180/4 180/8 182/6 183/20 184/14 186/8 189/25 190/15 191/6 198/1 199/23 201/4 201/23 201/23 203/4 205/15 206/19 208/7 210/11 210/13 212/10 213/12 215/7 215/22 216/9 217/7 218/6 219/8 220/23 221/3 221/12 221/16 221/19 224/1 224/1 224/15 225/8 226/10 226/16 227/2 228/25 229/12 230/21 230/21 242/13 243/3 243/22 244/15 246/19 247/11 250/4 251/7 258/11 258/24 259/5 259/18 261/13 263/7 265/21 267/3267/8 JUSTICE [2] 1/3 1/14

## K

K-L-I-N-E [1] 152/2
KAPLAN [3] 129/24 129/24 129/24
KASON [15] 233/18 234/7 234/13 238/1 238/8 238/22 239/17 241/18 249/15 $250 / 18$ 250/21 250/22 251/4 254/7 254/8
KEEP [6] 4/25 118/24 146/8 263/15 264/19 268/24
KEEPING [1] 14/7
KEYS [4] 8/19 8/20 13/16 13/25 KHAY YDEN [41] 4/11 7/24 7/258/1 12/22 44/10 233/18 234/7 234/8 234/15 238/1 238/8 238/22 239/17 240/20 241/7 241/18 $243 / 7244 / 7$ 244/10 244/16 244/17 246/24

249/13 249/25 251/13 251/15 251/16 252/19 253/1 255/4 255/14 255/20 256/1 256/2
256/12 256/17 261/21 262/4 262/8 262/11
KHAYDEN'S [5] 9/15 12/12 247/7 253/7 253/11
KICKED [1] 67/10
KID'S [2] 80/24 259/25
KDSS [9] 12/22 48/7 240/22 256/23 259/23
260/4 260/4 260/6 261/4

## KILOGRAMS [1] 44/24

KIND [48] 9/17 26/5 38/15 47/12 50/11 50/11 56/18 56/21 58/9 58/10 60/18 67/8 67/23 80/6 80/9 83/21 86/2 89/19 108/25 110/4 116/6 118/21 119/21 123/13 123/22 138/25 141/5 161/11 163/9 166/18 168/24 170// 177/10 177/18 179/23 180/21 183/1 183/23 193/25 199/4 201/19 2013/6 210/12 212/10 215/5 226/5 251/19 266/24
KINDS [2] 143/17 240/23
KISSNER [2] 11/18 12/6
KIT [6] 1/24 148/5 151/5 232/7 269/11 269/11
KITCHEN [6] 193/7 256/20 257/10 258/12 259/12 261/18
KLINE [38] 2/8 $145 / 9$ 151/8 151/9 151/16
152/1 152/7 159/24 173/23 178/21182/18
184/25 189/13 189/21 190/5 190/10 191/1
195/2 195/5 195/19 195/21 195/23 195/24
195/25 196/5 196/13 198/25 219/23 219/24 220/9 221/12 221/13 222/1 222/4 222/6 223/5 230/10 230/22
KNEES [1] 160/25
KNEW [9] 42/24 51/8 80/4 144/6 167/1 243/24 254/24 255/5 255/6
KNOW [132] 5/8 5/9 5/16 5/20 5/24 6/2 6/4 6/10 9/1 13/10 13/12 21/16 23/2 25/19 35/17 37/338/24 40/4 42/19 44/10 44/11 44/14 50/16 50/19 53/5 58/4 58/5 59/25 68/6 74/12 75/7 76/8 77/15 80/7 82/23 83/20 86/2 86/15 92/8 92/12 100/6 104/4 107/4 110/9 $119 / 2$ 119/22 121/22 122/21 126/16 126/17 126/18 132/13 135/10 135/17 137/7 140/12 140/22 143/2 143/24 144/5 146/24 147/23 148/2 148/3 148/4 150/4 150/19 159/1 162/5 166/16 167/7 176/12 181/10 181/19 182/5 1907 191/17 194/25 196/12 197/14 197/19 197/21 202/17 203/5 203/13 203/14 211/14 214/8 219/23 219/24 219/25 221/7 221/15 222/21 227/19 228/17 230/13 231/16 234/16 238/24 239/7 239/10 241/4 241/25 243/11 243/22 243/22 244/17 247/9 248/14 249/8 249/25 254/5 254/18 255/16 255/17 256/15 257/4 257/6 257/8 260/17 261/12 262/8 264/4 265/20 266/1 266/5 266/8 266/22 267/18 268/2 268/14
KNOWING [3] 37/15 42/24 65/12
KNOWN [2] 128/9 128/13
KNOWS [2] 53/18 82/21
$L$
LA [8] 29/7 29/9 29/11 161/1 161/3 161/18 161/22 $182 / 7$
LA-Z-BOY [8] 29/7 29/9 29/11 161/1 161/3 161/18 161/22 182/7
LABORATORIES [1] 26/6
LABORATORY [2] 26/6 38/4
LABS [5] 20/22 26/18 26/22 $29 / 1930 / 15$ LACERATION [1] 95/2

| L | LESS [15] 4/24 36/8 45/3 45/5 46/1671/6 74/24 76/376/7 99/14 100/18 117/18 118/6 |  |
| :---: | :---: | :---: |
| LACK [5] 117/7 158/13 159/2 159/11 185/8 | 146/2 229/5 | 123/11 135/11 156/10 164/13 164/16 167/22 |
| LACKS [2] 84/22 103/22 | LET [45] 8/15 11/7 12/8 23/2 47/9 51/18 | 179/16 180/10 180/22 181/10 202/16 240/1 |
| LADDER [1] 67/19 | 51/18 57/7 57/18 58/1 61/16 66/22 69/20 | 241/22 249/1 250/4 255/18 256/23 265/12 |
| LADY [3] 226/5 226/18 227/14 | 73/5 74/15 74/19 76/8 77/11 79/25 79/25 | LIVE [1] 8/19 |
| LAND [1] 143/22 | 80/5 80/6 80/21 86/2 87/7 92/17 94/8 94/25 | LIVED [2] 233/16 234/18 |
| LANDED [1] 34/18 | 115/20 120/2 123/11 123/11 125/25 126/17 | LIVER [1] 95/1 |
| LANDING [1] 139/25 | 147/22 149/24 176/12 194/1 194/3 201/4 | LIVING [8] 236/24 236/25 237/3 237/13 |
| LANDS [1] 35/14 | 211/14 228/5 250/3 264/19 268/2 | 245/15 245/16 246/13 261/16 |
| LANGUAGE [2] 185/13 185/16 | LET'S [13] 57/16 57/18 57/19 66/5 90/18 | LOADED [2] 45/25 182/21 |
| LARGE [4] 71/24 74/3 123/17 157/18 | 101/6 113/6 142/8 150/25 175/20 198/18 | LOADING [3] 45/12 46/13 50/20 |
| LARGER [2] 62/3715 | 219/23 $267 / 3$ | LOBE [1] 114/25 |
| LAS [17] 1/3 $4 / 1$ 15/23 152/23 153/1 187/24 | LETHAL [2] 35/20 37/17 | LOBES [6] 65/5 88/10 88/14 88/18 |
| 188/1 188/12 188/13 206/7 220/18 222/12 | LETHAR [1] 81/5 | 114/10 |
| 224/8 224/17 233/11 233/14 238/17 | LETHARGY [2] 80/11 81/6 | LOCATE [1] 21/19 |
| LAST[12] 15/12 15/1548/21 110/17 | LETTER [1] 19/21 | LOCATED [1] 214/18 |
| 184/14 187/15 204/19 233/1 238/13 242/4 | LETTING [1] 191/11 | LOCATION [3] 56/19 168/17 199/17 |
| 256/9 | LEVEL [26] 17/23 17/24 25/8 26/1436/3 | LOCATIONS [2] 163/25 163/25 |
| LATER [10] 9/25 10/4 110/7 120/15 126/4 | 43/5 153/5 153/7 155/12 157/13 158/7. | LONG [31] 6/11 15/24 16/12 49/4 49/15 |
| 126/10 188/19 210/23 224/6 247/3 | 158/10 168/11 168/16 169/7 189/1 189/2 | 81/3 96/10 99/23 118/8 145/13 146/16 168 |
| LATERAL [1] 72/9 | 189/3 189/5 205/14 205/15 205/20 207/21 | 174/13 177/10 188/1 188/4 205/22 205/24 |
| LATEST [1] 81/22 | 218/1 218/9 221/7 | 223/22 225/19 229/1 234/2 238/8 238/25 |
| LATTER [1] $109 / 15$ | LEVELS [1] $218 / 5$ | 242/4 242/15 248/17 248/20 251/9 257/1 |
| LAW [7] 8/28/77 9/189/22 10/5 10/8 13/24 | LIFE [5] 17/8 71/22 128/11 183/15 228/14 | 257/3 |
| LAWYERS [2] 232/13 268 | LIFELESS [1] 155/9 | LONGER [4] 23/15 146/16 149/7 247/22 |
| LAY [3] 36/24 61/8 144/5 | LIFT [1] 63/6 | LONGITUDINAL [2] 74/8 74/17 |
| LAYING [4] 140/13 141/17 141/22 212/21 | LIFTER [1] 180/16 | LONGITUDINALLY [4] 74/17 77/13 77/1 |
| LA YOUT [4] 258/14 259/6 259/13 260/16 | LIGAMENT [1] 63/15 | 137/19 |
| LD [1] 35/20 | LIGAMENTS [2] 63/13 101/1 | LOOK [37] 13/11 32/20 33/4 35/19 42/20 |
| LEAD [2] 37/18 147 | LIGHT [2] 23/15 23/16 | 42/21 4/116 46/4 58/23 61/2 69/20 70/10 |
| LEADING [4] 162/2 162/3 162/12 185/19 | LIGHTS [1] 218/7 | 88/12 89/19 92/12 95/19 97/20 104/24 |
| LEADS [2] 158/1 209/10. | LIKE[113] 10/18 10/20 12/3 13/11 13/14 | 113/12 135/25 136/21 136/23 150/22 155/6 |
| LEARNED [2] 171/21 195/2 | 13/19 14/19 40/4 41/5 45/12 55/1 59/18 62/5 | 157/11 157/16 168/10 176/7 179/11 180/16 |
| LEARNING[1] 20/19 | 63/6 66/16 67/3 67/7 67/25 69/17 72/13 | 182/15 190/6 196/18 246/12 259/6 260/20 |
| LEAST [11] 5/8 21/25 25/3 110/17 153/9 | 72/1475/2 76/2 77/23 78/21 79/20 81/11 | 266/21 |
| 155/14 174/22 180/18 212/23 254/24 267/3 | 81/17 82/3 82/6 83/16 86/15 94/14 99/11 | LOOKED [11] 122/22 130/11 136/2 160/25 |
| LEAVE [11] 109/19 191/12 193/25 202/13 | 99/12 103/6 123/12 128/8 130/11 137/4 | 160/25 161/17 209/1 220/12 236/11 236/12 |
| 202/14 203/4 224/10 240/12 240/14 240/14 | 140/13 140/13 140/14 141/18 142/15 143/13 | 246/13 |
| 53/20 | 148/4 148/2 $149 / 14152 / 20154 / 8156 / 9$ | LOOKING [20] 14/6 25/8 75/1 87/16 97/15 |
| LEAVES [1] 19 | 156/20 158/6 158/8 161/15 161/19 164/8 | 97/23 97/24 113/13 119/7 134/8 134/23 |
| LEAVING [1] 216/8 | 164/13 165/14 166/19 166/19 167/22 169/25 | 136/18 165/4 176/12 176/19 176/24 177/21 |
| LED [4] 46/23 84/17 129/18 216/17 | 176/16 180/9 180/16 180/17 181/12 181/16 | 259/5 259/20 264/19 |
| LEFT [80] 27/5 27/8 27/9 27/10 27/11 28/3 | 181/16 183/22 183/22 183/24 185/13 190/6 | LOOKS [7] 66/9 69/17 72/13 72/14 75/2 |
| 28/4 28/4 28/7 28/12 28/14 32/8 32/8 34/13 | 192/9 196/23 207/21 208/7 208/7 208/8 | 110/11 176/16 |
| 56/15 62/12 62/14 64/8 66/6 66/7 69/25 | 208/11 209/1 210/1 225/4 226/7 226/16 | LOSE [1] 99/21 |
| 70/12 70/13 70/13 72/9 72/13 72/22 74/10 | 227/2. 239/11 239/11. 239/22 241/23 243/2 | LOSS [3] 81/8 81/15 82/3 |
| 77/16 77/17 77/18 77/18 77/20 77/20 77/21 | 243/3 243/5 243/19 243/23 244/25 246/12 | LOST [4] 140/15 140/19 140/20 140/20 |
| 77/21 98/17 114/25 123/25 124/5 124/6 | 254/14 255/18 255/18 256/13 257/12 257/14 | LOT [9] 50/10 92/2 127/5 139/2 181/2 184/9 |
| 124/21 130/7 132/7 132/22 133/3 | 258/1 258/11 259/6 265/24 266/23 266/24 | 189/11 202/25 234/19 |
| 133/6 133/7 133/7 133/8 133/13 133/17 | 267/14 | LOTS [1] 131/25 |
| 133/22 134/2 134/4 134/11 135/8 136/19 | LIKELY [3] 100/18 145/22 147/16 | LOVE [5] 161/4 181/18 182/11 237/1 237/1 |
| 137/22 137/25 138/13 138/14 138/15 156/22 | LIKES [1] 203/13 | Low [6] 10/14 90/15 98/11 98/13 98/13 |
| 161/16 176/21 176/21 191/14 191/24 224/7 | LIMITS [2] 105/10 148/5 | 104/22 |
| 226/3 234/22 235/1 235/11 237/2 246/5 | LINE [18] 7/19 8/6 24/5 32/11 32/12 32/16 | LOWER [11] 26/1488/10 88/13 88/14 88/18 |
| 250/10 250/13 252/11 | 63/15 69/21 69/25 71/12 77/1291/23 92/14 | 89/8 89/25 114/10 114/25 138/6 138/7 |
| LEFT-HAND [4] 234/22 235/1 235/11 237/2 | 94/16 101/12 176/19 182/22 213/1 | LOWERING [1] 41/5 |
| LEG [2] 92/24 92/25 | LINEAR [14] 27/4 27/13 32/11 33/22 58/20 | LOWEST [1] 25/16 |
| LEGS [2] 88/15 141/6 | 58/22 59/2 76/2 76/6 122/25 123/13 124/10 | LUCENT [1] 114/24 |
| LEMCKE [22] 1/21 2/6 4/18 11/7 11/19 | 124/20 125/2 | LUCID [1] 167/1 |
| 57/10 57/14 69/874/11 100/25 122/13 | LINES [3] 20/22 32/15 239/9 | LINCH[2] 145/8 146/1 |
| 126/24 143/1 143/4 144/21 145/18 179/21 | LINK [1] 158/21 | LUNCHTTME [4] 239/12 239/12 239/15 |
| 184/13 184/16 204/2 230/2 262/16 | LIPS [2] 155/11 172/16 | 239/16 |
| LEMCKE'S[1] $262 / 17$ | LIST [2] 135/5 170/10 | LUNG [35] 30/5 30/6 61/6 65/3 65/25 65/25 |
| LENGTH [4] 48/8 48/13 138/19 146/6 | LISTED [3] 19/14 19/16 253/14 | 66/3 66/5 66/13 67/16 67/21 88/14 89/16 |
| LENGTHY [1] 13/2 | LISTEN [1] $100 / 9$ | 93/4 98/17 98/25 100/20 10 |
| LESTON [3] $64 / 7$ | LISTENING [2] 198/20 198/24 | 107/10 108/7 108/15 108/20 108/21 108/23 |
| LESIONS [1] 106/2 | LITERATURE [2] 47/15 47/16 | 109/4 109/4 109/6 109/6 109/8 110/11 |


| L | MAY[67] 5/95/10 6/2 6/2 6/11 6/16 10/21 11/1012/6 13/3 21/22 22/2432/23 37/5 39/8 | 43/13 59/6 116/14 119/22 132/13 136/12 145/10 147/16 152/19 152/20 159/6 163/7 |
| :---: | :---: | :---: |
| LUNG... [4] 113/13 113/24 114/24 115/3 | 43/23 58/20 59/21 67/11 68/12 69/6 69/12 | 163/9 189/17 189/22 200/8 200/11 205/8 |
| LUNGS [18] 30/8 45/8 65/6 65/7 67/21 | 69/22 78/23 80/13 81/16 82/17 84/9 85/24 | 205/8 205/12 205/19 205/24 207/6 207/8 |
| 88/18 89/7 89/8 89/25 90/25 98/1 106/20 | 87/14 96/17 96/17 96/22 101/1 110/20 111/1 | 214/11 215/5 220/13 231 |
| 107/6 107/7 110/12 112/12 127/8 127/13 | 115/20 117/20 119/6 120/25 121/20 125/21 | MEDICALLY [1] 92/3 |
| LYNELLE [5] 9/4 11/25 12/1 12/6 13/4 | 130/13 130/18 134/13 135/19 136/2 137/5 | MEDICATIONS [1] 200/19 |
| LYNNEL [1] 233/17 | 140/11 144/5 144/17 154/5 167/11 167/22 | MEDICINE [1] 16/7 |
| LYTIC [1] 105/24. | 170/14 182/25 190/3 196/25 211/9 213/6 | MEDICS [1] 189/20 |
| M | 235/18 245/10 258/8 258/22 262/17 262/21 | MEET [4] 169/1 169/2 190/2 |
| M-I-C-H-A-E L [1] 15/15 | MAYBE [15] 86/21 $146 / 23179 / 24180 / 8$ | MEMORIES [1] 32/1 |
| M-I-C-K-E-Y [1] 187/17 | 180/10 181/12 215/3 225/20 $226 / 21226 / 24$ | MEMORY [15] 22/19 23/5 23/8 32/21 33/10 |
| MA'AM [31] 11/22 22/15 22/23 23/6 24/18 | 227/18 247/10 257/18 258/2 265/20 | 153/24 154/2 154/13 154/20 156/4 165/5 |
| 27/16 39/15 41/22 42/2 96/12 165/11 204/17 | ME [142] 8/15 10/20 11/7 11/22 11/23 12/8 | /8211/5 21 |
| 205/11 205/17 206/3 206/6 206/8 207/7 | 12/8 23/2 23/7 28/21 33/12 35/24 36/10 | MENTAE [1] 24/23 |
| 209/2 209/4 209/21 210/17 210/24 212/7 | 36/19 37/13 39/6 42/3 42/25 43/7 44/7 44/10 | MENTIONED [13] 41/19 47/3 49/14 |
| 213/14 213/25 214/21 214/25 230/12 231/10 | 44/12 45/13 47/9 48/20 49/17 50/2 50/23 | 88/22 90/5 103/7 121/18 122/25 183/17 |
| 265/6 | 50/23 51/7 51/12 51/18 57/7 57/18 57/25 | 199/20 203/6217/25 |
| MACDONALD [3] 1/24 269/11 269/11 | 58/1 59/18 607761/16 66/22 67/19 67/19 | MET [5] 7/1 13/9 168/14 194/4 194/6 |
| MACHINE [2] 25/20 25/21 | 71/16 73/24 74/14 74/15 74/19 75/14 76/8 | METHOD [2] 178/9 180/13 |
| MADE [12] 14/9 14/10 26/22 122/20 129/22 | 76/15 77/11 78/2 79/23 79/23 80/1 80/4 80/ | METRO [9] 190/6 190/20 190/22 194/2 |
| 158/14 172/19 202/8 221/1 221/5 260/1 | 80/6 80/21 82/22 83/25 85/6 86/2 87/7 88/17 | 19449 194/23 196/8 200/6 210/20 |
| $260 / 25$ | 89/5 90/8 92/17 94/8 94/25 95/25 97/11 | MICHAEL [6] 1/19 2/4 5/2 15/515/1 |
| MAGNIFY [1] 44/24 | 104/23 107/2 111/14 111/16 111/16 114/1 | 121/24 |
| MAGNUM [6] $27 / 6$ 33/18 33/21 33/25 34/1 | 115/2 115/12 115/20 118/14 120/1 121/2 | MRCHELLE [2] 1/19 4/15 |
| 34/2 | 121/6 121/7 123/11 125/25 126/17 132/2 | MICHELLE'S [1] 266/18 |
| MAL [2] 10/23 146/25 | 132/15 137/8 137/8 142/4 147/25 154/8 | MICKEY [5] 2/12 171/18 187/5 187/8 |
| MAIN [4] 98/20 100/10 100 | 154/10 154/23 158/2 160/18 167/24 171/7 | 187/17 |
| MAINSTEM [1] 29/24 | 171/16171/19 173/15 176/5 181/12 191/2 | MICRO [2] 58/19 58/2 |
| MAINTAIN [2] 17/9 22/9 | 192/6 192/11 194/23 195/7 196/22 201 | MICRO-STELLATE [1] 58/21 |
| MAINTAINING [2] 214/9 214/16 | 211/14 212/19 216/3 222/16 225/5 225/12 | MICROSCOPE [1] 58/24 |
| MAKE [29] 36/23 47/8 50/17 51/14 51/19 | 228/5 234/17 239/21 243/5 243/6 243/22 | MID [1] 70/13 |
| 52/12 54/13 59/19 64/11 64/11 68/20 74/13 | 244/7 244/19 245/20 247/1 247/13 247/19 | MITDLLE [7] 209/15 209/24 210/12 237/3 |
| 85/886/24 102/7 103/25 107/9 131/25 137/4 | 248/9 248/12 250/3 253/3 258/15 261/23 | 245/3 256/22 258/12 |
| 140/16 144/20 160/5 179/3 189/24 195/10 | 264/19 266/11 267/6 267/24 | MIDLINE [13] 2720 |
| 199/16 200/17 234/10 260/1 | MEAN [56] 9/7 13/1 14/7 14/7 14/8 23/13 | 61/17 62/12 70/8 70/11 70/12 70/14 70/17 |
| AKES [4] 38/14 59/10 68/22 99/8 | 24/3 25/5 27/22 28/8 31/19 38/745/13 48/24 | 13419 135/7 |
| MAKING [2] 31/7 54/6 | 53/17 55/77 58/19 72/10 73/878/17 82/21 | MIGHT [34] 4/22 5/17 6/6 9/24 9/25 10/3 |
| MALADIES [1] 99/18 | 82/24 88/11 89/16 101/10 11/177 143/11 | 45/2450/5 58/9 79/17 80/7 80/9 80/11 80/17 |
| MALADY [1] 43/25 | 146/17 147/25 148/15 148/21 150/15 153/7 | 81/3 83/15 84/10 84/10 84/2485/8 90/7 |
| MALE [9] 155/5 158/4 162/18 165 | 155/10 158/24 159/11 173/1 181/2 182/24 | 103/18 104/4 106/8 114/20 116/24 117/20 |
| 167/10 169/22 179/7 179/8 185/7 | 183/7 197/23 199/21 200/2 205/13 209/12 | 138/24 150/3 173/4 176/5 180/10 180/14 |
| MANAGE[1] 43/14 | 223/22 227/19 245/21 249/1 263/5 263/11 | 263/3 |
| MANAGEMENT [2] 38/1 135/5 | 263/13 263/15 265/23 266/15 266/21. | MILD [2] 126/15 127/10 |
| MANIFEST [2] 80/10 81/16 | MEANSNG [5] 115/21 145/8 155/12 199/3 | MILLIMETER [5] 70/11 70/18 70/22 71/11 |
| MANNER [7] 37/2 82/12 116/1 116/1 | 224/2 | 71/13 |
| 142/20 172/7 $216 / 21$ | MEANS [13] 27/20 30/5 65/2 73/15 74/20 | MILLIMETERS [8] 28/7 70/1 70/5 70/8 |
| MANUAL [1] 177/23 | 76/18 78/18 79/7 84/16 98/14 100/11 113/14 | 70/13 71/18 71/23 129/6 |
| MANY [12] 17/15 19/22 23/20 92/8 92/9 | 179/1 | MIN [2] 36/21 242/5 |
| 105/12 163/13 174/20 175/18 175/18 $238 / 21$ | MEANT [2] 25/5 25/7 | MIND [7] 14/7 80/4 126/13 176/10 258 |
| 260/1 | MEASURE [2] 36/21 181/11 | 263/7263/8 |
| MARK [8] 8/25 11/13 13/5 34/13 34/16 | MEASUREMENTS [2] 52/23 104/10 | MINE [3] 134/12 134/23 135/1 |
| 109/19 109/21 130/15 | MEASURES [3] 6723 110/3 110/4 | MINERAL [1] 103/5 |
| MARKED [9] $3 / 3$ 130/16 142/9 142/11 | MEASURING [1] 70/1 | MINERALIZA TION [12] 103/2 103/3 |
| $235 / 16235 / 22245 / 8245 / 9258 / 19$ | MECHANICAL [1] 29/24 | 103/6 103/11 103/22 104/11 104/12 104/1 |
| MARKNGS [1] 260/17 | MECHANICALLY [1] 25/19 | 104/17 104/18 104/19 11 |
| MARKS [2] 35/9 109/17 | MECHANICS [1] 48/25 | MINERALIZE [1] 103/12 |
| MASK [6] 25/22 163/11 207/12 219/9 | MECLIANISM [5] 43/2 50/22 169/3 169/10 | MINIMIZATION [1] 105/9 |
|  | 169/16 | MINOR [2] 206/14 225/18 |
| MASS [3] 45/20 64/7 70/25 | MECHANSMS [2] 170/10 1723 | MINUTE [16] 4/23 45/11 57/8 60/22 61/ |
| MASTOID [1] 79/5 | MEDLAL [1] 114/25 | 90/18 92/7 146/19 177/22 179/16 216/24 |
| MATTER [13] 5/11 6/20 8/179/19 9/23 | MEDIASTINAL [5] 112/3 112/4 112/6 | 225/20 229/5 229/7 229/8 243/19 |
| $49 / 20$ 63/2 140/19 147/25 160/6 164/24 | 112/17112/20 | MINUTES [20] 30/21 30/21 41/10 81/7 |
| 171/5 190/12 | MEDIC [9] 170/19 189/13 189/20 189/2 | 83/10 99/25 145/16155/14 176/6 176/23 |
| MATTERS [2] 1.40/19 150/6 | 198/21 198/22 199/17 200/12 200/14 | 188/19 188/19 229/3 229/3 242/5 242/6 |
| MAXTMAL [1] $70 / 2$ | MEDICAL [42] 15/22 17/12 20/1 20/15 22/6 | 242/24 243/4 248/19 251/11 |
| MAXIMUM[1] 1178 | 22/9 22/1132/18 33/12 36/19 41/20 41/24 | MISLEA DING [1] 128/5 |

## M

MISNOMER [1] 199/24
MISS [14] 5/1 5/14 6/4 11/774/11 143/1
145/18 148/5 184/16 232/9 262/17 263/7

## 268/4 268/5

MISS EDWARDS [2] 5/14 6/4
MISS KIT [1] $148 / 5$
MSS LEMCKE [1] 11/7
MISS RODRIGUES [1] 268/4
MISS STEPHANIE [1] 232/9
MISSTATES [1] 221/20
MSUUNDERSTOOD [1] 117/22
MOM [9] 12/12 146/20 146/22 146/24
148/13 148/15 149/2 149/13 241/3
MOMENT [3] $119 / 14$ 144/18 155/20
MONDAY [2] 266/20 267/2
MONTTOR [4] $99 / 3$ 100/8 $100 / 9$ 163/22
MONTES [2] 147/3 147/7
MONTH [2] 16/19 152/17
MONTHS [2] 32/5 211/3
MORE [64] 13/9 18/17 20/21 28/15 34/22
34/24 36/6 36/8 41/12 42/15 43/15 43/17
44/21 46/1851/1 54/3 55/1259/362/18
74/23 75/6 75/20 75/24 76/21 76/25 81/18 83/2 83/11 84/24 91/9 98/24 103/12 109/9 109/10 117/13 117/14 117/14 117/16 117/25 118/5 118/6 120/23 123/111 123/16 124/12
124/14 126/12 136/2 141/1 144/14 158/9
166/9 178/10 180/4 208/7 $212 / 14$ 219/3
219/8 222/25 225/13 225/20 230/5 $246 / 19$ 255/12
MORNING [9] 4/15 151/13 238/4 239/13
239/14 240/8 240/10 240/17 241/6
MOST [7] 25/4 66/15 89/7 119/10 119/11
132/0 153/10
MOTHER [3] 146/11 216/7 233/17
MOTION [1] 144/1
MOTOR [1] 200/5
MOTORCYCLE [2] 48/11 67/19
MOUTH [8] 93/11 97/14 97/25 98/4 164/17
208/4 208/5 229/6
MOVE [17] 27/25 28/3 28/4 38/9 38/14 75/1
75/7 80/12 96/19 169/1 169/2 170/3 236/14
238/17 246/15 260/15 265/10
MOVED [7] 28/6 72/12 75/3 75/7 163/4 201/19 201/20
MOVEMENT [7] 25/1 63/2 63/20 63/22 75/5 75/8 101/11
MOVING [4] 25/3 63/10 74/7 260/18
MR [21] 2/10 2/1.4 2/17 4/19 8/15 11/22
57/10 57/14 100/25 122/13 126/24 144/21
173/23 179/21 184/13 204/2 213/7 217/3 230/2 230/3 262/16
MR. [40] 4/9 4/20 9/2 9/11 10/11. 11/18 11/20 12/8 12/21 13/15 13/17 145/19 152/7 158/24 159/24 173/11 178/21 182/18 184/25 190/10 191/1 195/19 198/25 213/8 218/23 219/23 219/24 220/9 221/12 221/13 222/1 222/4 222/6 223/5 230/10 230/22 233/21 265/25 267/5 267/19
MR. GRAY [1] 218/23
MR. KLINE [20] $152 / 7$ 159/24 178/21 182/18 184/25 190/10 191/1 195/19 198/25 219/23 219/24 220/9 221/12 221/13 222/1 222/4 222/6 223/5 230/10 230/22 MR. QUISANO [3] 4/9 4/20 233/21 MR. REED [3] 158/24 213/8 267/19

MR. REED'S [3] 145/19 173/11 267/5
MR. RODRIGUES [4] 12/8 12/21 13/15 13/17
MR. STAUDAHER [1] 265/25
MR. WILLINGHAM [5] 9/29/11 10/11
11/18 11/20
MS [26] $2 / 5 \quad 2 / 62 / 72 / 92 / 112 / 132 / 162 / 8$
2/20 11/19 11/19 57/10 57/14 69/8 69/8
100/25 122/13 126/24 143/4 143/4 144/21
179/21 184/13 204/2 230/2 262/16
MUCH [22] 51/4 51/5 88/10 98/13 118/5
118/9 120/15 144/16 144/25 146/1158/9
175/4 180/20 186/22 198/16 204/7 231/25
247/22 266/7 266/8 267/12 268/25
MULTIBRANCHED [1] 32/15
MULLTPLE [5] 47/5 47/5 84/19 105/14 172/3
MURDER [1] 4/10
MUSCLES [1] 106/9
MUSCULAR [1] 85/18
MUSE [3] 71/2 174/5 206/19
MY [136] 5/6 5/21 6/167/23 9/21 12/15
15/14 19/3 20/20 22/18 35/5 35/6 35/635/8
37/3 39/12 $42 / 4$ 44/5 54/5 54/7 54/7 54/11
55/7 55/7 55/8 56/9 56/10 57/18 64/22 67/20
67/21 80/4 100/8 100/8 109/17 122/10 124/4
128/18 134/3 134/4 134/20 135/18 $135 / 19$
135/20 135/22 136/18 140/9 140/11 141/15
141/15 141/15 141/16 141/18 146/18 148/2 154/23 155/21 156/4 156/22 160/4 160/5 160/25 161/1 161/16 161/17 162/19 163/16 165/25 167/6 167/6 167/23 170/21 170/22 172/23 175/12 175/15 176/7 176/24 178/25 179/1 179/5 179/12 179/23 181/8 181/24 $182 / 7$ 187/17 188/15 189/20 189/20 190/22 191/3 191/18 192/25 194/4 194/24 195/21 196/15 197/15 199/22 199/24 200/1 200/12 200/13 200/13 201/10 203/5 204/21. 214/17 217/5 218/20 220/23 221/15 223/4 224/10 224/15 224/16 225/21 226/3 229/17 231/5 233/17 237/23 238/2 239/19 240/12 240/13 240/15 242/1 248/9 248/13 251/21 251/21 252/9 263/20 266/16
MYRIAD [1] 152/21
MYSELE [4] 64/23 163/5 178/25 217/5 N

NALVE [1] 176/5
NAME [32] 7/139/3 11/12 11/23 12/9 13/17
15/12 15/14 15/15 19/21 19/21 20/3 21/13 49/7 116/5 116/7 151/25 171/17 187/15 187/17 204/19 204/21 218/19 218/20 218/22 233/1 238/6 239/8 242/1. 251/22253/8 253/11
NAMES [3] 6/23 7/4 11/23
NANCY [2] 1/214/18
NAP [1] 255/22
NATIONALITY [1] 226/23
NATURE [25] 20/23 34/20 41/25 46/5 48/15 53/9 72/1 72/21 72/25 74/2 74/5 91/16 102/12 109/20 109/22 111/25 114/19 116/1 116/2 125/5 136/3 139/19 208/7 208/20 208/24
NEAR [2] 236/4 236/5
NECESSARILY [16] 36/11 44/1 47/24 62/17 63/2071/3 74/2378/25 79/10 85/13
126/3 184/22 208/10 208/16 221/9 263/17
NECESSARY [6] 43/4 55/1 200/9 200/20

221/18 267/19
NECK [5] 97/24 98/2 98/5 102/2 156/14 NEED [31] 6/24 15/12 15/13 16/24 30/19 42/19 69/5 87/21 110/14 126/17 145/6 146/24 146/25 148/4149/15 149/19 150/22 187/15 190/5 191/17 204/19 222/23 224/16 233/1 241/2 241/3 264/4 265/8 267/8 268/8 268/19
NECDED [9] 24/4 71/16 170/21 191/16
202/19 203/4 221/18 242/23 268/15
NEEDS [6] 24/6 47/22 140/25 148/9 232/6 263/23
NERVE [4] 23/17 122/16 122/17 122/19 NERVES [1] 23/22
NEUROLOGICAL [1] 157/13
NEUROSURGEON [6] 38/1771/1771/25
129/20 129/21 129/23
NEUROSURGERY [1] 43/10
NEUROSURGICAL [ 1 ] 129/22
NEVADA [9] 1/4 1/6 4/1 17/11 48/7 153/1
188/12 206/7 233/14
NEVER [6] 81/13 122/22 126/13 169/24 220/8 $227 / 6$
NEW [7] $22 / 931 / 2447 / 1547 / 16116 / 18$ 231/11 231/22
NEXT [25] 10/12 18/10 36/24 73/374/7
121/8 145/8 145/21 150/7 150/20 151/4
151/7 159/10 187/2 203/8 204/8 228/22
232/4 236/23 259/18 260/3 260/4 261/2
262/24264/2
NG [2] 90/9 90/16
NICE [1] 89/18
NICHOLAS [3] $7 / 57 / 77 / 14$
NIGHT [7] 9/6 9/8 10/16 19/14 20/13 243/25 244/5
NDNE [4] 152/17 174/18 174/19 174/20 NINETEEN [1] 39/17
NINETEEN-FORTY-FTVE [1] 39/17 NO [254] 1/1 $1 / 71 / 243 / 43 / 53 / 63 / 73 / 8$ 5/157/10 7/127/17 8/3 8/5 8/149/13 9/20 11/2 12/17 12/2012/24 15/2 19/23 20/6 $21 / 18$ 23/15 24/13 24/15 28/10 32/20 37/8 38/8 38/14 39/3 41/22 47/149/9 49/12 58/19 61/15 62/25 63/2 65/11 65/1465/1765/22 68/15 69/1 70/9 70/10 70/19 72/3 73/1 74/6 76/10 78/1 78/11 78/12 79/7 79/77 79/779/11 80/14 81/2 81/21 83/12 85/14 87/4 89/14 90/3 90/19 90/22 91/9 92/1 94/21 95/295/7 95/8 95/15 95/16 95/25 96/296/3 99/4 99/6 99/20 100/16 101/8 102/18 103/22 104/7 105/24 106/3 106/10 107/4 107/14 108/14 109/17 111/12 111/14 11 1/15 111/22 112/1 112/2 112/3 112/10 $112 / 14113 / 3113 / 25$ 114/14 114/18 114/22 114/23 115/6 115/9 115/11 115/21. 115/21 116/3 117/1 118/14 119/19 119/19 120/19 122/2 122/7 122/10 124/2 125/6 125/8 125/10 127/21 128/2 128/20 128/24 129/4 129/25 130/16 131/11 131/21 135/5 $139 / 21142 / 7142 / 11144 / 13$ 147/10 147/21 148/6149/19157/5 157/8 164/22 167/6 169/1 169/2 169/2 169/3 169/19 169/21 170/12 171/6 173/17 175/8 180/3 181/24 182/10 182/12 182/14 182/16 183/13 185/13 185/15 185/16 185/16 185/18 185/24 186/21 189/19 189/24 193/16 197/3 198/7 199/5 199/11 201/6 202/12 203/1 203/25 204/6 208/14 209/13 210/6 210/19 210/23 212/2 213/25 214/21 214/25 216/8

| N | 198/16 199/11 199/11 201/5 203/21 207/15 207/19 208/3 208/10 208/14 208/15 210/19 | $\begin{aligned} & \text { 260/19 } \\ & \text { OBSER [1] } 59 / 14 \end{aligned}$ |
| :---: | :---: | :---: |
| NO...[55] 216/22 217/11 217/13 217/17 | 212/2 213/16 213/18 213/20 215/18 217/5 | OBSERVATION [2] 79/1 95/13 |
| 217/24 218/12 220/4 220/6 220/10 220/13 | 217/23 218/3 220/5 220/15 220/23 2218 | OBSERVA |
| 220/15 221/5 225/1 225/4 225/10 227/6 | 221/9 221/22 226/7 226/22 227/23 227/25 | RRVE [8] 20/20 83/15 103/18 123/22 |
| 227/11 227/24 228/1 228/12 229/24 230/21 | 228/10 228/15 229/12 231/18 248/13 248/19 | 126/10 179 |
| 231/5 231/5 231/24 232/8 232112 235/16 | 250/9 251/6 255/6 255/16 255/23 256/12 | OBSERVED [50] 28 |
| 236/17 236/19 241/8 241/11 241/12 241/16 | 257/21 257/23 258/8 259/2 259/5 260/18 | 57/17 57/20 66/16 68 |
| 241/19 242/24 243/3 244/3 244/4 244/5 | 262/3 262/18 26/2/19 262/21 263/15 265/15 | 79/1481/1 82/11 84/17 |
| 245/8 246/17 246/21 251/17 $252 / 23$ 253/18 | 265/16 266/15 | 295/2 |
| 254/8 254/20 255/16 256/3 258/19 260/19 | NOTABLE [2] 106/20 106/21 | /15 107/3 109 |
| 260/22 262/13 265/17 | NOTATION [2] 60/10 68/18 | 114/17 115/8 115/16 116/23 119/1 122 |
| NOBODY [2] 220/14 225/7 | NOTATIONS [4] 59/7 59/14 88/23 121/21 | 123/1 123/14 124/10 124/15 127/12 136 |
| NOMINAL [1] 108/3 | NOTE [7] 39/1 39/3 39/5 39/11 39/12 121/5 | 136/11 143/17 162/9 210/10 213/16 213/19 |
| NON [4] 77/19 104/10 123/10 144/2 | 21417 | 216/15 21 |
| NON-FORGIVING [1] 123/10 | NOTED [6] 28/22 29/21 113/8 114/24 | OBSERVER [1] $80 / 8$ |
| NON-OSTEOPENIC [1] 104/10 | 139/16 3 39/16 | OBSERVING [3] 5/18 113/11 185/7 |
| NON-ROTATIONAL [1] 144/2 | NOTES [16] 20/21 22/18 22/19 59/18 121/8 | OBSTRUCTIVE [2] 76/10 76/24 |
| NONDEPRESSED [1] 136/6 | 121/24 124/4 153/11 200/18 201/7 201/9 | OBTAINED [2] 193/23 231/11 |
| NONDISPLACED [11] 74/8 74/18 74/19 | 201/12 201/15 217/18 217/21 217/24 | OBVIOUS [3] 167/21 167/25 215/5 |
| 74/24 75/2 75/11 75/25 76/2 77/13 77/19 | NOTHING [15] 15/7 66/12 94/21 101/17 | OBVIOUSLY [13] 13/1 52/4 111/11 11 |
| $137 / 19$ | 102/21 115/7 124/3 144/22 151/18 167/24 | 127/5 131/24 158/2 159/23 201/5 202/22 |
| NONE [2] 108/10 148/6 | 180/7 187/10 204/14 232/21 247/11 | 262/11 265/8 266/6 |
| NONEMERGENCY [2] 208/16 214/23 | NOTICE [12] 22/17 23/8 70/3 157/6 161/14 | OCCASION [1] 206/4 |
| NONMILITARY [1] 176/22 | 164/11. 164/12 164/13 207/17 207/24 214/2 | OCCASIONED [2] 75/13 |
| NONRESPONSIVE [3] 81/5 157/22 215/10 | 241/6 | OCCIPITAL [34] 27/5 46/5 56 |
| NORM [3] 4/19 $69 / 9$ 118/13 | NOTICED [6] 10/23 87/7 158/20 161/18 | 74/9 74/10 77/14 77/16 77/20 77/23 77/23 |
| NORMAL [32] 63/18 95/1 95/3 95/3 95/ | 164/16167/25 | 101/6 132/3 132/17 |
| 101/7 102/23 103/2 103/2 103/5 103/14 | NOTING [1] 208/10 | 133/22 133/25 134/4 134/10 135/7 135/22 |
| 104/11 104/12 104/15 104/19 104/24 104/24 | NOVEMBER [12] 1/16 4/1 264/20 265/19 |  |
| 105/11 105/10 106/4 106/5 108/11 111/11 | 267/21 267/21 267/24 267/25 268/9 268/14 | 138/5 138/5 138/1.2 138/13 1 |
| 114/13 128/22 164/8 169/5 169/9 240/6 | 268/17 $268 / 19$ | OCCUPATION [4] 15/21 152/7 187/23 |
| 240/24 240/25 243/8 | NOW [74] 13/14 18/12 20/10 22/13 24/19 | 205/3 |
| NORMALLY [6] 188/16 238/4 239/1 2 | 29/3 29/19 31/7 31/13 32/6 32/18 34/4 35/12 | OCCUPIES [1] 63/14 |
| 239/22 255/16 | 40/18 54/11 57/16 64/22 68/18 70/3 85/20 | OCCUPYING [1] 64/7 |
| NORMLALS [1] 104/2 | 90/23 96/1 96/19 97/5 106/11 106/15 111/4 | OCCCR [6] 49/1 57/4 80/16 80/22 84/10 |
| NORMAN [1] $1 / 21$ | 111/6 111/10 127/18 133/16 $136 / 17137 / 18$ | $85 / 5$ |
| NOS [1] 33/6 | 138/19 139/2 140/4 140/11 142/8 142/16 | OCCURRED [6] 82/17 90/7 116/2 119/6 |
| NOSE [3] 164/14 208/4 $208 / 5$ | 149/16 149/19 149/20 150/16 150/17 156/1 | 20 |
| NOT [249] $6 / 26 / 96 / 106 / 156 / 258 / 49 / 24$ | 165/20 170/6 171/2 177/11 181/12 183/17 | OCCURS [6] 62/18 79/21 101/25 222/ |
| $10 / 7$ 11/3 12/19 13/8 14/2 14/7 14/11 14/19 | 183/25 201/21 210/4 213/21 217/25 219/10 | 224/6 224/7 |
| 21/1 24/2 25/2 25/3 25/3 25/5 25/21 28/5 | 219/22 224/5 224/5 224/6 224/13 231/7 | OF 2000 [1] 233/9 |
| 30/10 31/1 32/12 33/21 35/7 36/11 37/21 | 248/9 251/12 252/17 255/3 255/20 255/24 | OFF [51] 26/6 26/7 29/7 34/22 37/3 42/4 |
| 38/22 39/19 40/5 40/25 42/10 42/24 44/5 | 261/15 263/25 266/18 267/13 267/20 | 50/20 50/21 50/21 50/22 54/3 54/18 55/8 |
| 45/2 45/6 45/8 47/4 47/24 48/10 48/21 49/14 | NOWAY [1] $68 / 12$ | 73/23 94/1121/12 141/9 142/19 143/21 |
| 49/25 50/14 50/14 51/19 52/8 52/8 52/22 | NLMBER [32] 17/18 20/1 20/1 21/7 21/7 |  |
| 52/23 53/5 54/5 54/5 54/8 54/14 54/19 56/2 | 21/16 21/25 22/2 22/4 22/5 22/6 22/7 22/9 | 170/21 173/9 178/22 178/23 193/9 193/12 |
| 56/10 60/1 $62 / 762 / 17$ 63/20 66/1 66/4 67/9 | 22/10 22/11 33/3 52/19 59/10 59/13 69/10 | 194/22 200/13 202/3 202/5 203/24 210/2 |
| 67/12 67/15 68/4 68/6 68/768/13 70/1471/3 | 127/18 137/9 138/23 149/15 157/18 172/2 | 210/13 212/18 216/10 217/3 238/4 239/2 |
| 71/5 72/16 78/23 78/25 79/22 82/11 83/11 | 252/18 252/18 252/22 252/25 253/1 253/4 | 9/21 239/23 240/13 244/17 246/24 |
| 83/19 84/11 85/385/1487/24 88/13 90/8 | NUMBERS [5] 21/10 21/25 22/22 251/21 | 268 |
| 90/8 90/16 91/12 97/23 97/23 98/6 99/15 | 252/6 | OFFER [2] 46/23 50/13 |
| 99/20 102/1 104/2 104/10 107/25 108/10 | NURSE [1] 262/2 | OFFERED [2] 171/5 190111 |
| 108/14 110/17 112/18 113/20 116/21 117/20 | NURSES[1] 262/1 | OFFERING [2] 19013 190/13 |
| 119/19 120/2 120/4 120/8 120/10 120/22 | 0 | OFFHAND [1] 21/16 |
| 122/15 122/17 122/18 123/9 123/15 124/4 |  |  |
| 124/4 124/11 125/14 125/16 125/17 125/21 | $O^{\prime}$ CLOCK 181 V/174/3 148/11481149/9 |  |
| 125/24 127/15 128/3 128/12 129/17 129/20 | 149710 206/20 265/24 | ERS [5] $210120249 / 24$ 253/21 |
| 133/17 133/20 134/12 135/8 1.35/1.9 136/17 | OATH [1] 96/11 | - |
| 136/19 140/9 141/10 146/1 147/3 147/8 | OBJECT [28] 29/10 46 | OFTEN [2] 117/15 128/4 |
| 147/18 147/18 147/23 148/10 148/11 148/22 | 67/10 82/20 84/284/13 103/21 136/9 139/8 | TENTIMES [1] |
| 149//1 150/9 150/10 155/9 155/13 155/13 | 139/15 140/8 143/13 158/12 162/2 170/2 | [3] 93/9 93/1397/ |
| 156/1 156/6 156/7 156/7 159/21 161/15 | 170/24 171/24 190/9 195/9 196/3 197/11 | OH [27] 8/20 10/19 28/13 |
| 162/11 162/21 162/22 170/12 171/7 172/9 | 213/1. 215/9 230/15 230/22 257/20 | 76/8 93/19 94/15 100/1 101/5 102/22 109/1 |
| 173/4 174/1 175/2 175/4 175/14 179/12 | OBJECTION [23] 5/15 53/11 53/12 84/6 | 110/23 117/22 118/15 147/4 150/3 1 |
| 179/12 179/25 181/9 181/11 181/24 181/24 | 133/19 133/20 159/11 160/9 162/12 172/20 | $6 / 22182 / 3$ |
| 182/16 183/7 183/25 184/22 185/9 191/4 | 172/21 172/23 173/11 185/19 215/15 221/20 | 264/18 268/5 |
| 193/19 193/21 195/10 195/12 195/13 196/1.9 | 231/13 231/14 231/17 236/16 236/17 246/16 | OKAY [624] |





R
RECORD... [3] 253/3 259/9 260/10
RECORDED [1] 201/5
RECORDING [1] 99/16
RECORDS [ 3 ] 36/19 118/24 134/21
RECUSE [1] 166/15
RED [2] 127/21 127/24
REDIRECT[10] 2/72/11 2/18 127/1 127/3
185/2 185/5 204/5 230/4 230/7
REED [19] 1/21 2/10 2/14 2/17 4/19 57/10
57/14 100/25 122/13 126/24 144/21 158/24
179/21 184/13 204/2 213/8 230/2 262/16 267/19
REED'S [3] 145/19 173/11 $267 / 5$
REESTAB [1] 30/24
REESTABLISHED [2] 30/24 30/25
REF [1] 126/18
REFER [10] 44/13 59/8 59/9 68/22 85/20
92/3 103/3 110/18 135/4 192/12
REFERENCE [3] 31/13 135/5 165/3
RRFERENCED[6] 46/20 121/17 121/20
126/1 126/2 126/16
REFERRED [5] 21/6 37/17 168/22 197/25
259/21
REFERRING [21] 33/1 60/3 68/24 77/15
88/7 88/19 115/15 133/16 134/17 135/4
136/7 136/15 155/11 192/14 192/16 197/4
198/2 244/18 246/5 246/9 252/5
REFERS [4] 63/19 136/14 153/8 257/5
REFLEX [2] 164/19 164/22
REFRESH [16] 22/19 23/5 32/21 33/10 60/7 153/24 154/2 154/13 165/4 176/15 197/13
197/13 197/22 211/5 211/6 211/16
REFRESHED [1] 23/8
REFRESHING [2] 154/19 197/11
REGARD [2] 67/24 117/12
REGARDING [16] 7/188/17 9/19 10/5
20/16 26/21 $41 / 25$ 43/9 46/22 47/13 49/18
59/14 138/19 196/44 197/25 231/7
REGARDLESS [1] 133/3
REGION [2] 27/5 124/12
REGISTERED [1] 249/25
RELATE [4] $90 / 290 / 6$ 103/10 195/5
RELATED [6] 6/19 12/12 106/24 109/7
116/18 116/24
RELATING[6] $5 / 12$ 111/12 111/20 114/16
115/7 124/10
RELATION [2] 111/25 126/18
RELATIONSHIP [4] 169/23 169/25 233/19 234/2
RELATIVE [9] 9/22 57/20 80/16 95/5
101/18 106/6 113/23 119/4 124/19
RELATIVELY [1] 100/2
RELAYED [6] 170/22 171/20 196/19 203/7 213/15 229/21
RELEVANCE [6] 103/23 171/24 171/25 172/1 172/6 172/21
RELEVANT [2] 103/25 107/3
RELYING [1] 16016
REMAIN [8] $6 / 8$ 17/3 21/7 21/25 143/5
262/20 262/23 263/25
REMAINING [1] 14/25
REMARKABLE [2] 79/9 102/21
REMEMBER [43] 11/23 36/18 61/13 89/3
$94 / 1194 / 22120 / 18124 / 4153 / 17155 / 18$ 155/19 156/2 161/12 167/13 183/2 183/19 183/20 183/21 184/21 206/16 208/6 208/10

211/3 221/13 221/15 222/22 226/2 226/5 $226 / 9226 / 11$ 226/13 226/14 226/17 226/19 $227 / 3$ 229/19 229/22 247/20 248/17 248/24 250/20 252/21 254/12

## REMIND [1] 74/14

REMOVE [2] 129/12 129/14
RENDER [3] 175/4 219/18 228/7
RENDERED [1] 163/9
RENDERING [9] 104/17 158/5 159/6
160/15 162/20 164/10 165/23 222/5 223/17
REPEAT [3] 33/24 64/23 107/25
REPHRASE [3] 139/12 162/4213/8
REPORT [83] 20/25 21/1 21/4 21/11 21/19
22/21 29/3 29/6 32/19 32/20 32/25 68/7 69/17 74/15 90/5 120/21 121/17 122/21 122/22 125/18 $133 / 16134 / 1134 / 3134 / 5$ 134/5 134/8 134/12 $135 / 2$ 136/25 137/16 137/17 137/18 150/5 150/7 150/8 153/20 153/22 153/25 154/3 154/20 163/10 163/16 $164 / 12$ 164/24 165/4 165/18 165/21 167/23 170/6 170/9 170/10 172/18 172/19 173/6 173/8 173/15 177/11 187/3 191/18 192/25 196/13 196/18 $196 / 21$ 196/23 197/4 197/12 197/17 197/24 197/25 198/1 198/2 200/24 201/3 201/11 201/13 201/24 203/5 217/4 217/5 217/6 217/7 220/12 248/6 REPORTED [6] $1 / 2434 / 4140 / 4194 / 8$ 248/8 248/12
REPORTEDLY [2] 37/16 40/20 REPORTER [2] 192/16 269/12 REPORTER'S [1] 1/12
REPORTING [3] $87 / 8108 / 5116 / 14$ REPORTS [11] $19 / 826 / 21$ 30/1438/22 112/14 116/6 120/23 121/1 $122 / 7136 / 22$ 220/13
REPRESENT [5] 34/16 88/21 89/22 89/23 90/8
REPRESENTED[1] 93/7
REPRESENTING [1] 125/20
REPRESENTS [2] 89/4 89/24
REQUEST [1] 11/20
REQUESTED [1] 14/16
REQUESTS [1] 13/7
REQUIRED [1] 264/5
REQUIREMENTS [1] 17/6
RESCHEDULING [2] 150/14 264/1
RESCUE [31] 152/23 155/3 163/5 163/7
165/23 165/25 166/4 166/5 166/10 166/16
167/3 176/1 177/7 188/15 188/18 189/2
189/10 189/12 189/12 189/13 189/21 191/11
194/13 195/24 195/25 197/8 198/23 198/24
$200 / 13$ 200/14 $230 / 11$
RESIDENCE [11] 153/16 154/25 155/2
155/4 161/13 188/23 189/7 189/9 206/10
206/22 214/22
RESIDENCY [3] $16 / 3$ 16/4 16/12
RESTDENT [3] 18/16 18/16 121/3
RESDENTS [8] 18/13 18/18 19/3 20/10
20/18 20/20 20/21 121/1
RESIDING [1] 233/10
RESPECT [3] 168/2 207/24 260/16
RESPECTIVELY [1] 60/12
RESPIRATIONS [1] 207/14
RESPIRATORY [3] 207/11 207/22 214/1
RESPOND [16] 16/23 23/16 24/7 38/11 152/12 152/25 168/12 168/13 169/25 188/9 193/1 193/3 206/5 218/12 231/17 247/11
RESPONDED[5] 174/21 186/10 206/9

206/17 206/21
RESPONDER [2] 145/10 145/20
RESPONDERS [4] 145/9 148/15 149/13
172/4
RESPONDING [7] 19/13 40/25 157/7167/5
188/4 193/17196/20
RESPONDS [1] 218/13
RESPONSE [16] 10/9 23/17 24/11 31/10
38/15 147/10 153/3 158/13 160/17 186/13
193/5 205/8 209/22 218/12 247/17 247/19
RESPONSIBILITIES [2] 16/21 152/11
RESPONSIBILITY [1] 20/12
RESPONSIBILE [2] 20/15 153/19
RESPONSIVE [3] 23/15 23/25 24/2
REST [2] 44/13 121/9
RESTART [3] 30/23 40/1 94/7
RESTARTED [1] $30 / 22$
RESTARTING [1] 40/11
RESTRAINTS [1] 49/21
RESTROOM [1] 232/7
RESULTT[12] 35/22 61/23 62/17 62/18
64/16 70/18 71/20 71/2581/1685/1191/2 163/1
RESULTED [1] 109/16
RESULTTNG [1] 85/12
RESULTS [2] 26/17 86/11
RESUMING [1] 212/3
RESUSCITATION [4] 26/10 30/18 30/20
116/24
RESUSCITATIVE [2] 67/23 110/3
RETIRING [1] 198/13
REVEALED [1] 125/2
REVERSE [1] $142 / 8$
REVTEW [21] 14/11 14/16 22/19 23/2 26/25
$27 / 341 / 2442 / 1143 / 847 / 12$ 48/5 49/18
86/23 116/13 121/3 137/4 153/25 154/3
196/21 196/23 217/10
REVIEWED [7] 42/8 42/11 46/21 48/5
49/16 121/1 127/20
REVISIT [1] 2125
RHYTHM |1] 213/25
RI [1] 235/2
RIB [4] 67/4 67/20128/23 255/7
RIBS 51$]$ 67/20
RIDING [2] 48/11 224/15
RIG [3] 207/3 220/24 220/25
RIGHT [216] 4/7 4/20 5/16 7/3 11/9 14/13
14/15 14/18 14/21 15/2 15/3 28/2 28/3 28/4
28/7 28/9 28/13 28/15 29/24 29/25 44/12 $50 / 752 / 2454 / 1055 / 20056 / 1457 / 2360 / 15$ 62/10 62/12 63/23 65/4 66/6 67/14 70/12
70/14 72/5 72/13 74/19 74/21 76/13 77/16 77/24 79/20 86/5 86/13 87/10 88/2 88/6 89/10 90/15 90/17 91/20 94/23 95/10 97/2 988 98/17 98/17 98/20 100/6 100/11 100/13 105/25 106/13 106/21 111/4 111/8 113/18 115/7 115/22 121/13 121/25 124/16 127/5 132/7 132/22 133/2 133/6 133/7 133/7 133/8 133/13 133/17 133/22 134/1 134/11 135/8 $136 / 6$ 136/19 144/3 144/22 144/25 146/8 149/5 149/8 149/11 150/16 150/17 151/2 151/4 151/14 159/8 161/1 161/17 163/5 167/24 168/14 171/2 174/5 174/11 175/16 175/20 175/20 176/3 176/24 177/2 177/3 177/5 177/9 178/3 178/13 179/4 179/24 180/4 180/8 180/9 181/9 181/12 181/12 181/22 182/7 182/9 182/17 183/2 183/5 184/6 184/19 184/21 184/22 184/23 186/9

## R

RIGHT... [74] 187/6 189/15 189/19 194/14 194/15 197/17 198/16 199/3 199/13 199/19 200/21 201/12 201/15 201/25 202/10 202/15 202/24 203/6 203/11 203/15 203/22 204/1 204/10 216/24 217/18 218/3 218/4 219/2 219/22 220/8 220/11 220/16 220/19 223/10 223//1 223/24 224/4 224/4 224/21 225/6 225/13 225/24 227/4 227/12 227/12 228/2 228/5 228/21 229/8 229/20 232/16 232/17 233/24 235/2 237/3 237/14 246/9 248/4 248/9 250/3 255/10 259/14 259/25 $260 / 2$ 261/2 263/5 264/13 266/18 267/11 267/13 267/20 267/23 268/3 268/24
RIGHT-HAND [4] 184/19 189/15 237/3 246/9
RIGID [6] 81/13 83/17 85/9 117/13 117/14
118/6
RIGIDITY [7] 40/25 81/10 84/10 84/16
84/16 84/18 84/21
ROAD [1] $40 / 7$
RODE [1] 170/19
RODRIGUES [23] 2/19 7/20 8/78/15 9/4
11/25 12/1 12/6 12/8 12/19 12/21 13/15
13/17 13/18 146/9 232/5 232/19 233/3
233/17 238/7 248/8 268/4 268/5
RODRIGUES'S [1] 7/21
ROLE [9] 146/10 189/23 200/3 218/23 221/2
222/19 223/2 223/4 224/14
ROLE'S [1] 222/19
ROLES [1] 221/6
ROLL [1] 57/19
ROOF [1] 50/21
ROOM [25] 129/13 161/19 169/18 181/17
181/21 182/1 182/6 186/16 234/24 235/1
235/2 236/23 236/24 236/25 237/3 237/13
$245 / 5$ 245/15 245/16 246/13 251/16 251/18
251/18 254/15 261/16
ROOMS [1] 236/4
ROSS [1] 16/7
ROTATE[2] 16/17 16/18
ROTATION [2] 16/15 18/4
ROTATIONAL[12] 46/1 46/2 46/4 46/7
46/13 46/13 46/14 102/16 144/1 144/2 144/4
144/6
ROUGHLY [2] 37/15 51/9
ROUTED [1] 118/13
ROUTDNE [3] 47/6 240/10 240/11
ROW [1] 243/9
RUDIMENTARY[1] 25/7
RULE [2] 5/4 159/14
RULING [1] $160 / 5$
RUN [12] 6/11 26/2286/24 119/3123/1
127/25 132/6 132/21 196/14 197/25 249/15 267/8
RUNNING 31 216/19 228/25 251/3
S
SAC [1] 189/10
SACS [1] 113/13
SAFE [2] 37/148/7
SAFETY [6] 48/6 49/16 $49 / 17$ 199/22 200/2 200/10
SAH [2] 59/1760/10
SAID [93] 13/15 20/10 21/3 21/13 23/24
25/16 25/18 27/15 32/4 33/24 35/24 51/1
52/22 64/25 70/4 70/1082/25 118/17 120/8

143/11 156/10 156/12 156/16 158/6 158/8 158/18 159/3 160/24 161/6 161/15 164/23 165/14 166/22 167/22 170/25 171/16 171/19 181/16 183/18 183/19 190/15 190/16 191/17 192/9 192/24 193/6 193/8 193/15 194/14 195/8 198/17 198/20 201/23 209/13 209/19 209/25 210/13 211/1211/4 211/7 211/20 212/25 213/19 213/21 215/18 220/24 221/13 222/22 227/12 228/2 230/21 230/23 231/8 237/8 242/13 243/18 244/9 244/11 244/16 $246 / 25247 / 4247 / 8247 / 21$ 250/1 251/12 253/21 253/25 256/6 256/14 257/25 259/12 261/4 264/13
SAME [27] 21/7 31/20 32/3 38/19 53/2 53/8
53/12 53/18 109/12 109/13 112/21 113/16 117/19 133/3 136/7 155/23 157/17 171/20 172/13 173/2 180/13 181/20 196/2 196/4 250/10 251/16 256/6
SAN [3] 7/5 7/77/14
SATISFY[1] 263/23
SATURATION [2] 99/1499/22
SAVES [1] 239/21
SAVING [3] 183/14 228/14 267/21 SAW [36] 22/16 44/9 65/15 67/5 76/17 81/13 81/1781/24 82/16 99/16 113/18 118/9121/7 123/14 124/5 125/22 130/9 143/20 155/20
155/23 156/18 158/7 160/21 161/1 161/3 161/6 182/7 186/16 212/20 213/12 216/8 226/6 228/19 228/20 261/25 262/10 SAY [94] 5/9 10/3 10/15 14/4 14/1116/1 19/7 20/7 20/13 21/8 24/2 24/9 26/2 30/3 30/17 31/13 34/24 40/14 44/18 45/1848/16 49/1 51/2 56/18 62/17 65/23 66/5 66/22 67/7 72/6 74/24 76/3 76/13 77/6 77/12 79/20 82/24 83/5 85/17 89/4 92/18 92/19 97/19 9988 101/25 102/16 102/23 103/5 105/9 105/25 109/25 110/9 113/1 114/6 117/12 $117 / 17117 / 25$ 118/9 121/13 127/15 $128 / 18$ 135/8 137/23 140/20 146/25 151/9 155/18 155/22 156/9 158/18 171/3 178/22 180/17 180/24 181/13 181/21 181/25 193/11 194/13 208/5 212/23 223/14 223/21 236/7 239/13 241/4 242/7 251/16 252/21 253/10 254/23 260/13 265/24 266/25
SAYING [13] 14/3 48/22 60/11 75/4 103/13 114/12 141/17 166/19 166/23 167/13 184/21 186/8 196/5
SAYS [18] 33/23 35/4 60/1069/21 $70 / 13$
77/13 95/1 110/7 133/2 135/6 137/18 137/22 137/24 146/20 169/14 171/2 172/13 176/16 SCALE [11] 24/19 24/21 24/22 24/24 24/25 24/25 25/1 25/6 25/7 25/10 25/13 SCALP [3] 78/15 78/15 78/19
SCAN [33] 27/3 27/4 58/17 59/4 68/21 68/25
69/18 86/1 86/18 86/21 87/5 89/1389/18 90/1294/24 95/24 103/14 103/18 103/19 104/16 105/4 108/4 109/16 110/5 113/17 113/18 115/16 116/6 123/14 126/1 126/2 126/17 136/11
SCANNER [2] 87/17 87/18 SCANNING 11$]$ 95/22
SCANS [14] 26/12 31/1 31/1 38/4 68/19 86/9 86/11 87/9 87/13 87/15 116/14 123/1 125/2 126/16
SCENARIO [2] 190/7 203/13
SCENE [37] 41/2 41/2 154/16 154/17 176/24
189/10 189/10 189/23 189/24 190/2 191/1 191/5 198/19 199/21 199/22 199/23 200/2

200/10 203/3 206/17 206/25 208/2 208/17 $210 / 22$ 212/12 216/7 216/18 217/21 218/16 219/10 220/1 220/17 220/22 221/11 222/15 225/3 230/9
SCHEDULE [5] 16/16 18/5 238/24 239/10 240/7
SCHEDULED [4] 14/19 240/15 264/23 267/1
SCHEDULES [1] 150/23
SCHEDULING [1] $267 / 17$
SCHOOL [1] 16/7
SCLEROTIC [3] $105 / 25$ 106/1 106/2
SCORE [1] 25/13
SCRIBED [1] 121/2
SDH [2] 59/16 60/10
SEAT [18] 15/11 48/6 49/16 49/17 96/10 151/22 161/14 181/19 182/11 187/14 204/18 232/25 237/1 237/8 237/12 250/19 250/23 251/5
SEATBELTS [1] 49/21
SEATED [2] 51/11 51/21
SEATER [6] 237/4 244/19 244/22 246/8 246/25 247/4
SEATS [1] 261/4
SECOND [29] 44/25 53/10 74/19 77/10 92/17 96/5 108/25 147/4 180/21 188/25 188/25 212/15 212/16 212/18 213/12 213/15 213/18 218/15 224/5 224/7 224/11 224/21 227/16 229/4 229/6 231/7 235/2 243/20 254/14
SECONDARY [9] 57/3 6218 64/19 65/21
79/17 80/15 90/1 99/17 108/12
SECONDHAND [1] 172/15
SECONDS [5] 80/23 223/23 224/1 224/3 225/20
SECRETTONS [3] 208/4 208/5 208/9 SECURITY [3] 189/24 199/21 199/23 SEE [113] 11/7 $12 / 312 / 8171517 / 1917 / 21$ 17/24 22/25 25/6 26/10 35/1 35/2 35/15 39/6 41/19 44/4 45/2447/13 53/8 55/24 56/20 57/18 58/9 58/10 58/17 58/20 60/6 61/16 6211665/15 69/5 75/7 76/8 77/11 77/17 78/2278/23 80/7 80/10 81/4 81/24 82/6 87/19 87/20 88/1 90/18 91/5 94/25 98/2 99/3 100/8 100/8 101/6 101/23 102/20 104/3 105/9 106/8 106/11 109/21 111/11 112/22 112/24 112/25 113/1 113/6 123/9 128/22 131/8 148/3 149/24 155/16 160/20 165/23 175/2 177/13 181/21 182/9 191/19 193/9 196/18 198/19 199/8 199/10 199/11 208/9 209/3 209/5 211/5 216/6 220/3 220/14 225/2 228/13 229/9 229/13 229/15 230/19 231/3 231/3 233/21 235/14 245/6 246/19 249/13 252/3 258/24 259/13 261/21 261/24 263/7 265/2: 266/10
SEEING [8] 50/23 59/4 80/2 97/11 155/19
158/15 177/21 183/21
SEEM [11] 95/25 96/1 176/5 201/22 208/8
215/3 215/7 215/19 215/22 225/66 243/13
SEEMED [4] 167/1 207/18 207/25 226/24
SEEN [8] 19/22 84/20 98/6 167/25 184/9
197/24 220/1 255/20
SEES [1] 35/3
SEIZURE [2] 85/8 85/17
SEIZURES [5] 85/7 85/10 85/11 85/12
85/14
SENATORLAL [1] 63/13
SEND [2] 105/13 149/14

## S

SENIOR [2] 18/16 20/21
SENSE [1] 54/13
SENT [2] 26/6 26/7
SENTENCE [4] 73/4 107/25 108/18 109/15
SEPARATE [7] 65/19 91/25 92/1 94/16
103/17 107/15 108/17
SEPARATED [2] 41/3 133/5
SEPARATION [1] $46 / 5$
SEPTEMBER [3] 234/9 238/13 238/13
SEQUENCE [1] 168/24
SEQUESTRATION [1] 108/15
SERITS [1] 95/22
SERIOUS [2] 188/24 189/6
SERIOUSLY [1] 198/14
SER VICE [1] 18/25
SERVICES [1] 16/17
SET [16] 18/17 20/8 55/21 69/2 154/9
156/19 156/23 157/1 158/8 160/22 200/5
222/24 223/5 266/21 266/23 267/13
SETS [2] 191/23 $209 / 6$
SEITTING [3] 175/13 209/8 264/25
SEVEN [16] 28/7 70/1 70/4 70/8 70/10 70/13
70/18 70/22 71/11 71/13 71/18 71/23 129/6
176/23 177/4 234/3
SEVERAL [3] 5/24 155/14 220/1
SEVERE [11] 74/24 75/20 76/3 76/7 109/9
109/10 153/9 153/10 158/9 218/3 225/18
SEVERTTY [8] 46/8 75/13 75/15 153/8
215/4215/8 215/23 218/14
SHALE [1] 48/25
SHAPE [1] $180 / 18$
SHAPES [1] $29 / 11$
SHE [54] 74/15 146/25 147/5 147/5 147/23
192/9 197/13 215/14 216/9 216/16 216/18
216/18 216/19 216/20 216/20 226/19 226/20
226/21 227/1 227/3 227/9 227/15 227/15
227/17 227/20 227/21 228/2 228/15 228/15
228/18 228/19 228/21 228/22 228/23 228/23
228/24 228/24 228/25 229/1 229/10 229/10
229/14 229/16 238/8 238/25 239/20 239/20
239/22 262/22 263/11 263/21 263/22 268/8
268/14
SHE'LL [1] $146 / 16$
SHE'S [21] 8/10 8/10 10/13 140/12 146/11
146/12 146/20 148/8 192/3 192/18 192/19
19220 192/21 227/23 227/25 238/10 258/3
259/2 263/9 263/18 263/25
SHEAR [1] 67/17
SHEARING [2] 62/17 102/17
SHEETS [1] 99/16
SHIFT [27] 27/20 27/22 60/14 60/17 61/18
62/12 62/14 62/16 62/16 63/23 64/2 70/4 70/8 70/12 70/14 70/17 70/22 70/23 71/6 129/7 134/9 135/7 188/9 206/19 237/22 237/23 239/11
SHIFTED [2] 28/14 63/17
SHIFTS [2] 60/1989/25
SHIMMIERY [1] 89/19
SHINY [1] 89/19
SHIRT [4] 13/15 191/14 191/25 226/16
SHOES [2] 156/21 241/5
SHORT [8] 41/25 96/7 128/17 151/3 156/6
156/7 156/11 $260 / 7$
SHORTER [1] 226/21
SHORTLY [1] 206/23
SHORTS [1] 226/16

SHOULD [15] 4/23 6/4 14/4 19/9 98/19 108/10 136/14 148/2 168/17 169/7 178/6 197/8 263/6 263/23 266/15
SHOULDN'T [1] 5/9
SHOW [10] 59/18 79/1 86/1 87/289/23
111/5 111/7 126/17 141/13 258/14
SHOWED [8] 22/21 $27 / 4$ 29/24 30/2 56/23
120/22 120/24 163/23
SHOWING [G] 69/15 131/2 142/14 197/21
245/13 252/7
SHOWS [1] $56 / 9$
SIC [1] 135/12
SICK [1] 158/2
SIDE [52] $27 / 10$ 27/11 27/25 28/2 28/9 28/12
28/14 29/25 $32 / 8$ 32/8 61/24 62/1 62/14
62/20 66/6 66/6 66/7 71/22 72/13 72/16
72/23 77/20 77/21 98/17 124/21 130/7
$132 / 22$ 133/3 133/14 133/17 134/1 134/2
167/24 184/19 184/21 184/22 184/23 189/15
191/12 191/14 192/8 192/10 201/19 201/19
234/23 235/1 235/11 236/4 237/2 237/3
237/13 246/9
SIDES [3] 65/2 100/9 100/12
SIGN [3] 121/8 157/13 158/1
SIGNATURE [4] 121/24 252/9 252/10 252/12
SIGNATURES [1] 252/8
SIGNIFICANCE [12] 71/1071/13 95/4
98/14 101/18 107/2 107/7 111/12 111/14 139/6 139/18 189/4
SIGNIFICANT [37] 27/2 27/17 29/21 30/14
35/15 35/19 36/6 36/10 37/18 67/6 67/7 71/1471/18 79/6 89/21 95/23 95/25 96/1
102/5 106/2 106/5 108/2 108/6 108/8 111/19
$111 / 20111 / 24112 / 12113 / 22114 / 16$ 115/1
115/7 124/25 167/12 167/19 167/25 255/4
SIGNIFICANTLY [2] 44/23 72/23
SIGNIFIES [2] 23/20 23/20
SIGNIFY [2] 23/18 23/21
SIMILAR [5] 52/16 55/24 67/5 82/11 146/7 SIMPLY [1] 167/18
SLMULATE [1] 38/10
SINCE [8] 15/25 36/23 106/10 188/5 238/10
252/25 259/2 264/4
SLNGLE [5] 32/16 34/13 113/1 245/1 245/2
SINGULAR [1] 107/21
SINE [1] 256/24
SINUSES [2] 35/679/5
SINUSITIS [1] $79 / 7$
SIR [44] 15/11 151/22 173/24 176/18 186/22
187/14 187/23 196/23 197/3 204/18 205/3 217/9 217/11 217/17 218/2 218/10 218/18 219/15 219/17 219/19 219/21 220/4 220/10 220/20 222/8 222/11 222/14 222/17 223/9
223/13 223/16 223/18 223/20 224/20 224/23 225/1 225/11 227/8 227/11 228/4 228/9 228/12 228/19 229/24
SIRENS [1] 218/7
SIT' (7] 10/1 100/15 156/21 178/20 250/23 256/23 261/9
SITE [2] 124/12 203/9
SFTS [1] 27/23
SITTING [14] 10/12 13/15 55/4 55/5 55/7 $55 / 9$ 139/10 140/13 159/23 181/15 191/24
192/13 192/21 209/14
SITUA'TION [5] 71/8 215/4 215/23 222/21 225/9
SIX [5] 16/13 154/24 177/1 192/19 192/20

SIZE [8] 29/9 29/10 36/10 36/11 95/1 111/11 157/17 180/3
SIZES [1] 29/12
SKATEBOARD [1] 48/12
SKIN [3] 155/11 156/11 162/23
SKULL[86] 27/4 27/6 27/7 27/10 27/12
27/24 28/12 28/2431/17 31/22 32/7 32/16
33/14 33/16 33/17 33/19 33/20 34/2 34/3
34/14 34/15 35/7 35/8 35/11 45/4 46/8 52/16
55/15 56/3 56/8 56/9 56/10 56/12 56/12
56/13 56/23 57/4 57/23 63/16 63/16 63/17
75/1475/16 75/19 75/19 75/21 75/23 75/25
76/1 76/5 76/21 76/22 77/1 78/8 78/10 78/12
80/13 82/185/11 85/12 85/13 97/21 102/6
102/9 104/1 123/23 125/10 129/12 129/14
$129 / 15$ 13124 132/3 $132 / 4132 / 5132 / 7$
132/11 133/9 134/10 135/7 135/10 135/19
136/6 143/13 143/16 143/18 184/20
SLEEP [1] 255/22
SLICE [1] 87/18
SLLDE [2] 141/24 142/19
SLIDING [5] 50/21 140/5 141/9 141/19 143/21
SLIGHT [1] 167/23
SLIGHTLY [3] 98/21 100/11 156/11
SLIPPED [1] 34/17
SLIPPING [1] 53/15
SLOW [5] 31/3 31/8 73/9 73/11 74/11
SLOWED [1] 30/22
SLOWING [1] 31/10
SLOWLY [1] 99/21
SMALL [11] 29/1 63/5 64/7 108/10 113/13
114/24 115/3 115/3 125/19 157/18 226/7
SMALLER [1] 244/24
SMLLE [2] 240/24 241/1
SMITH[1] 43/1I
so [356]
SOCIETY [2] 43/10 47/17
socks [1] 191/25
SOFA [5] 14L/8 161/14 162/11 181/18 182/9
SOFT [3] 78/14 106/4 123/8
SOLELY [1] 169/10
SOLiD [2] 133/9 143/13
SOLUTIONS [1] $92 / 9$
SOME [63] 5/7 5/75/23 10/21 14/5 16/1 18/19 41/19 42/3 44/20 57/257/368/971/2 $76 / 3$ 80/17 80/22 81/483/14 88/1 91/3 91/11 93/2 95/12 101/23 102/9 102/22 109/16 110/4 113/18 116/17 116/23 120/5 120/13 133/20 140/25 145/7 163/25 167/23 170/13 170/21 172/25 173/4 174/5 180/9 180/14 184/22 190/25 208/4 214/10 222/23 224/6 227/2 241/20 247/7 252/2 253/19 255/10 261/21 267/7267/10 267/18 268/18 SOMEBODY [16] 45/18 50/13 79/1580/8 85/9 119/21 119/21 126/4 146/25 150/16
158/25 159/3 221/9 232/6 268/12 268/18
SOMEHOW [1] 10/2
SOMEONE [29] 19/1 19/8 25/6 25/23 35/3
35/3 35/19 36/236/4 36/6 41/1 41/2 41/10
$42 / 22$ 45/13 46/15 77/1 80/8 83/15 83/16
89/6 99/13 102/5 120/14 133/2 159/20
201/13 219/23 252/15
SOMEONE'S [1] 45/3
SOMETHING [38] 10/17 13/16 17/22 27/25
45/14 53/8 58/7 63/7 63/21) 65/1866/1676/4
77/7 78/21 82/6 84/1 84/10 103/19107/18
123/12 125/9 125/24 146/23 167/13 183/18

| S |
| :---: |
| SOMETHTNG... [13] 191/22 192/5 209/9 |
| 21/8 226/8 226/25 239/22 |
| 247/9 256/15 256/17 258/9 |
| SOMETIMES [7] 40/3 101/23 184/9 184/10 |
| 221/3 221/5 243/10 |
| OMEWAY[1] 213/3 |
| SOMEWHAT [4] 140/18 157/25 162/3 |
| 213/7 |
| SOMEWHERE [1] 242/19 |
| SON [3] 192/11 193/9 193/11 |
| SONS [1] 193/6 |
| SOON [1] 228/5 |
| SORRY [32] 7/6 8/9 18/8 30/3 30/4 33/2 49/5 69/4 96/4 117/22 120/6 124/6 147/5 |
|  |  |
|  |
| 182/3 192/13 205/7 223/10 230/5 246/1 |
| 249/3 249/8 $254 / 21257 / 2258 / 23266 / 25$$267 / 24$ |
|  |  |
|  |
| SOUND [6] 13/14 13/19 49/7 49/10116/7 |
| 116/22 |
| SOUNDS [6] 149/13 176/24 189/16 198/20198/25 199/18 |
|  |  |
|  |
| SOUTHERN [1] $132 / 10$ |
| SPACE [6] 26/14 30/6 63/13 64/2 64/13$115 / 3$ |
|  |  |
|  |
| SPARING [1] 33/23 |
| SPEAK [3] 227/4 254/11 263/25 <br> SPEAKING [7] 10/14 25/1 25/3 29/8 119/24 |
|  |  |
|  |
| SPECLAL [1] 95/19 |
| SPECLALIST [2] 116/10 121/SPECLALISTS [1] $237 / 18$ |
|  |  |
|  |
| SPECIFIC [15] 32/18 37/19 47/2261/21 104/18 104/19 123/11 157/19 158/22 171/9 |
|  |  |
|  |
| SPECIFICALLY [21] 21/6 38/20 43/11 |
| 47/16 48/3 49/17 49/19 57/17 88/20 89/13 |
| 152/15 161/15 161/21 169/24 170/12 177/12 210/9 211/1 $227 / 5$ 229/22 240/3 |
|  |  |
|  |
| SPECTRUM [2] 76/1 108/2 |
| SPECULATE [3] 35/17 83/23 83/25 |
| SPECULATING [5] 82/18 82/22 82/25 83/5 |
|  |  |
|  |
| 82/20 84/3 84/4 230/15 231/13 231/14 <br> 231/19 257/22 |
|  |  |
|  |
| SPELL [5] 15/13 151/25 187/16 204/20 |
| 233/2 |
| SPEND [1] 167/22 |
| SPENDING [1] 43/17 |
| SPLT [1] 208/8 |
| SPINAL [5] 33/19 34/3 72/12 101/15 102/12 |
| SPINE [21] 26/8 26/12 26/14 26/15 33/18 |
| 33/21 41/3 46/3 46/4 96/20 97/1 97/7 97/20 |
| 101/7 101/12 101/14 101/18 102/6 102/7 102/10111/5 |
|  |  |
|  |
| SPITIING [2] 247/8 256/15 |
| SPLASHED [1] 247/7 |
| SPLEEN [1] 95/3 |

SPOKE [12] 170/22 191/19 192/4 209/11 209/19 209/19 212/9 226/3 226/15 227/6 254/12 254/19
SPOKEN [1] 12/18
SPUTUM [2] 164/13 208/7
SQUARE [2] 44/25 258/12
SQUEEZE [2] 67/18 163/12
SQUEEZING [1] 25/23
SQUIRTS [1] 63/9
STA BILIZED [1] 31/2
STAFF [4] 15/25 148/3 165/19 170/18 STAMP [15] 33/3 59/8 59/10 $59 / 13$ 60/4 69/1 69/16 85/20 87/4 88/7 96/21 110/18 121/23 134/18 134/19
STAMPED [1] 87/3
STAND [4] 173/9 178/6 183/14 260/8 STANDARD [4] 24/22 169/6 201/1 237/24 STANDING [11] 17/11 54/16 132/10 139/11 140/13 155/11 182/24 192/6 194/23 232/17 $237 / 11$
STANDS [2] 235/8 235/8
STARRING [2] 58/10 58/14
START [16] $47 / 9$ 59/13 80/6 146/22 148/21 148/21 177/11 178/22 198/18 214/8 217/3
222/24 232/7 238/12 267/8 267/14
STARTED [13] 18/10 162/20 176/2 176/20
177/8 178/11 206/19 207/12 207/15 220/25
223/5 238/10 262/7
STARTING [3] 20/22 153/9 168/10
STARTS [1] $97 / 14$
STATE [24] 1/4 1/6 2/3 4/12 4/14 4/165/2
6/7 15/6 15/12 87/4 147/2 151/8 151/17 151/24 174/10 187/5 187/9 187/15 204/13 204/19 232/20 233/1 263/9
STATE'S [23] 3/3 12/17 130/15 130/16
131/2 131/14 131/21 142/10 142/11 142/14 142/25 143/5 235/16 235/23 236/14 236/19 245/8 245/13 246/15 246/21 258/19 260/16 260/22
STATED [3] 163/10 210/7 212/19
STATEMENT [28] 5/107/9 8/29/19/59/12
9/17 9/24 11/17 12/2 12/3 14/1 14/2 14/4
70/15 161/7 171/1 171/13 172/24 173/1
175/5 184/10 201/25 202/8 203/23 211/6 213/3 224/12
STATEMENTS [14] 5/8 5/25 6/14 7/15 8/13
13/2 13/3 14/9 158/14 158/23 160/3 160/7
172/3 190/9
STATES [1] 154/17
STATIC [3] $45 / 14$ 45/18 75/3
STATING [1] 248/10
STATION [3] 188/16 188/17 188/17
STATIONED [1] 188/16
STATURE [1] 128/17
STATUS [4] 119/22 208/19 215/4 220/19
STAUDAHER [2] 1/19 265/25
STAY [12] 14/25 16/25 17/1 20/2 22/8 22/10 69/22 93/23 144/3 151/11 232/17 254/7
STAYED [2] 10/24 166/17
STAYING[2] 10/10 75/5
STA YS [6] 19/25 20/2 22/6 22/7 75/2476/4
STELLATE [6] 32/15 58/15 58/19 58/21 59/1 76/3
STEM[4] 38/13 98/20 100/10 100/13
STEP [5] 129/19 168/24 168/24 169/1 183/5
STEPFATHER [1] 208/20
STEPHANIE [1] 232/9
STEPPED [1] 207/3

STERNUM [2] 177/24 178/12
STICKING [2] 173/25 199/5
STLLL [16] 33/15 58/21 74/20 96/L1 99/9
117/8 121/7 121/8 139/23 159/14 213/25
237/20 239/18 242/12 255/5 259/20
STIMULATION [2] 24/7 38/11
STCMULI [1] 168/13
STIPULATE [3] 131/18 142/24 233/23
STIPULATION [1] 169/14
STOCKY[2] 156/10 158/16
STOMACH [7] 90/10 93/12 93/14 93/15
97/1497/15 98/5
STOOL [3] 257/6 257/9 257/15
STOP [6] 74/19 92/7 92/17 94/8 175/20 250/3
STOPPED [4] 30/20 30/22 177/13 191/16
STOPS [2] 31/11 41/6
STORAGE [1] 257/13
STORE [1] 32/2
STORIES [3] 172/5 196/1 196/5
STORY [1] 195/7
STRAIGHT [8] 27/12 32/12 32/14 33/22
55/9 141/5 144/2221/21
STRAP [1] 250/25
STRESS [1] 117/19
STRICKEN [1] 170/3
STREEE [1] 167/8
STRJKING [1] 196/4
STRUCTURAL[2] 65/25 66/13
STRUCTURE [1] 63/5
STUART[1] 129/24
STUCK [1] 220/23
STUDIES [1] 4078
STUDY [1] 40/2
STUFF [2] 249/25 255/17
STUNTING [1] $40 / 3$
STYLE [1] 178/4
STYLES [1] 178/1
SUB [1] 72/8
SUBARACHNOID [6] 60/12 62/2 62/4 64/2
134/9 135/6
SUBARACHNOIDS [1] 62/7
SUBCLAVIAN [1] 94/14
SUBDURAL [9] 60/11 62/262/2 70/1 70/9
70/19 71/11 134/9 135/6
SUBDURALS [1] $62 / 8$
SUBFALCINE [3] 60/25 72/772/8
SUBFALSON [1] 72/6
SUBLUX [1] 101/14
SUBLUXATION [5] 101/9 101/10 101/11 101/19 102/3
SUBLUXED [t] 102/7
SUBPOENA [10] 6/10 12/17 262/20 262/23
263/6 263/9 263/12 263/15 263/17 263/20
SUBSEGMENT [1] 73/13
SUBSEQUENT [1] $107 / 9$
SUBSTANCE [9] 32/3 61/24 64/6 75/25
164/14 171/12 173/1 173/4 173/5
SUBSTANTTAL [1] 36/8
SUBSTERNAL [1] 112/21
SUCCESSFUL [1] 180/1
SUCCESSFULLY [1] $100 / 3$
SUCH [15] 40/8 40/25 40/25 81/11 81/11
81/24 81/24 89/24 101/22 110/5 123/4
123/19 141/5 225/17 225/18
SUCTIONING [1] 176/20
SUFFER [2] 35/21 143/13
SUFFERED [3] 80/9 83/16 255/4

S
SUFFERING [1] 255/5
SUFFERS [2] 83/14 102/9
SUGGESTING [2] 67/12 67/13
SugGestive [1] 129/2
SULLIVAN [1] 1/14
SUMMARY [3] 116/6 134/6 153/20
SUPER [4] 156/6 156/6 156/7 156/7
SUPERLOR [1] 73/14
SUPERVISE [1] 200/15
SUPPLY [1] 24/6
SUPPORT [1] 17/8
SUPPORTED [1] 38/9
SUPPORTING [1] $5 / 18$
SUPPORTIVE [1] 165/17
SUPPOSABLY [2] 35/14 191/7
SUPPOSE [5] 54/2 185/9 206/14263/5
263/12
SUPRASELLAR [2] 73/7 73/13
SURE [51] 42/5 47/8 57/9 57/13 59/11 69/7
69/23 96/61 100/23 102/7 122/12 131/25
134/15 137/4 144/8 149/21 149/21 149/22
158/6 176/14 178/5 178/7 179/3 179/14
180/15 181/9 181/11 184/8 184/9 184/15
189/24 190/8 199/16 200/17 202/18 202/21
208/18 208/20 213/20 216/25 220/3 226/22
226/24 248/13 257/21 257/23 259/1 259/17
263/3 267/9 268/13
SURETY[1] 158/18
SURFACE[14] 45/145/2 45/3 51/1 51/5
52/10 113/12 123/2 123/7 123/8 123/10
123/17 125/21 125/25
SURGEON [11] $15 / 22$ 15/24 16/2 16/3 17/3
17/4 17/14 18/2 23/19 86/4 86/8
SURGEONS [3] 16/18 16/20 17/9
SURGERY [2] 16/13 17/10
SURGGICAL [1] 16/24
SURPRISING [1] 106/11
SURROUNDING [2] 95/2 119/25
SURVIVAL [1] 129/25
SUSPECT [4] 37/10 105/15 146/12 146/23
SUSTAINED [22] 28/9 29/13 29/22 74/2
84/6 $106 / 6$ 107/5 107/18 $162 / 15$ 170/4
170/14 172/6 173/12 190/3 195/17 196/4
213/4 214/13 225/15 230/17 230/24 231/23
SUTURE [1] 133/6
SUV [8] 191/10 226/8 227/14 228/10 228/21 229/9 229/10 229/15
SWELL [2] 80/16 129/13
SWELLED [1] 64/8
SWELLLD
SWELLING [15] 3015 57/5 62/19 64/10
64/15 66/1 78/1495/9 95/13 106/8 106/13
143/17 167/14 167/23 184/17
SWELLS [1] 64/5
SWORN [7] 15/796/8 151/12 151/18 187/10
204/14 232/21
SYMIMETRIC[1] 72/13
SYMPTOM [3] 81/11 84/11 85/5
SYMPIOMATIC [6] 12/23 79/17 79/22

## 79/23 82/12 83/7

SYMPTOMS [11] $40 / 22$ 80/6 80/10 80/14
80/17 80/22 81/481/5 81/14 81/24 83/15
SYNOPSIS [1] 121/2
SYSTEM [2i 206/13218/12

## T

T-I-M-O-T-H-Y [1] 152/1

TABLE [12] 4/21 235/8 256/22 256/23
257/19 259/23 259/25 260/4 260/5 260/6 260/12 260/25
TAFOE [3] 191/10 249/6 254/6
TAKE [56] 4/23 8/13 8/16 17/20 20/21 32/7
40/3 41/6 45/3 45/11 46/3 48/8 51/5 55/19
56/17 58/2381/3 81/7 83/1 90/12 95/996/4
99/23 99/24 99/25 103/12 105/13 127/6
$129 / 14$ 145/15 145/16 146/1 146/18 146/21
147/16 156/17 168/17 169/13 176/23 183/14
197/7 200/7 201/7 201/12 205/16 205/18 205/21 207/14 216/10 217/18 219/7 221/8
225/19 242/15 251/9 255/22
TAKEN [5] 68/4 96/7 151/3 189/25 203/8
TAKES [1] $93 / 14$
TAKING[5] 55/19 108/22 179/2 200/18 240/7
TALK [26] 14/3 24/14 42/14 57/16 57/19 60/21 105/20 120/2 120/2 120/4 120/8 120/10 145/5 180/22 190/25 191/1 195/2 208/15 220/18 221/19 221/22 221/24222/4 254/10 256/1 264/1
TALKED [21] 11/6 53/14 60/17 61/18 72/5
79/13 84/25 82/12 83/15 108/16 110/2 111/5
113/9 113/17 120/15 146/20 147/9 168/12
195/19 217/15 255/25
TALKKING [32] 18/10 33/16 33/17 42/15
48/16 50/9 6y/21 67/8 79/22 8V/18 83/8
84/15 85/3 85/4 103/6 107/21 115/16 128/7
130/11 139/10 140/13 140/14 141/20 144/1
161/20 172/18 210/20 225/7 225/12 231/8
253/10 258/16
TALKS[2] 169/3 176/19
TALL [19] 29/15 29/16 36/3 36/436/12
37/1437/14 37/16 54/11 54/17 55/21 142/20
156/6 156/7 226/20 234/15 $260 / 6260 \% 9$
261/6
TALLER [1] $169 / 18$
TAPE [3] 36/1836/24 181/11
TAPED [4] 9/11 9/23 11/17 12/3
TAPPING [2] 166/19 183/22
TATTOO [1] 156/13
TATTOOS [3] 155/20 156/12 158/20
TAUGHT [1] 152/19
TEACH[1] 17/8
TEACHING [2] 18/15 20/19
TEAM [5] 18/13 19/1 19/3 20/10 121/10
TEAR [2] 62/24 67/17
TEARING [1] 28/25
TECH [1] 205/24
TECHNICALEY [2] 263/5 263/11
TECHNICLAN [3] 205/9 205/12 205/19
TEETH [1] 241/4
TELE [3] 19/10 118/15 118/17
TELECOMMUNICATION [1] 118/24 TELL [58] 6/1 10/20 11/23 12/8 18/25 19/19 33/12 43/744/7 49/17 51/7 57/25 60/765/12 71/15 72/1 72/20 72/24 74/1 74/4 75/375/12 76/16 76/17 78/7 79/9 90/20 90/23 91/15 102/8 $102 / 12108 / 5 \quad 110 / 23111 / 16114 / 19$ 115/2 115/12 115/25 125/5 159/3 161/8 168/17 171/12 177/1 184/5 190/15 190/16 194/1 194/7 194/20 210/9 210/18 216/20 226/12 241/2 242/23 244/7 256/16
TELLING [7] 142/4 171/16 171/19 173/15 243/9 243/16 244/8
TELLS [5] 37/13 75/14 82/22 157/13 177/18
TEMPORAL [4] 132/19 133/7 135/18

135/20
TEN [3] 67/20 169/12 223/23
TEND [3] 27/25 46/16 62/7
TENDING [1] 167/9
TENTORIAL [1] 27/20
TERM [3] 76/20 84/18 117/7
TERMLNOLOGY [2] 32/1933/13
TERMS [11] 43/23 44/2 80/10 81/23 84/8
$94 / 19$ 117/5 132/14 136/12 175/25 203/17
TEST [4] 103/17 104/13 104/18 105/7 TESTIFIED [19] 15/8 70/3 130/6 133/10 151/19 158/16 162/23 170/6 175/7 187/11 204/15 213/5 213/11 217/12 230/9 232/22 244/7 247/5 247/13
TESTIFIES [2] 143/7 150/7
TESTIFY [8] 14/19 15/7 147/24 151/18
171/6 187/10 204/14 $232 / 21$
TESTIMONY [11] 10/1 47/3 98/10 127/19
162/8 186/3 186/15 221/20 242/20 260/15 262/3
TESTING [6] 26/3 26/5 59/15 104/3 119/3
127/18
TESTS [6] 26/22 40/9 86/23 105/12 127/25 128/4
THAN [58] 4/24 18/17 23/2434/22 36/6 36/8
36/843/18 44/21 45/3 46/19 51/5 5U/17
51/25 54/3 54/18 55/12 66/10 69/2 74/24
75/20 75/25 76/4 77/1 78/21 78/23 80/2
81/18 83/11 99/14 107/18 117/13 117/15
117/17 117/18 117/25 118/5 120/23 122/2
122/7 146/16 158/9 164/1 166/12 167/4
171/21 180/10 183/19 190/25 207/19 214/24
219/8 229/5 229/21 255/12 255/24 263/2
265/17
THANK [46] 4/17 15/11 15/16 15/17 33/7
41/12 53/22 96/13 110/25 130/24 137/11
139/13 144/16 144/25 145/1 151/1 151/2
151/22 151/23 152/3 154/7 173/19 178/20
180/19 180/20 184/25 186/22 186/24 187/1
187/14 187/19 196/10 204/3 204/7 204/18
204/23 230/3 231/25 232/3 232/25 233/5
235/24 259/18 268/25 269/1 269/3
THANKS [3] 41/15 173/25 196/7
THANKSGIVING [1] 266/20
THAT [1148]
THAT TELL [1] 90/23
THAT'S [127] 5/19 6/19 7/11 10/1 12/15
13/12 17/18 19/23 25/16 34/9 35/4 35/8 36/1439/7 44/14 52/20 52/22 54/1754/18 62/13 63/15 63/18 63/21 64/13 65/18 67/12 69/16 69/19 69/24 71/12 74/4 76/2 77/3
83/13 83/25 85/22 89/2 90/17 92/1 94/22 $95 / 2098 / 5 \quad 103 / 2 \quad 103 / 13 \quad 103 / 16105 / 5106 / 5$ 106/14 108/11 109/14 111/12 113/19 113/23 118/15 122/24 123/8 131/19 134/12 134/23 135/18 135/25 136/15 139/4 140/3 140/16 141/4 141/8 142/4 148/17 148/20 149/21 150/20 159/17 160/23 161/23 165/8 169/4 172/13 173/4 178/18 184/24 194/2 195/9 196/7 198/4 199/17 200/20 204/3 212/14 218/3 218/9 224/11 224/21 226/4 227/12
$227 / 14227 / 14230 / 3230 / 15236 / 5236 / 9$ 237/14 243/5 243/10 244/25 245/3 245/24 246/4 246/5 246/8 253/1 256/9 257/18 263/19 263/20 263/24 264/18 265/12 267/6 267/11 267/16 267/16 267/17 268/11 268/20 268/22268/23
THE OBSER [1] 59/14

## T

THEIR [56] 13/3 17/25 20/1 20/2 22/8 34/23 $35 / 435 / 1436 / 236 / 436 / 536 / 636 / 836 / 22$ $38 / 1140 / 141 / 341 / 341 / 342 / 2351 / 2252 / 9$ 53/25 54/19 63/9 63/1676/20 76/21 76/22 76/25 76/25 89/7 89/8 97/15 99/2 99/21 102/2 102/2 103/16 117/5 117/6 117/8 128/11 155/12 157/13 202/14 202/20 218/15 218/19 240/24 240/25 241/4 241/5 253/11 266/9 268/10
THEM [56] 6/1 10/1 10/10 12/17 12/18 14/4 14/11 14/14 14/17 22/10 38/10 43/15 46/4 $55 / 2167 / 2078 / 792 / 4104 / 25$ 120/2 121/4 12V/4 12V/4 146/15 161/22 180/9 180/11 183/8 189/11 190/13 194/1 200/15 210/25 223/17 224/11 224/14 224/15 238/4 238/11 $239 / 19239 / 19239 / 20239 / 21239 / 23340 / 11$ 240/12 240/12 240/13 240/18 241/2 241/5 244/15 248/13 249/16 253/7 254/13 255/23 THEMSELVES [2] 107/7 136/22 THIEN [115] 10/9 16/14 19/11 21/13 22/6 $28 / 9$ 30/25 31/4 33/21 36/7 43/17 43/23 44/5 45/17 45/23 47/3 48/3 48/17 48/23 50/25 $52 / 1155 / 555 / 2456 / 2357 / 358 / 961 / 461 / 11$ 62/12 62/14 62/20 62/23 63/25 64/15 70/8 73/3 73/18 73/23 75/9 76/677/10 78/1 78/14 79/4 82/3 84/10 86/24 87/2 88/7 90/9 93/1 93/5 93/16 93/21 93/23 94/23 95/15 100/2 100/18 101/19 103/6 105/7 108/25 $118 / 3$ 119/1 120/1 121/12 123/12 124/19 132/19 141/4 144/20 150/11 150/19 153/10 153/10 $153 / 10$ 164/15 171/3 177/9 178/25 180/1 188/18 189/2 189/21 198/25 199/9 199/20 201/13 201/24 203/16 210/7 212/21 213/21 219/20 224/21 228/22 228/24 236/4 241/4 243/3 243/5 244/14 244/24 245/2 247/3 $248 / 1250 / 1259 / 18263 / 21263 / 23266 / 23$ 267/18 268/12 268/25
THEORETICALLY [1] 267/14
THERAPY [2] 36/22 42/9
THERE [217] 5/65/11 5/17 5/22 5/23 5/24 6/19 9/6 9/8 10/16 10/24 11/8 27/2 27/19 27/21 29/20 29/23 39/20 39/23 46/19 46/21 49/6 50/1 50/9 52/19 53/3 56/11 57/22 58/14 58/19 59/6 59/16 60/14 62/12 63/25 64/8 64/12 64/17 69/10 70/10 71/2 71/10 71/12 72/11 74/8 74/17 74/19 75/8 75/15 76/17 76/18 77/13 78/21 81/14 81/16 82/15 82/15 $83 / 689 / 1290 / 1990 / 2290 / 2491 / 2091 / 23$ 92/2.92/4 93/25 94/2195/4 95/1295/15 95/16 95/19 95/23 97/12 99/17 101/17 101/17 103/17 103/22 104/1 104/17 105/6 105/6 105/12 105/21 105/24 108/10108/19 109/18 111/19 111/21 112/11 112/20 113/21 113/22 114/12 115/21 115/22 115/24 116/5 116/17 118/12 118/17 119/25 120/L3 120/21 $120 / 25$ 122/2 122/7 122/18 122/20 122/22 124/5 124/25 125/7 125/13 125/19 125/19 127/10 127/18 127/21 128/4 128/20 128/23 $129 / 25$ 131/24 132/18 $138 / 19144 / 3149 / 24$ 150/11 156/23 163/23 164/22 166/17 167/7 $168 / 2168 / 4175 / 20177 / 21180 / 12181 / 18$ 182/15 186/9 189/3 189/11 189/19 191/3 191/6 191/9 194/9 194/9 194/23 194/24 194/25 196/9 196/19 197/8 198/16 199/3 199/20 200/7 200/8 200/15 203/17 206/21 207/10 208/4 209/8 209/14 214/12 216/4

216/4 217/7 218/23 219/16 219/23 222/7 222/10 222/18 223/11 224/24 229/1 229/21 231/5 231/19 232/16 235/3 235/10 235/11 237/1 237/8 237/20 240/14 242/19 249/10 249/10 249/14 250/3 252/18 253/22 253/25 259/22 259/22 260/17 261/4 261/4 262/2 262/2 262/5 262/9 262/10 262/24 263/18 $26677266 / 7$
THIERE'S [74] 19/1 24/19 39/22 40/9 60/6 60/10 63/10 64/16 66/3 66/8 66/25 68/12 68/13 69/21 69/25 71/3 72/9 72/1473/22 74/21 76/10 78/11 78/12 78/14 78/18 79/7 87/8 88/17 89/24 91/11 95/2 102/21 103/2 $103 / 19$ 106/10 108/10 108/19 108/20 108/21 $109 / 5109 / 6112 / 10113 / 12114 / 14118 / 18$ 121/2 125/6 133/2 137/19 141/3 168/4 169/14 180/8 180/9 181/18 197/8 198/77 198/19 218/5 218/17 218/25 221/8 221/9 222/9 224/5 225/4 225/7 231/14 237/2 257/4 258/5 259/25 261/5 268/1
THEREFORE [1] 50/7
THESE [29] 13/1 14/8 26/17 30/7 42/7 43/14 47/22 59/9 59/18 79/17 97/24 103/22 112/14 128/19 146/19 147/18 158/14 160/2 162/17 $166 / 23168 / 14172 / 5$ 177/23 177/23 202/21 222/6 243/13 265/22 268/24
THEY [175] 5/12 6/2 6/10 6/10 6/11 6/139/9 9/10 9/23 9/24 10/3 10/5 10/15 10/15 1//I 11/1 11/5 $12 / 1613 / 313 / 1013 / 1017 / 16$ 17/21 18/24 18/25 19/7 19/11 19/19 20/20 20/21 23/15 23/16 25/8 25/21 29/11 32/15 $32 / 1933 / 1535 / 436 / 1136 / 1338 / 1138 / 12$ $40 / 140 / 440 / 640 / 1041 / 141 / 241 / 441 / 5$ $41 / 1142 / 1742 / 1744 / 2545 / 146 / 746 / 16$ $46 / 1749 / 149 / 2450 / 2050 / 2150 / 2150 / 22$ 50/22 51/12 51/24 52/10 54/12 58/15 59/1 61/4 63/6 64/24 65/2 68/7 68/8 70/20 70/20 $70 / 21$ 70/25 71/20 72/13 75/11 76/24 76/24 76/25 77/17 77/17 77/1880/12 80/22 83/17 87/8 95/2297/1 99/2 104/2 104/2 108/4 $108 / 17109 / 7111 / 10113 / 12113 / 24117 / 5$ 117/8 117/24 128/10 128/12 128/12 128/17 132/15 133/6 133/8 $143 / 13148 / 4153 / 23$ 157/21 158/13 168/12 168/13 175/22 179/9 180/24 183/3 183/3 183/10 183/14 188/24 189/1 189/19 193/24 196/1 196/1 199/15 199/15 200/12 200/22 202/13 202/19 205/20 208/6 214/4 216/10 218/14 219/18 222/24 224/9 225/11 237/6 238/2 240/22 240/24 241/1 241/1 241/1 248/12 250/1 252/16 253/21 253/25 255/16 255/16 255/21 255/21 255/22 256/7 256/23 257/25 262/6 262/6 265/20 266/9
THEY'D [2] 52/11 110/14
TIIEY'LL [8] 22/9 35/1 46/16 46/18 100/6 117/14 142/24 241/4
THEY'RE [45] 5/20 12/12 14/19 19/23 22/8 $31 / 2233 / 1533 / 1633 / 1636 / 23$ 38/12 46/17 $50 / 23$ 52/4 55/21 67/15 69/270/20 75/2 77/15 87/22 97/11 98/6 100/3 113/11 113/13 114/11 115/16 117/16 117/18 128/17 131/14 136/23 141/5 147/18 157/17 183/5 183/6 183/7 190/11 190/12 200/17 201/13 203/8 213/2
THEY'VE [3] 80/8 155/13 2200/19
THICK [1] 178/16
THICKNESS [4] 70/2 70/18 71/11 71/13 THIN [3] 78/15 125/19 126/3

THING [19] 23/20 42/1 43/20 44/17 71/2 81/16 82/4 92/9 111/8 136/15 138/25 183/1 $240 / 24240 / 25246 / 1$ 256/6 258/12 265/1 265/10
THINGS [35] 20/23 23/20 25/2 29/1 44/20] $46 / 548 / 1248 / 1549 / 1657 / 564 / 1680 / 16$ 92/10 92/13 94/22 95/5 108/19 108/21 121/3 128/19 143/17 152/14 152/20 152/21 163/13 166/19 166/24 168/10 168/11 175/18 $176 / 4$ 198/17 215/6 227/13 265/16 THINK [58] 13/7 13/17 13/22 14/23 14/24 29/11 44/8 56/17 58/15 63/6 64/22 64/25 $72 / 576 / 1978 / 2281 / 384 / 2185 / 185 / 22$ 95/20 96/14 101/5 101/12 109/4 112/18 113/9 113/17 118/17 126/13 140/16 140/23 140/25 145/14 148/20 $149 / 2$ 156/13 $158 / 1$ 159/24 173/11 175/7 182/20 194/11 194/17 195/13 213/8 215/14 227/17 228/15 229/5 229/10 230/14 247/19 261/8 264/13 266/18 267/17 267/17 268/11
THINKING [1] 198/14
THIRD [4] 80/7 211/13 211/13 254/14
THIRD-PARTY [1] 80/7
THIRTY [1] 188/3
THIRTY.FTVE [1] 188/3
THIS [311]
THOROUGHLY[1] 110/15
THOSE [67] 5/17 6/9 17/6 21/10 25/2 26/25 29/1 40/10 $41 / 642 / 344 / 2046 / 948 / 948 / 9$ $48 / 1248 / 1248 / 1452 / 23$ 52/23 53/7 55/15 55/17 55/17 55/23 57/5 60/13 65/13 69/3 $72 / 1675 / 1876 / 780 / 2281 / 486 / 1186 / 23$ 90/691/292/1494/17 95/5 106/8 110/4 121/23 128/9 128/12 128/13128/18 128/20 132/21 133/L1 138/25 1.43/17 161/6 161/8 161/21 162/11 168/11 186/7 186/8 186/15 $201 / 9201 / 15202 / 1$ 234/6 246/11 260/20 265/18
THOUGH [5] 6/11 74/21 83/17 122/4 218/8 THOUGHT [7] 71/2 78/4 120/6 131/17 146/18 167/11. 198/12
THOUSAND [1] 16/9
THREE [49] 18/20 23/10 25/4 25/15 31/20 32/4 36/5 44/18 105/9 117/4 117/11 117/13 117/20 117/25 118/3 118/5 128/16 133/11 146/19 149/12 176/22 188/18 189/14 189/20 192/18 205/23 205/25 218/15 229/3 234/11 234/12 234/20 236/18 237/4 237/8 237/12 239/14 242/5 242/5 244/19 244/19244/22 $246 / 8246 / 25247 / 4261 / 7$ 261/7 264/9 264/12
THRESHOLD [1] 183/21 THROAT [2] 163/14 179/1 THROLGH [18] 10/1 16/19 17/25 19/12 20/2 22/8 38/23 63/5 68/19 97/13 98/6 149/12 149/13 152/17 153/4 153/13 158/22 $172 / 2$
THROUGHOUT [2] 22/1 128/11
THROWN [1] 256/13
THURSDAY [4] $1 / 164 / 1265 / 11267 / 9$
THYMUS [2] $111 / 23111 / 25$
TIBIA [1] $92 / 22$
TLE [13] 29/7 34/12 45/3 45/4 51/2 51/4 $123 / 19$ 139/25 143/13 161/12 210/2 $261 / 17$ 261/20
TILL [3] 148/1 200/6 266/23
TM [6] 189/13 189/21 190/5 195/21 195/24 196/5

| T | $\begin{aligned} & \text { TOWNSHP [1] } 1 / 3 \\ & \text { TRACE [1] 108/10 } \end{aligned}$ | TURN [2] 23/7 143/25 <br> TURNED [7] 161/16 193/8 212/20 212/21 |
| :---: | :---: | :---: |
| TIME [123] 4/7 11/8 14/11 18/19 19/1 29/3 | TRACHEA [1] $112 / 8$ | 213/12 213/20 213/21 |
| 30/2 38/17 39/13 43/17 46/10 48/21 50/4 | TRACHEAL [1] 219/7 | TV [1] 241/2 |
| 75/11 82/17 83/6 95/25 99/15 109/12 109/13 | TRACT [1] $87 / 21$ | TWENTY [1] 223/23 |
| 117/8 129/1 132/15 143/6144/10 145/2 | TRAFFIC [4] 152/13 200/7 264/19 265/16 | TWICE [5] 36/4 36/6 36/8 47/21 169/20 |
| 146/2 146/6146/22 147/17 148/5 148/7 | TRAINED [2] 178/18 180/13 | TWO [45] 15/1 16/9 53/25 64/12 64/16 |
| 149/20 152/18 153/15 153/17 153/25 154/2 | TRAINING [5] 41/20 152/15 205/10 205/19 | 70/23 72/14 72/14 87/9 87/12 94/1798/17 |
| 154/16 154/17 157/5 157/10 161/13 162/20 | 221/15 | 98/19 107/22 108/19 108/21 137/10 161/1010 |
| 164/1 164/19 165/1 165/14 167/3 167/22 | TRAMPOLINE [1] 50/21 | 161/18 169/5 169/14 176/16 177/22 178/10 |
| 170/21 170/22 177/6 177/11 177/14 179/13 | TRANSCRIPT [4] 1/12 14/10 211/6 269/9 | 179/16 180/1 182/7 189/20 192/18 222/12 |
| 181/2 182/23 186/23 190/2 190/25 194/6 | TRANSFER [1] 165/18 | 222/15 225/3 229/3 234/14 236/4 237/2 |
| 198/5 202/25 206/16 207/5 207/15 208/12 | TRANSFERRED [1] 170/18 | 242/5 243/8 243/19 245/2 246/11 249/10 |
| 208/18 209/12 210/19 211/7 212/9 212/14 | TRANSPORT [1] $99 / 10$ | 260/11261/5 264/24 |
| 212/17 212/18 212/23 213/12 213/15 213/18 | TRANSPORTED [1] 212/13 | TWO-FORTY [1] 137/10 |
| 213/23 214/5 214/16 214/19 216/2 216/6 | TRAUMA [69] 15/22 15/24 16/2 16/4 16/14 | TYKE'S [4] 260/12 260/13 260/14 260/25 |
| 217/19 217/20 218/25 220/6 220/7 221/10 | 16/17 16/18 16/18 16/20 16/20 16/23 16/24 | TYPE [32] 41/11 42/1 44/1747/13 59/1 59/3 |
| 222/23 223/4 225/8 227/22 228/15 229/11 | 17/3 17/4 17/8 17/10 17/14 17/23 17/24 18/2 | 81/15 82/4 83/16 85/4 92/9 105/8 116/25 |
| 229/17 229/18 232/2 239/24 241/20 244/18 | 18/24 18/25 19/1 19/3 19/10 19/11 $23 / 18$ | 139/20 158/19 161/1 180/16 190/1 190/7 |
| 246/19 248/24 249/2 249/14 252/14 252/15 | 29/2 30/6 42/7 43/4 43/5 46/8 47/17 47/24 | 200/8 203/12 203/13 203/14 207/23 210/1 |
| 252/16 253/11 253/19 254/1 254/19 255/10 | 47/24 49/1 66/11 66/18 66/25 67/2 77/7 | 210/6 210/15 214/10 218/7 227/2 261/15 |
| 255/14 255/24 256/9 261/21 262/6 262/20 | 791/3 81/L1 84/8 87/15 90/2 90/21 91/3 | 261/18 |
| 266/8 | 91/11 101/22 102/13 105/22 107/8 118/18 | TYPES [2] 87/9 201/13 |
| TTME'S [1] 176/20 | 119/5 121/11 165/6 165/18 165/19 168/4 | TYPICAL[1] 116/13 |
| TTMEFRAME [3] 40/21 81/23 182/18 | 168/21 168/25 169/13 170/17 $170 / 18184 / 6$ | TYPICALLY [5] 94/12 101/21 103/20 |
| TIMEOUT [1] 255/22 | 184/9 214/15 | 157/25 178/8 |
| TIMES [9] 36/5 53/25 84/19 153/22 166/18 | TRAUMAS [2] | U |
| $169 / 14176 / 25$ 220/12438 | 79/16 79/21 101/8 101/10 101/23 | U.M.C[9] 16/15 16/16 16/18 16/21 18/1 |
| TIMOTHY [4] 2/8 151/8 151/16 152/1 | TRAVIS [1] 194/24 | 168/20 168/21 249/22 249 |
| TINA'S [1] $7 / 20$ | TREAT [5] 43/20 79/1486/25 92/4 118/22 | UH [89] 18/20 28/17 30/13 31/1635/13 |
| TTP [1] 91/21 | TREATED [4] 75/10 79/14 123/22 190/4 | 38/25 47/10 61/16 100/22 101/16 105/25 |
| TISSUE [11] 62/762/8 66/4 67/21 72/22 | TREATING [10] 43/16 43/17 44/2 44/5 86/4 | 108/2 116/23 123/12 129/6 |
| 78/14 108/20 108/21 109/5 109/6 109/6 | 86/8 119/2 164/3 166/15 203/8 | 135/5 136/21 137/18 144/11 |
| TISSUES [1] 106/4 | TREATISE [2] 47/3 47710 | 152/19 153/4 153/6 153/15 154/19 155/4 |
| TTTLE [1] 174/3 | TREATISES [2] 41/25 46/20 | 155/5 155/8 155/9 155/9 155/20 156/4 |
| TODAY[26] 6/11 6/14 10/2 12/17 12/18 | TREATMENT [16] 37/2542/9 42/1542/20 | 156/18 157/12 158/1 158/7 158/11 160/5 |
| 14/20 46/23 100/15 145/2 147/8 147/19 | 42/21 42/25 43/1 47/25 86/12 91/22 122/8 | 161/12 161/14 161/22 163/10 164/23 166/16 |
| 147/23 147/24 148/14 155/16 159/23 186/23 | 158/5 164/10 175/4 2147 214/17 | 167/13 167/23 167/23 168/9 168/13 175/12 |
| 191/20 204/7 209/3 209/13 217/12 229/21 | TREATS [1] 116/11 | 176/1 179/12 184/5 187/24 188/15 188/2 |
| 233/21 263/15 263/21 | TRLAL [1] 9/25 | 194/11 194/23 196/17 2015/5 205/22 210/15 |
| TOGETHER [3] 91/15 133/6 133/11 | TRIED [3] 182/25 244/12 247/10 | 210/23 212/5 212/19 215/7 218/3 225/7 |
| TOLD [40] 4/22 29/18 34/10 34/17 149/9 | TRRMWATER [7] 153/1 154/14 188/10 | 226/24 229/9 229/22 233/13 234 |
| 160/18 168/1 169/24 170/23 170/23 171/3 | 189/7 206/5 233/13 259/10 | 234/17 235/6 236/22 237/1 239/6 239/25 |
| 171/4 172/15 174/24 184/18 190/22 194/21 | TRIP [1] 239/21 | 247/5 247/19 249/6 249/14 258/11 261/7 |
| 195/6 195/7 196/1 197/16 200/21 212/16 | TROUBLE [2] 193/14 193/17 | ULTTIMATELY [10] 5/10 20/15 45/24 46 |
| 212/24 213/11 216/1 216/3 242/12 242/21 | TRUCK [8] 207/4 219/12 219/14 222/5 | 49/1 51/24 52/2 59/2 75/10 79/14 |
| 242/25 243/2 243/6 244/7 244/13 244/19 | 225/21 228/23 229/16 229/17 | ULYSSES [19] 19/14 19/16 19/16 20/4 |
| 247/1 247/5 247/11 248/13 255/25 | TRUE [5] 35/5 52/20 175/2 184/11 269/9 | 44/11 44/12 44/13 52/21 83/8 83/9 83/1 |
| TOMORROW [1] 264/21 | TRUTH [18] 15/7 15/7 15/8 151/18 151/18 | 86/4 98/7 119/2 123/22 131/5 131/8 143/1 |
| TOO [18] 12/6 14/7 14/24 29/25 49/14 84/22 | 151/19 160/6 171/5 187/10 187/10 187/11 | 253/14 |
| 90/15 98/11 98/13 98/13 100/13 145/4 | 190/11 204/14 204/14 204/15 232/21 232/21 | ULYSSES'S[1] $52 / 15$ |
| 195/16 218/3 222/10 248/13 248/20 260/1 | 232/22 | UM [442] |
| TOOK [3] 30/18 241/9 254/6 | TRY [10] 127/6 146/24 148/13 149/6 149/13 | CM-HUM [17] 66/20 82/9 101/3 106 |
| TOP [34] 26/15 27/12 28/5 33/16 33/20 | 149/20 158/4 161/3 174/2 208/24 | 106/22 114/4 119/12 126/21 142/18 148/1 |
| 34/14 34/15 37/3 42/4 51/21 94/1 97/21 | TRYING [16] $6 / 23$ 17/17 43/18 140/9 | 151/6 190/19 230/1 240/19 250/6 258/4 |
| 101/12 135/13 135/14 135/18 135/19 135/19 | 140/10 162/5 177/10 183/8 183/23 189/14 | 269/2 |
| 135/22 138/3 138/4 138/6 138/9 141/6 141/8 | 192/8 221/21 225/17 225/25 264/18 $266 / 14$ | UNAWARE [2] 30/1289/1 |
| 141/18 142/1 142/17 210/1 213/19 235/9 | TUBE [33] $26 / 1129 / 2590 / 990 / 1490 / 16$ | UNCOMMON [1] 102/1 |
| 237/14 245/19 252/22 | 90/16 90/17 93/9 93/11 93/13 93/21 97/6 | UNCONSCIOLS [3] 19/20 36/21 36/23 |
| TOPICS [1] 68/18 | 97/8 97/8 97/1397/13 98/1 98/4 98/89816 | UNDER [26] 6/10 6/16 12/16 19/4 20/20 |
| TOPS [1] 145/17 | 99/18 100/5 163/14 179/1 199/5 199/11 | 40/15 43/11 55/23 58/23 69/21 88/9 93/4 |
| TORN [1] 75/19 | 199/13 199/15 199/16 219/6 223/1 223/3 | 96/11 114/15 125/3 163/19 169/3 169/12 |
| TOTAL [2] 174/22 218/15 | 22315 | 3 216/3 262/20 262/23 263/9 263/15 |
| TOTALLY [1] 65/19 | TUBE'S [1] 199/6 | 268/17268/17 |
| TOUCH [2] 167/18 182/25 | TURES [2] 92/3 97/24 | UNDERGRAD [1] 16/10 |
| TOWARD [2] 77/23 124/14 | TUBING [2] 92/8 111/11 | UNDERLYING [3] 56/24 77/4 77/6 |
| TOWARDS [3] 153/18 166/5 166/6 | TUESDAY [1] 264/18 | UNDERNEATH [1] 261/9 |


| U | V | W |
| :---: | :---: | :---: |
| UNDERSTAND [20] 7/3 31/18 43/16 44/4 47/8 48/19 71/4 85/15 111/6 122/2 127/19 132/1 132/2 137/5 141/12 155/17 159/11 159/13 225/17 263/3 <br> UNDERSTANDING [19] 5/6 12/15 39/19 51/7 53/1 53/6 139/3 141/14 169/16 169/23 185/17 185/21 185/23 193/14 197/15 208/24 239/24 264/11 266/16 <br> UNDERSTOOD [1] 51/9 <br> UNILATERAL [1] 23/22 <br> UNIT [11] 40/15 165/23 166/10 166/15 167/3 194/7 218/15 218/25 224/18 262/4 262/8 <br> UNITS [1] 218/15 <br> UNIVERSITY [2] 15/22 16/7 <br> UNKNOWN [1] 128/13 <br> UNLESS [6] 87/16 105/15 144/5 150/15 215/16 268/18 <br> UNLIKELY [2] 109/18 143/15 <br> UNLOADING [2] 46/14 50/20) <br> UNLY [1] 16/11 <br> UNNECESSARY [1] 87/15 <br> UNREASONABLE [1] 116/22 <br> UNRECOGNTZED [1] 106/8 <br> UNREMARKABLE [3] 79/5 111/23 111/24 UNRESPONSIVE [5] 19/20 23/11 39/25 157/8 214/4 <br> UNSURE [1] 190/5 <br> UNTIL [14] 18/6 21/1 31/11 38/2241/6 <br> 128/12 143/7 150/25 239/1 239/16 239/25 <br> 249/24 267/20 268/25 <br> UNUSUAL [1] 207/22 <br> UP [59] 9/25 10/23 26/18 33/4 36/7 38/1 40/18 47/15 55/9 58/22 64/1 80/5 86/2 128/11 157/21 160/25 161/17 163/14 164/11 165/22 166/6 170/20 171/17 179/11 189/9 $189 / 11$ 191/10 196/13 200/5 201/13 202/10 203/17 205/14 222/25 223/5 224/16 228/5 228/19 228/21 232/16 239/20 240/11 240/17 241/1 242/14 243/3 243/23 244/13 244/14 247/8 247/10 247/24 249/4 250/3 256/13 258/21 259/2 260/8 262/7 <br> UPON [8] 59/15 98/11 118/10 132/18 154/25 172/22 190/16221/16 UPPER [2] 93/1 127/11 <br> UPRIGHT [2] 54/16 132/10 <br> UPSET [5] 215/22 216/16 216/20 226/6 228/23 <br> US [30] 7/416/19 19/1 19/5 19/18 19/19 23/11 36/25 43/12 73/20 93/20 119/4 146/19 146/21 148/21 157/13 159/3 168/10 171/12 174/17 176/12 176/22 177/18 183/10 190/15 190/16 190/23 218/25 250/1 253/21 USE [13] 31/448/7 48/15 84/18 128/5 128/6 135/17 178/9 178/10 180/13 210/5 $239 / 8$ 239/20 193/12 199/23 <br> USING [1] 220/25 USUAL [1] 169/25 USUALLY [3] 128/5 188/24 200/18 UTLLIZE [1] 87/17 UTILIZENG [1] 154/19 UTTERLY [1] 140/14 |  | WAIST [2] 210/14 210/16 <br> WAIT [6] 40/2 120/6 126/23 133/19 149/7 253/22 <br> WAITED [1] 249/24 <br> WATTING[5] 118/11 251/13 251/18 251/18 253/16 <br> WALK [4] 234/25 235/4 235/12 236/22 <br> WALKED [3] 156/21 160/21 161/15 <br> WALKING [2] 192/10 242/13 <br> WALL [2] 143/24 143/25 <br> WALL'S [1] 141/16 <br> WANT' [52] 10/17 10/20 32/7 43/20 47/7 50/16 50/19 57/16 57/21 60/6 68/18 71/20 73/3 84/24 97/4 100/24 117/2 118/13 121/21 130/15 131/17 131/25 145/5 148/1 148/13 149/6 149/18 149/20 180/21 183/7 194/13 198/16 198/18 199/23 201/4 202/25 213/8 217/3 221/5 226/10 226/12 226/12 227/19 228/17 229/5 241/1 243/5 243/22 247/9 $263 / 17266 / 21268 / 3$ WANTED [3] 5/3 83/13 200/22 WANTS [2] 146/18 243/22 WARMED [1] 94/21 WAS [516] WASN'T [22] 23/25 75/8 93/2 125/13 129/18 136/9 159/22 163/2 166/25 166/25 190/8 207/20 208/8 208/18 208/20 216/20 227/3 244/1 1 244/12 248/19 251/6 253/11 WATCH[5] 208/21 238/21 238/25 239/25 241/1 <br> WATCHED [1] 238/8 <br> WATCHING [2] 208/19 238/10 <br> WATER [4] 38/13 76/19 244/12 247/7 <br> WAY [31] 19/10 38/14 40/18 45/4 51/18 58/1 82/15 88/15 89/12 93/11 97/14 98/4 100/17 110/12 118/19 129/2 141/19 143/21 157/12 170/14 178/22 178/23 179/24 181/17 213/9 219/24 231/9 247/11 248/13 256/5 256/11 <br> WAYs [3] 105/14 181/10 184/7 <br> WE [279] <br> WE'D [4] 42/19 158/23 263/11 263/12 WE'LL [10] 4/24 131/18 144/20 150/20 233/23 266/1 267/20 267/23 268/2 268/24 WE'RE [47] 6/23 14/23 16/25 17/1 17/23 18/15 20/19 25/8 32/25 50/9 69/11 97/5 $97 / 5597 / 2397 / 23$ 103/23 $107 / 21112 / 17$ 126/25 13/46 134/16 144/1 149/2 $152 / 19$ 158/21 172/9 (72/18 177/21 180/12 191/11 198/4 200/8 213/2 232/12 243/10 253/10 258/21 259/2 262/18 262/19 262/20 263/14 263/15 264/1 265/24 266/11 268/25 WE'VE [9] 19/22 42/772/5 84/15 87/7 101/5 131/5 159/21 245/16 WEALTH [1] 48/10 WEARING [5] 155/25 191/22 209/10 226/16 226/19 WEDNESDAY [1] 265/15 WVEEK [6] 17/15 19/22 238/21 238/23 264/20 266/20 WEEKDAYS [1] 239/17 WEIGHT [5] 36/23 36/25 37/1 44/25 180/16 WEIGHT-LIFTER [1] 180/16 WELL [85] 5/8 6/4 6/16 6/16 29/10 31/12 $38 / 19$ 39/2 42/22 48/4 48/24 51/18 52/7 58/1 $64 / 1166 / 2273 / 47 / / 779 / 2580 / 2182 / 22$ |

WELL.... [64] 82/24 85/1 90/5 102/22 103/4 109/8 111/19 112/17 114/25 115/1 123/6 125/5 125/25 126/13 128/16 131/16 134/20 $136 / 9139 / 8$ 140/8 140/18 140/21 140/24 150/11 157/25 158/24 159/19 165/14 168/9 170/25 171/2 172/8 172/11 172/12 172/23 172/23 172/25 173/24 175/18 182/2 182/5 182/7 183/7 184/4 188/25 190/5 200/4 201/4 213/7 221/21 225/4 226/1 228/17 242/13 244/13 247/1 247/12 248/12 254/14 257/20 263/9 263/20 265/14 268/18
WELL-BEING [1] 184/4
WENT [15] 16/11 33/20 121/9 155/21 175/14 178/25 188/20 200/13 226/2 226/3 227/17 249/22 254/8 254/8 254/23
WERE [158] 5/23 5/24 8/16 9/6 9/89/9 9/10 10/16 10/21 10/24 11/8 18/1 18/8 18/24 19/7 20/24 21/20 25/21 26/7 29/23 31/1 34/4 34/17 50/20 50/20 50/21 50/22 50/22 51/24 55/5 56/19 58/23 64/25 65/2 65/10 68/4 68/19 86/4 90/22 90/24 94/20 96/14 108/13 110/3 $112 / 14114 / 17$ 116/17 120/8 121/21 123/1 127/18 127/21 130/10 $136 / 18138 / 19$ 142/19 145/7 152/22 153/16 153/19 153/25 154/3 154/13 157/4 160/20 161/13 161/20 162/11 162/17 163/3 163/18 164/14 165/15 165/22 165/25 166/3 166/15 167/5 167/7 167/9 169/5 170/9 175/22 178/14 178/24 179/9 179/9 180/24 182/6 182/19 186/2 186/6 186/15 186/18 188/6 190/2 191/3 193/6 193/25 196/1 202/13 202/21 202/21 206/1 206/4 206/21 208/6 209/24 210/12 211/5 214/3 214/4 214/4 214/9 214/18 214/22 214/23 215/2 215/6 215/16 $216 / 8$ 216/10 216/10 217/21 218/24 221/6 222/5 224/9 224/9 225/15 225/16 231/8 233/9 235/6 235/14 237/6 237/17 239/18 240/22 240/22 241/13 243/6 244/10 244/16 245/5 247/21 249/5 251/2 251/3 251/12 251/15 252/3 252/24 253/16 254/12 256/7 258/14 $269 / 5$
WEREN'T [9] 10/25 12/21 12/22 12/23 181/22 196/2, 214/3 225/11 251/16
WET [1] 247/10
WHACK [1] 255/22
WHAT [441]
WHAT'S [21] 9/3 44/1 81/22 93/10 93/13 110/22 112/9 139/11 146/10 180/1 218/19 218/23 224/14 226/23 227/15 236/23 240/25 243/5 245/14 246/10 248/14 WHATEVER [6] 86/23 91/16 128/12 146/17 148/12 150/23
WHEN [186] 9/6 16/8 16/21 18/25 19/7 $20 / 7$ 21/1 22/13 22/16 23/2 23/9 23/13 24/2 24/4 24/12 30/17 33/15 34/24 36/6 38/8 39/16 40/19 42/14 43/19 44/17 46/2 47/12 48/16 50/9 53/1454/2 62/16 62/16 63/6 64/5 64/15 66/22 67/7 68/22 70/3 71/1 71/1873/19 74/14 77/6 77/12 77/18 79/13 79/20 82/24 83/5 85/17 88/12 89/492/18 93/1 97/19 $98 / 24$ 98/24 99/7 103/5 104/15 104/15 105/20 109/21 113/12 114/14 116/21 118/11 119/4 121/6 123/22 125/22 129/5 136/2 138/1 142/21 150/19 150/20 154/13 156/15 157/1 157/15 160/13 160/20 160/23 161/3 $161 / 20162 / 18$ 164/14 164/15 165/12 166/23

168/2 169/25 170/9 172/4 175/2 175/12 177/12 177/14 177/20 178/14 181/5 182/21 $183 / 4185 / 7185 / 10186 / 2189 / 2189 / 7190 / 2$ 192/4 193/11 199/11 199/17 201/3 203/8 206/9 206/21 206/25 207/10 207/10 207/18 208/1 208/2 208/2 208/5 209/19 210/4 210/11 211/14 212/14 212/21 214/13 215/1 219/10 219/22 220/17 220/22 220/23 223/6 223/11 223/21 224/7 224/11 224/21 226/14 227/9 227/15 228/17 228/19 230/9 234/25 235/3 236/22 238/1 238/12 238/17 238/19 239/13 239/19 240/17 241/9 242/2 242/10 242/10 243/6 244/6 244/16 246/24 247/3 247/21 248/6 249/3 249/9 249/23 250/10 250/13 251/20 253/21 254/12 256/17 259/12 261/25 262/4
WHENEVER [2] 221/8 267/13 WHERE [97] 16/6 16/10 33/18 33/20 34/2 35/8 36/7 51/11 51/21 51/21 57/25 60/18 62/1 63/9 65/9 70/11 72/12 75/19 76/4 7/12 82/6 91/11 92/21 93/19 94/11 94/12 117/20 119/24 124/9 124/10 124/15 125/1 125/2 126/15 126/18 129/12 130/11 132/3 132/18 135/10 135/11 136/12 136/14 141/4 141/9 143/24 156/20 161/1 161/23 161/25 166/3 166/3 166/5 169/4 176/19 177/24 178/16 182/7 184/23 186/18 191/8 192/13 192/21 192/21 194/2 198/4 201/9 209/5 214/13 214/18 219/10 219/10 225/2 227/15 227/20 227/21 229/18 233/9 234/21 237/17238/1 238/3 239/7 242/12 242/25 245/5 252/10 254/12 255/25 257/7 257/9 259/20 259/21 259/23 262/4 263/4 265/17 WHERE'S [1] $268 / 5$
WHEREUPON [11] 96/7 130/16 131/21 142/11 151/3 235/16 236/19 245/8 246/21 258/19 260/22
WHETHER [23] 9/23 25/8 30/10 45/250/14 51/19 52/8 52/8 67/18 67/18 67/19 68/6 $77 / 15$ 104/2 120/22 122/15 122/18 133/17 140/19 157/17 173/1 213/16 256/12 WHICH [81] 17/7 18/24 20/1 22/5 22/6 24/5 24/22 27/6 27/20 29/24 30/2 33/5 33/17 33/20 36/24 44/21 45/7 52/2 52/1064/19 66/3 75/21 82/17 83/6 89/8 93/6 93/11 93/17 98/198/5 100/11 103/20 107/25 111/5 114/14 116/1 116/1 120/18 120/24 125/20 128/8 129/23 132/17 133/13 135/19 138/15 139/15 142/14 146/19 147/9 147/14 149/13 150/7 155/3 157/12 160/1 163/15 163/24 164/9 166/7 168/17 169/7 173/1 177/7 179/1 179/23 182/5 188/25 189/13 190/4 199/9 203/9 222/25 226/2 229/4 238/3 239/1 244/17 258/11 265/5 265/12
WHILE [19] 115/24 163/18 165/22 165/25 166/15 167/9 183/8 183/14 206/4 208/14 214/22 222/24 229/16 239/18 241/13 251/3 251/12 251/15 253/16
WHITE [1] 191/10
WHO [46] 5/16 5/25 6/2 6/6 6/8 10/7 13/10 19/14 19/19 20/4 20/1236/13 45/1950/73 51/19 77/1 79/16 83/14 102/1 102/9 116/9 119/20 145/7 146/3 147/8 147/12 147/16 155/5 155/15 167/5 179/3 191/4 194/25 198/25 201/13 214/23 216/6 221/1 $221 / 5$ 221/9 233/16 234/6 249/17 250/13 250/20 253/23
WHO'D [1] 23/10

WHO'S [8] 6/1 9/22 20/15 43/11 80/8 145/21 159/21 223/2
WHOEVER [3] 175/5 208/19 222/4
WHOLE [18] 11/8 15/7 18/1862/4 62/5 86/8
104/9 111/7 113/14 151/18 187/10 204/14
220/7 224/1 224/3 232/21 246/1 256/19
WHOM [5] 5/8 48/17 158/20 222/6 225/22 WHOMEVER [1] 200/23
WHOMEVERTS [1] 183/3
WHY [28] 7/1 13/12 19/16 65/2398/5 110/9 128/3 149/6 149/12 159/2 199/8 206/9
208/23 212/8 216/17 218/11 223/19 224/13 231/9 242/23 243/2 243/2 243/4 243/22
244/13 247/14 247/17 248/12
WIDE [3] 152/13 157/21 157/22
WILL [45] 11/23 19/25 20/20 20/21 20/21 $22 / 10$ 27/25 35/21 36/1 48/20 66/7 73/22 74/1286/11 99/21 112/2 113/20 120/1 128/18 131/20 140/20 143/13 143/14 145/16 145/22 146/1 146/15 147/12 147/16 147/23 149/14 149/23 149/24 150/6 172// 203/17 222/1 236/18 246/20 260/21 262/25 264/12 265/22 266/17 268/12
WILLIAM [1] 43/11
WILLING [1] 146/17
WLLINGHAM [7] 8/25 9/29/11 10/11 11/18 11/20 13/5
WINDOW [1] 83/6
WINDOWS 11] 8918
WIPED [1] $256 / 18$
WIRED [1] 259/2
WITHDRAWN [3] 30/1 98/23 99/20 WITHIN [15] 30/21 31/17 41/6 41/10 43/25 $80 / 2282 / 183 / 683 / 10 \quad 104 / 20 \quad 104 / 22105 / 10$ 109/3 119/8 119/9
WITHOUT [27] 5/25 14/6 19/18 19/19 69/1 69/18 87/5 87/8 87/10 87/19 87/20 91/9 97/1 110/24 125/15 125/17 128/20 1.37/1 137/13 168/1 168/15 171/16 171/19 173/15 176/24 215/5 267/19
WITHSTAND [1] 105/22
WTTNESS [44] 5/1 5/8 5/9 5/25 6/14 7/9 8/1 8/12 15/6 27/8 35/2 59/21 69/1683/1 96/22 101/1 110/20 130/18 130/21 149/11 140/20 140/22 144/15 145/19 146/4 151/7 151/17 158/22 171/7 172/14 185/1 187/2 187/9 195/10 204/8 204/13 213/5 232/4 232/20 235/18 262/18 $262 / 19$ 262/22 263/13 WTTNESSED [2] 83/19 136/8
WITNESSES [14] 2/35/10 6/6 6/11 14/8
145/6 146/19 147/2 147/7 172/2 264/12 265/8 265/23 268/2
WTTNESSING [1] 212/24
WOMAN [2] 228/10 229/9
WOMEN [1] 103/20
WON'T [3] 58/19 100/7 267/12
WONDERING [1] 70/16
WORD [6] 10/14 78/10 137/23 193/12
199/23 210/5
WORDS [8] 43/19 171/9 185/17 185/21 185/23 193/15 202/2 229/6
WORK [24] 16/16 17/14 26/18 38/11 41/21 48/17 64/13 183/10 183/12 227/2 237/15 237/20 238/1 238/10 238/12 239/18 239/21 240/1 240/14 240/16 241/3 241/13 242/16 248/9
WORKED [2] 205/22 251/17
WORKING [14] 18/1 18/8 18/12 20/8 20/24

| W | YOU, DID [1] 8/16 <br> YOUNGER [1] 191/13 |
| :---: | :---: |
| WORKING... [9] 152/22 166/4 186/18 188/6 206/1 206/4 220/1 237/17 239/7 <br> WORKS [2] 17/18 146/5 <br> WORRIED [1] 179/15 <br> WORRY [1] 148/22 <br> WORSE [2] $267 / 18267 / 18$ <br> WOULD [273] <br> WOULDN"T [16] 35/17 37/3 42/25 51/5 <br> 58/5 64/10 83/19 94/16 106/11 126/3 143/24 <br> 144/5 181/21 247/9 263/7 263/8 <br> WOUND [1] 42/23 <br> WRAPPED [1] 63/12 <br> WRITE [5] 201/16 217/5 217/24 260/3 <br> 260/4 <br> WRITTEN [1] 217/23 <br> WRONG [3] 48/20 118/2 247/14 <br> WROTE 41 39/1 134/5 196/18.217/5 | YOUR [268] 4/13 4/14 4/15 4/18 5/1 5/25/6 6/5 6/8 $6 / 23$ 7/4 7/13 9/3 11/12 11/20 11/23 12/2 12/9 12/16 13/8 15/3 15/12 15/12 15/17 15/21 16/6 16/10 16/12 16/16 16/21 17/14 18/4 18/4 21/22 22/19 22/19 22/24 23/5 23/8 24/25 25/2 27/23 32/21 32/23 33/10 37/5 39/8 39/11 41/15 41/19 41/20 41/23 44/2 47/3 47/14 49/25 51/7 53/6 53/12 59/9 60/7 66/15 67/367/4 69/9 69/22 75/3 78/8 83/2 83/5 83/13 83/24 84/6 84/8 85/24 86/794/1 98/8 98/10 101/2 103/21 103/25 112/9 120/24 121/24 122/8 124/18 127/19 130/13 130/18 133/16 134/1 134/13 135/2 $137 / 7$ 139/2 139/7 139/18 $139 / 18139 / 23140 / 6$ 140/25 143/2 143/7 144/11 144/22 145/2 145/21 146/13 148/12 150/22 151/4 151/7 151/14 151/24 151/24 152/7 152/10 152/15 153/24 154/2 154/13 154/19 155/6 156/21 |
| X | 158/3 158/12 158/15 159/17 160/8 161/24 |
| X'S [1] 260/1 <br> X-RAY [8] 26/10 $29 / 2329 / 2358 / 1858 / 22$ <br> 66/9 98/15 128/6 <br> X-RAYS [3] $68 / 480 / 3128 / 5$ | 162/2 162/8 162/12 163/1 163/19 165/4 165/4 167/3 169/16 170/2 170/24 171/16 171/17 172/1 172/22 173/15 174/3 174/25 176/8 176/15 176/23 $177 / 5$ 177/11 180/25 182/21 184/3 185/3 186/3186/10 186/15 |
| Y | 186/22 186/25 187/6 187/15 187/15 187/2 |
| YEA [1] 76/15 <br> YEAH [55] 5/19 8/22 8/23 13/12 14/6 14/23 14/24 41/9 49/19 58/460/2 63/8 73/9 80/4 81/20 85/1 85/8 95/13 118/15 122/5 134/19 148/17 154/9 171/8 174/19 192/20 195/15 195/19 199/15 199/24 200/1 201/21 202/6 209/14 211/8 211/20 212/25 218/5 235/12 237/14 239/16 243/17 244/1 247/8 248/23 250/12 252/9 256/14 258/3 260/14 261/5 261/11 262/2 265/3 265/15 YEAR [18] 16/14 17/10 18/20 23/10 44/18 $47 / 21$ 105/10 $117 / 4117 / 11117 / 13117 / 20$ 117/25 118/3 118/5 189/14 234/3 238/13 255/12 <br> YEARS [13] 16/13 32/4 $128 / 24$ 174/18 174/19 174/19 174/20 188/3198/12 205/23 205/25 219/25 234/3 <br> YEP [3] 154/18 198/6 240/5 VES [394] | $189 / 23$ 190/13 193/1 193/77 194/7 $198 / 9$ $196 / 3196 / 25197 / 11197 / 16197 / 19200 / 2$ 200/10 200/24 201/3 201/19 201/20 202/2 202/7 204/6 204/7 204/10 204/19 204/19 205/3 210/21 211/5 211/6 211/6 211/9 211/13 211/16 213/1 213/5 214/11 215/9 215/16 215/25 217/14 218/4 218/17 221/6 221/12 222/15 222/19 222/19 223/14 224/14 229/6 231/2 231/7 231/18 232/2 232/17 233/1 233/1 233/12 233/19 233/23 235/18 236/9 237/22 238/6 238/21 239/24 240/7 241/9 241/10 241/14 241/18 242/7 24216 242/20 245/10 245/19 246/13 247/22 248/17 248/25 250/10 252/10 252/22 256/20 258/5 258/14 258/22 259/6 261/15 262/3 262/17 264/10 264/11 264/14 264/16 264/22265/4 265/14 265/20 267/6 267/16 269/1 YOURS [1] $69 / 5$ YOURSELE [3] 6/20 23/250/5 |
| YET [5] 112/11 115/24 141/11 198/13 | Z |
| YOU [1290] <br> YOU'D [9] 44/24 58/5 58/6 72/19 82/6 112/16 112/20 211/1 232/16 <br> YOU'LL [8] 23/7 48/22 86/23 149/15 176/12 177/13264/4 264/5 <br> YOU'RE [64] 16/21 18/9 23/3 43/16 43/17 48/22 49/25 52/21 54/2 55/19 55/22 59/4 59/23 61/21 74/25 75/4 79/22 79/22 80/2 81/18 84/11 85/6 86/8 86/15 86/25 87/16 96/8 96/11 100/19 103/13 113/1 128/7 133/21 138/20 140/19 141/17 141/20 142/4 148/7 162/5 176/12 177/24 178/18 180/16. 181/9 183/4 183/8 197/4 198/25 199/20 200/15 203/16 211/14 223/10 223/11 227/9 231/16 231/25 237/11 238/1 258/16 264/7 268/17 268/17 <br> YOU'VE [13] 44/7 57/25 73/9 83/25 94/2 103/7 127/25 130/2 131/9 134/25 137/1 184/9 264/8 YOU, [1] 8/16 | 2 ZIGGY [1] 14888 |

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CASE NO. C294266

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CASE NO. C294266
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EEPT. NO. }1
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IN THE JUSTICE COURT OF LAS VEGAS TOWNGHIP COUNTY OF CLARE, SIATE OF NEVADA
SEPTE OF NEVADA,
Plaintiff,
vs.
Case No. 13F09094X
JOMATHAN QUISANO,
Deferdent.

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\section*{REPORTER'S TRANSCRIPT}
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FRELIMINARI HEARDVG
VILINE 2
before the honargile diana le sulivan
TAKEN ON THURELAY, NOVEMEER 21, 2013
AT 1:00 P.M.
APPEMRANCES:
For the State: MICHETE, Y. MWMFDS Deputy District Attomey
For the Defendant:
NANCY L. LENCKE and
MORMA $\dot{U}$. RIEPD
Deputy Public Defenders
Reported by: Gexri. De Lucca, C.C.K. \#82
Gerri De Lucca, C.C.K. \#er
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IAS VEGAS, NEVADA, 'ITURSDAY, NOVEMBER 21, 2013
12/16/2013 07:38:13 AM
Itre COURT': 'Today is the date and time of a


today's hearing?
MS. EDNARDS: Yes, your Honor.
THE COURT: Is the cofense ready to
proceed?
MS. Intrces: Yes, your Honor' Nancy
Lemcke on behal.f of Mr. Cuisano. We are ready.
THE COURT: You can call your next
witness.
MS. EDNARDS: Your Honor, as a
preliminary matter، pursuant to NRS 52.260, the state
is moving for the admission of the certified UMC
reconds of the child from June 6, 2013.
THE OXURT: Any objection?
Ms. LFMCKE: Court's indulgence.
No objection, your Honor.
THE COUR'T: They'11 be admitted. Thank


(UMC records actnitted into evidence.)

MS. EDMADS: The State calls Dr. Montes.

Please gtate your first and your

ARTHUR MONTE S, having been first duly
sworn to testify to the tratt., the whoe truth, and
nothing but the truth, testified as follows:

DIRECT EXAMINAITON
BY MS. EDWARDS:
Q. What is your occupation, Doctor?
A. I'm a pediatric radiologist.
Q. What's the medical training or experjence for being a pediatric radiologist?
A. After completing my medical school I did a residency in diagnostic radiology, totaling five radiology.
Q. When did you receive your coctoral degree?
A. 1998. I'm somy, 1992. I Einfshed my training in 1998.
Q. How long have you been reading or lookirg at pediatric radiology fims?
A. Since 1998.
Q. As you sit here today, how are you empioyed?
A. I'm a partner in Radiology specialists, a group that oovers sumise Hospital and Surrise Children's Hospital.
Q. Generaliy speaking, cu a daily basis what are jour cuties and responsibilities?
A. I interpret radiographe, ultrasound, all inaging studies on adults and children.
Q. Now, as part of your job duties in being a medical professional, are you required to keep up with your credits or continuing education?
A. Yes.
Q. What are those requirements?
A. 48 hours every two years to keep ry
medical license up-to-date. I do far mone than that,
Q. CAT scan's also referred to as a CT, conrect?
A. Conrect.
Q. In the case of Khayden Quisano, did you
have an opportunity to review films as it relates to that chtid?
A. I did.
Q. Do you recall what films you reviemed?
A. I reviewed inages Erom an outside
hospital from UMC in -- dated June of this year.
Q. Abcut June 6, 2013 ?
A. Pight, about June 6 .

And aiso sone images fron 2010 from a hospital in Hawaii. And I think that was it.
Q. Did you review a skeletal scan or series of X-rays on Khayden?
A. Yes.
Q. As fur as this case is concemed did you provide a statement to Metro?
A. I did.
Q. Anc was the content of that statement dedicated to the imaging of your review of imaging from Hawaiti?
A. Yes.
Q. During the course of that discussion with
but that's the mininmm that the state requires.
Q. Are you in good compliance with the Nevada Board of Medical Examiners.
A. Definitely, yes.
Q. Ayproximately how many films do you read on a monthly basis?
A. I read about 20,000 exams a year, so I gress about 2,000 a month or so.
Q. When you aay you read an exan, what does that entail?
A. I observe the inages and then I dictate a report.
Q. Anci is that presumably based on what you observe in the images?
A. Correct.
Q. Then does that report generally beoome part of a child's medical records?
A. Yes.
Q. Now, in radiology and imaging are there different types of inaging that you review?
A. Yes.
Q. What types of imaging do you review?
A. There's gtandard plain X-rays, there's ultrasound, there's mamograchy, thene's nuclear medicine, CAT scan, and MRI.

Metro did you at all review the June 6 radiology imaging or the series of x -rays?
A. No.
Q. Now, if you could bear with me, if you couid help me out with the anatory of the head.
could you please describe for me the various bores that make up the skull.
A. There's several, plate-iike bones that make up the akull. The side bones are the parietal. bones. The front bone is the frontal bone. And then posterior skuli is the occipital bone. And there's some other smaller bones along the side. The terporal bones and squamosal bones.
Q. Fair to say when a child is bom there are sutures and the bones are not all closed -
A. Correct.

\section*{(Overlapping speakers)}
Q. -- or together, correct?

Fair to say when a child is bom there are sutures and all the skull bones aren't comected?
A. Correct.
Q. Approximately what age do the sutures
A. The anterior fontanel, the soft spot closes by two years old. There'g some variability in the other sutures, but usually everythtng is closed by three to four years.
Q. If a suture is not closed, can you see that on innaging?
A. Yes.
Q. As far as the imaging that you review for brains, obviously, you can see the skuill bones, correct?
A. Correct.
Q. What other portions of the head or bratn can you see in an \(X\)-ray?
A. In an X-ray we can see the bones and the sinuses and the teeth. That's about it.
Q. As Eax as a CT inaging of a brain, what portions of the head or brain can you see in the CT scan?
A. You can see the bones, the sinuses, the brain substance, or the brain parenchyma, the blood vessels, and that's it.
Q. Are you faniliar with the term vertex in reference to a brain or position of a brain or a skull?
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matter in a brain, what does that describe

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A. In the frontal lobeg of the brain the most outer layer of the main substance is the gray matter and deep to that is the white matter.
Q. You said that you went over imaging of Khayden quisano from June 6, 2013; is that correct?
A. Yes.
Q. Did you go over a series of films or inaging.
A. I reviewed a CAT scan and a akeletal
survey,
Q. Did you review CAT scan of the head or the brain?
A. Yes, the head
Q. Did you review a CI scan of the abobomen or chest?
A. Yes; both.
Q. Now, in your -- do you recall what you saw on those filme?
A. Yes,
Q. And, if you don't, just so you know, I do have the films on the laptop if we reed to refer to them.
A. Okay.
Q. Referring specifically to the CT of the
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chest, was there anything sigmificant in that as it
relates to the lung?
A. There was areas of comsolidation or opacification in the posterior or back parts of both lungs.
Q. When yous say back parts of both lunga, just so I uncerstand, wien yos say back, that's also fadr to say the back of an indivicual?
A. Yee.
Q. And so whert you say consolidation, what does that mean?
A. It means in the portions of the lung where there sforild be air there is fluid or the lung is collapsed and basically the lung is touching itself and there's no air in that location.
Q. Were you able to make a determination in the film that you reviewed of the chest as to whether or not the child had a pulmonary contusion?
A. I reviewed the exam, beirg tole that saneone felt there was a pulmonary contusion, but I disagreed, I didn't think that the findings I saw were compatible with a pulmonary contusion.
Q. What findings did you see that were significant to you in that regard?
A. I saw symmetric opacification at the base

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of the lungs, and also a small anourt of that similar opacification in the upper portions of the lungs. Very symmetric. Pulmonary contusions are usually more peripheral, meaning along the edges of the lurgs, not in the dependent or posterior part, anc they're usually not symetric.

And they're -- usually don't affect the upper portions of the lungs because there's so many bones around the upper portions of the lungs, it's very hard to contuse that portion. You have -- basically, contuse means bruise, so to tave a contusion up there it's very unlikely.

Arxi also being that it was symetric, contusions are usually not symetric, and there usually is sone fluid associated with them around the lurge, and there was no fluld. So, basically, in my opinion, this was just collapsed lung, also called atelectasis, which is very common in anyone with a head injury.
Q. What, if you know, would atelectasis or what you observed to be the issue with the lung from --
A. Basically, just someone who has either not been breathing or they're breathing very shallow and not expanding their lungs completely.
reviewed. Do you recall the timing of that CT?
A. No, I don't.
o. Would it refresh your menory if you were to see a report as far as what time the imaging was done?
A. I don't remenber. Yeah, I'd have to see a report.

MS. ETKARDS: May I approach?
THE COURT: Yes.
SY MS. EBMARDS:
o. Showing you what's been marked as state's Exribit 10.

Pege 239, coursel, and 240 more
specificaily.
Does that appear to be the report from the of that you looked at?
A. Yes.
Q. and what is the timing on that report as to when the CT imaging was done?
A. ưne 6, 2013 at 7:15 p.m.
Q. When you reviewed the imaging did you make your own conclusions as to what you saw in the nead Cr?
A. I did. I never saw their reports.
Q. And when you reviewed the CT of the head
\begin{tabular}{|c|}
\hline and not expanding their lungs completely. \\
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\end{tabular}
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far as bleeds that the child had?
A. Yes.
Q. What significant findings did you note?
A. There was a subdural hemorrhage in the left side of the skull, and there was a small amount of probably subarachnoid or subdural hemorrhage posteriorly.
Q. When you say the left sice, tresumbly there's the whole half of the left side of the head, omrect?
A. Correct.
Q. Which portion of the left side of the head did you see the gubdural henorrhage in?
A. It extended from the fromtal into the parietal. Basically, the whole side of the head from the front to the back.
Q. And in reviewing the film: and the subatural hemorrhage that yor saw, was there arything significant about how the blood appeared on the Eilm to you?
A. The blcod was acute, which means that it was wery recent, less than 48 hours old. Then within that hemorrhage there was some heterogeneity, which typically mears either that the blecding is still going on, it's active, or the bleeding is old enough

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said there was the center and then the stellate nature of it?
A. Right.
Q. Is the center, does that indicate that
would be the point of impact?
A, Pypically, yee.
Q. Then the stellate is just the various lines you describe are just the effects of the impact to that site, correct?
A. Right.
Q. Fhen reviewing the cr of the head, did you notice anything -- or, actually, let me back up, When lcoking at a Cr of the head, what is a midline?
A. Where the stmuctures tend to meet. Where the corpus callosme sits and where the mioline structures, the brain stem, and everything is located. It's basically the center between both ears, the deadline middle is the midline.
Q. And is there any significance as to the midline or looking at the midline in the CI of the head?
A. That's one of the ways we tell if there's any brain hemiation. If the midline structures get shifted. So, basically, we draw a line down the

The bleed in the postericx part of. the brain was in the occipital region at the same level of a fracture, and that was a small amount of blood, and because it was such a small ambunt, I couldn't tell whether it was subaracimoid or subxural, but typically in that location it's subxurial blocd.
Q. So, if I understand you correctly, you saw subdural hemorrhage on the left side, which was a different place in the child's head or brain tharl the subarachnoid that you gaw where there was also a fracture you said?
A. Correct.
Q. And referring to the fracture that you saw in that imaging, how would you describe that fracture?
A. It was a stellate or star"like fracture, meaning that it had several. lucencies or fracture fragnents extending from a single point.
Q. Do you recall where on the child's head the single point was?
A. Yes. It was posterior, just to the left of the midline.
Q. Now, when you look at the fracture, you
middle, and if the midline structures are pushed one way or the other, we measure how far that is, and that helps us detemine if there's brain herniation.
Q. And in this spectific CT from whe 6 of Kayden, was there any significant findings as to the location of the midline?
A. The midline was shifted to the right.
Q. And I believe you said that that indicates hemiation of some sort?
A. Correct.
Q. How far do you recall was it shifted?
A. I think jut was 9 millimeters, but I'm not positive.
Q. When yous say broin hemiation, what does that mean?
A. It means that the brain has started to exterd into a space that it typically doesn't occupy. So meaniry that the left hemisphere of the brain can be starting to extend into the right portion of the skuil and/or the tonsils of the brain or the base of the brain can start to extend through the base of the skull into the spinal canal.

And the significance of this is typically when the brain does these shifts, that the blood vessele get compressed, so not only is the
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brain being injured by being pushed on, it's also
being injured by the blood supply being compromised.
So, typically, the blood vessels
all originate in the base of the skull in the
mioline. So you start to shift things across, that's
why blood vessels get pinched and compressed and
makes the injury even more significant because now
you have almost stroke-1ike symptoms on top of
whatever is the other issue, the other injury.
Q. When you looked at the CT scan of the
head, CT from the 6th, did you see anything like
cerebral edera or arlything like?
A. I did.
Q. What is a cerebral edena?
A. It's swelling within the brain substance

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\section*{brain being injured by being pushed on, ftes aleo}
``` being injured by the blood supply being compromised.
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Q. What is a cerebral edema?
A. It's swelling within the brain substance
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of the brain parenchyma.
Q. And how does that appear to you on the
imaging that you can tell what part is swelling?
A. The gray matter and the white matter,
which I said before, the cutermost layer of the brain
is the gray matter, the inner layer is the witite
matter. Typically on a CAT scan we can tell by the
density or the grayness where the gray matter and the
white matter meet, so there's a different density.
When we lose that density, i.t all of the brain parenchyma.
Q. And how does that appear to you on the imaging that you can tell what part is owelling?
A. The gray matter and the white matter, which I said before, the cutermost layer of the brain is the gray matter, the imer layer is the witite matter. Typically on a CAT scan we can tell by the density or the grayness where the gray matter and the white matter meet, so there's a different density. When we lose that density, i.t all
A. Yes.
Q. And what is that as far as in
relationsinip to the brain and how the brain and the skull work?

A, So the tentorium is a tent-shaped grructure that sits in between the superior portion of the brain and the brain stem and the cerebellum or the posterior parts of the brain. So it's basically a cura layer or a lining that separates the superior part of the brain from the lower part: of the brain.

And lit's an area where it helps us detemine where eonething started by where fluid is above or below that or blood is above or below that, We can usually figure out where samethirg started, an injury or turor or an infection.
Q. Arci with respect to this June 6 CT of Mayden, did reviewing the tentorium, did that tell you anything or signify anlything as far' as the source or start of Khayden's injury?
A. Nell, there was a small amomet of blood that i referred to on that tentorium, which was above the tentorium, neer the level of the fracture. So it was, in my opinion, that that blood cane from the fracture, and it was a mall amount of blood, so I dign't know if it was in the subdural or the
becones honogenecusly gray is a sign that there's edema, we start to lose the demarcations of the gray-white junction.
Q. And specifically with reapect to the CI on this child on iune 6 , was the cerebsal edema in a specific location or was it diffuse over the brain?
A. It was diffuse all over the brain.
Q. What clinical significance, if any, is diffuee cerebral edema?
A. It indicates that there's been a global intury, so either significant trauma or compranise of the blood supply or oxygenatiorl, and the problen: is that the head is a closed space and with the entire brain being swollen there's no space for it to go anywhere, so it starts to swell and compress the blood vessels even further.

So it starts to create a crele of worsening injury because you have already a swollen brain that's not getting enough blood and then you have more swelling causing less blook, and it kind of gets worse on i.ts own.
Q. Were yoi able to visualize the tentorivin in the CI head?
A. I'm sorry, the what?
Q. The tentorium?
subarachnoid space. All I can say it was blood,
Q. IThen as far as you discubsed same hemiation with respect to the midline shift.

Were you able to detemine which
portion or portions of the brain were herniating by locking at the CI?
A. I could tell it was hemiating, but I coulcti't tell where the injury sterted.
Q. With all the findings from the head CI of Khayden, the left subdural, the fracture with the correlatiry blood, the midine shift, the cerebral edema, were yur able to determine if this was crie event or maltiple events that would have had to happen to cause all those injuries?
A. I feel that the fracture and the blood in the tentorim would go together. I don't feel that the cerebral edema and the subdural hemorrhage are from that fracture, so I think there was at least two events or two injuries.
Q. What lead you to comolucie that the cerebral edena and subdural hemorrhage were a different event from the fracture and the blood in the tentorimi?

MR. REED: I'm going to object to the form of the question. He used the words I thirk and

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I feel, not I conclude.
    TTE COURT: Well, you're objecting to the
form of the question?
    MR. REED: The question misstates his
testimony.
    THE COURT: Oh, okay. It coegn't
misstate his testimony because that was his
testimory. so you might wamit to follow up. I'll
sustain the objection.
BY MS. ENWARDS:
Q. When you said I think and I Eeel, were these just thoughts that you had or did they go any further than that?
A. Based on those images, my interpretation of what happered is that the fracture caused the blood along the tentorium. The fracture in that impact, that event, did not cause the cerebral edena or the left subdural hemorinage. So I conclude there was a second, at least one other event or injury.
Q. What type of event or injury, if you know, would cause a subcural hemorrhage or cerebral edema?
A. A subdural hemorrhage can be caused by another impact, another head inpact, or it can be caused by shaking. The fact there was no other scalp
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injuries of the fracture?
A. No.
Q. Why not?
A. The contrecoup injury is always less
severe than the inttial injury, because the eneryy of the impact is basically already decreased as it's bouncing back toward the other aide of the skrll. So the injuries in this patient were worse away from this fracture site than they were at the fracture stte. So I wolid never categorize this as a coup-contrecoup injury.
Q. Now, you also testified that you examined X-rays of Khayden guisano, correct?
A. Yes.
Q. Did you prepare a report for a Dr. Gavin, the medical examiner, with respect to your review of the X -rays?
A. That was her $X$-rays from the coroner's office. Those weren't the $X$-rays from LMC.
Q. And the $X$-rays that you reviewed in yorur report for Dr. Gevin, were those also of Khayden Quisano?
A. Yes.
Q. Did you draw any conclusions or prepace a report for her?
swelling other than at the fracture site, and the
fact that cerebral edema was diffuse, involving both
hemispheres, I would conclude that most likely the child was shaken.
Q. As far as the injuries go, are you
familiar with the terms coup and contrecoup?
A. Yes.
Q. Can you teill me what those are?
A. It refers to when you have the brain, there!s some space around the brain, and when the brain hits one side of the skull curing trauma, it basically bounces back and hi.ts the other side of the gkull again. So you can have injuries on both sides of the brain from one inpact.
Q. So is the initial impact or injury onnsidered the coup?
A. Yes.
Q. Then the bouncirse off the opposite side is considered the contrecoup?
A. Correct.
Q. In evaluating the injuries that you observed and concluded in the CT head on Jure 6 , would you describe the fracture and the blood in the tentortum contrasted with the cerebral edema and the subcural hemorrhage, would those be contrecoup

26

A. I did prepare a report for her conceming the fractures present, yes.
Q. Do you recall how you described the Eractures that you observed to Dr. Gavin?
A. I haven't read that report in a while, but I krow --
Q. would it refresh your memory to review it?
A. I wonid prefer to review it, yes.

MR, REED: We don't have this report. I den't have it.

MS. EDNARDS: May I approach?
THE COURT: Yes.
BY MS. EDMARDS:
Q. Review that to yourself and let me know when you're dore.
A. okay.
Q. Does that refresh your memory?
A. Yes, that's fine, thank you.
Q. Based on your review of the X-rays, how did you describe the -- or did you see a skull fractuxe in the images you reviewed?
A. I did.
Q. How did you describe that as it relates to the information provided to Dr. Gavin?
A. I told her that it was a nondepressed stellate skull fracture with overlying scalp swelling, but without widening of the sutures.
Q. And would the imaging that you reviewed that you provided the infommation to Dr . Gavin, would that be the ame injury you also observed on the June 6 CT or a different fracture?
A. It's the tame fracture,
Q. Do you have any training or knowiedge with respect to mechanisms of injury?
A. Just as it concems child abuse, yes.
Q. And, generaliy apeaking, what is your training or hasis of knowledge?
A. How it usually oones up is if there's a case that they're suspecting child abuse and I'm told there's a mechanism, does this mecinanisu fit the injury. So that's how the comection is made in raciolosy, but I don't have any other experience with it, no.
Q. How long have you been doing those kinds of consultations here where the mechanism compares to what you see in radiology?
A. 15 years.
Q. Now, as far as the injuries you observed in the CT inages, as well as the X-rays, in your

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THE COURT: Nell, he has said that he's been consulting on the mechanism fitting the injury or not Eitting the injury, so to speals, for 15 years, but just because he's been consulting on that, I suppose doesn't answer or respond to Miss Lencke's objection, which is does he have the expertise to consult on that: what type of expertise does he have, maybe if not in the areas of bionechanic, which is what Mise sencke has specifically referred to, any sort of -- I mean any cther sort of expertise.

And I will agree that he has mentioned some GEs, but I don't recall him giving us details on what the CNES are, and what, if any, of those OMEs pertain to mechenism versus injury, biarechanics, et cetera, et cetera. So I'm sustaining the objection until you can lay some better foundation.

BY MS. EDNFRDS: Q. Okay. So you testified that for 15 years
at least you've been consulted regarding mechanisma, Q. Okay, So your testified that for 15 years
at least you've been cousuited regarding mechanisma, and if the mechanisms match up to what you vien on the radiology inaging, correct? A. Yes.
Q. What is the basis of knowledge, if any,

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opinion, would a short fall of a distance of
approximately 32, 33 inches cause the injuries you
gaw?
MS, LWMCKE: Judge, before he answers, I'm goiry to interpose an objection. I understand that he has an experience reading films, but I don't think he's indicated that he has any particular expertise or qualifications in the area of actually biomechanics, such that he'd be qualified to render an opinion as to what nature, type, or length of fall would cause an injury such as what we have here, and I think that's probably where counsel's going, if I'm mistaken, so on that basis I'd object to lack of foundation for him to render the opinion.
THE COURT: Miss Edwards.
MS. EDNARDS: Your Honor; he's testlfied that he's been working on cases for 15 years involving mechanisu of injury and if those mechanisms are consiatent with what he sees on the radiology films, I beliteve the 15 years.
He's also testified that as part of his continuing education he does, I beliove, 48 hours, as well as additional reading that he does, I believe he's provided a sufficient basis to testify as far as the mechanism of what he observed on the
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that you have, a relationship between a mechanism of an injury and how it beare out in the radiology?
A. It's based on my experience of reading thousands of exams. So I'm not a biomechanical engineer, bit I can say that I've seen 20,000 exans tines 1.5 years. It's, I don't know, over a hurrired thousand exams, and a significant number of those are child head Crs, and the majority of child head Cls are for tramb.

So I'm just saying if you tell me
a situation, I'm going to use my experience in seeing thousands of skull fractures to say this was how this cne was caused, this was how this one was caused, and I. can say that's all the experience I have, but it's sheer volume.
Q. And have you done any reading of the literature on mechanisms of injuries in ramiology?
A. I have, but they're not typically written In the mecical -- from the pediatric radiology literature they're not written from a bionechanical physics point of view. They're written from the point of vien of what's reconded, because all we have, they're nostly not witnesged, these falls, or these incidente that lead to the situation we're having now, it's not witnessed, so you can't really
that this fall occurred.

So based cory: that, I weill subunit
to your Honor that there's no foundation, proper foundation lad for him to opine in that regard. He can certainly opine as to the injuries and as to what he saw, and, you know, blunt force tram m or what cause may have effectuated a particular injury or the cascading effect, as $I$ 'm going to ask him about in just a few minutes, but I don't think that he can opine as to the mechanics and the physical properties of a particular fall or how a trauma occurred that tray have caused the Injuries that we have here.

MS, EWARDS: Your Honor, he's testified

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reproduce it in a lab, so almost everything is by
experience and description and then adding up the
munber of casea that have the same history.
    Q. So you have, not in the blomechanical
sense, but you have, if I understand you correctly,
please correct me if I'm wrong, you have read
literature with respect to mechanisms of injuries and
their correlation to what is shown cn the radiology
inaging; i.s that comrect?
A. Correct.
Q. Can you describe for me approximately how many articles you read or any CUEs -- or CuEs?
A. I cant give you a number of articles. I mean I read regularly child abuse literature. I regularly go every other year to the pediatric radiology national meeting, which has a whole section on child abuse, so I coulcin't really guesstimate. At least a hundred papers
concerritig oftild abuse, but they're not all head injuries. The majority are, but I don't really have a good number for you, ism sony.
Q. That's okay.
MS. EDWARDS: Your Honor, I would ask
permission to revisit my prior question to which the objection was sustained based on the additional experience and description and then adding up the number of cases that have the same history.
Q. So you have, not in the biomechanical sense, but you have, if I understand you correctly, please correct me if I'm wrong, you have read literature with respect to mechanisms of injuries and their correlation to what is shown on the radiology imaging: iss that correct?
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33
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biomechanical expert or has -- nor does he have any experience in that particular specialty, if you will, and I think the fact that he's interpreted thousands of radiographs over the years, I think certainly speaks to his ability to Interpret and identify injuries, but not necessarily the physical properties at work and the mecharlics of what may cause that injury.

> Just to compare and contrast as between different injuries I dor nt think yields that same information again as to the physical properties that may or may not have been at work at the time $s$


foundational questions I laid of his history, his reading of literature, and his attending the conferences on radiology that addressed child abuse, not the biomechanical aspect, bitt his experience in reading of the mechanical explanation versus what is shown on radiology imaging.

THE COURT: Miss Lencke.
MS. LIFMCKE: Judge, I think what were talking about here is indeed biomecianice. I think hers being clear he doesn't have a background in that particular area of expertise. If they wanted to call. an expert in that regard to say, look, here's what we know about the injury based on this gentleman's reporting, the autopsy Findings, and Dr. Casey and anybody else's reporting, and compare that to the fall that has occurred here and say given the physical properties at work, whether or not that type of fall. could cause this type of injury, that would be one thing, that would be within the purview of the expertise of scaneboty who's experienced and has an educational background in physics so they can make those Find of evaluations.

I dom't this doctor has indicated that he has the qualifications to do 90 . In fact, he's indicated he doesn't. He said he's not a
as to his basis that he does this every day. This is what he does. Here's the mechanisin that's reported, Here's what is seen on the radiology report. Is that consistent or inconsistent with the injuries viewed on the radiology imaging that he's looking at.

His opinion and the foundation for that is not orly hiss experience, which is 15 years, numerous films, it's also as far as the publications that he's stated that he's read as far as his going to the seminars.

I'm not asking him to specifically say this angle, this velocity, this whatever civil engineers would look at to make those determinations. I'm just saying with this description of this type of a fall, is that consistent with the injuries that you saw in the imaging, which, as he testified to, is exactly what he does, which is his job, and that's what he's dore for years.

And I believe I have laid the appropriate foundation for hm to testify to these things. I'm not asking him a biomechanical expert opinion. I haven't laid the formation for biomechanics. I'masking him, this description of a fall, is that consistent with what you saw on imaging.

MS. LEMCKE: My point would be unfortumately even though ohe's saying I'm not asking it, that is indeed what she's asking, because that's the assessment that you have to make in order to cetermine whether or not a fall, as has been alleged here, could cause the injuries that we have here.

So I moderstand that ahe wants to characterize it as, well, I'm really not asking that, but indeed, that is what they're asking, and that's wif this particular expert, while qualifted to opinie as to many other matters, is not qualified to opine in that regard, and I think they're going to need sonebocy else if they're goirg to ask about mechanics of injury and causation.

THE COURT; Well, that evidence, if you will, or testimony also aotually came in with the trauma surgeon.

MS. LFNKZE: Right. And, if you recall, the trauma surgeon, what distinguishes him from this gentlemin, is that he made very clear that he does actually have some background in biomechanics, if you will. He talked about all the different periodicals and journals that he's read that have to do specifically with the physical properties at work where there's an impact injury.
Q. In ofr discussioms today you said a
muricer, the majority of the head Cl's you review are tranna related, correct?
A. Correct.
Q. And when you say trauma related, what specifically coes that mean?
A. Head injuries. Blunt trauma typically, or a vehicle accident, falls, bicycle accidents, struck by another child, struck by an adult.
Q. And those are, fair to say, mechanisms
doctor, just because sonebody's been doing sonething
for 15 years doesn't necessartily equate them to an for 15 years doesn't necessarily equate them to an expert in samethirg.
literature that he can't really point to any specific
literature doesn't necessartly make then an expert,
If you want to contizue to lay sone foundation, more
literature doesn't necessartly make then an expert,
If you want to contizue to lay sone foundat:Ion, more
detail., then I might change my mind, but right now I believe the lack of foundation cbjection is
appropriate and it's sustained.
BY MS. EDNARDS:
Q. As far as you testified to muneroue CTS that ycu reviewed, you said most of them are traurnas, comect?
A. Trat's testified in court or interpreted?

> Just because they read scne

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that have been reported to you when reviewing the
head Cr, correct, with the trauma injuries?
    A. Correct.
    Q. And what is the purpose, if you know, of
that information being relayed to you?
    A. To make me -- weil, can I add anything or
editorialize a little bit?
        THE OONT: She's trying to lay a
foundation and it's her job to do that.
    THE WITNESS; They give me history go
that I can look in the appropriate area for the
injury and I can also gauge whether the history is
appropriate for the injury that's present.
BY MS. EDNAROS:
    Q. So in your purriew as a pectatric
radiologist, when soneore tells you, at least what's
been reported as to how an injury occurs, does that
then guide you inf what you do or don't look for on
imaging?
    A. Yes.
    Q. And scmehow coes that guide you or what
does that signify to you to do when you're reviewing
the imaging?
    A. Can you rephrase that?
    Q. Nhers you're given the story of how the
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hamn't necessarily done all of that. He's not
familiar with the physical properties at work and the
forcees that are at work when you have a blurnt force
trauma injury like this, but he's just interpreted a
lot of radiographs and done calparisons between the
radiographs, and I think that that setes them apart,
because, if you notice, Dr. Casey did offer opinions
to the extent the prosecutor is now trying to elicit
from this witness, but his background was a little
different in that regard.
THE COURT: Well, I would agree his
background is different, and while this
doctor actually may have the underlying expertise to
give that opinion, I don't believe the aupropriate
foundation has beer laid today, whether it be -- if
you want to contime to try to lay more fourdation,
because I don't believe the appropriate foundation
has been laid for that type of opinion, then you oan
contirue to lay fomdation, because it may be that he
does have the appropriate qualifications and
expertise and you just haven't gotten it out of him
yet or you haver't asked the right questicns or
et cetera, et cetera, but 15 years of thousands of
exans, I mean, obvicusly, no disrespect to the


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\begin{aligned}
& \text { discussed here today as far as your training and } \\
& \text { experience? }
\end{aligned}
$$

A. Yes.

THE COIRT: Miss Lencke.
MS. LENCLE: Same objection, Judge.
She's just reasked the same question a bunch of different ways, but at the end of the day all we have is an interpretiry radiologist and he doesn't have any expertise in the area or background in the area of biomechanics and what type and nature of falls woild cauge an injury such as what we have here. He doesn't. I mean I understand that now he's saying that, well, I can tell if the fracture is configured in a way, that it's consistent with an object hatting the skull versus the skull hitting a flat surface as tile, that's one thing, but that's not what ultimately she's going to ask this gentleman, I don't think.

I think what she's getting to 1.9 could the mechanics of a short fall such as that which wes described by my client cause the injury that we see present in this particular case, and that 's what he does not have. She has not laid a foundation that he has qualification to opine as to. And so to that end, that's well
injury occurred, you said it directs you as to what to look for on the radiology imaging you're
A. Correct.
Q. And when you review the radiology inaging, I guess the better way to phrase it is, how co you know if you see things in that radiology imaging that's consistent with or different from what's been described to you?
A. I can tell by the shape of the fracture. If it's a depressed fracture that's round in shape, that typically doesn't cone from falling on a tile floor without an object being there. If there's a depressed skull fracture, it wouldn't be caused by sonebody falling off the couch.
Q. What is your basis of knowlecge for telling we in response to my question that if there's a round shape to the fracture, that that's not consistent with a tile floor or the depressed skull fracture is not consistent with the other mechanisms of injury described?
A. Based on the experience that these type of fractures cane from this type of situation and
Q. Have you ever testified before as an
expert in the Eighth Judicial District Court?
A. Yes.
Q. And in rendering opinions in those cases,
have you ever been asked to render opintions with respect to mechanisms in which you've observed in zadiology imaging?
A. Yes.
Q. Approximately how many times have you testified in the Eighth Judicial District Court with respect to being given hypotheticals of mechanisms of intury and what you viewed on radiographs?
A. More than 40 to 50 times.
Q. Is the basis of the opindors you've rendered based on everything we've discussed today as far as the articles, the conferences, your experience over the last 15 years?
A. In somy, could you rephrase that again?
Q. Is the basis of those opinions you've rendered as an expert of mechanism and is the mecharicm consistent with what you observed in the radiology imaging, is that basis of those opinions that you've rendered as an expert from the -- your 15 years of experience reviewing radiology imaging and from the articles that you have read and from the training you've gone to and the things we've
beyond just reading radiographs, and looking at the configuration of a fracture and saying, well, this looks like he was hit with a straight linear surface or a flat surface. That's sonethirg entirely different.

Now, we are talking about
bicmochanical and physical properties, matters about which he has not indicated that he has ary particular area of expertise. So I'm going to again, same objection, foundation, and I would ask that she not be allowed to continue with reaskirg the same questions as to his background.

> MS, EDNAPDS: Your Honor, I've laid a
foundation that he -- we don't use the word bianechanics. That he has testified as an expert in the Eighth Judicial District Court as far as mechanisms of injury, what the mechanism of 加ury is consigtent with what he observes in radiographic images.

That's what I'm going to ask him to testify to and provide his opinion on. I've laid the foundation as far as the training, as far as his daily routine, as far as his job, what he's requested to do in looking at the radiographic images when he's told this is what they say that the child's injury

blood's no longer flowing. The cerebral edena, basically, when a person dies, all the cerebrai edema starts to decrease so the severity of that edena is sanewhat difficult for them to detemine how severe it ever was. So it's a hard question.
Q. Does anytining change with respect to -or can you see anything better in an autopsy with respect to say the subdural henorrhaging that you observed in the inages that you reviewed?
A. They can better locate the space where the bleeding is, but they have trouble with the aging of it because there's a period of time between wher the scan was taken and when that person has the autopsy and that blocd contirues to age. So it's -so, again, they use us, They ask us our opinion on
thinge to compliment their report. That's why I do a so, again, they use us. They ask us our opinion on
tringe to compliment their report. That's why I do a report for Dr. Gavin. She asked me to cone. Not liy icea.
Q. And when they do look -- they actually can take silides, tissue slides, right, histologic; did I say that right?
A. Yes.
Q. Histologic slides of the various parts of the brain as part of the autopsy, correct?
A. Correct.
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Q. And they can look at the blood and the tisgue to kind of get an idea of how old that blood or that tissue is, correct?
A. I can't answer that, I don't know how they age bleeding in patholcgy, I'm not sure.
Q. If I gave you the word iike gelatinous, if the blood becates more gelatinous, that tells you it's a little bit older?
A. Yes.
Q. Does that make sense?
A. Yes.
Q. So i.f there was a finding at sone point
saying that with the pathology that uicroscopic examinations that occurred post-mortem that there was evidence of, say, gelatinous blood on the alides, that would suggest that that blood was a little bit older, a little bit less Eresh?
MS, EDWARDS: I'm objecting, your Ecnor.
She's asking him to comment on neuropathology and forensics examenatioms which he doeen't do.
THE DuRi': Okay. Miss Lemcke, it's the same foundation that you had earlier.
BY MS. LENCKE:
Q. Yeah, if you know.
A. I don't know.
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    A. No.
    Q. What leads you to believe that it wala
shaking?
    A. Because I've seen thousends of skull
fractwres, and kids who have skull fractures that
look like this don't have brain edema that looks like
that.
    Q. Let me ask you, the brain edema you're
referring to is the swelling, correct?
    A. Correct.
    Q. Ard you indicated, if I understood you
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correctly on $y$ row direct testimony, that the swelling
can occur when the blood flow is cut off to the
brain?
A. Correct.
Q. What other things did you say can ouse
that edera?
A. Infection, inflamation, decreased
oxygenation.
Q. Can decreased oxygenation occur secondary
to a blunt force trama?
A. Depends on how severe the trama is and
where it is.
Q. So, if I understand you correctly, yes,
tt is possible, depending on the nature and severity

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It's how we age it as well as the density of it.
    Q. All right. So you can actually tdentify
a little bjt of an aging by looking at a scan in
tenms of the blood?
A. Yes, definitely.
Q. When we tailk about the head inturies that were observed here, are you fandiar with the term cascading effect?
A. In regards tor
Q. A blunt force trauma to the head,
A. Yes.
Q. What does that nean?
A. That the inflamatory process, once it's
``` started and edena starts, like I was describing before, it kind of feeds on itself. As thinge -- as mone edema happens, more injury happens and it feeds mitself and it gets worse and worse and it's difficult to break the cascade.
Q. Do you have an opinion as to what originated this cascade in this particular case?
A. I have an idea. I have an opinion.
Q. And what is that?
A. The cascade I believe was origInated by shaking,
Q. Not the blunt force trauma?
of the trauma that can cause a decrease in oxygenation that would in tum cause cerebral edema?
A. Yee.
Q. How about other than bleeding into the brain itself, could that cause cerebral edema?
A. Yes.
Q. And coild bleeding be caused by bleeding in the brain that is in the subdurel or subarachmoid space, could that be caused by blunt force trauta to the head?
A. Yes.
Q. So, if I understance you correctly, blunt force trauma to the head could cause bleeding into the subarachoid or subdural spaces, which could then in turn lead to cerebral edema?
A. You asked that in reverse.
Q. Tell me.
A. So blunt force trauna can cause bleeding, and typically that bleedirg on the outside of the brain doesn't cause edema in the brain. So you can have the trama that caused the bleeding can cause edema, but typically the bleeding in the subaural space or the subarachmold space doesn't cause edema in the brain. It's outside of the brain. It causes an effect of pressure on the brain. If you get
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enough pressure and cut off the blood supply, then
you can get you can get edema. So it's kind of
removed from that, but the bleeding is not causing
the edema.
Q. Okay. So I missed a step In the process besically is what you're telling me.
So you can have a blunt force trauma that causes bleeding in the subdural or subarachroid space; is that fatr?
A. Yes.
Q. Then that bleedirg into the subdural or

``` subarachrioid space or both can then put pressure onto the blood vessels in and around the brain?
A. Yes.
Q. And when that pressure is applied to those blood vessels, then that pressure can cause edena or swelling in the brain?
A. Yes, if it's erough. If there's enough bleeding, it can cause enough shift. We talked about a hemiation, then you can get the edema.
Q. So the hemiation can cause the edema as well?
A. Yes.
Q. And in this case there was hemiation present?
bleeding nove around in that subarachnoid or subdural space?
A. It can move around to sone extent. It can't usually oross the midline because of other anatonic barriers, but it can move around within the subaural space to a point, and in the subaracmoid space it's nore of a contained space, so it can't move around very much, but it can move arourd a little.
Q. Fike, for example, scriebrody once gave me the example, aud you can tell me if you agree or cisagree with this.

If you put a grapefruit inside of a baggy and then put another baggy inside of that and yuu were to inject liquid into each of the baggiee, that gives you anl idea kind of how blood can move arouni the brain, that it's not necessarily localized or always going to femain fixed to gay a point of impact or a point of injury?
A. Not true in the sense that there is several areas where those baggies are admerent to the skull or they're adherent to other portions of the mioline of the brain so that that space does not. completely comect anound the brain.

So you can't have injury below the
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A. Fight.
Q. So, if I understand you correctly, blunt

``` force trama to the head could in turn cause the bleeding, which could in tum cause the pressure on the blood vessels, which could in turn cause the ederla in the brain?
A. As a generic queation, that's all true, yes.
Q. And that would be like a cascading effect, if yoi will, fram the blunt force impact sustajned to the skoull?
A. Right.
Q. To the head?
A. Rigint.
Q. So cerrebral edema could be caused by gone
blunt force trauma to the head?
A. Ir a corvoluted way, yes.
Q. But yes, it could?
A. Yes.
Q. Now, let me ask a comple questions about
the actual bleeding.
When there's ann impact to the head
that ruptures or that causes bleeding into that subarachnoid or subtural space, does the bleeding that occurs always stay hocalized or will the
tentorium, have blood go above the tentcrium. The tentorium would be one of these baggies you're referring to. You can have an injury above the tentorium with blood above the tentorium. It can't go below and then it can't go into the subdural space that's on the sice of the brain.

So there's, I gueas, more than two baggies the way you're describing it, but these layers have the same name, but there's points where they're fixed to the skull and there's points where they're fixed to the brain and you can't cross over there.
Q. And how many points within the brain are there those fiked areas?
A. There's the midline. Depends which layer you're asking me about.
Q. Let's atart with subdural.
A. The subturals can't cross the midiline.

Now, the subdural space on one hemisphere can cross all the way toward the tentorium, but carl't crioss over the tentorium, and the same with both sides. The subarachmoid spaces are adtrerent to the brairi almost anstantly, so the blood basically lifts the subarachnoid off there, liut it's a potential space. If there's nothing in it, then
there's no space. Only whon there's blood or fluid
in it does the space show itself.
So there's really not much more way that can spread very far. So to give you like a number, there's not really a mmber of points where it's commected, so, but I know that the blood above the tentorium camot communtoate with the blood we saw in the subcural space alorg the side of the skull. Those are two separate compartments.
Q. In thts particular case or you mean to general?
A. In everyiondy.
Q. So, if I understark you correctly, in the subcural space biood can move around more freely, but can't cross the midline say?
A. Right.
Q. And so in the subotrial space, when you
gee bleeding, it might tell you sonething about the location of irpact, but it may not, because the bleeding can occur beyond the point of just the inpact in that space?
A. Right.
Q. And then in the subarachmoid space you can still have bleeding beyond the point of impact, but the likelihood of it moving arourd in that space
bleed into that subhural space in the -- undenneath the skull.?
A. It's a suboural space, but 站's not the same subuural space.
Q. But it can bleed into that, into the subdural space, the blocd, the blecding above the tentoriunn, if I understand what you just told me earlier?
A. Right.
Q. I may have stated that imartifully, but I just wanted to make sure I understood you correctly.

The fact that the cerebral edema
that you observed in the scans was diffuse, meaning it was all over, you can have diffuse edenta even with an inpact injury where there's one point of impact?
A. If it's a gevere errogh inpact.
Q. You can have edema with a single impact?
A. Yes.
Q. Do you have any opinion as to the age of the injuries that you observed in the scans that you reviewed?
A. I do.
Q. How old -- and let me give you a
timeframe, I guess, to make this question a littie
is not as great as say in the subchural space?
A. Right.
Q. But it can still move?
A. Right. MS. LEMCKR: Court's indulgence.
GY MS. LEWCKR:
Q. And the bleeding here that you -- because you made sone indication on direct examination you thought the bleeding orignnated in the tentorium at the skull fracture impact aite, sonewhere in that area; is that right?
A. Right.
Q. And that was above the tentorium?
A. Right. Well, portions of it were above and portions of it were below. It was a stellate fracture. It crossed several planes.
Q. Eut portions of the bleeding were aboye the tentorium?
A. Right.
Q. And, again, that comects with the subdural space?
A. The blood --
Q. Well, the blood -- let me just rephrase that to make it a little better. I want to use the word comfect, but I shouldn't have.
bit more comprehensible.
From the time the scans were
taken, how far preceding that do you believe the
injuries occurred?
Do you have a way to date that, anch, if so, what would it be?
A. The way I would date it is several Eactors. We evaluate if a skoll fracture has scalp swelling with it, that telle us typically it's less than 48 hours old. The age of the blood, the density of the blocd in the subdural space is acute, so then we krow it's basically less than 72 hours old.

The edema though is the one that's
most useful because it happens, it takes a smail.
amount of time to develop, but then once it happeris, it has an effect very significantliy, so it doesn't -you can't have it be 24 hours old and not know about it.

So the other factors, the blood
and the fracture and the scalp swelling, kind of have a wide window of a couple days, but the eciema means that that much edema in causing the shift. and that glowal of ecema means that this was probably less then six hours old.

So that's as close as I can get it
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with knoml -- againl, these are based on mumerous exams over thousands of, you know, studies that have been corroborated by several universities, and this is the rarge that we get based on reports of when the injury happened, and sonetimes it's a can accidont, so we know exactly when the injury happened so we can follow the edema, and this is what's come over time is the most accurate way to do this.
Q. So based on the edena you would say six howrs frum the time of presentment for the scang?
A. At the longest. It could be less, but not longer than that.
Q. That six hours would be an outsicie window?
A. Correct.
Q. And then based on the bleeding and the subdural space, if I understood you correctly, like 72 hour's on the outset?
A. Exactly.
Q. How quickly, because you mentioned you coulin't go more than 24 hours without the edema kirx of presenting itself physicaliy I think where the body is concerned, how quicirly would you expect to see symptoms as a result of the injuries that you saw in the scans?

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A. Typically, the scans lag from the clinical findings. Typically, the person shows clirical findings. Typically, the example is a stroke patient. The stroke patient's bratn looks nomal far longer than they look nomal, So for the brain to look abriomal on a CT, the perscn's been clinically abnormal for far lorger than that, hours longer then that,
Q. How quickly, like say after a blunt force trauma to the head, would yor expect somebocy in the conditions that yon observed on these scans to become symptomatic? Could it be instantaneously.
A. It could be with enough: trauna, but the edena doesn't happen instantaneously. That cascade takes some time to -- scme hours to get going. So usually if someone comes in from a car accident with a najor head injury, we know that their brain's going to look -- is going to continue to look worse, and that's why they try to do so many things to try and break that cascade as much as possible, because that edena is very hard to stop, even though you know it's coming.
Q. So would you expect samebody from a head injury to -- such as what you observed in these scans, to lose conscioustiess right away; would that

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A. The left subaural, you mean mild,
moderate, severe?
Q. Correct.
A. T'd say moderate.
Q. Miss Lencke asked you a couple -- a
question about cerebral edena, if it could be caused Erom blunt force trama; do you recall that?
A. Yes.
Q. I believe your response was if the inpact was severe enough?
A. Yes.
Q. What would you characterize as a severe
impact?
A. To the head?
Q. İes, to cause cerebral edera or diffuse cerebral edena?
A. It can be a penetrating injury: you know, gunshot wound or fall down a flight of staire with the head hitting multiple times, car accident with somerne ejected or not seatbelted, motorcycle acciđent, significant trauma.
Q. Is a short fall consistent with a severe injury or severe trauma?

MS. LENCKB: I object, because there's all kinds of different short falls and how they
Q. TF a person is approximately 35 . 36 inches tall and falls from 33 inches height, is that a simple fall or samething else?

Ms, L. \(\mathrm{HWCKE}: ~ I ' m\) going to object to relevance, what it is to him, because, again, we've got different physical properties at work. There's loading characteristics that can vary, there are rotational forces that can be at play. Just to talk about a simple fall for simple fall's sake is not relevant and not relevant to these proceedings.

MS, EDWARDS: I respectfully disagree. The question is based on the teatimony Miss Lemoke elicited from Dr. Monteg as to what type of injury or what severity of injury would be required for a child or scmeone to display a diffuse cerebral edema.

So I'm trying to ascertain from
the doctor what he categorizes or when he says severe trauma, what that ureans to him and what does or doesn't fall into that categorization, and that's the nature and basis of the question.

THE COURT; Wouldn't you agree there could be completely different factors on a simple fall or even a fail from a specitic height?

MS. EDKARDS: I would agree, which is winy
occur. Just a short fall in general is not -THE COURT: Sustalined.
BY MS, EDWARDS:
Q. Is a shont fall of approximately 32, 33 inches consistent with your description of a severe injury that would result in cerebral edema? MS. LEMCKE: Again, same objection. THE COURT: Sustained. MS. IFMCKE: Again, objection, there's
loading characterlstics or variables that -THE COURT: Sustained.
BY MS. EDNARDS:
Q. Do you know what a sirple Eall is?
A. I don't know the definition exactly, but I have an opinion what it worid mean.
Q. What is your understanding when I say simple fall?
A. Where there's one impact from not a significant height. So tt depends on how tall the person is. That's why I'm not giving you a number. If it's a two year-old and they fall and hit their head, that's a simple fall. If you roll off the bed and hit your head, that's a simple fall. It depends on the height of the persor, how far that would be for it to be simple.

I'm trying to elicit from him what he means when I say stmple fall as far as height.

THE COURT: It's not his definition.
It's your defintition. And that's what he said, he couldn't really even define or understand what you -I don't even understand it.

MS. L LMCKE; I have another objection anyway, beyond the scope of my direct, because the question that I posed to him was conld blunt force trauma be consistent with, could cause -- could that cause the bleeding which ultinately caused the presgure on the blood vessels which altimately causes this cerebrel edena.

That was all I asked. He
volunteered that if it was severe enough, but it didn't ask him what severe means, so to the extent that she wants to suggest that I opened the door sonehow or another to that, I. think that that's not accurate. That's not the question that \(I\) asked.

The question that I asked was just could this canse this, Now she wants to get back into the biomechanics by auggesting that I samehow or another asked about the severlty of the injury, which I didn't.

THE COURT: I think the question is
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vague. Sustained.

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EY MS. EDWARDS:
Q. Miss Lemoke also asked you about oxygenation, decreased orygenation to the brain. Do you recall that line of questioning?
A. Yes.
Q. And I believe, conrect me if I'm wrong, she asked you if decreased oxygenation could be caused by blurit force trauma to the head, correct?
A. I said indirectly it could, yes.
Q. What do you mean by indirectly?
A. The trauma itself doesn't affect the oxygenation unless it affects the blood vessels carrying the blood or the heart, which props the blood, or the lungs, which coxygenate the blood, so trama itself dion't directly affect the oxycenation.
Q. In this specific case the trama from the skull fracture and the bleeding of the fentorium, would that be ... is that significant enough of an injury to cause the diffuse cerebral edena that you gaw in the radiology?
A. No.
Q. As far as the timefrane goes that Miss Lemoke was asking you about, you gaid the

MS. ELWARDS: We scheduled 11. We represented that based on tallking to the witnesses to find out their availability.

THE COURT: I just need to know when
you're planning on calling them. Aftemoon is a long afterngon.

MS. EDWARDS: Right after lunch, around 12:30, 1 woule be fine.

THE COURT: Is your ME available at that
time?
MS. ETMARDS: Yeah.
ITE COURT; All right. So we'll probably say 1 to be safe.
(After a recess the following proceedings were had.)

Next: witness.
ME. EDHARDS: The State calls Detective

THE CURRK: Please have a seat.
please state your first and your
last name and spell both for the record.
THE WITNESS: Dolphis Bowcher,
D-o-l-p-h-i-s, B-o-u-c-h-e-r.
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Dolphds Boucher.
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last name \(\quad\) THE WITNESS: Dolphis Bowcher,
D-o-l-p-h-i-s, B-o-u-c-h-e-r.
outside timeframe was six hours; is that correct?
A. The outside, yes.
Q. Is there a minimum amount of time reguired to observe the sigrificant cexebral edema?
A. Typically, about two hours before we start to see significant edera.

MS. EDWARDS: No further questions. THE COURT: Thank you very much,
Dr. Montes. Appreciate your time today.

\section*{(Witress excused)}

We 're going to take a less than a five minute recess. You have one other witnees for today?

MS. WDWARDS: Yes, your Honor.
THE COURT: Is that a detective?
MS. EWARDS: Yes, your Honor.
THE COURT: And then the VE is tanorrow? MS. EDPARDS: Yes. And I advised
counsel, I believe the ME has to do autopsies in the moming, but will be available after lunch, and that will be our final witness.

THE COURT: I thought we had schectuied
11. That's not on anymore?

THE COURT: Thank you.
Yor can proceed.

DOLPHIS BOUCHER, having been firat duly
sworn lo l.estify to the liruth, the whote l.fil.h, dat
nothing bur the truth, testified as follows:

\section*{DIRECT EXAMTNATION}

BY MS. EDNRRS:
Q. What is your occupation?
A. I'ml a hamicide detective with the Las Vegas Metropolitan Police Department.
Q. How lorg have you been so enployed?
A. I've been a police officer for 19 years and I've been in homicide eight.
Q. What are your duties and responsibilities as a homicice detective?
A. We respond to fryest igate hamicides, suspicicue deaths, pretty much onything related with death.
Q. On or about June 6, 2013, did you corre into contact with suneone by the name of Jonathan Quisano?
A. I did.
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MR. REED; Wh'll stipulate to his
identification here in court.
THE COURT: Thamik you.
BY MS. EDWARUS:
Q. Under what circumstances did you cone into contact with Mr. Quisano?
A. We were called out to his regidence. One of his children sustained a head injury. And when the child was transported to the hospital they dion't think herd survive, so as a result my aquad got called out to handle the investigation.
Q. At the time you met Mr. Quigano was that at his hame residence?
A. It is.
9. As best you can recall, was that at 4720
Trimwater court?
A. Yes.
Q. Ir Las Vegas, Nevada?
A. Yes.
Q. When you responded to the home were there
other Metro employees already at the house?
A. There were.
Q. What was the state of the house at that point in time?
A. The house had been kind of just cordoned

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in after the interview, were kind of helpful, we had
a doll, we had him demonstrate what happened, things like that.
Q. Diring the course of your interview with

Mr. Quisano was that recorded?
A. Yes.
Q. Was a transcript made?
A. Yes.
Q. Did you review the transoript and the recording prior to testifying today?
A. Yes.
Q. During the course of your interaction with Mr. Quisano, before the interview started did you get permission to speak with him?
A. Yeah. He wes in the room with his son, and we just went in and said, hey, is at okay if we talk to you acout what happened today, He said yes. I said, could we cone out to the other roam so we can talk, not in front of your child.

And I can't remenber if it was his
mother or her mother, but there was older fermale there that came in and she sat with the chtld while we had our corversation with him.
Q. At that point in time what was the purpose of interviewing Mr, Quisano?
off; in other words, nobody was in or out, but Mr. quisano, when he had showed back up at the residence, he had brought his son with him. He had his other son with him.

So it was cold cutside, so they went in the house and they asked him if he'd mind if they stayed in just the bedroom that he shares with his chtild. So when I got these, that's where they were. Him and his son were in the roon together. And I believe his mon, there was another person there who helped out with the child when we spoke with him.
Q. And you say we spoke with him. Who's we?
A. Myself and Detective Sanbom, one of my partners.
Q. Where were you when you spoke with Mr. Quisanof
A. We talked to him in his dining room.
Q. Was anyoue else present other than you yourself and Sanborin?
A. Detective Dosch was in and out of the roafl, and thern near the end of the interview the CSAs, while we were having our comversation, some of the csas were taking pictures of the house, coing same documentation, and then some of the crime scene -- or the abuse/neglect people, they also cane
A. We wanted to find out what happened to the child.
Q. Was he in oustody at that point in time?
A. No.
Q. Approximately how long, if you recall, was your interview?
A. It was only about 40 thinutes; 30,40 minutes. It wasn't very long,
Q. During the course of your interview, when the interview started did Mr. Quisano agree to speak with you?
A. Yes.
Q. At that point in time did you make it clear to him that it was voluntary in nature?
A. It asked hin if he'd cone talk to us and explain what happened. That's how I phrased it. He said sure, and we went and sat down. I asked if we could sit at the table so we could all git there together and he said sure.
Q. During the course of your conversation with Mr. Quiano, did he king of set up for you the dynamics of his family and who resided in tho house?
A. Yes.
Q. And as far as your conversation with

Mr. Quisarno, did he establish his relationship to
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Khaycien?
A. Yes. He's his biological father.
Q. And is Khaysen, his other child, his younger child?
A. Yes.
Q. During the course of your conversation with Mr. Quisano, did he give you a description of the events that had happened that day leadiag up to Khayden going to the hospital?
A. Yes.
Q. Approximately what time of day, if you recall, did Mr, Quisano tell you that he recelved Khaycien and Khaysen into his care?
A. About 4:30 in the aftembon.
Q. From wham?
A. Fran his wife's mother.
Q. And did he describe for you how khayden was acting or responding at the time he received Khayden from Khayden's caretaker earier that day?
A. Yes. He satd when the children were oropped off to him the children were fine. They dion't have any injuries. They weren't being infured, and there was no evidence that they had been prart.
Q. And did he describe for you any

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it, and what he described as seeing it is he saw Knayden fall over the couch onto the floor. So he was on the seated part of the couch and then he fell over the back of it onto the floor. He kind of described it as just silpping over.
Q. Now, do you recall what the -- you
described chairs and sofas, correct?
A. Yes,
Q. Do you recall what the inside of the regidence looked 2 ike?
A. Yes.

MR. REEN: We'll stipulate to the
acimission of the photographs.
BY MS. EDNARDS:
Q. Showing you State's 6. Do you reoognize that?
A. Yes. That's the living roon, kind of the reverse order what I just described.
Q. When you say reverse order, there are two chairs in there, comrect?
A. There's two chairs, ther there's a sofa, and beyond that \(1 e\) the table we were gitting at. This is kird of taken from the entrance hallway as you come in the hallway, walk down the hall, this would just be at the end of hall as it opens up into
activities that he and the children engaged in before Khayderl went to the hospital?
A. They took a nap, and he talked about them playing outside and inside for a little while, and then the nap that they took. They kind of all fell asleep watching TV.
Q. At sabe point in time did Mr. Quisano describe for you how he believed Khaydien sustained his injuries?
A. Yes.
Q. How did that portion of the corversation cone about?
A. We just asked him what happened and he cescribed it.
Q. What did he degcribe for you?
A. We said that his two boys were playing on the couch, and it was where we were sittirg there's a dining room table and then just in front of the dining roon table as you go to the living room there's a sofa. It's like a two-seat eofa.

He said they were playing on that.
He was sitting farther in the room in a recliner chair. He was watching IV, and just as he looked over, and he kind of gave two different versions, he didn't see it at first and then he looked over to see
the grand roam or the living room, whatever you call that roam.
Q. And I'm showing you state's 4.

Do you recognize what's in that
photo?
A. Yes. That's just a different view.

That's more from the kitchen area. The same room just from the other side of the roam.
Q. And looking at State's 4 and State's 6, there appear to be two separate couches in that room; is that correct?
A. There is.
Q. And --
A. The couch we're talking about is the one that'g by the coffee table with the caridles on it.
Q. Is that the couch that's depicted in State's 6 ?
A. As well, yes. And it's the bigger one I think I described the two-seat couch. It's actually a three-seat couch, the one that he said they were playing ons.
Q. So it's the truree-seat couch that he described for you is where Khayden sustained his in:juries?
A. Yes.
Q. Then I'm showing you State's Exhibit 5, which is the layout of the house.

In that photo you said you were sitting in a dinirg rocn?
A. Yes. It's gotng to be 19 is the mmber on the crime scene diagram where we were gittixy at, and it actually says 19 on there because that's where his iptome was that we collected, but that's the table we were sitting at, and that's a layout of the whole house actually.
9. I believe you testified that Mr. Quisano said he didn't see the fall and then he said he did see the fall; is that correct?
A. At first he said he didn't see it, then he said he looked over, just as he looked over he caught him going over the couch, so he couldn't really articulate why he went over the couch, just that he went over the couch.
Q. During the course of your interview with him, did he desoribe the poaitioning or how Khayden went over the couch?
A. Yes. He described how he went over and he described how he found him on the floor.
Q. Did you do a zeenactment of sorts?
A. After we did our intervlew with him,
depiction of the use of the doll in the reenactment with Mr. Quisano?
A. Yes.
Q. Can ycu please describe for me what is depicter in that photo?
A. The coll is laying, and the doll has like you can zee the front and the back, he has the doll that's on the cushions on his front side, so hts face would be facing down, and he's laying with his head towards the back of the couch, and he had laid him on there, and then just we said, how did he fall, and he just slid him over and he said he went over like this.
Q. Non, specifically as far as State's 2 goes, you said the doll's position with its head laying over the back; is that correct?
A. Yes.
Q. And is that face down?
A. Yeah. You can see it kind of state's Proposed Exhibit 8, it says -- the doll actually says like Frant and Posterior. I don't remember if it says Front, but it indicates it's the front and the back, and so that's how he described it, that he wert over with his face toward the back of the couch, and then when he shows us him laying on the gromet he
that's what I was talking about, the abuse/neglect folks had been outside, because they originally showed up. They gave me a doll and we asked him to place the doll, show us where on the couci he went over, and then to lay itt on the ground and kind of demonstrate for us how that happened.
Q. He did, in fact, do that?
A. He did, yes.
Q. Was that captured by a photo, at least the different stages of the reenactment?
A. Yeg. We didn't videotape it, but we had him place it and then we took a photo and then we had him place tt on the ground and we took a photo.
Q. I'm going to show you state's Proposed 2 , 7, 8, and 9, if I may I approach, your Honor?

THE COURT: Yes.
BY MS. RENARDS:
Q. Do you recogrize what's depicted in State's 2, 7, 8, and 9 ?
A. These are all the pictures that we just talked about or Mr. Quisano set the doll to show us where the child went over the couci and how he found the child laying on the ground.
Q. Now, specifically referring you to State's Exhibit 2, is that a fair and accrrate
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encis up on his back, flat on his back.
Q. And as far as placement of the doll, who
placed the doll on the coluch?
A. He did. We handed him the doll and asked him to do that for us.
Q. As far as State's 2, 7, and 8 go, are those just various pictures of the doll in the same position an the couch?
A. Yes.
Q. And as far as 2, 7, and 8 go, are those fair and accurate descriptions of where the doll was placed during Mr. Quisano's reenactnent?
A. Yes.
MS. EDWFRDS: I move for the admisgian of State's 2, 7, and 8 .
MR. REED: We stipulated for purposes of the prelininary hearing.
THE COURT: $2,7,8$, and what about 9 ?
MS, EDMARDS: I'm getting there, your
Honor.
TIE COURT: Okay, 2, 7, and 8 will be aumitted.
(State's Exhibits 2, 7, and 8 admitted into eviderce.)

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BY MS. EDWARDS:
Q. As Ear as State's Proposed 9. You keep referring to the doll on the floor.

Is that what's depicter in State's 97
A. Yes.
Q. What did Mr. Quisano represent to you, as far as what part of the fall it was when he put the doll on the floor?
A. He described when the fall happened he told us that he was sitting on the farther recliner, so when he saw his son Eall over, he got up and went over to find him, and when he found him, when be got -- because he couldn't see the back of the couch, when got there, that's the position he found his son in, and it's on his back, his face up, flat on his back, parallel to the couch.
Q. Did that photo look like a fair and accurate depiction of Mr, Quisano's reenactment of what happened on how he found thayden?
A. Yes.

MS. ELWARDS: I move for the admission of Staters 9.

THE COURT: Any objection?
MR. REED: I already stipulated, your
A. Yes.
Q. What did he describe?
A. He said when he found him he couldr:'t rettenber if he was crying. We talked about whether or nut he was crying. He couldn't remember that, but he said he was making gane kind of noise. He said when he pioked him up he appeared, I think he phrased it as, he's in shock, and then he described it mace as frozen, and he kind of held his hands like he was locked up. So I kind of equated it to him as scmebody who got knocked out. And he just described scmebody who he said he wes Erozen is the word he used, and he did this with nis ams.

And then he said that he picked him up, has eyes were not closed and not open, half open. I asked him if the eyes had rolled back in the head, because sonetimes when you get knocked out, you get the eyes roll back. Ho said his eyes weren't, that he could see his eyes, he thought he was looking at him, and then there wasn't any biood, and then but he stayed in that state and then did same things to try to wake him up.
Q. Did he describe for you what he did to try to wake Khaycen up?
A. Yes. He went in the bathroom and put

\section*{Horvor.}

THE COURT: I'mi just trying to keep it
clear.
MR, REED: No objection.
 admitted into evidence.)

THE COURT: It was 5 that was a diagnam. It hasn't been moved for admigsion.

MS. EDWARDS: We did that before with the mother, who went through the diagram at the house, I believe.

MR, REED; No problem, uudge. We don't object if we didn't already make that clear.

THE COIRI: Okay,
EY MS, EDWMRDS:
Q. You sadd Mr. Quisano told you how he foumd the child, that he ran around to the back and saw the child laying as depicted in state's 9 , correct?
A. Yes.
Q. Did he describe for you how the child presented or what the child die or didn't do at that time?
cion't remember the word he used to phrase it, but wake him: up wes the content, that he thought if he spiashed sone cold water, that might get him awake. And then he said that Khayden started voriting, and he kind of described it as either blow or mixture of blood and vanit, He started cleaning that up, and then at some point he called his girlfriend to get her hone.
Q. When he talked about ruming cold water on him to wake him up, did he tell you if that was successful to get a response from the child?
A. It wesn't, And he described splashing, I think he described it more like splashing in his Eace. It wan't like he put his head in the faucet. Sounced more like he splashed it in his face, and that didn't work, and then he started the vouitiry, and so that's wher he became concermed.
Q. And you testifled that Mr. Quisano indicated to you he called his girlfriend; is that compect?
A. Yes.
Q. Did he tell you why he called her?
A. Hell, he wanted her to come home, because we kind of asked why didn't you just call the
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paramedics or something, and he said that she's a
rucse, she worke in a doctor's offjce, and so he
called her first, but he didn't immediately tell her
what: was up. He just told her to hurry up and get
home, because he was concemed that he dicn't want
her to be scared and rush hone and get in an
accident, but then he told her what happened, and
that after she said that's not good or something to
that effect, he told her to call }911
Q. During the course of your corversation
with Mr. quisano, did he tell you approximately how
much time lapsed between finding Knayden on the floor
or the ground and calling his girlfriend?
A. He said it was about five to 10 minntes.
Q. Did he tell you if he did, as best as yous recall, did he tell you about anything else he did to try to assist Khayden after Khayden fell on the ground?
A. He said he brought him in the room and he made a statement about he was just trying to make sure he keeps breathing. And we asked hini if he stopped breathing, and he gaid he atd not, but he wanted to make sure he continued to breathe, and that he had to keep wiping up, like there was some -- he ended up directing us to sone tissues and paper

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A. Yes.
Q. Based on your refreshed recollection, what, if anything, did he do to try to help Khayden's breathing?
A. He just said, I'm trying to keep air into his lynge.
Q. I believe you testified you subsequently asked him if Khayder had stopped breathing; is that correct?
A. Yes.
Q. And he indicated no; is that what you

\section*{testified to?}
A. Yes.

MR. REED: This is asked and answered at
least twice now.
THE COURT: Sustained.
BY MS, ERFARDS:
Q. As far as Khayden falling off the couch, did he describe if he saw khayden bouncing or jumping or anything like that?
A. No. During the courte of the interview we actually said that they're jumping around on: the couch, because he described them playing, Detective Samborn said, okay, so they're jumping around on the
towels that he had used as he was getting sick, he kept cleaning him up, and ther he had thrown those in the garbage can in the kitchen and then some in the bathroom. There was eventually a towel that he uged to clean him up as well.
Q. You said somethirg to the effect that he was trying to make sure Khayden was still breathing; is that correct?
A. He made a conment about wanting to make sure he kept breathing, and my followup question to that, and I'm kini of condensing it, I don't remember verbatim, but I asked him, did he ever stop breathing, and he said no.
Q. And did he tell you what he did to try to help Khayden with his breathirg?
A. I don't remember if he phrased anything specifically like that.
Q. Would it refresh your recollection to review the transcript?
A. Yeah. Yes, excure me.

MS. EDWARDS: Page 18, comsel.
BY MS. EDNARDS:
Q. On the cone fron today, it's the fourth question and answer from the bottom. If you could read that to yourself. Iet me know when you're done.
couch. Fe never actually said the word jumping, we did, but when he described -- when he actually did it with the doll, he just showed it falling over the couch. It wasn't like, you know, he went up in the air. It was just he slid over the couch.
Q. Did he demonstrate for you with the doll Knayden being on the couch and then going over to the back?
A. I'm aocry, I dudn't speak properly.

Yeah, that's what I'm referring to is when he demonstrated with the doll, that's what he actually showed us was him just slipping over the couch.
Q. Did he indicate whether or not Khaysen had pushed or punched or somehow done anything to Khayden when he saw him falling?
A. We talked about that, and he said no, but he also said that he didn't see that, that he just \(\rightarrow\) his recollection when he described it was that he sees him going over, he didry't see what caused him to go over, so the answer to that is no.
Q. Did Mr. Quisano ever explain to you why he didn't call 91.1?
A. Yes. He said -- we asked that question directly, why did you call your wife instead of you calling. He said that he, I believe he phrased it to
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the effect of he gets nervous and he diom't know
where to tell them to go and that he gets nervous
when he has to get on the phome like that.

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Q. As far as your corversation with Mr. Quisano goes, did you explain to him the sewerdty of what was going on with his son?
A. Near the end of interview we were explaining to him that we dion't think what he was explaining was consistent with the fnjuries that we were told happened at the hospital, and that, you know, we thought he wasn't being forthconing.

And I saic, look, you understand your oon is probably going to die from thege injuries, this is a sericus thing, and so it's important we know the truth. So I explained to him a couple times. I thatrk I actually gaid the words, your son's going to die; do you understand that?
Q. How would you describe his demeanor during the course of your conversation with hin?
A. He never cried during the corvergation. He got -- there was a couple times he seaned to get a little nervous and a couple times he seened to get a little upset. For the most part of the interview he was pretty calm.
Q. During the comrse of your conversation
A. Yes.
Q. Did you notice anything that stood out to you as far as how the couch looked?
A. Yes, It was the kind of fabric we would have thought there would be footprints, and Detective Sanborn actually made a statement just before the erd of the taped portion of the interview there was no footprints on the couch.

YR. REED: I'm going to object as a lack of foundation and lack of sufficient trainiry about whether of not you can leave a footprint impression on a couch.

THE COURT; Well, lay mone foundation as to the material of the couch, et cetera, et cetera, and any training, if he has any.

What was the other objection? Lack of foundation and \(\cdots-\)

MR. REED: Lack of fourdation and that he really is just outside of his area of expertise to be able to form an opinion, He even said he was discussing with Detective Sanbom, so I assume it'g also hearsay,

THE COURP; Okay, I don't know if it will be hearsay, so go ahead and lay sone foundation.
with Mr. Quisano, atd you ever have any problens understanding what he was saying?
A. Yes. He's from Hawaii and he speaks with a - I don't know if it's an accent or a dialect, I don't know how to describe it, but, yeah, there were some things we had to have him confirm, and even now in the transcript there's a few words you can't really understand what he's gays,
Q. For the overall most paxt of your interview with Mr. ouisano, did you have any difficulty understanding what he was saying to you?
A. No. The content was okay. Just some words he used different that we had to clarify once or twice in the interview, but, no, the content of our conversation, I think there was one word I said to him that he dion't understand and I had to use a different word.
Q. So you used a word he indicated he didn't underatand?
A. Yes.
Q. Were you able to clarify for him in order to get a nesponse to your question?
A. Yes.
Q. Did you examine the couch that he indicated the child had fallen off?
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BY MS. EDNPROS:

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Q. Did you have the opportuntty to onserve this couch?
A. Yes.
Q. And how would you describe the oouch?
A. It's a cloth couch. It kind of has that -- I don't know if it's velowr or the texture of it, but if you In your hand one way versus the other of the couch, the grain of the couch is going to look different. I would have anticipated there would have been footprints if the kids were playing on the couch, the way he described \(i t\), and we didn't see those.
Q. And we're just telling your observations of what you saw on the couch, correct?
A. Yes.
Q. Did you see in whatever you were talking about as far as Detective Sanborn goes, that was just part of your interview with the defendant, correct?
A. Yes.
Q. And that was captured in the recorded interview?
A. Yes.
Q. Now, you had -- earlier you indicated
that Mr. Quisano directed you to sane things during
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ycur interview; is that correct?

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A. Yes.
Q. What specifically, I thinic you were referring to a trash can or something?
A. There was a trash can in the kitchen when he was talking about the child started wonteing and the was cleaning it up, he was using tissues to clean it up. He pointed, he said, right when he first told us, he said, I threw them in the trash can, and it happened where we were sitting in the kitcher, tie trash can's right there.

Ie pointed to it and drected us that there was tissues with whatever he was vomiting. because he wasm't sure if it was bloci or mucous. That they were there. There was one that was on the carpet. He directed us where that orie was.

And then there was a towel in the entryway that he had also uged to wipe stuff off of his face, and he directed us to that as well. And then he also, after the interview, directed us to his clothing, because he had actually changed clothing because ite got vanit or blood on his clothes, and he had changed clothes and he told us where thoge things were as well.
Q. Fair to say you don"t know at what point

BY MS. FDNAROS:
Q. Did you talk to Nt. Quisano about how he - disciplines or doesn't discipline his children?
A. Yes
Q. Did he describe for you how and if he does discipline his children?
A. Yes, be did.
Q. What did he describe?
A. They use two -- he said he uses two different types. Sometimes they'li put them -- make then stand with their face aganst the wall, kind of lide a timeout-type thing, so if they did sonething wrong, they'l1 just make them face the wall and stand there.

And then sonethnes he'll spank him with a back scratcher which was in thelr roch. He directed us to where that was as well, It's like a wooden back scratcher, And he'li spank them. He said when he does do that, it's nothing hard, it 's just that's what he spanks them with.
Q. And did you revisit discipline more than once in the interview?
A. Probably. We probably taliked about it a few times.
Q. At some point in time did you place
he changed his clothes?
A. No. Prior to our arrival. I dan't know if he did it before he went to the hospital or when he came back.
Q. And as far as the -- you said there were things in the trash can. As far as yon know, would Wr. guisano have had access to clean up or throw those things away once Metro arrived at the scene at the house?

MR. REED: Your Honor, I'm going tó
object. It calls for speculation.
THE COURT: overruled.
THE WITNESS: No.
THE COURT; You mean when he arrived at
the house?
MS. EDWARDS: I sald as Ear as he knows, would he have access to clean up the house.

THE COURT: Correct. Overruled.
You can answer.
THE WITNESS: No. Once he came back to the house, those things had to be thrown away before he left. I don't know if it's hefore the paramedics removed his child or if it's after that, but once he came back to the house, they limited the access to that front rocil.

\section*{Mr. Quisano into custody?}
A. he did.
Q. And wher was that?
A. It was a period later. the had obviously had more conversations with the people at the hospital and examined the crime scene scme more, and I don't remember the exact tine, but it was probably an hour or two after the interview.
Q. As far as you were able to detemmine from your irvestigation, did you find out how long Mr. Quisano had lived at that residence?
A. He did tell me, I think it was about seven months, somewhere in that area.

MS. EDNARDS: No further questions. THE COIRT: Cross-examination.

\section*{CROSS-EXAMINATICN}

BY MR. REED;
Q. Detective Eoucher, I want to start out with kind of the order in which you testified on Girect, if that's okay.

Your initial statement was that
Mr. Quisano had showed back up at the residence and that's when the interview takes place?
A. Yes, sir.
Q. Do you know -- well, obviously, he was at the hospital with his chilid?
A. Yes.
Q. And did you summon him to have to come mack to the residence?
A. Well, I did not. That took place prior to us showing up. What ny understanding is, is Officer Hardwick was at: the hospital. When he arrived there he asked him if he would come back because we wanted to get access to the house to see where it happened, and he agreed to come back. So he Grove hinself back with his son to meet the officers there.
Q. So was it hanicide that directed Mr. Ouisano to cone back through another officer; is that correct?
A. No. Trat took place prior to -- I believe that took place prior to us being called out, so that: would have happened with another group of -l.ike abuse/neglect responded on the call first, and then when it became -- when it seened that the child was going to diee as opposed to be injured, that's when we got called. So he had already, by the time we got there, he was already tack at the house.
Q. So you don't know the conversation that
didn't know, you know, at the time we're talking to him, we don't know if it was an accident or not at: that point.
Q. So let me just go through briefly the dymaics of how this happened.
so 便. Quisano shows up at the residence. It's cordoned off, \(s\) someone has to let him in, I presume?
A. That part I don't know, Nr. Reed. I believe that he meets the officers there and they -that's how they get in. That happened prior to my arrival.
Q. But when you get there there's orime scene analysts on scene?
A. Yes.
Q. A number of abuse and negiect detectives?
A. Yeg.
Q. And, of course, people from hanicide as well?
A. we all show up, yeah.
Q. And everybody's busy irvestigatirg. I'm sure?
A. Well, when we get there, no. When we get there it's kind of not a dymanic scene. He's in the house with his child. There's one detective in there
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was between the officer and Mr. Quisano for coning

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back to the house?
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back to the house?
A. No. I can tell you what I was told, but *
A. No. I can tell you what I was told, but *
I. wasn't present for that convergation.
I. wasn't present for that convergation.
Q. He drove back on his own with his chlid?
Q. He drove back on his own with his chlid?
A. Yes.
A. Yes.
Q. Obvicusly, you wanted to talk to him?
Q. Obvicusly, you wanted to talk to him?
A. Sure.
A. Sure.
Q. And yon wented to have him explain what 's
Q. And yon wented to have him explain what 's
going ont?
going ont?
A. Right.
A. Right.
Q. And you wanted to get access, I think is
Q. And you wanted to get access, I think is
now you described it, to the residence?
A. Well, we did a search warrant for the residence. When we got called we knew we were going to do the search warrant, but, yeah, I believe when they initialiy sent him back, nobody knew that -- I don't know that any of them knew that the child was going to die at that point.
I. think it was being investigated as an accident at that point hased on what he had said initially to the paramedics. So I think they were just going back to docunent what had occurred. I don't know, and even at the time I interviewed him, we weren't certain what had happened yet, so we
well, we did a search warrant for the

``` with him, and they're just in that front room, And then when we get there we get briefed, and then the abuse/neglect detective, the regt of them weren't. there, and then we get briefed and then we go in and talk to him the first thing. That's the first thing we dic.
Q. Who conducts the briefing?
A. Tieutenant Wisekoff. He's the abuse/neglect lieuteriant.
Q. And I'misure as part of the briefing there was a discussion that you want to talk to Mr. Quisano?
A. Yes, of course.
Q. And was there a reason why abuse and neglect did not contuct the interview and homicice did?
A. Well, I think at the point, onice we got called, we did the interview because we thought it was going to be the child was going to die. So it becanes our irvestigation to handle. Whether it's an accident or whether it's not, it stili becane our investigation if the child's going to die.
Q. So in antioipation of it beting a honicide, you did the interview, you and Detective Samborn gid the interview of Nr. quisano?
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A. Yes.
Q. And, now, when the interview actually

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A. I think there was probably an officer in the house just -- because we dion't go in the house, We actually had the search warrant, so we dion't actually go in there and do the interview until after that.

I'ra certain there was an officer sonewhere. I mean there was an officer outside the nouse. I don't recall. I don't think while we were doing the interview he were standing right there. I think it was just us.
Q. That was my next question. What \({ }^{1} \mathrm{~s}\) this officer doing during the interview?
A. I don't have specific memory of him being there while we did the interview. I think it was just myself and Detective sanborn. I know that Detective Dosch cane in because he was docimenting the rocil. At scme point he came in there during the interview or maybe he waited until we were done. I don't recall. I know he was in there after the fact.
Q. So theme is some investigation going on as Mr. Quisano's being interviewedi

There's an objection; speculation.
He followed up with, as far as you know.
You still have an objection?
MS. EDNARDS: No, not with the as far as
you know.
THE COURT: Okay.
T7E WITNESS: I don't know what he knew.
I know during the interview we told him that. I
don't know if he knew the goverity of the injuries
prior to what happened. I mean he knew his son was hurt pretty bad. I don't know if he knew he would die. BY MR. RBED:
Q. All right. So he gives you permission to tape record it, I'm sure?
A. Yeah. I think we had the recorder out in front of him; yes, sir.
Q. It wasn't like a hidden recorder?
A. No, it wasn't surreptiticus. It was in front of himi.
Q. Axe you taking notes during this interview?
A. I don't believe I did. I don't know if Detective Ganborn did. I didn't because I was the one talking to him, so I was speaking to him,
A. Yeah
Q. In the house?
A. I belleve so. I think the csAs may have
been taking pictures while we were there.
Q. And this intervien ocors, you're sitting
at the dining room table; is that what you said?
A. Yee.
Q. So it's you, Detective Samborn, and

Mr. Quisano sitting at the dining room table?
A. Yee, sir.
Q. Is there any infomation about the case
that occurs before you turn on the tape recorder?
A. Any conversation with him?
Q. Yes.
A. I think the conly conversation I had is, can we talk to you about what hagpened, we want to find out whtht happerted today.
Q. And at this point you bellieve that the child may dee, but Nr, Quisano doesn't know that, right?

MS. FIWARDS: Objection; foundation.
BY MR. REED:
Q. - as far as you know?
A. I don't know what he --

THE COURT: HOld on.
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Generally, when I'm having a conversation, we just have the conversation. It's kind of why we do two. I don't know what Detective -generally, the way the interviews go, if we're taping them, uniess it's like a phone number we need to write down. I'll generally just have the conversation. And if I'm the other guy, like Tate was, I would generally fust write down questions that I would forget to ask bo we make sure we cover then. So I don't lonw what he wrote. I don't recall taking any bpecific notes.
Q. But typically you, because you're the cme asking the questions, Detective sanborn would take the notes?
A. Yeah. And I can't speak for what he wrote. I can tell you when I'tn the person who's not doing the interview, gemerally I'll write down things that get overlooked. You know, like if he mentioned something that I think needs to be addressed or talked about, I would write down that so I could go back and make sure I asked those questions.
Q. Did you confer with Detective Sanborn at any point about questions that he would want you to ask Mr. Quisano?
A. There's a part during the interview where
after I finish with all mine, I just, do you have any questions, and that's where he canes in the interview and he asks his questions.
Q. Did Mr. Quisano ancwer all of your questions?
A. Yes.
Q. Was he cooperative?
A. Yes.
Q. And there was some questions about his dememor, and I think you had said he got nervous and upset at some point?
A. Yeah, during the course of the interview there were tines when he appeared nervous, there wene tines when he appeared not upset at us; like upset about what was going on, and then there were for noost of the interview he was pretty calm.
Q. Not upset with you, but upset with what may have happened to his child?
A. I would infer it that way, yeah, without saying it. He never cried. He never overtly broke down and cried or anything, but there were points during that where he looked a little uncoufortable and there were points when he was relatively caim, but yes, he rever got upset at us. He never lost his temper or got mad or amything.
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her if she'd git with the yourger child while he

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spoke with us and she agreed.
Q. Is the younger child when the interview takes place with the relative or wheever was watching the child, do they go in a separate from or' --
A. Yes. No no no. As you walk in the first two bedrogns are here. They're in that bedrocin, and then we go down the hall into that master room, so we're far removed from where the child was.
Q. So they're not in earshot of this interview?
A. I don't think they conld have heard cur conversation.
Q. Abuse and neglect provided the doll?
A. Yeah. They have those. We don't. They keep those with them. I think it's ane of the things they use when they do the reenactments.
Q. Do you know the height of the doll?
A. I do not.
Q. Do you know the weight of the doll?
A. I do not.
Q. What was the condition of the house, just generally, well-kept --
A. It was well-kept. It was clean.
Q. And Mr. Quisano, he appeared well-kept, I
flat versus -- you know, you can position it. I
don't kow like if you mean like were his hands this way and feet this way, I don't know that. I'mant sure if that's what you're asking.
Q. Thet's what I'm asking.

As far as the position of the hands, the feet, the head specifically, there's a lot of variables to hold the child?
A. Yeah. He kind of explained all that though. I meari he described just what he looks over and sees in his description, and then when he demonstrates for us is, you know, just the doll going over the edge. That's how he described it when he did it, and that's how he kind of explained it to us.
Q. Sliding over the edge?
A. Slidirg over the edge of the couch.
Q. Head first?
A. Yes, head first.
Q. And, but he did say that he didn't see

\section*{what caused the child to go over?}
A. He wasn't able to articulate that, no.
Q. And he's giving you his best recollection of how it happened, trying?
A. I presume so.
Q. Nell, I mean, obviously, he would have
flat versus -- you know, you can position it. I
don't. know like if you mean like were his hands this
way and feet this way, I don't know that. I'm not
sure if that's what you're asking,
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A. He wasn't able to articulate that, no.
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of how it happered, trying?
A. I presume so.
Q. well, I mean, obviously, he would have
paper. The towel itself he said he used to wipe his mouth, I presume it's going to be sputuri or vorilt or hiood from the child. None of it looked anything -there didn't look to be any polson or anything.
Q. No, 1 was wondering if you were doing something to dientify what substance was on those tissues or tomels?
A. I dori't know. Other than the blood, I don't know if they can differentiate between like vanit versus spit. I don't know if they can give you a scientific conclusion about that.
Q. And in eithor case that's samething the lab would have to do?
A. Yes.
Q. As far as the doll itzelf, might soud like a ailly question, but the doll is obviously static, so we don't know -- he can't really hold it up and -- you follow what rim saying, if you lay it on the couch, it's obviously not necessarily in the exact position the child would have been as he saw him; is that true?
A. Well, we asked him to place it the way he saw it, so, in other words, if he placed it on its side, I mean the doll is kind of filled with beanbag stuff, so I mean you can place it on its side versus

A. Yes.
Q. How did he respond to that?
A. He didn't. He said, I understand. He kind of during that portion of the interview, because it was like we dich't think he was being truthful about what happened, he said -- he kind of just said, look, I understand, I'm the one here, the child was really injured, my child might die, I understand why you have to ask me these questions.

MR. RHES: Judye, I'm going to ask that the Court not consider and strike his -- the detective's opinion about whether or not he was being truthful as irrelevant to these proceedinge.

THE COURT: Okay,
BY MR. REED;
Q. So specific to my question, Detective Boucher, you told him that the ohild might die and you said he didn't have a reaction?
A. Yeah, he remained the way he was.
Q. Ee dion't change at all?
A. No.

Q, Did the interview continue after that?
A. Briefly, it did. I think that was near the end of the interview when I said that to him. Probably the last five minutes of the interview.
the ground. If he'll show us how he fell offi the couch, and he does those two things.
Q. Is the portion where he does the demonstration audio recorded?

A, No.
Q. Wyy not?
A. I don't know. I didn't do it. I didn't do it for -- I didn't. do it. All I can say is it wasn't a nefarious thing. We just asked him to demonstrate, and I didri't bxing the recorder back cut.
Q. The area where Mr. Quisano describes this injury to the children, wasn't there also toys found in the area?
A. I actually think the toys were on the other side of the couch. I could look at the piotures again. There's toys in the living roan area, not specifically right witere the couch was. I dcn't recall ary right there. I think they were on the cther coucin.
Q. On the other side, but not right -behind the couch, but not in front of the couch; is that a fair statement?
A. I think it's the other side of the room. Like renenber we were looking at the picture, there's
Like renenber we were looking at the picture, there's

Q. The descriptions that he gives of how the child was injured and the reenactment ail occur .-let me back up a second.

Is the reenactment done ourfng the conrse of the audio statement or is it done separately?
A. No, he describes that first. You know, he's describing to us what happened, and he kind of describes the whole scervario, And then we end the tape, and then, obviously, we have sone comversation about what he told us. And then we bring the doll in and ask him to demonstrate with the doll.
Q. You had scine conversation after the recording is turned off?
A. Not with him. With one another, Like I go speak with my sergeant and the abuse/neglect. detectives, because they were outsice, and we have kind of a conversation, and now we're findirg out the conoition of the child now better fron the hospital, so there's kind of a whole disoussion anongst detectives, not with Mr. Ouisano.
Q. I see. And based on that then the doll's brought in and that's when the demonstration takes place?
A. Yeah. We ask him to place the doll on

> the two-seat sofa and the three-seat. I believe the toys were in front of that coffee table, closer to the two-seat sofa. I could be mistaken. I'd have to look at the picture, but that's my memory is the toys were on the other side, but there were clearly toys in the living roan. They play in there, obvicusly.
> Q. I'm almost done, Detective.
> Now, on the end of the interview,
> I want to get into that now, so I think yor may have answered this question, but at the end of interview the recorder is shut off?
> A. Un-huh.
> Q. Yes?
> A. Yes, sir.
> Q. Ard then there's a discussion that occurs among the officers about the condition of the child and how to proceed with the investigation?
A. Outside.
Q. Outside,
A. Yeah, we go outside.
Q. Come back in, do the reenactment with

ME. Quisano?
A. Yes.
Q. It's you and Detective Sanborn are
present during the reenactment or are there others as

A. The only interaction with that would be he directed us to the clothes, becaase there had been
a mop in one of the moans that appeared wet, and
we -- I know that when Detective Dosch was
diagramming the room, he asked hatm if he mopped anything, and he gaid no.

And then he had asked him if he hed taken a shower, because the tub looked Iike it hed been used, and he said no. And then he volunteered, but I changed ny clothes, and he directed us where they were. That was actually all. taken after -- in between the two.
Q. Estimate as to how long from the end of that clarification from Mr. Quismo to the tine of his arrest.
A. Maybe an hour. I'm just gressing, counselor'. I don't specifically know. It was all within that period of -- because I believe we beome made aware of the clothes before he was arrested, and I mean I know we dia, because once we arrested him, we took himi out of the house.

We didn't make him sit there with his child in the house. We kind of kept the child away, so I woild say an hour maybe. From the time we entered the interview till the demonstration till the

\section*{went down.}
Q. So jugt one reenactment?
A. I believe so, yes. I don't recall a gecond one.
Q. Now, you had mentioned that Nr. Quisano was arrested a period later, you estimated it was two or three hours later?
A. I think it was one to two, I think I said. I don't thinik it was as long as three. Once we did that we had some conversations, we talked with the hospital, and then we made a deciston to arrest tim.
Q. How lang did the remactment take?
A. It was three minntes. It was a brief thing. It was just pretty much what I described to

Q. Where did Mr. Quisano go after giving you the statement and then doing the remactment, where does he go?
A. He sat at the table in the dining rocm.
Q. So he doesn't leave the residence?
A. No, sir.
Q. Is there any more interaction with

Mr. Quisano between the statement, the remactment, and his arrest?
arrest, it wasn't hours, so mayive an hom.
Q. Once 阬. Quisano is arrested, it presume that there were no further interviews that took place of him?
A. No,
Q. Not that day or ajnce?
A. The only interaction, when we had the search warrant for the phone, we went to jail and asked him what the code was to his phone because his phone was right there.
Q. When was that?
A. It's in the officer's report. I think it was octcher 31.
Q. And he's at the jaid at that point?
A. CIX.
Q. Is he given his Miranda wanings?
A. No.
Q. And what queations did you agk hin?
A. Detective Dosch went there and said, we have a search warrant for your phene, it's locked out, we need to know the code. He told him the code, and that was the soope of the question, That was the crily question.
Q. Do you krow if that was recorded?
A. NO.
Q. You know it wasn't or you don't know?
A. No, I don't believe it was.
Q. One more question about the statement.

The version of the statement that
you were showed by the District Attorney is one that you just recently reviged; is that a fair statement?
A. Yean. I listened to it today.
Q. So just to make sure that we'fe clear for the recort on how this goes about, we have the audio statemert, it's then subuitted for transcription by a Metro enployee who does transcriptiong?
A. Fight, we send them somewhere, but yeah.
Q. It's outsourced?
A. Right.
Q. Then you get those transcripts hack and then this one time re-listen to the audio, made the charges that you saw that you thought you heare on the tape?
A. Right. Obviously, because I wes there, the corversation, I heard it, so there were very small thinge, but, you know, just words that here and there were either entered wrong or typed wrong, so I nace those corrections, and that's the copy you have today.
Q. What prompted you to take that action?
Q. Ore of the persons contacted was Dr. Arthur Monites?
A. Yes, sir.
Q. A recorded statement was given of him?
A. Yes.
Q. Is there any significance as to why he's not identified in the report?
A. His contact info?
Q. It doesn't mention that he was contacted at all in the report.
A. I think there's a section about the interview with hirn.
Q. There is, but under persons contacted, witnesses --
A. I think that would just be an error that I didn't put hin in there.

MR. REED: Court'g indulgence.
BY MR. REFF:
Q. Detective, this is more just for clarification. I know we got 40 minutes of interview with MI. Quisano, but as your undergtanding of the interview, is 1t Mr, gulsano relays to you that he reelly doesn't see the beginning of the fall \(;\) is that kind of how you got what he said to you?
A. Yes. The way he described it was he
A. Well, I knew we were going to talk about the statement today, so I listened to it as I read trrough it and \(I\) saw there wore errors, because initially when we get them back, werll go through and morrect them.

Generally, as a course of action, we do that when we get them. so initially I did that. When I was listening today I noted there were errors, so either I didn't catch then the first time or I didn't correct then, but I gaw them, so I did that.
Q. Do you feel that the transcript now is camplete and accurate acconding to your recollection?
A. As close as it can be, Obviously, there's things that are still in there you can't necessarily understand.
Q. The officer's report, I have a copy of that now, thark you, was authored by you?
A. Yes, sir.
Q. In that officer's report it lists, and this is typical, all the witnesses that are interviewed?
A. Yes.
Q. And persons contacted?
A. Yes, sir.
looked over at the split second he was going over the couch, so he just sees him going over and he doesn't see what caused it.
Q. And I want to make sure, I dant want to put words in your mouth, but as you interpret it, he sees the child as he's falling, not how it starts?
A. Yes.

MR. REED: I'll pase the witness.
THE COURT; Redirect.
MS. ETWARDS: Yes, thank you.

\section*{RFDIRECT EXAMINATION}

BY MS. EDWARDS:
Q. Dhring the course of your discussion with Mh. Quisano and him doing the reenactment for you, did he ever describe if there was arly other aduits or anyone else in the house involved in the fall?
A. No, just him.
Q. And you testified on cross that you did the audio recording at the table in the kitchen, subsequently you did the reenactment with the doll in the living room that wasn't recorded, correct?
A. Yes.
Q. During the audio recording, fair to say Wr. Quisan described for you how he saw or what he

Q. And of the changes that you made in your mind were anly of those changes subgtantial or --
A. No. They were just words that were misinterpreted and typed wrong. Nothing that changed the content of what Mr. Quisano told me that ciay.
Q. During the cowrse of your interaction with Mr, puisano, at ary point did he ever cry?
A. Whan I put him in -- when we arrested him he did.
Q. I believe it was your testimony he didn't cry when ciscussing the child?
A. No.
Q. As far as what you observed to be in the home, I believe you described the house as being clean; is that conrect?
A. Yes.
Q. And I believe you also had previcusly
described seeing a rag of scme sont?
A. Yes.
Q. Where was that in the household?
A. When you walked in I had described a room goirg to the left. on the right there was a table and there was scme cleaning products and there was two towels there. He had directed us to the one we collected, which he said he used to wipe up his son's

\section*{the child falling?}
A. He desoribed seeing him slide head first off the couch.
Q. And during the course of his
demonstration with the doll, when he's describing the child farling off the conch, did he have the doll on the couch sliding off the edge or did he hold the doll above the edge of the couch?

MR. REED: Object to leading, your Honor.
IHE COURT: 'That's not leading.
Overmuled.
THE WITNESS: He described the child being on the couch and seeing him just slide over from the cushion to the back of the couch head first, just slide over.
BY MS. EDNARDS:
Q. Nus, Reed asked you about the changes to the defendant's transcribed statemert that you made, comect?
A. Yes,
Q. As far as you recall, in going through the transcript, I belleve it was your testimony you made the changes while you were listening to the transcript; is that conrect?
A. Yes.
face.
Q. Did you see anty cleanirg supplies of towels anywhere else in the house that you went?
A. I didn't, but I dion't document the whole house. I know there were sone from discussions; but rot sitting arowd the house except for right there that I observed.
Q. Just a couple more questions,

Do you recall Mr. Reed asking you:
about arry toys being around the house; is that conrect?
A. Yes.
Q. And, just as you recali, do you recall
where, if any, toys you saw were in the house?
A. I had thought my memory was that the toys were over -- I know there was scxne in the bedroom. I thought there was some over by the loveseat, not by the big couch. I thought they were over that way.
Q. Would it refresh your memory to see photes of the house we 've already gone through?
A. Yes.
Q. First I'm going to show you state's 6 and 4, which we've gare over before.

What roon of the house is that as
best you recall?
A. It's the main roon. It's the living roon where all the stuff happened, and that's what I was describing is the small sofa closer to the reckiners, that's where all the toya were that I recall.
Q. And as far as at least in state's 6, can you see the couch in question that you -- on which Mr. Quieano did the reenactment?
A. Yes.
Q. And at least in the photo and from what you recall at the house, were there any toys in front of that coruch that you onn see in the pirotos?
A. There's a couple little cars on the coffee table, and then far to the left of that there's like a play area as well.
Q. And then showing you state's 3, which is previously amitted, do you know wat portion of the house that is?
A. That's a picture down the hellway right from where the loveseat is looking out the front docr. This is the entry hallway to the bouse.
Q. Are there any toys in that photo?
A. Not that I can see.
Q. Showing you State's 7. What's depicted in that photo?
A. That's the couch from the left side of
it, the longer couch, and, just what I said, on the far end of that couch there's some cars. I know there's a little like play stand there with toya or it, a little basketball hoop nore towards that other side of the rocin --
Q. So when ...
A. -- beyond the couches.
Q. So not in front of the couch, but beyond like the side arm of the couch; is that fair to say?
A. Yeah. There's like a whole little area. That room is quite big, so it's sectioned off and the couch is here and that other side of the room had what looked like a play room Eor the kids as well.
Q. And as far' as what's depicted in State's 7, are there any toys behind the couch?
A. No. I don't see any in the picture. I don't recall any being there.
Q. Do you recall if you moved any toys out of the way before you did the reenactment?
A. No.

MS. EDNARDS: No further questions.
MR. REBD: Just got two.
THE COURT: Okay.

\section*{GETROSS-EXAMINATICN}

BY MR. RESD:
Q. So there's toys in the roon where the couch is that Mr. Quisano describes what happened?
A. Yeah. It's a big room. There's toys in the roon, yes.
Q. And Mr. Cuisano never used the word sliding in describing what happened to his son?
A. In the taped statement?
Q. In the taped statement or in the recorsthaction.
A. In the reconstruction when he
demonatrated, that's how he phrased it, that he sitid over the couch.
Q. He said the word sliding in the reconstruction?
A. I don't think it was the word aliding. I think 北's slid.
Q. Slid?
A. I believe so, yes.
Q. So he used the word slic in the reconstruction, but not in his description of what happened on the audio statement?
A. Without rereading the whole statement, I don't recall that word specifically. I mean I could

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IN THE JUSTICE COURT OF LAS VEGPS TOWNSHIP
COLNTY OF CLARK, STATE OF NEVADA
state of nevand,
Plaintiff, Case No. 13F09094X
ve.
JONATHAN QUISNNO,
Defendant.
SIPTE OF NEvARA )
cClNTY OF CLARK
I, Gerri De Lucca, a Certified Shorthand
Reporter within and for the County of Clark and the
State of Nevada, do hereby certify:
Tmat REPORTER'S TRANSCRIPT OF ERDCEEDINGS
was reported in open court purguant to NRS 3.360
regarding the above proceedings in Las Vegas Justice
Court, 200 Lewis Avenue, Las Vegas, Nevada.
That. said TRANSCRITT:
X Does not contain the social security
mmber of any person.
Contains the social security mmber
of a person.

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101 / 20 \quad 103 / 16 \quad 104 / 3 \quad 104 / 9
\] & 38/2 43/7 45/8 47/2 49/10 50/2 \\
\hline 2398.030 [1] 137/6 & \multirow[t]{2}{*}{\begin{tabular}{l}
104/14 111/14 112/17 118/16 \\
121/3 121/5 121/8
\end{tabular}} & 54/7 56/20 59/15 65/25 68/14 \\
\hline 24 [2] 60/17 61/21 & & 71/12 76/18 78/5 82/20 103/20 \\
\hline 240 [1] 15/13 & \multirow[t]{2}{*}{abuse/neglect [9] 74/25 82/1 101/20 104/3 104/9 112/17} & 107/14 109/1 109/4 110/16 \\
\hline 3 & & 113/21 115/9 117/20 118/2 119/8 123/11 123/17 126/25 127/30 \\
\hline \[
\left\lvert\, \begin{array}{lll}
30 & {[1]} & 76 / 7 \\
31 & {[1]} & 124 / 13
\end{array}\right.
\] & \begin{tabular}{llll} 
accent & {\([1]\)} & \(94 / 4\) & \\
access & {\([5]\)} & \(98 / 7\) & \(98 / 17\) \\
\(98 / 24\)
\end{tabular} & \begin{tabular}{ll} 
alleged [1] & \(37 / 5\) \\
allowed [1] & \(44 / 11\)
\end{tabular} \\
\hline 32 [2] 30/2 66/4 & \[
\left\lvert\, \begin{array}{cccc}
101 / 10 & 102 / 12 & & \\
\text { accident }[9] & 39 / 23 & 61 / 5 & 62 / 16
\end{array}\right.
\] & almost [5] 10/24 21/8 33/1 \\
\hline 33 inches [3] 30/2 66/5 67/2 & 65/19 65/21 89/7 102/21 103/2 & 56/23 120/7 \\
\hline 35 [1] 67/1 & \multirow[t]{3}{*}{\[
\left\{\begin{array}{lll}
104 / 21 & & \\
\text { accidents [1] } & 39 / 23 \\
\text { according [1] } & 126 / 13 \\
\text { accumulate [1] } & 14 / 24
\end{array}\right.
\]} & along [4] \(8 / 1.2\) 13/4 25/16 57/8 \\
\hline 36 inches [1] 67/2 & & already [8] 22/18 27/6 73/21 \\
\hline 4 & & \[
\begin{aligned}
& 85 / 25 \quad 86 / 15101 / 23101 / 24 \\
& 132 / 20
\end{aligned}
\] \\
\hline \begin{tabular}{lllllll}
\hline 40 & {\([4]\)} & \(42 / 12\) & \(76 / 7\) & \(76 / 7\) & \(127 / 20\) \\
45 & {\([1]\)} & \(2 / 6\) & &
\end{tabular} & accurate [9] \(46 / 3\) 46/18 61/8 & \(\begin{array}{llllll}\text { also } & {[26]} & 7 / 1 & 7 / 13 & 12 / 7 & 13 / 1\end{array}\) \(\begin{array}{llllllllll}13 / 13 & 13 / 18 & 18 / 1 & 18 / 12 & 21 / 1\end{array}\) \\
\hline 4720 [2] 73/15 & 136/22 & \(\begin{array}{llllllllll}27 / 12 & 27 / 21 & 29 / 6 & 30 / 21 & 36 / 8\end{array}\) \\
\hline 48 [4] 5/24 17/22 30/22 60/10 & \multirow[t]{3}{*}{\begin{tabular}{lllll} 
accross & [1] & \(21 / 5\) & & \\
acting & {\([1]\)} & \(77 / 18\) & & \\
action \([3]\) & \(125 / 25\) & \(126 / 6\) & \(138 / 3\)
\end{tabular}} & 37/16 \(40 / 1269 / 3\) 74/25 \(92 / 17\) \\
\hline 4:30.[1] 77/14 & & 95/22 97/18 97/20 112/14 113/22 \\
\hline 5 & & 119/13 131/17 \\
\hline \[
\begin{array}{|lcc}
\hline 50 & {[1]} & 42 / 12 \\
52.260 & 11] & 3 / 17 \\
\hline
\end{array}
\] & \multirow[t]{2}{*}{\begin{tabular}{l}
activities [1] 78/1 \\
actual [1] 54/21
\end{tabular}} & \(\begin{array}{llllll} \\ \text { always } & {[3]} & 27 / 4 & 54 / 25 & 55 / 18 \\ \text { am [2] } & 10 / 1 & 138 / 2 & \end{array}\) \\
\hline 6 & & among [1] 120/16 \\
\hline \begin{tabular}{|lll}
\hline 64 & {\([1]\)} & \(2 / 7\) \\
6 th & {\([1]\)} & \(21 / 11\) \\
\hline
\end{tabular} & actually [25] 19/12 30/8 37/16 37/21 \(38 / 14 \quad 45 / 24 \quad 47 / 19 \quad 50 / 2\) & \begin{tabular}{cccccc} 
amount & {\([10]\)} & \(13 / 1\) & \(17 / 5\) & \(18 / 4\) & \(18 / 5\) \\
\(23 / 20\) & \(23 / 24\) & \(60 / 15\) & \(64 / 23\) & \(64 / 25\)
\end{tabular} \\
\hline 7 & \[
\begin{array}{lllll}
64 / 2 & 80 / 20 & 81 / 7 & 81 / 10 & 83 / 20 \\
91 / 23 & 92 / 1 & 92 / 2 & 92 / 11 & 93 / 16
\end{array}
\] & 70/3 \\
\hline \[
\begin{aligned}
& 72 \text { [3] } 2 / 9 \quad 60 / 1261 / 18 \\
& 7: 15 \mathrm{p.m}[1] \\
& \hline
\end{aligned}
\] & \[
\begin{array}{lllll}
95 / 6 & 97 / 21 & 105 / 2 & 105 / 7 & 105 / 8 \\
119 / 15 & 123 / 11
\end{array}
\] & \begin{tabular}{l}
anatomic [1] 55/5 \\
anatomy [1] 8/5
\end{tabular} \\
\hline 8 & \multirow[t]{4}{*}{\begin{tabular}{l}
acute [2] 17/21 60/11 \\
add [1] 40/6 \\
adding [1] 33/2 \\
additional [2] 30/23 33/25 \\
addressed [2] 34/3 108/19 \\
adherent [3] 55/21 55/22 56/23
\end{tabular}} & \begin{tabular}{l}
\[
\text { and/or [2] } 20 / 20 \quad 113 / 19
\] \\
angle [1] 36/12
\end{tabular} \\
\hline 82 [3] \(1 / 24\) 136/25 138/5 & & \(\begin{array}{llllll}\text { another } & {[13]} & 25 / 24 & 25 / 24 & 39 / 24\end{array}\) \\
\hline B4 [1] 2/23 & & 55/14 68/7 68/18 68/23 74/10 \\
\hline 86 [1] \(2 / 24\) & & 101/15 101/19 116/15 116/20 \\
\hline
\end{tabular}
another... [1] 118/15
answer [9] \(31 / 6 \quad 48 / 4 \quad 49 / 3 \quad 49 / 6\) \(\begin{array}{lllll}49 / 7 & 90 / 24 & 92 / 20 & 98 / 19 & 109 / 4\end{array}\)
answered [2] 91/15 120/10
answers [1] 30/4
anterior [2] \(9 / 2\) 16/13
\(\begin{array}{llll}\text { anticipated [2] } & 96 / 10 \quad 129 / 4\end{array}\)
antioipation [1] 104/23
any [64] \(3 / 20 \quad 14 / 2 \quad 14 / 2 \quad 14 / 20\)
\(\begin{array}{llllll}16 / 25 & 19 / 20 & 19 / 24 & 20 / 5 & 22 / 8\end{array}\)
\(\begin{array}{llllll}25 / 12 & 27 / 24 & 29 / 9 & 29 / 18 & 30 / 7\end{array}\)
\(\begin{array}{llll}31 / 10 & 31 / 11 & 31 / 14 & 31 / 25\end{array} 32 / 16\)
\(\begin{array}{llllll}33 / 12 & 35 / 1 & 39 / 5 & 43 / 9 & 44 / 8 & 45 / 17\end{array}\)
\(\begin{array}{lllllllll}59 / 20 & 63 / 11 & 63 / 15 & 64 / 1 & 77 / 22\end{array}\)
\(\begin{array}{llllll}77 / 25 & 85 / 24 & 87 / 20 & 94 / 1 & 94 / 10\end{array}\)
95/15 \(95 / 15 \quad 102 / 18 \quad 105 / 3 \quad 106 / 11\)
106/13 108/11 108/23 109/1
\(\begin{array}{lllll}113 / 13 & 113 / 15 & 114 / 4 & 119 / 19\end{array}\)
\(\begin{array}{lllllllll}121 / 6 & 122 / 23 & 127 / 6 & 128 / 16 & 131 / 2\end{array}\)
\(\begin{array}{lllll}131 / 7 & 132 / 2 & 132 / 10 & 132 / 14\end{array}\)
\(\begin{array}{lllll}133 / 10 & 133 / 21 & 134 / 15 & 134 / 16\end{array}\)
134/17 134/18 137/23
anybody [1] 34/15
anymore [1] 70/25
anyone [3] \(13 / 19\) 74/18 \(128 / 17\)
anything [25] 12/1 16/24 17/18
\(\begin{array}{lllll}19 / 12 & 21 / 11 & 21 / 12 & 23 / 18 & 23 / 18\end{array}\)
\(40 / 647 / 647 / 7 \quad 72 / 20 \quad 89 / 16\)
\(\begin{array}{lllll}90 / 16 & 91 / 4 & 91 / 21 & 92 / 14 & 95 / 2\end{array}\)
109/21 109/25 114/3 114/4
121/10 121/12 123/6
anyway [1] \(68 / 8\)
anywhere [2] \(22 / 15 \quad 132 / 3\)
apart [3] 10/21 \(38 / 7 \quad 64 / 20\)
apologize [1] 112/9
appear [3] \(15 / 15 \quad 21 / 17\) 80/10
apprarances [1] \(1 / 20\)
appeared [6] 17/19 87/7 109/13
109/14 111/25 123/3
appears [2] 110/14 113/25
applied [1] 53/15
Appreciate [2] 70/9 136/9
approach [3] 15/8 28/12 82/15
appropriate [7] 36/20 38/15 38/19 \(38 / 21 \quad 39 / 1040 / 1140 / 13\)
approximately [10] 6/5 8/25 30/2 \(33 / 1142 / 8 \quad 66 / 467 / 1 \quad 76 / 5\) 77/11 89/11
are [60] \(3 / 13\) 5/10 \(5 / 16 \quad 5 / 20\) \(5 / 236 / 26 / 19 \quad 8 / 9 \quad 8 / 15 \quad 8 / 15\) \(\begin{array}{lllll}8 / 22 & 9 / 23 & 10 / 10 & 10 / 21 & 13 / 3\end{array}\) \(\begin{array}{llllll}13 / 14 & 16 / 6 & 16 / 12 & 16 / 18 & 19 / 8\end{array}\) \(\begin{array}{llllll} & 20 / 1 & 24 / 17 & 26 / 5 & 26 / 8 & 30 / 19\end{array}\) \(\begin{array}{lllll}31 / 14 & 32 / 7 & 32 / 9 & 33 / 20 & 38 / 4\end{array}\) \(\begin{array}{llll}39 / 13 & 39 / 17 & 39 / 25 & 44 / 6\end{array}\) 45/8 \(\begin{array}{lllll} \\ 46 / 8 & 49 / 9 & 50 / 7 & 55 / 21 & 56 / 13\end{array}\) 56/22 \(57 / 961 / 167 / 7\) 72/17 79/19 \(82 / 20 \quad 84 / 6 \quad 84 / 10 \quad 107 / 21\) \(\begin{array}{llll}111 / 7 & 112 / 11 & 113 / 22 & 120 / 24\end{array}\) 120/25 126/15 126/21 133/21 134/15 136/3
area [19] \(14 / 14\) 23/11 30/8 34/11 \(40 / 11\) 43/9 \(43 / 9\) 44/9 \(46 / 5\) 58/11 63/8 \(80 / 7\) 95/19 100/13 119/12 \(119 / 14\) 119/18 \(133 / 14\) 134/10
areas [5] \(12 / 3\) 31/9 \(46 / 8 \quad 55 / 21\) 56/14
aren't [1] 8/22
arm [1] 134/9
arms [1] 87/13
around [24] \(13 / 9 \quad 13 / 16\) 14/11
26/10 \(53 / 13\) 55/1 \(55 / 3 \quad 55 / 5 \quad 55 / 8\) \(\begin{array}{lllllllll}55 / 8 & 55 / 17 & 55 / 24 & 57 / 14 & 57 / 25\end{array}\) \(\begin{array}{llllll}64 / 12 & 64 / 15 & 71 / 7 & 86 / 19 & 91 / 23\end{array}\) \(\begin{array}{lllllll} & 91 / 25 & 110 / 2 & 112 / 9 & 132 / 6 & 132 / 10\end{array}\)
arrest [4] \(122 / 11 \quad 122 / 25 \quad 123 / 15\) 124/1
arrested [5] 122/6 123/19
123/20 124/2 131/8
arrival [2] \(98 / 2\) 103/12
arrived [3] 98/8 98/14 101/9
ARTHUR [3] 3 2/4 \(4 / 8\) 127/2
articles [4] \(33 / 12 \quad 33 / 13 \quad 42 / 15\)
42/24
articulate [2] 81/17 115/21
as [235]
ascertain [1] 67/17
\(\begin{array}{lllll}\text { ask } & \text { [22] } & 33 / 23 & 35 / 20 & 37 / 13\end{array}\)
43/17 \(44 / 10 \quad 44 / 20 \quad 45 / 14 \leq 6 / 13\)
\(\begin{array}{lllll}47 / 15 & 49 / 9 & 49 / 15 & 52 / 8 & 54 / 20\end{array}\)
\(\begin{array}{lllll}63 / 11 & 68 / 16 & 100 / 9 & 108 / 24 & 117 / 9\end{array}\) 117/10 118/12 118/25 124/19
\(\begin{array}{llllll}\text { asked [42] } & 36 / 23 & 42 / 4 & 45 / 3 & 45 / 5\end{array}\) 47/17 \(52 / 16\) 65/5 \(68 / 14\) 68/19 68/20 68/23 69/3 69/9 74/6 \(\begin{array}{lllll}76 / 15 & 76 / 17 & 78 / 13 & 82 / 3 & 84 / 4\end{array}\) \(\begin{array}{lllll}87 / 16 & 88 / 25 & 89 / 21 & 90 / 12 & 91 / 9\end{array}\) 91/15 92/23 101/9 10日/21 110/22 \(\begin{array}{llll}110 / 25 & 113 / 3 & 114 / 22 & 116 / 12\end{array}\) 119/9 121/17 121/20 121/22 \(\begin{array}{llllll}121 / 24 & 123 / 5 & 123 / 7 & 124 / 9 & 130 / 17\end{array}\)
\(\begin{array}{lllll}\text { asking [16] } & 36 / 11 & 36 / 21 & 36 / 23\end{array}\) \(\begin{array}{lllllll}37 / 2 & 37 / 3 & 37 / 8 & 37 / 9 & 45 / 9 & 48 / 19\end{array}\) \(\begin{array}{llllll} & 56 / 16 & 69 / 25 & 108 / 13 & 115 / 4 & 115 / 5\end{array}\) 116/16 132/9
lasks [1] 109/3
as leep [1] 78/6
aspect [1] 34/4
assessment [1] 37/4
assist [1] 89/17
associated [1] 13/15
ascume [2] 95/21 112/1
atelectasis [2] 13/18 \(\quad\) 13/20
attending [1] 34/2
ATtest [3] \(136 / 22 \quad 137 / 6 \quad 138 / 2\)
Attorney [2] 1/21 125/5
audio [7] 118/5 119/4 125/9
125/16 128/20 128/24 135/23
authored [1] 126/18
autopsies [1] 70/21
\(\begin{array}{lllll}\text { autopsy } & \text { [7] } & 34 / 14 & 46 / 2 & \text { 46/13 }\end{array}\) 46/19 47/7 47/14 47/24
availability [1] 71/3
available [2] 70/22 71/9
Avenue [1] 137/20
awake [1] 88/4
aware [1] 123/19
\(\begin{array}{lllll}\text { away [7] } & 10 / 23 & 27 / 8 & 62 / 25 & 98 / 8\end{array}\) 98/21 123/24_129/18
B
B-o-u-a-h-e-r [1] 71/25
\begin{tabular}{lllll} 
back & {\([54]\)} & \(12 / 4\) & \(12 / 6\) & \(12 / 7\) \\
\hline
\end{tabular} \(\begin{array}{lllll}16 / 14 & 17 / 16 & 19 / 12 & 26 / 12 & 27 / 7\end{array}\) 45/25 49/25 64/20 68/21 74/2 \(\begin{array}{llllll}79 / 4 & 83 / 7 & 83 / 10 & 83 / 16 & 83 / 23\end{array}\) \(\begin{array}{llllll}83 / 24 & 84 / 1 & 84 / 1 & 85 / 14 & 85 / 16\end{array}\) 85/17 \(86 / 19\) 87/16 \(87 / 18\) 92/8 \(\begin{array}{llll}98 / 4 & 98 / 20 & 98 / 24 & 99 / 16 \\ 99 / 18\end{array}\) \(100 / 23\) 101/5 101/9 101/11 101/12 101/15 101/24 102/2
\(102 / 5 \quad 102 / 17 \quad 102 / 23 \quad 108 / 21\)
\(\begin{array}{lllll}113 / 21 & 116 / 21 & 118 / 3 & 119 / 10\end{array}\) 120/21 125/15 126/4 130/14
beckground [7] 34/10 34/21 \(\begin{array}{lllll}37 / 21 & 38 / 10 & 38 / 13 & 43 / 9 & 44 / 12\end{array}\) bad [1] 107/11
 56/8
baggy [2] 55/14 55/14
barriers [1] 55/5
\(\begin{array}{llllll} \\ \text { base } & {[6]} & 12 / 25 & 16 / 8 & 16 / 11 & 20 / 20\end{array}\) 20/21 21/4
based [18] \(6 / 13\) 25/14 \(28 / 20\)
\(\begin{array}{llllll}32 / 3 & 33 / 25 & 34 / 13 & 35 / 14 & 41 / 22\end{array}\)
42/14 \(61 / 1\) 61/4 61/9 61/16
67/12 71/2 91/3 102/21 118/22
basically [16] 10/9 12/14 13/11 \(\begin{array}{lllll}13 / 17 & 13 / 23 & 17 / 15 & 19 / 18 & 19 / 25\end{array}\) \(\begin{array}{llllllll}13 / 8 & 26 / 12 & 27 / 6 & 47 / 2 & 53 / 6 & 56 / 24\end{array}\) 60/12 121/24
basis [13] \(5 / 15\) 6/6 29/13 \(30 / 13\) 30/24 \(31 / 25\) 36/1 \(41 / 16\) 42/13 42/18 42/21 45/2 67/21
basketball [1] 134/4
bathroom [2] \(\quad 87 / 2590 / 4\)
be \(\left[\begin{array}{lllll}79] & 3 / 23 & 12 / 13 & 13 / 21 & 14 / 57\end{array}\right.\) \(\begin{array}{lllll}15 / 15 & 19 / 5 & 20 / 19 & 25 / 23 & 25 / 24\end{array}\) 26/25 \(29 / 6\) 30/9 \(34 / 19 \quad 34 / 19\) \(\begin{array}{lllll}37 / 1 & 38 / 16 & 38 / 20 & 41 / 14 & 44 / 11\end{array}\) 46/18 \(52 / 7 \quad 52 / 9 \quad 54 / 9 \quad 54 / 15 \quad 56 / 2\) 60/6 60/17 61/11 61/13 62/12 \(\begin{array}{llllllll}62 / 13 & 63 / 1 & 63 / 3 & 63 / 5 & 63 / 6 & 63 / 7\end{array}\) 63/8 \(64 / 16\) 64/16 \(64 / 1965 / 6\) 65/17 \(66 / 24 \quad 66 / 25 \quad 67 / 8 \quad 67 / 15\) 67/23 \(68 / 10 \quad 69 / 969 / 20 \quad 70 / 22\) 70/23 \(71 / 8 \quad 71 / 13 \quad 79 / 25 \quad 80 / 10\) 81/5 \(83 / 984 / 2189 / 6 \quad 95 / 5 \quad 95 / 19\) 95/24 98/21 101/22 104/19
108/19 113/22 113/23 113/25 \(\begin{array}{lllllll}114 / 2 & 114 / 4 & 120 / 3 & 123 / 1 & 126 / 14\end{array}\) 127/15 129/22 131/13 136/13
beanbag [1] 114/24
bear [1] \(8 / 4\)
bears [1] 32/2
became [4] 88/18 101/21 104/21 123/18
because [53] \(13 / 8\) 18/5 \(21 / 7\) \(\begin{array}{llllllll}22 / 18 & 25 / 7 & 27 / 5 & 31 / 5 & 32 / 22 & 37 / 3\end{array}\) \(\begin{array}{lllllll}38 / 8 & 38 / 18 & 38 / 20 & 39 / 1 & 39 / 4\end{array}\)
46/11 \(45 / 25 \quad 47 / 12 \quad 49 / 6 \quad 51 / 4\)
55/4 57/19 \(58 / 7 \quad 60 / 14 \quad 61 / 20\)
62/20 65/24 67/5 \(68 / 8 \quad 81 / 7 \quad 82 / 2\) \(\begin{array}{lllll}85 / 14 & 87 / 17 & 88 / 24 & 89 / 5 & 91 / 24\end{array}\) 97/14 \(97 / 21\) 97/22 101/10 \(\quad\) 104/18 105/6 105/20 107/24 108/12 \(\begin{array}{llllll}117 / 4 & 118 / 17 & 123 / 2 & 123 / 8 & 123 / 28\end{array}\) 123/20 124/9 125/19 126/3
become [3] 6/16 62/11 64/16
becomes [3] 22/1 48/7 104/20 bed [2] 66/22 110/15
bedroom [4] \(74 / 7\) 110/13 \(111 / 7\) 132/16
bedrooms [1] 111/7
\(\begin{array}{lllll}\text { been [37] } & 4 / 14 & 5 / 7 & 13 / 24 & 14 / 23\end{array}\) \(\begin{array}{lllll}15 / 11 & 22 / 10 & 29 / 20 & 30 / 17 & 31 / 3\end{array}\) \(\begin{array}{llllll}31 / 5 & 31 / 21 & 35 / 12 & 37 / 5 & 38 / 16\end{array}\) 38/19 39/1 \(40 / 1\) 40/17 \(41 / 9\) 42/4 61/3 \(62 / 6 \quad 72 / 5 \quad 72 / 14 \quad 72 / 15\) \(\begin{array}{lllll}72 / 16 & 73 / 25 & 77 / 23 & 62 / 2 & 86 / 10\end{array}\) \(\begin{array}{llllll} & 96 / 11 & 106 / 4 & 113 / 13 & 113 / 14\end{array}\) 114/20 123/2 123/9
before [17] \(1 / 16\) 21/20 \(30 / 4\)

132／23 134／19
beginning［1］127／23
behalf［1］3／13
behaving［1］110／2
behind［2］119／22 134／15
behind the［1］1．19／22
being［29］ \(4 / 23\) 5／19 \(12 / 19\)
13／13 21／1 \(21 / 1\) 21／2 \(21 / 2 \quad 22 / 1.4\) \(\begin{array}{llllll} & 34 / 10 & 40 / 5 & 41 / 13 & 42 / 10 & 45 / 7\end{array}\) \(\begin{array}{lllll}36 / 10 & 77 / 22 & 92 / 7 & 93 / 17 & 101 / 18\end{array}\) 1．02／20 104／23 105／1．7 105／25 117／5 11．7／12 130／13 131．／14 132／10 134／17
believe［35］ \(20 / 8 \quad 30 / 20 \quad 30 / 22\) \(\begin{array}{lllllll}30 / 24 & 36 / 19 & 38 / 15 & 38 / 18 & 39 / 9\end{array}\) 50／23 51／2 \(60 / 3 \quad 65 / 9 \quad 69 / 8 \quad 70 / 21\) ． \(\begin{array}{lllll}74 / 10 & 81 / 11 & 86 / 13 & 91 / 8 & 92 / 25\end{array}\) 1．01／18 1．02／16 103／10 106／3 \(\begin{array}{llll}106 / 18 & 1.07 / 23 & 120 / 1 & 1.21 / 3 \\ 1.22 / 3\end{array}\) \(\begin{array}{lllllll}1.23 / 18 & 125 / 2 & 1.30 / 22 & 1.31 / 10\end{array}\) 131／14 131／17 135／20
believed［1］78／8
below［5］23／13 23／13 55／25 56／5 58／15
 116／4 132／25
better［7］ \(37 / 18\) 41／6 \(46 / 8 \quad 47 / 7\) 47／10 58／24 118／19
\(\begin{array}{lllll}\text { between［11］} & 19 / 18 & 23 / 6 & 32 / 1\end{array}\) \(\begin{array}{llll}35 / 10 & 38 / 6 & 47 / 12 & 89 / 12 \\ 1.02 / 1 .\end{array}\) 114／9 122／24 123／12
beyond［8］ \(44 / 1 \quad 57 / 20 \quad 57 / 24\) \(\begin{array}{llllll}63 / 16 & 68 / 8 & 79 / 22 & 134 / 7 & 1.34 / 8\end{array}\) bicker［1］49／5
bicycle［1］39／23

bigger［1］80／18
bikes［1］45／6
biological［1］77／2
biomechanic［1］31／9
biomechanical［7］ \(32 / 4 \quad 32 / 20\) 33／4 \(34 / 4 \quad 35 / 1 \quad 36 / 21,44 / 7\) biomechanics［8］ \(30 / 931 / 16\) 34／9 \(36 / 23\) 37／21． \(43 / 1044 / 15\) 68／22
bit［9］ \(14 / 4\) 1．4／1．1．40／7 48／8 48／16 \(48 / 17 \quad 50 / 360 / 1 \quad 112 / 9\) bleed［3］18／2 59／2 59／6 bleeding［35］1．7／24 17／25 47／1．1 48／5 49／18 \(49 / 18 \quad 49 / 23 \quad 52 / 4\) 52／7 52／7 52／1．3 52／18 \(52 / 1.9\) 52／21．52／22 \(53 / 3\) 53／8 \(53 / 11\). \(\begin{array}{llllll}53 / 1.9 & 54 / 4 & 54 / 21 & 54 / 23 & 54 / 24\end{array}\) 55／1．57／18 57／20 57／24 58／7 58／9 58／177 \(59 / 7\) 61／16 \(64 / 12\) 68／11 69／1．9
bleeds［1］1．7／1
blood［74］9／21 17／19 17／21 \begin{tabular}{lllll}
\(18 / 5\) & \(18 / 8\) & \(20 / 25\) & \(21 / 2\) & \(21 / 3\) \\
\hline
\end{tabular} \(\begin{array}{lllll}22 / 12 & 22 / 16 & 22 / 19 & 22 / 20 & 23 / 13\end{array}\) \(\begin{array}{llllll}23 / 20 & 23 / 23 & 23 / 24 & 24 / 1 & 24 / 1.1\end{array}\) \(\begin{array}{lllll}24 / 15 & 24 / 22 & 25 / 1.6 & 26 / 23 & 46 / 21\end{array}\) \(\begin{array}{lllll}46 / 25 & 47 / 14 & 48 / 1 & 48 / 2 & 48 / 7\end{array}\) \(48 / 15 \quad 48 / 16 \quad 49 / 10 \quad 49 / 14 \quad 49 / 21\) \(\begin{array}{lllllllll}49 / 24 & 50 / 4 & 51 / 13 & 53 / 1 & 53 / 13\end{array}\) \(\begin{array}{lllllllllll}53 / 16 & 54 / 5 & 55 / 16 & 56 / 1 & 56 / 4\end{array}\) 56／23 57／1．57／6 57／7 57／14
\(\begin{array}{llllll}58 / 22 & 58 / 23 & 59 / 1 & 59 / 7 & 60 / 10\end{array}\) 60／11 \(60 / 1964 / 10 \quad 64 / 15 \quad 64 / 16\) 64／20 64／23 64／25 68／1．2 69／14 \(\begin{array}{llllll}69 / 15 & 69 / 16 & 69 / 16 & 87 / 20 & 88 / 7\end{array}\) \(\begin{array}{lllllll}86 & 7 & 97 / 14 & 97 / 22 & 114 / 3 & 114 / 8\end{array}\) blood＇s［1］47／1．
blunt［17］ \(35 / 18 \quad 38 / 4 \quad 39 / 22\) \(\begin{array}{lllllll}50 / 10 & 50 / 25 & 51 / 21 & 52 / 9 & 52 / 1.2\end{array}\) 52／18 \(53 / 7 \quad 54 / 2 \quad 54 / 10 \quad 54 / 16\) 62／9 65／7 68／9 69／10
Board［1］6／3
body［1］61／23
bone［4］ \(8 / 10 \quad 8 / 10 \quad 8 / 11 \quad 10 / 7\)
bones［14］ \(8 / 7\) 8／8 \(8 / 9 \quad 8 / 10\) \(\begin{array}{lllllll}8 / 12 & 8 / 13 & 8 / 13 & 8 / 15 & 8 / 22 & 9 / 10\end{array}\) 9／15 9／20 13／9 46／20
born［2］8／14 8／21
\(\begin{array}{llllll}\text { both } & {[11]} & 4 / 7 & 11 / 17 & 12 / 4 & 12 / 6\end{array}\) 1．9／18 \(26 / 2 \quad 26 / 13 \quad 46 / 10 \quad 53 / 12\) 56／21，71／23
bottom［2］16／1．4 90／24
BOUCHER［5］2／8 71／20 71／24 100／19 117／17
bounces［1］26／12
bouncing［3］ \(26 / 18 \quad 27 / 7\) 91／20
bowel［1］14／21
boys［1］78／16
brain［71］\(\quad 9 / 13\) 9／1．7 \(9 / 18\) 9／21
\(\begin{array}{llllll} & 9 / 21 & 9 / 24 & 9 / 24 & 10 / 13 & 11 / 1 \\ 11 / 2\end{array}\)
\(\begin{array}{llllll}11 . / 3 & 11 / 1.3 & 1.6 / 1.0 & 18 / 3 & 18 / 1.1 .\end{array}\)
\(\begin{array}{lllllll}1.9 / 17 & 19 / 24 & 20 / 3 & 20 / 14 & 20 / 16\end{array}\)
20／18 \(20 / 20 \quad 20 / 21 \quad 20 / 2421 / 1\)
\(\begin{array}{lllll}21 / 1.5 & 21 / 16 & 21 / 20 & 22 / 6 & 22 / 7\end{array}\)
\(\begin{array}{llllll}22 / 14 & 22 / 19 & 23 / 3 & 23 / 3 & 23 / 7 & 23 / 7\end{array}\)
23／8 \(23 / 10 \quad 23 / 10 \quad 24 / 5 \quad 26 / 9\)
26／1．0 26／11 \(26 / 14\) 46／21 \(47 / 24\)
51／6 51／8 51／14 52／5 52／8 52／20
\(\begin{array}{lllll}52 / 20 & 52 / 24 & 52 / 24 & 52 / 25 & 53 / 13\end{array}\)
\(\begin{array}{lllllll}53 / 17 & 54 / 6 & 55 / 1.7 & 55 / 23 & 55 / 24\end{array}\)
56／6 56／11． \(56 / 13\) 56／23 \(62 / 4\)
62／6 64／10 64／1．7 69／4
brain＇s［1］62／17
brains［1］9／10
break［2］50／18 62／20
breathe［1．］ \(89 / 23\)
breathing［10］13／24 13／24 89／21 日9／22 \(90 / 7\) 90／10 \(90 / 13\) 90／15 91／5 91／9
brief［1］1．22／14
briefed［2］104／2 1．04／4
briefing［2］104／7 104／10
briefly［2］103／4 117／23
bring［3］ \(112 / 15\) 118／1．1．119／10
broke［1］1．09／20
brought［4］ \(74 / 3 \quad 89 / 19 \quad 113 / 2\) 1．18／23
bruise［1］13／11
bunch［1］43／6
busy［1］1．03／21
C
C．C．R［3］ \(1 / 24\) 136／25 138／5
C294266［1］1／1．
\(\begin{array}{llllll}\text { call［8］} & 3 / 1.4 & 34 / 11 & 80 / 1 & 88 / 25\end{array}\)日9／9 92／22 92／24 101／20 called［12］ \(13 / 1,8 \quad 14 / 12 \quad 73 / 7\) 73／11 88／9 \(88 / 2088 / 2389 / 3\) 101／18 101／23 102／15 104／18 calling［3］71／5 89／13 92／25 callosum［3］10／11 10／19 1．9／1．6 calls［3］ \(4 / 4\) 71／19 98／11 \(\begin{array}{lllllll}\text { calm［3］} & 93 / 24 & 1.09 / 166 & 1.09 / 23\end{array}\)
came \(\left[\begin{array}{lllll}10\end{array} \quad 23 / 23 \quad 37 / 16 \quad 74 / 25\right.\) 75／22 98／4 \(98 / 20 \quad 98 / 24 \quad 1.05 / 20\) 105／21 110／3
\(\begin{array}{lllll}\text { can［115］} & 3 / 14 & 4 / 11 & 9 / 6 & 9 / 10\end{array}\)
\(\begin{array}{lllllll} & 9 / 14 & 9 / 15 & 9 / 18 & 9 / 20 & 10 / 2 & 10 / 23\end{array}\)
\(\begin{array}{lllll}14 / 8 & 1.4 / 19 & 14 / 23 & 14 / 24 & 20 / 18\end{array}\)
\(\begin{array}{llllll}20 / 21 & 21 / 18 & 21 / 22 & 23 / 14 & 24 / 1\end{array}\)
\(\begin{array}{llllll}25 / 23 & 25 / 24 & 26 / 8 & 26 / 13 & 31 / 17\end{array}\)
\(\begin{array}{llllll}32 / 5 & 32 / 14 & 33 / 11 & 34 / 21 & 35 / 17\end{array}\)
\(35 / 21 \quad 38 / 1940 / 6 \quad 40 / 1140 / 12\)
\(\begin{array}{lllllll} & 40 / 24 & 41 / 10 & 43 / 13 & 45 / 16 & 46 / 2\end{array}\)
46／23 47／7 47／10 47／20 48／1
\(\begin{array}{llllll}49 / 15 & 49 / 21 & 49 / 22 & 49 / 23 & 50 / 2\end{array}\)
\(\begin{array}{llllllllllll}51 / 13 & 51 / 16 & 51 / 20 & 52 / 1 & 52 / 18\end{array}\)
\(\begin{array}{lllllll}52 / 20 & 52 / 21 & 53 / 2 & 53 / 2 & 53 / 7\end{array}\)
\(\begin{array}{lllll}53 / 12 & 53 / 16 & 53 / 19 & 53 / 20 & 53 / 21\end{array}\)
55／3 55／5 55／8 55／1．1．55／16 56／3
56／1．9 57／4 57／14 57／20 57／24
58／3 59／1 59／6 59／15 59／18
60／25 61／6 63／19 64／10 65／17
\(\begin{array}{llllll}67 / 7 & 67 / 8 & 72 / 2 & 73 / 15 & 75 / 18 & 83 / 4\end{array}\)
\(\begin{array}{lllllllll} & 83 / 7 & 83 / 19 & 90 / 3 & 95 / 11 & 97 / 4 & 97 / 5\end{array}\)
\(97 / 9\) 98／6 98／19 102／3 1．06／1．6
108／16 112／14 114／9 114／10
11．4／25 115／1 119／8 126／1．4
129／23 133／5 133／11 133／22
can＇s［1］97／11
can＇t［24］32／25 33／13 39／5 \(\begin{array}{llllll}46 / 24 & 48 / 4 & 55 / 4 & 55 / 7 & 55 / 25 & 56 / 4\end{array}\) 56／5 56／11 56／18 56／20 57／15 60／17 75／20 94／7 108／15 110／24 112／24 114／27 121／11 1．21／23 126／15
canal［1］20／22
candles［1］80／1．5
cannot［2］57／7 64／10
capsule［2］10／16 10／19
captured［2］82／9 96／21．
car［3］61／5 62／16 65／19
care［1］77／13
caretaker［1］77／19
carpet［1］97／16
carrying［1］69／15
cars［3］45／6 133／1．2 134／2
cascade［5］50／18 50／20 50／23 62／1．4 62／20
cascading［3］35／20 50／8 54／9．
\(\begin{array}{llll}\text { case［13］} & 1 / 1 & 1 / 9 & 7 / 4 \\ 7 / 18\end{array}\) 29／15 43／22 50／20 53／24 57／10 69／18 1．06／11．1．14／12 1．37／5
cases［4］ \(30 / 17\) 33／3 42／3 11．2／1．6
Cabey［2］34／14 38／日
CAT［5］ \(6 / 25\) 7／1 \(1.1 / 10\) 1．1／12 21／22
catch［1］126／9
categorization［1］67／20
categorize［1］27／10
categorizes［1］67／1．8
caught［1］81／16
causation［1］37／14
cause［32］ \(1.4 / 16 \quad 24 / 14 \quad 25 / 17\) 25／21 \(30 / 2 \quad 30 / 11 \quad 34 / 28 \quad 35 / 7\) 35／19 \(37 / 6\) 43／11． \(43 / 21.51 / 16\) \(\begin{array}{lllll}52 / 1 & 52 / 2 & 52 / 5 & 52 / 13 & 52 / 16\end{array}\) 52／20 52／21 52／23 53／1．6 53／19 53／21 54／3 54／4 54／5 65／15 68／10 68／1．1 68／21 69／21． caused［17］ \(25 / 15 \quad 25 / 23 \quad 25 / 25\) 32／13 \(32 / 13 \quad 35 / 24 \quad 41 / 14 \quad 52 / 7\) 52／9 52／21 54／15 65／6 68／11． 69／10 92／19 115／20 128／3
\begin{tabular}{|c|c|c|}
\hline C & \[
\begin{array}{ll}
\hline \operatorname{cLgs}^{[1]} & 33 / 12 \\
\text { client } & {[1]}
\end{array} \quad 43 / 21 .
\] & \begin{tabular}{l}
consciousmess [1] 62/25 \\
consider [1] 117/11
\end{tabular} \\
\hline Causes
68/12 & \begin{tabular}{l}
clinical [3] 22/8 62/2 62/3 \\
clinically [1] 62/7
\end{tabular} & \begin{tabular}{llll} 
considered & {\([2]\)} & \(26 / 16\) & \(26 / 19\) \\
consistent & {\([18]\)} & \(30 / 19\) & \(36 / 4\)
\end{tabular} \\
\hline causing [3] 22/20 53/3 60/22 & \(\begin{array}{llllll}\text { close [5] } & 9 / 1 & 10 / 24 & 14 / 13 & 60 / 25\end{array}\) & 36/15 \(36 / 2441 / 841 / 1941 / 20\) \\
\hline ccde [1] 124/15 & 126/14 & 42/20 \(43 / 14\) 44/18 45/11 \\
\hline cells [1] 49/24 & closed [5] 8/15 9/4 9/6 22/13 & 65/22 66/5 68/10 93/9 116/1 \\
\hline  & 87/15 & 116/19 \\
\hline 19/18 & closer [2] 120/2 & constantly [1] 56/23 \\
\hline cerebellum [1] 23/7 & closes [1] 9/3 & constantly [1] 56/23 consult [1] 31/8 \\
\hline cerebral [26] 21/12 \(21 / 14\) 22/5 & cloth [1] 96/6 & consultations [1] 29/21 \\
\hline \begin{tabular}{llll} 
22/9 & \(24 / 11\) & \(24 / 17\) & \(24 / 21\) \\
\hline \(15 / 17\)
\end{tabular} & Clothes [6] 97/22 97/23 98/1 & consulted [1] 31/21 \\
\hline \(\begin{array}{llllll}25 / 21 & 26 / 2 & 26 / 24 & 47 / 1 & 47 / 2 & 52 / 2 \\ 52 / 5 & 52 / 15 & 54 / 15 & 59 / 13 & 65 / 6\end{array}\) & \begin{tabular}{l}
123/2 123/10 123/19 \\
clothing [2] 97/21 97/21
\end{tabular} & Consulting [2] 31/3 31/5 \\
\hline \(\begin{array}{llllll}52 / 5 & 52 / 15 & 54 / 15 & 59 / 13 & 65 / 6 \\ 65 / 15 & 65 / 16 & 66 / 6 & 67 / 16 & 68 / 13\end{array}\) & \begin{tabular}{lll} 
clothing [2] & \(97 / 21\) & \(97 / 21\) \\
clotting & {\([1]\)} & \(18 / 1\)
\end{tabular} & contact [3] 72/23 73/6 127/8 \\
\hline \(\begin{array}{llllll}65 / 15 & 65 / 16 & 66 / 6 & 67 / 16 & 68 / 13 \\ 69 / 21 & 70 / 4 & & \end{array}\) & CMBs [4] 31/13 31/14 31/15 & contacted [4] 126/24 127/1 \\
\hline \(\begin{array}{rllll}\text { 69/21 } & 70 / 4 \\ \text { certain [5] }\end{array}\) & \[
33 / 12
\] & 127/9 127/13 \\
\hline \[
105 / 10 \quad 136 / 2
\] & code [3] 124/9 124/21 124/21 & contain [1] 137/22 \\
\hline certainly [3] \(35 / 4 \begin{array}{lllll}\text { c }\end{array}\) & coffee [3] 80/15 120/2 133/13 & contained [1] 55/7 \\
\hline certified [2] 3/18 137/14 & cold [4] \(74 / 5\) 88/1 88/4 68/10 & Containg [1] \\
\hline certify [2] 137/16 138/2 & collapsed [2] 12/14 13/1.7 & content [5] 7/21 \\
\hline cetera [6] \(31 / 16\) 31/16 \(38 / 24\) & collected [2] B1/8 131/25 & 94/14 131/5 \\
\hline 38/24 95/14 95/14 & come [17] \(41 / 12\) 41/23 \(47 / 17\) & continue [6] 38/17 38/20 \\
\hline chair [2] 78/23 112/10 & 61/7 \(72 / 22 \quad 73 / 5 \quad 75 / 18 \quad 76 / 15\) &  \\
\hline chairs [3] 79/7 79/20 79/21 & 78/12 79/24 88/24 101/4 101/9 & ntinued [3] \\
\hline chance [1] 110/1 & 101/11 101/15 113/21 120/21 & continues [1] 47/14 \\
\hline chance to [1] 110 & comes [3] 29/14 62/16 109/2 & continuing [2] 5/21 30 \\
\hline change [3] 39/8 47/6 117/20 & coming [2] 62/22 102/1 & \\
\hline changed [5] 97/21 97/23 98/1 & comment [2] 48/19 90/9 & contrast [2] 14/5 35/9 \\
\hline 123/10 131/4 & common [1] 13 & contrasted [1] \\
\hline changes [5] 125/17 13 & communicate [1] 57/7 & contrecoup [5] 26/6 26/19 \\
\hline 130/23 131/1 131/2 & compare [2] 34/1.5 35/9 & 27/4 27/11 \\
\hline characteristics [2] 66/10 67/7 & compares [1] & contuse [2] 13/10 1 \\
\hline characterization [1] 129/13 & comparisons [1] & tused \\
\hline characterize [3] 37/8 64/25 & compartments [1] 57/9 & ntusion [6] 12/18 \\
\hline 65/12 & compatible [1] 12/22 & 13/12 14/20 14/ \\
\hline chest [3] 11/1.6 12/1 \(12 / 17\) & complete [1] 126/13 & contusions [2] \\
\hline  & completely [3] \(13 / 25\) 55/24 & conversation [24] \\
\hline 12/18 \(17 / 1 \begin{array}{llllll} & 22 / 5 & 26 / 4 & 29 / 11\end{array}\) & 67/23 & \(76 / 20 \quad 76 / 24 \quad 77\) \\
\hline \(\begin{array}{llllll}29 / 15 & 32 / 8 & 32 / 8 & 33 / 14 & 33 / 17\end{array}\) & completing [1] 4/24 & 93/4 93/19 93/20 \\
\hline 33/19 \(34 / 3\) 39/24 \(45 / 1\) 45/11 & compliance [1] 6/2 & 101/25 102/4 106/13 106/15 \\
\hline \(\begin{array}{llllllllllll} & 64 / 11 & 67 / 15 & 73 / 9 & 74 / 8 & 74 / 11\end{array}\) & compliment [2] 46/11 47/16 & 108/1 108/2 108/7 111/13 11 \\
\hline 75/19 \(75 / 22\) 76/2 \(77 / 3\) 77/4 & comprehensible [1] 60/1 & 8/13 118/18 125/20 \\
\hline 82/22 82/23 86/19 86/20 86/23 & compress [1] 22/15 & conversations [2] \\
\hline 86/24 88/12 \(94 / 25\) 97/6 98/23 & compressed [2] 20/25 21/6 & convoluted [1] 54 \\
\hline 101/2 101/21 102/5 102/18 & compromise [1] 22/11 & cooperative [1] 1 \\
\hline 103/25 104/19 106/19 109/18 & compromised [1] &  \\
\hline 111/1 111/3 111/5 111/9 112/5 & concerned [5] &  \\
\hline 112/16 113/21 114/3 114/20 & 88/18 89/5 & coroner [2] \(\begin{aligned} & \text { coroner's }[1] \quad 27 / 18\end{aligned}\) \\
\hline \(\begin{array}{lllllll}115 / 8 & 115 / 20 & 116 / 25 & 117 / 7 & 117 / 8\end{array}\) & concerning [2] 28/1 33/19 & corpus [3] 10/11 10/19 19/16 \\
\hline 117/17 118/2 118/19 120/16 & concerns [2] 14/2 29/11 &  \\
\hline 121/14 121/18 121/21 123/23 & conclude [4] 24/20 25/1 \(25 / 18\) & correct [60] 6/15 \(7 / 2\) 7/3 \(8 / 16\) \\
\hline 123/23 128/6 129/10 129/17 & 26/3 &  \\
\hline 130/1 130/6 130/12 131/11 & concluded [1] 26/22 & \(\begin{array}{llll}16 / 3 & 16 / 19 & 16 / 22\end{array}\) \\
\hline child's [6] 6/17 18/11 18/21 & conclusion [1] 114/11 & \(\begin{array}{llll}17 / 11 & 18 / 14 & 19\end{array}\) \\
\hline 44/25 64/17 104/22 & conclusions [2] 15/22 27/24 & 27/13 \(31 / 23\) 33/6 33/9 33 \\
\hline children [日] 5/18 73/8 77/20 & condensing [1] 90/11 & 39/14 39/18 \(39 / 1940 / 240\) \\
\hline \(\begin{array}{llllllllll}77 / 21 & 78 / 1 & 99 / 3 & 99 / 6 & 119 / 13\end{array}\) & condition [3] 111/22 118/19 & 41/3 \(41 / 447 / 2447 / 2548 / 3 \quad 51 / 9\) \\
\hline Children's [1] 5/i4 & 120/16 \(62 / 11\) & 51/10 51/15 61/15 63/10 64/13 65/3 69/8 69/10 70/1 79/7 79/20 \\
\hline circumstances [1] 73/5 & conditions [1] 62/11 conduct [1] 104/15 & \[
80 / 11 \quad 81 / 13 \quad 83 / 16 \quad 86 / 21 \quad 88 / 21
\] \\
\hline \(\begin{array}{lllll}\text { civil [1] } & 36 / 12 & & \\ \text { clarification [2] } & 123 / 14 & 127 / 20\end{array}\) & \begin{tabular}{l}
conduct [1] 104/15 \\
conducted [1] 46/3
\end{tabular} & 90/8 \(91 / 10 \quad 96 / 15\) 96/19 97/1 \\
\hline \begin{tabular}{l}
clarification [2] 123/14 127/20 \\
clarify [2] 94/13 94/21
\end{tabular} & \[
\left\lvert\, \begin{array}{ll}
\text { conducts [1] } & 104 / 7
\end{array}\right.
\] & 98/18 101/16 112/16 126/5 \\
\hline CLARR [4] I/5 137/2 137/12 & confer [1] 108/22 & 126/10 128/22 130/19 130/24 \\
\hline 137/15 & conferences [2] 34/3 42/15 & 131/15 132/11 136/14 \\
\hline clean [7] 90/5 97/7 98/7 98/17 & configuration [1] 44/2 & correctly [9] 18/9 33/5 51/12 \\
\hline \(\begin{array}{llllll}111 / 24 & 112 / 6 & 131 / 15 \\ & & \end{array}\) & \begin{tabular}{l}
conflgured [1] 43/14 \\
conflrm [1] 94/6
\end{tabular} & \[
51 / 24 \quad 52 / 12 \quad 54 / 2 \quad 57 / 13 \quad 59 / 12
\] \\
\hline \[
\begin{array}{cccccc}
\text { cleaning [5] } & 88 / 8 & 90 / 2 & 97 / 7 \\
131 / 23 & 132 / 2 & & &
\end{array}
\] & \begin{tabular}{l}
connect [3] \(55 / 24 \quad 58 / 25 \quad 64 / 18\) \\
connected [2] 8/23 57/6
\end{tabular} & \[
\begin{array}{|c}
\text { 61/17 } \\
\text { correlating [1] } 24 / 11
\end{array}
\] \\
\hline \[
\left\lvert\, \begin{array}{ccccc}
\text { clear }[6] & 34 / 10 & 37 / 20 & 76 / 14 \\
86 / 3 & 86 / 15 & 125 / 8
\end{array}\right.
\] & \begin{tabular}{lll} 
connected [2] & B/23 57/6 \\
connection [1] & \(29 / 17\)
\end{tabular} & \begin{tabular}{l}
correlation [1] 33/8 \\
corroborated [1] 61/3
\end{tabular} \\
\hline
\end{tabular}


105/13 \(105 / 16\) 108/17 113/19 114/5 122/18 128/15 doll [39] \(375 / 2 \quad 82 / 3 \quad 82 / 4 \quad 82 / 21\) \(\begin{array}{lllllll}83 / 1 & 83 / 6 & 83 / 6 & 83 / 7 & 83 / 20 & 84 / 2\end{array}\) \(\begin{array}{llllll}84 / 3 & 84 / 4 & 84 / 7 & 84 / 11 & 85 / 3 & 85 / 9\end{array}\) 92/3 \(92 / 6 \quad 92 / 11\) 1.11/14 \(111 / 1.8\) \(111 / 20 \quad 112 / 24113 / 2 \quad 114 / 15\) \(\begin{array}{llll}114 / 16 & 114 / 24 & 115 / 12 & 116 / 15\end{array}\) 116/19 118/11 118/12 118/25 \(\begin{array}{lllllll}121 / 17 & 128 / 21 & 129 / 6 & 130 / 5 & 130 / 6\end{array}\) 130/8
doll's [2] 83/15 118/22
DOLPHIS [3] \(2 / 8 \quad 71 / 20 \quad 71 / 24\) don't [90] 11/21 13/7 14/15 15/2 \(15 / 6 \quad 24 / 16 \quad 28 / 10 \quad 28 / 11\) \(\begin{array}{llllll}29 / 10 & 30 / 6 & 31 / 13 & 32 / 6 & 33 / 20\end{array}\) \(34 / 23 \quad 35 / 10 \quad 35 / 21 \quad 38 / 15 \quad 38 / 18\) \(\begin{array}{lllll}40 / 18 & 43 / 18 & 44 / 14 & 45 / 17 & 46 / 12\end{array}\) \(\begin{array}{llllll}48 / 4 & 48 / 25 & 49 / 3 & 49 / 4 & 49 / 5 & 49 / 6\end{array}\) 51/6 63/4 63/7 64/18 6 66/14 68/6 \(\begin{array}{llllll}83 / 21 & 86 / 14 & 8 B / 2 & 90 / 11 & 90 / 16\end{array}\) \(\begin{array}{llllll}94 / 4 & 94 / 5 & 95 / 23 & 96 / 7 & 97 / 25 & 98 / 2\end{array}\) \(\begin{array}{llll}98 / 22 & 100 / 7 & 101 / 25 & 102 / 18\end{array}\) 102/24 103/2 103/9 105/12 \(105 / 12\) 105/17 105/23 106/24 107/7 107/9 107/11 107/23 107/23 108/3 108/10 108/10 \(111 / 12\) 111/15 112/22 113/15 \(113 / 16\) 114/8 114/9 114/10 114/17 \(115 / 2 \quad 115 / 3\) 119/7 \(119 / 19\) 121/9 122/3 122/9 123/17 \(125 / 1\) 125/2 \(128 / 4\) 134/16 \(134 / 17\) 135/17 135/25
done [15] 15/5 15/19 28/16 \(\begin{array}{llllll}32 / 16 & 36 / 18 & 38 / 2 & 38 / 6 & 46 / 17\end{array}\) \(\begin{array}{llllll} & 90 / 25 & 92 / 14 & 105 / 22 & 113 / 13 & 118 / 4\end{array}\) \(118 / 5\) 120/7
door [3] 68/17 110/8 133/20
Dosch [4] 74/20 105/20 \(123 / 4\) 124/19
down [14] 19/25 65/18 76/17 \(79 / 24 \quad 83 / 9 \quad 83 / 18 \quad 108 / 6 \quad 108 / 8\) 108/17 108/20 109/21 111/8 122/1 133/18
Dr [1] \(34 / 14\)
Dr, [11] \(4 / 4 \quad 27 / 15 \quad 27 / 21 \quad 28 / 4\) 28/25 29/5 38/8 \(47 / 17 \quad 67 / 13\) 70/9 127/2
Dr. Arthur [1] 127/2
Dr. Casey [1] 38/8
Dr. Gavin. [6] 27/15 27/21 \(28 / 4\) 28/25 29/5 47/17
Dr. Montes [3] \(4 / 4 \quad 67 / 13 \quad 70 / 9\)
draw [2] 19/25 27/24
aropped [1] 77/21
drove [2] 101/12 102/5
duly [2] \(4 / 14 \quad 72 / 5\)
dura [1] 23/9
during [31] 7/25 26/11 \(75 / 4\) 75/12 \(76 / 9 \quad 76 / 20 \quad 77 / 6 \quad 81 / 19\) 84/12 \(89 / 10 \quad 91 / 22 \quad 93 / 19\) 93/20 93/25 \(96 / 25\) 105/16 \(105 / 21 \quad 107 / B\) 107/21 108/25 109/12 109/22 \(117 / 4 \quad 118 / 4 \quad 120 / 25 \quad 121 / 12\) 128/14 \(128 / 24 \quad 129 / 9 \quad 130 / 4 \quad 131 / 6\) duties [3] 5/16 5/19 \(72 / 17\) dynamic [1] 103/24 dynamice [2] 76/22, 103/5 E
each [4] \(16 / 5\) 46/11 \(46 / 12\) 55/15 earlier [5]. 48/22. 49/19 59/9

77/19 96/24
ears [1] 19/19
earshot [1] 111/10
edema [54] 21/12 \(21 / 14 \quad 22 / 2\)
22/5 22/9 24/12 24/17 24/21
\(\begin{array}{lllll}25 / 17 & 25 / 22 & 26 / 2 & 26 / 24 & 47 / 1\end{array}\)
\(47 / 2 \quad 47 / 3 \quad 50 / 14 \quad 50 / 16 \quad 51 / 6 \quad 51 / 8\)
\(\begin{array}{llllll}51 / 17 & 52 / 2 & 52 / 5 & 52 / 15 & 52 / 20\end{array}\)
52/22 \(52 / 23\) 53/2 \(53 / 4 \quad 53 / 17\)
\(\begin{array}{llllll}53 / 20 & 53 / 21 & 54 / 6 & 54 / 15 & 59 / 13\end{array}\)
\(\begin{array}{lllll}59 / 15 & 59 / 18 & 60 / 13 & 60 / 21 & 60 / 22\end{array}\) 60/23 \(61 / 7 \quad 61 / 9 \quad 61 / 21 \quad 62 / 14\) \(\begin{array}{lllllll}62 / 21 & 65 / 6 & 65 / 15 & 65 / 16 & 66 / 6\end{array}\) \(\begin{array}{lllll}67 / 16 & 68 / 13 & 69 / 21 & 70 / 4 & 70 / 6\end{array}\)
edge [5] 115/13 115/15 \(115 / 16\)
130/7 130/B
edges [1] \(13 / 4\)
editorialize [I] 40/7
education [2] 5/21 30/22
educational [1] 34/21
EDWARDS [10] \(1 / 21 \quad 2 / 5 \quad 2 / 7 \quad 2 / 9\)
2/11 \(4 / 19 \quad 30 / 15 \quad 64 / 8 \quad 72 / 10\) 128/13
effect [8] 35/20 50/8 52/25
54/10 60/16 \(89 / 9\) 90/6 \(93 / 1\)
effects [1] 19/日
effectuated [1] 35/19
effort [1] 116/4
eight [1] 72/16
Fighth [3] 42/1 42/9 44/16
either [7] 13/23 17/24 22/11
88/7 114/12 125/22 126/9
ejected [1] 65/20
elicit [2] 3B/9 6B/1
elicited [1] 67/13
else [7] 10/8 37/13 \(67 / 3 \quad 74 / 18\) B9/16 128/17 132/3
else's [1] 34/15
employed [2] 5/11 72/14
employee [1] 125/11
employees [1] 73/21
end [13] \(43 / 7 \quad 43 / 25 \quad 74 / 21 \quad 79 / 25\) \(\begin{array}{llll}93 / 7 & 95 / 6 & 117 / 24 & 118 / 9 \\ 120 / 8\end{array}\) 120/10 123/13 129/22 134/2
ended [1] 89/25
ends [1] \(B 4 / 1\)
energy [1] 27/5
engaged [1] 78/1
engineer [1] 32/5
engineers [1] 36/13
enough [11] 17/25 22/19 53/1
53/18 \(53 / 18 \quad 53 / 19\) 59/17 \(62 / 13\)
65/10 6B/15 69/20
entail [1] 6/io
entered [2] 123/25 125/22
entire [2] \(16 / 10 \quad 22 / 13\)
entirely [1] 44/4
entrance [1] 79/23
entry [1] 133/20
entryway [1] 97/18
equate [1] 39/2
equated [1] 87/10
equipment [1] 110/10
error [1] 127/15
errors [2] 126/3 \(126 / 9\)
establish [1] 76/25
Estimate [1] 123/13
estimated [1] 122/6 et [6] \(31 / 16 \quad 31 / 16 \quad 38 / 24 \quad 38 / 24\) 95/14 95/14
et cetera [6] \(31 / 16 \quad 31 / 16 \quad 38 / 24\) 38/24 95/14 95/14


\begin{tabular}{|c|c|c|}
\hline H & 24-8471-84/1-85/12-85 & \[
\begin{array}{ccccc}
121 / 14 & 121 / 19 & 121 / 23 & 121 / 25 \\
121 / 25 & 122 / 13 & 123 / 13 & 125 / 9
\end{array}
\] \\
\hline heart [1] 69/15 & 87/15 87/38 87/19 8B/1 88/9 & 127/24 128/6 128/25 \\
\hline Heidi [1] 121/8 & 88/14 88 8/15 \(88 / 16\) 88/20 89/13 & 135/13 \\
\hline height [6] 66/19 66/24 67/2 &  & [1] 120/12 \\
\hline 67/24 68/2 111/18 & 95/19 97/19 97/20 97/22 98/ &  \\
\hline held [1] 87/9 & 98/23 99/3 99/6 101/2 101/12 &  \\
\hline help [3] \(8 / 5\) 90/15 \(91 / 4\) & \(\begin{array}{llll}102 / 5 & 102 / 5 & 103 / 25 & 107 / 10 \\ 109 / 9 & 109 / 3\end{array}\) & \begin{tabular}{l}
hurt [2] 77/24 107/11 \\
hypotheticals [1] 42/10
\end{tabular} \\
\hline helped [1] 74/11 & 109/9 109/18 \(109 / 24\) 110/8 & \\
\hline helpful [1] 75/1 & 110/13 & I \\
\hline  & 115/11 115/22 116/4 116/18
\[
\begin{array}{lllll}
117 / 11 & 122 / 25 & 123 / 15 & 123 / 23
\end{array}
\] & I'd [4] 15/6 30/13 65/4 120/3 \\
\hline \begin{tabular}{l}
hemisphere [2] \(20 / 18\) 56/19 \\
hemispheres [1] 26/3
\end{tabular} & \[
\begin{array}{llll}
117 / 11 & 122 / 25 & 123 / 15 & 123 / 23 \\
124 / 9 & 124 / 9 & 124 / 16 & 127 / 8
\end{array} 129 / 9
\] &  \\
\hline \begin{tabular}{lllll} 
hemispheres & {\([1]\)} & \(26 / 3\) & & \\
hemorrhage & {\([13]\)} & \(17 / 4\) & \(17 / 6\) & \(17 / 13\)
\end{tabular} & \[
130 / 4 \quad 131 / 25 \quad 135 / 8 \quad 135 / 22
\] & 128/8 \\
\hline \begin{tabular}{rlll} 
17/18 & \(17 / 23\) & \(18 / 10\) & \(24 / 17\) \\
\hline \(18 / 21\)
\end{tabular} & histologic [2] 47/20 47/23 & I'm [61] 4/ \\
\hline 25/18 \(25 / 21\) 25/23 26/25 64/24 & history [4] 33/3 34/1 40/1 & \\
\hline hemorrhaging [1] 47/8 & 40/12 & \(\begin{array}{llll}35 / 20 & 36 / 11 & 36 / 14 & 36 / 21\end{array}\) \\
\hline her [17] 27/18 27/25 28/1 29 & 21 \(26 / 1126 / 12\) & \[
37 / 2 \quad 37 / 8 \quad 42 / 17 \quad 44 / 9
\] \\
\hline 40/9 63/18 75/21 88/9 88/23 & hitg [2] 26/11 26/12 & \[
44 / 20 \quad 45 / 14 \quad 48 / 5
\] \\
\hline  & hitting [3] \(43 / 15\) 43/16 \(65 / 19\) & 67/4 67/17 68/1 69/8 72/12 80/3 \\
\hline 99/9 111/1 & hold [4] 106/25 114/17 115/8 & \[
\begin{array}{llllll}
81 / 1 & 82 / 14 & 84 / 19 & 86 / 2 & 90 / 11
\end{array}
\] \\
\hline here [17] 5/10 29/21 30/11 34/9 & 73/13 73/20 88/9 98/24 & 91/6 92/9 92/10 95/9 98/10 \\
\hline \(\begin{array}{llllll}34 / 16 & 35 / 24 & 37 / 6 & 37 / 6 & 43 / 1 \\ 43 / 11 & 50 / 7 & 58 / 7 & 73 / 2 & 111 / 7\end{array}\) & \(\begin{array}{cccc}\text { home } & {[7]} & 73 / 13 \\ 89 / 5 & 89 / 6 & 131 / 14\end{array}\) & 103/21 104/10 105/10 107/15 \\
\hline  & \begin{tabular}{l}
89/5 89/6 131/i4 \\
homicide [8] 72/12 72/16 72/18
\end{tabular} & 108/1 108/7 108/16 114/18 115/3 \\
\hline 117/7 125/21 134/12 &  & 115/5 117/7 117/10 120/7 123/16 \\
\hline here's [3] 34/12 36/2 & & 132/22 136 \\
\hline hereby [1] 137/16 &  & I've [7] \\
\hline herniating [2] 24/5 24/7 & homicides [1] 72/19 & 72/15 72/16 112/ \\
\hline herniation [8] 19/24 20/3 20/9 & \begin{tabular}{lllll} 
homogeneously \([1]\) & \(22 / 1\) \\
\hline
\end{tabular} & Idea [4] 47/18 48/2 \\
\hline 20/14 \(24 / 3\) 53/20 \(53 / 21 \quad 53 / 24\) & Honor [19] \(3 / 9 \quad 3 / 12 \quad 3 / 16 \quad 3 / 22\) & 1dentification [1] 73/2 \\
\hline heterogeneity [3] 17/23 49/22 & 30/16 \(33 / 23\) 35/15 \(35 / 2544 / 13\) & identified [1] 127/7 \\
\hline 49/23 & 86/1 \(98 / 10 \quad 129 / 19 \quad 130 / 9 \quad 136 / 15\) & identify [4] 35/5 50/2 1 \\
\hline hey [1] 75/16 & HONORABLE [1] 1/16 & 114/6 \\
\hline hidden [1] 107/18 & & imaged [1] 16/10 \\
\hline him [132] 30/14 31/13 35/16 & \[
\begin{array}{lllll}
\text { hoop [1] } & 134 / 4 & & \\
\text { hosoital } & {[15]} & 5 / 13 & 5 / 14 & 7 / 10
\end{array}
\] & images [20] 6/11 6/14 7/9 7/ \\
\hline \(\begin{array}{llllllllll}35 / 20 & 36 / 11 & 36 / 20 & 36 / 21 & 36 / 23\end{array}\) \(\begin{array}{lllll}37 / 19 & 39 / 22 & 44 / 20 & 45 / 3 & 48 / 19\end{array}\) &  & \(\begin{array}{lllllll}16 / 2 & 16 / 4 & 16 / 6 & 16 / 12 & 16 / 18\end{array}\) \\
\hline \[
\begin{aligned}
& 37 / 19 \quad 38 / 22 \quad 44 / 20 \\
& 67 / 5 \quad 67 / 19 \\
& 68 / 1 \\
& \hline 68 / 9
\end{aligned} \quad 68 / 16 \quad 74 / 3
\] & \(\begin{array}{llllll}7 / 14 & 46 / 18 & 73 / 9 & \\ 98 / 3 & 100 / 6 & 101 / 2 & 101 / 8 & 118 / 19\end{array}\) & \(\begin{array}{lllllll}\text { 25/14 } & 28 / 22 & 29 / 25 & 44 / 19 & 44 / 24\end{array}\) \\
\hline 74/5 74/6 \(74 / 9\) 74/11 \(74 / 12\) & 122/11 & 46/16 47/9 49/12 49 \\
\hline \(\begin{array}{llllll}74 / 17 & 75 / 2 & 75 / 14 & 75 / 23 & 76 / 14\end{array}\) & hour [4] &  \\
\hline 76/15 77/21 \(78 / 13\) 81/16 81/2 & 124/1 & \[
\begin{array}{llllllll}
6 / 22 & 7 / 22 & 7 / 22 & 9 / 2 & 9 / 7 & 9 / 9 & 9 / 17
\end{array}
\] \\
\hline 81/23 \(81 / 25\) 82/3 \(82 / 1282 / 13\) & 60/10 60/12 60 & \(\begin{array}{lllllll}11 / 5 & 11 / 9 & 15 / 4 & 15 / 19 & 15 / 21\end{array}\) \\
\hline 83/10 \(83 / 12 \begin{array}{llllll} & 83 / 25 & 84 / 4 & 84 / 5\end{array}\) & \(\begin{array}{lllll}60 / 10 & 60 / 12 & 60 / 17 & 60 / 24 & 61 / 10\end{array}\) & \(\begin{array}{llllllll}18 / 16 & 21 / 18 & 29 / 4 & 31 / 23 & 33 / 9\end{array}\) \\
\hline \(\begin{array}{lllll}85 / 13 & 85 / 13 & 87 / 3 & 87 / 7 & 87 / 10\end{array}\) & \[
\begin{array}{llll}
61 / 13 & 61 / 18 & 61 / 21 & 62 / 1 \\
70 / 1 & 70 / 5 & 122 / 7 & 124 / 1
\end{array}
\] & 34/6 \(36 / 5 \quad 36 / 16 \quad 36 / 25 \quad 40 / 19\) \\
\hline \(\begin{array}{llllll}87 / 15 & 97 / 16 & 87 / 20 & 87 / 22 & 88 / 3\end{array}\) & \[
\begin{array}{rrrr}
70 / 1 & 70 / 5 & 122 / 7 & 124 / 1 \\
\text { houge } & {[371} & 73 / 21 & 73 / 23
\end{array}
\] & 40/23 41/2 \(41 / 6\) 41/8 \(42 / 6\) 42/21 \\
\hline  & \[
\left\lvert\, \begin{array}{rllll}
\text { house } & {[37]} & 73 / 21 & 73 / 23 & 1 / 1 / 20 \\
74 / 6 & 74 / 23 & 76 / 22 & 81 / 2 & 81 / 10
\end{array}\right.
\] & 42/23 46/1 46/17 \\
\hline \(\begin{array}{lllll}90 / 2 & 90 / 5 & 90 / 12 & 91 / 9 & 92 / 12 \\ 92 / 15 & 92 / 19 & 92 / 19 & 93 / 5 & 93 / 8\end{array}\) & \[
\begin{array}{lllllllll} 
& 96 / 12 & 98 / 9 & 98 / 15 & 98 / 17 & 98 / 21
\end{array}
\] & imaginge [1] 45/ \\
\hline \(\begin{array}{llll}92 / 15 & 92 / 19 & 92 / 19 & 93 / 5 \\ 93 / 8 / 8\end{array}\) & \(98 / 24\) 101/10 101/24 102/2 & immediately [1] 89/3 \\
\hline \(\begin{array}{lllll}93 / 15 & 93 / 19 & 94 / 6 & 94 / 16 & 94 / 21 \\ 99 / 15 & 101 / 4 & 101 / 9 & 102 / 7 & 102 / 9\end{array}\) & \[
\begin{array}{llll}
98 / 24 & 105 / 6 & 105 / 6 & 105 / 12
\end{array} 106 / 2
\] & \(\begin{array}{lllll}\text { Impact [23] } & 19 / 5 & 19 / 8 & 25 / 17\end{array}\) \\
\hline \[
\begin{array}{lllll}
99 / 15 & 101 / 4 & 101 / 9 & 102 / 7 & 102 / 9 \\
102 / 17 & 102 / 24 & 103 / 2 & 103 / 8 & 104 / 1
\end{array}
\] & \[
\begin{array}{llll}
111 / 22 & 123 / 21 & 123 / 23 & 128 / 17
\end{array}
\] & \(\begin{array}{llllll}25 / 24 & 25 / 24 & 26 / 14 & 26 / 15 & 27 / 6\end{array}\) \\
\hline \[
\begin{array}{llllll} 
& 104 / 5 & 105 / 17 & 106 / 13 & 107 / 8
\end{array}
\] & \(\begin{array}{lllllll}131 / 14 & 132 / 3 & 132 / 5 & 132 / 6 & 132 / 10\end{array}\) & \(\begin{array}{llllll}37 / 25 & 54 / 10 & 54 / 22 & 55 / 19 & 57 / 19\end{array}\) \\
\hline 107/17 107/20 107/25 107/25 & \(\begin{array}{lllll}132 / 14 & 132 / 20 & 132 / 24 & 133 / 10\end{array}\) & \begin{tabular}{l}
/21 57/24 \(58 / 10 \quad 59 / 16 \quad 59 / 16\) \\
/17 59/19 65/9 65/13 66/18
\end{tabular} \\
\hline 110/4 110/22 \(112 / 3112 / 6112 / 24\) & 133/17 133/20 & \\
\hline 113/3 114/21 114/22 116/1 116/9 & household [1] 131/20 & impourded [1] \\
\hline 116/10 116/11 116/12 117/17 & how [98] 5/7 5/10 5 6/5 10/21 & impression [1] 95/1 \\
\hline 117/24 118/12 118/15 118/25 &  & inadequate [1] 116/12 \\
\hline \(\begin{array}{llllllll}119 / 9 & 121 / 17 & 122 / 12 & 123 / 5 & 123\end{array}\) & \(\begin{array}{llll}21 / 17 & 23 / 3 & 28 / 3 & 28 \\ 29 / 14 & 29 / 17 & 29 / 20\end{array}\) & Inartfully [1] 59/11 \\
\hline  & \(\begin{array}{lllll}29 / 14 & 29 / 17 & 29 / 20 & 32 / 2 & 32 / 12\end{array}\) & inches [4] 30/2 66/5 67/2 \\
\hline \(\begin{array}{llll}124 / 9 & 124 / 18 & 124 / 21 & 127 / 4 \\ 127 / 12 & 127 / 16 & 128 / 2 & 128 / 15\end{array}\) & \(\begin{array}{llllllll}41 / 6 & 42 / 8 & 45 / 1 & 47 / 4 & 48 / 2 & 48 / 4\end{array}\) & incident [1] 110/5 \\
\hline 127/12 127/16 \(128 / 2{ }^{128 / 15}\) [131/8 & \[
\begin{array}{llllll}
41 / 6 & 42 / 8 & 45 / 1 & 47 / 4 & 48 / 2 & 48 / 4 \\
10 / 12
\end{array}
\] & incidents [1] 32/24 \\
\hline  & 49/13 \(49 / 15\) 49/17 \(50 / 1\) 51/22 \(\begin{array}{lllllll}52 / 4 & 55 / 16 & 56 / 13 & 59 / 24 & 60 / 3\end{array}\) & inconsistent [1] 36/4 \\
\hline  & \[
61 / 20 \quad 61 / 23 \quad 62 / 9 \quad 64 / 24 \quad 65 / 25
\] & indeed [3] 34/9 37/3 37/ \\
\hline his [114] \(\begin{array}{llllll}\text { ha/4 } & 25 / 7 & 25 / 7 & 30 / 22 \\ 34 / 1 & 34 / 1 & 34 / 2 & 34 / 4 & 35 / 5 & 36 / 1\end{array}\) & & INDEX [1] 2/1 \\
\hline \[
34 / 1 \quad 34 / 1 \quad 34 / 2 \quad 34 / 4 \quad 35 / 5 \quad 36 / 1
\] 36/6 36/7 36/9 36/17 38/10 & \[
77 / 1778 / 8 \quad 78 / 1181 / 2081 / 22
\] & indicate [2] 19/4 92/13 \\
\hline \(\begin{array}{llll}36 / 6 & 36 / 7 / 12 & 44 / 21 & 44 / 22 \quad 44 / 22\end{array}\) & \(\begin{array}{llllll}81 / 23 & 82 / 6 & 82 / 22 & 83 / 11 & 83 / 23\end{array}\) & indicated [10] \(30 / 7 \quad 34 / 23 \quad 34\) \\
\hline \(\begin{array}{lllllllll} & 44 / 23 & 49 / 6 & 69 / 3 & 73 / 1 & 73 / 7 & 73 / 8\end{array}\) & 85/20 \(66 / 18866 / 23\) 日9/11 \(93 / 18\) & 8 51/11 88/20 91/12 94/18 \\
\hline \(\begin{array}{lllllll} \\ 73 / 13 & 74 / 3 & 74 / 4 & 74 / 8 & 74 / 9 & 74 / 10\end{array}\) & \(\begin{array}{lllllll}94 / 5 & 95 / 3 & 96 / 5 & 99 / 2 & 99 / 5 & 100 / 10 \\ 103 / 13 & 103 / 5 & 03 / 11 & 110 / 1 & 113 / 4\end{array}\) & 94/25 96/24 \\
\hline 74/17 75/15 75/20 76/22 76/25 & 102/13 103/5 103/11 110/1 113/4 115/13 115/14 115/23 116/2 & indication [1] 50/8 \\
\hline \(\begin{array}{lllll}77 / 2 & 77 / 3 & 77 / 3 & 77 / 13 & 77 / 16 \\ 78 / 9\end{array}\) \(78 / 16\) 80/23 \(81 / 8 \quad 83 / 8 \quad 83 / 8 \quad 83 / 9\) & \[
\begin{array}{llll}
115 / 13 & 115 / 14 & 115 / 23 & 116 / 2 \\
116 / 21 & 117 / 2 & 118 / 1 & 119 / 1 \\
120 / 17
\end{array}
\] & indirectly [2] 69/11 69/12 \\
\hline
\end{tabular}
\begin{tabular}{|c|c|c|}
\hline I & \[
\left\lvert\, \begin{array}{cc}
\text { iniz/15 } & 124 / 3 \\
\text { intestine [1] } & 14 / 22
\end{array}\right.
\] & \(81 / 15 \quad 87 / 17 \quad 82 / 20 \quad 83 / 11.83 /\) 84/7 \(86 / 2 \quad 87 / 11 \quad 88 / 25 \quad 89 / 4\) \\
\hline individual [1] 12/8 & intravenous [1] 14/5 & 89/20 91/6 92/3 \(92 / 5\) 92/12
\[
92 / 17 \quad 94 / 12 \quad 95 / 6 \quad 95 / 19 \quad 96 / 14
\] \\
\hline  & \(\begin{array}{llr}\text { introduced [1] } & 110 / 21 \\ \text { investigate []] } & 72 / 19\end{array}\) & \[
\begin{array}{llllllllllll}
96 / 18 & 99 / 13 & 99 / 20 & 102 / 23 & 103 / 4
\end{array}
\] \\
\hline infection [3] 14/18 \(23 / 15\) 51/18 & investigated []] 102/20 & 104/1 105/6 105/14 105/19 108/1 \\
\hline Infer [1] 109/19 & investigating []] 103/21 & 108/6 108/8 109/1 111/22 1 \\
\hline inflamed [1] 1.4/23 & investigation [6] 73/11 & 112/24 113/2 113/3 \\
\hline inflammation [3] 14/11 14/18 & \(\begin{array}{cccc}104 / 20 & 104 / 22 & 105 / 24 & 120 / 1\end{array}\) & 117/6 119/9 121/13 121/16 122/2 \\
\hline 51/18 & \begin{tabular}{l}
involved [7] 128/17 \\
Involving [2] 26/2 30/18
\end{tabular} & \[
\mathrm{I} 22 / 15 \quad 223 / 16 \quad 125 / 6 \quad 125 / 8
\] \\
\hline inflammatory [].] \(50 / 13\) & involving 12\(]^{26 / 2} 30 / 18\)
iPad [1] 110/20 & 125/21 127/15 127/19 128/2 \\
\hline \(\begin{array}{lllll}\text { info [1] } & 127 / 8 \\ \text { information [5] } & & \\ \text { in/25 } & \text { 29/5 }\end{array}\) &  & 128/18 130/13 130/15 131/3 \\
\hline information [5]
35/11 \(40 / 5 \mathrm{l}\)
\(106 / 11\) & \begin{tabular}{ll} 
1Phone [1] & \(81 / 8\) \\
irrelevant & {\([1]\)} \\
11
\end{tabular} & 132/8 132/13 134/1 134/22 \\
\hline \(\begin{array}{ccccc}35 / 11 & 40 / 5 & 106 / 11 \\ \text { initial } & \text { [3] } & 26 / 15 & 27 / 5 & 100 / 22\end{array}\) &  & JUSTICE [4] 1/4 1/17 137/1 \\
\hline \(\begin{array}{lllll}\text { initial [3] } & 26 / 15 & 27 / 5 & 100 / 22 \\ \text { initially } & \text { [4] } & 102 / 17 & 102 / 22\end{array}\) & is [250] & 137/19 \\
\hline \[
\begin{gathered}
\text { initially }[4] \quad 102 / 17 \quad 102 / 22 \\
126 / 4 \quad 126 / 7
\end{gathered}
\] & \[
\begin{aligned}
& \text { issue [3] } \\
& \text { it [300] }
\end{aligned}
\] & K \\
\hline inject [1] 55/15 & it's [89] \(10 / 24\) 13/10 \(13 / 12\) & \\
\hline injured [6] 21/1 2]/2 \(77 / 23\) & \(\begin{array}{lllllllllll}17 / 25 & 18 / 7 & 19 / 18 & 21 / 1 & 21 / 15 \\ 23 / 8 & 3 / 11 & 27 / 6 & 29 / 8 & 32 / 3 & 32 / 6\end{array}\) &  \\
\hline 101/22 117/8 1.18/2 & \(\begin{array}{lllllllll}23 / 8 & 23 / 11 & 27 / 6 & 29 / 8 & 32 / 3 & 32 / 6\end{array}\) & \\
\hline Injuries [34] 24/14 24/19 26/5 & \(\begin{array}{lllllllll}32 / 14 & 32 / 25 & 36 / 8 & 39 / 10 & 40 / 9\end{array}\) & \[
\left.\left\lvert\, \begin{array}{lll}
\text { Keeps } & \text { li] } & 90 / 2 \\
\text { kept }
\end{array}\right.\right]
\] \\
\hline  & \(\begin{array}{llllll}41 / 11 & 43 / 14 & 46 / 10 & 46 / 22 & 47 / 5\end{array}\) 47/14 \(48 / 8 \quad 48 / 21 \quad 49 / 23 \quad 50 / 1\) & \(\begin{array}{llllll}\text { 111/24 } & 111 / 25 & 112 / 4 & 123 / 23\end{array}\) \\
\hline \[
\begin{array}{lllll}
30 / 2 & 32 / 17 & 33 / 7 & 33 / 20 & 35 / 6 \\
35 / 10 & 35 / 17 & 35 / 24 & 36 / 4 & 36 / 15
\end{array}
\] & \[
\begin{array}{lllll}
47 / 14 & 48 / 8 & 48 / 21 & 49 / 23 & 50 / 1 \\
50 / 13 & 50 / 17 & 52 / 24 & 53 / 2 & 53 / 18
\end{array}
\] & Khayden [32] \(\begin{array}{lllll} & 7 / 4 & 7 / 16 & 11 / 6 & 20 / 5\end{array}\) \\
\hline  &  & 23/17 24/10 27 \\
\hline 59/21. 60/4 61/24 64/12 77/22 & 59/17 \(60 / 9 \quad 60 / 12 \quad 61 / 5 \quad 62 / 21\) & 77/9 77/13 77/17 77/19 78/2 \\
\hline 78/9 80/24 93/9 93/14 107/9 & 66/21 \(68 / 3 \quad 68 / 4 \quad 78 / 20 \quad 80 / 18\) & 78/8 79/2 \(30 / 2381\) \\
\hline injury [6]] 13/19 23/7 21/9 & 80/19 \(80 / 22\) 81/5 83/22 \(85 / 16\) & 87/24 \(88 / 5\) 89/12 89/17 \(89 /\) \\
\hline \(\begin{array}{llllllll} & 22 / 11 & 22 / 18 & 23 / 15 & 23 / 19 & 24 / 8\end{array}\) & 90/23 \(93 / 14 \begin{array}{lllll} & 94 / 4 & 95 / 21 & 96 / 6\end{array}\) & 90/15 91/9 91/19 91/20 \\
\hline  & 96/7 98/22 98/23 99/17 99/19 & \(92 / 7 \quad 92 / 15\)
Khayden's
[3] \\
\hline  & 99/19 103/7 103/24 104/20 & Khaysen [3] 77/3 77/13 92/13 \\
\hline \(30 / 1831813\) 31/4 \(31 / 1.532 / 2\) & 104/21 106/8 \(108 / 2\) 108/5 111/16 & \[
\text { kid [7] } 110 / 1
\] \\
\hline 34/13 34/18 \(35 / 8\) 35/19 37/14 & 113/14 113/20 114/2 \(114 / 19\) & kidneys [.] \\
\hline  & 119/24 120/24 124/12 124/20 &  \\
\hline  & 125/1.0 \(125 / 13\) 133/1 \(133 / 1\) & kids [4] 51/5 96/11 110/14 \\
\hline \(\begin{array}{lllllllllll}44 / 17 & 44 / 17 & 44 / 25 & 45 / 1 & 50 / 16\end{array}\) & 134/11 135/5 & ind
ind \\
\hline 55/19 \(55 / 25\) 56/3 59/16 \(61 / 5\) & it's a []] 47/5 & \(\begin{array}{ccccccl}48 / 2 & 50 / 15 & 53 / 2 & 55 / 16 & 60 / 20\end{array}\) \\
\hline 67/6 \(62 / 17662 / 24 \quad 63 / 165 / 17\) & its [4] 22/21 83/15 &  \\
\hline 65/23 66/6 67/14 67/14 68/23 & 114/25 [10] \(12 / 15\) 50/15 50/17 & \begin{tabular}{llllllll} 
\\
\hline 124 & \(79 / 4\) & \(79 / 17\) & \(79 / 23\) & \(82 / 5\)
\end{tabular} \\
\hline 69/21 73/8 1.9/13 & itself [10] 12/15 \(50 / 15 \quad 50 / 17\) & /19 \(87 / 687 / 987\) \\
\hline inner [1] 21/2] & 52/5 57/2 & \[
5 \text { 90/11 } 95 / 4 \quad 96
\] \\
\hline inside [4] 55/13 55/14 73/4 & 114/1 114/1.5 &  \\
\hline 79/9 [2] 62/12 62/14 & J & 4/24 115/9 \(115 / 14\) 117/4 \\
\hline instantaneously [2] 62/12 62/14 & jail [2] 124/8 124/24 & 118/8 118/18 118/20 123/23 \\
\hline \(\begin{array}{cc}\text { inatead [7] } & 92 / 24 \\ \text { Interact [1] } & 112 / 5\end{array}\) & \[
\begin{array}{llllllllll}
\text { Job } & {[4]} & 5 / 19 & 36 / 17 & 40 / 9 & 44 / 23
\end{array}
\] & 127/24 \\
\hline  & JONATHAN [4] \(1 / 10 \quad 3 / 5 \quad 72 / 23\) & kinds [2] 29/20 65/2 \\
\hline  & 137/7 & kitchen [5] \(80 / 7\) 90/3 97/5 \\
\hline interested [1] 138/2 &  &  \\
\hline \begin{tabular}{l}
internal [2] io/16 10/19 \\
interpose [1] 30/5
\end{tabular} & Judge [6] \(30 / 434 / 8 \quad 43 / 5 \quad 86 / 14\)
\[
\text { 117/10 } 136 / 7
\] & \(|\)\begin{tabular}{cccc} 
knew \\
\(707 / 8\) & \(107 / 9\) & \(107 / 10\) & \(107 / 11\) \\
\hline \(0726 / 1\)
\end{tabular} \\
\hline \(\begin{array}{lllllll}\text { interpoge } \\ \text { interpret [3] } & \text { [1/17 } & 35 / 5 & 128 / 5\end{array}\) & Judicial [3] 42/1 42/9 44/16 & nocked [2] \\
\hline interpretation [7] 25/14 & jump [1] 1.12/9 & know [97] 1.0/21 11/21 13/20 \(\begin{array}{lllll}14 / 15 & 23 / 25 & 25 / 21 & 28 / 6 \quad 28 / 15\end{array}\) \\
\hline  & Jumping [4] 91/20 &  \\
\hline interpreting [1] 43/8 & & \(\begin{array}{lllllllll}48 / 24 & 48 / 25 & 49 / 7 & 49 / 3 & 49 / 6 & 57 / 6\end{array}\) \\
\hline Interview [53] 74/21 75/1 75/4 &  & \(\begin{array}{llllll} \\ 60 / 12 & 60 / 17 & 61 / 2 & 61 / 6 & 62 / 17\end{array}\) \\
\hline 75/13 \(76 / 6 \quad 76 / 9\) 76/10 \(81 / 19\) 81/25 91/22 93/7 \(93 / 23\) 94/10 & \[
\begin{array}{lllllllll}
8 / 1 & 11 / 6 & 15 / 20 & 16 / 1 & 20 / 4 & 22 / 5
\end{array}
\] & \(\begin{array}{llllll}62 / 21 & 63 / 7 & 65 / 17 & 66 / 13 & 66 / 14\end{array}\) \\
\hline 81/25 91/22 93/7 \(93 / 23\) 94/10 94/14 95/7 96/19 96/22 97/1 & \(\begin{array}{lll}\text { 8/1/16 } & 26 / 22 & 29 / 7 \\ 72 / 22\end{array}\) & 71/4 \(90 / 25\) 92/4 \(93 / 1 \begin{array}{lllll} & 93 / 11\end{array}\) \\
\hline 97/20 99/22 100/日 100/24 104/15 & June \(6\left[\begin{array}{llllll}\text { [13] } & 3 / 1.9 & 7 / 11 & 7 / 12 & 8 / 1\end{array}\right.\) & 93/15 \(94 / 4\) 94/5 \(95 / 23\) 96/7 \\
\hline 104/J 日 104/24 104/25 105/2 &  & 97/25 98/2 \(98 / 6\) 98/22 101/1 \\
\hline 105/8 105/13 105/16 105/18 & 26/22 29/7 72/22 & 101/25 102/18 102/24 103/1 \\
\hline 105/22 106/5 107/8 1.07/22 & Junk [1] 110/9 & 1.03/1 103/2 103/9 1.05/19 1 106/19 106/23 106/24 107/2 \\
\hline \(\begin{array}{llllll}108 / 17 & 108 / 25 & 109 / 2 & 109 / 12\end{array}\) & Just [l09] \(\begin{array}{lllll}\text { Ju/9 } & 11 / 23 & 12 / 7\end{array}\) & \[
107 / 5 \quad 107 / 7 \quad 107 / 8 \quad 107 / 9 \quad 10
\] \\
\hline 109/16 111/3 111/11 176/21 & \(\begin{array}{lllll}13 / 17 & 13 / 23 & 14 / 9 & 18 / 23 & 19 / 7\end{array}\) \(\begin{array}{lllll}19 / 8 & 25 / 12 & 29 / 11 & 31 / 5 \quad 32 / 10\end{array}\) & \[
107 / 23 \quad 108 / 3 \quad 108 / 10 \quad 108 / 18
\] \\
\hline \(\begin{array}{llllll}117 / 4 & 117 / 22 & 117 / 24 & 117 / 25\end{array}\) & \[
\begin{array}{lllll}
19 / 8 & 25 / 12 & 29 / 11 & 31 / 5 & 32 / 10
\end{array}
\] & \(\begin{array}{lllll}111 / 18 & 1.1 / 20 & 112 / 13 & 112 / 17\end{array}\) \\
\hline 120/8 120/10 123/25 127/12 &  & \(\begin{array}{lllll}113 / 16 & 113 / 19 & 114 / 8 & 114 / 9\end{array}\) \\
\hline 127/20 127/22 & \(\begin{array}{lllllll}39 / 1 & 39 / 4 & 43 / 6 & 44 / 1 & 46 / 1 & 46 / 14 \\ 57 / 20 & 58 / 23 & 59 / 8 & 59 / 12 & 63 / 24\end{array}\) & \(\begin{array}{llllllll}114 / 70 & 14 / 17 & 115 / 1 & 115 / 2 & 115 / 3\end{array}\) \\
\hline interviewed [3] 102/24 105/25 & \[
64 / 166 / 167 / 8 \quad 68 / 2071 / 4 \quad 73 / 25
\] & \(\begin{array}{lllllllllll}115 / 12 & 118 / 7 & 119 / 7 & 121 / 9 & 123 / 4\end{array}\) \\
\hline \begin{tabular}{l}
\[
126 / 22
\] \\
interviewing [1] 75/25
\end{tabular} & 74/7 \(75 / 16\) 78/13 \(78 / 181888 / 23\) & 123/17 123/20 124/2] 124/24 \\
\hline interviews [4] 108/4 112/14 & 79/5 \(79 / 18 \quad 79 / 25 \quad 80 / 680 / 8\) & 125/1 125/1 125/21 127/20 132/5 \\
\hline
\end{tabular}
\begin{tabular}{|c|c|c|}
\hline K & 108／18 109／14 110／16 114／9 & \[
\begin{array}{|llllll}
\hline \text { mad [1] } & 109 / 25 \\
\text { made [15] } & 29 / 17 & 37 / 20 & 58 / 8 & 75
\end{array}
\] \\
\hline krow．．．［3］132／16 133／16 134／2 & 119／25 123／8 \(133 / 14\) 134／3 134／9 & 89／20 \(90 / 9 \quad 95 / 6\) 116／4 122／11 \\
\hline knowledge［4］29／9 29／13 31／25 & 134／10 134／13 & 123／19 125／16 125／23 130／18 \\
\hline 41／16 & likelihood［1］57／25 & 130／23 131 \\
\hline known［1］61／1 & likely［1］26／3 & main［1］ 13 \\
\hline knows［1］98／16 & limited［2］14／5 98／24 & major［1］62 \\
\hline & line［2］19／25 69／5 & majority［3］32／8 \\
\hline L & linear［1］44／3 & make［27］ \(8 / 7819\) \\
\hline lab［2］33／1 114／13 & lines［1］19／8 &  \\
\hline lack［7］30／13 39／9 49／2 95／9 & lining［1］23／9 & 48／10 \(58 / 24 \quad 59 / 12 \quad 59 / 25 \quad 76 / 13\) \\
\hline 95／10 95／17 95／18 & liquid［1］55／15 & 86／15 89／20 89／23 90／7 90／9 \\
\hline lady［1］110／25 & listen［1］125／16 & \[
99
\] \\
\hline lag［1］62／1 & listened［2］125／7 126／2 & \[
123 / 22
\] \\
\hline laid［10］ \(34 / 1 \quad 35 / 16\) 36／19 & listening［2］126／8 130／23 & makes［1］ \\
\hline 36／22 \(38 / 16\) 38／19 \(43 / 23\) 44／13 & lists［1］126／20 & making［1］ \\
\hline 44／21 83／10 & literature［7］ \(32 / 17\) 32／20 \(33 / 7\) & manmography［1］6／24 \\
\hline lapged［1］B9／12 & 33／14 34／2 \(39 / 5\) 39／6 &  \\
\hline laptop［1］ \(31 / 22\) & little［21］10／22 14／4 14／7 & 42／8 56／1．3 62／19 \\
\hline  & \(\begin{array}{llllll}38 / 10 & 40 / 7 & 48 / 8 & 48 / 16 & 48 / 17\end{array}\) & marked［1］ \\
\hline 137／1 137／19 137／20 & 50／3 55／9 58／24 59／25 78／4 & master［1］ \\
\hline Las Vegas［2］72／13 73／18 & 93／22 93／23 109／22 112／9 133／12 & match［1］31／22 \\
\hline \(\begin{array}{lllllllll}\text { last［4］} & 4 / 7 & 42 / 16 & 71 / 23 & 117 / 25\end{array}\) & 134／3 134／4 134／10 & material［1］95／ \\
\hline later［3］100／4 122／6 122／7 & Inved［1］100／11 & matter［10］ \(3 / 17 \begin{array}{llllll} \\ & 11 / 1 & 11 / 4 & 11 / 4\end{array}\) \\
\hline lay［9］ \(31 / 17\) 38／17 38／20 \(39 / 7\) & living［7］ \(78 / 19\) 79／17 \(30 / 1\) & 21／19 21／19 21／21 \\
\hline 40／8 \(82 / 5\) 95／13 \(95 / 24114 / 18\) & 119／17 120／6 128／22 133／1 & 21／24 \\
\hline layer［6］ \(11 / 3\) 21／20 21／21 23／010 & loading［2］66／10 67／7 & matters［2］ 37 \\
\hline 49／24 56／15 & lobes［1］11／2 & \\
\hline layering［2］49／21 49／24 & localized［2］54／25 & \[
\begin{array}{lllll}
35 / 12 & 35 / 19 & 35 / 24 & 38 / 14 & 38 / 20 \\
57 / 19 & 59 / 11 & 82 / 15 & 106 / 3 & 106 / 19
\end{array}
\] \\
\hline layers［1］56／9 & \begin{tabular}{lll} 
locate［1］ & \(47 / 10\) \\
\hline \(19 / 18\)
\end{tabular} & \[
\begin{array}{llll}
57 / 19 & 59 / 11 & 82 / 15 & 11 \\
109 / 18 & 113 / 23 & 120 / 9
\end{array}
\] \\
\hline \(\begin{array}{llllll}\text { laying［7］} & 49 / 25 & 82 / 23 & 83 / 6\end{array}\) & located［1］19／18 & maybe［6］31／9 105／22 110／20 \\
\hline 83／9 83／16 83／25 86／20 & location［＇7］10／6 & \[
\begin{array}{llll}
123 / 16 & 123 / 24 & 124 / 2
\end{array}
\] \\
\hline layout［2］81／2 81／9 & \(\begin{array}{llll}18 / 7 & 20 / 6 & 22 / 6 & 57 / 1\end{array}\) & \[
\begin{array}{|ccccc}
123 / 16 & 123 / 24 & 124 / 1 \\
\text { me }[44] & 8 / 4 & 8 / 5 & 8 / 6 & 10 / 2 \\
\hline 40 / 23
\end{array}
\] \\
\hline \(\begin{array}{lllll}\text { lead［3］} & 24 / 20 & 32 / 24 & 52 / 15 \\ \\ l\end{array}\) & \begin{tabular}{l}
locked［2］87／10 124／20 \\
long［10］ \(5 / 7\) 29／20 71／5 72／14
\end{tabular} & 19／12 \(26 / 8 \quad 28 / 15 \quad 32 / 10 \quad 33 / 6\) \\
\hline \(\begin{array}{llll}\text { leading［3］} & 77 / 8 & 130 / 9 & 130 / \\ \text { leads［1］} & 51 / 2\end{array}\) &  &  \\
\hline least［9］24／18 25／19 31／21 & 123／13 & 46／13 47／17 \(49 / 9\) 51／8 52／17 \\
\hline 33／18 \(40 / 16\) 82／9 91／16 133／5 & longer［6］ \(47 / 1\) 61／12 \(62 / 5\) 62／7 & 53／6 54／20 55／10 55／11 56／16 \\
\hline 133／9 & 62／8 134／1 & 58／23 59／6 59／24 69／8 70／1 \\
\hline leave［2］95／11 122／21 & longest［1］61／11 & 70／21 \(71 / 982 / 3 \quad 83 / 4\) 90／20 \\
\hline left［21］ \(16 / 15\) 16／16 17／5 17／日 & look［25］18／25 34／12 \(36 / 13\) & \(\begin{array}{lllll}90 / 25 & 100 / 12 & 103 / 4 & 113 / 7 & 116 / 1\end{array}\) \\
\hline 17／9 17／12 18／10 18／23 20／1日 & 40／11 40／18 41／2 \(46 / 9\) 47／19 & 116／21 117／9 118／3 131／5 \\
\hline 24／10 \(25 / 18 \quad 64 / 17 \quad 64 / 24 \quad 65 / 1\) & 48／1 49／13 49／17 51／6 62／5 & mean［24］10／20 10／20 12／11 \\
\hline 98／22 110／8 110／11 110／12 & 62／18 \(62 / 18\) 85／18 \(93 / 12\) 96／9 & \(\begin{array}{llllll}20 / 15 & 31 / 11 & 33 / 14 & 38 / 25 & 39 / 21\end{array}\) \\
\hline 131／22 133／13 133／25 & 112／6 114／4 117／7 119／16 120／4 & 43／12 50／12 \(57 / 10 \quad 65 / 1 \quad 66\) \\
\hline LEMCRE［13］ \(1 / 22\) 2／6 \(3 / 13\) 31／10 & 136／1 \(15 / 1621 / 1063 / 21\) & 69／12 98／14 105／11 107／10 \\
\hline 34／7 \(43 / 4 \begin{array}{llllll} & 45 / 20 & 45 / 23 & 48 / 21\end{array}\) & looked［16］15／16 21／10 63／21 & 114/24 114/25 115/2 115/10
\[
115 / 25 \quad 123 / 20 \quad 135 / 25
\] \\
\hline 65／5 67／13 69／3 69／25 & 64／1 78／23 78／25 79 &  \\
\hline Lemcke＇s［2］31／6 64／9 & 81／15 95／3 109／22 11 & meaning［．5］ 20／18 59／14 \\
\hline length［1］30／10 & 123／8 128／1 134／13 &  \\
\hline less［10］17／22 22／20 27／4 & looking［14］5／7 16／16 19／13 & \[
\begin{array}{llllll}
\text { meang } & {[12 / 12} & 12 / 12 & 13 / 11 & 17 / 2] \\
17 / 24 & 20 / 16 & 60 / 21 & 60 / 23 & 67 / 19
\end{array}
\] \\
\hline \(\begin{array}{llllllllll}46 / 18 & 48 / 17 & 60 / 9 & 60 / 12 & 60 / 23\end{array}\) & \(\begin{array}{lllllll}19 / 21 & 24 / 6 & 36 / 5 & 44 / 1 & 44 / 24 & 50 / 3\end{array}\) & \[
17 / 24 \quad 20 / 16 \quad 60 / 2160 / 2367 / 19
\]
\[
68 / 168 / 16
\] \\
\hline 61／11 70／13 & \(80 / 9\) 87／19 113／22 119 & \\
\hline let［14］19／12 28／15 45／25 & looks［5］44／3 & \[
\left\lvert\, \begin{aligned}
& \text { measure [1] }{ }^{\text {meanical [1] }}{ }^{20 / 2} \text { 34/5 }
\end{aligned}\right.
\] \\
\hline 46／13 49／9 51／8 54／20 58／23 & \[
115 / 10
\] & \[
\begin{array}{llll}
\text { mechanics } & {[4]} & 35 / 7 & 35 / 22
\end{array} 37 / 1
\] \\
\hline 59／24 90／25 103／4 103／7 116／21 & lose［3］ \(21 / 25 \quad 22 / 2 \quad 62 / 25\) & \[
43 / 20
\] \\
\hline 118／3 &  & \\
\hline let＇s［3］ \(46 / 7\) 46／14 56／17 & & \(\begin{array}{llllll} & 29 / 21 & 30 / 18 & 30 / 25 & 31 / 3 & 31 / 15\end{array}\) \\
\hline leve1［2］18／4 23／22 & \begin{tabular}{l}
loveseat［2］132／17 133／19 \\
lower［1］23／10
\end{tabular} & 32／1 \(36 / 2\) 42／19 42／20 \(44 / 17\) \\
\hline Lewis［1］137／20 & \begin{tabular}{lllll} 
lower & {\([1]\)} & \(23 / 10\) & & \\
Luccaa & {\([6]\)} & \(1 / 24\) & \(136 / 24\) & \(136 / 25\)
\end{tabular} & mechanisms［11］29／10 30／18 \\
\hline license［1］5／25 & \[
\left\lvert\, \begin{array}{lcll}
\text { Iucoa [6] } & 1 / 24 & 136 / 24 & 136 / 25 \\
127 / 14 & 138 / 4 & 138 / 5
\end{array}\right.
\] & \(\begin{array}{llllllll} & 31 / 21 & 31 / 22 & 32 / 17 & 33 / 7 & 39 / 25\end{array}\) \\
\hline lieutenant［2］104／8 104／9 & 137／14 138／4 138／5 & \\
\hline life［1］49／12 & lucencles［1］18／19 & \\
\hline liftb［1］56／24 & lunch［2］70／22 71／7 & \[
6 / 3 \quad 6 / 17 \quad 27 / 16 \quad 32 / 19
\] \\
\hline like［56］8／8 14／19 16／7 18／18 & lung［6］12／2 \(12 / 12\) 12／13 & medicine［1］6／25 \\
\hline 21／B \(21 / 11\) 21／12 \(38 / 544 / 3\) 48／6 & 13／18 13／21 & \[
\begin{array}{lllll}
\text { meet }[3] & 19 / 15 & 21 / 24 & 101 / 12
\end{array}
\] \\
\hline  & \[
\text { lungs [11] } 12 / 5 \text { 12/6 } 13 / 1 \quad 13 / 2
\] & \[
\text { meeting [1] } 33 / 16
\] \\
\hline 61／17 62／9 75／3 78／20 79／10 & \(\begin{array}{lllllllllll}13 / 5 & 13 / 8 & 13 / 10 & 13 / 16 & 13 / 25\end{array}\) & \[
\text { ets }[1] 103 / 10
\] \\
\hline 83／6 83／12 83／21 85／16 87／9 & 69／16 91／7 & memory［9］ \(15 / 32 \mathrm{~B}\) \\
\hline \(\begin{array}{llllll}88 / 14 & 88 / 15 & 88 / 16 & \text { 日9／24 } & 90\end{array}\) & M & ／17 120／4 \(132 / 15\) 132／19 \\
\hline 91／21 \(92 / 4\) 93／3 \(99 / 12\) 99／17 101／20 107／18 108／5 108／7 & M－O－n－t－e－s［1］4／9 & 136／5 \\
\hline
\end{tabular}
\begin{tabular}{|c|c|c|}
\hline M & \begin{tabular}{lllll} 
moving & {\([3]\)} & \(3 / 18\) & \(14 / 25\) & \(57 / 25\) \\
Mr & {\([9]\)} & \(2 / 10\) & \(2 / 12\) & \(73 / 12\) \\
\hline
\end{tabular} & \[
\begin{aligned}
& \quad 109 / 10 \quad 109 / 13 \\
& \text { neuropathology [1] 48/19 }
\end{aligned}
\] \\
\hline mental [1] 63/3 & 777/7 \(94 / 10 \quad 100 / 18 \quad 113 / 10 \quad 135 / 2\) & NEVADA [10] 1/5 1/7 \(3 / 1\) 6/3 \\
\hline mention [1] 127/9 & Mr. [64] 3 [/13 \(73 / 6\) 74/2 \(74 / 16\) & 73/18 137/2 137/4 137/11 137/16 \\
\hline mentioned [5] 31/13 45/24 61/20 & 75/5 75/13 76/10 76/21 \(76 / 25\) & 137/20 \\
\hline 108/18 122/5 & 77/12 78/7.81/11 82/21 83/2 & never [10] 15/24 27/10 92/1 \\
\hline met [1] 73/12 & 84/12 \(85 / 7\) 85/19 \(86 / 18\) 88/19 & 93/20 109/20 109/20 109/24 \\
\hline Metro [6] \(7 / 19\) 8/1 \(63 / 22 \quad 73 / 21\) & 89/11 \(92 / 21\) 93/5 94/1 \(96 / 25\) & 109/24 112/22 135/7 \\
\hline 98/8 125/11 & 98/7 99/2 100/1 100/11 100/23 & next [6] \(3 / 14\) 10/21 \(10 / 22 \quad 71 / 1 \mathrm{~B}\) \\
\hline Metropolitan [1] 72/13 &  & 105/15 129/4 \\
\hline MICHELLE [1] 1/21 & 104/25 105/25 106/9 106/19 &  \\
\hline microscopic [1] 48/13 & 108/24 109/4 111/25 116/24 &  \\
\hline mid [2] 129/10 129/14 & 118/27 119/12 120/22 121/7 &  \\
\hline middle [2] 19/19 20/1 &  & 38/25 46/22 47/1 51/1 57/1 63/2 \\
\hline midline [18] \(1818 / 24\) 19/14 19/16 & 123/14 124/2 127/21 127/22 & \(\begin{array}{llllllllll}69 / 23 & 70 / 7 & 76 / 4 & 77 / 23 & 86 / 4\end{array}\) \\
\hline 19/19 19/21 19/21 19/24 20/1 & 128/15 128/25 129/25 130/17 & 86/14 \(90 / 13\) 91/12 \(91 / 22\) 92/16 \\
\hline \(\begin{array}{lllllll}20 / 6 & 20 / 7 & 21 / 5 & 24 / 3 & 24 / 11 & 55 / 4\end{array}\) & 131/5 131/7 132/9 133/7 135/4 & 92/20 94/12 \(94 / 14\) 95/7 \(981 / 2\) \\
\hline 55/23 56/15 56/18 57/15 & 135/7 & 98/13 98/20 100/14 101/17 102/3 \\
\hline might [10] \(25 / 8\) 39/8 \(57 / 18\) 88/1 & Mr. Quisano [58] 3/13 73/6 74/2 & 103/23 107/4 107/19 110/7 110/7 \\
\hline 88/4 114/15 116/25 117/8 117/17 & 74/16 \(75 / 5 \quad 75 / 13\) 76/10 \(76 / 21\) & 111/6 111/6 111/6 113/2 113/2 \\
\hline 121/22 & 76/25 77/12 78/7 81/11 82/21 & 114/5 115/21 117/21 118/7 119/5 \\
\hline mild [1] 65/1 & 83/2 \(85 / 7\) 96/18 \(88 / 1989 / 11\) & 121/16 122/22 123/6 123/9 124/3 \\
\hline millimeters [1] 20/12 & 92/21 \(93 / 5\) 94/1 \(96 / 25\) 98/7 \(99 / 2\) & 124/5 124/17 \(124 / 25 \quad 125 / 2\) \\
\hline mind [3] \(39 / 8\) 74/6 131/2 & 100/1 100/11 100/23 101/15 & 128/18 129/12 131/3 131/12 \\
\hline mine [1] 109/1 & 102/1 103/6 104/12 104/25 106/9 & 134/16 134/20 134/21 136/2 \\
\hline minimum [2] 6/1. 70/3 & 106/19 108/24 109/4 111/25 & 136/25 137/5 138/5 \\
\hline minute [1] 70/14 & 116/24 118/21 119/12 120/22 & nobody [2] 74/1 102/17 \\
\hline minutes [7] 35/21 76/7 76/8 & \(\begin{array}{llllll}121 / 7 & 121 / 13 & 122 / 5 & 122 / 17\end{array}\) & noise [1] 87/6 \\
\hline 89/14 117/25 122/14 127/20 & 122/24 \(123 / 14124 / 2 \quad 127 / 21\) & nondepressed [1] 29/1 \\
\hline Miranda [1] 124/16 & 127/22 128/15 128/25 129/25 & None [1] 114/3 \\
\hline misinterpreted [1] 131/4 & \(\begin{array}{llllllllll}131 / 5 & 131 / 7 & 133 / 7 & 135 / 4 & 135 / 7\end{array}\) & normal [2] 62/5 62/5 \\
\hline \begin{tabular}{|llllll} 
Migs [12] & \(30 / 15\) & \(31 / 6\) & \(31 / 10\) & \(34 / 7\)
\end{tabular} & Mr. Quisano'g [3] 84/12 85/19 & NORMAN [1] \(1 / 23\) \\
\hline 43/4 \(45 / 2048 / 21 \quad 64 / 9 \quad 65 / 5\) & 105/25 & not [114] \(8 / 15\) 9/6 \\
\hline 67/13 69/3 69/25 & Mr. Reed [3] 103/9 130/17 132/9 & \(\begin{array}{lllllllll}13 / 6 & 13 / 14 & 13 / 24 & 13 / 25 & 20 / 12\end{array}\) \\
\hline Miss Lemcke [8] 31/10 34/7 43/4 & MRI [1] 6/25 & 20/25 22/19 25/1 25/17 27/3 \\
\hline 45/20 \(48 / 21\) 65/5 69/3 69/25 & Mb [9] \(2 / 5\) 2/6 \(2 / 7 \begin{array}{lllll} & 2 / 9 & 2 / 11\end{array}\) & 31/4 \(31 / 9\) 32/4 \(32 / 1832 / 20\) \\
\hline Miss Lemcke's [1] 64/9 & 4/19 64/8 72/10 128/13 & \(\begin{array}{llllll}32 / 23 & 32 / 25 & 33 / 4 & 33 / 19 & 34 / 4\end{array}\) \\
\hline missed [1] 53/5 & much [9] 55/8 57/3 60/22 62/20 & \(\begin{array}{lllllll}34 / 17 & 34 / 25 & 35 / 6 & 35 / 12 & 36 / 7\end{array}\) \\
\hline misstate [1] 25/7 & 70/8 \(72 / 20 \quad 89 / 12\) 122/15 136/8 & \(\begin{array}{lllllllllll}36 / 11 & 36 / 21 & 37 / 2 & 37 / 5 & 37 / 8\end{array}\) \\
\hline misotates [1] 25/4 & mucous [1] 97/14 &  \\
\hline mistaken [2] 30/13 120/3 & multiple [4] 16/1 \(16 / 424 / 13\) & 43/23 \(43 / 23\) 44/8 \(44 / 10\) 46/22 \\
\hline mixture [1] 88/7 & 65/19 & 47/17 \(48 / 5\) 49/7 \(49 / 12 \quad 50 / 25\) \\
\hline \(\begin{array}{lllll}\text { moderate [2] } & 65 / 2 & 65 / 4\end{array}\) & my [29] \(4 / 24\) 5/5 5/24 \(13 / 1\) & 53/3 55/17 55/20 55/23 57/3 \\
\hline mom [1] 74/10 & \(\begin{array}{llllll}23 / 23 & 25 / 14 & 32 / 3 & 32 / 11 & 33 / 24\end{array}\) & 57/5 57/19 58/1 59/4 60/17 \\
\hline MONTES [6] \(2 / 4\) 4/4 \(4 / 8\) 67/13 & 37/1 39/8 \(41 / 17\) 43/21 47/17 & 61/12 63/11 65/20 66/1 \(66 / 18\) \\
\hline \[
70 / 9 \quad 127 / 2
\] & \(\begin{array}{lllll}68 / 8 & 73 / 10 & 74 / 13 & 90 / 10 & 101 / 7\end{array}\) & 66/20 67/9 67/10 68/3 68/18 \\
\hline month [1] 6/8 & 103/11 105/15 117/8 117/16 & 68/19 70/25 75/19 87/5 87/15 \\
\hline monthly [1] 6/6 & \(\begin{array}{lllllll}118 / 16 & 120 / 4 & 123 / 10 & 129 / 4\end{array}\) & 87/15 89/8 89/22 92/13 95/11 \\
\hline monthe [1] 100/13 & 132/15 136/5 & 101/6 103/2 103/24 104/15 \\
\hline mop [1] 123/3 & myself [2] 74/13 105/19 &  \\
\hline mopped [1] 123/5 & N & 109/17 111/10 111/19 111/21 \\
\hline more [34] \(\begin{array}{llllll}\text { m/25 } & 13 / 4 & 15 / 13 & 21 / 7 \\ \text { 22/20 } & 38 / 17 & 39 / 7 & 42 / 12 & 46 / 18\end{array}\) & & \(\begin{array}{llll}113 / 5 & 114 / 19 & 115 / 3 & 117 / 11 \\ 117 / 12 & 118 / 15 & 118 / 21 & 119 / 6\end{array}\) \\
\hline 22/20 38/17 39/7 42/12 46/18 \(46 / 23\) 48/7 \(50 / 16\) 50/16 55/7 & \begin{tabular}{lllll} 
name [4] & \(4 / 7\) & \(56 / 9\) & \(71 / 23\) & \(72 / 23\) \\
NANCY [2] \(1 / 22\) & \(3 / 12\)
\end{tabular} & \[
\begin{array}{llll}
119 / 18 & 119 / 21 & 119 / 22 & 124 / 6
\end{array}
\] \\
\hline 56/7 \(57 / 3 \quad 57 / 14 \quad 60 / 1 \quad 61 / 21\) & nap [2] 78/3 78/5 & 127/7 128/6 130/10 132/6 132/17 \\
\hline 63/11 80/7 87/8 88/14 B8/16 & national [1] 33/16 & 133/22 134/8 135/22 136/2 \\
\hline 95/13 99/21 100/5 100/6 121/15 & nature [6] 19/2 30/10 43/10 & 137/22 138/2 \\
\hline \(\begin{array}{lllllll}122 / 23 & 125 / 3 & 127 / 19 & 132 / 8 & 134 / 4\end{array}\) & 51/25 67/21 76/14 & note [1] 17/3 \\
\hline morning [1] 70/22 & near [5] 14/11 23/22 74/21 93/7 & noted [1] 126/8 \\
\hline mortem [2] \(46 / 3\) 48/14 & 117/23 & notes [3] 107/21 108/11 \\
\hline most [10] \(10 / 4\) 11/3 \(36 / 3 \quad 39 / 13\) & nearby [1] 14/22 & nothing [6] 4/16 56/25 64/4 \\
\hline \(\begin{array}{lllllllll}46 / 3 & 60 / 14 & 61 / 8 & 93 / 23 & 94 / 9\end{array}\) & necessarily [日] 35/6 38/2 35/2 & 72/7 99/19 131/4 \\
\hline 109/15 & 39/6 \(46 / 25 \quad 55 / 17\) 114/19 126/16 & notice [5] \(16 / 2416 / 2419 / 12\) \\
\hline mostly [1] 32/23 & need [7] 11/22 37/12 49/5 63/19 & 38/8 95/2 \\
\hline mother [4] 75/21 75/21 77/16 & 71/4 108/5 124/21 & NOVEMBER [3] \\
\hline B6/12 & needs [1] 108/19 & now [32] 5/19 6/19 8/4 11/18 \\
\hline motorcycle [1] 65/20 & nefarioug [1] 119/9 & \(\begin{array}{llllllllll}18 / 25 & 21 / 7 & 27 / 12 & 29 / 24 & 32 / 25\end{array}\) \\
\hline mouth [2] 114/2 128/5 & neglect [13] \(74 / 25\) 82/1 101/20 & 38/9 39/8 \(43 / 13\) 44/6 54/20 \\
\hline move [12] \(45 / 16\) 55/1 \(55 / 3\) 55/5 & 103/16 104/3 104/9 104/15 & \(\begin{array}{llllllllll}56 / 19 & 68 / 21 & 79 / 6 & 82 / 24 & 83 / 14\end{array}\) \\
\hline 55/8 \(55 / 8 \quad 55 / 16 \quad 57 / 14 \quad 58 / 3\) & \(\begin{array}{llllll}111 / 14 & 112 / 17 & 118 / 16 & 121 / 3\end{array}\) &  \\
\hline 64/16 84/14 85/22 & \[
121 / 5121 / 8
\] & 118/18 118/19 120/8 120/9 122/5 126/12 126/18 129/9 \\
\hline
\end{tabular}
\begin{tabular}{|c|c|c|}
\hline N & \(75 / 21\)
nce［12］
50／13
55／10
60／15 & 79／2 79／4 79／5 81／15 81／15 81／16 81／17 81／18 81／21 81／22 \\
\hline NRS［3］ \(3 / 17\) 137／6 137／18 & 94／13 98／8 98／20 98／23 99／22 & \(\begin{array}{llllll}82 / 5 & 82 / 22 & 83 / 12 & 83 / 12 & 83 / 16\end{array}\) \\
\hline nuclear［1］6／24 & 104／17 122／9 123／20 124／2 & 83／24 85／12 \(85 / 13\) 92／3 92／5 \\
\hline number［13］ \(32 / 7 \begin{array}{llll}\text { l } & 33 / 3 & 33 / 13\end{array}\) & one［53］ 5 ［／1 10／6 19／23 \(20 / 1\) & 92／7 92／12 \(92 / 19\) 92／20 115／10 \\
\hline 33／21 39／17 \(57 / 5\) 57／5 66／20 & 24／12 25／19 \(26 / 11126 / 14 \quad 32 / 13\) & 115／13 115／15 115／16 115／20 \\
\hline B1／5 103／16 108／5 137／23 137／24 & 32／13 34／19 43／16 56／2 56／19 & 121／14 121／18 121／19 121／23 \\
\hline numerous［3］36／8 39／12 61／1 & 59／16 60／13 63／21 63／22 66／18 & 121／25 128／1 12日／1 12日／2 130／13 \\
\hline nurse［1］ \(89 / 2\) & 70／14 \(73 / 7 \begin{array}{llllllll} & 74 & 80 / 14 & 80 / 18\end{array}\) & 130／15 132／16 132／77 132／18 \\
\hline 0 & 80／20 90／23 94／15 96／8 \(97 / 15\) & 132／23 135／14 \\
\hline & 97／16 103／25 107／25 108／12 & overall［1］94／9 \\
\hline O00［2］136／21 138／1 & 110／25 111／16 \(116 / 15\) 116／19 & Overlapping［1］8／IB \\
\hline object［11］ \(24 / 24\) 30／13 41／13 & 117／7 118／15 121／8 121／11 & overlooked［1］108／18 \\
\hline 43／15 65／24 67／4 86／15 95／9 & 121／13 121／15 121／16 122／2 & overlying［1］29／2 \\
\hline 98／11 129／13 130／9 & 122／4 122／8 \(123 / 3\) 125／3 125／5 & Overruled［3］98／12 98／18 \\
\hline objecting［2］25／2 48／18 & 125／16 127／1 131／24 & 130／11 \\
\hline objection［23］3／20 3／22 25／9 & Only［日］20／25 36／7 57／1 76／7 & overtly［1］109／20 \\
\hline 30／5 31／7 \(31 / 17\) 33／25 39／9 43／5 & 106／15 123／1 124／7 124／23 & Own［3］15／22 22／21 102／5 \\
\hline 44／10 45／15 49／2 \(66 / 7\) 66／9 68／7 & opacification［3］12／4 12／25 & oxygenate［1］69／16 \\
\hline 85／24 86／4 95／16 106／21 107／1 & 13／2 & oxygenation［9］22／12 51／19 \\
\hline 107／3 116／6 129／19 & open［3］87／15 87／16 137／18 & \(\begin{array}{llllllll}51 / 20 & 52 / 2 & 69 / 4 & 69 / 4 & 69 / 9 & 69 / 14\end{array}\) \\
\hline objects［1］45／7 & opened［1］68／17 & 69／17 \\
\hline observations［1］96／14 & Opens［1］79／25 & P \\
\hline  & \[
\begin{aligned}
& \text { Opyne } \begin{array}{ccccc}
{[6]} & 35 / 16 & 35 / 17 & 35 / 22 \\
37 / 10 & 37 / 11 & 43 / 24
\end{array} \\
& \hline
\end{aligned}
\] & P．m［3］1／18 15／20 136／19 \\
\hline observed［21］13／21 26／22 28／4 & Opinion［18］13／17 \(23 / 23\) 30／1 & PAGE［3］2／2 15／13 90／21 \\
\hline 29／6 29／24 30／25 42／5 42／20 & \(\begin{array}{llllllll} & 30 / 10 & 30 / 14 & 36 / 6 & 36 / 22 & 38 / 15\end{array}\) & Page 18 ［1］90／21 \\
\hline 45／12 \(46 / 16\) 46／19 \(47 / 9\) 50／7 & 38／19 44／21 47／15 50／19 50／21 & Page 239 ［1］15／13 \\
\hline 59／14 59／21 62／11 62／24 63／1 & 59／20 66／15 95／20 116／24 117／12 & pancreas［4］14／7 14／11 14／12 \\
\hline 63／24 131／13 \(132 / 7\) & Opinions［6］ \(38 / 8 \quad 42 / 3 \mathrm{l} 2 / 4\) & 14 \\
\hline observes［1］44／18 & 42／13 \(42 / 18\) 42／21 & pancreatitis［1］14／19 \\
\hline obtained［1］16／6 & opportunity［2］7／5 96／2 & paper［2］89／25 114／1 \\
\hline obviously［12］9／10 38／25 100／4 & opposed［2］101／22 129／21 & papers［1］33／18 \\
\hline 101／1 102／7 114／16 114／19 & opposite［1］26／18 & parallel［1］65／17 \\
\hline 115／25 118／10 120／6 125／19 & order［6］37／4 79／18 79／19 & paramedics［3］89／1 98／22 \\
\hline 126／14 & 94／21 100／20 121／24 & 102／22 \\
\hline Occipital［2］8／11 18／3 & organs［1］14／7 & parenchyma［3］9／21 21／16 46／21 \\
\hline occupation［2］4／20 72／11 & originally［1］82／2 & parietal［2］8／9 17／15 \\
\hline occupy［1］20／17 & originate［1］21／4 & part［19］5／19 6／17 13／5 18／2 \\
\hline occur［5］51／13 51／20 57／20 & originated［3］50／20 50／23 50／9 & 21／18 \(23 / 10 \quad 23 / 10\) 30／21 47／24 \\
\hline 66／1 118／2 & other［47］ \(8 / 12\) 9／4 \(9 / 1316 / 5\) & 49／19 49／20 \(79 / 3\) 85／8 \(93 / 23\) \\
\hline occurred［8］34／16 35／13 35／23 & 20／2 \(21 / 9\) 21／9 \(25 / 19\) 25／25 \(26 / 1\) & 94／9 96／19 103／9 104／10 108／25 \\
\hline 41／1 48／14 60／4 102／23 110／6 & 26／12 \(27 / 7\) 29／18 \(31 / 11133 / 15\) & participate［1］121／6 \\
\hline occurs［5］40／17．54／25 106／5 & 37／11 41／20 45／17 46／11 46／12 & particular［10］30／7 34／11 35／2 \\
\hline 106／12 120／15 & 51／16 \(62 / 4 \quad 55 / 4 \quad 55 / 22 \quad 60 / 19\) & 35／19 35／23 37／10 43／22 44／8 \\
\hline October［1］124／13 & 70／14 \(73 / 21\) 74／1 \(74 / 4\) 74／18 & 50／20 57／10 \\
\hline October 31 ［1］124／13 & 75／18 77／3 80／8 95／16 96／8 & partner［1］5／12 \\
\hline off［22］14／23 26／18 \(41 / 15\) 45／6 & 105／3 108／7 114／8 114／23 119／16 & partners［1］74／14 \\
\hline \(\begin{array}{lllllll}51 / 13 & 53 / 1 & 56 / 24 & 66 / 22 & 74 / 1\end{array}\) & 119／20 119／21 119／24 120／5 & parts［4］12／4 12／6 \(23 / 8\) 47／23 \\
\hline 77／21 \(91 / 19\) 94／25 \(97 / 18 \quad 103 / 7\) & 128／16 134／4 134／12 & pass［1］128／8 \\
\hline 118／14 119／1 120／11 129／21 & otherg［1］120／25 & passes［1］49／24 \\
\hline 130／3 130／6 130／7 134／11 & Our［12］ \(14 / 9\) 39／16 \(47 / 15\) 70／23 & pathologist［1］46／23 \\
\hline offer［1］38／8 & 74／22 75／23 81／25 94／15 98／2 & pathology［2］48／5 4日／13 \\
\hline office［2］27／19 89／2 & 104／20 104／21 111／1 & patient［3］27／8 62／4 63／4 \\
\hline officer［8］72／15 101／8 101／15 & Ourbelves［1］110／21 & patient＇s［2］16／13 62／4 \\
\hline 102／1 105／5 105／10 105／11 & out［26］\(\quad 8 / 5\) 23／14 \(32 / 2 \quad 38 / 22\) & PEACE［1］1／17 \\
\hline 105／16 & 71／3 73／7 73／11 74／1 74／11 & pediatric［7］4／21 4／23 5／1 5／日 \\
\hline officer＇s［3］124／12 126／17 & 74／20 75／18 \(76 / 187 / 11\) 87／17 & 32／19 33／15 40／15 \\
\hline 126／20 & 95／2 100／10 100／19 101／18 & penetrating［1］65／17 \\
\hline officers［4］101／12 103／10 & 106／17 107／16 118／18 119／11 & people［3］ \(74 / 25\) 100／5 103／18 \\
\hline 105／3 120／16 & 123／21 124／21 133／19 134／18 & period［4］47／12 100／4 122／6 \\
\hline Official［1］1／25 & outer［1］11／3 & 123／18 \\
\hline Oh［1］25／6 & outermost［1］21／20 & periodicals［1］37／22 \\
\hline okay［20］11／24 25／6 28／17 & outset［1］61／18 & peripheral［1］13／4 \\
\hline 31／20 33／22 48／21 53／5 75／16 & outside［16］7／9 52／19 52／24 & permission［3］33／24 75／14 \\
\hline 84／21 86／16 91／25 94／12 95／23 &  & 107／14 \\
\hline 100／21 107／6 116／18 117／14 & 82／2 95／19 105／11 118／17 120／18 & person［14］16／17 46／2 \(46 / 9\) \\
\hline 134／23 136／6 136／16 & 120／19 120／20 & 47／2 47／13 \(49 / 25\) 62／2 66／20 \\
\hline old［12］9／3 17／22 17／25 48／2 & outsourced［1］125／13 & 66／24 67／1 74／10 108／16 137／23 \\
\hline 59／24 60／10 60／12 60／17 60／24 & Over［58］ \(11 / 5\) 11／8 \(22 / 6\) 22／7 & 137／25 \\
\hline \(66 / 21110 / 2 \quad 112 / 3\) &  & person＇s［2］46／9 62／6 \\
\hline older［4］48／8 48／17 49／18 & 59／15 61／2 61／7 78／24 78／25 & persons［3］126／24 127／1 127／13 \\
\hline
\end{tabular}```


[^0]:    Q. And as far as the report goes, there's a

[^1]:    

[^2]:    25 WE TALKED ABOUT WHERE JONATHAN TOLD YOU WHAT HE CLATMS

